



Opinion piece

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Resilience smoothes road for troubled kids

The whole community can help children learn to deal with adversity says Emma White.

Some of the most resilient children and families in our community are those who have faced extensive and diverse problems daily. They have grown stronger not only from their victories, but also from the setbacks they have encountered.

We can learn a lot from them.

Resilience is not something that lies dormant waiting to be discovered. Rather, it is something we can, in fact must, all play a role in facilitating – particularly in children so they are equipped to navigate life.

This week's visit from child resilience expert Dr Michael Ungar, currently undertaking the Thinker in Residence program with the Commissioner for Children and Young People, gives us all cause to reflect on the 'lived experience' of children and young people who have suffered adversity.

Nowhere in our community is this more critical than with those children and young people who are vulnerable and have already suffered significant trauma in their young lives – including the 4,200 children and young people in the care of the Department for Child Protection and Family Support.

These are children who have been physically, emotionally or sexually abused.

They may have been neglected, or have parents are also struggling with life and parenthood. Their experience can leave them feeling unsafe in the world, with a damaged sense of self-worth, and often unable to develop positive relationships.

Adversity and trauma is not itself a life sentence. It is, however, imperative we support children to develop skills and confidence to deal with life's challenges –

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and that we understand that children and young people need the chance to heal and recover.

They can't do it alone, but it can be done. They need to know that families, communities and professionals will be there and will not give up on them. Professionals need to support child and family in recovery.

Dr Ungar identifies that when supporting children and adolescents from troubled backgrounds, it is important to focus on opportunities for healing, rather than on the complexities of the child's behaviour. It is exactly this philosophy that is the core of child protection 'out-of-home care' practice here in Western Australia.

Our department introduced the sanctuary model into all residential care facilities in November 2011. This care model is based on understanding the impact of trauma and allows staff to respond in considered and informed ways, rather than react to behaviours displayed.

Many of the young people who come into our care are not functioning at their chronological age in terms of their physical, social and emotional development.

Sanctuary provides a simple, understandable and comprehensive way for these children, their families, and also staff, to make sense of and respond constructively to the very complex situation they are in.

Children and young people are given the opportunity to build their resilience and life skills through therapeutic care and intervention that has a focus on healing and recovery. Such has been the success of introducing the sanctuary model that our department is now in the process of formalising accreditation which will occur later this year.

Dr Ungar's residency, including the seminar he delivered to our staff entitled 'Raising Resilience in Young People at Risk', highlights that it is essential that we not only provide a safe environment for those in our care, but that we provide the opportunity to restore hope, meaning and purpose to their lives.

I challenge us all to see beyond children's complex and challenging behaviours. Instead, we should listen and support them to make sense of their lives, and encourage them as they develop resilience. This will improve their life outcomes.