Tuart Place

Providing Support of Substance
for Care Leavers in Western Australia

Evaluation Report

Dr Sue Bailey
BSW (Hons) PhD (*W.Aust*) MAASW

April 2014

Tuart Place
A Resource Service
Providing Support of Substance for Care Leavers

Dr. Sue Bailey
Social Work and Social Policy
University of Western Australia

Table of Contents

Table of Figures

Tables

Acknowledgements

Thank you to all the participants and respondents who provided us with their time and shared their stories. We are saddened by the abuse and neglect that mark the histories of care leavers, but uplifted by the hope that exists within the walls of Tuart Place and the resilience of the care leavers themselves. The staff and participants have come together with hope and built a flourishing community.

There are a number of key individuals who were unable to contribute to this evaluation but whose dedication and foresight have provided the opportunity and space for care leavers to find each other and to begin, finally, to realise their potential. Maria Harries has supported care leavers for many years and her influence continues in her role as a Board member of Tuart Place. Many of the respondents spoke of Maria as instrumental in the development of a service that prioritises real self-determination for care leavers.

The late Laurie Humphries was also very present in conversations and in the Tuart Place building. His vision for Tuart Place, as a place where the rights of care leavers could be met, continues to inform and inspire all who have contact with the service.

I am sorry that I did not get to meet him.

Sue Bailey

BSW (Hons) PhD (*W.Aust*) MAASW

April 2014

Executive Summary

Tuart Place is a participant-led organisation established by Forgotten Australians Coming Together Inc. (FACT), with the aim of providing support for people who experienced out-of-home care during childhood. The Tuart Place service model is informed by principles of social and restorative justice, with a focus on anti-oppressive practice approaches. What appear to be casual interactions between participants and staff are purposeful, evidence-informed engagements, which require expertise and familiarity with trauma-informed practice. At a fundamental level the service seeks to provide a place of safety where care leavers rebuild trust in themselves, in each other, in staff, and in organisations. This then extends outwards to facilitate a broader trust and acceptance within family, community, and in the world more generally.

This evaluation brings together Tuart Place participants, staff, volunteers, and UWA Social Work researchers to document what Tuart Place is doing and how. The researchers employed a qualitative research methodology using a variety of data sources including: participant reference groups, interviews, service statistics, and organisational documents, as well as a comprehensive literature review to identify the essential elements in responding to the needs of care leavers. From these data, a restorative model incorporating safety, connection, opportunity and hope is identified as providing the essential elements to meet the needs of care leavers. It is apparent that Tuart Place not only provides all the essential elements, but also extends and expands them in innovative ways.

Tuart Place is participant-led and emphasises self-determination. It provides a safe space in which care leavers are welcomed and where they can rebuild trust interpersonally. There are many social activities participants can access, including a singing group, film nights, lunches, and a range of social outings. These informal and social settings are spaces for connection and opportunities for needs to be identified. Clinical and support services include trauma-informed counselling, psychosocial support, life-skills education, IT education, and supported referral and liaison (most often these are warm referrals). A number of visiting service providers attend Tuart Place to provide psychological services, family tracing and connection, and most recently dental services. Tuart Place is leading the way in providing an organisational response to the needs of participants who were abused as children in institutions, using a restorative justice approach.

PART ONE: Introduction

Tuart Place is a participant-led organisation for people who were in any form of out-of-home care in Western Australia, including 'Forgotten Australians', Former Child Migrants, and the Stolen Generations (known collectively as 'care leavers'). In 2012 the University of Western Australia was contracted by FACT Inc. to undertake an evaluation of the Tuart Place service model. The evaluation was funded by Lotterywest. Tuart Place offers **real** person-centred, clinical and professional services including support groups, educative workshops, counselling, family tracing, supported access to records, assisted referral to mainstream services, newsletters, and access to pro bono services such as visiting dental care. I write this introduction having had the privilege of entering into the worlds of Tuart Place participants and staff, as they go about the business of creating hope, and reconnecting care leavers with their selves, families, peers and the broader population.

Tuart Place receives funding from the Department of Child Protection and Family Support DCPFS and Lotterywest, and is the state funded service for care leavers in Western Australia. DCPFS has recently provided Tuart Place with a commitment to fund the service for five years. As an organisation established by care leavers for care leavers, the Tuart Place service delivery model is informed by first-hand knowledge. Tuart Place began operations in 2012 with a range of services and continues to develop, utilising ongoing evaluative processes, including feedback from service users and external evaluations.

Tuart Place provides opportunities for care leavers to be involved in peer mentoring, leadership and support. Participant-led activities include social activities, outings, community awareness-raising initiatives and information sessions, celebrations, reunions, regular luncheon meetings, a singing group, fundraising, a newsletter, and participant-led classes to develop practical skills. 'Helping others, helping ourselves' is a key element of the peer-led social activities, celebrations and newsletters.

1. Care Leavers: Contexts and Complexities

It must be acknowledged upfront that not all care leavers are traumatised and that not everyone has an abusive experience in care however, it is recognised that earlier out-of-home care practices, especially in institutional care, were inherently unhelpful to

childhood development. Four Australian Senate Inquiries[1] 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 last century (up to 70 000 of these are West Australians). Formal recognition of the particular difficulties faced by older care leavers resulted in the National Apology to Forgotten Australians in 2009. State memorials to Forgotten Australians have now been established in each Australian capital city. The West Australian memorial was unveiled at the Perth Cultural Centre in December 2010.

People who experienced trauma in out-of-home care are a particularly vulnerable population group and were recognised as a 'Special Needs' cohort in 2009 (Queensland Dept. of Communities & RPR Consulting, 2011). Without exception, they suffered the early loss of parental connection which in itself, often results in significant psychological harm. When this is followed by abuse and/or neglect beyond the family home, the likelihood of long term damage to the person's psycho-social functioning is extremely high. A high incidence of post-traumatic stress disorder and diagnosed mental health problems such as anxiety disorder and major depression, are commonplace in this population.

This is exemplified in studies and evaluations of outcomes for older care leavers which identify the prevalence of mental health problems among care leavers (Brennan, 2008; Coldrey, 2001; Ferguson, 2007; Higgins, 2010; Llewellyn, 2002; Wolters, 2008). 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 of those in positions of authority. They often suffer the impact of loneliness and lack of love and caring as a child, loss of family connections, poor education and the many further adversities in life associated with these issues (Queensland Dept. of Communities & RPR Consulting, 2011).

It is now well established that adult care leavers face significant disadvantage. Many care leavers have difficulty in approaching government services and advocating for themselves, because of the impact of their experiences in care which are often compounded by poor literacy and numeracy skills. In addition, many are elderly and are

---

[1] Senate Inquiry Reports: *Bringing them Home* (1997); *Lost Innocents* (2001); *Forgotten Australians* (2004); *Lost Innocents and Forgotten Australians Revisited* (2009).

fearful of being re-institutionalised in the 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 opportunities, homelessness, poverty and financial hardship, long-term physical and mental health problems, and contact with the criminal justice system (Senate Community Affairs References Committee, 2001, 2004, 2009).

1.1 Responses to the Needs of Care Leavers

The governing body of Tuart Place is Forgotten Australians Coming Together Inc. (FACT). FACT was formally launched in 2009 with the aim of providing support to anyone who had experienced out-of-home care. FACT is Western Australia's representative body for people who were in out-of-home care during childhood, including Former Child Migrants from the UK and Malta, and Indigenous and non-Indigenous Australian-born care leavers. The late Laurie Humphreys JP, an ex-resident of Bindoon Boys' Town, was instrumental in the formation of FACT. In 2011 FACT Inc. commissioned extensive research to inform the development of a WA Resource Service. The findings of this research, which included a consultative workshop and a postal survey sent to 961 Forgotten Australians and Former Child Migrants, supported key recommendations of the Senate Inquiries and existing research in Australia and overseas. This research informed the development of a business case which FACT Inc. used to obtain Lotterywest funding support to operate an interim service, later called Tuart Place.

1.2 Tuart Place

The choice of the name Tuart Place emerged out of many discussions with care leavers and has significant meaning important to highlight here. The Tuart tree (*Eucalyptus gomphocephala)* is known for its propensity to "…stand strong and care for itself even through hard times when given appropriate care and nurturing" (FACT Inc, 2013). The letters spell out the underpinning values of service delivery that Tuart place strives to enact – **T**ogether we build: **U**nderstanding, **A**cceptance, **R**espect and **T**rust.

The aim of Tuart Place is to provide services to **all** care leavers, and this includes Australian-born, Former Child Migrants and Aboriginal care leavers; therefore, it should be assumed that the use of the terms "care leaver" in this report, encompasses members of all groups and refers to the care leaver population as a whole. Care leavers involved in the establishment of Tuart Place have indicated a preference for the word "participants"

as a descriptor for care leavers who access the service. The term "respondents" will be used to refer to people who have participated in the research.

Care leavers lived in institutions (either religious or state-run), in cottage homes, foster care homes, and many encountered several institutions over the course of their childhood until age 18. For example, a young boy may have been placed at the Sisters of Mercy St Joseph's at age four, Christian Brothers' Castledare at six, then moved to Clontarf at 12 or placed in a foster home. Figure 1 (below) provides details on the proportion of time spent working with participants from different institutional backgrounds, and indicates the broad range of settings in which participants were in care during childhood.
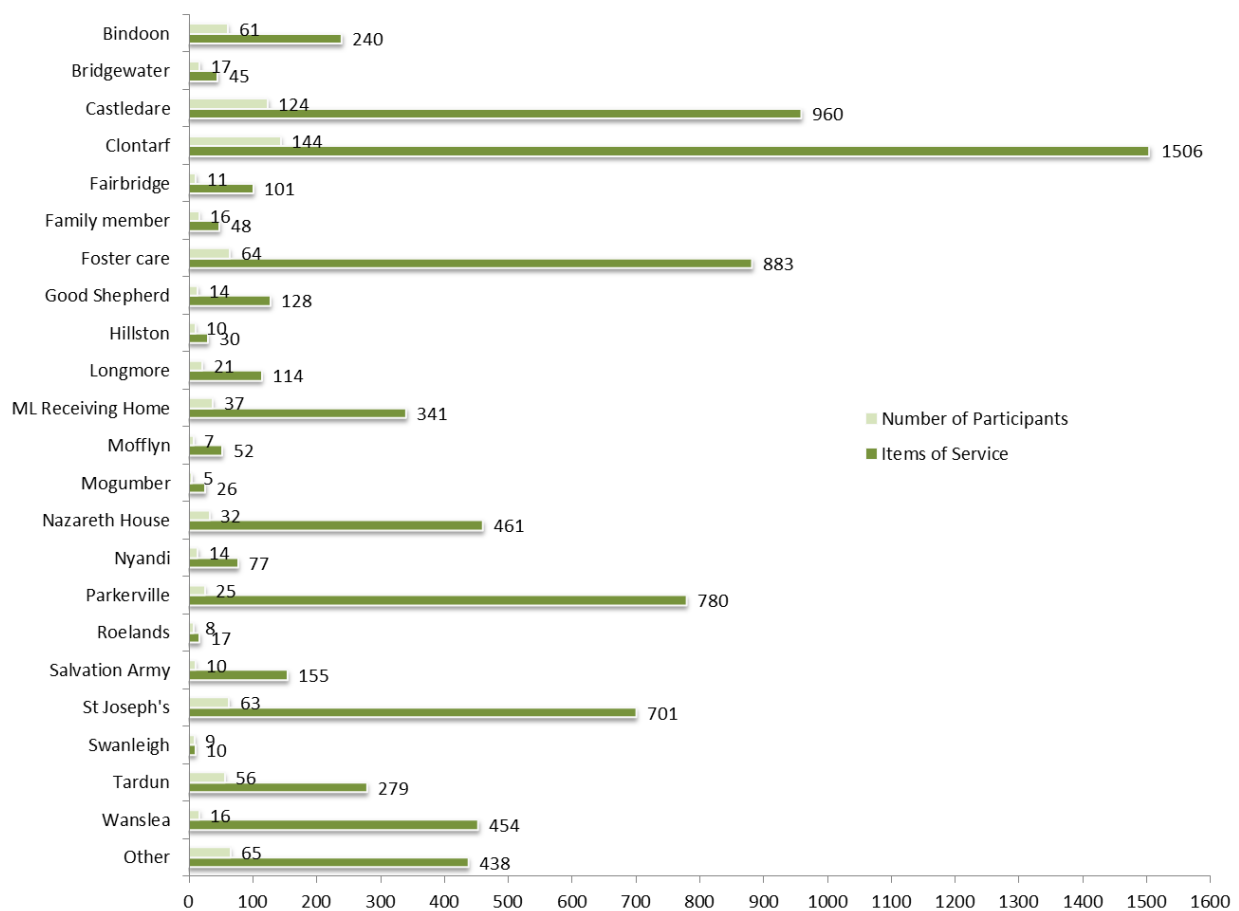
Figure 1: Service Delivery by Institution 1st Jan-2012 to 31st Dec- 2013

1.2.1 Service Model

The Tuart Place service model's governance has a strong emphasis on participation by care leavers. This includes representation on the Board, where currently a care leaver holds the position of Chairperson and five of the nine members of the Board are care leavers. The following figure details the Tuart Place organisational chart (FACT Inc, 2013).
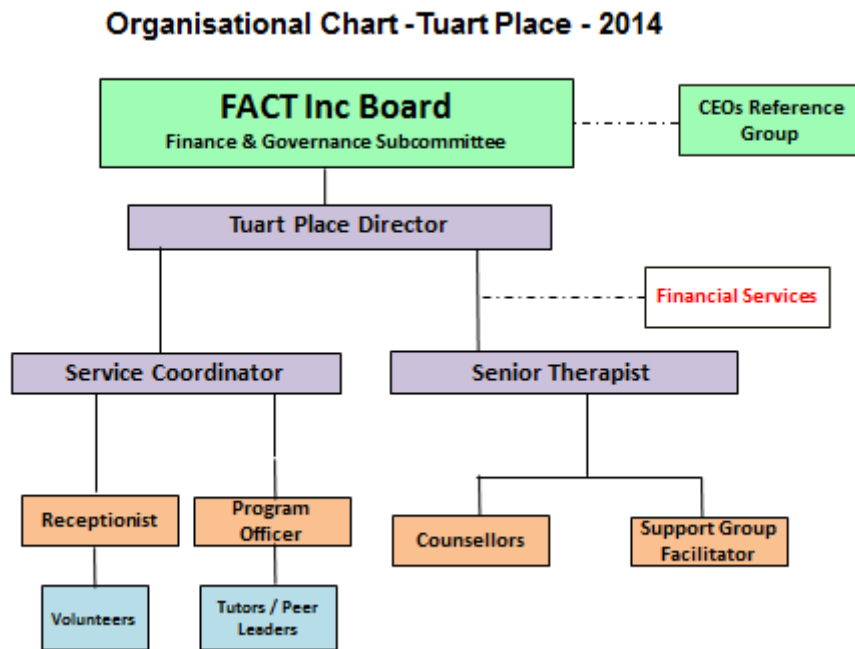
Figure 2: Organisational Chart Tuart Place

The organisational chart, whilst similar to most agencies, differs in two important ways. The first difference is the existence of the Chief Executive Officers (CEOs) Reference Group. This group comprises CEOs of major non-government agencies in Western Australia, including Anglicare, MercyCare, Ruah, UnitingCare West, and ERCM. The group's meetings were hosted by the Lotterywest CEO at the Lotterywest headquarters in Osborne Park. The CEOs Reference Group guided the development of FACT's 2011 Business Case, including providing the expertise of one agency's Director of Clinical Services, and the Chief Financial Officers of two of the agencies. Throughout the development of Tuart Place, the CEOs have continued to provide expert guidance and assistance with various types of pro-bono support. As Tuart Place has developed and come to be known as sound agency, the role of the CEO Reference Group has reduced. However, it was an important and innovative mechanism, critical in ensuring that Tuart

Place established an emphasis on participant-led governance, and gravitas with the broader community throughout its inception.

The second difference, less obvious in the chart, is in the composition of the Board. Of the nine member Board, the Chair and four board members are Tuart Place participants. This is outlined in more detail later on page 27.

