

STATEWIDE CHILDREN'S RESOURCE PROGRAM

SEE, LISTEN, AND RESPOND

A GUIDE TO ENGAGING WITH CHILDREN
EXPERIENCING HOMELESSNESS AND
FAMILY VIOLENCE

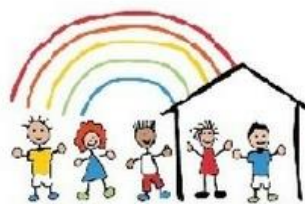
Acknowledgement

The Statewide Children's Resource Program would like to acknowledge the traditional owners of the land and elders past and present, and the various members of the Aboriginal and Torres Strait Islander communities who have been generous in their provision of resources and assistance with this booklet

About Us

The Statewide Children's Resource Program is funded by the Department of Health and Human Services to assist, support, and resource homelessness and other non-government services to respond more effectively to the needs of children who have experienced homelessness and/or family violence.

"Children aren't things to be
moulded,
but people to be unfolded"
– Jess Lair



Statewide Children's
Resource Program

For more information on the Statewide Children's resource program, please visit our website:
<http://statewidechildrenresourceprogram.weebly.com/>

Contents

Statement of Children's Rights	4
Children are Clients in Their Own Right	4
Remaining Child Focussed when Children are not Present	4
Child Safe Standards, Information Sharing Schemes and MARAM.....	5
Children & Homelessness: Statistics	5
Trauma Implications & Effects	6
Engaging with Children in Practice	8
Responding to Uncomfortable Conversations.....	10
Resources and Toys for Your Service	16
What to look for if You Are Concerned a Child is Experiencing Harm.....	19

Terminology

Throughout this document we use the word ‘caregiver’ to describe the primary adults in a child’s life. We use this term in order to include non-biological parents, grandparents, extended family, kinship caregivers, foster caregivers, and others who raise children. Children require caregivers to be consistent in their love and responsive to their needs.

The quality and consistency of care given to a child is not determined by biological relationship but by the love shown, time spent and commitment to the long-term development of a child. Anyone who can provide this for a child should be considered equal to biological parents delivering the same level of care.

*“She is our daughter. And yet six months ago, she was a stranger.
But isn’t that the way it always is? All our children come to us as
strangers.”*

Jenny Staff Johnson, New York Times

Statement of Children's Rights

“We believe all children have the right to be safe, cared for, heard, to learn and to play.” Children entering the homelessness system are often bewildered confused, and may be experiencing trauma. It is our shared responsibility to keep them safe from harm.

Children are Clients in Their Own Right

Caregivers of a child have the right and the need to tell their story. It is just as important to recognise that children have the right to tell *their* story. Ensuring that children can do so, requires skill and sensitivity on the part of practitioners and services. Caregivers need services to work with and validate the experiences of their children. All homelessness funded services, including family violence services, are funded to work with children as well as caregivers, so when children are ignored, neither the child nor the caregiver receives the service they deserve.

“I knew I would be fine when I went to services, but I was mostly worried about finding somewhere to stay and food for my children.

For me, my children come first and if staff didn't ask and show concern for my children, I didn't feel like they really saw me. It felt awful.”

Former Homelessness Services Client, aged 43

Remaining Child Focussed when Children are not Present

Whether due to school, care arrangements or other reasons, there will be times when you are working with a caregiver without their child being in the room. Despite this, our engagements with the caregiver should still be made through a child focussed lens. As practitioners it is important that we maintain children at the forefront of our minds in all our interactions with their caregivers. Framing questions in a way that engages the caregiver with the experiences of their child(ren), can reorient them to their needs and vulnerabilities.

Asking questions or reframing answers such as:

- “I can see that you are really stressed at the moment; If your children could tell me how things were what would they say?”
- “What do you think this experience has been like for your children?”
- “You have had a lot of moves in a short time, what do you think that has been like for your children?”

While supporting caregivers in times of great stress, maintaining or improving their relationship with the child should be a key objective. Helping the caregiver to understand the relationship between trauma, grief and loss, and how children process these states can assist them to understand the causal factors behind the child's behavioural responses. This will help them to relate more effectively with the child, and in turn, strengthen their relationship.

