

Play Connect Program

Creative Arts Therapy for Mothers and Children Experiencing
Homelessness and Domestic Violence

PROJECT EVALUATION

for the
Loddon Mallee Accommodation Network
2007-2008



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Primary homelessness

People without conventional accommodation, such as those living on the streets, sleeping in parks, squatting in derelict buildings, or using cars or railway carriages for temporary shelter.

Secondary homelessness

People who move frequently from one form of temporary accommodation to another. This group includes people using emergency accommodation (such as crisis shelters); young people staying in youth refuges; women and children escaping domestic violence (staying in women's refuges); people staying temporarily with other households (because they have no accommodation of their own); and those using boarding houses on an occasional or intermittent basis.

Tertiary homelessness

People who live in boarding houses on a medium to long-term basis. Residents of private boarding houses do not have a separate bedroom and living room; they do not have kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have security of tenure provided by a lease.

Definition by Chamberlain and MacKenzie 1992 and adopted by the Australian Bureau of Statistics (ABS) as the basis of counting homelessness.

Acknowledgements

The Evaluation Project Team would like to acknowledge all those who have been involved in the *Play Connect Program*.

The LOMA staff deserve particular thanks for their time spent on the project, feedback on draft documents, good ideas and suggestions and their obvious commitment to children and families experiencing homelessness and/or domestic violence. They have been generous with their time, expertise and support throughout the development of the evaluation.

Delwyn and Cath, the Creative Arts Therapists must be mentioned because of their absolute commitment to the *Play Connect Program* and the enthusiasm with which they approached every aspect of their role. We would like to extend our appreciation to these workers who provided us with a wealth of information about the operation of the *Play Connect Program* and its impact on children and their families as well as enabling the Evaluation Team's attendance to at least one session in each program to meet the mothers and children and to observe the program in action. They also provided us with documentation relating to implementation of the *Play Connect Program* and completed the evaluation tools in great detail, thus providing the compelling evidence that is in this report.

It was also a great pleasure to meet the mothers and children who participated in the program, to hear about how they and their children were developing their relationships and to see the pleasure and delight being experienced through participation in creative arts activities.

And finally, to the Homelessness Support Agency staff who provided their time to discuss their involvement in the program, their observations of the impact of the program and views about its operation and the future.

The information gained throughout the evaluation has provided us with key insights and learnings. It is our hope that the LOMA can now use this Evaluation Report to advocate for increased and recurrent funding that will enable on-going access to Creative Arts Therapy and/or other therapeutic support to address the needs of accompanying children. Programs such as these support this group of vulnerable children to develop healthy relationships and regain confidence, self esteem and skills for a good life.

Permission

The Evaluation Team thanks Cath Mackie for maintaining a photographic record of each *Play Connect Program*. These photographs have been used with the permission of participants.

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Definition: Homelessness

A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- damages, or is likely to damage, their health; or
- threatens their safety; or
- marginalises them through failing to provide access to:
 - adequate personal amenities, or
 - the economic and social supports that a home normally affords; or
- places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or
- has no security of tenure—that is, they have no legal right to continued occupation of their home.

The SAAP definition of a homeless person.

Loddon Mallee Accommodation Network

Vision

“Affordable, safe, sustainable housing for everyone in the Loddon Mallee Region. Home can mean a sense of belonging, security, comfort, warmth, control and intimacy.”

Role

The Loddon Mallee Accommodation Network (LOMA Network) is a group of eighteen homelessness assistance agencies funded under the Supported Accommodation Assistance Program (SAAP) and Community Housing Program (transitional housing and long-term housing) in the Loddon Mallee region. The agencies extend from Gisborne in the south up through Kyneton, Castlemaine, Maryborough, Kyabram and Bendigo to Echuca then west along the Murray River to Mildura. Some of these agencies have specific target groups such as domestic violence, youth, Indigenous people and people with a mental illness and the majority with all homeless people within a district.

The Loddon Mallee Accommodation Network provides co-ordination for many of the activities of these agencies including training, collaborative work, information sharing, policy responses, identification of common issues and development of solutions, raising the public awareness of homelessness and family violence and worker and agency support.

Background

Introduction

The Loddon Mallee Accommodation Network (LOMA) has identified 'children who accompany adults into homelessness services' as a priority area as children in these circumstances do not receive funding support and are not recognised as actual clients of Supported Accommodation Assistance Programs.

In 2005 LOMA conducted a research project which identified specific children's needs in homelessness for the Loddon Mallee region. These are detailed in the report *"Children's Resource Project 2005"* along with a range of proposed project objectives. Two of the specific recommendations were:

"That the Children's Resource Worker apply for grants in order to attach brokerage funds to the program for direct distribution to homelessness services."

and

"That the Children's Resource Worker continue to apply for funding in order to facilitate access to counselling and (Creative) Art Therapy groups for children who have experienced homelessness or/and family violence."

In 2006 the Loddon Mallee Accommodation Network (LOMA) and the Bendigo Neighbourhood House ran two successful Creative Arts Therapy Programs for women and their preschool age children. the funding for these programs was received from Streetsmart and the Melbourne City Mission Family Reconciliation and Mediation Program.

The success of the program provided encouragement to seek further funding to

support an overall "Resourcing the Children Homelessness project" which also included specific funds for children's counselling and early intervention therapy. These submissions were successful and resulted in:

- the RE Ross Trust and the Sidney Myer Trust committing \$50,000 and \$10,000 respectively for brokerage in 2007; and
- the William Buckland Foundation committing \$104,680 over two years for the Play Connect, a group creative arts therapy program for preschool age children and their mothers that were/had experienced family violence and/or homelessness.

During 2007 and four Play Connect Groups were held across the southern end of the region including 2 groups in Bendigo and groups in Woodend and Maryborough. Additionally, during this period brokerage funds were equitably distributed to 18 Homelessness agencies within the Loddon Mallee region. The *Flexible Brokerage Program* is the subject of a separate but related evaluation.

It should be noted that a significant component of the literature review in this report is also included in the *Flexible Brokerage Program Evaluation Report*.

Approach to evaluation

The purpose of the evaluation has been to:

- provide feedback to LOMA about the operation of the overall project in order to identify learnings that will influence future program planning and operation; and
- provide evidence of the outcomes, in particular to identify:

Family violence is the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

Code of Practice for Specialist Family Violence Services for Women and Children (DV Vic 2006):

An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide.

Victorian Indigenous Family Violence Taskforce

- whether the principles underpinning the project were implemented
- how children responded and/or
- how parents/carers responded or were assisted; and
- how homelessness services viewed the support provided through the programs.

Given the two aspects of the program two separate approaches were taken that were guided by evaluation practice and the funding available. In both instances a series of tools were developed to gather data against the performance measures in order to understand whether the practice enabled the achievement of the Play Connection objectives.

In this evaluation of the *Play Connect Program* the following approach was used:

- an assessment of each family by the Creative Arts Therapists at the commencement and end of each program
- a Reflective Practice questionnaire that the Creative Arts Therapists completed at the end of each session
- a Parent /Carer questionnaire that was used to gather evidence at the end of each program
- a session evaluation sheet used by participants
- observation of a complete session from an Observation Room (this was only possible in one location)
- participation in part of a session at each location in order to discuss with parents and children their experience of the program;
- semi-structured interviews with LOMA staff who developed and managed the program;

- semi-structured interviews with the Creative Arts Therapists about planning and delivering the groups; and
- assessment of documentation.

The evaluation tools were based on the tools provided by LOMA and previous work of the evaluator including but not limited to an evaluation of a Parent-Child Mother Goose Program® and a Bi-lingual Story-time in the Community Program.

This approach proved valuable in being able to gain an accurate understanding of the experience, perceptions and expectations of many of the stakeholders involved.

The rationale for the methodology was based upon the following principles:

- the need for quantifiable data to enable significance to be assessed;
- the need for qualitative data to give depth and opinion and to seek feedback on issues and processes;
- enabling all key stakeholders to participate in different ways – Homelessness Assistance workers, Creative Arts Therapists, parents and children ; and
- using all relevant documentation to gain contextual and strategic information.

Thus the change which is measured is based on reporting of the observations over time by the Evaluator and Creative Arts Therapists and the opinions of children and their parents and their case workers

This is not ideal in being able to gather empirical evidence of change and was not the desired approach for evaluation rather recognition of the resources available for evaluation.

Domestic violence

Domestic violence is when one partner in an intimate relationship intentionally or systematically uses abusive behaviour to dominate or control the other person through fear and intimidation. Domestic violence occurs in a lot of relationships and in all kinds of cultures, races, backgrounds, income levels and age groups. In most cases, the person using violence will be a man, and the victim of the violence will be a woman.

Family violence

Family violence is similar to domestic violence, but is not limited to intimate relationships. The person using violence may be an uncle, brother, adult child or other relation. The term “family violence” is preferred by many Indigenous communities because “family” covers a wide range of ties within the community.

Putting the Pieces Back Together
 Louisa Lawson Action Network 2008
<http://www.bensoc.org.au/uploads/documents/Puttingthepiecesbacktogether-DVbooklet-Nov2008.pdf>

Further the evaluation was limited by:

- the time available at different Community venues to have discussions with mothers and if appropriate, their children because they had other commitments following the session;
- not all families enrolled in a group attended on the day of the Evaluator visited; and
- for some mothers with limited literacy and/or self esteem completing the survey was assisted by the Play

therapists which may have influenced their responses.

It is also important to acknowledge the challenges inherent in evaluation of community

based programs in early childhood development as there are many influences on a child's development, in their family circumstances and in neighbourhood conditions, which are beyond the control of program managers.

And finally, it was not intended that this evaluation would include formal developmental assessments of the children at different points in their participation.

However, should there be funding available this could provide additional compelling evidence of the importance of early intervention programs for children that have experienced homelessness and family violence, such as the *Play Connect Program*.

From evidence to implementation

The early years are important for the developing child

Research has shown that “what happens during the first months and years of life matter a lot, not because this period of development provides an indelible blueprint for adult wellbeing, but because it sets either a sturdy or a fragile stage for what follows”¹.

This international recognition is not new. However, since the early 1990’s new evidence to affirm the importance of the first years of life for the developing child has emerged². This new evidence is largely with regard to brain development in the early years and the child’s capacity for learning. Many of the critical periods for brain development are over by the age of six years³. In a report to the Ontario Government in Canada in 2002, McCain and Mustard described new evidence from a range of academic disciplines and research methods reaffirming that experience-based brain developments in the early years of life, including in the inutero period, affect the following outcomes throughout life:

- learning (including literacy, numeracy, academic achievement);

¹ Reversing the Real Brain Drain, Early Years Study Final Report, Toronto: Publications, Ontario. 1999 MN McCain and JF Mustard

² Developmental Health and Wellbeing of Nations, social, biological, social and educational dynamics New York: The Guilford Press 1999 DP Keating and C Hertzmann Eds.

³ A Head Start for Australia – An Early Years Framework March 2004 NSW Commission for Children and Young People and Commission for Children and Young People (Qld) http://www.kids.nsw.gov.au/uploads/documents/headstart_summary.pdf

Defining Homeless Children

Unaccompanied children are those who present in their own right.

An ‘accompanying’ child is defined by the SAAP Coordination and Development Committee as:

‘a person who is under 18 years of age; receives support, accommodation or assistance from a SAAP agency; and has a parent or guardian who is a client of a SAAP agency’

Accompanying children tend to be younger than unaccompanied children and less able (or, in the case of the youngest, not at all able) to articulate their needs.

Historically, SAAP was not designed with the needs of children in mind and it was not until 2000 that any detail about the characteristics of children in contact with homelessness services were recorded. The level of data collection has continued to increase since that time.

Accompanying children are still not always considered a client in their own right. However, there has been a significant shift in the way that homelessness services respond to the needs of children.

Extracts from Children in the Supported Accommodation Assistance Program Final Report 2005

- mental health and behaviour (including anti-social behaviour, violence, drug and alcohol abuse and smoking); and
- physical health (including coronary heart disease, blood pressure, type 2 diabetes, immune pathways and obesity)⁴.

Reviews in the area of child development have also stressed how important the early years of life are with regard to all areas of a child's development. Children develop in a range of 'domains', with each domain interacting with the others. These domains of development are:

- Physical development – health and wellbeing;
- Cognitive (or intellectual) development;
- Language and communication;
- Social (competence): and emotional (maturity) development⁵.

Refer to the attachment section for explanatory notes for each of these domains.

From the time they are born children are learning about the people and things in their environment. During the first five years of life the amount of information that can be learned and the potential for learning far exceeds any other time of a child's educational history. Children are not only learning how to walk, begin to dress themselves, name people, places and ask for things they want but are also learning:

- new words each day;
- how to take turns;
- how to work and play with others;
- how to have a conversation with another person; and

- how to listen to others.

All of these skills are necessary for school, for work and for all that we will do in life.

Research also indicates that there are a range of factors that have an influence on child development and ability to learn, including factors within the child, within the family, within the community and with regard to the culture into which a child is born⁶.

Incidence of children experiencing homelessness and violence

Children in homeless families represent a large proportion of people accessing the homelessness support system. It is impossible to know exactly how many children experience homelessness with their families each year. The best available data on homelessness comes from SAAP data. However, SAAP data only counts people who receive support and/or accommodation from a SAAP agency.⁷

The data suggests that there is an increasing number of people seeking the support of homelessness services. However, it is important to note that this considered in to be attributed to both changed funding arrangements and better recording systems.

In 2005-06 SAAP agencies supported an estimated 161,200 people, 106,500 were adults

⁴ Reversing the Real Brain Drain, Early Years Study Final Report, Toronto: Publications, Ontario. 1999 MN McCain and JF Mustard

⁵ Early Childhood Indicators of Progress: Minnesota's Early Learning Guidelines for Birth to 3. October, 2005 Gail C. Roberts, Ph.D. for Minnesota Department of Human Services

⁶ Best Start Evidence Base Project Best Start for Children The Evidence Base Underlying Investment in the Early Years (children 0–8 years) Prepared for the Department of Human Services by the Centre for Community Child Health, Royal Children's Hospital, Melbourne. Victoria 2001 Dr. Gay Ochiltree and Dr. Tim Moore
http://www.beststart.vic.gov.au/docs/evidence_base_project_1002v1.2.pdf

⁷ Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, Page 16.

or unaccompanied children (clients) and 54,700 were accompanying Children.⁸ By the following year the number of people seeking assistance had grown to 187,900 people, some 118,800 being adults and 69,100 accompanying children. Nationally, 1 in every 154 (or 65 per 10,000) people aged 10 years and over in the general population became a SAAP client.⁹ Additionally 1 in every 71 children in the general Australian population aged 17 years and under (or 141 children per 10,000) became a SAAP client.¹⁰

Clients were provided with 207,700 occasions of support during 2006-07. The average number of support periods per client had increased from 1.7 to 1.8. The majority of support periods did not include a period of accommodation.¹¹

Of the states and territories, Victoria reported the highest number of support periods (75,800) and clients (37,900).

There were 99,300 accompanying child support periods in 2006-07, with accompanying children averaging 1.4 support periods each. The majority of accompanying child support periods did not include a period of accommodation. Consistent with the previous period, Victoria recorded the highest number of both accompanying children and accompanying

child support periods (20,500 accompanying children and 32,300 accompanying child support periods).¹²

The average age of accompanying children was 6 years. However overall, close to half of all accompanying children were aged 4 years and under (45%), 29% were aged 5–9 years, 21% were aged 10–14 years and 6% were aged 15–17 years¹³

The highest rate of SAAP use was for accompanying children aged 0–4 years, with 1 in every 42 (or 236 per 10,000) children in this age bracket accompanying a SAAP client. The next highest usage rate was for 5–9-year-olds (1 in every 68 or 147 per 10,000 children). One in every 98 (or 102 per 10,000) children aged 10–14 years and 1 in 200 (or 50 per 10,000) children aged 15–17 years accompanied a client to a SAAP agency.¹⁴

Research also indicates that along with poverty, domestic and family violence is recognised as the most common cause of family homelessness in Australia¹⁵ Nationally, in 2006-7, the most common main reasons that clients gave for seeking assistance was domestic or family violence (in 22% of support periods), relationship or family breakdown (10%) and other financial difficulty (9%).¹⁶

⁸ AIHW (Australian Institute of Health and Welfare) 2007a. Homeless people in SAAP: SAAP. National Data Collection annual report 2005–06 Australia. SAAP NDCA report Series 11. Cat. no. HOU 156. Canberra: AIHW. page 2

⁹ Australian Institute of Health and Welfare (AIHW) 2008. Homeless people in SAAP: SAAP National Data Collection annual report. SAAP NDCA report series 12. cat. no. HOU 185. Canberra: AIHW, page 9

¹⁰ Ibid, page 11

¹¹ AIHW (Australian Institute of Health and Welfare) 2007a. Homeless people in SAAP: SAAP. National Data Collection annual report 2005–06 Australia. SAAP NDCA report Series 11. Cat. no. HOU 156. Canberra: AIHW. page 15 and Australian Institute of Health and Welfare (AIHW) 2008. Homeless people in SAAP: SAAP National Data Collection annual report. SAAP NDCA report series 12. cat. no. HOU 185. Canberra: AIHW, page 9

¹² Australian Institute of Health and Welfare (AIHW) 2008. Homeless people in SAAP: SAAP National Data Collection annual report. SAAP NDCA report series 12. cat. no. HOU 185. Canberra: AIHW, page 12

¹³ Ibid, page 18

¹⁴ Ibid, page 21

¹⁵ Norris et al., 2005:9, in Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 22

¹⁶ Australian Institute of Health and Welfare (AIHW) 2008. Homeless people in SAAP: SAAP National Data Collection annual report. SAAP NDCA report series 12. cat. no. HOU 185. Canberra: AIHW, page 31

The type of support provided to accompanying children varied according to who they accompanied. For example, children who accompanied their mother or a female guardian were more often provided with school liaison and child care services, specialist services, and basic support services than children in the other client groups, while children accompanying couples were slightly more often provided with accommodation.¹⁷ Additionally, it was found that an average of four different types of support were required by accompanying children in each closed accompanying child support period.¹⁸ Again there was variation in the services required by accompanying children depending on with whom they presented. Children who presented with a mother or other female guardian more often required school liaison and child care than children in the other client groups. They also more often required basic support services such as meals, shower and hygiene services, recreation and transport.¹⁹

During 2006-2007 some 1,941 children accompanied clients in the 18 Homelessness services agencies of the Loddon Mallee region. This is of a total of 2,814 clients, indicating that they are a very significant proportion of Homelessness support agency clients and therefore their needs must be taken seriously.

It was also reported that some 18.7% of accompanying children were of Aboriginal or Torres Strait Islander background.

Within the Loddon Mallee Region the main reason for seeking assistance was domestic or family violence (29.7%) followed by relationship

breakdown (9.2%), financial difficulties (7.5%) and eviction (6.8%).

Age	No Children	% Children	% Total Clients
0-5 years	834	42.9	29.6
6-12 years	838	43.2	29.7
13-15 years	195	10.1	6.9
16-17 years	74	3.8	2.6
Total Children	1,941	100.0	69.0
Total Clients	2,814		

Source: LOMA Children Resource Officer (email 3 November 2008) and Australian Institute of Health and Welfare Loddon Mallee Summary Statistics.

Impact of homelessness and violence on children

Research indicates that:

- the impact of homelessness on children needs to be understood as just one of a number of acute events and chronic stressors affecting children living in poverty²⁰
- The trauma and stress of homelessness may effect children in different ways and at different developmental stages²¹
- Each child's experience of homelessness will be individual even within the family context. As a result it is important not to over pathologise the impact of family

¹⁷ Australian Institute of Health and Welfare (AIHW) 2008. Homeless people in SAAP: SAAP National Data Collection annual report. SAAP NDCA report series 12. cat. no. HOU 185. Canberra: AIHW, page 42

¹⁸ Ibid, page 52

¹⁹ Ibid, page 53

²⁰ Buckner and Bassuk, 1999:164 cited in Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 10.