1.2.2 Current Operations

Tuart Place is a full time service currently open three days a week on Mondays, Wednesdays and Thursdays for participants to attend for clinical services and other activities. The other two days are used for phone counselling, outreach and service planning and coordination. It operates from 9-5pm with a staff of four, comprising a Director, Co-ordinator/Senior Therapist, Program Officer and Receptionist. Contract counsellors are used to accommodate the demand for counselling.

1.2.3 Participant Demographics

This section provides Tuart Place participant demographics over the time period 1 January 2012 to the 31st December 2013. These are care leavers who had some form of direct contact with Tuart Place services. Figure 3 provides a breakdown of the gender of the participants.
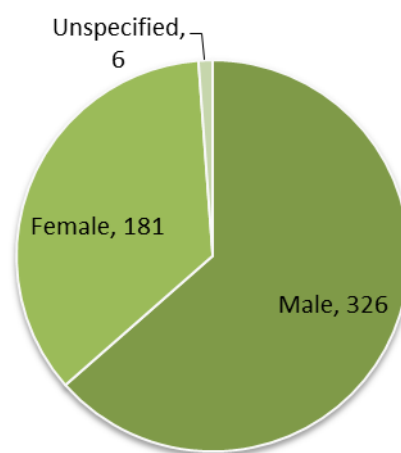
Figure 3: Gender of Participants 1st Jan-2012 to 31st Dec- 2013
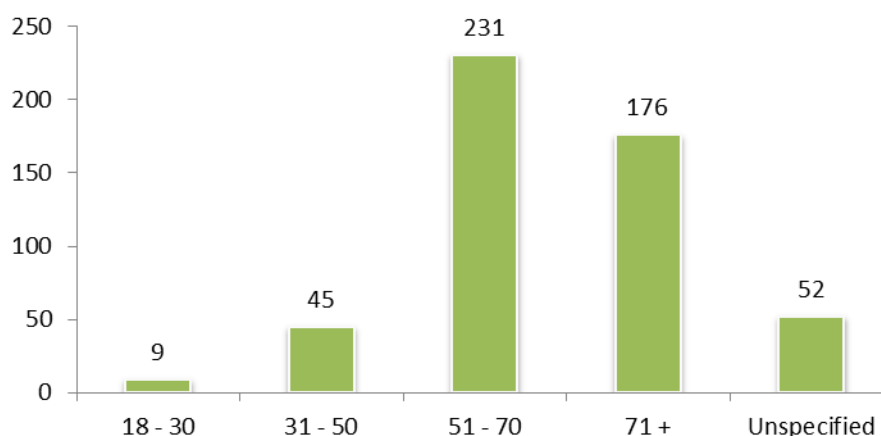
Figure 4: Age Range of Participants 1st Jan-2012 to 31st Dec-2013

1.3 The Evaluation

In 2012, the University of Western Australia was contracted by FACT Inc. to undertake an evaluation of their service, Tuart Place. Costs for the evaluation were included in the grant funding provided by Lotterywest to Tuart Place. A primary consideration was that the researchers should have experience in working with vulnerable people, and be willing to engage participants[2] in the research process. Ethics approval (RA/4/1/5861) for the evaluation was granted by the UWA Human Research Ethics Office. The key requirements of this evaluation were:

1. Identification of the essential elements required when responding to the needs of care leavers and a consideration of how Tuart Place meets these essential elements

2. An analysis of the service delivery model at Tuart Place

3. A formal report on the overall findings of the evaluation that includes recommendations for continuous improvement.

This evaluation adds to and complements a range of evaluation and review procedures already undertaken by participants and staff from Tuart Place.

---

[2] The users of Tuart Place services prefer to be called participants. When referring to people who are involved in the research the term respondent will be used.

1.3.1 Objectives:

The objective of this evaluation was to document the strengths and areas for development in Tuart Place's responses to the needs of adult care leavers accessing the service.

1.3.2 Aims:

The specific aims include:

- Identifying the essential elements when responding to the needs of care leavers

- Describing the Tuart Place service delivery model

- Documenting the perspectives of care leavers using Tuart Place services to identify the outcomes of their involvement at Tuart Place

- Documenting the perspectives of those involved in Tuart Place including employees, board members and external agencies

- Ascertaining the extent to which the Tuart Place service delivery model incorporates the essential elements

1.3.3 Research Questions:

1. What are the essential elements important when responding to the needs of care leavers?

2. How does Tuart Place meet the needs of care leavers?

3. What are the outcomes for care leavers who utilise Tuart Place?

4. In what ways is Tuart Place providing the essential elements to care leavers?

5. In what ways can Tuart Place improve and develop their service delivery?

1.3.4 Methodology

Given the requirement for the inclusion of participants in the research process, a participatory action research methodology was utilised for this evaluation. Participatory action research is

> …collective, self reflective inquiry that researchers and participants undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves (Baum, MacDougall, & Smith, 2006, p. 854).

This approach emphasises the involvement of participants in the research and also as active contributors to the research process. This led to some minor changes to Tuart Place practices and processes being implemented as they were identified throughout the research process. For example it was identified in the reference groups that participants thought it important to provide educative sessions for family members so they could understand how past trauma impacts on present mental health. This question was then included in the 2013 survey to care leavers on the mailing list. Other things that emerged directly out of the evaluation process included: a Tuart Place participant presented to students at the UWA social work and social policy course; two UWA social work students undertook their field placements at Tuart Place, and a presentation about the research to a broad audience was made at the first anniversary celebration of Tuart Place.

1.3.4.1 Participant Involvement in the Research

- A reference group of Tuart Place participants was established in the first week of the evaluation process. This group met with the researchers a total of six times, with the summary details provided in Table 1(p.14). These meetings enabled the participants to ask questions and for the researchers to get feedback about the research findings. The information gathered through this process was de-identified and then entered into NVivo in which it was analysed for themes.

- Feedback processes were included in the design of the evaluation. Participants and staff were kept informed about the research findings over the course of the evaluation and asked for feedback and contributions.

- Staff were updated about the research at regular staff meetings and specific research meetings.

- An interim report was provided to staff and participants for comment, half way through the evaluation process.

1.3.4.2 Methods

A mixed methods research approach was undertaken over a 6-month period from January 2013 to June 2013. Data collection included 21 semi-structured interviews with a range of stakeholders, a participant reference group described previously, analysis of service delivery statistics, and a comprehensive literature search and review.

1.3.4.3 Sources of Data

1.3.4.3a Qualitative

- Participant Reference Groups

As stated above, a reference group of Tuart Place participants was formed in the first week of the evaluation process. The aim of this group was to serve as an information and feedback mechanism for the participants and research team. This was not a static group, but was kept open to enable a variety of participants to contribute. It must be noted that this group was limited to those participants who could attend on a Wednesday. The reference group met over the course of the evaluation on the dates outlined in Table 1 (p.14). "This is What We Noticed" was the term used by the researchers to feedback to the group for example, when providing the group with preliminary information and asking for feedback. Table 1 provides summary information about each reference group.

Reference Group	Date 2013	Topic	No. of Participants
1. Introductions	30th Jan	Introduction to research team and reference group members. Emphasise that Tuart Place have asked UWA to evaluate the service to see what they can do better.	8
2. Explanations	6th Feb	Setting the group 'rules'. Explaining the role of the reference group. What is best practice and how does Tuart Place do this?	6
3. This is what we've noticed (a)	13th Feb	Understanding Tuart Place – CEOs Reference Group, the Board, Participants, and Service delivery (staff).	6
4. This is what we've noticed (b)	27th Feb	Initial ideas from the interviews were discussed and reference group members provided their views on these.	6
5. This is what we've noticed (c)	10th April	Update of the research process. More ideas and themes from the interviews were discussed and reference group members provided their views on these.	6
6. Finishing and Conclusions	29th May	Thinking back and planning forward. What's the next step?	6

Table 1: Participant Reference Group Meetings

The first two sessions were not recorded; however, a member of the research team took notes. As the group grew to trust the evaluation team, audio recordings were made. The notes and transcripts were included in the analysis.

- Interviews

Semi-structured interviews were conducted with 21 people who are involved with Tuart Place in a range of different roles. Details of the roles of respondents are included in Table 2 below.

Number of Interviews	Respondents
6	Participants
6	Visiting service providers
5	Board Members and Members of the CEO Reference Group
4	Tuart Place Staff members
21	**Total**

Table 2: Interviews

1.3.4.3b Other Documents

There was a range of other documents used in this evaluation. They were used in a number of ways depending on the type of information. For example, the newsletters provided important contextual understandings of what was happening at Tuart Place from both participants' and staff perspectives. The personal reflections, emails, and letters provided to us voluntarily by participants, provided rich narratives of their experiences and were included in the analysis to develop the themes. The range of documents and sources included:

- Tuart Place organisational documents

- Newsletters

- Emails

- Letters

- Personal reflections

- Other miscellaneous documents

1.3.4.3c Quantitative Information

Quantitative information was accessed from a Tuart Place database that provides statistics related to all aspects of service provision. New reports can be developed to interrogate the

data from different perspectives, using a range of variables. The database has the capacity to report on:

- Client profiles and demographic statistics including age, identification as indigenous/non indigenous, country of origin, place of institutional care

- Service provision – by service category, occasions of service, individual service summaries, service records for individual clients, hours of service delivery for each service category

- Group activities such as Life Skills, Support Group, Computer Group, Singing Group, Drop-in and social activities

- Free text notes sections for additional client clinical information

- Data on allocation of staff and volunteer time

Information from this database is used throughout this report.

1.3.4.4 Literature Search and Review

The literature search and review were conducted in two discrete stages. Whilst there is a large amount of literature directly related to care leavers, most is in relation to young people. There is limited peer reviewed, academic literature concerned specifically with older care leavers. Added to this, and mindful of the incidence of trauma in older care leaver populations, the trauma literature provided important understandings of the best ways to respond, as did literature concerned with responding to vulnerable and disempowered groups.

1.3.4.4a Stage One

This incorporated a search for the terms 'children-in-care', 'foster', 'adopt', 'out-of-home care','ex-residential care', 'care leavers', and 'best practice', 'self-directed', 'person-centred', and 'models/outcomes' in:

a. Peer reviewed journals and

b. Google scholar searches

1.3.4.4b Stage Two

The second stage involved reviewing the sources outlined above for further literature following the collection of data (interviews, reference group meetings, etc.). Search terms

included 'recovery', 'relational therapy', 'trauma', 'anti-oppressive', 'mental health', 'service delivery models', 'self-directed', 'restorative justice', 'person-centred services', 'one-stop shop' and 'evaluation' and 'outcomes'.

1.3.4.4c Grey Literature

Grey literature[3] provided important information that was specific to older care leavers.

a. Australian government publications,

b. Other reports and unpublished literature reviews and

c. Reports and reviews from other service user led agencies/ peer agencies operating in other States and internationally

1.3.4.4d Limitations

The literature search and review process aimed to capture the current trends and approaches to responding to the needs of care leavers. There will always be further resources and literature to add to this review and it is anticipated that the Endnote Library, provided as an outcome of this evaluation, will be easily updated as relevant literature is found.

1.3.5 Analysis

The interviews were transcribed and the transcriptions provided to the respondents for a validity check, where any corrections could be made and/or new information included. These transcripts were then entered into NVIVO (a qualitative software programme) and were coded first as free nodes and then organised into tree nodes. From this coding process categories and themes were identified.

1.3.6 Limitations of the Evaluation

This evaluation focused on the service delivery model of Tuart Place and it is not intended to seek the perspectives of large numbers of participants of Tuart Place.

---

[3] Grey literature is "…described as encompassing documents such as technical and project reports, working papers, discussion papers, technical manuals, information sheets, conference papers, theses, etc. that are produced by government departments and agencies, universities, think tanks, non-government organisations, corporations and professional bodies, and are usually lacking in systematic means of distribution or bibliographic control." - See more at: http://greylitstrategies.info/research/grey-literature-brief#sthash.GIH45rOr.dpuf

Participants involved in this research were limited to those who were actively involved in using the service.

This evaluation does not examine the clinical outcomes for individual participants. This is an area that requires careful attention to the selection of instruments and measures (Andresen et al., 2010). Tuart Place is actively engaged in developing these processes and a more comprehensive engagement with care leavers will be the focus of the second stage of evaluation to be undertaken early in 2014.

1.3.7 The Report Structure

The structure of this report is different from the standard evaluation report. As Tuart Place is a participant-led service, the voices of participants are given equal standing to other sources in this evaluation report. The research literature is used alongside respondents' voices, to identify and then articulate the essential elements in meeting the needs of care leavers.

PART TWO: Informing Principles

Tuart Place was established in early 2012 by Laurie Humphries, a care leaver, whose vision was to develop a resource service to ensure the rights of Forgotten Australians were met. His vision was informed by an awareness that services provided to meet the needs of care leavers in the past have, at best, been of little help and, at worst, added another layer of trauma for individuals to manage. His vision was for a service that was controlled by care leavers, where they could participate in making decisions about what they believe is important in enabling them to meet their needs. His belief in the resilience and courage of care leavers is reflected in the choice of the name Tuart Place. The Tuart tree's propensity to "…stand strong and care for itself even through hard times when given appropriate care and nurturing" (FACT Inc, 2013), provides a potent symbol of the informing principles of Tuart Place.

2.1 Social Justice

Social justice "… is generally considered as a social world which affords individuals and groups fair treatment, equality and an impartial share of the benefits of membership of society" (Ife, 2010, p. 148). Social justice and the related values of self-determination, respect and equity are consistently referenced as central to the delivery of services to vulnerable groups (Oades & Anderson, 2012; Senate Community Affairs References Committee, 2004). There are three main considerations in understanding social justice in the context of social service delivery to care leavers. The first is a concern with improving relationships both individually and collectively, the second is connected to matters of inequity and addressing the gaps, and the third is taking action to intervene to make things just. Social justice then, at its most fundamental level, is "…the righting of wrongs" (Bird, 2008, p. 287). It could be said that Tuart Place is a child of social justice and over time, has developed unique qualities informed by a restorative justice process.

2.2 Restorative Justice

A restorative justice process engages with the following questions as a means of understanding how to respond to people who have been hurt.

1. Who has been hurt?
2. What are their needs?
3. Whose obligations are these?
4. Who has a stake in this situation?

5. What is the appropriate process to involve stakeholders in an effort to put things right?

At Tuart Place there is an emphasis on, and commitment to, restorative justice, which can be thought about in two ways. The first is related to the processes through which Tuart Place aims to be 'restorative' to "…restore health, strength, or a feeling of well-being" (Oxford English Dictionary) and also 'just' to ensure that all participants receive "…morally right and fair treatment" (Oxford English Dictionary). This understanding of restorative justice informs the way participants are treated from the moment they first make contact with Tuart Place, and is elaborated below in the anti-oppressive practice section (p.21).

The second way that restorative justice is applied at Tuart Place relates to more well-known, formal understandings, where restorative justice "…encompasses the values, aims and processes that have as their common factor attempts to repair the harm caused by criminal behaviour" (Hoyle, 2008, p. na). Tuart Place recognises that healing and reparations can be an important factor in enabling recovery, although the availability of formal reparation is variable and depends on where the person was in care.

> **Innovation 1: Organisational Restorative Justice**
>
> Tuart Place embodies restorative justice. It is leading the way and forging new ground in meeting the needs of care leavers with a participant-led organisational restorative justice as a new and developing area.
>
> Tuart Place is at the forefront of a participant-led approach to restorative justice. This is in contrast to other restorative justice processes internationally who apply the process from a top down perspective (Llewellyn, 2002; Survivor Scotland, 2013).

PART THREE: Tuart Place

> What we care leavers provide one another is support of substance.
>
> (Participant Reference Group - from notes)

3. Meeting the needs of care leavers

This section outlines the essential elements reported as important in meeting of the needs of care leavers. These essential elements were identified through the research process and drawn from the following sources.