Child Safe Standards, Information Sharing Schemes and MARAM

Following the 2013 Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations, and the Family Violence Royal Commission, the Victorian government introduced a suite of reform aimed at keeping children safe. Among these were the Child Safe Standards, Family Violence information Sharing Scheme, Child Information Sharing Scheme, and the Family Violence Multi-Agency Risk Assessment and Management Framework (or MARAM). Together they build a framework that ensures that children's safety and need are at the core of decision making and service delivery.

The scope of these reforms is too large for discussion here but having a solid understanding of these reforms should form a key part of any Victorian social services worker's professional development. These reforms have dedicated training that is offered frequently across the state as well as online.

The Child Safe Standards, as well as information about them, are located here: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies.-guidelines-and-legislation/child-safe-standards-resources>

Information on the two information sharing schemes, as well as the MARAM is located here: <https://www.vic.gov.au/maram-practice-guides-and-resources>

Children & Homelessness: Statistics

Thirty Percent of all Australian homelessness clients are under 18 years old

In 2018-2019, 85,000 people under the age of 18 accessed support from Specialist Homelessness Services. More than half of all children clients (49,000) were under 10 years.

On any given day across Australia 18,500 children are supported by homelessness services.

Aboriginal and Torres Strait Islander Children and homelessness

Aboriginal and Torres Strait Islander people comprise 3% of Australia's population, yet they make up 22% of homelessness service clients. Of these 68,850 people, 36% were children aged between 0–18 years. 14,961 (or approximately 21% of all indigenous clients) were under ten years old.

Family violence is a major causal factor for children's homelessness

35% of children accessing homelessness services cited domestic and family violence as their main reason for seeking help.

Source: AIHW Specialist Homelessness Services 2018– 2019.

“Sometimes when my feelings are big, I like to sing them.”

Anonymous, aged 7.

Trauma Implications & Effects

In our roles as trusted practitioners working with families, it is essential that we understand, and encourage caregivers to engage with the unique experiences and trauma reactions of the children within your service. Responding to children is urgent work, it is essential that we hear their stories and experiences in their language and respond as quickly and compassionately as possible.

Trauma alters baseline arousal levels, and attentional ability

Children who have experienced trauma are often hypervigilant in case of re-occurrence, constantly scanning their environment for any signs of danger or things they have learned to associate with danger. Hypervigilant children are easily distracted and can struggle to attend to direction and/or questions. Calm, quiet environments with muted colours, soft lights and free from computer/TV screens are best, as this will reduce the external stimulation the child experiences. This in turn allows a child to regulate their emotions, helps them stay physically present and feel safe to connect with others. If a child seems distressed, or distracted, consider the environment around them, and if possible, move to a quieter, less stimulating area.

Trauma restricts ability to create and maintain attachments

Children who have experienced trauma will require opportunities to experience attachment relationships which offer consistency, nurture and predictability. Caregivers can be resourced to understand the significance of daily exchanges. Each positive exchange with their caregiver can help children to develop ways of experiencing the world and relationships that counteract previous poor attachment patterns. Increasing caregiver sensitivity to attuned communication with children is a core competency for caring for children with trauma backgrounds.

Caregivers experiencing trauma and crisis often find it very challenging to engage with their child. They may spend a lot of time and energy distracting their child from needing their attention, further impacting on the caregiver/child attachment relationship. Practitioners need to recognise this and support the children and their caregivers by modelling and encouraging connectedness and working with caregivers to safely engage. **This may well be the most important work you do with the family.**

Trauma disrupts ability to change and react to change

Children who have experienced trauma may get 'stuck' due to constant trauma triggers, and so enact patterns of defensive behaviour that make sense in the light of their initial trauma(s) but may not seem relevant or obvious to those around them.

It is important to understand, that while in these triggered states, children have little capacity to reshape their responses without the intentional resourcing of adults in their immediate care environment. Consider ways to let children know of up-coming changes as early as possible. Let children know the reasons for change, and if possible, allow them input into the process, even if this is in a minor manner (e.g., letting them choose a bedroom in a transitional housing unit)

Trauma undermines sense of identity, and development of social skills

Reduced self-esteem is near universal in children who have experienced trauma. Self-esteem is crucial in the formation of a concrete sense of self, and the development of a child's sense of identity.