²¹ Wright-Howie, 2006:13 cited ibid, page 29..

violence on children and to recognise their capacities of recovery.²²

Within this context the adverse impact of homelessness and family violence can include one or more of the following: physical health issues, mental health issues, transience, social isolation and increased family stress.

Family Violence – Family violence is a major cause of family homelessness as documented by the SAAP data collection. The majority of children entering the homelessness service system with their mother have experienced family violence and it is reported that 90% of these children are direct witnesses of the abuse²³. It is not only the exposure to living with domestic abuse that creates vulnerability in children and young people. Children living with domestic abuse are also more likely to be directly physically or sexually abused.²⁴ As a result they may experience one or more of the following:

- feelings of fear, anger, depression, grief, shame, despair and distrust;
- a sense of powerlessness;
- slowed developmental capacities, for example preschool children may revert to bedwetting, thumb sucking and head banging or indulge in attention-seeking behaviour, older children may display

poor school performance, low self-esteem and difficulty relating to peers

- substance abuse, or glue sniffing; and
- behavioural problems such as running away from home, aggressive language and behaviour, acting out; and learning that violence is a legitimate means for obtaining control of a situation or for resolving conflict.²⁵

Physical Health Issues – Children's physical and mental health is adversely affected by the experience of homelessness. There is a variety of evidence documenting an increased occurrence of chronic and recurrent upper respiratory and gastro-intestinal illnesses in children from homeless families.²⁶ Additionally children may experience physical reactions such as stomach cramps, headaches, sleeping and eating difficulties, and frequent illness and failure to thrive. There is also evidence that children experience dental health problems, poor nutrition and immunisation delay.²⁷ The research indicates that experience of these health issues varies with the age and developmental stage of each child and that this needs to be taken into account when developing interventions.

²² Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis The Scottish Government, Edinburgh 2008, p18-19

²³ Osofsky, 1995 cited in Where do the Children Fit? Leeanne Nicholson and Joanna Ash presentation at the 5th National Homelessness Conference Adelaide 2008

²⁴ Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis The Scottish Government, Edinburgh 2008, p16

²⁵ Literature Synthesis for the Bright Futures Demonstration Project Compiled by Rosalind Hurworth, Centre for Program Evaluation, University of Melbourne 2007, Page 10 and Stone cited in Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 23

²⁶ Nunez, 2000 cited in Where do the Children Fit? Leeanne Nicholson and Joanna Ash presentation at the 5th National Homelessness Conference Adelaide 2008.

²⁷ Presentation by Naomi McNamara The impact of Homelessness on Children, extracts from "One upon a time in SAAP" 2003 http://www.childhood.org.au/downloads/Naomi_McNamara_presentation.pdf

Mental Health – Children can experience a variety of mental health issues as a result of the trauma of homelessness and domestic violence. A child's reaction to trauma is influenced by a number of factors including; their age, gender, developmental progress, their particular experiences, level of resilience and the level of support they have around them.²⁸ However, children who become homeless escaping violence may experience mixed feelings at this time, including:

- Relief due to ceasing of the violence;
- Grief and loss due to having to suddenly leave: the family pet, one parent, extended family, school or personal belongings behind;
- Guilt due to them blaming themselves for the violence;
- Fear that their mother will leave them, they may return to the violence or they may not see their father again;
- Anxiety due to the uncertainty of their future;
- Anger for varied reasons, including not wanting to return to the violence (some leave and return many times), or blaming one parent for the violence; and
- Depression; suicidal or homicidal thoughts and withdrawal.²⁹

Additionally violence by a person in a position of trust impairs the child's ability to trust others

and increases the risk of victimisation in later life³⁰

Transience and isolation– Mobility rates in homeless families are high and hence children experience unsuitable accommodation, a lack of community belonging and isolation.

It is not uncommon for families to accept accommodation options that can be unsuitable and unsafe for children which potentially increases their exposure to adults experiencing a range of issues including substance misuse, mental illness and family violence.³¹

A high level of transience precludes children from establishing and maintaining stable support networks and peer relationships within their community, which contributes to their sense of isolation. These include disruption to their participation in childcare, playgroups, kindergarten and schooling, school and other social and recreational activities.

Where parents are not available emotionally or physically, community connections become ever more important in maintaining good mental and emotional health in children. Also in relation to friendship, homeless children may not want to form friendships, knowing that they soon have to move on, and so can become introverted or withdrawn.³²

²⁸ Presentation by Naomi McNamara The impact of Homelessness on Children, extracts from "One upon a time in SAAP" 2003 http://www.childhood.org.au/downloads/Naomi_McNamara_presentation.pdf

²⁹ Stone, 2003, cited in Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 23

³⁰ The impact of domestic violence on individuals Jill Astbury, Judy Atkinson, Janet E Duke, Patricia L Eastaugh, Susan E Kurrle, Paul R Tait and Jane Turner in The medical Journal of Australia 2000; 173: 427-431

³¹ Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 24

³² Presentation by Naomi McNamara The impact of Homelessness on Children, extracts from "One upon a time in SAAP" 2003

Increased stress on the family unit – The causes of an individual family's homelessness places the family under a great deal of emotional, physical and financial pressure. Family relationships are often strained in periods of crisis and children may also be subject to cumulative disadvantage where domestic violence is exacerbated by parental drug, alcohol or mental health problems.³³

Resilience and Protective Factors – It is also important to note that within the evidence base, studies are emerging that also highlight children who are doing as well as other children, in spite of living with the serious childhood adversity created by domestic abuse.³⁴ Protective factors include a healthy relationship with a primary carer, the mother's capacity to maintain her parenting abilities within the adverse conditions of family violence, high levels of social support from other family members and the broader community and positive subsequent life experiences.³⁵ These positive life experiences include the child's positive perception of their mother's actions where they have reduced the violence by leaving, instigating criminal charges or seeking court orders and improved health as a result of being in a safer and more secure environment.³⁶

http://www.childhood.org.au/downloads/Naomi_McNamara_presentation.pdf

³³ Social Care Institute for Excellence Research briefing 25: Children's and young people's experiences of domestic violence involving adults in a parenting role Anne Worrall, Jane Boylan and Diane Roberts June 2008

³⁴ Institute of Child Protection Studies The experiences and effects of family homelessness for children. For the Children's Experiences of Homelessness Research Project, ACT Department of Disability, Housing and Community Services April 2006, page 19

³⁵ The impact of domestic violence on individuals Jill Astbury, Judy Atkinson, Janet E Duke, Patricia L Eastaugh Susan E Kurlle, Paul R Tait and Jane Turner In The medical Journal of Australia 2000; 173: 427-431

³⁶ Social Care Institute for Excellence Research briefing 25: Children's and young people's experiences of domestic violence involving adults in a parenting role

The following table developed in Canada highlights the long term impacts of family violence and homelessness on children and young people.

Age	Impact of Homelessness
Infants	Failure to thrive Listlessness Disruption in eating and sleeping routines Developmental delays
Preschool Children	Aggressive acts Clinging Anxiety Cruelty to animals Destruction of property PTSD symptoms
Primary School Age 5 – 12 years	Bullying General aggression Depression Anxiety Withdrawal PTSD symptoms Oppositional behaviour Destruction of property Poor school achievement Disrespect for females; sex role stereotyped beliefs
Early Adolescence 12-14 years	Dating violence Bullying Poor self-esteem Suicide PTSD symptoms Truancy Somatic concerns Disrespect for females; sex role stereotyped beliefs
Later Adolescence 15-18 years	Dating violence Alcohol/drug abuse Running away from home Sudden decline in school achievement and attendance Disrespect for females; sex role stereotyped beliefs

Source: A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence. Canadian Panel on Violence Against Women, p 10.
http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femexpose_e.html

Anne Worrall, Jane Boylan and Diane Roberts June 2008

Parent involvement in program development and learning

Early education and care programs offer families the opportunity to capitalise on the skills and knowledge that children are already developing. However, evidence also indicates that parents placed under stress for any reason—lack of adequate income, homelessness, lack of social support, ill health, a child with a disability—will have more trouble providing the conditions and experiences their children need. Such parents need support and services that directly address the causes of the stress³⁷. In terms of better outcomes for children, families and the broader community, a well coordinated (linked) service system response at a local community level is most likely to make a difference³⁸. A comprehensive service system consists of the continuum of supports and services from universal to secondary and finally tertiary levels.

Programs can be designed to affect children directly through child-focused interventions or indirectly through caregiver-focused interventions. However, most programs are usually multi-layered and involve to a greater or lesser degree not only the child, but also the family, the community and often advocacy on behalf of the target group involved³⁹.

Evidence indicates that a practice framework which includes the improvement of parents' skills and on their role with children relies on:

- explicitly taking parental needs into account;
- true negotiation with parents to develop a strategy for action that takes their daily concerns into account;
- a thorough understanding of the potential costs and benefits associated with parental involvement; this includes recognising that parents have their own needs, which are sometimes independent from those of their children; and
- the constant development of new opportunities for involvement which are adapted to parents' lives.

This also includes providing consideration to the issues involved for those parents facing difficult life conditions.

Significant parental involvement will not occur if there are logistical barriers such as:

- services are poorly promoted or explained and as a consequence, some parents might not be aware of their existence or what they provide;
- material costs of attendance for example childcare, transport, enrolment fees;
- inadequate transportation - services might be inconveniently located or require long travel times to access, particularly for rural residents. This can interact with other factors, such as lack of vehicle ownership or a driver's license. In these instances lack of access to public transport and the cost of transport can become compounding barriers to service access;
- restrictive eligibility - children with additional needs because of disability,

³⁷ Best Start Evidence Base Project Best Start for Children The Evidence Base Underlying Investment in the Early Years (children 0–8 years) p 35, 2001. Dr. Gay Ochiltree and Dr. Tim Moore. Prepared for the Department of Human Services by the Centre for Community Child Health, Royal Children's Hospital, http://www.beststart.vic.gov.au/docs/evidence_base_project_1002v1.2.pdf

³⁸ Five Laws for Integrating Medical and Social Services – Lessons for the US and the UK, WN Leutz. The Millbank Quarterly, Volume 77, No.1, 1999

³⁹ Best Start Evidence Base Project Best Start for Children The Evidence Base Underlying Investment in the Early Years (children 0–8 years) p 38, 2001. Dr. Gay Ochiltree and Dr. Tim Moore. Prepared for the Department of Human Services by the Centre for Community Child Health, Royal Children's Hospital, http://www.beststart.vic.gov.au/docs/evidence_base_project_1002v1.2.pdf

developmental delay or behavioural and emotional disorders being excluded because of restrictive eligibility or lack of funds to support their inclusion or parental concerns about acceptance and/or their ability to assist their child participate in programs or activities; and

- insensitivity to cultural difference which results in programs that do not encourage continued attendance among children from a non-English speaking background. Lack of sensitivity to the child's first language or to the parent's cultural beliefs and practices, or overt discrimination, all pose barriers by creating distrust and negative experiences;

The attitudes and behaviours of service staff is another important factor influencing inclusion. Staff attitudes can impact not only on initial access, but also on ongoing attendance and the level of parent involvement in the service.

Particular issues include:

- judgmental staff attitudes and behaviours;
- staff resignation to low parental involvement; and
- a lack of responsiveness by staff towards parents' requests for information, support and advice.

Parents' own attitudes, beliefs and behaviour can also affect their engagement. These include:

- parents' sense of efficacy, experience and confidence in relating to staff;
- parents often have a poor view of their own skills to begin with and they may prefer to have a professional manage the change if they strongly perceive a risk of personal failure;
- parents' feeling embarrassment or shame or fear;

- parents' perception of being judged;
- parents' perceptions of organisations as intimidating, alien, threatening and unapproachable;
- previous negative experiences; and
- parents' belief that the staff or their children do not want them to be involved.⁴⁰

Where these issues are addressed a successful program is likely to eventuate and the importance of "*taking parents where they are*" cannot be underestimated. This applies to both geographical and symbolic levels. On a geographical level strategies that encourage contact in places where parents normally meet rather than expecting them to travel to the program. On a more symbolic level, opportunities for involvement should be compatible with the profile and life experience of the parents in the community. Once again,

⁴⁰ Adapted from:

- § Lauder, 1998; MacDonald, 1998; Woelk, 1992; Arcury et al, 1999; Butterfoss et al, 1996; Fiedler, 1991; Hahn & Rado, 1996; Mattaini, 1993; O'Donnel et al., 1998; Bracht & Gleason, 1991; Brown, 1994; Kar et al., 1999; as cited in the literature review *Maximizing Parental Involvement in Community Initiatives: Towards a Necessary Negotiation for Mutual Perspectives* Prepared by Yann Le Bossé for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) Think Tank - Maximizing Parental Involvement, Ottawa, 2000. http://www.phac-aspc.gc.ca/dca-dea/publications/parental_involvement_e.html; and
- § Gray 1998; Morda, Kapsalakis & Clyde 2000; Ahmed et al. 2001; Miranda & Green 1999; Smallwood, Webster & Ayres-Wearne 2002; (Press & Hayes 2000; Cook et al. 1999; Sanders-Phillips & Davis 1998; Vose & Thurecht 1999; Fuller et al. 2002; and Moore, Ochiltree & Cann 2001 as cited in *Breaking Cycles, Building Futures Promoting inclusion of vulnerable families in antenatal and universal early childhood services. A report on the first three stages of the project.* Prepared for the Department of Human Services by Stephen Carbone, Alex Fraser, Rasika Ramburuth and Lucy Nelms, Brotherhood of St Laurence. 2004.

the success or failure of a program can depend on the abilities of the people in charge to negotiate methods of involvement with parents and program designers that are mutually satisfactory, however the success of parental involvement is more related to an increase in the number of opportunities to contribute to the collective effort than to the meticulous planning of a fixed program that requires regular attendance. Generally speaking, parental involvement is by nature changeable and dynamic. The fact that participant turnover rate may be high or attendance is intermittent does not necessarily mean that parents are dissatisfied⁴¹

Interventions that support child development and inclusion

Within the homelessness and domestic violence service system provision has tended to focus on children and young people who are showing significant behavioural and emotional difficulties. Additionally it is often seen as 'an add on' or secondary to the services for their mothers or carers. While there is a clear connection between the abuse of women and the abuse of their children, research indicates that each needs services in their own right, as

well as linked services which focus on strengthening the relationship between them.⁴²

Emerging developmental knowledge makes a strong case for early intervention that helps children and families experiencing multiple risk factors. This includes providing assistance to adults, generally mothers, in meeting safety and basic needs. But it also includes providing help to repair or prevent damaged parent-child relationships and to promote positive parenting. Conversely the children need access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialised services.⁴³

Recent research findings on specialised interventions for children who have experienced domestic violence have been shown to be promising by Graham-Bermann (2001) in a review of the findings from 15 projects. They found that children who participated in groups or in mother-child dyadic interventions showed significant gains: these children reduced their use of aggressive behaviors, experienced a decrease in their anxious and depressive behaviors, and improved their social relationships with peers.⁴⁴

It is also acknowledged that child development knowledge is essential for effective community intervention work with mothers and children. Additionally best-practice knowledge and some research suggests that parenting supports,

⁴¹ Adapted from Altpeter, M., Earp, J.A.L., & Schopler, J.H. 1998; Lauder, 1998; Linden & MacFarland, 1993; Mattaini, 1993; Mayer et al., 1998; Linden & MacFarland, 1993; Mattaini, 1993; Mayer et al., 1998; O'Donnel et al., 1998; Riessman, 1990; Delgado-Gaitan, 1991; Plough & Olafson, 1994 in as cited in the literature review *Maximizing Parental Involvement in Community Initiatives: Towards a Necessary Negotiation for Mutual Perspectives*. Prepared by Yann Le Bossé for the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) Think Tank - Maximizing Parental Involvement, Ottawa, 2000. http://www.phac-aspc.gc.ca/dca-dea/publications/parental_involvement_e.html

⁴² Hester et al., 2007; Humphreys et al., 2006a in Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 9

⁴³ Knitzer, 2000 in Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 9

⁴⁴ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 9

developmental services for the children, and case management—are critical to promoting healthy outcomes for young children. A plan agreed with the family and within their capacity to participate which encompasses a combination of services will ensure that families are receiving all possible benefits

In relation to specialist services for children the research indicates that a child who has witnessed domestic violence should not automatically be referred to counseling. Rather the service provider should inquire about the child's reactions and symptoms and listen carefully to the parent's concerns as well as taking into account the views and experiences of the child.⁴⁵

Assessment by a professional with mental health knowledge and expertise in working with families affected by domestic violence and who is knowledgeable about young children and trauma is desirable. However it is also noted that there are relatively few mental health professionals who are experienced in working with families affected by domestic violence and trained to work with pre-school children. Additionally it is noted that the options for support and assistance, will depend on the resources in the community, the comfort and ability of the parent to access services, and the severity of the child's distress.⁴⁶ The importance of partnering with the mother to support her in her role of parent, and, where appropriate, helping to access individual help for the child, assists in strengthening the mother's parenting self-efficacy as well as helping to promote resilience in her children is

stressed.⁴⁷ However, it is essential that referrals are made to services with cultural sensitivity and language appropriate to the family.

Access to a continuum of supports for children's social and emotional development that effectively address stressors such as exposure to domestic violence, is not consistent across communities (ie metropolitan, regional and rural). Understanding local service systems is therefore essential in order to know the skills and programs offered or which could be negotiated. These may range from parent support groups, family resource centers, or community agencies that can offer support to children and parents.⁴⁸

Research by Egeland, Weinfield, Bosquet, & Cheng (2000) about young children and their mothers has demonstrated that early intervention can be successful in promoting healthy attachment relationships. Work which focuses on promoting healthy relationships and sensitive and responsive parenting, combined with concrete support to help vulnerable mothers access needed services and develop strong social support networks, has been shown to be effective in increasing relationship functioning and mothers' enjoyment of their children. Programs focused on working with mother-infant/young child dyads who face multiple risk factors, such as poverty, teen parenting, and exposure to violence, have also been validated with families from different cultures. This research indicates that the disruptions to attachment relationships among children exposed to domestic violence may not occur only as a result of the violence, but may also be the result of multiple stressors in a child's environment. This includes for example

⁴⁵ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 30

⁴⁶ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 31

⁴⁷ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 118

⁴⁸ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 30

experiences including, but not limited to, poverty, homelessness, and separation from a caregiver.⁴⁹

While there is considerable empirical work which documents the "damage" of child exposure to family violence, very little of this work addresses how to successfully ameliorate that damage.⁵⁰ This is despite the well-established use of support and/or therapeutic groups for children of women that have experienced domestic violence. Additionally within the limited analysis of the outcomes of these interventions there is little specific research evidence related to groups provided for preschool age children. Follow-up interviews with participants, however, suggest that therapeutic interventions have positive effects.⁵¹

A literature review conducted for the Scottish Government in 2008 also indicates that greater attention has been given to group intervention strategies with children and young people than individual work, and that group work has the benefit of addressing the issues of secrecy, supporting children to feel less isolated and strengthening their peer relationships. However, preschool children who are typically more impulsive and less focussed, are less likely

to use peer relationships to cope with stressful issues.⁵²

According to a Canadian Manual group therapy approaches usually have the following features:

- Creating a warm, safe environment where the children have fun as well as deal with their painful experiences.
- Empowering children and assisting them to overcome feelings of helplessness
- Safety planning: many children find that the abuse may recur in the future due to the reuniting of the family, or due to harassment and stalking or because a different partner abuses their mother. The main messages are not to try to intervene but to find a safe place and to make contact with helping adults and emergency services when possible
- Breaking the silence and telling others in the group about some of their feelings and experiences.
- Learning to identify and name different forms of abuse such as verbal abuse (threats), physical abuse (hitting, slapping), sexual abuse (unwanted sexual touching), and psychological abuse (destroying valued objects).
- Learning that there are alternative strategies for conflict resolution that are non-violent.
- Learning non-abusive, non-aggressive anger expression and other forms of feeling expression.
- Most approaches group together children who are similar in developmental age, such as ages 4 to 6 years, 7 to 9, 10 to 12, and 13 to 16.