1. Texts related to care leavers, trauma, mental health, and vulnerable groups.
2. Peer reviewed academic journals including rigorous quantitative and trustworthy qualitative research.
3. Grey literature.
4. Interviews.
5. The reference groups where the findings from the literature and interviews were 'tested'.
6. The Australian Association of Social Workers (AASW) Code of Ethics and Practice Standards.

It is important to highlight that responding to vulnerable groups like care leavers "…requires approaches that go beyond individual casework and uses a multi-approach methodology that combines interventions on micro and macro-practice levels" (Strier & Binyamin, 2010, p. 1914). This is confirmed by the respondent below who clearly outlines the diversity of needs and the importance of providing practice approaches which attend to this continuum of need.

> So some people will want your basic… access to their records, some information about their heritage and their identity et cetera…. through to others who are going to require a drop-in centre and friendships and support by peers and others who have an understanding of what they've been through.
>
> You've got that whole continuum of need, but somewhere in all of that the methodologies are not rocket science; they need counselling, they need support, they need access to information and some sense of advocacy.
>
> (Interview - Board/CEOs Reference Group)

The core essential elements identified as important for meeting the needs are care leavers are Safety, Connection, Opportunity and Hope. The table below provides information on what processes Tuart Place uses to incorporate these essential elements, identifies the practice approach that is used, and then links these to underpinning concepts and theories.

Essential Elements	Tuart Place (What)	Practice Approach (How)	Concepts/Theories (Why)
Safety	Safe Space Participation Therapeutic Services	Anti-Oppressive Practice Place Making Task-centred Practice Crisis Intervention Counselling Group Work	Person-Centred Place Attachment Evidence-Informed Relational Reliability
Connection	Staff Involvement Peer Support Social Activities Newsletters	Community Development Peer Support Strengths Model Awareness Raising	Involvement Social Capital Trust
Opportunity	Psychosocial Support In-reach and Out-reach Learning Opportunities	Psychosocial Approach Advocacy Education	Self – Actualisation
Hope	Self-Confidence Sense of Belonging Recovery	Mutual Support Restorative Justice	Change Recovery Justice

Table 3: Essential Elements for Meeting the Needs of Care Leavers

Whilst this information is presented as a table, the processes are not neatly demarcated and are more fluid than this table would indicate. This table is provided here as a useful structure on which to frame this evaluation report.

> So it's a place where you can go and feel at home and feel understood and accepted and also get some specialist care.
>
> (Interview - Visiting Service Provider)

The next section begins with a consideration of Safety the first of the essential elements required to ensure the needs of care leavers are met.

3.1 Safety

> When I first came I was ready to bolt. I was just coming to check it out.
> I wasn't going to come again. I didn't come for a couple of weeks.
> Then I came again and I thought, "I'll try going up there again."
> Then by the third time I came here that was it, I was hooked!
> **I felt safe**. It's just the people, the way the staff related.
> It wasn't clinical…
>
> (Participant - Reference Group)

Safety is the first of the four elements identified as essential to meet the needs of care leavers. There is a fundamental understanding that unless services provided for care leavers are safe – nothing will happen. Safety is emphasised as essential in a comprehensive examination of the trauma literature (Kezelman & Stravropoulos, 2012) and most significantly and powerfully by every single respondent. There are three ways that Tuart Place ensures that safety is prioritised as summarised in the left hand column of the Essential Element table below.

Tuart Place	Practice Approaches (How)	Concepts/Theories (Why)
Safe Place Participation Therapeutic Services	Anti-Oppressive Practice Place Making Task Centred Crisis Intervention Counselling Group Work	Person-Centred Place Attachment Evidence-Informed Relational Reliability

Table 4: Essential Element 1 Safety

The practice approaches describe "how" Tuart Place ensures safety, and the concept/theories provide the "why" Tuart Place delivers the service the way that it does. The three aspects of Safety; Safe Space, Participation, and Therapeutic services are outlined in more detail in the following sections.

3.1.1 Safe Place

A safe place is created at Tuart Place through anti-oppressive practice (AOP) which is closely linked to social justice. AOP is an approach that aims to reduce oppression at individual, organisational, and structural levels. There is an emphasis on linking processes and outcome and participation (Dominelli cited Adams, Dominelli, & Payne, 1998, 2002, p. 6).

3.1.1.1 A Person-Centred Approach

Person-centred philosophies provide the theoretical explanation for the way that Tuart Place responds to the needs of participants through a focus on individualised services and by the creation of a safe and supportive environment. A person-centred approach emphasises a theory of change that focuses on both the individual level, through an individualised approach, and on the broader environment in which the individual exists. The following discussion highlights how Tuart Place enacts change through an individualised approach as well as through "place making".

> **Concept 1: Person- Centred Philosophies**
>
> Person-centred philosophies have their foundations in the client centred work of Carl Rogers (Rogers, 1951). They are based upon two core theoretical constructs.
>
> The first "conditions of worth" is the self-regard humans develop based upon social interactions with others as they grow up (Joseph & Murphy, 2013).
>
> The second is what is called an actualising tendency which means that humans will adapt growth promoting behaviours if the right environment is provided.
>
> Both of these constructs provide important guidance for responding to the needs of care leavers, as there is an emphasis on providing individualised support to change self-regard, as well as providing a growth promoting environment which facilitates recovery.

3.1.1.1a An Individualised Approach

Each care leaver comes to Tuart Place with a unique history and experience. Tuart Place emphasise individualised services which aim to develop the potential of participants to access supports and services to respond to their needs as and when they are identified by themselves (Allan, 2003, p. 54). An ongoing relationship is developed with participants to understand their needs and develop an holistic response to them.

> Participants will often have a "calling card" reason for coming in – after time, other deeper needs will emerge.
>
> (Interview-Staff)

At every point there is an emphasis on self-determination with decisions resting with participants. The focus at Tuart Place is ensuring that participants have control over what they access and when. For example, the participant quoted below is thinking about joining the singing group and is able to state clearly that this will be her decision when she is ready!

> I am now thinking - and it might come to fruition –
> That I'm going to attend on Monday the singing group because I love music.
> However, no comments please, otherwise I'll feel pressured into it.
> I'm just exploring an idea, but for me that's another step.
>
> (Participants Reference Group - Participant)

3.1.1.1b Place Making

The second of the conditions outlined in a person-centred approach is the creation of conditions to facilitate healing, and thereby growth for care leavers. The importance of a safe space along with nourishing relationships is identified in a number of researches as an essential beginning (Perkins, Repper, Rinaldi, & Brown, 2012; Pinkerton, 2011; Riaño-Alcalá & Baines, 2011; Survivor Scotland, 2013; Yates, Holmes, & Priest, 2011). Lemma (2010) emphasises the importance of a "good vibe", "warmth of physical space", "a smell of food" as significant in facilitating an attachment to place. The flexible availability of safe activities and provision of opportunities to just 'hang out' are also important. The following section provides a description of how Tuart Place makes a place of Safety for care leavers.

Concept 2: Place Attachment

Is the emotional bond that an individual forms with a particular place. There is an increasing understanding of the importance of an attachment to place when meeting the needs of care leavers. This perspective argues that attachment to place can precede other attachments and facilitates a "titration of intimacy" which ensures care leavers maintain control and safety (Lemma, 2010).

This includes an actual physical space as well as a "place in mind" that care leavers can connect to even when not physically present. This has been discussed in the past as the "brick mother" (Rey 1994 cited Lemma, 2010, p. 412) which provides a place of safety that provides continuity and stability.

Making Tuart Place

Care leavers arrive at Tuart Place through referral, via other groups and agencies and/or word-of-mouth through care leavers' personal networks. Irrespective of how they come to know of Tuart Place the first contact can be an extremely anxious time for care leavers.

> We often receive highly emotional calls the very first time someone rings and makes contact with the service. We ensure they are well cared for from that first point of contact so they won't be deterred from accessing the service.
>
> (Interview - Staff)

The physical space in which Tuart Place provides services is located at Fremantle, in an old character building. The front of the building has clear signage as well as a notice board where the latest Tuart newsletters are displayed. This enables care leavers, who may be thinking of using the service, to scope the location and get a sense of what happens there before entering the building.

> … people are so brave to make that first move through the door, it's so daunting.
> (Interview- Staff)

There is no need to make an appointment as Tuart Place provides a drop in service. When the front door to Tuart Place is opened a doorbell sounds indicating that someone has entered. The staff, volunteers, and participant volunteers all listen out for it and quickly respond to ensure that everyone that enters is greeted.

> They always make a fuss over you when you walk in the door…
> That's never, ever happened to us as children.
>
> (Interview - Participant)

The first time that care leavers come to Tuart Place is a very significant point. There is often a long history of unhelpful and damaging interactions with agencies, and the decision to continue to access the resources will often hinge upon their first experience. The significance of the first time was one of the central themes to emerge from the interviews, with many respondents reporting similar sentiments to the participant below.

> The first day I walked through the door was a bit,
> "Shit, here we go again! Here we go again"...
> I'm going somewhere else that's not going to listen to what I've got to
> say.
> And somebody else that's not going to believe what I've got to say about
> my past life.
> But at Tuart Place I've had it completely different.
> It took me a while to talk to people - I'm very quiet and shy…
> And he [peer support person] said, "Listen, just sit and listen."
> And then – I started to talk.
>
> (Interview - Participant)

Many respondents describe Tuart Place as a homely space, where they feel comfortable and welcomed. The provision of computers, a library, comfortable couches, as well as easy access to a kitchen provide spaces where different activities can occur. There is an awareness of the importance of providing opportunities to develop computer competency and wider life-skills, to overcome disadvantage and build self-reliance. The facilities enable support and pro-social modelling to be provided in a non-threatening environment. Participants can choose to be alone or engage with others.

> … when they get down in the dumps, they need somewhere to go.
> And sometimes some of them need an excuse
> …whether your excuse to come down here is the computers…
> So if you've got all the resources set up – they can access them.
>
> (Interview-Participant)
>
> ---
>
> Coming to Tuart Place was like coming to a best friend's place.
>
> (Participant - Reference Group Notes)
>
> ---
>
> I think that is what differentiates Tuart Place from say like a mental
> [health] institution … They will get all the care and support whilst
> they're in there but basically once the door shuts on them that's pretty
> well it. They might be referred to some other not for profit support
> group or something, **but the continuity gets broken**.
>
> (Interview-Board/CEO Reference Group)

3.1.2 Participation

The second way that Tuart Place provides Safety is through ensuring that participants are in control. Tuart Place is a truly participant-led organisation where staff are available "…on tap not on top" (Perkins, 2007). It was founded by care leavers and is governed by participants, together with other FACT Inc. Board members from a wide range of professional backgrounds.

Participatory processes are usefully described as occurring on a continuum with opportunities for participation occurring on a number of levels (Cornwall, 2008). There are a number of ways that participation can occur at Tuart Place and these range from involvement at governance levels, for example as Board Chairperson and members, to peer support processes (Repper & Carter, 2010; Repper & Carter, 2011; Repper & Watson, 2012), and opportunities to provide feedback in ways that are meaningful and appropriate for the individual (Mead & MacNeil, 2006). Tuart Place is unique as an organisation where participation occurs at governance, service delivery, and built in feedback and review processes (individual participation is considered in detail in the Opportunity Section).

3.1.2.1 Governance

As discussed earlier in Part One, the governance model of Tuart Place is unique and ground breaking in social service delivery in Australia. The FACT Inc. Board is comprised of participants and individuals with professional accounting, legal, governance, and clinical qualifications. All activities of the Board are focused on the organisation's goal to address psycho-social needs and foster mutual support, to enhance the overall wellbeing of participants.

FACT's model of governance is broadly informed by the Carver model (Carver, 1990). The Board leads the organisation, evaluates organisational performance and has overall accountability for the organisation achieving its goal. All activities of the Board are strategic and focus on establishing and monitoring strategic goals and governance policy. There is clear role separation between the Board and the Director. The Board is responsible for outcomes (ends). The Director is responsible for how the outcomes are delivered (means). Board members do not have access to any client confidential client information, and there are strict privacy protocols whereby no individual participant is identified to the Board except by request.

This model of governance encourages input from participants at a strategic level (as members of the Board, and Governance & Finance Sub Committee) and encourages direct involvement by participants in processes such as staff selection, induction, ongoing professional development, and program design and evaluation. This is important in providing participants with training and experience so that they are equipped for their role in change. Tuart Place has created participatory processes and structures that enable and sustain bottom-up agendas and decision making (Ingamells, Lathouras, Wiseman, Westoby, & Caniglia, 2010, p. 2). This is evidence of participation at the highest level in Tuart Place and has clear impacts on the sense of control experienced by participants as the comment below indicates.

> The staff are here for them, not the other way round.
> The staff are employed… technically, by the Forgotten Australians. …
> Without the Forgotten Australians they don't have a job.
> So to justify their position they must be able to say,
> "We have to keep these [participants] happy because if we don't get enough … [participants] to keep us going, we won't be in … employment."
>
> (Interview- Participant)

3.1.2.2 Service Delivery

Participants are involved in planning, design, and evaluation of services at Tuart Place. There are a variety of services provided at Tuart Place with many emerging from the suggestions and ideas of participants. Participants are encouraged by staff to tell them what they would like Tuart Place to provide.

The FACT Board's Advisory Group – Activities and Social Support, made up of participants, has a key role in this regard. Participants contribute time, energy, and resources to the Tuart Place service with participant-led activities including social functions, outings, bus trips, community awareness-raising initiatives, celebrations, reunions, regular luncheon meetings, and a participant created newsletter. Participants are also involved in fundraising for Tuart Place, with sausage sizzles held regularly at local hardware stores and more recently a 'Fun and Frolic Day' fundraiser planned by participants who organised food, music, stalls, prizes and raffles. This event raised $1000 for Tuart Place.

> The library has been [developed] by donation of the participants. People bring in things for this place, for the benefit of others. People will bring in things if they think someone can use it.
>
> (Interview - Participant)

3.1.2.3 Feedback and Review Processes for Participants

Tuart Place engages in both informal and formal feedback and review processes. The informal processes are evident in the day-to-day interactions between staff and participants, where there is an emphasis on listening to participants and then endeavouring to meet their needs. This includes actively listening, as well as careful observation to identify participant needs that are unspoken or unexpressed.

More formal review processes are built into the day-to-day routines of Tuart Place. Staff meet every morning the resource service is open to plan the day, as well as identify participants who may require particular services or particular therapeutic interactions. In the meetings attended by the research team this included planning whole staff strategies to ensure that there were consistent responses to anti-social behaviours and individual participant needs.

Tuart Place also engages in formal research and evaluation activities that ensure continuing improvement and engagement with participants and care leavers. An annual survey is sent to all participants with the findings guiding improvements and development of the service delivery. Focus groups with external consultants provide participants with opportunities to offer suggestions for improvements and additions to the Tuart Place resources. This quote from a participant outlines their contribution.

> And they are willing to listen to ask our advice about what we'd like to see here…
> We've had somebody come here…
> she was writing down suggestions on what people would like.
> My suggestion was, "Teach people how to stand up and talk to people at any level…"
>
> (Interview- Participant)

The wide range of opportunities for participation at Tuart Place is unique. There are very few examples of this level of participation in Australia and quite possibly the world. White (1996, p. 7) locates this level of participation at the transformative end of participatory processes. The importance of providing participants with control over how, what, when, and how they access services at Tuart Place is extremely reassuring for participants, and provides a high degree of safety.

3.1.3 Evidence- Informed

The third and final aspect of Safety is a commitment to evidence-informed practice. Tuart Place' commitment to evidence informed practice has led to the development of a unique and innovative service, which is informed, equally, by the experiences of care leavers along with the latest research-informed therapeutic services.

> **Discussion Point 1: Evidence-Informed**
>
> One of the many stories I heard during the process of this research was in relation to evidence. I was told that Laurie Humphries was clear that Tuart Place would always be based on evidence. Initially I took that to mean 'evidence from the academy' (and there my bias is exposed).
>
> However, it soon became clear that what Laurie was referring to was the lived experience of care leavers. It was to be their place and they were to use their experiences and capacities to develop the service in the way that they wanted and needed
>
> The idea of evidence-informed combines the best of both worlds. Tuart Place manages to strike a nuanced balance between the two which is why, I suspect, it works and why innovation occurs.