Children who have experienced trauma are likely to benefit from reinforcement by caregivers, and others, of qualities that denote positive sense of self and resource personal agency. Children with trauma backgrounds need support to engage positively with peers in social situations. Caregivers and other individuals will need to appreciate the importance of their role in modelling social skills and respectful interactions. This will resource children to build a network of relationships which promote connection and afford further opportunities to reconstruct their attachment styles.

When working with children experiencing homelessness or family violence consider contacting your local Statewide Children's Resource Program Coordinator to access brokerage funds. This assistance may also provide an entry point for engagement with both child and caregiver in addition to the benefits brokerage offers a child.



Engaging with Children in Practice

See, Hear and Listen

Make sure you notice children who access your service, interact with them, and respond in ways that are appropriate for that child. Attempt to physically get down to eye level and ensure pictures and posters for children are displayed at a level that makes viewing comfortable for them, not necessarily you.

Children are much more likely to express themselves or ask for help if they feel comfortable and relaxed. Remember, children have very different perspectives to adults. A caregiver might describe how a situation is for a child, but the child's own perspective may be entirely different - take the time to hear it from their point of view.

Be aware of the hidden nature of trauma, homelessness and family violence. Children won't necessarily open up about these things easily. Children may have held the burden of maintaining 'secrets' for a long time and will feel guilt around disclosing certain behaviours, events or situations. Allow the child to tell you in their own way and in their own time. You won't always know the answer or be able to fix everything – it is okay to tell them that.

Children have very good radars, so always be authentic. Show children you're interested in what interests them. Remember that not all children express their distress and trauma through overt externalised behaviours. Many children can be withdrawn and internalise their feelings.

Infants communicate with sounds, movements and expressions, so observe and interact. It is important to observe cues when interacting with infants - if they turn or look away, they might have had enough interaction - attempt to include them, but not bombard them.

Presenting Yourself

Children and families who are accessing services due to homelessness and family violence have come from unsafe and/or chaotic environments. It is important that they come to a service where they can feel safe and have a sense of security. Making sure that your agency feels comfortable and is a 'child friendly' space for children is important. Children who are relaxed and feel safe are more able to engage in a meaningful way.

Children who are relaxed and feel safe are more able to engage in a meaningful way. Adults are responsible for protecting children from harm, and often your role will be assisting caregivers to do this, but sometimes this means putting the child's best interest above everything else including their caregiver's wishes. Trained, professional, well supervised staff are essential to providing an appropriate response. The best response to a child is to be interested and curious about their experience and listen to their story. For staff who don't sight children, e.g. IAP staff it is essential that you have the "child in mind" when you are gathering information from caregivers/caregivers.

Greet children and maintain an open and engaging manner. Show an interest in the child during the appointment and refer to them while in discussion with their caregiver. Make sure the child has something for themselves, from your service, if possible. It might be an activity book or something similar. This indicates that they are important and worthy of receiving something, as often adults are provided with information to take away with them.

Children need information to feel comfortable so make sure they know where the toilets are, how to get a drink, how long they might be there, how to get assistance if they need it and what is expected of them while they are there. Be curious about the child and ask them some questions. It is important that you engage with a child in order to form an opinion about what is going on for them. Remember that a child's view of a situation can be quite different from that of an adult and they can often give you a whole different perspective on things. Also respect their right to privacy and they may not feel like speaking about certain things but keep things friendly and engaging so the possibility for dialogue remains open.

Child Friendly Spaces



Children should feel calm and welcomed into an environment that tells them something about their importance in the world. If you walk through your service from the front door all the way through to where a child might journey, what does that tell you about how you might feel in that space as a small child? Are objects of danger kept out of harms reach? Are there child-friendly art works, pictures and resources available to acknowledge the importance of children in this building? Children sometimes need a quiet, separate space where they can be alone. If you don't have a separate area you might be able to set up a tepee in a room or a blanket over a chair in the corner.

Including children in decisions about the service that may affect them is best practice. Some simple examples of child inclusion include room designs and lay out, resources and toys, what might be included in groups and on feedback forms etc. You can simply ask a child "How do you feel about this room? What might you like to see in this room? Do you like the colours?"

It is important children know their rights. The Australian Human Rights Commission produce a child friendly 'Child's Rights' poster that can be displayed where children are likely to be at a height suitable to them.