⁴⁹ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 144-145

⁵⁰ Children who live with violence: Best evidence to inform practice, Alison Cunningham & Linda Baker Centre for Children & Families in the Justice System, 2003, Prepared for the National Crime Prevention Centre

⁵¹ Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families Susan Schechter Editor School of Social Work The University of Iowa, 2004, page 122 and Mental Health Services for Children Who Witness Domestic Violence Betsy McAlister Groves, MSW, LICSW Director Child Witness to Violence Project at Boston Medical Center 2008 accessed at http://www.athealth.com/practitioner/ceduc/dv_children.html

⁵² Mental Health Services for Children Who Witness Domestic Violence Betsy McAlister Groves, MSW, LICSW Director Child Witness to Violence Project at Boston Medical Center 2008 accessed at http://www.athealth.com/practitioner/ceduc/dv_children.html

- Having co-leaders for a group is usually advised. Having both a male and a female group leader is identified as being beneficial in order to model appropriate behaviour and attitudes by both genders. It is important for group leaders to spend some time debriefing together, after groups and because of the volume and nature of abuse they will hear about from the children it is important for group leaders to consider their own well-being in order to continue to be effective leaders.
- Involvement of mothers or current caregivers of children is important so that they can understand what children are learning and participate in the process. In child-only groups, the group process is usually explained during a pre-group interview and there may be other information given via handouts.
- Some group models have concurrent groups for mothers and children and others involve mothers and children jointly in groups of about three mother-child groupings. The goal of these groups includes re-empowering the mother after she has been relegated to a disempowered status during the abuse and re-establishing her as caregiver and leader in the family.⁵³

This manual also indicates that individual therapy for children may take a number of forms, depending on the child and clinician's preference and the child's developmental level. As a result some clinicians use therapy where the child expresses past and current experiences, worries and concerns, as well as

coping strategies, others focus on systematic desensitization and relaxation therapy and another group prefer play therapy, especially for younger children, or art therapy. It also notes that these different approaches may be used together with interpretations and discussion.

Many Australian therapeutic groups for children have adopted and built upon these features as a result of the evidence available and wide dissemination of the Ontario Model.⁵⁴

Evidence available about how to achieve effective outcomes for children that participate in therapeutic groups suggests that there are specific issues which may need to be addressed in the aftermath of domestic abuse. These are related to the supporting frameworks and theories which need to underpin the counselling practice. A literature review conducted for the Scottish Government in 2008 indicates that professionals providing support to children in groups need the following in order to create an environment for positive development.

- Understanding of attachment theory to address the disorganised and disrupted attachment experienced when violence disables the child's mother and undermines the father's emotional involvement with the child. This work requires engagement with the child's mother or other non-offending care giver to provide experiences through which a child can feel a more secure attachment to their parent.
- Recognition of the processes of loss and grief which confront children as they come to terms with the adverse experiences brought on by violence and

⁵³ Peled and Davies, 1995; Loosley, Bentley, Rabenstein and Sudermann, 1997; Rabenstein and Lehmann, 1997 in A handbook for health and social service providers and educators on children exposed to woman abuse/family violence. National panel of experts on the issue of woman abuse and children exposed to woman abuse, Ontario, Canada, 1998 http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femexpose_e.html

⁵⁴ Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis The Scottish Government, Edinburgh 2008, page 111

In general, adults come to parenting fully equipped with the skills they need to learn how to parent. Problems arise when the demands of the situation outstrip the parent's adaptability and capacity to respond. When this occurs, there is greater vulnerability to poor developmental outcomes for the child. Relationship issues, family violence plus social factors (for example, social isolation, poverty, poor housing) can impair a parent's ability to adapt to their children's needs."

Australian Government Family and
Community Services Parenting
Information Project

abuse. This can include loss of a caring father, loss of their home, pets, friends and family networks.

Intervention which recognises and acknowledges children's traumatic reactions to seeing incidents of domestic abuse. It recognises that children are profoundly affected by seeing violence perpetrated against their primary carer and may need intervention which goes beyond dealing with their immediate behaviour and cognitive reactions. It recognises the role of sleep disruption and the role of fear as an organising factor in the lives of many children affected by domestic abuse.

- Systemic and ecological analysis which situates individual work with children within the wider context of their family, social and community networks. This recognises that most intervention with children and young people will need to address factors in their wider social context and their relationships and not just focus on their internal world.⁵⁵

Fundamental to the effectiveness of the counselling, group work or support to women and children is the quality of the relationship between the clients and practitioners, this is regardless of the practice approach which is taken.⁵⁶ The importance of establishing programs which support children along a continuum from less affected to highly

⁵⁵ Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis The Scottish Government, Edinburgh 2008, page 111-112.

⁵⁶ Practice guidelines: women and children's family violence counselling and support program, Department of Human Services, Victoria. Greal, C., Humphreys, C., Milward, K., and Power, J. (2008) Urbis, page 18

disturbed children and young people is also noted.⁵⁷

In Australia a range of practice guides and case studies, standards and/or protocols developed, in the past ten years, to guide the way in which support is provided to women and children who have experienced domestic violence and homelessness. Some of these provide specific guidance in relation to work with children and group work. Most recently in February 2008 the Victorian *Practice Guidelines: Women and Children's Family Violence Counselling and Support Program* were released by the Department of Human Services. These include guidelines for:

- the foundations of practice;
- the phases of direct service including counselling, case work, advocacy and group work; and
- organisational support for practice

This supports the *Code of Practice for Specialist Family Violence Services for Women and Children* which aims to enhance the service system's transparency, consistency and accountability and enhance the safety of women and children in Victoria. This Code is designed to interlink with other relevant documents as part of the Integrated Response to Family Violence in Victoria. Other Australian resources include descriptions and links to group programs and resources for children affected by domestic abuse on the Australian Domestic and Family Violence Clearinghouse website (www.austdvclearinghouse.unsw.edu.au). This site also includes links to a range of international resources.

⁵⁷ Graham-Bermann, 2001 in Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice Professor Cathy Humphreys, Claire Houghton, Dr Jane Ellis The Scottish Government, Edinburgh 2008, page 112.

"A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development".

Play Therapy: The Art of the Relationship (2nd ed.), Landreth (2002), page 16.

*You can
discover more
about a person
in an hour of
play than in a
year of
conversation.*

Plato

At an international level a range of helpful resources are available on the following websites:

- Women's Aid Federation England has a children's resource base as well as access to the Draft Service Standards for Domestic & Sexual Violence Services 2008 in the UK. www.womensaid.org.uk/
- National Online Resource Center on Violence Against Women has a range of resources focussing on work with Children <http://www.vawnet.org/>
- Public Safety Canada, the Canadian National Clearinghouse of Family Violence and the Centre for Children and Families in the Justice System also provide access to manuals, good practice approaches and evaluation materials
<http://www.publicsafety.gc.ca/index-eng.aspx>, <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/> and <http://www.lfcc.on.ca/index.htm>
- National Center for Children Exposed to Violence which was established by the U.S. Department of Justice provides access to a range of research findings as well as many links to other American resources
<http://www.nccev.org/us/overview.html>

A Combined approach - Using Play and Creative Arts Therapy in working with children

Play Therapy

For over 70 years play therapy has been used to treat children who have psychological disorders or who have experienced trauma. Research indicates that it is an effective form of therapy for children with a wide range of emotional and behavioural difficulties including depression, anxiety, aggression and issues relating to

difficult life experiences such as abuse, bereavement and loss, family breakdown or separation, domestic violence and trauma.⁵⁸

Children use play as a form of communication in everyday life. Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, self-actualisation and self-efficacy. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego.

Children learn many things through play. They learn to develop positive relationships with others, they learn to use play materials and equipment, they learn to take turns, they learn how to verbalize their needs and wants, they learn to understand the role of others in their life, and they learn to master skills. There are four main characteristics of play. It is pleasurable, it serves no particular purpose, it is spontaneous and voluntary, and it actively involves the player. Play helps children solve problems, it allows a child to express their needs, and it helps stimulate language growth⁵⁹

Play therapy is to children what counseling is to adults. Play therapy utilises children's natural medium of expression. Play provides children with a safe psychological distance from their problems. When children play they can communicate about current and past events using both verbal and non-verbal expression of their thoughts and feelings which are appropriate to their stage of development.⁶⁰

⁵⁸ Play Therapy as Treatment of Choice for Traumatized Children <http://traumaawareness.org/id20.html>

⁵⁹ Schriver, 2001 in Play Therapy as Treatment of Choice for Traumatized Children
<http://traumaawareness.org/id20.html>

⁶⁰ Lieberman, 1979 in Play Therapy as Treatment of Choice for Traumatized Children

Children enter into a dynamic relationship with the play therapist, which enables them to express, explore and make sense of their difficult and painful life experiences. Often children do not have the words to describe their thoughts, feelings and perceptions of their internal and external world. Play therapy enables both verbal and non-verbal children to develop a relationship with the therapist.⁶¹

Through ongoing observation, hypotheses can be drawn about the bases of the child's behavioral or emotional problems. This assessment generally involves collaboration with the child's caregivers. Once the child's underlying problems are understood, the therapist can provide informed suggestions to the child's caregivers for addressing the child's psychological needs.

In some cases, the child's healing occurs through this process alone. Children work out their fears, trauma, and losses in their dramas within this supportive relationship. In the miniature world of play, they develop an increased capacity to deal with difficult emotions, they discharge their anger, they find triumph and safety, they come to accept their losses, and they build new worlds based on their hopes and dreams.⁶²

As the child in Play Therapy is helped to gain control over difficult feelings, memories and reactions, and learns to deal with them more effectively within the playroom, he/she generally transfers these newly developed skills to their everyday life.⁶³

Play Therapy can help children:

- Develop confidence and positive self-esteem;
- Develop their resilience and coping skills;
- Become more responsible for behaviors and develop more successful strategies;
- Develop new and creative solutions to problems;
- Develop respect and acceptance of self and others;
- Learn to experience and express emotion;
- Cultivate empathy and respect for thoughts and feelings of others;
- Learn new social skills and relational skills with family; and
- Develop self-efficacy and thus a better assuredness about their abilities.⁶⁴

Play therapy has its roots in Child Psychotherapy, however the more specific theoretical elements have emerged from the Humanistic Psychology tradition. Carl Rogers (1951, 1955) developed Person Centred Therapy in which the relationship between the therapist and client is based upon genuineness, acceptance and trust. Axline (1969, 1971) influenced by this approach, utilised its theoretical foundations to devise a clear and succinct Play Therapy method which she called - "Non-Directive Play Therapy". It has a firm foundation in child developmental principles including;

- § Piaget's framework of adaptation and mental schemas;
- § Attachment theory and internal working models; and
- § Erikson's emotional developmental perspective.⁶⁵

⁶¹ British Association of Play Therapists website <http://www.bapt.info/professionalinfo.htm#bma>

⁶² Centre for Play and Art Therapy California website <http://truthbeknown2000.tripod.com/>

⁶³ Irish Play Therapy Association website <http://www.ipta.ie/index.swf>

⁶⁴ United States Play Therapy Association website <http://www.a4pt.org/ps.index.cfm?ID=1653>

⁶⁵ Irish Play Therapy Association website <http://www.ipta.ie/index.swf>

According to Louise Guerney, there are five basic tenets to child-centered play therapy:

- the child directs the content of the play therapy and the therapist allows the child to follow their own path to healing and does not direct the therapy in any way;
- child-centered play therapy is not problem oriented but instead it is successful because by its very nature. This approach is able to be used with children with many different traumas without looking at symptoms and behaviors directly;
- The words, symbols, and other expressions that the child uses to communicate in the play therapy session are not readily interpreted by the therapist, instead the therapist works toward the goal of providing a safe environment for the child to be able to expose their personal world at their own rate of expression;
- The fourth tenet is that child-centered play therapy is a system that is dependent on the full use of the system and does not deviate from its path, it is not a set of techniques or principles that are used at the therapists' discretion; and
- the therapist must believe in the fact that the child is the one who can best direct their healing and the therapist must provide full therapeutic support to the child.⁶⁶

In individual play therapy the therapist's responsibility is with the child and helping the carers to understand the child's emotional needs and fears, but not to meet the family's therapeutic needs as a whole.

⁶⁶ Guerney, 2001 in Play Therapy as Treatment of Choice for Traumatized Children

Qualities of the Play Therapist

Play therapists must have several qualities in order for the therapeutic intervention to be a positive, healing experience. These include the ability to:

- provide a safe and healthy environment;
- give attention to the child's personal circumstances to ensure that there is enough support from his/her caregivers;
- ensure their own emotional needs do not supersede the needs of the child;
- ensure their own worries, concerns, and thoughts about external situations are kept away from their work with the children in therapy;
- ensure children are protected from adult conversations between caregivers and therapists, including ensuring adult opinions about others involved in the child's life are also kept from children as often as possible;
- work from a theoretical foundation that assesses where the child is not only developmentally but emotionally as well;
- be kind and friendly in addition to being relaxed and calm when dealing with children who are upset or angry; and
- be helpful and understanding, easy to talk to, and exude a willingness to assist the child in dealing with feelings of anger.⁶⁷

The Play Therapy Session

A play therapy session is usually characterised by the following structures and /or components:

- there is a defined beginning and an end;
- routines are developed in order to assist the child in entering the room;

⁶⁷ Carroll, 2002 and Wilson/Ryan, 2001 in Play Therapy as Treatment of Choice for Traumatized Children

- children are given choices. This allows them to feel valued and appreciated and in control of the process;
- directive play therapy techniques can also be used as long as children are comfortable and express no resistance with the suggestions given by the therapist;
- Children are able to maintain control over the conversations with the therapist ensuring that these discussions take place at the child's developmental level, with awareness of their level of comfort and with empathy and warmth;
- The techniques and methods that a play therapist uses are their tool-kit for therapeutic play. The more skills or tools the therapist has access to the easier they will find it to adapt to new situations, difficulties or problems or follow the lead given by children in a session. This tool kit will usually comprise a range of mixed media and each session will comprise a range of activities such as:
 - Sand;
 - Paint and pens;
 - Clay and play-dough;
 - Masks;
 - Puppets;
 - Dance and movement;
 - Musical instruments;
 - Drama including role play and movement;
 - Storytelling / Books; and
 - Creative visualisation;
- children are given warnings about when the end of the session is approaching, this allows them to mentally prepare for the ending;



- In terminating therapy, children are supported to understand the ending of therapy, express their feelings about therapy ending, be given two to three weeks to process the termination of therapy, and be given some sense of control over the therapeutic process ending; and
- Therapy sessions vary in length between 30 to 90 minutes and they are usually held weekly. There is variation in how many sessions are offered from 10-12 weeks to 30-35 sessions. Research suggests that it takes an average of 20 play therapy sessions to resolve the problems of the typical child referred for treatment.⁶⁸

Involvement of parents

When parents are involved in the therapy process, support is given to both the parents and the child, which facilitates a positive therapeutic healing process. Wilson and Ryan have completed studies that look at play therapy as a mode to allow children to deal with their problems and in conjunction, improve parenting skills for parents who are involved in the therapeutic process. When parents are appropriately involved in the therapeutic process the result is that individual play therapy brings about changes in the whole family system, improving the system dramatically. By involving parents in the therapeutic process and focusing not only on the child's healing process

but also the parent's communication skills and capabilities, significant improvements have occurred not only in the children's behavior but in the parent's parenting skills as well.⁶⁹

Creative Arts Therapy

Creative arts therapy is a style of intervention within the mental health, allied health and human services professions. Creative arts therapists use creative, arts-based processes as part of their therapeutic work with clients, to facilitate self expression, communication, self awareness and personal development.⁷⁰

The experience of expressing oneself through creative activity has been found to assist in the promotion of physical, emotional, cognitive and social integration and functioning. The consequent insights and personal understandings can be instrumental in facilitating change⁷¹.

Creative arts therapy can use art as one medium of expression when it is either the client's preferred medium or is indicated as the most convenient or useful modality.⁷²

Creative Arts Therapy is a creative process, suitable for all ages, and particularly for those who may be experiencing life changes, trauma, illness or disabilities causing distress for the individual and for their family.⁷³

⁶⁸ Adapted from: Landreth, 2002 and Carmichael, 2006 on the US association of Play Therapy website <http://www.a4pt.org/ps.aboutapt.cfm>; Carroll, 2002 in Play Therapy as Treatment of Choice for Traumatized Children; and Play Therapy UK website <http://www.playtherapy.org.uk/AboutPlayTherapy/AxiPrinciples.htm>

⁶⁹ Wilson/Ryan, 2001 in Play Therapy as Treatment of Choice for Traumatized Children

⁷⁰ Australian Creative Arts Therapy website http://www.acata.org.au/about_cat.htm

⁷¹ Ibid

⁷² Ibid

⁷³ Art Therapy. Paula Anne Ford-Martin. Caremark Inc on Expressive Therapies Institute Australia website <http://www.expressivetherapies.com.au/scripts/openExtra.asp?extra=32#NZ%20Society>

The experience of expression through creative activity has been found to assist in the promotion of physical, emotional, cognitive and social integration and functioning. The consequent insights of the client's inner world and personal understandings including increased self awareness and acceptance have been shown to be instrumental in facilitating change.⁷⁴

Creative art therapists use a range of approaches which include visual art, clay-work, dance and movement, music, narrative, drama and/or psychodrama, creative writing and/or poetry, sculpture, collage and sand-play therapies. Some therapists also use photography and film. For children these art processes are incorporated in play.⁷⁵

In this play setting, the art therapy process is used to encourage children to explore a variety of art media such as pencils, pastels, texta colour, paint, collage, clay, drama, dance and music to express and communicate thoughts, fears and experiences particularly in relation to the trauma that they may have or be experiencing. Art therapy has been utilised for a range of situations where children may have or be experiencing trauma. For example: children who are ill and being treated at home or in hospital, children who are dealing with siblings or other family members that are ill or dying, children who have experienced family violence, homelessness, separation, disability, mental illness and significant conflict or disaster within their community.⁷⁶

⁷⁴ The Australian Creative Arts Therapists Association website http://www.acata.org.au/about_cat.htm

⁷⁵ Art Therapy. Paula Anne Ford-Martin. Caremark Inc on Expressive Therapies Institute Australia website <http://www.expressivetherapies.com.au/scripts/openExtra.asp?extra=32#NZ%20Society> and Australian and New Zealand Art Therapy Association website http://www.anzata.org/mambo/index.php?option=com_frontpage&Itemid=1

⁷⁶ Art Therapy Program - Children's Cancer Centre Royal Children's Hospital Melbourne website http://www.rch.org.au/ept/art/index.cfm?doc_id=7693 and Art Therapy. Paula Anne Ford-Martin. Caremark Inc on Expressive Therapies Institute Australia website

The dynamic of secrecy pervades the lives of children living with domestic violence (Eisikovits, Winstok & Enosh 1998; Peled 1996). Living with secrecy can be a source of shame for children (Margolin 1998) and can be a barrier to the development of relationships with peers. Not only is the secret of violence to be kept from those outside the family: Peled (1998) found that the violence was typically not discussed by family members until outside agencies became involved. If women separate from an abusive partner, the secrecy around the violence in the home 'may be exchanged for secrecy concerning the family's new address' (Stanley 1997, p. 137).

