

# MENTAL HEALTH *and Children of Prisoners*

Forum: 25 October 2012

Report & Recommendations



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**Mental Health Coordinating Council**

Building 125, Corner of Church & Glover Streets  
Lilyfield NSW 2040

PO Box 668  
Rozelle NSW 2039

For any further information please contact:

Jenna Bateman  
Chief Executive Officer  
Email: [jenna@mhcc.org.au](mailto:jenna@mhcc.org.au)  
Tel: (02) 9555 8388 #102

Corinne Henderson  
Senior Policy Officer  
Email: [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au)  
Tel: (02) 9555 8388 # 101

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## Partner & Forum Committee

Jenna Bateman - Chief Executive Officer, MHCC

Gay Foster - Drug and Alcohol Project Officer MH-Kids, MHDAO

Corinne Henderson - Senior Policy Officer, MHCC

Deirdre Hyslop - Principal Advisor Women Offenders, Corrective Services NSW

Gloria Larman – Chief Executive Officer, SHINE for Kids

Georgina Spilsbury – Clinical Coordinator, At-Risk Programs, Corrective Services NSW

Forum Partners:



The forum was funded by:

## Introduction

Children whose parents have been incarcerated have been referred to as the “orphans of justice” and the “unseen victims”. In NSW there are a range of service responses to children in this situation but they tend to be ad hoc with no central coordination or strategic directions. In NSW it is unclear who all the players are and how they relate to each other or coordinate efforts or develop approaches.

On 25 October 2012, the Mental Health Coordinating Council (MHCC) together with collaborating partners Corrective Services NSW, MH-Kids NSW and SHINE for Kids hosted a one day forum to shed light on the prevalence of mental health and co-existing problems for children of prisoners. This event was a first in NSW and aimed to bring together the organisations, government agencies and individuals working in this area in order to begin the process of sharing knowledge, practice approaches, service coordination and to explore opportunities for ongoing engagement.

Julie McCrossin, journalist and broadcaster was engaged to facilitate the day's proceedings.

The forum not only set out to highlight the prevalence of mental health and co-existing problems for children of incarcerated parents but aimed to promote some key messages which centre on the potential for child mental health and development to be affected by incarceration of primary carers, family dysfunction, and fragmented families – leading to trauma, grief and loss, generational mental health and co-existing drug and alcohol problems, psychosocial difficulties including poor socio-economic outcomes and ongoing interactions with the criminal justice system across the lifespan. Additionally, the event set out to emphasise the burden of cost on individuals, families and the community; the economic implications of not intervening early, and to identify the risks and explore the type, range and coordination of psychological and social service responses to children whose parent or care-giver is in prison in NSW.

At the forum facilitated discussions and interviews highlighted the gaps in access to services. The potential for improved service and care coordination was explored including the cross sector and cross government responsibilities for this group of children to better understand where linkages and coordination could be strengthened to prevent children receiving inadequate assessment and levels of support.

The forum attracted over 80 participants from a diversity of public and community managed sectors, including consumers, carers, policy makers, lawyers, academics, mental health workers and clinicians across health, mental health, drug and alcohol, family and children services, child protection, corrections, juvenile justice, legal aid, the Mental Health Review Tribunal, the Interagency Services Program, supported accommodation, Aboriginal and multicultural, peri-natal, education and supported employment services.

The forum represented a unique opportunity for a diversity of organisations to be consulted so as to gather material to report to government regarding the steps necessary to improve the life chances of children with parents in prison.

## RECOMMENDATIONS

Stemming from forum feedback and follow – up meeting with partners group held 10 December 2012.

1. Policy - NSW Children's Commissioner (CC) to champion the development of a Policy Framework for MHCoP, focusing primarily on prevention / early Intervention programs for children at risk and supporting children of prisoners at risk (up to 18 years).
2. Workforce – establish joint workforce development and training options with the CC, MHCC Learning and Development, Corrections NSW, Legal Services, Police, MH Kids, Children of Parents With a Mental Illness (COPMI) and other relevant agencies.
3. Legislative reform – engage the NSW Sentencing Council, the NSW Law Reform Commission and relevant Ministers and bureaucrats to investigate policy and legislative changes to sentencing arrangements and diversionary alternatives as a priority for keeping offenders with their children.
4. Research – engage with NSW MH Commission and identified university and research institutes to investigate the international literature on best practice models, workforce development and capacity building and implementation of policy into service delivery.

