Chapter 1: Introduction

1.1 Overview

The original tender document for the intensive therapeutic program, later known as Take Two, outlined the expectation that the program would be evaluated including the production of reports and other means of disseminating this and other research. This evaluation report is the final in a series of three reports required by the Victorian Government to provide a description of the establishment and ongoing work and outcomes of the Take Two program. It is part of the overall research strategy and informed by the conceptual framework underpinning Take Two.

The intention of the three evaluation reports has been to provide a summative and process evaluation of the establishment and operation of the Take Two program. The first report reflected on the complexities, such as the represented in the lives of the client group and the major tasks involved and learning curve associated with the implementation of a program such as Take Two (Frederico, Jackson, & Black, 2005). The second evaluation report explored the meaning of 'giving sorrow words' — the importance of creating relationships through which children[1] can make sense of their experiences (Frederico, Jackson, & Black, 2006). This also illustrated one of the functions of the research and evaluation process; namely, to enable the voices of children to be heard. Giving sorrow words also denotes putting into words the children's experience of trauma and disrupted attachment through training the child and family welfare sector. The first two reports are available via the Berry Street website (www.berrystreet.org.au).

This third evaluation report places an emphasis on action, intervention and outcomes, which goes beyond words and occurs primarily through relationships. This is not only the relationship between the clinician and the child, but also working to help children develop relationships in their daily lives that scaffold and support their journey towards recovery. This report also comments on organisational relationships that have been and continue to be necessary for the development and functioning of the Take Two program.

The three evaluation reports provide the foundation for a continuous evaluation of Take Two as part of a perpetual and integrated quality improvement, outcome-focused and action learning process. These reports portray a developing picture of the Take Two program and the emerging model of intervention. This speaks to another purpose of the reports; namely, to build on the overall research strategy by contributing to knowledge and strengthening practice in the broader service system.

This report explores how the people, services, systems and communities which directly and indirectly impact on children who have suffered trauma and deprivation can have a therapeutic and healing role. It is not only the purview of a therapy service to be therapeutic. In fact, therapy sessions in isolation are undoubtedly inadequate to respond to complex and long-term childhood trauma. Instead, children need to experience multiple therapeutic moments with those in their daily life. In this context, the role of services such as Take Two to enable and support these therapeutic moments

is just as critical if not more so than individual therapy sessions. As such, Take Two has a dual therapeutic role — direct therapy and contributing to others being therapeutic. This highlights that Take Two's ability to achieve positive outcomes for children will always require collaboration with others.

1.2 The beginnings

The concept of an intensive therapeutic service for child protection clients originated in Victoria, Australia in the late 1900s and early 2000s through policy initiatives and projects. These include the Working Together Strategy (Department of Human Services, 1999), When Care is not Enough report (Morton, Clark, & Pead, 1999), Voice for Kids report (Flanagan, Hogan, Tucci, Worth, & Hewitt, 2001), the Evaluation of the High Risk Adolescent Service Quality Improvement Initiative (Success Works, 2001), audits of children in out-of-home care (Department of Human Services, 2000, 2001, 2002a), descriptive data about the child protection client group (e.g. Department of Human Services 2002b, 2003, 2005) and a number of child death inquiries. A growing body of research has argued for the need for accessible and targeted therapeutic services for the child protection client group (e.g. Guglani, Rushton, & Ford, 2008; Higgins & Katz, 2008; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Sawyer, Carbone, Searle, & Robinson, 2007; Tarren-Sweeney & Hazell, 2006; Walker, 2003).

Based on these reports and other influences, the Department of Human Services (DHS) established the funding and program parameters of the intensive therapeutic service in 2002 (Department of Human Services, 2002c)[2]. The successful consortium was led by Berry Street and the Austin Child and Adolescent Mental Health Services (CAMHS), in partnership with La Trobe University and Mindful (Berry Street Victoria, Austin CAMHS, La Trobe University, & Mindful, 2002).

Take Two began implementation in July 2003 with the appointment of the director, senior management and administrative team. The next six months involved appointing over 40 staff, selecting locations in consultation with DHS and setting up offices, establishing central and regional advisory processes, drafting program documentation, establishing the research strategy, and developing the referral documentation and pathways. Take Two began clinical operation in January 2004.

As identified through the submission brief (Department of Human Services, 2002c) and in the original proposal (Berry Street Victoria et al., 2002), Take Two's key objectives were two-fold: to provide a high quality clinical service for child protection clients; and to contribute to the broader service system in order to better meet the needs of these most vulnerable children.

The implicit mandate associated with the funding of a statewide therapeutic service for the child protection population is that therapy will make a considerable improvement for children who have suffered abuse and neglect in terms of their development and wellbeing.