3.1.3.1 Lived Experience

The mental health consumer movement have led the development of approaches to service delivery that draw upon the lived experiences of participants (CQL, 2009; Oades & Anderson, 2012; Shepherd, Boardman, & Slade, 2008; SLAM & SWLSTG, 2010; Warner, 2009). These approaches prioritise "…the subjective, personal and internal knowledges of individuals as a central tenet within service delivery" (SLAM & SWLSTG, 2010). Certainly this forms the cornerstone of Tuart Place as the services have emerged out of the lived experiences and expressed needs of care leavers. The emphasis on the lived experiences and participation of service users is the hall mark of recovery approaches (SLAM & SWLSTG, 2010) that are increasingly recognised as ground-breaking and providing good outcomes.

Recovery approaches challenge mainstream service delivery approaches and require service providers to relinquish and share power with consumers. This requires shifts in organisational cultures; change processes which take time and some patience.   Tuart

Place has an advantage over existing mental health services as it does not have to shrug off established hierarchies. Tuart Place was established by and began with participants in control which places it at the forefront of recovery informed approaches.

3.1.3.2 Therapeutic Services

> The therapy model that's used is highly specialised and provided by counsellors who understand the issues. …
> I think that's a really key part of the process. …
> I've seen people's lives transformed by that.
> People who are confronting really difficult issues for maybe the first time in 50 years - that's got to be hard work.
>
> (Interview - Board/CEO Reference Group)

Therapeutic services are the second of the evidence-informed approaches that are used at Tuart Place. The centrality and importance of expert, specialised therapeutic services cannot be overstated. At the core of the provision of therapeutic services is recognition of the importance of the therapeutic alliance, where relational reliability is provided. This relational model of delivering services extends to psychosocial interactions between staff and participants. Seemingly casual social conversations and interactions are sometimes planned by clinical staff and underpinned with a therapeutic intent.

Concept 3: Relational Reliability

It is recognised in the literature that consistent, genuine, empathic and unconditional positive regard when working with people who experienced attachment disruption through abuse and neglect when children is essential (Moses, 2000; Pearlman & Courtois, 2005).

Providing relational reliability is increasingly recognised as the best approach when working with people who have experienced trauma and, in particular, for those who experienced that trauma in an institution (Joseph & Murphy, 2013, p. 30).

The privileging of relationships is cognisant of the importance of "… connection as the primary mode of healing" (Banks, 2006, p. 26) in rebuilding trust.

> One-to-one assistance … from an experienced staff member is sometimes also used as a deliberate intervention on a therapeutic level. For example - to provide personal contact and modelling of interpersonal interactions with the aim of engaging a participant and building a sustained relationship that can then be repeated with others in the future.
> (Interview - Staff)

Therapeutic services provided at Tuart Place include counselling, the support group, access to records, and family tracing. Access to records and family tracing are included in the therapeutic services section because they involve specialised knowledge and processes activities. More recently this has included support for participants who are involved in the Royal Commission.

3.1.3.2a Counselling

Once a participant makes a decision to engage in the counselling process, their needs are the primary consideration in determining the type of counselling provided. It is also important that the counselling is accessed quickly when people are in need, including on an outreach basis with no limits to the number of sessions (Joseph & Murphy, 2013; Porcino, 2011). These can occur as in-house sessions with Tuart Place staff, as in-house sessions with other psychologists who make themselves available, or through warm referrals to other service providers. Counsellors at Tuart Place have extensive experience in working with trauma and abuse, and hold advanced social work, psychotherapy or psychology qualifications. Specialised, dedicated counselling services are provided to address the specific trauma of early separation from primary care givers, and subsequent abuse and/or neglect in out-of-home care.

> It's almost as if they were brought up in institutions themselves, because they understand. And yet they weren't….
> It's because they've listened to us, and got what we've felt,
> and are able to go through it with others.
>
> (Interview-Participant)

This is a highly specialised area that requires nuanced understanding of care leavers' experiences (McCarthy, Swain, & O'Neill, 2012; Murray, Malone, & Glare, 2008; Riaño-Alcalá & Baines, 2011; Swain & Musgrove, 2012; Ward, 2011; Wolters, 2008). The types of counselling offered include:

- Engagement - where the person who acts as the initial point of contact at Tuart Place, provides the opportunity for linkages to a range of in-house and external services to meet individual needs

- Crisis Intervention (Banks, 2006; Porcino, 2011) - this can occur in-house and via external help-lines, and through referral to after-hours emergency services. Staff

assessment of the specific needs of the participant are identified and responded to by a Tuart Place staff member with expertise in the identified area. All staff providing counselling on behalf of Tuart Place demonstrate familiarity with bio-psycho-social-risk assessment frameworks, used to monitor the risk of suicide (for example, *Suicide Risk and Protective Factors*, Top End Division of General Practice, 2007; and *Suicide Risk Assessment Guide: A Resource for Health Care Organisations*, Ontario Hospital Association and Canadian Patient Safety Institute, 2011).

- Therapeutic counselling –based on a psycho-therapeutic model, usually involves scheduled sessions over a period of time. This approach is in line with narrative and other meaning-making methods which facilitate individual's to meaningfully integrate their past experiences into a coherent self-identity (Murray & Humphreys, 2012; Murray et al., 2008).

Long-term or episodic return to counselling is provided at Tuart Place. Most significantly the counselling provided at Tuart Place occurs within a supportive space with attention to the relationships. There is an emphasis on strengths approaches, which the participant below describes.

> I think that's what the difference is with Tuart Place and the typical …[counsellor]. They need to understand to not give solutions. Encourage the person to explore for themselves their own solutions. We all have our solutions within us. We just need someone to draw it out and she draws out the solutions ...
>
> (Participant - Reference Group)

3.1.3.2b Task Centred Services

Other therapeutic services provided at Tuart Place can be broadly considered under task centred services and include;

1. Support for participants to access their 'care' records. This is a significant and challenging process for participants, as it involves developing an understanding of their identity and a coherent self-narrative (Murray et al., 2008). As participants are often disappointed by the lack of available records, and many are traumatised or distressed by what they encounter, it is important that support is available during the process if required. Supported access to records is unanimously discussed as important in the literature (Goddard, Murray, & Duncalf, 2013; McCarthy et al.,

2012; Murray & Humphreys, 2012; Murray et al., 2008; O'Neill, Selakovic, & Tropea, 2012; Riaño-Alcalá & Baines, 2011; Swain & Musgrove, 2012). The significance of this support is also emphasised by the *Find & Connect Scoping Study.*

> … [there is a] need for support around the release of personal information, noting that it was impossible to say what piece of information would be upsetting or disturbing to a recipient. It was argued that even care leavers who felt they did not need support should be informed of how to access it (Department of Families Housing Community Services and Indigenous Affairs, 2010).

This is a complex process which includes negotiating with agencies, filing Freedom of Information requests, advocating for access with individuals, and presentation of records (Goddard et al., 2013; McCarthy et al., 2012; Murray & Humphreys, 2012; Murray et al., 2008; O'Neill et al., 2012; Riaño-Alcalá & Baines, 2011; Swain & Musgrove, 2012). This complexity underscores the importance of building cross-agency collaboration and developing processes in consultation with past providers (Murray & Humphreys, 2012; Murray et al., 2008; O'Neill et al., 2012; Survivor Scotland, 2013; Swain & Musgrove, 2012).

2. Support with Family Tracing is another important aspect highlighted in the literature (Goddard et al., 2013; Hancox, 2012; Murray & Humphreys, 2012; Murray et al., 2008; O'Neill et al., 2012; Riaño-Alcalá & Baines, 2011; Swain & Musgrove, 2012). Family tracing work is required for a number of purposes including family restoration, support for submissions to Commissions of Inquiry, and or reparation/compensation schemes. The process of finding and connecting to family members and childhood friends is also a complex process (Brennan, 2008; Department of Families Housing Community Services and Indigenous Affairs, 2010). It is also recommended in much of the literature that support be provided whilst the family tracing process is underway (Goddard et al., 2013; Murray & Humphreys, 2012; Murray et al., 2008; O'Neill et al., 2012; Riaño-Alcalá & Baines, 2011; Swain & Musgrove, 2012). There is also clear evidence in the literature of the importance of providing care leavers with the opportunity to access individual counselling sessions, to integrate the new information and recover in their own time (Royal College of Psychiatrists, 2010; Wolters, 2008).)

3. Family Restoration Support. There is a strong correlation between preparatory work with all parties and successful outcomes.   Where necessary, Tuart Place staff use a

psycho-educational approach to encourage empathy for the other party and an understanding of behaviours likely to increase the chances of a successful family connection. However, in family restoration work it is also necessary to consider the rights of a third party. While many participants feel understandably aggrieved about their childhood circumstances, this can lead to diminished capacity for empathy and limited ability to understand matters from another's point of view. People operating from the position of 'angry victim' generally experience poor outcomes in family restoration. Another very common problem is that participants often believe it is best to 'just turn up' on the doorstep of an estranged or unknown relative. While this desire is undoubtedly driven by a fear of rejection and a refusal to meet, this approach invariably has the least successful outcomes.

4. Preparing submissions for Senate Enquiries and the Royal Commission into Institutional Responses to Child Sexual Abuse and other inquiries, including Northern Ireland's current Historical Institutional Abuse Inquiry (ACBC & CRA, 2010; Bagdonavicius, 2009; Buti, 2003; Irons Steve, 2009; National Committee for Professional Standards, 2011; Senate Community Affairs References Committee, 2001, 2004, 2009). This is highly specialised work that requires astute understandings of trauma, as well as familiarity with complex processes. The ultimate aim is to provide care leavers with some sense of justice that meets their specific needs.

At Tuart Place the challenges of these tasks and the impacts on individuals are anticipated and normalised through the opportunity to share stories with other participants in a supported therapeutic space. The next section outlines the support group which provides this supported space.

3.1.3.2c The Support Group

The support group is the third therapeutic service provided by Tuart Place. There is an emerging understanding of the value of facilitated support groups when responding to people who have experienced trauma (Payne et al., 2007). Tuart Place's support group has developed from the experiences and needs of the participants with the guidance of an experienced clinician, through careful attention to participant feedback and the latest research on trauma responses.

Innovation 2: Group Relational Therapy

One of the central tasks of a person-centred approach is providing relational reliability which then facilitates safety and trust (Pearlman & Courtois, 2005, p. 456).

For participants of Tuart Place this appears to be most usefully practiced in the support group setting as it provides a safe space to first observe, listen and then participate when able.

The support group run at Tuart Place is ground-breaking and it appears that there is limited information in the research on what appears to be a significant and important response to the needs of older care leavers (Payne, Liebling-Kalifani, & Stephen, 2007).

The support group has become one of the most significant and potent change processes at Tuart Place. It is facilitated by the senior therapist (although participants are offered opportunities to lead the group), and provides a place where participants can begin to share stories, as well as learn new ways of managing their current problems.

> You've had enough of focusing on you, but with the group it's incidental.
> It's woven in and you're listening to other things.
> "Oh, that's what they did. You get different ideas".
> …I feel that with the group, I'm not the person who all eyes are on.
> You're not the focus.
> With the counselling …it was you, you, you, you…!
>
> (Participant - Reference Group)

It is inevitable that once stories emerge and are believed, participants will struggle. This is an extremely difficult process and participants often report deep pain, grief, and anger as they relive the past and come to understand how it has affected their lives. The group provides an opportunity to share information about what they are currently experiencing .

> The group facilitator] offers - and other people in the group - offer alternatives.
> Typical things - we discuss about [words] and things.
> She made the suggestion. I did it. But it's my own learning and I'm teaching myself.
>
> (Interview-Participant)

The following chart provides details of the numbers of participants who use therapeutic services at Tuart Place.
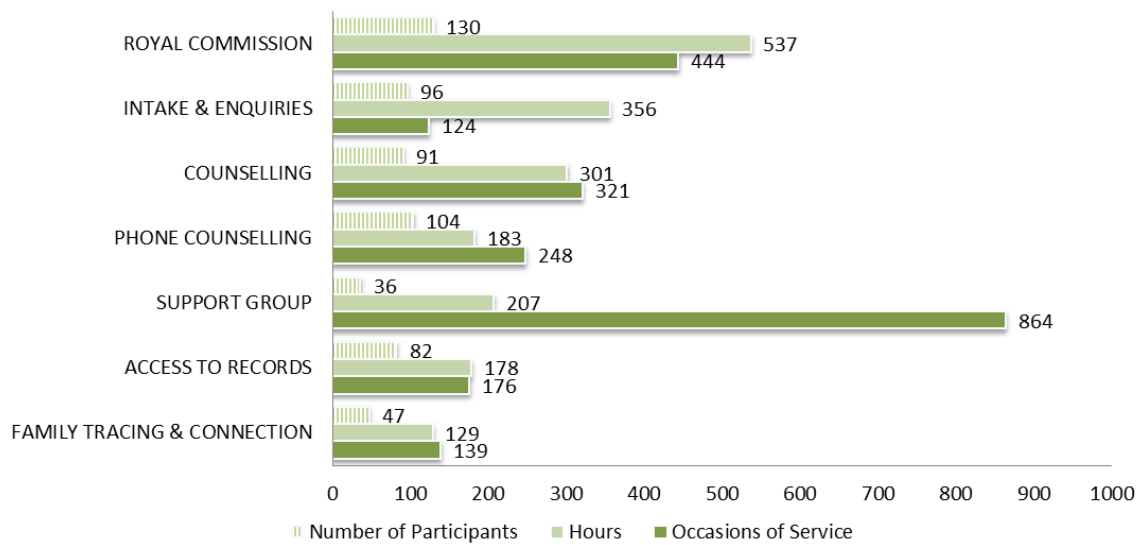
Figure 5: Therapeutic Services 1st Jan-2012 to 31st Dec- 2013

3.1.4 Summary

Tuart Place demonstrates nuanced understandings of the importance of Safety when meeting the needs of care leavers. They provide a safe physical place; understand the importance of participant control, and of ensuring that the services provided are informed by evidence from participants and therapeutic research.

In the next section the second essential element Connection is discussed.

3.2 Connection

The importance of social connections for the well-being of all humans is without question (Banks, 2006; Riaño-Alcalá & Baines, 2011). Connection to self, others, and community through relationships is a fundamental need for all humans. For many care leavers early relationships to care givers were marked by neglect and abuse, with significant consequences for subsequent relationships, trust, and sometimes leading to social isolation. Proactive processes to engage and connect with staff, other care leavers, and the broader community are therefore essential (Coyle & Pinkerton, 2012).

The importance of a community development approach in meeting the needs of participants is emphasised by a number of researchers (Barn, 2010; Lemma, 2010; Mead & MacNeil, 2006; Mendes, 2011). Mendes (2011), in a case study of a service for young care leavers, highlights the importance of building social and individual capacities using a community development approach.

> **Concept 4: Social Capital**
>
> Social capital, a concept popularised by Putnam (2000), is "...understood roughly as the good-will that is engendered by the fabric of social relations ..." (Adler & Kwon, 2002, p. 17).
>
> Peer support processes are likely to lead to the formation of bonding social capital for care leavers both individually and as a group. Bonding social capital can be supported in a number of ways including social events, group activities, and educative sessions (Brennan, 2008; Wolters, 2008). For care leavers, belonging to a group is essential in reducing their sense of isolation and in developing relationships (Biehal & Wade, 1996; Higgins, 2010).
>
> One of the challenges outlined in the literature in relation to bonding social capital is that it can lead to communities of exclusion (Mendes, 2011). It is important that opportunities are provided for care leavers to increase connections with the broader community through developing bridging social capital (Barn, 2010).

Tuart Place	Practice Approach (How)	Concepts/Theories (Why)
Staff Involvement Peer Support Social Activities Newsletters	Community Development Peer Support Strengths Model Awareness Raising	Social Capital Involvement Trust

Table 5: Essential Element 2 Connection

At Tuart Place, the first step in building individual and social capacities is through relationships with staff and peers. Peer support and social activities provide opportunities to build connections with other participants and the wider community.