## Forum Proceedings

The day began with Millie Ingram providing a very warm Welcome to Country. Millie is a respected Aboriginal Elder born on a reserve in Wiradjuri country in central NSW. She has spent most of her life working life in Redfern fighting for Aboriginal rights at community level, in childcare, employment and education. Millie is Chief Executive Officer for the Wyanga Aboriginal Aged Care Program, which cares for Aboriginal Elders in their own homes.

*Jenna Bateman, Chief Executive Officer MHCC* provided an introduction to the day describing the aims as outlined in the Introduction above. Jenna also introduced a short documentary video made for the ABC Hungry Beast series with the cooperation of SHINE for Kids, a not for profit organisation that provides support to nearly 2000 children across NSW, ACT and Victoria who have a parent in prison. The video gives voice to the personal experiences of some children of prisoners and offender parents and was a moving insight into the many negative outcomes for these children and families. It demonstrates what a difference can be made when those involved receive appropriate support. The web location for the video is accessible from the ABC website:

<http://www.abc.net.au/tv/hungrybeast/stories/kids-prisoners> and SHINE for Kids website: [http://www.shineforkids.org.au/about\\_us/index.htm](http://www.shineforkids.org.au/about_us/index.htm)

*Minister Humphries, Minister for Mental Health, Healthy Lifestyles and Minister for Western NSW and Member for Barwon* officially opened the forum expressing his support for its objectives and commented on the often unrecognised role grandparents play in pulling things back on track for children at risk. The Minister stated that people living on the margins, particularly young people with mental health problems are a growing focus. *“Prisons are not the right place for people with mental illness and locking people up does not necessarily make the community safer”* the Minister said. He described related areas of particular interest as ante-natal care in custody, particularly for Aboriginal women; the development of COPMI and school initiatives; options for diversion for people with comorbid conditions; and increased opportunities for employment, continuity of care and support for released offenders. The Minister described some of the Government’s initiatives including packages for women with children (to be released) and supporting them through the recent boarding house reforms and supported accommodation programs. He stressed that the Government is looking towards providing greater support for people who are vulnerable and marginalised in the community such as these identified children.

*Kirsty de Vallance*, was the first keynote speaker. Kirsty was generous in sharing her story which gave the audience some understanding of what helped her survive and nurture the resilience to overcome such a devastating loss and extreme turmoil, when as a 16 years old her father was arrested and imprisoned on charges of ‘drug trafficking’. As a senior customs investigation officer, and the crime being one of Australia’s largest hauls, the case was highlighted by a multitude of media attention. She went on to experience a string of shocking experiences resulting from her father's arrest and imprisonment. However, *Kirsty overcame adversity to complete a University Degree in Communications and now operates her own successful reality TV casting agency in Sydney, working on shows like Masterchef, Farmer Wants a Wife and Biggest Loser.*

Kirsty said that she felt her age at the time of her father’s imprisonment had made a difference and that by that age she had strong personality traits motivating and helping her cope. She became an overachiever and describes her middle-class background as having made a difference. She was supported and not bullied by her peers. She puts great value on the support she received from a school counsellor, and indeed has continued over 20 years to use counselling support when she feels the need She also sites supporting others as a positive strategy that has helped her long-term and has been involved as a volunteer with SHINE for Kids (who supported her as a young person) for several years now. She

particularly referred to the sharing of lived experience as a major factor in the healing process.

Two further speakers presented the research evidence for the event. *Associate Professor Kimberlie Dean was recently been appointed Chair in Forensic Mental Health at UNSW, a joint appointment with the Justice and Forensic Mental Health Network. She returned to Australia after ten years in the UK at the Institute of Psychiatry and Maudsley Hospital in London where she completed clinical training in Forensic Psychiatry and a PhD in Epidemiological Psychiatry. She has worked as a Consultant Forensic Psychiatrist in London for the past 3 years and held a joint academic appointment as Clinical Senior Lecturer in Forensic Mental Health Research at the Institute of Psychiatry during that time.*

Kimberlie presented literature based on UK and Danish data as well as her own studies that investigate the links between mental illness and offending behaviour including violence, testing interventions in mentally disordered offender samples, and understanding intergenerational transmission of risks. Her presentation will be made available on the MHCC website.