Resource Well

Make sure that your agency is well resourced to respond to children from a range of ages. Ensure that children have access to at least some of the following: puzzle or colouring activities, developmental toys, blocks, Lego, mindfulness apps on iPads, and so on. Stores and online resources such as Innovative Resources have a range of tools that you can use with children of various ages.

Sometimes it is easier to informally introduce tools early on and build up their use.

Responding to Uncomfortable Conversations

Practitioners often say they are worried about engaging with children and young people. Difficult topics of conversation can arise, and practitioners may feel unequipped to deal with the information they are presented with. Some feel that they may not respond appropriately or give the correct response. It is important to remember that children have their own individual agency and have a right to be heard.

A child's story is important to their ability to heal and move on. Listening is a very valuable response and assisting a child to work through their response, without rescuing is crucial.

Here is some information on what children might say and what you might do:

- *"My older brother hurts me and says I can't tell anyone. If I do, he'll hurt my dog. I'm really scared of him."*
- *"Dad's new girlfriend says I'm a pest. She doesn't like me."*
- *"I never have lunch and sometimes dinner. I'm always hungry."*
- *"My uncle took bad photos of me. I'm often left home all by myself."*



Listen

Listen to the story carefully and be aware of your own responses- expression, speech, tone, and gestures. Children are particularly attuned to environmental and personal responses. They are experts at reading body language and facial expressions and it's important to try and remain engaged, interested and not react with shock or disbelief. Remain calm and try not to interrupt until the child has finished telling you what they need to. Then ask clarifying questions without burdening the child. Make sure you understand the child's story from their perspective.

Be clear about safety

Be clear with the child about confidentiality and what this means. It does not mean that if they tell you something, you aren't allowed to tell anyone else. Explain that you are required to share information with others such as the Police in instances where a crime is being committed or if someone is unsafe. Be clear about what parts of the story would need to be shared and why this is important in age appropriate language.

An example of how you might explain confidentiality might be: *"I am happy to listen to everything you have to tell me. If I feel like what you are saying means that you might be hurt or you might hurt someone else or hurt yourself, for example running away from home, I will need to speak to another adult so we can make a plan to do what we can to keep you safe.."*

Sometimes children may have been told to keep secrets in order to try to hide abuse. It's important for them to understand the difference between "secrets" and "surprises" and that it is ok to tell someone about the secret if it makes them feel bad inside. It's good to give examples around the differences.

"The cake you're making mum is a surprise that we can tell her about when it's time."

“That bully told you it was a secret that they were hurting you, but we need to tell your teacher about it, because you could get hurt and you need to be safe.”

A child should always know that nothing is so awful that they can’t talk with someone about it.

Responding to disclosures

In this conversation, explore with the child how they want to go about the process of sharing their worry. What do they think might be helpful in this situation? Can they speak to the teacher and what might they say? If they are worried ask them what might help them feel safe? Be clear about why adults need to be told and how they might help. Perhaps you can assist them to role-play or practice telling another adult the information.

If you are unsure about where to go with the story you can speak to someone with more specialized knowledge such as a Child Protection or Child FIRST worker child practitioner or your supervisor (Solving the Jigsaw 2012).

The Orange Door is the alternative contact in some regions and will be rolling out across the state.



Supporting the child

Explore with the child who they turn to for support, and who exists in their world to support them. This might include family, friends, neighbours, teachers, community members and so on. Pets are often named as an emotional support for children however pets cannot provide physical protection for the child nor can they act on behalf of a child following a disclosure. If a child cannot name anyone, or conversely names everyone, this may be cause for concern. Children need to be able to find ways to make sense of emotionally challenging situations. Work with the child to find ways to reach out to these supports in times of need.

Explore safety plans with the child such as the Safety Hand. This activity involves a child naming five people they can contact if they feel unsafe; one for each finger. Not every child can name five, but if they can name one (even if it is Kid’s Helpline, a teacher or police) it’s a start. It is also necessary to speak to the child about the contact number for emergency services (Police/Fire/Ambulance) to ensure they are aware it’s 000, as some children can be influenced by different cultures represented on television.