The creation of a community in a safe place, where participants feel supported and comfortable recognises that, "For most people a sense of safety happens in the context of mutually responsible, trusting relationships" (Mead & MacNeil, 2006, p. na). Staff provide relational based service delivery which can be explained by the concept of staff involvement.

3.2.1 Staff Involvement- "It's not us and them!"

> I think just the governance of the place is very good with good people. I think the values they espouse and the sincerity of what they do - their commitment and conviction.
> They're very empathetic. They're not just putting something out there as if it doesn't matter - they're involved.
>
> (Interview- Visiting Service Provider)

Concept 5: Involvement

The principle of involvement is informed by the belief that to remain neutral when working alongside marginalised groups is to be oppressive.

The "us and them" professional approach, that emphasises neutrality, distance, and separation results in what Buber calls I – it relating (Buber, 1958). There is increasing evidence in the literature, and this was supported by the research respondents that this approach is contraindicated for the care leaver population (Lemma, 2010).

Tuart Place has developed an approach which recognises the shared humanity of the participants and emphasises I-Thou relating (Buber, 1958).

At Tuart Place there is an emphasis on building trust and facilitating connection as a first step. The staff are available to participants "on tap rather than on top" (Salzburg Global Seminar, 2010). Tuart Place's staff success in this aspect is demonstrated by comments made by a participant in one of the reference groups, where she explained that the relationship between staff and participants wasn't an "Us and Them" relationship. Certainly this was very evident to the research team at their first visit to Tuart Place, where they found it difficult to establish which individuals were staff and which were participants. At a later visit, a member of the research team was asked by a visiting service provider, if they required their assistance. These experiences were unsettling to the research team, who work in 'traditional' agencies, and highlighted very clearly how professional and organisational systems work to perpetuate the separation of staff and service users in mainstream agencies. Our responses also highlighted that it requires considerable skill, expertise, and careful planning to create a

space that challenges and changes the 'us and them' binary. Staff require significant skills, careful collaboration with colleagues, and ongoing professional supervision (Richards, 2010).

The concept of involvement provides a useful way of understanding the staff /participant relationships at Tuart Place (Richards, 2010). While principles of involvement underscore all interactions with participants, there is at the same time, an acute awareness of the importance of pro-social modelling. Tuart Place has a very clear rights based approach to the management of behaviour. Where participants behave inappropriately or are intoxicated, staff have clearly established boundaries with a focus on behaviour. This has led to the creation of a space that is not only safe, but also where there are clear, consistent and, most importantly, fair rules. The staff provide both support and role modelling for the participants. For example, it is made clear to participants that some behaviours are not acceptable at Tuart Place as the following quote demonstrates.

> I mean, they [staff] weren't telling him he couldn't come back.
> What they were saying to him is, "Why don't you come back another day when you're feeling better."
>
> …I said, "If you go home, have a rest and come back one day when you're not drinking, then you'd be welcome."
> They don't mind if they were the only ones here, but the fact that there's other people that come that don't like to see that..."
>
> (Interview - Participant)

3.2.2 Peer Support

> [It's] a homely atmosphere – people can get … their own cup of tea.
>
> (Interview – Participant)

Connection is also facilitated by peer support that forms the beating heart of Tuart Place, and is a natural expression of an anti-oppressive practice. There is no pressure to be involved, but opportunities are presented in the day-to-day experiences of Tuart Place which may or may not be taken up by participants. This enables relationships to be developed at a pace that is comfortable for each individual (Wolters, 2008). The rationale and benefits of peer support are outlined in the literature and by respondents with the following core assumptions:

1. The peer principle – that is "…people who have similar experiences can better relate and can consequently offer more authentic empathy and validation" (Mead & MacNeil, 2006, p. na; Porcino, 2011; Queensland Dept. of Communities & RPR Consulting, 2011).

> … we understand from a deeper, emotional point of view,
> they are frustrated and perhaps say things a little out of order,
> but we can accept that because we understand what they've been through.
> We've been through it ourselves.
>
> (Interview- Participant)

2. The helper principle – that being helpful is also self-healing (Mead & MacNeil, 2006; Repper, 2013). Tuart Place peer skill-sharing program is underpinned by the philosophy that everyone has something to contribute that can benefit others. One example is guitar tuition and instrument loan between service users. Another Tuart Place participant regularly takes photos during social activities to give to others, in recognition that many adults who experienced out-of-home care during childhood have few photos or memories of happy social outings.

3. That empowerment occurs through knowing others who have overcome similar challenges (Repper & Carter, 2010).

> "… I didn't think anyone thought that – you think like that as well? I think like that!"
> Really surprising things come up.
> And from that point onwards, they'll talk about that to somebody.
>
> Whereas before they were not even going to speak, not look at anybody, not say where they live or what their name is.
> And now they're coming out and probably better public speakers than what I am.
>
> (Participant-Feedback)

4. That connection to others with similar experiences is likely to lead to broader systemic change, as problem formulations shift from individual pathology to structural analysis (Mead & MacNeil, 2006).

> It seems to me that [Tuart Place] does provide a tremendous amount of peer group support which is fantastic, because just the word 'Forgotten Australians' says it all.
> If you are getting the chance to go out with people where you don't even have to say anything because it's assumed you know.
>
> (Interview-Board/CEO Reference Group)

A core group of participants has taken responsibility for instigating and organising a range of peer support activities. Accordingly, this core group of support group members is very welcoming of newcomers, and keen to make them feel at ease.

3.2.2.1 Ambassadors

The Ambassadors for Forgotten Australians programme provides leadership support and training to selected care leavers across Australia. This programme contains units which lead to a formal qualification – (a Certificate IV in Community Development). Two participants have been supported by Tuart Place to undertake the training which they have then used to raise awareness of the experiences and needs of care leavers through presentations. This has included presentations on the importance of respectful and clear record keeping for children in care to university students studying to be social workers.

3.2.2.2 Volunteers

Volunteers are involved in a range of roles, including administrative work, taking meeting notes, family tracing etc. There is a volunteer management programme that is developed and managed by the Tuart Place Coordinator. The involvement of volunteers also ensures that participants are provided with opportunities to develop relationships with other people. A volunteer respondent outlines what it is they do at Tuart Place:

> I sit with a client at the computer and together we search.
> Family tracing involves 'following your nose'.
>
> It's a process that is quite enjoyable.
> In some instances, …
> I have actually done some work at home,
> compiled a dossier and
> brought it back to go through with the client.
>
> (Interview – Visiting Volunteer)

3.2.3 Social Activities

Social activities are the third way in which Connection is facilitated at Tuart Place. Social activities and events such as Christmas parties, anniversary celebrations and outings are carefully planned by participants and staff in order to provide opportunities to develop relationships and practice a range of skills. These promote the bonding and bridging social capital discussed in the Concept Box earlier.

> For relaxation and communication and meeting people
> I come to Tuart Place
> where I can sit down and use the facilities.
> … or I can go on outings. I haven't gone on one yet,
> but there are outings to go on and movie nights that people can go to....
> It's a very good social atmosphere.
>
> (Interview- Participant)

Participants can choose to be involved in a number of ways including: event planning, preparing food and drinks, parking direction, selling raffle tickets, performing in the singing group and presenting to audiences. These activities provide opportunities for participants to practice new skills in a safe and supported space. The chart below provides details of the numbers of participants who have attended a range of social activities.
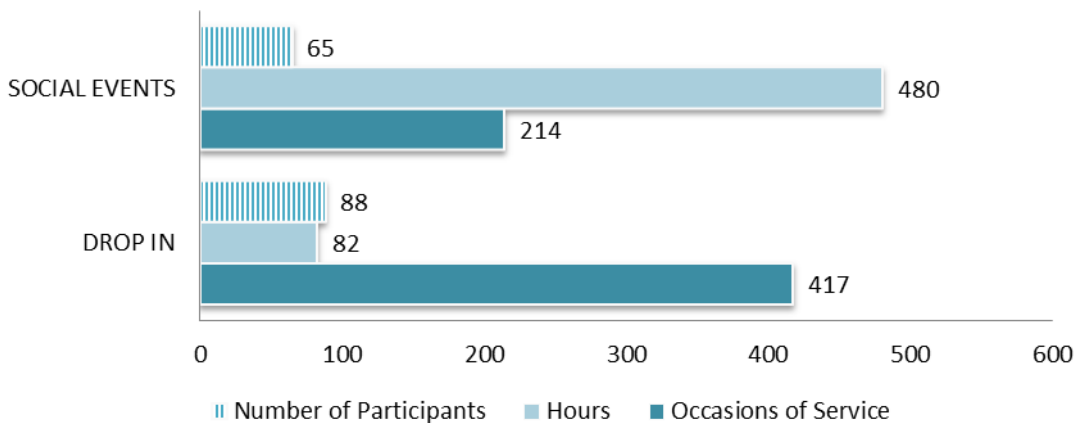

Figure 6: Social Activities 1st Jan-2012 to 31st Dec-2013

3.2.3.1 The Big Lunch

Tuart Place holds lunches once a week, and staff and participants bring food for everyone to share around a large table. These are very casual, happy occasions that allow staff and participants to socialise and work together. Staff provide support for participants to be

involved in ways that develop their social and other skills including cooking activities. These lunches also enable participants to give to others, and are deliberately planned to build and develop bonding social capital.

> On Mondays there's the free lunch day where…
> … We all sit around a big table. That's very good.
> It's one of the days that a lot of people enjoy to come.
> A lot of people just come for that day.
> It's a lovely day to come to sit around the table, have a meal together.
>
> (Interview- Participant)

3.2.3.2 Singing Group

The singing group provides another opportunity for building relationships between participants, staff, and guests who may join in with the singing. On one occasion the researcher observed the dynamics between staff and participants shift and change, as the participants became 'expert'at singing and staff 'beginner'. The singing group also perform at social events where participants are able to develop their confidence in social settings within the security of the group.

> I was asked if I'd help out with their choir,
> because I was always sort of fiddling around and messing about with singing.
> I was asked if I'd start the choir.
> And it sort of brings back some of the good memories of childhood,
> rather than the bad memories of childhood.
>
> If you really listen to them, they all were taught the same songs. …
> No matter what institution you were brought up, you all learned the same songs.
>
> (Interview-Participant)

3.2.3.3 Social Gatherings

Social gatherings to celebrate special occasions are held regularly at Tuart Place, which is well known for its celebrations. These events are highly respected in the sector and are attended by a range of people including Government Ministers, CEOs, and other VIPS who attend to show support for Tuart Place staff and participants. Participants are involved in organising the event with support from staff, and they often learn new skills and share expertise in these processes.

The events are significant in ensuring that Tuart Place remains visible and provide ways for participants to be acknowledged and recognised by key people in the sector. These are essential in providing ways for both bonding and bridging social capital to be strengthened, for Tuart Place as an organisation and for participants. They also provide ways for the enactment of mutual support and the development of a sense of community. Social capital is more likely to be generated in processes where there is a reciprocal exchange for mutual benefit.

Concept 6: Trust

From the first point of contact, Tuart Place emphasises the importance building trust. Developing trust in others is not straightforward for care leavers. It is essential that a range of opportunities for participants to develop trust in a way that meets their individual needs are provided. These opportunities enable participants to take risks with connecting with others in a range of processes.

Tuart Place provides a space where participants can develop trust through interactions that are "... beneficial or at least not detrimental ..." (Costa, 2004, p. na). The predictability and reliability of both processes and outcomes is essential to the development of trust.

3.2.3.4 Movie Nights

Participants join together to see films together, outside of Tuart Place. As the respondent below highlights, these are social events which provide individuals with the opportunity to build relationships outside of Tuart Place.

> Some participants have not been out of their own home in the evening
> or even day-time for months on end.
> Some have not been out at night-time for 10, 20 years.
> And now our movie group is saying,
> "Oh but we've seen that movie, we want to go to that one".
> So half go to a different movie.
>
> (Interview – Staff)

3.2.3.5 Pizza and Movie Nights

More recently Tuart Place holds Pizza and Movie film nights every fortnight at their premises in the afternoon. These events provide opportunities for staff, participants, and their families to come together to watch a movie, share popcorn, in a family type atmosphere.

3.2.4 The Newsletters

The Newsletters are another way that Tuart Place facilitates Connection. The newsletters were rated the most important service provided by Tuart Place in the Annual 2013 survey. The importance of the newsletters was also emphasised by respondents, who identified them as an important way of connecting to other care leavers, even when they do not physically attend Tuart Place. The newsletters are presented very professionally and include many photos. They provide an easy-to-read update of what's been happening at Tuart Place and information on what is planned for the future. Most significantly, they provide a way of connecting Tuart Place to care leavers and participants in a safe way. They are also a crucial means of connection for older care leavers, who often are unable to access computers. Tuart Place distributes two newsletters.

1. *The Tuart Times* is produced quarterly by staff and is distributed widely across the sector, as well as to all participants. It is posted in hard copy to 1594 people within Australia, and 46 overseas (total:1640) and is available on the Tuart Place website (http://www.tuartplace.org/). Of these recipients, 1105 are care leavers and 535 are 'Agencies and Supporters'. The newsletters have become a defining aspect of Tuart Place and one of the most important means of maintaining connection with participants and other groups. As the participant describes below, they are also key in facilitating care leavers' access to the service:

> She received a newsletter from Tuart Place, which drew her to the service.
> It didn't seem 'light, fluffy, demeaning – it seemed respectful'.
> She had been coming here for 6 months now.
>
> (Reference Group - from notes)

The Tuart Times newsletter is of a very high quality and is very well regarded across the care leaver sector, as the comments below demonstrate.

> … look at the publications that they put out and these - that's a very well presented publication …It's not over the top, at the same time it's not huge and glossy, it's readable, it's something that you'd be happy to have on your coffee table at home whilst you're watching TV and flipping through it, something like that.
>
> (Interview – Board/CEO Reference Group)

2. The second newsletter *Ron's Gazette,* is published monthly by participant Ron Love (who in November 2013 was appointed Chair of the Board). *Ron's Gazette* is distributed in-house and emailed to more than 280 recipients. *Ron's Gazette* captures the essence of Tuart Place's participant-led service model. This newsletter provides an important means of communicating social events that have been happening at Tuart Place, in a way that is friendly and accessible. Each distribution of *Ron's Gazette* attracts considerable feedback – all of it positive. *Ron's Gazette* provides a potent example of how Tuart Place supports participants to develop their skills in meaningful ways.

Importantly both newsletters form part of the strategies that Tuart Place uses to raise awareness of their service to care leavers and more broadly to the sector and other networks.

3.2.4.1 Website

The Tuart Place website (http://www.tuartplace.org/) is a user-friendly site which is updated regularly. While access to this online avenue of communication may not be available for many older care leavers, it serves an important function in providing information to the broader community and other organisations, and plays a significant role in raising awareness and developing networks.

3.2.5 Summary

Tuart Place has developed a service that facilitates Connection through relationships in order to build trust and safety for care leavers (Gilburt, Rose, & Slade, 2008; Survivor Scotland, 2013), (Payne et al., 2007). Relationships are the primary mechanisms for change at Tuart Place (Joseph & Murphy, 2013). The range of relationships; in particular peer relationships, ensure that the Tuart Place approach enables the possibility of ongoing connections.

The next section explores Opportunity as an essential element for care leavers.

3.3 Opportunity

Opportunity is the third of the essential elements identified as important for meeting the needs of care leavers. As noted earlier Tuart Place service delivery approach is based upon the belief that humans are intrinsically motivated to move into growth related activities if the right conditions are provided. Two conditions or elements Safety and Connection have already been discussed previously and the third Opportunity is considered in this section.

Tuart Place	Practice Approach (How)	Concept/Theories (Why)
Psychosocial Support In-reach and Out-reach Learning Opportunities	Psychosocial Approach Advocacy Education	Self – Actualisation

Table 6: Essential Element 3 Opportunity

At Tuart Place providing Opportunities for participants includes access to psychosocial support, in-reach and out-reach services and the provision of learning opportunities that respond to individual needs and enable participants to develop their individual and social capacities. Participants are supported to identify their needs and find ways to meet these needs with an emphasis on a "no wrong door" approach.