[1] Unless otherwise specified, 'children' refers to infants, children and adolescents.

[2] See Glossary for list of acronyms.

Although it is obvious that no single service can achieve this in isolation of the work of others, the overarching challenge of an evaluation is to describe and where possible measure whether such a difference has been made.

1.3 Embedding research and training in a clinical service

One of the original ideas underpinning Take Two was the importance placed on embedding clinical practice with research and training. The Victorian State Government's funding model for Take Two demonstrated this principle by ensuring a proportion of funding (10%) was set aside for research and training, with the greater amount focused on providing therapeutic services. This was an unusual funding decision and followed a recommendation in the When Care is not Enough report (Morton et al., 1999). It represented the commitment by government for this service to have capacity to develop and disseminate knowledge and have a system-wide influence as well as impacting on outcomes for individual children.

The consortia responsible for Take Two demonstrated this funding principle through the decision as to who would form the organisational partners. These partners are:

- Berry Street — a large child and family service organisation that is the lead partner and employer of most Take Two staff;
- Austin Child and Adolescent Mental Health Service (CAMHS) — a mental health service attached to a large metropolitan hospital that provides clinical support and psychiatric consultation to Take Two;
- The School of Social Work and Social Policy, La Trobe University — a large university in metropolitan and rural Victoria that provides leadership and direction regarding the Take Two research and evaluation strategy;
- Mindful (Centre for Training and Research in Developmental Health) that provides leadership and direction regarding the training and practice development for Take Two; and
- The Victorian Aboriginal Child Care Agency (VACCA) — the largest Aboriginal community controlled child and family service organisation in Victoria that provides leadership, cultural support and consultation to support the work of Take Two with Aboriginal children and the community.

1.4 Key features of Take Two

Take Two has certain distinctive characteristics as well as those it shares with other services. It is the combination of these elements that identifies Take Two as a unique service and unique approach to this vulnerable client group. Table 1 describes these key features (Jackson, Frederico, Tanti, & Black, 2009).

1.5 More than words

A resounding message repeated throughout every stage of the implementation of Take Two is that to achieve the desired outcomes for the children and the broader aims of the program in this complex array of trauma and unmet needs, the service needs to use 'more than words.' It is the centrality of relationships that is most prominent. This is illustrated through the governing partnerships; the local and central relationships between Take Two and child protection; local and statewide relationships within the service networks; the relationship between research, training and practice; relationships formed at national and international levels; and most critically, the relationships inherent in the direct clinical work with children and the significant people in their lives. This is more than simply thinking about a relationship between two people; that is, it is more than focusing on what happens between the child and the clinician.

> *The most powerful rewards and the most intense pain come from relational experiences. (Perry, 2005, 45)*

Relationships have been a core focus of the clinical work within Take Two in a number of ways, beginning with understanding how they are important yet can be jeopardised for children of all ages. Understanding the experiences of disrupted attachment for many child protection clients early in life which are often repeated through multiple placements and other losses is a foundational concept underpinning much of Take Two's assessment and therapeutic intervention. Not all relationships are the same. Take Two's practice framework places particular emphasis on the attachment relationships as a developmental imperative for children.

Another foundational concept is the understanding that one of the most insidious consequences of trauma, especially chronic, relational trauma, is its impact on children's capacity to form and sustain positive, safe and trusting relationships. The isolating nature of trauma alongside yet in contrast to the heightened need for supportive relationships is one of the contradictory messages that challenge practice. A related aspect is the importance of the children's broader social networks. Many studies have demonstrated the association between resilience in the face of trauma with the quality of children's informal social networks. A developmental perspective has guided understanding the changing nature, presentation and functions of these relationships for children as they grow up.

A key question for any therapeutic service is how to engage with the children so they gain as much as possible from the therapeutic experience in order to increase the likelihood of achieving positive and lasting outcomes. This is described in various ways in the literature, such as engagement, dealing with resistance, the therapeutic alliance and the therapeutic relationship. This is especially challenging for children who have good reason, learnt through bitter experience, to not allow themselves to be vulnerable to others, particularly adults in so-called positions of 'trust.'

> *Having once experienced the sense of total isolation, the survivor is intensely aware of the fragility of all human connections in the face of danger. She needs clear and explicit assurances that she will not be abandoned once again. (Herman, 1992/1997, 61–62)*

An explicit expectation of Take Two since its inception has been to effectively engage with children, including those described as 'difficult to engage' or 'resistant'. Take Two assumes responsibility for engaging with the child, rather than this being the child's responsibility. This led to related principles including the need to be pro-active, persistent and creative in attempts to form meaningful therapeutic relationships with children