It is often very difficult for a caregiver in crisis to have the emotional space and capacity to fully engage with, much less support their infant or child. We often see caregivers attempting to distract their child from needing the caregiver’s attention. Caregiver may try to occupy the child

with instructions “Go and play with my phone/your toys/watch the television/go to your room.” It can also be overwhelming for caregivers to think about the experiences of their child and to contemplate that their child has been harmed by violence the caregiver believes the child did not witness. We now know despite children not being physically present in a room, they are very perceptive to the signs of family violence such as hearing arguments, seeing bruising, or observing body language between the perpetrator and victim survivor. The child’s imagined version of the violence can sometimes be more traumatising than being physically present as these events can be catastrophised or minimised which alters the perception of risk.

Practitioners have a vital role in thinking about re-connecting activities and referral pathways for caregivers struggling to engage with their child. Practitioners can also role model engaging behaviour with the child and with the caregiver and the child. A practitioner could facilitate drawing with a child and then suggest “let’s see how you and mum go colouring in together while I finish these forms’ or “how about you show dad how that puzzle goes together. Dad, why don’t you put some of the pieces in with Sally?” Modelling positive interactions that are in tune with the child can be more effective than speaking in abstraction to caregivers.

Do not ask questions that may be considered leading in cases of sexual abuse and physical violence. It is the role of specialists to investigate the child’s story. The role of the initial practitioner is to believe the child, reassure the child and take immediate steps to ensure the child’s safety.

Evidence may need to be gathered by specialists in this area by Child Protection/Victoria Police and asking questions can be considered as ‘coaching’ the child in their responses. For example, do not ask things such as, “Where were you touched on your body?”

Supporting an Infant

Infants tell us lots of things if we are prepared to listen to them with our minds, eyes and emotions. As babies, they are going through one of their most rapid periods of brain development and soak up information like a sponge. Although non-verbal, infants have lots of ways of communicating! They let us know what is happening in their world through their behaviour and bodies and they will communicate by crying, making various sounds like cooing, facial expressions and movement. Play is one of the main areas of communication and playing with an infant allows them to experience all sorts of sensory experiences and allows us to witness their body language. It is important to present as warm and engaging and to ensure that you are interacting with the infant while you are interacting with the other member of his or her family.

If the interaction becomes too much, or the child is tired, they may turn their head away or stop responding. If this happens, turn your focus back to the caregiver or another sibling. Don’t attempt to turn their head back to you or attempt to remain in their field of vision; they’re telling you they’ve had enough – if you persist, they may become frustrated or frightened. Infants may exhibit similar behaviours if you are being a bit overbearing. Tone down your interaction; a soft tone of voice, eye contact and perhaps light touch on the hand or cheek may be all you need to do to communicate that you are interested in their welfare and mean them no harm.

Infants cannot function alone and are predisposed to form strong attachments to caregivers for their own survival. Those who have experienced varying degrees of trauma may display different styles of attachment and you may notice some things occurring between the infant and caregiver that are not what you might expect, such as a lack of response to the caregiver or their

surroundings which can sometimes be mistaken for believing this type of response is simply that of a 'placid baby' (more of this is discussed in 'Refuge for Babies in Crisis' by Wendy Bunston, module 2 – see 'Support agencies and Resources').

Some caregivers may not have much of a space to think about their infant due to the crisis of the situation are experiencing. More connection may need to be encouraged. By role modelling mirroring facial expressions or interacting with the infant, you can give the caregiver cues on how this may be done by example. You can also draw attention to the caregiver/infant relationship by saying things like “the baby is watching your face, I wonder what they will do if you smile back at them?” or “I wonder what your child is feeling looking around this room?” It is important for caregivers to know, that although traumatic situations can have huge impacts on infants and children that healing can occur with positive, secure and safe relationships,

It is important to note any concerns that you may have and discuss these further with a manager or child specialist. See page 17 of this book for a list of physical, developmental, social and emotional red flags.

Moving forward

Children should be assisted to move forward and create a state of calm and recovery. Allow the child to explore how an event might make them feel. You can ask, “How does this make you feel in your body?” Some children may describe tummy aches or ‘butterflies’, while others report head pain. Some children may feel guilty or distressed and you can normalize these feelings and assist them to go through the process of moving forward towards healing. Allow the child to write or speak about the feeling without attributing blame to themselves or others. Explore actions, strengths, communication with others and don't be tempted to 'rescue'.