> As you progress through your journey … you'll have different needs. At first it might have been about using some of the computers to search for your genealogy, but as you're doing that you then realise that you actually would like to get better in social settings, so you … work on your social skills.
>
> So your needs will change over time as well, so it's important to provide a way for you to say actually, I want something different now.
>
> (Participant –Reference Group)

A Tuart Place participant may begin with a request for family tracing and then, once trust is established, ask for assistance with advocacy and assistance for housing and/or join in with the choir. The focus is on creating opportunities for the participant to meet their needs. Once a participant's confidence begins to grow they are provided with opportunities to meet their needs as they emerge.

3.3.1 Self-Actualisation in Action

The case study that follows is a composite of real participants. The underlined words are hyperlinked to the relevant service in this report. The case study is provided to show how the provision of opportunities, which enable individual participants to develop their individual and social capacities, is an essential element of responding to the needs of participants.

> **Concept 7: Self-Actualisation**
>
> Rogers' theory is that humans have a basic tendency and striving – "… to actualize, maintain, and enhance the experiencing…" (Rogers, 1951, p. 487).
>
> Whilst Rogers used an organism analogy, specifically a plant as an example, there are some simple strengths to this view. That is, given the right conditions humans will develop an increased regard for self and then enact the tendency to self-actualisation. This is a strengths approach which forms the basis of all interactions with participants.

3.3.1.1 Case Study:

When Simon first came to Tuart Place he was very angry with the WA State Government Redress scheme and wanted to know what we did here for, "people like him that had been abused by the system." He didn't want to know about counselling and stated he had "tried it many times before and it didn't help."

Initially staff or peer volunteers would make him a cup of coffee and sit and listen and chat with him. Some days he would just come and use the computer or come for the lunch. This continued for a few visits until he felt safe enough to start coming to the support group.

He joined the support group and found that it helped to be around people who were going through the same thing as him. The psycho-education on depression provided by the group facilitator gave him the language to explain what he had been feeling over the years. Simon kept on coming to the group and then asked for some individual counselling which focussed on his anger and depression. He also asked for some practical strategies to assist him manage his family relationships.

More recently he booked in for a family tracing session with the experienced genealogy volunteers, to find out more about his father's side of the family. Simon still attends the support group and now has friends that he sees outside of Tuart Place.

He recently said that, "I still get depressed and angry sometimes but coming to the group and having one-on-one counselling has helped me understand why I get depressed and helped me deal better with my anger. I feel a lot of trust and confidentiality and it's relaxing here and you don't talk about what you don't want to."

3.3.2 Psychosocial approach

A psychosocial approach to service delivery brings together the strengths of the individual with the "…resources of the environment at strategic points to improve the opportunities available to the individual and to develop more effective personal and interpersonal functioning" (Hollis, 1977, p. 1308). The term self-actualising can give the impression that this is something that the participant does on their own however Tuart Place staff and Peer Volunteers are very aware of the importance of providing support and guidance and advocacy during these times. This is highlighted by the comments below.

> As their confidence grows you don't know what will emerge.
> Not everything a care-leaver wants is ok. ...
> Whatever choice you make there are some consequences and need to be guided through these to facilitate informed choice.
>
> (Interview- Visiting Service Provider)

> They never put you in the too hard basket.
> Regardless of what aspect of help that you need.
> Whether it's legal help,
> Whether it's just someone who listens,
> Or there might be a political issue...
>
> (Interview- Participant)

A good understanding of the contexts and complexities which inform participants experiences, and familiarity with the processes which they will need to engage in, is emphasised as essential when advocating to meet their needs (Murray & Humphreys, 2012; Murray et al., 2008; O'Neill et al., 2012; Survivor Scotland, 2013; Swain & Musgrove, 2012). Tuart Place staff have informed understandings of both the personal and political circumstances of participants, and they are competent and experienced in advocating at all levels.

> I see the staff are doing some really great advocacy work on behalf of people here (DIAC, housing). Government can be really hard to penetrate… trying to communicate with Government departments can be the absolute hardest thing so it's great having people to help make that process easier.
> (Interview – Board/CEO Reference Group

One of the primary services provided at Tuart Place is helping participants engage with other agencies. The Chart below provides details of the psychosocial support services provided.
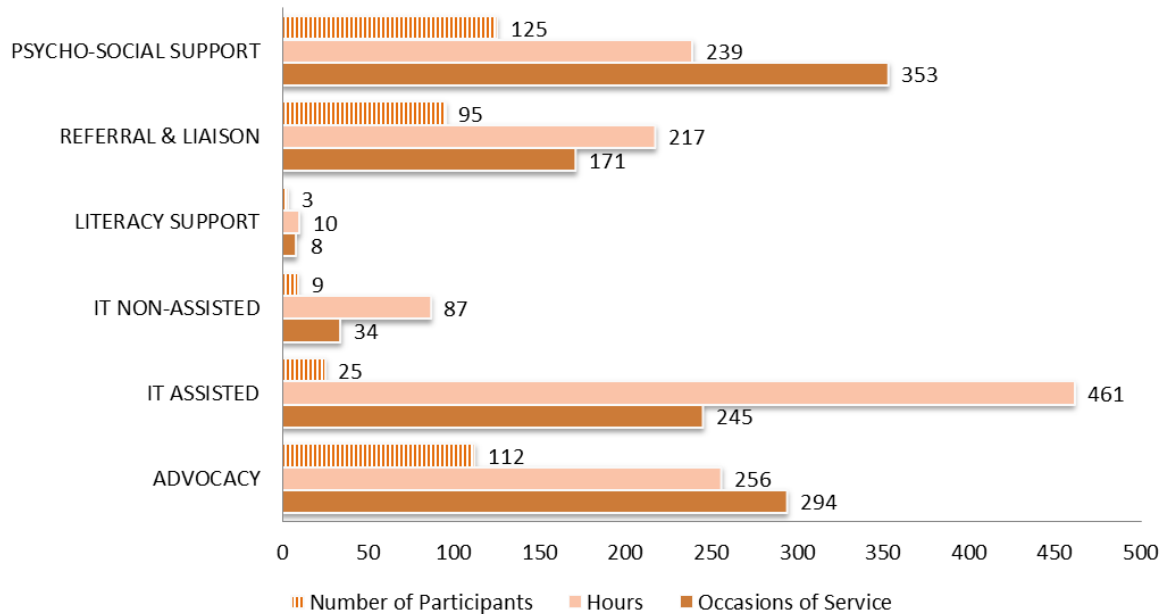

Figure 7: Psychosocial supports 1st Jan-2012 to 31st Dec-2013

3.3.3 Out-reach and In-reach

As previously stated, past experiences can make it difficult for participants to access mainstream government services and advocate for themselves (Penninx, 2009; Survivor Scotland, 2013). Tuart Place aims to make it as easy as possible for participants to access a range of services to meet their needs. This is facilitated through outreach to agencies through warm referrals to Health or Medical services (including assisted referral to mental health and alcohol and drug support services)

- Housing - support and advocacy

- Pensions and benefits (Centrelink)

- Aged care advocacy

Service providers who have visited Tuart Place to provide services or information include (but are not limited to):

- The Kimberly Dental Team visited and provided participants with free dental services

- knowmore legal Services visits from the Eastern states to provide legal advice for Tuart Place participants appearing before the Royal Commission into Institutional Responses to Child Sexual Abuse

- Royal Commission Officers have held individual sessions over three days with 12 participants who preferred that their statements be taken at Tuart Place where they felt safe and supported

- Anglicare provides additional resources to extend Tuart Place's provision of counselling and support for Tuart Place participants appearing before the Royal Commission into Institutional Responses to Child Sexual Abuse

- Fremantle Medicare Local have visited Tuart Place and work with several participants to facilitate access to medical and mental health services

- Find and Connect website workshop - record holders, archivists and care leavers spent the afternoon with four members of the Find & Connect web resource team from Canberra, along with local expert and the State Based Historian for the project

- Public Trustee's Office – provided participants with information and assistance to prepare wills and

- Volunteer experts from the WA Genealogical Society (WAGS) run monthly family tracing sessions with Tuart Place participants

This support is a significant part of the advocacy work undertaken by Tuart Place staff on behalf of participants. Other significant advocacy work that Tuart Place engage in with participants includes:

- Assisting participants re-engage with past providers through applications for access to records, compensation, and reparation sessions. See 3.1.3.2b Task Centred Services for more information

At the broader level Tuart Place undertakes a range of advocacy work:

- Advocating for participatory processes and practices developed at Tuart Place to be disseminated to other individuals and organisations (FACT Inc, 2013). For example,

entry in The Mental Health Good Outcomes Award led to Tuart Place receiving the Award for *Improved Outcomes in Seniors Mental Health*.

- Most significant is the ongoing work of staff to ensure that Tuart Place retains funding and remains the primary West Australian service for care leavers. This work is represented by Figure 8 below.
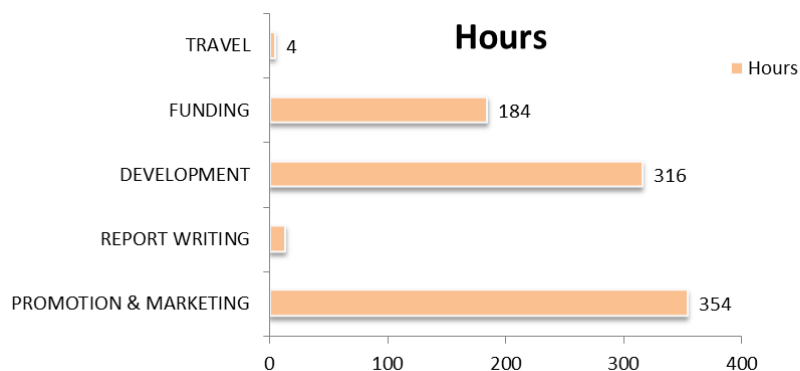

Figure 8: Development Work 1st Jan-2012 to 31st Dec-2013

3.3.4 Learning Opportunities

Tuart Place provides many opportunities for participants to learn in an informal setting. These opportunities include building skills and developing knowledge in a range of areas. Staff further ensure learning opportunities are provided in ways that are suited to an individual's own learning requirements (Senate Community Affairs References Committee, 2001, 2004, 2009).

3.3.4.1 Education

Opportunities to build understandings of particular areas, connected to the lived experiences of participants, are also provided at Tuart Place. Past events and those currently planned include: Stroke Awareness Presentations - by the Stroke Foundation, Family History workshops with 'Time Trackers' genealogy experts, Adults Surviving Child Abuse (ASCA) workshops, First Aid, Public Speaking and Computer Skills classes.

3.3.4.2 Lifeskills

The Lifeskills courses run at Tuart Place have emerged out of the expressed needs of the participants who attend the support group. They are provided at Tuart Place and include Dealing with Depression, Communicating with Confidence, Building Self Esteem, Conflict Management and Dealing with Anger. Individual Literacy and Life-skills Tuition

are also provided on a one to one basis for participants who would like to develop their skills and understandings. The chart below provides details of the service provision numbers.
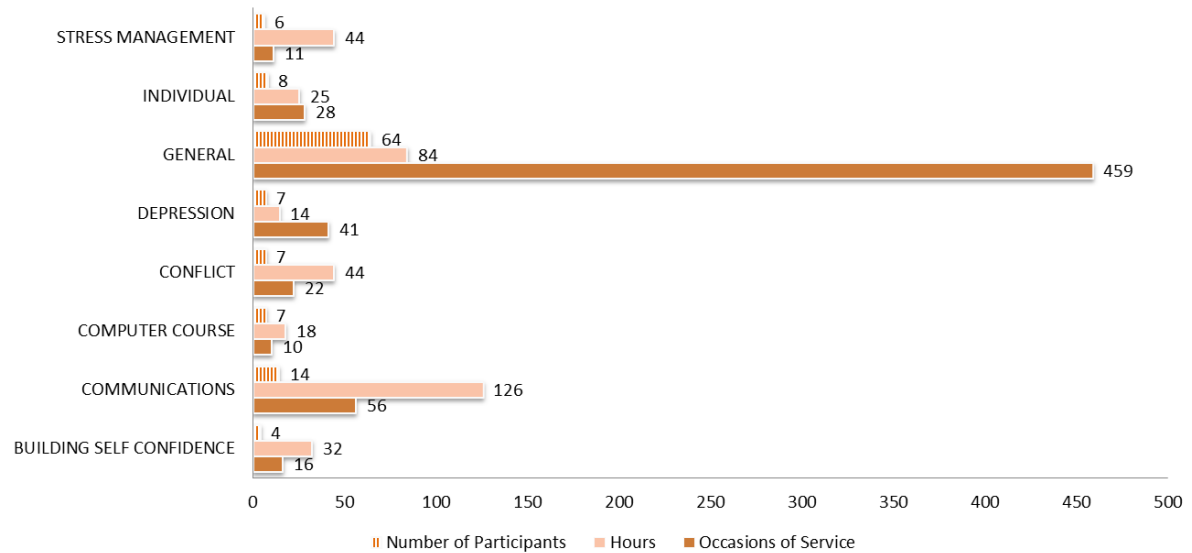

Figure 9: Life Skills 1st Jan-2012 to 31st Dec- 2013

3.3.4.3 Health and Fitness

There are also opportunities to join in with Exergaming which is a low impact exercise regime using Xbox. Tuart Place is currently involved in an inter-organisational competition with other services utilising the Exergaming programme.

3.3.5 Summary

It is very clear that Tuart Place provides many Opportunities for participants to meet individual needs and to grow. The opportunities emerge out of the expertise and knowledge of staff and participants who come together in partnership to ensure that participants can self-actualise with guidance and flourish.

> You can have counselling, you can ring up or you can come down and just sit and have a chat.
> That's been the main thing, that you can come down here anytime, during the week,
> you're made welcome, and you never get a knock-back.
> It's always open for you. I mean – I love computers. You can do computer work.
> I'm doing my family tree at the moment, and they help me with that.
> And everybody who's here… after the first time they meet you, they know you and it feels like family.
> (Interview-Participant)

3.4 Hope

Hope is the final element identified as essential for meeting the needs of care leavers. Tuart Place staff and participants take a strengths approach and actively seek the spark of hope that care leavers bring to their doors. This spark is kept alive by the relationships, fanned by evidence informed healing, and then fuelled by the opportunities provided at Tuart Place. This leads to participants becoming more hopeful which then facilitates change. The change that happens because of Tuart Place is profound. Change occurs at the intrapsychic level for participants who are seeking answers about their past and their identity, it further happens at the interpersonal level where participants feel connected to others, and it occurs at the policy level with the recognition of participant needs through funding.

Tuart Place	Practice Model (How)	Concepts/Theories (Why)
Self-Confidence Sense of Belonging Recovery	Mutual Support Restorative Justice	Change Recovery Justice

Table 7: Essential Element 4 Hope

Discussion Point 2: Change

It is important to develop ways of measuring the change that occurs at Tuart Place in ways that are meaningful for participants and that demonstrate efficacy. This is a challenge that recovery oriented services are currently seeking to address (Andresen, Caputi, & Oades, 2010).

Quantitative research methodologies that measure change need to be carefully selected and applied, due to the sensitivity of participants' past experiences.

Another complicating factor is that research approaches designed to pick up a change in mental health symptoms, will likely pick up a decline in mental health well-being in the early stages of engagement at Tuart Place due to a re-focussing on negative childhood experiences and exploring feelings from past trauma.

Each care leaver who becomes a participant at Tuart Place generally arrives anxious and unsure. They tread gingerly into the space, where they begin to feel safe, make connections, create and access opportunities, and in the process, see how other participants have changed. And then, little by little, they begin to feel hopeful about their own lives. The testimonial from a participant below provides an example of the changes that she has experienced.

> At 55, I found Tuart Place and it was life changing for me.
> In a very short time **I reclaimed my lost self** and am moving from strength to strength.
> I could not have done it without Tuart Place and the lovely staff.
> The group leader with her inner parent, adult, wounded child circle exercises.
> The warm and gracious staff and the many lovable ex state wards who come to Tuart Place.
>
> They have all become family and life is really good.
> I never believed something so good would ever happen for me.
>
> (Testimonial- Participant)

The most commonly reported changes participants report through accessing the services at Tuart Place, are grouped below in three categories: Increase in Self-Confidence, A Sense of Belonging, and Recovery.