Children, Young People and Domestic Violence. Dr Lesley Laing. Australian Domestic and Family Violence Clearinghouse Discussion Paper 2

Children and young people are not merely passive onlookers...they are actively involved in seeking to make meaning of their experiences and in dealing with the difficult and terrifying situations which confront them.

Children, Young People and Domestic Violence. Dr Lesley Laing. Australian Domestic and Family Violence Clearinghouse Discussion Paper 2

<http://www.expressivetherapies.com.au/scripts/openExtra.asp?extra=32#NZ%20Society>

Often, the prevailing thought surrounding treatment is that to be effective the treatment must be serious in tone. Yet, when you ask creative arts therapists to describe their work, more often than not they will say that the ability to mix enjoyment with clinical technique is the "secret of our success." Whether the modality used is music, dance, or the visual arts, children find in it the pleasure, stimulation, fun, and communication that may be missing from other aspects of their world. The creative art therapist helps a child by presenting the two-pronged approach of using the art form to foster mastery while allowing it to be a metaphor for ideas and concerns. Thus, both the process of "making something" and the symbols within the content are simultaneously providing therapeutic aid.⁷⁷

The ability of the creative arts therapist to unlock the child's inner world and bring new vitality to children and families alike is critical in this process. Young children want and need to express ideas and messages through many different expressive avenues and media. By drawing or using other visual means to express or disclose troublesome feelings or private thoughts as well as offering different ways of perceiving, children can begin to address these issues, even if they cannot identify or label these emotions with words. Through arts experiences children come to feel good about themselves as individuals. Creative Arts Therapy offers children a safe, developmentally appropriate way to do this and can help them develop strategies for coping.⁷⁸

The advantage of creative arts therapy is that even though children and adults are not always able to verbalise what is happening for them or how they feel, the interaction in creative arts therapy may be totally non-verbal until there is confidence to communicate verbally. The art helps hold that quiet space. Alternatively there are those who may over-verbalise, blocking feelings and thoughts which need expression; here interaction may be totally verbal until there is courage to mark a blank piece of paper, work with clay make a mask, or create an art work. In other words, art contributes to a fine balance within the therapeutic relationship attending to more aspects of a personality than would otherwise be accessible.⁷⁹

The client's encounter with the art materials and creative process yields immediate behavioral information, which can also be viewed metaphorically by therapist and/or client as being an extension of the client's habitual response to life situations. How the aspects of a person's personality are perceived and interpreted by the therapist is a function of the therapist's own theoretical preferences; i.e., psychoanalytic, depth analytic, object relational, social-constructivist, etc. Interpretation in this case refers to the therapist's theory-biased understanding of the phenomenon being observed. Whether the therapist provides an interpretation and/or elicits one from the client is dependent on the therapist's theoretical stance regarding the role of the therapist relative to the client and in the case of children, their parent or carer.⁸⁰

Where creative arts therapy is provided in a group of two or more people it provides additional interpersonal stimulus and creative

⁷⁷ The visual arts as therapeutic process for young Children, Vensna Pergjini, 1999 accessed ERIC data base

⁷⁸ The visual arts as therapeutic process for young Children, Vensna Pergjini, 1999 accessed ERIC data base and Art Therapy Program - Children's Cancer Centre Royal Children's Hospital Melbourne website http://www.rch.org.au/ept/art/index.cfm?doc_id=7693

⁷⁹ Art Therapy. Paula Anne Ford-Martin. Caremark Inc on Expressive Therapies Institute Australia website <http://www.expressivetherapies.com.au/scripts/openExtra.asp?extra=32#NZ%20Society>

⁸⁰ The visual arts as therapeutic process for young Children, Vensna Pergjini, 1999 accessed ERIC data base

impetus. Depending on the goals of the group, emphasis may be placed on the interpersonal dynamics, the acts of art making and/or the sharing and witnessing of the resulting images. Where a parent is also involved in the art process it is particularly helpful for carers in understanding both their and their children's response to situations such as the families violence they have experienced. Thus it enables the relationship between the child and this significant person to be enhanced.

In either approach the symbolic quality of representation of the art imagery and the focus on imaginative expression is used to encourage individuals to explore ideas feelings and issues which include:

- Release and express thoughts, hopes and concerns for the future;
- Make sense of external confusion and dissatisfaction;
- Enhance communication skills in relationships and in doing so develop insight;
- Provide a point of interest for a conversation;
- Provide an opportunity for individuals to make decisions and have control for themselves through choice of materials;
- Provide a non-verbal avenue to express feelings or experiences that may be too difficult to verbalise (i.e. anger, fear and anxiety);
- Increasing self esteem and confidence;
- Stimulate imagination and creativity;
- Assisting with development of motor skills and physical co-ordination; and
- Have a lot of fun and enjoy the experience⁸¹

⁸¹ Art Therapy Program - Children's Cancer Centre Royal Children's Hospital Melbourne website
http://www.rch.org.au/ept/art/index.cfm?doc_id=7693

In general, adults come to parenting fully equipped with the skills they need to learn how to parent. Problems arise when the demands of the situation outstrip the parent's adaptability and capacity to respond. When this occurs, there is greater vulnerability to poor developmental outcomes for the child. Relationship issues, family violence plus social factors (for example, social isolation, poverty, poor housing) can impair a parent's ability to adapt to their children's needs.".....

Australian Government Family and
Community Services Parenting
Information Project



It is important to note that art therapy and creative arts therapy whilst often being considered synonymous because of their similarities, in practice are underpinned by some differences in training styles and theories. Art therapists have training and experience as practicing artists, and they specialise in therapeutic interventions involving just the visual arts. Creative arts therapists on the other hand might not be practicing artists, but can use visual art as one medium of expression when it is either the client's preferred medium or is indicated as the most convenient or useful modality.⁸²

In either case the art therapist must have a solid understanding of human development, personality theory, psychopathology, helping relationship practice and theory, crisis intervention and trauma theory, professional ethics and standards of practice, and the use of art methods and materials for therapeutic change and growth. The art therapist must be knowledgeable about contextual issues such as cultural and social concerns, and have a firm grasp of group theory and practice as well as individual psychotherapeutic approaches. The

art therapist should also have or seek personal therapy for insight and self awareness.⁸³

Art Therapy requires that practitioners have skills in two different disciplines, art and therapy. Practitioners need to have studied a tertiary degree in the field of outer counseling, psychology, occupational therapy, medicine, art education, education or fine arts and have experience in visual arts, together with Masters level qualifications in Art Therapy or Creative Art Therapy.⁸⁴ It is worth noting that membership of different associations requires different qualifications. Within most training the practitioner is trained to work therapeutically with children using art as the means of expression.⁸⁵

⁸² The Australian Creative Arts Therapists Association website http://www.acata.org.au/about_cat.htm

⁸³ The visual arts as therapeutic process for young Children, Vensna Pergjini, 1999 accessed ERIC data base

⁸⁴ Art Therapy Program - Children's Cancer Centre Royal Children's Hospital Melbourne website http://www.rch.org.au/ept/art/index.cfm?doc_id=7693

⁸⁵ Art Therapy Program - Children's Cancer Centre Royal Children's Hospital Melbourne website http://www.rch.org.au/ept/art/index.cfm?doc_id=7693

How the program worked....

The creative arts therapy *Play Connect Program* is an example of a multi-layered program that is one that seeks to:

- focus on the child's learning and development;
- provide support to the family through development of confidence and skills in supporting their child/children's development;
- strengthen community belonging and cohesiveness; and
- address the emotional and mental health and relationship needs of the child and family; and
- advocate on behalf of the target group or individual members of the group when appropriate.

Management, Training and Support

There are five key stakeholders with roles within the development and delivery of both programs. They include the LOMA Coordinator the LOMA Children's Resource Worker, SAAP Case Workers and the Creative Play Therapists. The following seeks to describe their roles and responsibilities.

LOMA Coordinator

The LOMA Coordinator is the manager of the creative art therapy *Play Connect Program* This has included:

- Engaging the Creative Arts Therapists and an evaluator and managing these contractual relationships;
- Providing direction to the Children's Resource Worker in relation to their

responsibilities related to the *Play Connect Program*;

- Convening the *Play Connect Program* Reference Group;
- Managing financial resources and identifying opportunities for further funding;
- Developing guidelines for program, referral forms, applications for funding support;
- Promoting the *Play Connect Program* in relevant settings, in particular to Homelessness Assistance case workers in each agency;
- Maintaining regular contact with and seeking feedback from the Creative Arts Therapists regarding the effectiveness of the program, barriers to success and opportunities for improvement; and
- Reporting to funding organisations, the LOMA Network and EASE as LOMA's auspice.

LOMA Children's Resource Worker

The Children's Resource Worker has been responsible for:

- Facilitating access to on-going funding throughout the year for those families relocating during the year;
- Providing advice to the Creative Arts Therapists in relation to program development, support agencies and access to brokerage and other resources;
- Maintaining regular contact with and seeking feedback from Homelessness Assistance case workers and managers on the benefits of the *Play Connect Program* for homeless children and their families and operational matters which may need improvement or change; and
- Working with the LOMA Coordinator to prepare reports for funding bodies and

the LOMA Network, other network bodies such as the Department of Human Services and the Department of Education and Early Childhood Development and research organisations such as the Australian Homelessness Research Register”

SAAP Case Workers

Case workers based within SAAP agencies are responsible for conducting assessments and referrals for accompanying children who are in need of financial assistance that supports their inclusion in communities and/or who it is believed will benefit from participation in *Play Connect Program*.

This complements their role in supporting children within their service which includes:

- Talking to children;
- Validating children’s experiences;
- Sharing information with the primary caregiver regarding effects of homelessness on children;
- Providing a positive role model and interactions for both the child and the primary care giver; and
- Promoting the importance of play in a child’s normal development.

Creative Arts Therapists

The Creative Arts Therapists are engaged on a contractual basis by LOMA. Both have Masters level qualifications in Creative Arts Therapy. At a degree level they have the following qualifications experience:

- Bachelor of Arts (Humanities and Social Sciences) and Bachelor of Arts Hons. (Cultural Studies) and work experience in housing and social services; and
- Bachelor of Arts (Performance Studies) with work experience in child sexual

abuse programs and children’s health and development assessments

Both have had a background in working with children 0-6 years of age who have experienced child abuse and trauma and with mothers and babies. They also embrace the concept of utilising the creative arts process as a means of strengthening their field practice.

That is they believe that this process can:

- Move their understanding and perception of a situation they are presented with and reduce tendencies to pathologise the client(s);
- Enhance case planning and review of therapeutic processes;
- Enable debriefing and stress management;
- Strengthen their professional identify;
- Enhance their ability to facilitate creative expression in others; and
- Increase understanding of how the creative process is impacting on clients such as enhancing their self awareness or gaining greater authenticity on relationships with children, others and/or the therapist.

Other attributes essential for their role in the *Play Connect Program* have been:

- Excellent people skills that enable effective engagement with children, parents and other adults and service providers;
- Well developed knowledge and understanding of the experiences and impact of family violence and homelessness on children and their families; and
- A well developed knowledge of the service system at a local and state-wide level, in particular community and social services and/or capacity to access information readily in relation to the Australian service delivery system.

The Creative Arts Therapists are engaged on a contractual basis, one of whom is considered an assistant. They are engaged for 3.0 hours per session. This includes 1.5 hours preparation, documentation and set-up and pack-up and 1.5 hours program deliver. An allocation of 2.0 hours per family is also allocated for one to one counselling. A limited amount of additional time is allocated for Reference Group meetings and program establishment in new locations. In most instances the Creative Arts Therapists commence and leave work from the location of the *Play Connect Program* they are delivering and as a result are not generally entitled to travel reimbursement. It is important to note that the time allocated to preparation, review and set-up and pack up was not included in the original budget and it was also intended that the “assistant” would be a person with qualifications in working with children but not necessarily a qualified Creative Arts Therapist.

Play Connect Reference Group

The *Play Connect Program* began as a partnership between LOMA, Bendigo Neighbourhood House, EASE (Emergency Accommodation and Support Network) and Annie North Women’s Refuge and Domestic Violence Service. Representatives from these organisations along with the Creative Art Therapists met at key points during the establishment and implementation of the program to guide its development. The Reference Group worked to:

- Include organisations that were interested in family violence work;
- Develop, review and resource the original pilot as there was an understanding that the process may be complex given the complex needs of families likely to be involved. This included articulating the aims of the *Play Connect Program* and its intended outcomes; and
- To share information and knowledge.

From the outset this group was committed to a collaborative approach and there is considerable evidence of this occurring in relation to the generation of referrals, willingness to be flexible in program planning and support given to program participants to participate on other activities within the community.

As the *Play Connect Program* expanded to other geographic locations there may have been an opportunity to include representatives from these areas in the Reference Group as a means of gaining earlier commitment to the program in these areas. However, it is also acknowledged that this may not have been possible because of the distances involved and existing time commitments of these organisations.

For those who were involved it was a valuable meeting at which to exchange information and ideas and to develop collegiate approaches which were maintained even when the time between meetings was extended.

Promotion of the programs

The *Play Connect Program* have and continue to be promoted in a number of ways. These include:

- Promotional flyers distributed to Homelessness Assistance and other services known to be working with families and children that have/are experiencing domestic violence and homelessness. Refer to the attachment section for an example of these.
- Promotional flyers which Homelessness Assistance workers and other service providers were asked to provide to people that may benefit from



participation. Refer to the attachment section for examples of these;

- LOMA Coordinator and Children's Resource Worker informing service providers about the programs at wide range of network and program development meetings across the Loddon Mallee region;
- Creative Arts Therapists making contact with a range of SAAP and other services within the geographic location that it was intended to run a program in order to introduce themselves and the program, seek advice on the likely response to the program in the area and the most appropriate location; and
- Promotion by the host organisation where the Play connect program is being delivered. This was mostly by word of mouth.

Play Connect Program

The *Play Connect Program* offers fun and engaging activities for children aged 0–5 years and their parents who have experienced homelessness and family violence. Qualified Creative Arts Therapists use stories, songs, rhymes and a wide range of expressive art activities to engage children and their parent in the therapeutic process.

Aims and intended outcomes

There are nine aims of the *Play Connect Program*:

- To support the connection between a mother and her child/children;
- To provide a safe and supportive environment for families;
- To allow a mother and child to find a common language/ bond/ connection;
- To allow children to be heard and to tell their story;

- To support mothers in hearing their child's story;
- To have fun together;
- To allow women to express themselves and their needs, to be seen as women in their own right and not only as mothers;
- To acknowledge feelings of aggression and anger and support the expression of these emotions in a safe way; and
- To model effective behavioural management techniques.

It was intended that the *Play Connect Program* would achieve the following outcomes:

- The development of a common language between mother and child as the basis for trust and positive relationship building;
- The ability to create and have fun together; and
- Connection and/or opportunity to find their place within the broader community

These aims and intended outcomes were developed with reference to the initial vision outlined in the funding submission.

Those involved in the *Play Connect Program*, the LOMA Coordinator, The LOMA Children's Resource Worker, SAAP Support Workers, Creative Arts Therapists and most importantly the Mothers have provided overwhelming feedback that supports the achievement of these aims and outcomes as well as there being some empirical evidence for this. Informal discussion, not formally proposed as part of the evaluation, with a small number of children involved in the program also indicates the enjoyment they had in participating, and the fun they have with their mothers in talking about their artwork and participating in art and or other playful activities at home.

That is not to say that the key stakeholders have not also been able to identify a range of issues, learnings and subsequently ideas for improving the *Play Connect Program* into the future.

This section aims to provide an understanding of the elements of the program, where the program was delivered and its establishment in these locations, who the participants were and the impact of the *Play Connect Program* from the perspective of the mothers and children, Creative Art Therapists and referral agencies.

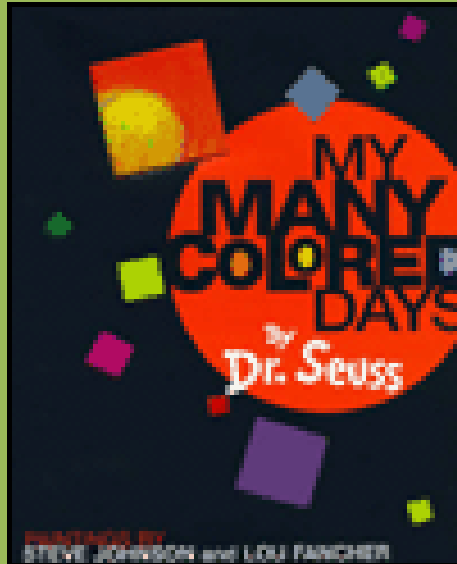
Key elements of Play Connect

All programs are delivered by two qualified Creative Arts Therapists.

All participants are referred from services that work with families that are at risk of, are or have experienced homelessness and/or family violence. This includes a range of services including housing, homelessness assistance and family violence support service, family services, community health services, maternal and child health services, specialist children's services the Department of Human Services.

Each family is interviewed prior to the group commencing. The purpose of this meeting is two-fold:

- *To provide an opportunity for participants to meet the Creative Arts Therapists in an informal setting so that they can discuss what they hope to gain from the group, ask questions, learn about the therapeutic process and the group content; and*
- *To assist the Creative Arts Therapists plan groups according to the needs of the participating families.*



Documentation of this interview is also used in assessing the level of change the Creative Art Therapists observed over the course of the program.

Each program runs for ten to twelve weeks, with the option available to continue or to break over the school holidays. Sessions are weekly, running for 1.5 hours, with morning or afternoon tea included. They are also offered in community based settings that aim to facilitate opportunities for connection to the broader community.

All sessions comprise:

- *Music time – the whole group comes together at three intervals in the session for music. Firstly to begin the session with a welcome song, that includes each other's names and actions, before the art process when percussion instruments are used to create sound scapes and at the end of the session to sing a good-bye song. During each of these music sessions, participants sit in a circle as this helps to "hold" the group and allows for the feeling of connection. It is essential for opening and closing the group that there is a routine that participants are familiar with. This enables all participants to understand the mark which is the beginning and end of the session and therefore their time of separation from the group. This pattern stays the same throughout the whole program.*
- *Arts process – a different process is offered each week where each mother and her child/children work together to explore and/or tell a story. Throughout the program the arts process is provided with clearly defined structures and*

contained boundaries. As the program progresses the arts mediums which are used generally become more messy then by the end of the program it is more controlled. For example in the controlled situation "contact collage" will be used and when all members are feeling safe in the space "glue collage" will be introduced. The arts processes have included working with clay, paints, felting, play dough, sand, collage, water play, wool and other textiles.

- *Story time – this is not always a component of each session, however, when utilised generally occurs after the initial music time, although can occur at other points when appropriate. It is a session where the whole group is involved. Most often the Dr Seuss Book "My Many Coloured Days" is used as it enables the Creative Arts Therapists to talk to the children about their feelings. Each day is described in terms of a particular colour, which in turn is associated with specific emotions – "mad, sad, happy, mixed up" and in the end it provides reassurance of the resolution of these feelings - "it all turns out alright you see because I go back to being me".*

- *Relaxation and/or Massage – generally this occurs following the music time held after the art process. It is time to explore and develop quiet and gentle relationships and may include rocking, blowing bubbles, sheer fabric play and blanket rides or massage. The aim is to assist the child/children return to a feeling of safety with their mother/carer. When massage is used*

each mother and her child/ children are encouraged to gently touch each other using relaxation massage. In the early stages of the program the massage begins with very simple hand massage working up to a head to toe massage by the end of the program. It is important to note that massage is not used in all Play Connect Programs.