Encourage some calming or mindful activities or apps for the child to participate in like the following examples: Through my Eyes (the Statewide Children's Resource Program can provide you this calming activity book), the 'Smiling Mind' (guided meditation app available through Headspace) or simply drawing mandalas and pictures. Find out what interests a child and encourage this. s

It is important to consider referring children to a specialist service. Play, art, pet or sand play therapy may be beneficial for children to explore their experiences in a safe and supported setting. Therapy can also assist a caregiver to make sense of what has happened for their child and support both caregiver and child. Group work, individual therapy and/or family therapy may also be useful for older children. Speaking with your Statewide Children's Resource Program Coordinator may assist with this process.



Exits and finalising things

An important part of engaging with children is giving them notice of when things are coming to an end. Sometimes an hour-long interview can feel like forever to a child, particularly one who is going through a period of stress, and it is important to give them some understanding of how long things might take and when they might be likely to finish. It is well worth informing a child that “you have been really patient so far and now I just have to spend another 10 minutes and we will be finished here.” Sometimes having a new activity for them to do that is not going to take a lot of time is useful when things are coming to an end.

Children will often build a relationship with people they have engaged with over time, including case-managers and support workers. It is important that this relationship is respected and they are also kept informed of any major changes to staff or the support period. They should be advised ahead of time when a file is likely to be closed or the support period is due to end and informed why and what options may be available. So be clear they understand, as well as their caregiver, how many sessions are left and what is happening. You could advise them similarly to this example: “We have two sessions left now that you have been approved for a house in Sunnyside, so next week you can come and we will talk about organising for you to move and what school you might go to. Then the week after will be the last session and we will see how you feel about your new house, school and managing with everything.”

It’s useful to identify some strengths on the last appointment. You might speak to a child about a picture they drew, or a story they told, or something they did at school. Positive interaction is what will stay with a child and many have identified being ignored and feeling invisible within Specialist Homelessness Services so make your interaction count in some way, even if it’s only a small gesture, be inclusive and positive (Mackie & Hopkins, 2013).

Final Tips

- Be open and engaging
- Include infants in communication and interaction.
- Be child-focussed in your interactions with caregivers, even when children are not present.
- Make sure you view your agency with the eyes of a child. Is it safe and child appropriate?
- Explain and be aware of safety issues. Listen with an open heart and open mind
- Repeat the story back to make sure you have heard it correctly.
- Explore with a child what they might do and who they might speak to explore strengths
- Explore feelings and move towards creating a state of calm.
- Make sure the child is clear on what they might do with their story and how they will proceed.
- Be aware of your support systems and other staff in your service who may be able to assist you.
- It is possible to work therapeutically with a child without being a child therapist. By being responsive to their needs, and demonstrating care and respect, your very interactions will assist the child to build a positive sense of self.



Resources and Toys for Your Service

Blocks, Duplo, Lego (0-4 years)

Wooden blocks are preferable for younger children, whilst Duplo can be more rewarding (especially if it contains wheels!) for older children, as it allows for more substantial construction which offers a chance for the child to 'show-off' a finished product to their caregiver(s). In addition, Duplo sets frequently contain human and animal figures, which can enrich the types of games children play. Duplo can be washed in a dishwasher, to ensure it remains hygienic.

Books (any age)



Books are a great way to engage children and will often hold their attention for considerable periods of time. Books for your waiting or interview rooms need not be 'educational', a child in your service won't be in an emotional state to learn. Instead choose books for the sheer enjoyment they bring. Books with beautiful or intricate illustrations are ideal. Books without words, like *Flotsam* by David Wiesner can be a fantastic way to stimulate conversation between child and caregiver. Funny books are also great - *This is a Ball* by Beck and Matt Stanton will have children in hysterics

Books are a wonderful shared activity. Especially for younger children (0-10 years old). The interaction between the reader and the child is more important than the book being read. Reading to a child is a skill. For parents with limited parenting skills or capacity, you might want to model reading in a playful, interactive and unhurried manner. Encouraging the caregiver to

hold the child while reading can provide lovely connection. Children often love the experience of sitting on a caregiver's lap/close to the caregiver and being read to, even those children who can read independently. These moments of interactions are great for emotional regulation for both child and caregiver and should be encouraged wherever possible

Weaving/Threading (6-10)



Punch a lot of holes in some cards, then attach small plastic 'needles' to lengths of different coloured wool, once shown how, children over about age 4-5 will enjoy being able to create different patterns and shapes in the cards. Kits for similar activities can be bought at K-Mart and similar retailers, though they tend to be aimed at 10+ age groups

Apps (10+)

Note: Be mindful that the most helpful thing for an infant or young child is to have an available, attentive caregiver who responds to them. We discourage the use of devices by young children instead of seeking comfort from a caregiver. However, electronic devices will often capture a child's attention for longer and more strongly than other toys, so if sensitive conversations must be had in earshot of the child, they may be useful.