The second speaker was *Professor Juanita Sherwood, Head of Australian Indigenous Education, within the Faculty of Arts and Social Science at the University of Technology Sydney. Juanita is a Wiradjuri woman with 25years experience in the area of Indigenous health, education and research. Through her lived experience, personal study and working history, she has developed a strong cultural framework from which she can effectively present her knowledge in relation to education, history, culture, health and social justice. Currently Juanita is working on two research projects that are looking at Aboriginal mothers and families who have experienced and been affected by incarceration.*

Juanita's presentation described the impact of trauma on the lives of Aboriginal people, and how trauma such as witnessing the arrest of a parent, being cared for by others, separated from siblings and never having the grief and loss recognised has brought havoc on a community who *"have been taught to hate who they are and internalised this over generations. What we need is policy to deal with bad policies – Racism is the oxygen that keeps trauma alive,"* she said. Juanita proposed that what is particularly important are parenting programs that can mediate the pandemic grief and loss and trans-generational trauma. Her presentation will be made available on the MHCC website.

During the day two panels of distinguished people in the field were interviewed by Julie McCrossin. The first panel were asked to consider what challenges children of prisoners face and what are the key issues that discussion should focus on.

Panellist *Gay Foster, Drug and Alcohol Project Officer MH-Kids, MHDAO is an Aboriginal woman born and raised in Sydney. Gay graduated with a Postgraduate Diploma in Clinical Drug Dependence Studies (Macquarie Uni), has a Postgraduate Diploma in Indigenous Health and Masters in Indigenous Health, a has over 17years experience in the drug and alcohol field working with Aboriginal and non-Aboriginal people in clinical, project management and project implementation in NSW and WA. She has also worked in the prison system for approximately 10 years in both NSW and WA.*

Gay spoke about the MH Kids programs that Minister Humphries mentioned in his opening speech. These are: Antenatal Care for Aboriginal Young Women in Contact with the CJS. This program will facilitate culturally safe and relevant antenatal care and referral pathways for pregnant young women, and their families and carers, who are in contact with the criminal justice system (both in custody and in the community). It will also deliver a culturally safe and relevant Antenatal Resource Kit for use with young women in contact with the criminal justice system.

Secondly Gay spoke about the National Partnership Agreement Indigenous Early Childhood Development Element 2 Mental Health Drug and Alcohol Service (NPA IECDE2 MHDAS). This initiative improves access to mental health drug and alcohol prevention and early intervention services for Aboriginal pregnant women, their partners, families and communities. Lastly Gay talked about the NSW Children of Parents with a Mental Illness (COPMI). The positions within COPMI are across NSW and promote the wellbeing and reduce the risks associated with mental illness for infants, children, adolescents and their parents/carers and families; identify and provide responsive services for families where a parent has a mental illness; strengthen the capacity of interagency partners to recognise and respond to the needs of children of parents with mental health problems; and support the workforce to provide appropriate family focused interventions and care to parents with a mental illness, their children and families.

*Panellist Gloria Larman, Chief Executive Officer, SHINE for Kids has over three decades of experience working in community organisations in the areas of justice and disability, with a particular emphasis on the issues faced by children of prisoners. Gloria has built strong strategic partnerships and developed innovative research and programs, and positioned SHINE for Kids as a respected service provider to children. She has authored numerous papers detailing the issues faced by children whose parents are prisoners and regularly provides recommendations to government regarding solutions to the complex issues involved. Gloria holds a diploma in welfare, and a degree in community management and adult education.*

Gloria talked about the stigma children with a parent in gaol experience. This stigma causes extreme isolation and shame. Important in fostering resilience is getting together with other children, having peer support, and understanding that they are not alone in their experience. She also said that it is vital to get families involved as well as schools, and provide mentoring programs and keep children in education. SHINE for Kids provide travel to and activities in prison, they engage with corrections to provide day activities to foster and maintain relationships with inmate parents in a relaxed atmosphere. They provide a range of toys and activities such as computer games. They also have a number of initiatives to promote links to parents via a video homework session, Skype contact, and contact in real time. Recognising that the face to face environment may be difficult for some children SHINE for Kids balance the needs of children with safety. Gloria suggested that there is a need to develop integrated policy across sectors regarding how children are treated, e.g. that no child should be present when their home is being ransacked by police.