- *Morning or Afternoon Tea – an opportunity to participate in discussion with the wider group in attendance as well as model healthy food choices, establishment of boundaries for children and other parenting skills*

There is some flexibility around the order of activities within the session and the time taken on each component of the session depending on the atmosphere on the day. However, the Creative Arts Therapists strongly believe that it is essential to provide children, especially, with a familiar rhythm which helps to hold the group together and provides a sense of safety. This also provides excellent role modelling for mothers.

In recognition that the therapeutic benefits are increased when families attend on a regular basis a number of strategies that aim to facilitate regular participation are followed depending on assessment of an individual families needs,. These include:

- *Providing the program in non-stigmatising community based settings;*
- *Arranging transport assistance; and*
- *Making contact via telephone calls or text messages to remind people about the program and to follow-up issues arising in the program.*

Each family is provided with an opportunity to access two individual sessions of 1 hour duration. The purpose of these sessions is to explore and assist in addressing any issues or problems surfacing within the program and as a result facilitate and/or identify approaches which the mother or child may take and/or referral to other professionals where appropriate.

Families are encouraged to take their artwork home and over time to have discussions about it and/or show it to other family members. These discussions may occur simply as a result of taking the work home. This art work is also documented with the permission of families. In some sessions families are provided with recipes to assist in making art and/or playing at home (e.g. play dough, goop).

Each participant is given a small gift at the end of each program to acknowledge their participation and a key learning, point of interest or other factor which the Creative Art Therapists feel is important to be able to talk about in a public manner.

Each family is given a letter that acknowledges and details the journey they have taken as observed by the Creative Art Therapists .and which may also document some of the family art work.

Therapists reflect on and review each session. There are a number of steps to this process: case notes for each family that has attended, completion of a planning and evaluation tool, individual therapy sessions with families where appropriate as well as through their own art work.

Reflective practice alongside issues raised by parents formed the basis of referrals to family and children's services including specialist support and one to one therapeutic support provided by one of the Therapists and/or discussions with their case worker as appropriate.

The Creative Art Therapists also have access to regular clinical supervision an essential part of therapeutic practise.

Location of programs

Four programs were offered in 2007 in the southern sector of the Loddon-Mallee Accommodation Service geographic area.

Bendigo (Group 1)

10am Tuesday Mornings Term 1

Bendigo Neighbourhood House

Woodend

1.30 pm Wednesday afternoons Term 3

The Hub, Woodend

Maryborough

9.30 am Wednesday mornings, Term 4

Maryborough Community House

Bendigo (Group 2)

10am Thursday mornings, Term 4

Long Gully Neighbourhood House

Initially it was proposed that programs would be offered in four locations across each quadrant of the Loddon Mallee Region – Echuca, Kyneton, Bendigo and Mildura. However, this was always with the caveat that a Creative Arts Therapist could be accessed in the area and that the Homelessness Assistance and

other service providers indicated support for implementing the program.

It was a result of this caveat, the challenges presented when commencing engagement in a new location and knowledge of the issues impacting on key referral agencies, that it was determined to focus on locations in the southern section of the region.

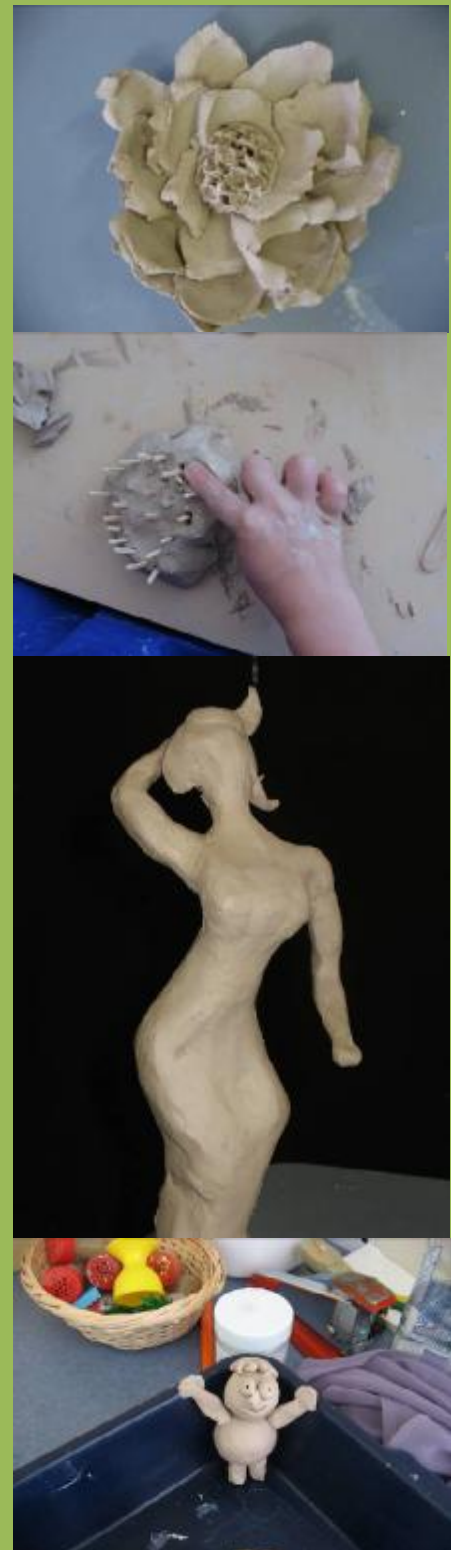
A further three *Play Connect Programs* were offered in 2008 and one is being offered in 2009. Available data in relation to the 2008 programs is available in the attachment *Participation in the 2008 Play Connect Programs*.

Participation in Play Connect

It was envisaged at the commencement of the *Play Connect Program* that each group would be comprised of up to 6 mothers and 10 children, with a maximum of 12 people (adults and children) in any one group. That is a total of 36 adults and children.

Referrals were received from a range of Homelessness Assistance agencies as well as the Department of Human Services Child Protection Team. Referrals to the Woodend and Maryborough programs were received from a single agency source in both cases, Cobaw Community Health Service and St Lukes respectively. Referrals to the two Bendigo programs came from a much broader range of services including Annie North Women's Refuge and Domestic Violence Service, EASE (Emergency Accommodation and Support Enterprise), St Lukes and Child Protection.

This may in part be a result of increased awareness of the benefits of the Play Connect for mothers and children as a result of the pilot program which was conducted in Bendigo in



2006 as well as there being a reduced number of potential referral agencies in smaller rural communities. It was reported by some agencies, that at the time it was offered they did not have clients who were eligible to participate in *Play Connect Program*, although they felt they had clients for whom they believed the *Play Connect Program* could have assisted. By this they meant that they may have had a family that was experiencing either homelessness or family violence, not both. Other case workers indicated that they had spoken to clients about the opportunity to attend a *Play Connect Program* who did not show any interest so they did not “push” the idea. Other families were reported not to have the capacity at the time to do so.

Over the four programs, fourteen (14) families were engaged through the referral process. The mother and primary care giver and in most instances, the children attended the initial one to one assessment. Some 21 children, comprising 11 boys and 9 girls between the ages of 18 months and 6 years participated in these *Play Connect* sessions.

Referrals Engaged

Location	Families	Boys	Girls
Bendigo (1)	4	4	1
Woodend	3	2	3
Maryborough	4	2	3
Bendigo (2)	3	3	3
TOTAL	14	11	10

All of the families attended between 1 and 3 *Play Connect* sessions, with some 64% (9) of families participating in 7 or more of the sessions. These are the ones who are

considered to have been regularly engaged with the *Play Connect Programs*

Regularly engaged throughout the program

Location	Families	Boys	Girls
Bendigo (1)	1	1	0
Woodend	3	2	3
Maryborough	3	1	3
Bendigo (2)	2	3	1
TOTAL	9	7	7

Only 2 families engaged through the referral process were from a non-English speaking background. Both of these were engaged in the Bendigo based *Play Connect Programs*. In general this reflects the communities in which the programs were offered.

Of the 14 mothers participating in the program 71% (10) had not completed Year 12 or its equivalent. Some (4) of these were in the process of undertaking TAFE or other higher education qualifications or had plans to commence in 2008. Of the remaining most had completed a diploma at TAFE with only one having a university qualification.

All participants, parents and children, have complex needs as a result of past and in many cases, on-going crisis. As a result parents and children have experience of multiple risk factors.

All families engaged through the referral process had experienced family and relationship breakdown including violence and exposure to violence from different partners, ongoing disputes in relation to access to the child/ren and/or division of assets and escape from

persecution. At the time of referral 28% (4) had active intervention orders in place. Child Protection had a Supervision Order placed on one of the partners and a further 2 mothers disclosed that they had Intervention orders on their former partners in the past but that they were no longer current.

All families were in the process of and/or had experienced some form of housing stress. This included: being in the process of moving as a result of eviction, living in a refuge or transitional housing, moving between family and friends or living in a caravan park. Families reported disconnection from family and community supports as a result of relocation (e.g. within Victoria, Interstate, Overseas).

In addition to lack of stable housing, families were addressing a range of complex family situations that impacted on their ability to participate and/or their level of stress. This included: illness, mental health or death of other family members such as siblings or parents of the parent.

All families had a low or no-income as a result of unemployment, low employment (ie part-time) or visa status. Only one mother had part-time work.

Within all families there was a level of anxiety and stress as a result of one or more of the factors above. For parents this was expressed by non-engagement with their child/ren, lack of confidence in parenting and withdrawal from community. For children, this was expressed through attention seeking behaviours, modelling behaviours of parents and inability to form relationships within and outside the family.

The Play Connect sessions are free and for all but one family were voluntary. They are also not membership based. Therefore there is no compelling reason for a family to participate other than they see value in participating for their child/children and/or themselves.

However, there were a number of factors which impacted on the ability of families to participate regularly. For some, being able to walk to the venue assisted in enabling regular attendance. For others transport presented an issue, particularly where there was limited public transport or they required the support of their case worker. In these instances public transport services not following time-tables, needing to access two forms of public transport or the thought of accessing these services with two children and equipment such as prams could deter families from attending at all or if they were not in the right frame of mind. Examples related to particular locations at which the *Play Connect Program* was offered:

- In Maryborough the bus did not travel close to the Neighbourhood House;
- In Woodend the train station is some distance from the Community Health Centre; and
- In Bendigo some families had to catch two buses to get to the venues.

Additionally, there were some instances where those requiring regular transport assistance from their case worker arrived late or missed sessions because the case worker had not recorded the correct starting time of the Play Connect session or had a crisis to attend to which they judged to be a priority. It is recognised that these case workers have considerable workloads and although they indicated a desire to assist it was not always possible.

The attention to which families needed to pay attention to other priorities also impacted on many families' ability to attend Play Connect on



a regular basis and/or continue to attend the Play Connect sessions. These priorities included securing more stable housing and/or respond to study requirements such as a student placement and/or respond to child protection concerns. Additionally, illness within the family (the child/children involved, other siblings or themselves), attending to the needs of other family members or an unexpected death within the family were also reasons for families not being able to attend all sessions and in some cases not being able to continue participation at all.

Response of Children to Play Connect

The Creative Arts Therapists, parents of children who participated and Homelessness Assistance case workers reported that participating in the *Play Connect Program* had made a significant difference to the children, and particularly so where they were able to attend the majority of the 12 session program.

In their assessment of children at the commencement of the program, the Creative Arts Therapists reported that the development of half of the children enrolled was not where they thought it should be for their age and stage and that where they assessed the children as being "about right" for their age and stage there were still concerns about the impact of violence on their lives.

Issues which the Creative Arts Therapists reported were:

- Delayed speech development;
- Arrested social development – quiet and unsure of how to interact with other children or adults;
- Children acting as an adult rather than a child, for example answering questions on behalf of their mother, telling other siblings what and how to do things and providing care for the mother;
- Poor concentration;
- Hyper alertness;

- Behavioural issues, for example, acting out, expressing feelings in aggressive ways such as throwing things, screaming, biting and hitting others;
- Bedwetting and lack of toileting skills; and
- A range of autism spectrum tendencies such as lack of emotional connection to other family members, disassociation, ability to follow complex tasks or work out complex problems for their age, repetitive movements and actions such as hand washing, toileting or hand biting, poor eye contact and being frightened of or unable to tolerate loud noises.

There were a number of instances where the Creative Arts Therapists responded to concerns expressed by mothers about their child/children's behaviour or where they raised concerns with the mother and assisted in arranging for pediatric assessment of the child in order to help determine the most appropriate interventions. As a result a number of children accessed one to one sessions with a Creative Arts Therapist, Child Psychologist or other relevant expert. During the 2007 program it was evident that many children needed individual therapy sessions. Additional funding was negotiated William Buckland Foundation which was separate from the funding for the *Play Connect Program*.

It was reported by the Creative Arts Therapists that this additional support whether provided by themselves or other support services, enabled these children to build on the experiences and learnings gained in the Play Connect sessions. They also reported that participation in 1:1 sessions resulted in these children being able to better respond in the group situation of the *Play Connect Program*.

The Creative Arts Therapists also reported that the individual therapy sessions helped them to

make more detailed and appropriate assessments of the children and therefore referrals. Many of the children that participated in these sessions had complex and ongoing needs beyond what the program could address. Having individual sessions with the children enabled both positive work with the child as well as an ability to accurately assess their needs and follow through with these referrals. However, there were some instances where referrals were not accepted either because of waiting lists or assessment by the referral agency that other more appropriate support could be accessed. Additionally, in rural communities accessing the most appropriate service provider could be challenging because of a number of factors such as the Creative Arts Therapists working in a new area and not being totally familiar with all public and private options available and the service provider being located at some distance.

In these instances, where a referral could be considered to be delayed, the Creative Arts Therapists were able to continue working with the child and/or family therapeutically, thus continuing their recovery process. An example of this was when Disability Support Services rejected one client, but assessed him as requiring Specialist Occupational Therapy. It took time for the Creative Arts Therapists to locate a Specialist Occupational Therapist with appropriate early childhood skills and experience and make the supported referral.

By the end of the program the Creative Arts Therapists reported that at the end of the program 60% (9) of the children were assessed as being at the appropriate "age and stage", in some instances after they had made significant improvements, a further 27% (4) had made significant improvements and the remainder were not at the appropriate age and stage (13%). This later group though had often made some shifts in their behaviour and/or skills.

The changes which the Creative Arts Therapists reported as occurring varied between children, however, most commonly it was reported that the relationship between the mother and child had improved with the child being able to express their needs and concerns and tell their story. For a small number this was evidenced by them being less aggressive towards their mother.

Other improvements or changes included:

- Increased motor skills such as being able to follow movements or play an instrument in time with others;
- Children who had been frightened in some settings being able to experiment with discomfort in the art process and as a result with their mother through questioning and/or expressing a view;
- Ability to understand and respond to the boundaries that have been set by the Creative Arts Therapists, their mother and in some instances other adults, this included responding to instructions such as being quiet when requested, coming to join an activity such as cleaning up or responding to a request for involvement in a story, music, art or a song;
- Verbal skills commensurate with their age;
- Improved use of non-verbal skills such as making eye contact;
- Improved listening skills which in part is demonstrated by responding to boundaries that have been set but also by paying attention to what others are saying and contributing to the conversation;
- Displaying greater confidence - in relating to other children and adults and the formation of friendships as well as a willingness to ask for things that they like doing e.g. "can we blow bubbles now";
- Being able to display emotion safely and non-violently; and

- Learning to share resources such as paint or play dough or the space on the table with their parent and siblings or time and space with other families, e.g. taking a turn to talk.

Parents reported that their children enjoyed participation in the Play Connect sessions. A number indicated that their children asked about coming and were excited about the prospect of attending and were disappointed when they were not able to come.

All parents who completed a program evaluation survey and/or spoke with the evaluator reported that their child/children's skills had developed or improved in one or more of the following areas:

- Ability to play either alone or participate in interactive play with other children and within this context being able to share
- Ability to communicate needs, frustration or concerns and as a result being less demanding or not bullying others
- When not able to verbalise their feelings knowing that they can do this through their art – drawing or painting or by play acting
- Having confidence to relate to other people – children and adults – when previously they did not trust others
- Understanding how to behave in certain circumstances, for example when eating at the table, when finished with art materials or toys and when adults are talking to each other

Some mothers reported that they felt that their child/children were happier as a result of developing these skills and that they were more settled. Examples of the situations that parents felt demonstrated this included: better sleep patterns, improved eating and control of toileting behaviour. They also reported that their children had an increased interest in and

active participation in singing songs, play and art activities at home.

Many mothers also reported that their children were proud of what they achieved, which they felt was demonstrated by them:

- Talking about what happened at Play Connect either with their mother or other siblings;
- Showing their siblings and others (e.g. grandparent, partner) the art work they had made;
- Wanting their art work displayed at home;
- Wanting to sing the songs or re-tell the stories from the Play Connect session; and
- Expressing a desire to play or make art as they had done in the session or just implementing this desire of their own volition.

The Mother's response to Play Connect

Mothers of children who participated in *Play Connect Program* reported great satisfaction and benefits for the child/children, themselves and in some instances their family as a whole.

Much of this satisfaction and enjoyment came from the joy of seeing their child/children develop ways of expressing themselves and the pleasure that their children derived from this. Others felt satisfaction in knowing that the language, personal interaction and motor skills that their children were developing as a result of attendance at the *Play Connect Program* would be beneficial in the future in a range of settings such as at home, in childcare, preschool or school.

For some the satisfaction gained from their children's experience outweighed the satisfaction they derived from their own development and learning, however, this was very important too.

"We have talked about our time with play Connect, sang songs at home and displayed all our art work proudly around the house."

~

"I am sharing much more quality time with the girls"

~

"I have gained a bond with my child that I didn't think was there [before]. I also re-gained my confidence as a Mum."

~

"[I have really enjoyed] being able to sit down and do art with children and see their imaginations run wild - its very interesting to see what they come up with"

It is important to note that much of the way in which the Creative Arts Therapists lead sessions, modeled behaviours for parents. These behaviours included:

- How to encourage a child's participation in activities such as by reading stories and singing songs in an interesting manner, creating a sense of drama and providing a wide range of mediums in which to work. This included making animal noises, changing voice tone, asking children to tell part of the story;
- Providing positive words that parents can use to praise and/or gain commitment of a child to a task such as sitting and being quiet, helping to clean up as well as modeling how to include children of different ages in the same activity;
- Seeking information about the feelings of the child, acknowledging these and providing different mediums in which the child can explore their feelings – painting, sand play, goop, music, drama, and massage;
- Providing safe ways in which a child is able to express anger and frustration, for example talking/asking about the feeling and scratching clay or throwing blocks at a cushion or stones into a container, sweep and throw sand off the table onto a tray, finding a safe place where a child can kick or punch at a cushion and using "bear cards" to express feelings; and
- Being clear about the rules. Going to the child not just calling an instruction across the room and asking the child to explain("use your words") or to think
- about what they are doing ("stop, look, listen")

Much of this is about demonstrating acceptance of children with difficult, challenging or unusual behaviours and strategies for how to respond to

these behaviours in positive, supportive and firm ways that focus on strengths and boundaries appropriate to the age and stage of the child and in the context of the trauma that they have experienced.

The Creative Arts Therapists also used discussion and coaching around the art table, morning or afternoon tea breaks and time after the close of sessions to talk to parents about issues that were raised in the children's art work or the mother's response to the child which may not have been openly discussed in families or which mothers were concerned about and wanted assistance with. Their response to issues was based on a deep understanding of each family and the degree to which the information needed to be kept confidential.