Recommending Apps can be problematic, some can be highly entertaining, whereas others are less easily recommended, and some have inappropriate content. Mindfulness, drawing, and puzzle, apps are all good ones to explore. If possible, maintaining a dedicated iPad or two containing no sensitive client or workplace information would be ideal.

Common sense Media runs a very good app rating service, designed for caregivers to decide whether an app is suitable for their child: <https://www.common sense media.org/app-reviews>

Sensory Box (4-10)

Sensory boxes are inexpensive but offer a world of possibility. A box filled with interesting objects can be a great foundation for exploratory, open-ended play. Rummaging through the box can be a very calming experience.

First take a large box or tub, around 60x30cm or larger, (large enough that more than one child could use it) and add with some sort of grain-like material: Sand, rice, beans, corn kernels or dried pasta. The 'filler' should sit about 2cm deep, just enough to add weight to the box, and to enable sifting or pouring. Then add a collection of various things that may be of interest. You can add just about anything: seashells, smooth stones, pipe cleaners, small plastic toys, pinecones, banksia cones, and so on. Some of the objects should be chosen to interact with the 'filler' – either small toys that can leave a mark (such as the miniature rake pictured below), funnels that can be used to pour or shape it. Aside from the filler, take care not to include anything that can be swallowed – smaller than a glue-stick is a choking hazard for children under four.

For tips or ideas for themed sensory boxes, visit <https://littlebinsforlittlehands.com/>



A note on quality

Take care of your service's toys. Tattered books and broken toys send children a clear message about your priorities and can be very disheartening for bored children. Consider 'refreshing' toys every few months, accounting for wear and tear. Consider also the cultural safety of children, and how toys may impact upon them: toy army tanks and jets might seem like a great idea but would be highly inappropriate to offer to children who've experienced war trauma. Likewise, only having dolls with light skin tones don't validate the cultural and genetic heritage of children with darker skin. Please see the list of child friendly resource sites at the back of this manual.

What to look for if You Are Concerned a Child is Experiencing Harm

As a practitioner, you may see certain signs or behaviours that may seem unusual or may make you feel uneasy. It is important to observe these symptoms if you see them, but take care to remember that any one behaviour or mark can have any number of causes. If you have formed a reasonable belief that a child is at risk of harm, consult your organisation's reporting of abuse policy. If your organisation has a Child Safety representative, you may wish to consult with them as well. The 'Having Difficult Conversations' earlier in this book may also be of use.

Some general trauma symptoms can suggest underlying abuse:

- Social Withdrawal
- Abrupt changes in demeanour from one presentation to the next
- Depression, anxiety or unusual fears or a sudden loss of self- confidence
- Reluctance to leave activities/outings, as if reluctant to go home
- Rebellious or defiant behaviour

Other symptoms can be more specific:

Physical Abuse Signs and Symptoms

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation or reluctance to divulge incident
- Untreated medical or dental problems

Sexual Abuse Signs and Symptoms

- Sexualised behaviour or knowledge that's inappropriate for the child's age
- Use of inappropriate language or terms for anatomy
- Watch for sexualised play – especially with 'realistic' approximations of sex acts
- Statements that he or she was sexually abused
- Trouble walking or sitting or complaints of genital pain
- Abuse of other children sexually

Emotional Abuse Signs and Symptoms

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Inappropriate reactions to events – extremely strong reactions or overly 'muted' reaction

- Somatosensory distress: Headaches or stomach aches with no medical cause
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills



Neglect Signs and Symptoms

- Poor growth or weight gain
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Eating a lot in one sitting or hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Emotional swings that are inappropriate or out of context to the situation

Support Organisations and Resources

Statewide Children's Resource Program

Specialist support for children who are experiencing homelessness or family violence. For further information on any topic covered in this manual, please see this website for contact information <http://statewidechildrenresourceprogram.weebly.com/>