3.4.1 Increase in Self-Confidence

Testimonials from participants and **all** respondents report a noticeable increase in self-confidence that is demonstrated in two keys ways: through descriptions of behaviour observed by other participants and staff, and by participants themselves who describe changed feelings.

> …but this place is building self-confidence.
> There are people who before might never have contributed.
> But now – they're great! They're out there, talking.
> And it's all been because of Tuart Place.
>
> (Interview- Participant)

It is useful to think about low self-confidence as caused by a gap between "…who one is and who one wishes to be…" (Kvalsund, 2003, p. 15). An increase in confidence occurs when the gap decreases and, as the participant at the introduction to this section so cogently explains, the 'lost self is reclaimed'. This is a particularly potent statement given the search for identity and the lost sense of self that marks the lives of participants. Another powerful example is provided by the participant below, who uses a metaphor of a flower opening to describe how she has observed other participants gradually bloom and realise their potential.]

> I've seen a lot of people change from not talking ...
> I've seen them open up and become different people.
> They're the same people, but they've become different.
> They're like a flower opening or a rose opening.
> You see it as a bud and gradually it opens and you've seen these people change.
> (Interview - Participant)

An increase in self–confidence has substantial flow-on effects beyond the self, and leads to improved relationships, and better health and well-being. The participant below describes how increased self- confidence has improved her capacity to interact with people in authority, and in the broader community generally.

> Absolutely they made a difference.
> Slowly I'm working on it, but they have made a difference in my life.
>
> I am able to express my feelings. I find things a lot easier.
> I'm able to speak to a policeman or somebody with a uniform on - a doctor - people in authority that I would never have before.
>
> (Interview- Participant)

3.4.2 Sense of Belonging

A Sense of Belonging is the second of the changes highlighted by the respondents. A sense of belonging is the "…subjective experience of having relationships that bring about a secure sense of fitting in" (Lambert et al., 2013, p. 1418). Recent research indicates that there are clear links between a sense of belonging and living a life that is more meaningful (Lambert et al., 2013). Many respondents describe how becoming a participant at Tuart Place has given them a sense of belonging that they had been seeking all their lives. Some of the responses that highlight this are included below.

> I felt like I belonged, that somebody cared…
>
> (Interview – Participant)
> ___
> "For the first time in my life – I felt I fitted in".
>
> (Interview – Participant)
> ___
> Finally I found a place to fit in.
>
> (Interview – Participant)

> I feel safe being a part of a group with similar backgrounds.
>
> (Interview – Participant)

The participant below describes the significance of receiving birthday cards from staff and participants at Tuart Place. This has become an important ritual that Tuart Place staff prioritise, as it signals acknowledgement of the importance of each participant and contributes to developing a sense of belonging.

> We even get a birthday card! And that means a lot to a lot of people – because my birthday was never recognised.
>
> (Participant-Reference Group)

Further to this, participants identified Tuart Place and its peer support processes as providing a place to develop initial connections to each other – often beginning with the act of making a cup of tea or coffee. A sense of belonging is developed though social activities, and then finally participants become a source of support for each other outside the Tuart Place walls.

> Now, if she's having a bad time she'll ring me up and talk to me. I might not know the answers but I'll listen and … vice versa.
>
> (Interview-Participant)

Over the time that the research team attended Tuart Place, participants discussed how they provide support to one another by helping each other move house, visiting each other in hospital and through the provision of practical support throughout family upheavals. This is powerful evidence that participants are building themselves a world outside of Tuart Place.

3.4.2.1 Like a Family

The attachments shared with each other are conceptualised by some participants as being 'like family', with the excerpts below providing powerful examples of this.

> Female:…We have all been through the same sort of things.
> We all know that we've all been hurt.
> We all care about one another.
> To me it's like building a family group.
> Female: Mm, it's like a family.
> Female: Yes. Everyone's starting to laugh and joke and rib one
> another…
>
> (Participants- Reference Group)
>
> ---
>
> It feels like a big family; nobody judges anybody else.
> Everybody is concerned for everybody; it's like a family.
> We've all been through hell - some of us more than others.
> But it's opening - people are talking about their experiences
> and sharing and opening to love.
>
> (Interview - Participant)

However, as with all families, there is potential for disagreement and hurt. It is here that staff at Tuart Place play a pivotal role in supporting participants as they learn how to be in relationships with each other. As participants highlight below.

> "[Staff member] is like a mum – teaching us what we always needed to know, so we can try to better ourselves"
>
> (Participant- Reference Group)
>
> ---
>
> … It's not just me, it's everybody…
> They give everybody that comes here a feeling of worth.
> Whether it's to help them with computer lessons,
> … a crutch that helps get them in the door,
> … to come for a meal,
> … to talk to friends.
> We're in an environment
>   where if anything goes wrong,
>   we've got someone that will back us up.
> (Interview- Participant)

A Sense of Belonging is a perhaps most poignantly illustrated by the comment, "If we stick together, we can go to each other's funerals" (Participant - Reference Group). Social isolation and loneliness have been replaced by a Sense of Belonging to a family who will care when they are gone.

3.4.3 Recovery

"Recovery is about building a meaningful and satisfying life, as defined by the person themselves…" (Shepherd et al., 2008, p. na). Whilst for many participants, the hurts and the disappointments of the past cannot be changed, what they find at Tuart Place is a space, relationships, and opportunities to live more meaningful lives.

> **Discussion Point 3: Recovery**
>
> The concept of recovery in current mental health services is different to how recovery is thought about in mainstream health where recovery is considered to be the absence of symptoms.
>
> Recovery in mental health is thought about as "… a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (Anthony, 1993). This can also include the impacts of trauma and abuse in childhood
>
> At Tuart Place each participant's recovery is very different. What is clear, however, is that participants report a new sense of meaning and purpose for their lives as their confidence grows and they feel they belong.

I feel more respected and accepted as the person I am, more than ever before in my life.

(Participant Feedback)

It's about them feeling safe and trusted in an environment where they can continue to grow and flourish.
Being a part of the group has changed their lives forever.
        This formula for making change is a powerful dynamic…

(Interview - Board/CEO Reference Group)

> **Concept 8: Justice**
>
> Tuart Place was founded on social and restorative justice principles. It has developed an innovative organisational restorative justice approach, where staff and participants work together to address wrongs at all levels, according to individual participant's needs. Staff and participants busily and painfully work hard to right wrongs and move forward together.
>
> In this space justice is not a concept nor an ideal but a lived experience.

3.5 Conclusion

Tuart Place provides care leavers who access their services and become participants, with individualised services within a place of safety through relational support. The staff ensure opportunities are provided for participants as and when they are identified. There is an alignment of the essential elements for responding to the needs of care leavers, identified in the latest research and by care leavers, with the services provided at Tuart Place. It is clear that Tuart Place not only incorporates all the essential elements for responding to the needs of care leavers, but has developed significant innovations in direct response to the needs of participants.

> People have come alive and they are doing things they would never have done before at 60 or 70 years of age.
>
> It's a long time to wait…
>
> (Interview- Board/CEO Reference group)

PART FOUR: The Future

In this section, key recommendations from the research are outlined.

4.Recommendations

4.1 From the Researchers

These recommendations are made with the knowledge that, by the time this report is distributed more broadly, many will have already have been implemented – such is the Tuart Place approach to feedback. What needs to be emphasised is that these are recommendations are optional extras, rather than essential.

4.1.1 Tuart Place Services

Staff and participants at Tuart Place deliver a comprehensive service that meets the needs of care leavers in an extremely cost-effective manner because of the peer support processes and the support provided by a range of service providers. As the graph below highlights, the service is expanding with the demand for services increasing. This is directly connected to an increase in demand for Royal Commission support.
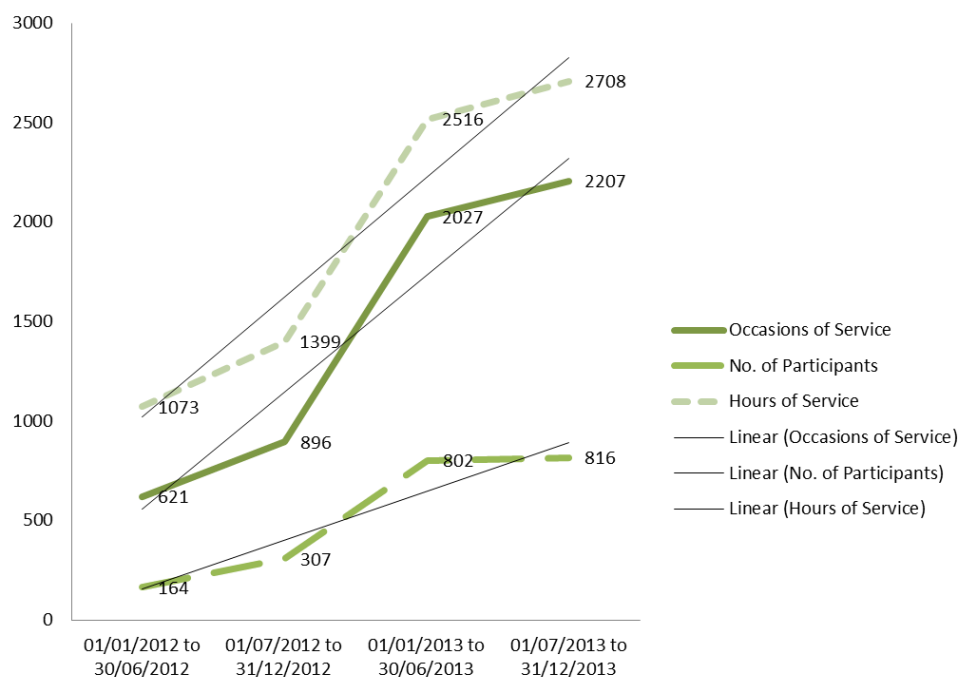

Figure 10: Tuart Place Service Delivery over Time

This evaluation process highlighted that there is an enormous amount of goodwill in the sector towards Tuart Place, as they can do what many in the non-government sector can't because of their funding imperatives.

4.1.1.1 Funding Security

The challenge to access Find and Connect Federal Government funding continues, with the perplexing news that Tuart Place is unable to access money set aside to support care leaver engaged with the Royal Commission processes. This has been despite Tuart Place providing over 690 hours of Royal Commission related support to over 142 participants (as at March 2014).

The funding future for Tuart Place has brightened considerably since the WA Department of Child Protection and Family Services (DCPFS) committed to providing five years of funding in 2013. This funding has provided an important basis on which to leverage future funding. However, there is a pressing need to find ways to fund the service that are reliable and sustainable AND will not lead to the Tuart Place model having to compromise its approach by being asked to deliver the service contrary to its core values. This is said, again, with the knowledge that staff at Tuart Place are actively engaged in seeking funding from a range of sources.

Tuart Place participants and staff have years of expertise and experience in an approach that is ground-breaking and life-changing. There are many ways that Tuart Place staff and participants could deliver training, workshops, and information about a range of aspects of the Tuart Place model.

Recommendation 1

Consider the feasibility of developing a consultancy service to generate funds

4.1.1.2 Meeting the Challenges of Growing

Over the course of the year the number of participants accessing Tuart Place has grown considerably (mainly due to the Royal Commission established in December 2012). If the growth continues, the challenge for Tuart Place will be in ensuring that they can continue to provide a personalised service for all participants. While extra staff have been recruited to manage the extra loads, and to develop the services further, the existing staff are stretched and work to the upper limits of their capacity.

Recommendation 2

Undertake deliberative processes (research and planning) to ensure that growth in numbers doesn't impact the essence of the Tuart Place service model

Feedback from care leaver respondents to the Tuart Place 2012 survey and in this evaluation process showed that location is a key barrier for those who cannot access face-to-face services from the agency.

<div style="background-color:#d6e0b6">

<u>Recommendation 3</u>

Locate a new premises – permanent move to a more central location that has on-site parking and a garden

</div>

4.1.2 Outreach Work

The importance of reaching out to care leavers and their families is underscored by the changes that participants report, which will have positive impacts on their health and families. There is a lot of unexpressed need in Western Australia, and it is in the interests of all of us (ethically and financially) to ensure that these vulnerable groups and their families are provided with support and services.

4.1.2.1 Access and Equity

There are likely to be many care-leavers who are socially isolated and unaware of the Tuart Place resource service. It is important to reach out to care leavers through home visits, phone counselling to care leavers in rural and remote locations.

<div style="background-color:#d6e0b6">

<u>Recommendation 4</u>

Develop processes to ensure that care leavers are not excluded from accessing the service and having their needs met

</div>

4.1.3 Sector Development Work

Tuart Place connections with other service users form a part of their business as usual model. Whilst there are some distinct differences, there are also some commonalities in the needs of the care leaver community. The Tuart Place participant group is mostly comprised of non-Aboriginal and older individuals. In order to enable Aboriginal care leavers to access services, there is a need to keep exploring cultural safety.

<div style="background-color:#d6e0b6">

<u>Recommendation 5</u>

Continue working to build relationships with other care leavers and groups including Aboriginal and young people

</div>

Recommendation 6

Research ways in which cultural safety can be developed at Tuart Place

4.1.4 Research and Writing

This evaluation process and report have identified the theoretical and conceptual underpinnings of the Tuart Place approach and provides a sound basis on which to present at conferences and publish in peer reviewed academic journals.

Recommendation 7

Disseminate the findings of the evaluation broadly to a range of audiences to raise awareness of the innovative Tuart Place service model

4.1.5 Feedback and Evaluation

Engage in further research collaboratively with participants to find a way in which to develop an evidence base for the Tuart Place approach which focuses on 'measuring ' recovery

Recommendation 8

Undertake research with participants to develop evaluation processes

4.1.6 Support

There are many different groups of people involved with Tuart Place. Each requires a range of supports to enable them to continue to contribute to Tuart Place. Some suggestions include but are not limited to;

- Provide participant volunteers with training and development through Volunteering Western Australia (VWA)

- Mentor programmes for participants on the FACT board

- Provide participant volunteers with training in interpersonal skills eg. tips for responding to difficult emotions when supporting others

Recommendation 9

Develop processes that build in support for the range of people and roles that access and work at Tuart Place

4.2 Suggestions from the Respondents

There were a range of suggestions from respondents. Some mirrored the recommendations outlined in the researcher's recommendations and are not repeated here.

4.2.1 Facilities

➢ A place with a back garden and a barbecue where social events could be held

4.2.2 Activities

Provide opportunities for participants to access classes. Canvass participants to understand what capacity they have to teach and share their skills.

➢ Meditation, Yoga, Tai Chi
➢ Cooking Lessons

You could have a little area there where people might just be able to be taught how to cook and prepare...

(Interview-Participant)

➢ Gardening courses – link to other organisations
➢ Financial Counselling and Support through no-interest loans
➢ Arts and Crafts

…other things like arts and crafts, there's painting people can go and do. People can just learn. When you learn things like painting you're developing other skills like graphics and stuff like this. It just makes it interesting. People start to turn out really, really good stuff.

(Interview-Participant)

➢ Run a mechanics course (share their knowledge and skills)
➢ Fitness equipment and personal trainer

I would probably just have a little area with a little gym where you could
 just have treadmills and bikes and stuff…
People would come in and do some of that,
Maybe have a little couple of showers…

(Interview-Participant)

4.3 Further Research

There are a number areas that Tuart Place could further develop in regards to the particular needs of the participants.

4.3.1 Older Care Leavers

Care leavers of the Forgotten Australian cohort are ageing, yet may not access aged care services because of the fear of being re-institutionalised. This underscores the importance of reaching out to the older care leaver population, so that their needs can be met. This is particularly important as Aging in Place research literature highlights that public housing tenants (where care leavers are disproportionately represented) are more likely to be placed in care homes in older age (AIHW, 2013). Aging in Place literature also emphasises that proximity and connection with broader community networks mitigates against the need for institutional care.