Examples of these discussions include:

- Discussing a range of issues related to child development and the importance of play, for example: in the art process explaining children's sensory approach to art, how behaviours are sometimes about processing experiences and the impact of violence and trauma;
- Talking about how to recognise and acknowledge what each child likes or dislikes and being able to enable them to participate in a way that supported them in this. For example some children like messy hands and others don't, some like to smell the art materials, some like to copy, some are quiet and like being alone – thus helping mothers to understand that these likes and dislikes are OK and everyone does not have to be the same, however, there are some strategies available to them when appropriate to alter behaviour for example how to support a child who likes to be alone to feel safe joining a group activity;
- Encouraging mothers to express what they want their child/children to do

rather than what they don't want them to do;

- Talking about appropriate activities for children of different ages and stages e.g.: inappropriateness of children being exposed to violent movies;
- Responding to concerns of mother about what their children want to discuss post session by discussing the importance of speaking openly and honestly about what has happened and how people feel. For example explaining that fears of being hurt, dreams about killing are normal for children who have experienced violence, talking about how to discuss aggressive behavior towards another child during the week and how to talk to a child about the death of their father rather than pretending it hasn't happened; and
- Discussing mental health issues including symptoms of bi-polar depression, post natal depression and self-harm.

There was considerable agreement between mothers and the Creative Arts Therapists about what they saw as the benefits mothers gained from taking part in the Play Connect sessions.

Parents and Creative Arts Therapists reported that parents had increased their knowledge about how they can help their child develop and had gained parenting skills that have supported this occurring. Some parents reported having increased patience and understanding about the behaviours and needs of their child/children. Several mothers reported how positive it was that they could observe and then be supported to try strategies that influenced the way their child/children behave. They reported that this had helped develop their confidence and they were now able to practise these at home.

Mothers reported many examples of the techniques and language gained which are helping them to have more positive and interactive play and discussions with their child/children. This included:

- Being clear about the desired behaviour by using language appropriate to the age and stage of the child;
- Being able to praise and/or encourage their child/children with warmth and meaning;
- Feeling comfortable playing with their child/children at their level and not expecting them to act beyond their years or do things in preconceived ways;
- Having a "toolbox" of positive things to do with their child or children that do not cost a lot of money and will engage children of different ages; and
- Feeling confident to sing songs and read stories in an interesting and enjoyable way

The modeling and coaching techniques used by the Creative Arts Therapists in the delivery of the Play Connect sessions appears to have been highly effective in enabling mothers to feel that they "can give these approaches a go" and as a consequence they have discovered they can do these things as well.

The use of these skills and willingness to be open to learning more appears to show that mothers have a greater respect for their child in relation to being able to "see" their needs, views, strengths and weaknesses. Some also expressed a view that they are experiencing more pleasure in the way they are parenting and that they are sharing more positive experiences with their child/children that have attended the program as well as in some instances with their older children.

The Creative Arts Therapists identified a range of other behavioural shifts that mothers made. These included:

- The relationship between mother and child developed to simply be rather than trying to be a “best friend” or the child having an “adult’ role in the relationship;
- Mothers being able to separate out their own needs and feelings from those of their child or children and acknowledge that although they may have experienced the same event, how this impacts on each person will result in different reactions;
- The ability to initiate conversations that are not about instruction with children and adults using eye contact, warmth and empathy;
- Increased ability to acknowledge the presence of other adults, their need for space, to hear their issues and needs and not to be overbearing by offering advice, opinions etc; and
- Increased capacity to reflect on what is happening in a situation and work out the steps to take for themselves or their family.

Participation in the Play Connect sessions also enabled a number of families to become aware of and/or access additional supports within the community. Overall, families were already connected through the work of their Homelessness Assistance Case Worker. As a result of the complex situations most families were experiencing, they were involved with two or more services and there was concern expressed by Case Workers and Creative Arts Therapists about the need to manage linkages and referrals at a manageable level for families so that this did not create additional stresses. The agencies people had contact with included but were not limited to: St Lukes, EASE, Neighbourhood Houses, Community Health, Mental Health Services, Child Protection, Office

of Housing and Maternal and Child Health Services.

However, there were instances where additional support or assistance was identified as being needed. This occurred in three ways:

- the Creative Arts Therapists identified that some children and families had additional needs and raised this with the family and the Homelessness Assistance Case Worker;
- the mother moved into a space where she could acknowledge that her child/children or that she needed additional assistance and sought this via the Creative Arts Therapists; and
- mothers through discussion with each other identified services and supports that could be of assistance to themselves or their children and sought this out themselves.

The Creative Arts Therapists generally linked families to Pediatric Assessments, one to one Creative Arts Therapy or other counselling options available for children, Enhanced Maternal and Child Health Services, Early Intervention Services and self-help groups such as those addressing Post Natal Depression. Some mothers also sought out information about other opportunities such as how to access arts and drama based programs for both children and adults, further education programs leading to work opportunities, social support activities such as those available at Neighbourhood Houses (e.g. Mum’s lunch) and children’s activity programs (e.g. playgroups, kinder gym).

Mothers interviewed by the evaluator expressed appreciation for the level of attention paid to their family’s specific needs and in ensuring that where their children needed additional support this was advocated for. As a result of this and also the way in which *Play Connect Program* was run the mothers felt they

were respected and their needs heard and acted upon. These discussions and evaluation surveys all indicated that there was nothing that mothers felt should be changed in the way the program operated, that some expressed a desire for each session to be longer.

They did, however, express a desire to be able to access this or a similar program again because of the benefits they saw coming from it and also because of the enjoyment they feel their children have gained through participation. Two mothers highlighted how access to transport assistance had really made it possible for them to attend regularly.

Response of the Play Connect Team

Members of the Play Connect Team that is the LOMA Coordinator, LOMA Children's Resource Worker and Creative Arts Therapists reported that their role in the program has been satisfying and enjoyable on both a personal and professional level and believe that creative arts therapy has the power to:

- influence the way that children process their experiences;
- influence the way that parents understand their children's experiences and nurture their children;
- give parents pleasure in supporting the growth and development of their children; and
- give parents an opportunity for personal learning and growth.

Improving knowledge of other workers

They also felt that their role was incredibly important in improving the knowledge of other workers that are providing or have potential to provide support to families that are experiencing/have experienced family violence and homelessness. This included things like:

- providing information about the impact of trauma on children and how this may manifest itself in a child's life;
- reinforcing that children have needs separate from their mother or primary carer; and
- providing evidentiary information about how creative arts therapy and other related fields such as play therapy enable children to express their feelings, fears and thoughts when they may not have the capacity to express these verbally.

Benefits

As indicated in the two previous sections the Creative Arts Therapists have been able to observe a wide range of benefits for children and mothers who participated in the program. They also observed that even families that participated for a limited time were able to develop improved understandings of the impact of violence and homelessness and make small changes to their relationships.

Patterns and themes

The Creative Arts Therapists also observed a number of patterns or themes in the four Play Connect groups. These included but were not limited to the following themes.

- Many children express fear through an animal or monster, a struggle with this creature, a need to have some control over the fear or struggle and some recognition that the struggle is both within and outside themselves. The animal is commonly a tiger, wolf or shark. It would seem that the child is trying to deal with abuse, the abuser, and being a victim – very complex issues. For example it is as if they are asking "Am I a monster to have been treated this way?"
- That commonly within families with more than one child there is a child who

is labeled “good” and another labeled “bad”. This is related to the experience of trauma and children responding in different ways. Parents, however, “see” this behaviour in a limiting way, hence the above response. There is also some evidence that gender plays a part in this such that girls are considered “good” and boys “bad” even when this may not be how behaviours are demonstrated in Play Connect sessions.

- In a significant number of families role conflict is occurring which has changed the dynamic in the parent – child relationship. This is generally reflected by the child using more adult language, engaging with other adults rather than children of their own age, undertaking a parenting role and being overbearing.
- There is evidence that as a result of repeated life experiences there is an expectation and understanding that all men are violent and as a result an acceptance of this in boys. These repeated life experiences include generation to generation violence as well as repetitive partners who are violent.

Family complexity

As indicated earlier all families engaged in the program were experiencing a range of risk factors that impacted on the individual family members differently, thus requiring different needs to be met. The value to having two highly skilled staff delivering the program to address these diverse needs was noted by the Creative Arts Therapists and also observed as part of the evaluation. It was particularly valuable where there were two or more families present but was also very useful in situations where only one family attended. Where two or more families participated it enabled:

- the Creative Arts Therapists to focus on providing intensive support to one or two families within the session;

- the Creative Arts Therapists to have “fresh” view of what they observed in the families that they were not intently focussed on;
- where it was agreed in planning sessions that a particular adult or child needed more intensive support it was possible for the other the Creative Arts Therapist to support all other participants; and
- it enabled peer review and reflective discussions about the way in which families were responding as well as the group response.

When there was an opportunity to work with one family only, there was also value in having two Creative Arts Therapists present as it enabled one to focus on the needs of the mother and the other on the needs of the child and then bring them back together at an appropriate stage. It was often noted by the Creative Arts Therapists in their reporting that on days when they worked with one family only “*it felt as though this was meant to be*” as they were able to observe large shifts in thinking and behaviours.

Planning and operational issues

There are however, a range of planning and operational issues which the Creative Arts Therapists, in particular, believe have potential impact on the quality of the program they offer and/or rely on their personal commitment and willingness to contribute additional time to the program.

These issues include:

- how to approach the development of a *Play Connect Program* in a new community;
- selecting an appropriate venue;
- ensuring families are supported to access Play Connect sessions when their referral is accepted;

- ensuring that the Session Plan is tailored to the needs of the families attending and maintaining a supply of resources to enable effective implementation of session plans;
- ensuring there is appropriate reflection on practice – case notes, team discussion, supervision, review and evaluation and opportunities to use the art process in this; and
- participating in appropriate creative art and play therapy networks in order to access and contribute to the evidence base.

Program establishment

The Creative Arts Therapists reported that planning for and organising the commencement of a new *Play Connect Program* took much longer than they had expected. It was reported that this was true even in locations where Play Connect had been delivered before.

The process of engaging a new community included:

- ensuring that key Homelessness Assistance agencies were aware of the operation of the *Play Connect Program* through the LOMA Network and LOMA Children's Resource Worker;
- identifying Homelessness Assistance and other service providers working with families experiencing homelessness and/or family violence;
- developing an understanding of the relationships between service providers in the community and how facilities and services are viewed by the community;
- developing an introductory letter explaining the program to be sent either before or after personal contact with these providers;
- identifying an appropriate location for the delivery of the program taking into account accessibility, connection with community, the space for program delivery and storage, the time available and the cost of the venue; and
- providing easy to use referral information and forms with a lead time appropriate to the community.

It is evident that a range of factors impact on the ease of program establishment.

- Where the *Play Connect Program* can be introduced by a trusted member of the service provider community, different service providers and/or workers from within an organisation will feel comfortable making enquiries and referrals to the program.
- Organisations that have previously made referrals require on-going information sharing and relationship development activities especially when staff take leave or there is turnover.
- Where there has been past experience of agencies from outside a local area establishing a program that is not sustainable there will be skepticism about a new program being introduced by an agency that is considered as being from "out of town".
- Workers offering a different set of knowledge and skills can be viewed by professionals from different sectors with uncertainty and doubt unless there is a process which enables learning and understanding.
- The degree to which workers in potential referring agencies have been exposed to innovative and/or different approaches to working with families impacts on their willingness to consider families they are working with for referral.
- Within small communities many staff are part-time, making personal it difficult to make contact to explain the program. Additionally, a number of workers reported a high workload that impacted on their ability to respond to requests they considered not to be

urgent (i.e. not a client crisis or request).

- The relationships between service providers also impacted on the development of a Play Connect program in an area. It is important to understand and work with such things as: their views about the capacity of workers, level of trust they have in confidentiality being maintained, support they may/may not have received in the past as well as perceptions and hearsay, impacts on which agencies “come on board” to make referrals to the program as well as who they are willing to refer. For example some facilities can be associated with a particular socio-economic group and a worker can be reluctant to make a referral where they perceive their client to be from another socio-economic group, rather than allow the client to make this decision.

It is acknowledged by the Play Connect Team that the role of workers making referrals is however critical to the overall success of the program in terms of making the initial referral, encouraging participation, proving practical support such as encouragement to attend, transport, childcare for other children and assistance in accessing other agencies or services where there is a need.

Providing supported access to the program

Once the hurdle of program establishment has been jumped and there are accepted referrals to the program the next challenge is ensuring that families are supported to access the program. Earlier it was reported that the Creative Arts Therapists undertook a range of activities aimed at supporting participation (e.g. reminders) and that families with complex needs often experienced unforeseen circumstances which diminish their capacity to attend. Transport assistance has been identified as the most important support,

however, it was also the most difficult to ensure consistency in provision. While the Creative Arts Therapists felt they had reached agreement with each family’s Case Worker that they would provide or arrange transport on a weekly basis, this was not consistently provided without reminders to the worker, thus taking up valuable time of the Therapists. Additionally, there is a need for Case Workers to have a transport contingency plan for when they are unexpectedly not able to provide the transport.

Session planning, set-up and pack-up

Over the course of the Pilot *Play Connect Program* in 2006 and the first program offered in Bendigo in 2007, the Creative Arts Therapists developed a series of session plans. These plans included common elements where resources required generally remained the same (e.g.: the songs, music, musical instruments, books as well as other supports like bubbles, cleaning materials, cushions, fabric and non perishable morning or afternoon tea supplies) but enabled the art process to vary depending on the week of the program as well as the stage at which families were at.

To facilitate ease of organisation the Therapists established a range of mobile resource kits that include books, music (cassettes, compact discs), musical instruments, art materials (paints, flour etc to make for play dough, sand, painting smocks) and props for drama (fabric, material for dance and movement exercises). These were divided into “kits” which contained resources required on a regular basis and those which could be added to as required.

Because the art medium each week varied requiring different resources – paint, crayons, sand, water, play dough, goop, wool for felt making, etc, greater thought and planning was required to ensure stored product was accessed as well as product, purchased where necessary. Additional time was often spent on this task because not all product could be purchased at

the one outlet. Additionally, although purchasing appropriate quantities of non perishable food for morning or afternoon tea, was included in one of the Therapists' family shopping activities as a way of saving time, it was something to be remembered and kept separate. Although, it was noted that washing can be done at EASE, the Therapists felt that this further erodes their time and so they have undertaken this work at home and/or in their own time as part of family activities.

Storage of art and play "toolkits"

Being able to store the "tool-kits" at the venue where the Play Connect sessions were being held helped to save time in the set-up and pack-up period. This was however difficult in most locations as they did not have secure storage space for all users and even where there was secure storage space management could make decisions about the need to change who had access to space without advice being given to the Therapists. It was also difficult to when two Play Connect programs were running concurrently and there was a need to transport the kits from one location to another.

Venue selection

The selection of the venue is important not only for accessibility but also for ease of set-up and pack up and for the management of children during the program. Ideally the venue needs to be an empty room with floor coverings that are easy to clean given the level of "messy play" that occurs during Play Connect sessions. It should also have access to child friendly tables and chairs and a wet area for both food preparation and preparation of art materials such as play dough or paints. Where this is not the case considerable time was spent prior to the beginning of the session ensuring that the room is given the appearance of being "clear" by rearranging furniture and covering play items such as toy kitchen appliances or library shelves. Then at the end of the session reconfiguring the room to how the Therapists found the room.



Some of this is heavy work. Packing up the “tool kits” and cleaning surfaces also took a considerable amount of time, especially where the floor surface required plastic to be laid underneath tables to protect it from splashes etc. Additionally, from time to time resources such as cushions, fabric and art smocks needed to be washed.

Reflection on practice

It was both observed and reported that the time spent in set-up and pack up often impinged on time that was identified as being for reflection on practice. This was particularly so where venues were booked back to back, however, where possible rooms are booked for an additional hour but this is not always possible. At the end of each Play Connect session it is important that the Creative Arts Therapists are able to discuss the operation of the session including:

- How the session operated. The aim of the evaluation tools was to assist this process, however, it was found that the level of recording may have required too much time suggesting that a simpler process be developed for the future. Although the therapists acknowledged that by working through the tool they were able to address many of the issues required for case noting, identifying actions required to support individual families and planning the next session.
- How individuals in a family were responding to each other, to the therapeutic process, to other participants and to the Therapists themselves. This discussion would then be utilised to complete case notes on each family. Case notes were never completed at the venue as the therapists felt they were under pressure to clean up so that the venue could be used by another user or closed. As a result they were completed during the week as allocated and often the therapists needed to make contact with

each other either by phone, email or in person to resolve any difficult issues they identified and/or thoroughly plan the next session where they had identified a different approach would be needed based on the issues faced by the participants.

Through discussions with the Creative Arts Therapists and Case Workers and by reviewing the records maintained, about follow-up undertaken to support families, identify organisations that could support their needs and negotiate access to services, it is evident that this took much more time than was planned for in the program. In some instances it could be questioned why the Creative Arts Therapists needed to undertake this work when families had a case worker and case plan that this work would be part of. However, it was reported that the level of trust developed between the mother and Creative Arts Therapist in the program was what enabled some of the referrals to occur. It may have undermined the process if the Creative Arts Therapists referred all this work back to the Case Worker. In other instances the Therapists had sought assistance from the Case Worker but were advised they would not be able to address the issue immediately. Given the urgency which the Creative Arts Therapists believe follow-up should occur once a mother has reached a space in which they are willing to address the identified issue, they have undertaken to do this work.

While the Creative Arts Therapists were provided with access to two clinical supervision sessions each part way through the program, it was clear that from time to time they felt the complexity of family relationships required more time to discuss and reflect on in order to provide the most meaningful assistance. When introduced each Creative Arts Therapist was given access to two sessions per Program, this was often felt not to be sufficient and the

Creative Arts Therapists sought additional clinical supervision at their own cost.

They also indicated the autonomy they had to be a burden and they felt a sense of lack of support where they were working in a new community with limited knowledge of the resources and community supports that they could assist families access. In part this could have been because the Creative Arts Therapists were identified as independent consultants and not members of the LOMA/EASE Team. This potentially resulted in not being included in information sharing activities within or outside the organisation which may have assisted them to build up an understanding of the communities they were working in. However, it is important to note that such attendance would have been unpaid as it would have been beyond the program's budget.

Additionally, as "consultants" the Creative Arts Therapists were available "on-call" at least by phone and email, to address the needs of program participants and their case workers which was not reciprocated by other part-time workers who generally have fairly set hours of working.

Although, there was recognition that Creative Arts Therapy practitioners use art in their debriefing and reflection processes, it was certainly not possible to include this time as part of their contracted hours.

Accessing & contributing to the evidence base

Additionally, it was felt by the Creative Arts Therapists that they and the program would have benefitted from more research in relation to implementation of a program that was able to access current evidence and research about both the impact of trauma and effective interventions. Additionally, there was limited time to connect with other programs operating in either Victoria or throughout Australia to share issues, ideas and successes. Additionally,

the Creative Arts Therapists felt that the time to write-up their experiences, especially in relation to the reoccurring themes identified earlier could have assisted in clarifying best practise approaches to this work for themselves and the other workers.

In researching programs to access benchmarking information and evaluative material for this evaluation the Centre for Excellence in Child and Family Welfare advised that they were establishing an Early Intervention with Vulnerable Parents of Babies' network. Membership of this group, although not specifically targeting preschool age children, has the potential of providing valuable peer support.⁸⁶

In researching the literature for this evaluation it was difficult to identify evaluative material relating to the application of creative arts therapy with families who have an experience of domestic violence and homelessness. However, it was identified that there is an international database being developed of play therapy practice based evidence using measured outcomes. This database was originally designed in 2002, then developed and managed by Play Therapy United Kingdom for members only. In 2004 it was adopted by Play Therapy International and only in 2007 by Play Therapy Australia.