The Orange Door

Family Violence and Family Services support <https://orangedoor.vic.gov.au>

MARAM Information and Resources

<https://www.vic.gov.au/maram-practice-guides-and-resources>

Safe Steps

24/7 Family violence support service <https://www.safesteps.org.au/>

Australian Childhood Foundation

Provide training on the impacts of trauma on children & young people
<http://www.childhood.org.au/for-professionals>

Centre for Excellence in Child and Family Welfare

Provide a variety of training focused on the needs of children & families www.cfecfw.asn.au

Child Wise

Provide programs focusing on child safety www.childwise.net

Domestic Violence Resource Centre

Deliver training on best practice FV response to women & children <http://dvrcv.org.au/training>

Foundation House

Provide training with people with a refugee background <http://learn.foundationhouse.org.au/>

Mindful – Deliver training around mental health of children & young people www.mindful.org.au

Smiling Mind <https://smilingmind.com.au/>

O'Connell Family Centre - Parenting workshops <https://health-services.mercyhealth.com.au/our-health-services/oconnell-family-centre/>

Parenting Research Centre - Parenting focused training www.parentingrc.org.au

Queen Elizabeth Centre Professional Development Infant/children training for professionals www.qec.org.au

The Bouverie Centre

Provide training focusing on family therapy & Aboriginal healing www.bouverie.org.au

VACCA -Victorian Aboriginal Child Care Agency Training in responding to Aboriginal children & cultural sensitivity <https://www.vacca.org/>

Resources

Financial

Ardoch School Costs Guide www.ardoch.org.au

State School Relief www.ssr.net.au

Victorian Eyecare Service www.ves.org.au

Children's Rights

Children's Rights www.humanrights.gov.au/childrights

Dardee Boorai Charter

<http://www.homelesskidscount.org/DardeeBooraicharter.pdf>

Family Violence

Refuge for Babies in crisis

http://www.nwhn.net.au/admin/file/content2/c7/Refuge%20for%20Babies%20Manual_1353376053304.pdf

Indigenous Children

Safe Koori Kids <https://assets.uow.edu.au/safekoorikids/>

SNAICC -Provide workshops on the needs of Aboriginal children & cultural sensitivity <http://www.snaicc.org.au/training/>

<http://www.yarnstrongsista.com/shop/index.php>

<https://www.vacca.org/shop/>

General

Does Camping Count? <https://chp.org.au/wp-content/uploads/2012/08/06Aug2012PolicyResearch-and-Submissions-Does-Camping-Count-final-report.pdf>

Statewide Children's Resource Program YouTube Channel

<https://www.youtube.com/watch?v=ZjAO1oNGwG8>

Creating Child Friendly Spaces

Australian Competition and Consumer Commission 'Safe Toys for Kids'

<https://www.learningresources.com/category/brand/pretend+-+play.do>

<http://www.edex.com.au/>

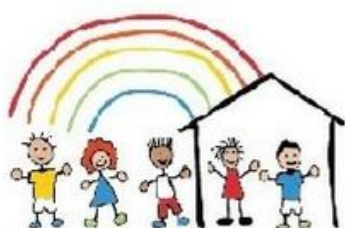
<http://www.teaching.com.au/catalogue/mta/mta-wooden-natural-play-resources>

<http://www.thetherapiststore.com.au/>

<http://www.windmill.net.au/>

References

- AIHW [Australian Institute of Health and Welfare] (2017)
Specialist Homelessness
Services: 2015–2016, AIHW, Canberra.
- Bunston, W., & Sketchley, R. (2012). Refuge for babies in crisis. Parkville, Vic: Royal Children's Hospital Integrated Mental Health Program.
- Child Abuse: Coping, Support and Prevention." Mayo Clinic, Mayo Foundation for Medical Education and Research, 7 Oct. 2015, www.mayoclinic.org/diseases-conditions/child-abuse/basics/symptoms/con-20033789.
- Mackie, C & Hopkins, D (2013) "Do You See What I See? A practical guide to working with young children in Homelessness and Family Violence Services" manual.
- Solving the Jigsaw 2012 "Awkward Conversations" booklet .
- Tucci, J., & Mitchell, J. (2015). 9 Plain English principles of Trauma-Informed Care. Prosody. Accessed August 7 2017 at <http://childhoodtrauma.com.au/2015/april/trauma-informed-care>



Statewide Children's
Resource Program