> I'll bump myself off before I go [into an aged care facility].
> (Participant -Reference Group)

4.3.2 Dementia

The increased likelihood of dementia in older population means that it is important to manage and develop processes to respond to these particular needs. Tuart Place is an ideal position to explore the increasing understanding of the importance of recovery approaches in responding to dementia. In recovery approaches to the treatment of dementia there is an emphasis on ways to "manage people's ability in dementia not measure deficits…" (Hill, Roberts, Wildgoose, Perkins, & Hahn, 2010). This is an area that Tuart Place could develop further.

PART FIVE: Conclusions

Tuart Place is an agency that has emerged out of striving for justice for care leavers. Tuart Place is a place where individuals recover in their own way and at their own pace, making their own decisions. The services provided at Tuart Place ensure that the participants remain in the space they trust, through a one-stop-shop approach. There is an acute understanding of the complexity of the world of care leavers. At the heart of Tuart Place is a **place** where care leavers can feel safe, be accepted as participants, and be themselves. From here, they can then move outwards with confidence and build connections more broadly.

The staff, supporters, and volunteers at Tuart Place constantly work in the space between despair and hope, and are able to hold and respond to these two extremes with care and compassion. Tuart Place has, through careful attention to the needs of care leavers, founded an agency that incorporates all the best elements connected to recovery processes. At the same time, they pay careful attention to the latest clinical methodologies and employ these in their clinical services. The importance of responding from an anti-oppressive approach, within a dedicated, specialist place, which emphasises a one-stop shop and no wrong door approach, cannot be overemphasised. Tuart Place delivers a ground-breaking service that is increasingly recognised in the mental health sector as demonstrating excellence in meeting the needs of older care leavers.

References

ACBC, & CRA. (2010). Towards Healing - Principles and procedures in responding to complaints of abuse against personnel of the Catholic Church in Australia: Australian Catholic Bishops Conference (ACBC) & Catholic Religious Australia (CRA)

Adams, R., Dominelli, L., & Payne, M. (Eds.). (1998, 2002). *Social Work: Themes, Issues and Critical Debates*. Hampshire: Palgrave.

Adler, P. S., & Kwon, S.-W. (2002). Social Capital: Prospects for a New Concept. *The Academy of Management Review, 27*(1), 17-40. doi: 10.2307/4134367

AIHW. (2013). The desire to age in place among older Australians *AIHW bulletin*. Canberra: AIHW.

Allan, J. (2003). Practising Critical Social Work. In J. Allan, B. Pease & L. Briskman (Eds.), *Critical Social Work: An Introduction to Theories and Practice*. Crows Nest: Allen & Unwin.

Andresen, R., Caputi, P., & Oades, L. G. (2010). Do clinical outcome measures assess consumer-defined recovery? *Psychiatry Research, 177*(3), 309-317. doi: 10.1016/j.psychres.2010.02.013

Anthony, W. A. (1993). Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal, 16*, 11-23.

Bagdonavicius, P. (2009). *Looking Back: Looking Forward - Lessons Learnt from Redress.* Paper presented at the 29th Annual Australian and New Zealand Association of Psychiatry, Psychology and Law (Western Australia) Congress - Families in Law: Investigation, Intervention and Protection, Fremantle.

Banks, A. (2006). Relational Therapy for Trauma. *Journal of Trauma Practice, 5*(1), 25-47.

Barn, R. (2010). Care leavers and social capital: understanding and negotiating racial and ethnic identity. [Article]. *Ethnic & Racial Studies, 33*(5), 832-850. doi: 10.1080/01419870903318896

Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *J Epidemiol Community Health, 60*(10), 854-857.

Biehal, N., & Wade, J. (1996). Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review, 18*(4), 425-445.

Bird, M. Y. (2008). Terms of Endearment: A Brief Dictionary for Decolonizing Social Work with Indigenous Peoples. In M. Gray, J. Coates & M. Y. Bird (Eds.), *Indigenous Social Work around the World: Towards Culturally Relevant Education and Practice*. Hampshire: Ashgate Publishing Limited.

Brennan, C. (2008). Facing What Cannot be Changed: The Irish Experience of Confronting Institutional Child Abuse. *Journal of Social Welfare and Family Law, 29*(3-4), 245-263. doi: 10.1080/09649060701752265

Buber, M. (1958). *I and Thou* (2nd ed.). London: Continuum.

Buti, A. (2003). Bridge Over Troubled Australian Waters: Reparations for Aboriginal Child Removals and British Child Migrants. *Murdoch University Electronic Journal of Law, 10*(4).

Carver, J. (1990). *Boards that make a difference*. San Francisco: Jossey-Bass.

Coldrey, B. (2001). 'The extreme end of a spectrum of violence': physical abuse, hegemony and resistance in British residential care. *Children & Society, 15*(2), 95-106. doi: 10.1002/chi.609

Cornwall, A. (2008). Unpacking 'Participation': models, meanings and practices. *Community Development Journal, 43*(3), 269-283. doi: 10.1093/cdj/bsn010

Costa, A. (2004). Trust *Encyclopedia of applied psychology*.

Coyle, D., & Pinkerton, J. (2012). Leaving Care: The Need to Make Connections. *Child Care in Practice, 18*(4), 297-308. doi: 10.1080/13575279.2012.719343

CQL. (2009). What Really Matters: An Initiative on Excellence in Person-Centered Services - Principles and Practices in Person-Centered Services Towson, MD. : The Council on Quality and Leadership (CQL)

Department of Families Housing Community Services and Indigenous Affairs. (2010). Find and Connect Service Scoping Study (Vol. September). Canberra: Encompass Family and Community Pty Ltd.

FACT Inc. (2013). Tuart Place Strategic Plan 2013 – 2015. Fremantle: FACT Inc.

Ferguson, H. (2007). Abused and Looked After Children as 'Moral Dirt': Child Abuse and Institutional Care in Historical Perspective. *Journal of Social Policy, 36*(01), 123-139. doi: doi:10.1017/S0047279406000407

Gilburt, H., Rose, D., & Slade, M. (2008). The importance of relationships in mental health care: A qualitative study of service users' experiences of psychiatric hospital admission in the UK. *BMC Health Services Research, 8*(1), 92.

Goddard, J., Murray, S., & Duncalf, Z. (2013). Access to Child-Care Records: A Comparative Analysis of UK and Australian Policy and Practice. *British Journal of Social Work, 43*(4), 759-774. doi: 10.1093/bjsw/bcs004

Hancox, D. (2012). The Process of remembering with the Forgotten Australians: Digital storytelling and Marginalized groups. *Human Technology, 8*(1), 65-76.

Higgins, D. (2010). Impact of past adoption practices - Summary of key issues from Australian research Final Report: Australian Institute of Family Studies, Australian Government.

Hill, L., Roberts, G., Wildgoose, J., Perkins, R., & Hahn, S. (2010). Recovery and person-centred care in dementia: common purpose, common practice? *Advances in psychiatric treatment, 16*(4), 288-298.

Hollis, F. (1977). Social casework: the psychosocial approach *Encyclopedia of Social Work* (17th ed., pp. 1300-1307). Washington: National Association of Social Workers.

Hoyle, C. (2008). Restorative justice/restorative cautioning. *Dictionary of Policing*. Retrieved from

http://search.credoreference.com.ezproxy.library.uwa.edu.au/content/entry/willan policing/restorative_justice_restorative_cautioning/0

Ife, J. (2010). Human Rights and Social Justice. In M. Gray & S. Webb (Eds.), *Ethics and value perspectives in social work*. Basingstoke: Palgrave Macmillan.

Ingamells, A., Lathouras, A., Wiseman, R., Westoby, P., & Caniglia, F. (Eds.). (2010). *Community Development Practice: Stories, Method and Meaning*. Brisbane: Common Ground.

Irons Steve. (2009). *Redress Scheme Speech*. Western Australia.

Joseph, S., & Murphy, D. (2013). Person-Centered Approach, Positive Psychology, and Relational Helping Building Bridges. *Journal of Humanistic Psychology, 53*(1), 26-51.

Kezelman, C., & Stravropoulos, P. (2012). The Last Frontier: Practice Guidelines on Treatment for Complex Trauma and Trauma Informed Care and Service Delivery. [Practice guidelines]. *Adults Surviving Child Abuse (ASCA)*, 1-154.

Kvalsund, R. (2003). *Growth as Self-actualization: A critical approach to the organismic metaphor in Carl Rogers counseling theory*. Trondheim: Tapir Adkademisk Forlag.

Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To Belong Is to Matter: Sense of Belonging Enhances Meaning in Life. *Personality and Social Psychology Bulletin, 39*(1418).

Lemma, A. (2010). The Power of Relationship: A study of key working as an intervention with traumatised young people. *Journal of Social Work Practice, 24*(4), 409-427. doi: 10.1080/02650533.2010.496965

Llewellyn, J. J. (2002). Dealing with the Legacy of Native Residential School Abuse in Canada: Litigation, ADR, and Restorative Justice. *The University of Toronto Law Journal, 52*(3), 253-300. doi: 10.2307/825996

McCarthy, G. J., Swain, S., & O'Neill, C. (2012). Archives, identity and survivors of out-of-home care. *Archives and Manuscripts, 40*(1), 1-3. doi: 10.1080/01576895.2012.680247

Mead, S., & MacNeil, C. (2006). Peer Support: What Makes It Unique? *International Journal of Psychosocial Rehabilitation, 10*(2), 29-37.

Mendes, P. (2011). Towards a Community Development Support Model for Young People Transitioning from State out-of-Home Care: A Case Study of St Luke's Anglicare in Victoria, Australia. *Practice, 23*(2), 69-81. doi: 10.1080/09503153.2011.557148

Moses, T. (2000). Attachment Theory and Residential Treatment: A Study of Staff-Client Relationships. *American Journal of Orthopsychiatry, 70*(4), 474-490. doi: 10.1037/h0087681

Murray, S., & Humphreys, C. (2012). 'My life's been a total disaster but I feel privileged': care-leavers' access to personal records and their implications for social work practice. *Child & Family Social Work*. doi: 10.1111/j.1365-2206.2012.00895.x

Murray, S., Malone, J., & Glare, J. (2008). Building a Life Story: Providing Records and Support to Former Residents of Children's Homes. *Australian Social Work, 61*(3), 239-255. doi: 10.1080/03124070801998434

National Committee for Professional Standards. (2011). Integrity in the Service of the Church. A Resource Document of Principles and Standards for Lay Workers in the Catholic Church in Australia: National Committee for Professional Standards.

O'Neill, C., Selakovic, V., & Tropea, R. (2012). Access to records for people who were in out-of-home care: moving beyond 'third dimension' archival practice. *Archives and Manuscripts, 40*(1), 29-41. doi: 10.1080/01576895.2012.668841

Oades, L. G., & Anderson, J. (2012). Recovery in Australia: Marshalling strengths and living values. *International Review of Psychiatry, 24*(1), 5-10. doi: 10.3109/09540261.2012.660623

Payne, A., Liebling-Kalifani, H., & Stephen, J. (2007). Client-centred group therapy for survivors of interpersonal trauma: A pilot investigation. [Article]. *Counselling & Psychotherapy Research, 7*(2), 100-105. doi: 10.1080/14733140701343799

Pearlman, L. A., & Courtois, C. (2005). Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma. *Journal of Traumatic Stress, 18*(5).

Penninx, R. (2009). Evaluation of the one-stop-shop project: European Commission Directorate-General Justice Freedom and Security & Institute for Migration and Ethnic Studies at the University of Amsterdam

Perkins, R. (2007). Making it! An introduction to ideas about recovery for people with mental health problems. London: South West London & St George's Mental Health NHS Trust.

Perkins, R., Repper, J., Rinaldi, M., & Brown, H. (2012). Recovery Colleges *Implementing Recovery Organisational Change (ImROC) Briefing Series*. London: Centre for Mental Health and NHS Confederation Mental Health Network.

Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review, 33*(12), 2412-2416.

Porcino, A. (2011). Summary of findings of consultations with Queensland Forgotten Australians. Brisbane: RPT Consulting.

Putnam, R. D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

Queensland Dept. of Communities, & RPR Consulting. (2011). Snapshot of consultations with Forgotten Australians. Queensland: Department of Communities.

Repper, J. (2013). Peer Support Workers: Theory and Practice. In IMROC (Ed.), *Implementing Recovery Organisational Change*. London: Centre for Mental Health & NHS Confederation Mental Health Network.

Repper, J., & Carter, T. (2010). Using personal experience to support others with similar difficulties: A review of the literature on peer support in Mental Health Services. London: Together & The University of Nottingham.

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411.

Repper, J., & Watson, E. (2012). A year of peer support in Nottingham: the peer support workers and their work with individuals. *The Journal of Mental Health Training, Education and Practice, 7*(2), 79-84.

Riaño-Alcalá, P., & Baines, E. (2011). The Archive in the Witness: Documentation in Settings of Chronic Insecurity. *International Journal of Transitional Justice, 5*(3), 412-433. doi: 10.1093/ijtj/ijr025

Richards, C. (2010). 'Them and us' in mental health services *The Psychologist 23*(1).

Royal College of Psychiatrists. (2010). Self-harm, suicide and risk: helping people who self harm (Vol. College Report CR158). London: Royal College of Psychiatrists.

Salzburg Global Seminar. (2010). The Greatest Untapped Resource in Healthcare? Informing and Involving Patients in Decisions about Their Medical Care (Vol. Session 477).

Senate Community Affairs References Committee. (2001). Lost innocents: righting the record report on child migration. Canberra.

Senate Community Affairs References Committee. (2004). Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children. Canberra: http://www.aph.gov.au/Senate/committee/clac_ctte/completed_inquiries/2004-07/inst_care/report/report.pdf.

Senate Community Affairs References Committee. (2009). Lost Innocents and Forgotten Australians Revisited: report on the progress with the implementation of the recommendations of the Lost Innocents and Forgotten Australians reports. Canberra.

Shepherd, G., Boardman, J., & Burns, M. (2010). Implementing Recovery - A methodology for organisational change. London: Sainsbury Centre for Mental Health.

Shepherd, G., Boardman, J., & Slade, M. (2008). Making Recovery a Reality. London: Sainsbury Centre for Mental Health.

SLAM, & SWLSTG. (2010). Recovery is for All: Hope, Agency and Opportunity in Psychiatry - A Position statement. London: South London and Maudsley NHS Foundation Trust (SLAM) & South West London and St George's Mental Health NHS Trust (SWLSTG).

Strier, R., & Binyamin, S. (2010). Developing Anti-Oppressive Services for the Poor: A Theoretical and Organisational Rationale. *British Journal of Social Work, 40*, 1908–1926.

Survivor Scotland. (2013). Sacro Restorative Justice Services for Adult Survivors Abused in Care as Children. Time To Be Heard – Final Report of Pilot. Scotland: Scottish Government.

Swain, S., & Musgrove, N. (2012). We are the stories we tell about ourselves: child welfare records and the construction of identity among Australians who, as

children, experienced out-of-home 'care'. *Archives and Manuscripts, 40*(1), 4-14. doi: 10.1080/01576895.2012.668840

Ward, H. (2011). Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review, 33*(12), 2512-2518.

Warner, R. (2009). Recovery from schizophrenia and the recovery model. *Current Opinion in Psychiatry, 22*(4), 374-380.

White, S. C. (1996). Depoliticising development: The uses and abuses of participation. *Development in Practice, 6*(1), 6-15. doi: 10.1080/0961452961000157564

Wolters, M. G. (2008). Counseling Adult Survivors of Childhood Institutional Abuse: A phenomenological exploration of therapists' perceptions and experiences in Ireland. *Person-Centered & Experiential Psychotherapies, 7*(3), 185-199. doi: 10.1080/14779757.2008.9688464

Yates, I., Holmes, G., & Priest, H. (2011). There seems no place for place: a gap analysis of the recovery literature. *Journal of Public Mental Health, 10*(3), 140-150.

Sue Bailey BSW (*Hons)* PhD (*W.Aust*) MAASW

School of Population Health
Social Work and Social Policy

The University of Western Australia
M431, 35 Stirling Highway,
Crawley WA 6009
Tel: +61 8 6488 2992
E: susan.bailey@uwa.edu.au
CRICOS Provider Code: 00126G