Play Therapy Australia members are required to apply the principles of clinical governance (quality management) to their practice. This includes the use of quantifiable measures of changes in the client's psychological and emotional state during a programme of play therapy sessions.⁸⁷ A series of data collection tools have been developed to assist this process which use the Goodman SDQ (Strengths and Difficulties Questions) as the prime measuring

⁸⁶ Discussion with Dr. Jenny Higgins Knowledge BrokerCentre for Excellence in Child and Family Welfare

⁸⁷ ⁸⁷ Play Therapy Australia website
<http://www.playtherapy.org.au/clinicaldb1.html>

tool⁸⁸. This data is sent to Play Therapy International in an anonymised form for entry into the international database of outcomes – SEPACTO - System for Evaluating Play and Creative Arts Therapy Outcomes.

The main objectives of SEPACTO are to:

- Provide quantified measures of the effectiveness of play and creative arts therapies;
- Show the impact of play therapy on particular conditions e.g. autism, attachment problems, behaviour, trauma etc; and
- Enable therapists to improve their practice by comparing their methods and results with others

It is recognised that the database needs to grow further, having only been fully operational since 2003, before statistically reliable amounts of data for each condition, are available and valid conclusions may then be drawn.⁸⁹

Conclusion.....

Overall the *Play Connect Program* has been a success in terms of maintaining a focus on achieving the nine aims of the program.

- To support the connection between a mother and her child/children;
- To provide a safe and supportive environment for families;
- To allow a mother and child to find a common language/ bond/ connection;
- To allow children to be heard and to tell their story;
- To support mothers in hearing their child's story;

- To have fun together;
- To allow women to express themselves and their needs, to be seen as women in their own right and not only as mothers;
- To acknowledge feelings of aggression and anger and support the expression of these emotions in a safe way; and
- To model effective behavioural management techniques.

Those involved in the *Play Connect Program*, in particular the therapists, staff from housing and support agencies and most importantly mothers have provided feedback that supports the achievement of these aims as well as there being some empirical evidence for this. Informal discussion, not formally proposed as part of the evaluation, with a small number of children involved in the program also indicates the enjoyment they have in participating, the interest they have in play and the fun they have with their mothers in taking their art home to show other family members, using the resources materials, retelling the stories and singing the songs at home.

That is not to say that the key stakeholders have not also been able to identify a range of issues, learnings and subsequently ideas for improving the Play Connect into the future.

All participants, parents and children, have complex needs as a result of past and at in many cases on-going crisis. As a result parents and children have experience of multiple risk factors such as:

- Family and relationship breakdown;
- Involvement with the Child Protection and/or Justice system;
- Disconnection from family and community supports as a result of relocation;

⁸⁸ Goodmans SDQ website
<http://www.sdqinfo.com/b1.html>

⁸⁹ Play Therapy Australia website
<http://www.playtherapy.org.au/clinicaldb1.html>

- Complex family situations impacting on the participating family;
- Lack of stable housing;
- Low or no-income; and/or
- Anxiety and stress as a result of one or more of the above.

The education and employment background of parents and children that participated was diverse, although at the time of participation most were in receipt of Centrelink payments.

Much of the way in which the Creative Arts Therapists lead the Play Connect sessions, modeled behaviours for mothers. These behaviours included:

- how to engage and encourage their child's participation in the activity. For example by reading stories in an interesting manner and using a sense of drama, encouraging expression in molding dough, using paints and other art mediums and asking for feedback about how the child feels when using the medium;
- providing positive words that mothers could use to praise and/or gain commitment of a child to the task such as participating in the particular activity, sitting and being quiet, helping clean up and so on;
- modeling inclusion of all so that mothers with more than one child could see how children of different ages could be engaged at different levels;
- reinforcing to mothers the importance of early learning;
- finding ways to let mothers know how important their contribution (skills and knowledge) is to their child's development, for example allowing a child who is not good at sitting still to act out a story in a space away from the other children or asking a child who is not good at concentrating to sit with them and help read a story or help

"Its been valuable, its given him something fun to look forward to"

~

"I have realised [that] maybe I depend on him. I [now] realise that I haven't had independence from him"

~

"has helped them listen and play games together at home"

~

[I have really enjoyed] spending time with the kids as a mum. It would be good if it could be on-going"

~

It would be much better if we could have an extra 30 minutes in the program"

- them with a drawing or art activity and providing resources for the family to participate in a similar activity at home;
- finding ways to discipline children which are non-violent – physically or verbally;
- encouraging children to ask their mothers to play with them, for example seek help with an activity, read to them, tell a story or sing a song together; and
- Providing healthy snacks for morning and afternoon tea – water, fresh fruit, nuts and dried fruit, dry biscuits and healthy dip.

Where a mother has difficulty in engaging with and/or disciplining their child or children one of the Creative Arts Therapists talk to the parent about this in a subtle way. They do this by talking with the mother about how they are feeling, what triggered this, why it is ok to have different personalities, interests and levels of tolerance (e.g. messy play, being loud or wanting to work alone) and the options they have for managing/working with the situation.

Where a mother had some specific concerns about their child/children's development or health this was addressed in a private discussion after the session. The Therapist would discuss with the mother information about the best service to get in touch with and if they didn't know, following this up after the session and informing the parent. Where it was felt that the child and/or family needed intensive therapeutic support this was discussed with the housing or support agency in order to access additional brokerage funds for this purpose.

Benefits for children

Benefits for children include:

- enhanced emotional well-being, confidence and self-esteem;
- reduced levels of anxiety and fear;

- enhanced communication, interpersonal and social skills with other children and with adults, this includes a developing understanding about the behaviours that are expected in a group and how to share resources such as paint or play dough or the space on the table with either their parent and/or their sibling(s);
- improved attitudes and behaviour;
- improved motor skills such as using scissors to cut shapes, drawing and colouring in pictures, following hand movements or a dance;
- new strategies and skills to manage personal issues and relationships; and improved response to instruction including being quiet, coming to sit down, or responding to requests for involvement in a story, song or rhyme.

Benefits for mothers

Benefits for mothers include:

- reduced feelings of isolation;
- improved family wellbeing and relationships including having a greater respect for their child, experiencing more pleasure in the way they are parenting and sharing more positive experiences with their child/children;
- reduced personal anxiety as a result of their child/children feeling more settled;
- increased knowledge about how they can help their child develop and why this is important, this included gaining new skills about how to play and teach their child and an improved ability to communicate with their child and in setting boundaries in creative ways that the child responds to e.g.: music, art and snack time;
- increased confidence in their parenting skills and that their child is developing normally for their age and stage;

- improved understanding about the services and supports available within the community and/or where to find out information about services that could help their child or their family; and
- greater willingness to seek professional help.

Challenges in providing an on-going program

Factors supporting the successful implementation of *Play Connect Program* have been identified through discussions and feedback from the range of stakeholders.

A sustainable program requires appropriate funding

Providing on-going programs in a sustainable way requires ongoing funding to support training, professional support and the day-to-day operation of the program – there needs to be resources for the development, operational and review costs including; staff training and supervision, program staffing, venue costs, food, transport for participants and staff and communication.

Given acknowledgement at a policy level of the need to recognise children who have experienced violence and homelessness in their own right, it is essential that an appropriate level of funding be made available to deliver high quality programs which are grounded in good practice and which seek to add to the evidence base. This funding needs to take into consideration the specialist skills and qualifications required as well as the complexity of the work, much of which occurs outside the actual Play Connect session.

Benchmarking with a number of programs working with mothers and babies/children that

have experienced trauma indicates the following program characteristics:

- 2-5 families with 4-6 children in sessions;
- Program length is between 9-12 sessions, some families may be offered an additional program;
- 2-3 qualified staff. Qualifications include: Play Therapy, Art Therapy, Social Work including child protection workers, Family Therapy, Maternal and Child Health, Infant Mental Health, Psychology, Domestic Violence / Homelessness / Refugee Worker and Dance and Music Therapy;
- 1-2 support staff – administration and/or childcare;
- All were employed directly by agencies;.
- All programs were funded directly for only a component of this staffing e.g. 2x professionals and in one instance some administration support;
- Time nominally allocated to staff for this group work varied significantly, however, there was acknowledgement that actual time taken to plan, deliver, debrief etc was much greater than the allocated time but was accommodated within the overall workload of the workers. In one program all staff involved were allocated 1.5 hours for program delivery, 1.0 hours before and after for debriefing, planning and set-up and pack-up, with the Team Leader having a further 13.5 hours for planning, follow-up and purchase of materials etc. Another program allocated a full-time Parent Support Worker who was assisted by trained volunteers.
- Additional staffing was by negotiation and in some instances a formal memorandum of understanding. Generally this was negotiated with a referral agency that tended to make more referrals than other agencies. However, in some instances it was negotiated with an agency that had a

worker passionate about the work. These agencies were willing to commit significant amounts of staff time to supporting families they were working with. It was their responsibility to support their attendance by organising transport, childcare or other support as required as they were generally the case manager. Where referrals were received from other agencies it was on the understanding that they would continue to provide support to the family and particularly in relation to accessing the program.

- It was found that this approach has increased understanding within potential referral organisations about the program being offered as well as building support from agencies that have traditionally not worked with the auspice agency, both of which have translated into regular referrals
- All programs have been offered in metropolitan areas.
- The approach to evaluation and program review varies significantly⁹⁰

Given the findings of this evaluation which take into account the literature, program data collection and benchmarking the following standards/approaches need to be either maintained or implemented to ensure a quality program is delivered and can be sustained into the future.

Appropriate Qualifications, Training and Supervision

It is essential that the Creative Arts Therapists and all other staff directly involved in the delivery of the *Play Connect Program* have training about children, group work and

domestic violence as this provides a common framework especially where staff involved come from different approaches to therapeutic work. In the benchmarked programs, those interviewed indicated that a considerable amount of work has been undertaken over time to ensure that there is a common view of the program aims, intended outcomes and commitment required to plan, debrief, review etc. It was generally agreed that to achieve positive relationships across different professions/skills areas it is necessary to have mutual respect, willingness to work as a team.

Additionally they must have time to debrief and plan between each session and access to supervision and/or expert consultancy as well as opportunities to participate in professional development activities such as attendance at network meetings, accessing research and journals etc as well as attendance at formal training. This is challenging and skilled work that should not be undertaken without appropriate support.

Membership of a professional association such as Creative Arts Therapy Australia provides guidance in relation to standards for creative art therapy which complement the DHS standards for domestic violence and homelessness services. Membership also provides access to training and development activities. Should LOMA or the Therapists become a member of Play Therapy Australia it would provide access to SEPACTO the System for Evaluating Play and Creative Arts Therapy Outcomes. It is important to note that there is no charge to Play Therapy Association Members for data entry or for sets of comparative reports when they are produced which will be as soon as the dataset reaches a sufficient number of records.⁹¹

⁹⁰ Based on discussions with workers from Merri Housing Service, Royal Children's Hospital, Australian Childhood Foundation Inc, Berry Street and UnitingCare Connections

⁹¹ The Creative Arts Therapist advised that the Australian Creative Arts Therapy Association does not have access to this international data base. Should this situation change it would not be necessary to hold membership of both organisations.

Contributing to and Learning from the Evidence Base

Determining to contribute to the international data base would require the review of existing data collection tools and the Goodman SDQ (Strengths and Difficulties Questions) data collection tools in order to determine which of these would assist LOMA understand the impact of the *Play Connect Program* and the most appropriate way of contributing to the international data base of outcomes.

The participation in specialist networks, such as the Early Intervention with Vulnerable Parents of Babies Network, would also facilitate access and contribution to the evidence base as well as access to peer support.

Given that some mothers and children are likely to present with more entrenched psychological problems it is essential that funding is available so that families as a whole or individual family members are able to access appropriate services. This may be 1:1 sessions with a member of the Play Connect team or other specialists. There must be capacity to be flexible in how this occurs and how many sessions can be offered.

Program Structure

Staffing

The maintenance of two Creative Arts Therapists in each session will provide a quality program. A range of strategies need to be explored that will ensure the skills and competencies of the Therapists are being respected and their time maximised in direct program delivery. Firstly, the engagement of an assistant (paid or volunteer) with responsibility for set up and pack-up, purchase of food and pick up of art materials, washing clothes and preparing food. They could also have a role in making contact with families to remind them



about the program and possibly arrange support such as transport. Consideration could be given to identifying a person that is connected with each location to do this work, however, this may mean that the person located in Bendigo would have a greater load as the purchase of some art materials may not be possible in smaller communities. This would require the establishment of a timely distribution mechanism.

Additionally, appropriate training and support would be needed to address privacy and confidentiality issues as part of an appropriate induction and training program. This would provide more time for the Therapists to provide appropriate follow-up and complete necessary administration such as case files and reporting as well as actively contributing to the evidence base.

The role of the LOMA Children's Resource Worker in supporting the promotion of the program and other organisational matters could be reviewed and where possible and appropriate workload transferred from the Creative Arts Therapists to the Children's Resource Worker.

Consideration could also be given to involving a volunteer, a social work student or preferably a staff member from another Homelessness Assistance agency to boost staffing numbers in the Play Connect sessions. If there are three workers in a group with mothers and children, for example, the team will be better able to cope with particularly demanding children or issues being experienced by a particular family, and with any individual needs or mishaps that may interrupt the group as a whole. Additionally, by having a staff member from another Homelessness Assistance agency, the skills and knowledge about working with this target group are being strengthened. Care would need to be taken where groups are

particularly small so as not to have too many professionals present.

The direct engagement of the Creative Arts Therapists by LOMA may provide them with a greater sense of belonging to an agency and sense of inclusion in agency activities such as training, staff meetings and supervision. Given the benchmarking with other services it is unlikely that it would reduce costs given award entitlements for appropriately qualified staff.

Program expansion and management

The capacity of LOMA to develop *Play Connect Programs* across the Loddon Mallee region is firstly dependent on expanded funding so that programs could be offered in broader number of communities (e.g. Mildura, Echuca, Swan Hill, Robinvale) as well as the existing communities. Secondly it would be dependent on there being access to appropriately skilled and qualified Creative Art and Play Therapists as the distance to be travelled for those currently engaged is more than likely prohibitive. Should it prove difficult to engage appropriate Therapists who can deliver this program, it will be necessary to identify Therapists with an interest in developing their skills that the Creative Arts Therapists currently engaged could coach and mentor whilst they are gaining appropriate qualifications.

Although consideration could be given to the program being delivered by another Homelessness Assistance provider, this is not recommended because of the specialist nature of the program and the importance of maintaining consistency across the region. Ensuring that there is a partnership with a key Homelessness Assistance provider in each location that is willing to take a lead role in promoting the value of the *Play Connect Program* and providing referrals as well as a staff member willing to participate in the delivery of the Play Connect session will enhance the attendance of families. This may

be supported by establishing a formal arrangement by way of a memorandum of understanding.

Similarly, the establishment of clearer expectations of the on-going support which needs to be provided by referring agencies will also support regular participation as well as case management of each families needs. These expectations need to be clearly expressed in promotional material and confirmed through mechanisms such as an exchange of letters when a family is assessed as eligible and accepts a place in a Play Connect program. This letter should identify who the case manager is and their role as well as outline the specific requirements of the family that the referring agency will supply as well as any additional support to be provided by the *Play Connect Program*. Examples of the support to be provided by the referring agency are: a worker providing transport or the provision of taxi vouchers and provision of childcare for children not attending. Where the referral agency is not the case manager it is essential that they participate in this process to ensure appropriate coordination of services etc. As stated previously, in the course of program delivery it often becomes evident that families or individuals in families have additional needs, how these are addressed must also be part of this case management process.

Improving service provider knowledge about the benefits of therapeutic programs for children

It is also essential that consideration be given to developing an education and awareness program about the impact of family violence and homelessness on children and the rationale for programs such as the *Play Connect Program*. The approaches developed would be used when planning implementation of Play Connect in new communities as well as when promoting the planned commencement of a program in an existing location. There are a range of issues for consideration, for example:

- Obtaining clarity around who are the stakeholders and their different needs – parents and children, SAAP providers, DV service providers, child, youth and family services, other services that are in a position to identify families that may benefit from involvement (e.g. neighbourhood houses, childcare, schools);
- Ensuring written materials relate to the targeted stakeholder i.e. there will be different materials for service providers and potential participants, there may also be different information for service providers who are known to understand the issues and need specific program information as opposed to those that have not previously been exposed to the program. In relation to materials for families consideration could be given to promoting the program in two halves given that families may not be able to see ahead 10-12 weeks;
- Consideration of multi-media approaches such as a DVD or information on the LOMA website that enables access for those with low literacy;
- Determining when presentations will be made and where e.g. at network meetings or special meetings called to discuss a proposed program; and
- How communities will be provided with feedback about the success of programs, ensuring confidentiality etc.

Appropriate Facilities for Program Delivery

It is essential that the spaces where the *Play Connect Program* is provided are community based, welcoming and do not stigmatise the program as well as having the potential to connect families the community they are living in. A challenge of this is that the *Play Connect Program* operates best where children are not distracted by other toys and equipment, however, community venues rarely have such clear spaces. As a result it will be necessary to

factor in the time for staff to transform the space as well as return it to its original configuration.

A Final Word

Unless public funding is provided so that this very important therapeutic program can be offered to all children that have experience of domestic violence and homelessness, not for profit sector organisations such as LOMA, that have relied on philanthropic donors will continue to struggle to provide delivery of high quality programs to this client group.

It is therefore essential that LOMA and its membership advocate for the needs of accompanying children and highlight the positive impact that prevention and early intervention programs such as the *Play Connect Program* have particularly on the children but also on mothers and other family members.

Additionally, it is essential that LOMA continue to collect data associated with program participation and its impact in order to strengthen understanding within the program about the impact of the size of groups and different combinations of family experiences on the outcomes as well as strengthening the broader evidence base.

Attachments

Definitions: Domains of early childhood

- § Physical development – health and wellbeing: The physical and motor skills and abilities that emerge during the infant and toddler stages of development greatly affect the young child's connections with others, with things, and with their environment. Infants and toddlers learn about themselves and others and their environment through the use of their motor skills and abilities and their increasing ability to move and coordinate their hands, arms, legs, and their whole body. The healthy development of infants and toddlers is an essential part of children's over all well-being and affects all other areas of learning and development. The primary caregivers, with the support and assistance of others, are responsible for assuring that the physical and social/emotional needs of infants and toddlers are met. Basic physical needs can be described as the needs for love and emotional security, food, shelter, and clothing. When these basic human needs are met infants and toddlers can take full advantage of learning opportunities that help them develop their potential.
- § Cognitive (or intellectual) development: Cognitive Development during infancy is one manifestation of the early and rapid development of the brain and related higher centers of thinking and knowing. Young babies enter the world ready to learn and they begin immediately to acquire and process new information. Their sensory systems function as a primary means of gaining information about their social and physical worlds. Through exploration and discovery they learn to understand what things are and how they work. The amazing memory and problem solving abilities of infants and toddlers provide them with new learning and understanding on a daily basis. Infants and toddlers also show increasing ability to use imitation and symbolic play to represent what they are learning and understanding about the world around them.
- § Language and communication: The development of the ability to use language to communicate with others is a major aspect of human development. Infants and toddlers learn the language of their families and cultures through the natural interaction that occurs as part of care giving and everyday experiences. The early and rapid development of the components of language, including listening and understanding, communicating and speaking, as well as the emergence of early literary skills and abilities, is particularly fascinating to watch and understand. As infants and toddlers develop their ability to understand and use language to communicate, they also increase their skills and abilities in influencing others and their own learning in all other domains.
- § Social (competence): and emotional (maturity) development: The social and emotional domain includes the development of trust and emotional security, self-awareness, and self-regulation, as well as the beginning of relationships with adults and other children. The healthy development of social and emotional competence greatly affects the development of skills and

abilities in all the other domains. The sense of trust and emotional security that children develop during infancy shapes their interactions and relationships with others throughout their lives.⁹²



⁹² Early Childhood Indicators of Progress: Minnesota's Early Learning Guidelines for Birth to 3. October, 2005 Gail C. Roberts, Ph.D. for Minnesota Department of Human Services

The Play Connect Program – Information for Services

Play Connect is a group Creative Arts Therapy program aimed at women with children who are under six years old. The program targets families who have experienced family violence or homelessness, or are at risk of homelessness.

Play Connect runs for twelve weeks and aims to foster and support the connection between a mother and her child/children. A woman can attend with any number of children, as long as each child attending is under six years old. Group numbers are kept small to ensure a safe and supportive therapeutic environment.

Children experiencing homelessness and/or family violence experience trauma, grief and loss. Children connect with others and make personal meaning of their experiences through play. Families under extreme stress are often not in the position to provide their children with supportive play opportunities. When a family is in a crisis they are first and foremost required to meet their own survival needs. Play Connect aims to support families in their recovery from crisis by assisting families to begin attending to their emotional needs through play.

Children under the age of six are still developing their verbal language skills and are far more effective at communicating non-verbally, with skills such as gesture and sound (think of a two year old tantrum!). Playing freely with the creative arts, such as movement, story, music and art materials, provides children with an opportunity to communicate with their parents and their peers in this non-verbal way. Play Connect offers both children and adults an opportunity to express and explore their feelings in a safe and supportive environment, giving the families involved a chance to 'feel heard'. The opportunity arises for each parent and child to develop a new way of communicating with each other, to discover a new language that can act as a resource to them in times of difficulty.

Aims:

- To support the connection between a mother and her child/children.
- To provide a safe and supportive environment for families.
- To allow a mother and child to find a common language/ bond/ connection.
- To allow children to be heard and to tell their story.
- To support mothers in hearing their child's story.
- To have fun together.
- To allow women to express themselves and their needs, to be seen as women in their own right and not only as mothers.
- To acknowledge feelings of aggression and anger and support the expression of these emotions in a safe way.

- To model effective behavioural management techniques.

Outcomes for previous participants:

"I have started enjoying playing with my kids now instead of just keeping them happy... we really have closer relationships than we did before".

What I gained from the program: "Realising I'm not alone in what we as a family have endured. Have seen the strength and courage of others and this has made me stronger and happier in where I have come from and where I am now today".

My children "Learned the importance of making the most of our time together every day. Being happy together, learning to express our feelings in a respectful way. Having fun!!"

Background:

Play Connect began as an innovative partnership between Bendigo Neighbourhood House, EASE (Emergency Accommodation and Support Service), LOMA (Loddon Mallee Accommodation Network) and Annie North Women's Refuge and Domestic Violence Service. This group of services secured funding to run two very successful programs in 2006. LOMA under the auspice of EASE has received funding from the William Buckland Foundation to operate this program in 2007. These two services work closely with Bendigo Neighbourhood House to guide the program in its development.

Delwyn Hopkins and Cath Mackie are Creative Arts Therapists with experience in working with very young children, homelessness and family violence. Both Delwyn and Cath hold a Masters qualification in Creative Arts Therapy.

Beyond Play Connect:

The program also aims to connect families with their community and reduce social isolation. The Bendigo Neighbourhood House has been successful in gaining funding to run a facilitated Playgroup available to families leaving the Play Connect program. The program has been successful in linking families with appropriate ongoing support to meet their needs.

More information:

Each program runs for ten to twelve weeks, with the option available to continue or to break over the school holidays. Sessions are weekly, running for 1.5 hours, with morning tea included. The program is fully funded and there is no cost to participating families. See below for specific group details. Please contact Delwyn or Cath (see below) if you would like more detail on the content and structure of the group.

Referral process:

Participants must be referred by a housing or support service. Please contact Delwyn or Cath (see below) to request a referral form if you do not already have one. An

interested family who is not already connected to a housing or support service will be required to make contact with such a service in order to facilitate a referral to the group.

Each family will be interviewed prior to the group commencing. This provides participants an opportunity to meet the therapists in a more informal setting. These meetings are an opportunity for the family to discuss what they hope to gain from the group, ask questions, learn about the therapeutic process and the group content. In this way each group can be planned according to the needs of the participating families.

Transport:

Some families have great difficulty accessing programs due to physical isolation or ongoing crisis. It is vital that families attend the group as regularly as possible for the therapeutic benefits of the group to be effective. Please discuss any transport or attendance concerns with Delwyn or Cath so that arrangements can be made between the family, the referring agency and the Play Connect program to facilitate attendance.

Program Development:

If the 2007 program is evaluated successfully the funding body will continue Play Connects' funding for a second year and are very interested in the program becoming available to a greater range of areas within the Loddon Mallee Human Services Region. Please contact Delwyn or Cath if you believe this group could benefit your local area. Likewise, if you think changes in age limitations etc. would be useful for your community please put this information in writing and email it to Delwyn or Cath.

2007 Group Details:

Bendigo (Group 1)	Completed late August Bendigo Neighbourhood House
Maryborough	9.30 am Wednesday mornings, term 4 Maryborough Community House 23 Primrose Street, Maryborough
Bendigo (Group 2)	10am Thursday mornings, term 4 Long Gully Neighbourhood House
Woodend	1.30 pm Wednesday afternoons started August 29 The Hub, Woodend Group now closed to referrals

Contact:

Maryborough & Woodend
Cath Mackie
0434 104 830
cathmackie@gcom.net.au

Bendigo
Delwyn Hopkins
0419 113 620
delcat@mc2.vicnet.net.au

Play Connect Information for families

Play Connect is a group Creative Arts Therapy program for women and children (aged 0 – 6) who have experienced family violence or homelessness.

If you and your children have experienced homelessness or violence there is a good chance things have been so stressful that there hasn't been much time to simply 'be' with the kids and play. There also is a good chance that the children have been acting up a bit or showing some other signs of stress. These things are natural. Firstly, it's really important to make sure you and your family are safe and secure, and this takes a lot of hard work and appointments and so forth – it's a busy time! Secondly, young children don't have many ways to tell adults about their feelings, so they say it sometimes through their behaviour.

What Play Connect offers is a chance for women and their children to spend some time together playing with art materials, music and sensory toys. With the support of the therapists, children can find new ways of communicating their feelings with adults. It can offer women and kids a chance to explore something about their experiences and it can offer a chance to play and feel better about each other.

The group is a very 'hands on' time – we meet weekly for twelve weeks, we start with some singing and music, we work on some art together and we eat morning tea together. We focus is on exploring and playing and we try to make it lots of fun. Play Connect will not cost you any money.

Please talk with your housing and support worker if you are interested in joining a Play Connect group and they can send us a referral for your family.

Warm Regards

Cath Mackie
Creative Arts Therapist

What is Play Connect?



Play Connect is a group Creative Arts Therapy program for women and their children aged 0-5 who have experienced family violence or homelessness or who are at risk of homelessness. Play Connect uses the arts and play in building on the relationship between mother and child after trauma/difficulty. Play Connect is unique because:

- It is a therapeutic program rather than an educational or parenting program
- It acknowledges the mental health and emotional needs of children under five.
- It acknowledges that homelessness and family violence can have a stressful/traumatic impact on women, children and the mother-child relationship.
- It is run by qualified Creative Arts Therapists (MCAT).
- It is not a prescribed program, each program is developed according to the needs of the participants. It is a program developed to meet the needs of rural/regional families (Loddon Mallee region).
- Group numbers are kept small to ensure a safe and supportive therapeutic environment.



“I realise that maybe I depend on my son and I think its meant to be the other way around. I realise that I haven’t ever had much space from him.”

“Play Connect has helped my kids to get along. They play games now at home and listen to me more”



“I have gained a bond with my child that I didn’t think was there [before]. I also regained my confidence as a mum.”

Lyn and Jackson's Play Connect story

The **violence** in Lyn's relationship with Peter started when she fell pregnant with Jackson (now aged 4). When we met Lyn, she and Jackson had just left the family home and were living in private rental. Throughout the Play Connect program Lyn was dealing with ongoing issues about settlement and divorce. She had an intervention order and there were significant threats of ongoing violence from Peter.

Lyn was diagnosed with postnatal depression (PND) after Jackson was born and was experiencing significant depression when we met her. When she began Play Connect she felt that she had never really connected with Jackson. Play Connect seemed to offer Lyn an opportunity to build her **confidence** in their relationship and in herself as a mother.

We noticed that Lyn liked to direct and structure Jackson's artwork and she seemed to find it difficult to engage with the art materials herself. One week the families played with paint dripping. Lyn used an icy pole stick to drip paint onto the page and Jackson used a another stick to smear the paint across the page. They worked together but in very different ways from each other. When they had finished both of their marks remained visible and Lyn marveled that they could make something so beautiful **together**.

As the weeks went by we noticed how Lyn began to take great care in gently pulling Jackson around the room for his blanket ride, she would **gaze** at him and he would returned this gaze and they would share a gentle conversation. This weekly experience seemed to give them a wonderful chance for intimacy.

For Jackson Play Connect offered an opportunity to **express** some of the terror he'd experienced in witnessing violence. We noticed that Lyn seemed uncomfortable when Jackson's play seemed in anyway aggressive or expressive of anger. During a session where mothers followed the marks that their children made on a chalk board we witnessed the absolute pleasure that Jackson experienced as his mum followed his lines. Jackson used the opportunity to tell his mum a story and her lines over his helped him feel that she was seeing and hearing him. Soon sharks and monsters appeared on the board. Lyn seemed concerned but we supported her in allowing him to express himself in this way. As Jackson drew scary things he was in control of the chalk and of the rag that he could use to wipe them away. He felt safe and supported to face and conquer his scary monsters.

Play Connect offered Lyn and Jackson a chance to explore their **boundaries** as these had been significantly affected by violence. Play Connect offers mum and child the opportunity to try out new ways of being with each other – we create a safe environment in which to say no and be heard. Lyn was able to try out being clear with Jackson about her need for physical space. Lyn observed that Jackson's own boundary setting had improved in response to hers.

Your questions answered:

Can families attend who have experienced homelessness but not family violence? Yes they can—homeless means housing insecurity, for example to be at risk of homelessness, to have experienced homelessness in the past, to be living in overcrowded/inappropriate conditions, to be in transitional housing.

Who can make referrals/how can I be referred?

The program is overseen by Loddon Mallee Accommodation Network (LOMA) and therefore is targeted to SAAP clients. However, any worker who has an ongoing relationship with their client can make a referral. If you see a worker regularly ask them to refer you to the program, or call Delwyn or Cath directly.

How do I make a referral to the program?

By contacting:

Delwyn Hopkins (MCAT)	0419 113 620	delcat@mc2.vicnet.net.au
Cath Mackie (MCAT)	0434 104 830	cathmackie@gcom.net.au

What sort of things do you do in the group? Where is the group run? We have group time and individual family time and we provide morning tea. We use music, song, story, art, and movement in a playful and fun way. We meet for 1.5 hours each week for the length of one school term. Groups have been run in Kyneton, Bendigo, Long Gully, Woodend and Maryborough.

Do I have to be good at art? The program is play based, using art materials as a resource for play. Anyone can do it—the whole idea is to have fun and spend time together.

Can men attend the program? No, this program is for women and children. Many families attending the group have experienced family violence and it is crucial that all group members experience a sense of safety in the group.

Are individual sessions available? Yes, there is limited funding available for 1:1 sessions with a Creative Arts Therapist for families who have outstanding needs after they have attended the group.

Who funds the program? How long has the program been running for? The program is currently funded by the William Buckland Foundation. The program has been running over the last four years. Previous funding bodies have included FRMP, Streetsmart and Regional One.

How can I support applications for ongoing funding? Can a Play Connect program be run in my area? The William Buckland Foundation grant is drawing to an end in early 2009. Ongoing funding for the Play Connect program is currently being sought. Your support for the continuation and development of the program is highly valued. Please contact Jude Di Manno at LOMA on 5443 4945 for further information.

A letter to families

Play Connect is a group Creative Arts Therapy program for women and children (aged 0—5) who have experienced family violence or homelessness.

If you and your children have experienced homelessness or violence there is a chance things have been so stressful that there hasn't been much time to simply 'be' with the kids and play. Maybe the children have been acting up a bit or showing some other signs of stress. These things are natural. Firstly, it's really important to make sure you and your family are safe and secure, and this takes a lot of hard work and appointments and so forth—it's a busy time! Secondly, young children don't have many ways to tell adults about their feelings, so they say it sometimes through their behavior.

What Play Connect offers is a chance for women and their children to spend some time together playing with art materials, music and sensory toys. With the support of the therapists, children can find new ways of telling adults about their feelings. It can offer women and kids a chance to explore something about their experiences and it can offer a chance to play and feel better about each other.

The group is a very 'hands on' time—we meet weekly for 1.5 hours a week for a school term. Each session starts with some singing and music, we work on some art together, we do some relaxing and we eat morning tea together. We focus on exploring and playing and we try to make it lots of fun. Play Connect will not cost you any money.

Play Connect how it works

Children experiencing homelessness and/or family violence can experience trauma, grief and loss. Children connect with others and make personal meaning of their experiences through play. Families under extreme stress are often not in the position to provide their children with supportive play opportunities. When a family is in crisis they are first and foremost required to meet their survival needs. Play Connect aims to support families in their recovery from crisis by assisting families to begin attending to their emotional needs through play.

Children under the age of six are still developing their verbal language skills and are far more effective at communicating non-verbally, with skills such as gesture and sound (think of a three year old tantrum!). Playing freely with the creative arts, such as movement, story, music and art materials, provides children with an opportunity to communicate with their parents and their peers in this non-verbal way. Play Connect offers both children and adults an opportunity to express and explore their feelings in a safe and supportive environment, giving the families involved a chance to 'feel heard.' The opportunity arises for each parent and child to develop a new way of communicating with each other, to discover a new language that can act as a resource for them in times of difficulty.

Program aims:

- To support the connection between a mother and her child/children
- To provide a safe and supportive environment for families.
- To allow a mother and child to find a common language/bond/connection
- To allow a child to be heard and to tell their story
- To support mothers in hearing their child's story
- To have fun together
- To allow women to express themselves and their needs, to be seen as women in their own right and not only as mothers
- To acknowledge feelings of aggression and anger and support the expression of these emotions in a safe way.
- To model effective behavioural management techniques.

In 2007 the Play Connect program underwent a thorough external evaluation. The outcomes of this evaluation process revealed that...

Benefits for children include:

- Enhanced emotional wellbeing, confidence and self esteem
- Reduced levels of anxiety and fear
- Improved response to instruction
- Enhanced communication, interpersonal and social skills
- Benefits for mothers include:
- Reduced feelings of isolation
- Improved family relationships and wellbeing
- Reduced personal anxiety

People Consulted to Inform the *Play Connect Program* Evaluation

Name	Organisation
Delwyn Hopkins	Creative Arts Therapist
Cath Mackie	Creative Arts Therapist
Margaret Augerinos	EASE
Pam Mott	EASE
Jude Di Manno	Loddon Mallee Accommodation Network
Barb Slee	Loddon Mallee Accommodation Network
Terri Fox	Cobaw Community Health
Emily Carter	Cobaw Community Health
Coordinator	Bendigo Neighbourhood House
Lyn Thomas	Maryborough District Health Service
Sue Bain	Maryborough District Health Service
Yvonne McLean	Maryborough Neighbourhood House
Lyn Thomas	St Lukes Maryborough
Wendy Bunston	Royal Children's Hospital Peek a Boo Program
Cathy Humphries	University of Melbourne Social Work
Dr Susan Nickolson	Centre for Women's Mental Health Royal Women's Hospital
Dr Jenny Higgins	Centre for Excellence in Child and Family Welfare
Angela Weller	Childhood Foundation
Gaye Mitchell	Connections UnitingCare – Evaluation Consultant
Judy Wookey	Gladesobnberry Child and Family Services
Jennifer Eriksen	Austin Hospital Peri Program
Janine Sheridan	Merri Outreach Support Services
Naomi	Merri Outreach Support Services
Tracy Anderson	Berry Street

Participation in the 2008 *Play Connect Program*

Over the three programs delivered in 2008 eleven (11) families were engaged through the referral process. The mother and primary care giver and in most instances, the children attended the initial one to one assessment. Some 18 children, comprising 9 boys and 9 girls between the ages of 18 months and 6 years participated in these Play Connect sessions.

Referrals Engaged

Location	Families	Boys	Girls
Kyneton	4	5	3
Bendigo (3)	3	1	3
Bendigo (4)	4	3	3
TOTAL	11	9	9

All of the families attended between 1 and 3 Play Connect sessions, with some 64% (7) of families participating in 7 or more of the sessions. These are the ones who are considered to have been regularly engaged with the *Play Connect Programs*. This is consistent with the number of families regularly engaged in the four 2007 *Play Connect Programs*.

Regularly engaged throughout the program

Location	Families	Boys	Girls
Kyneton	3	3	3
Bendigo (3)	2	0	2
Bendigo (4)	2	3	1
TOTAL	7	6	6

There were no families engaged through the referral process from a non-English speaking or Indigenous background in 2008. Given that families from these backgrounds access Homelessness Assistance services, it is

important that they are not excluded from the program inadvertently by Support Workers that may have established views about the type of families that would benefit from participating in the *Play Connect Program*.

Significant numbers of the 11 mothers attending the Play Connect Program in 2008 had completed Year 12 or its equivalent (63%). Of the 27% that had not completed Year 12 or its equivalent two (2) of these were in the process of undertaking a TAFE qualification.

Consistent with the families attending in 2007, all participants, parents and children, have complex needs as a result of past and in many cases, on-going crisis. As a result parents and children have experience of multiple risk factors.

All families engaged through the referral process had experienced family and relationship breakdown, however, while all had or were experiencing housing stress not all had experience of family or domestic violence (43%). At the time of referral 36% (5) had active intervention orders in place.

All families had as a result of their housing stress and/or their experience of family violence had been required to relocate thus causing further disconnection from other family members and friendship networks.

Consistent with participants in the 2007 *Play Connect Programs*, in addition to lack of stable housing, families were addressing a range of complex family situations that impacted on their ability to participate and/or their level of stress. This included: illness, mental health or death of other family members such as siblings or parents of the parent.

Changes in Program Operation 2008

In 2008 one Creative Arts Therapist was on maternity leave for the first two *Play Connect Programs*. As a result the Play Connect Team decided to test another way of working and these two programs were delivered with one qualified Creative Arts Therapist and a Creative Arts Therapy Assistant. The Creative Arts Therapy Assistants were selected because of their open manner with children and their arts backgrounds. It was reported that the skills of the assistants were excellent and highly complementary - one had an arts and early childhood/child care experience, the other an dramaturge and actor alongside community theatre project facilitation.

It was reported by the Creative Arts Therapist that while these programs were effective, the quality was reduced from a two Therapist scenario. The Creative Arts Therapist reported that she was able to run the program but felt that her therapeutic responses were more thinly spread. This was a result of the assistants not skilled to make therapeutic interventions even though they could 'hold' the situation with a child or family.

The Creative Arts Therapist also reported it was not possible to access peer support as her role changed in order to support the Creative Arts Therapy Assistants. This support included educating and supporting the Creative Arts Therapy Assistants about how to plan and prepare for the next session and at the end of each session providing time for debriefing. While this was considered a very valuable role the Creative Arts Therapist felt that the program was diminished because there was no peer discussion in which she could participate. The Creative Arts Therapist reported that in the 2007 *Play Connect Programs* this resulted in the development of stimulating ideas, challenges and conversations which added to the way in which the Therapists responded to individuals and families as well as in planning the next session.

On a positive note the LOMA Children's Resource Worker position was filled permanently from the end of 2007. This significantly increased the capacity of LOMA to support the Play Connect Program by assisting and therefore reducing the workload of the Creative Arts Therapists. Examples of this practical assistance included securing venues, promotion and following up case workers to encourage referrals.