*Panellist Professor Cathrine Fowler is Tresillian Chair in Child and Family Health at the Centre for Midwifery, Child and Family Health, University of Technology, Sydney. Catherine is a registered nurse with qualifications in child and family health nursing, midwifery and education. She is the child advocate for Corrective Services NSW Mothers and Children's program.*

Cathrine stressed the importance of keeping the child present in a prisoner's life. Many parents do not understand the developmental issues for a child, and this presents difficulties with mothering at a distance. Catherine described York House in Glebe as providing an opportunity for a mother to develop skills to improve the outcomes when families get back together. They encourage letter writing, craft activities, and assist with literacy. One initiative is for a parent to audio record stories for their child to listen to. This also happens in gaols across NSW, the CDs and DVDs are sent to the children and have proved very popular. York House partnering with Tresillian offer a drug and alcohol detox combined with parenting program. This also provides an opportunity to build workforce capacity. However, Cathrine reported that funding is always at risk, and to sustain families in NSW they only have capacity to support 5 programs. The programs are run by nurses and allied health workers. They support 2 years of parent infant interactions with particular reference to mental health.

They aim to get in early and conduct home visits in N. Rivers, Arncliffe, Wyong, the Hunter and Liverpool. One of the problems Cathrine also mentioned in getting programs up and running is the shortage of advanced nurse practice skills and training.

*Panellist Kim Nixon is Director Practice Standards for Metro West Community Services (FACS). Kim has 27 years experience across the fields of child protection, out of home care, early intervention and sexual assault, including management roles. She has taught in the areas of child protection, interpersonal violence and family work and has published research in the areas of Australian childhood, child protection, sexual assault and complex case reviews. In her current role she and her team of casework specialists are responsible for promoting the delivery of best practice case work in a statutory child protection agency.*

Kim described the biggest challenge as the separation from parents, and stressed the need to assess early and support mothers with babies in prison to create a strong attachment up until at least 5 years old. Kim said that there are far too many children in care than ever before. Kim stressed the need to create a vision of hope and see the value in the dollar spent well. Brighter Futures are early intervention programs provided by an NGO which supports people to keep children in their homes. Kim also sighted funding as a major issue, as well as mothers on remand which is problematic because of the delays in the system. She said that there is a need for arrangements to be made if a sentence is delayed to minimise parent/child attachment difficulties.

*Panellist Dr Claire Gaskin is Clinical Director Adolescent Mental Health, Justice Health and Conjoint Lecturer at the University of New South Wales, Sydney, Australia. Claire is qualified in medicine from St George's Hospital Medical School, University of London in 1991, and completed Advanced Training in both Child and Adolescent and Forensic Psychiatry at the Maudsley Hospital, London. She has worked as a consultant in specialist adolescent forensic mental health services since 2003 and currently provides clinical leadership in mental health to medical, specialist nursing and allied health staff working across various Justice Health programs and teams. Claire has research interests in the effects of trauma in young offenders and has collaborated internationally on projects to enhance the provision of mental health care to the young offender population and has published in this area.*

Claire said that the evidence tells us that we need expanded psychological services and court diversion programs for people with mental health and drug and alcohol problems. *“Community forensic mental health family and carer services describe the needs of children as complex. Three things are evident, half the children of parents in custody are Aboriginal, and we need to identify resilience factors – the focus is often on risk rather than resilience. We also need to find ways to help children develop a positive identity, with goals and acknowledgements of what they are good at, and an education system that suits their needs.”* Claire proposes the need for effective educational initiatives. She sighted a USA program that is a Wrap-around model for young children and families. This includes all services working together to provide meaningful activities. The programs need to have practical aspects such as addressing hearing loss, and maintaining school attendance, addressing issues concerning driving licences because of literacy limitations. Claire identified some specific programs such as one in the NT that focuses on culturally appropriate and relevant education, e.g. creating journals and identifying your place in the land. NAISDA also is a program that affirms cultural identity, understands diversity, and is positive and validating providing connections to traditional elders, language, community, using peers that are Aboriginal. Claire also mentioned an educational intervention in Griffith.

The second group of panellists to be interviewed included *John Feneley, the inaugural NSW Mental Health Commissioner. John was previously Deputy President of the Mental Health Review Tribunal and has extensive experience within the mental health sector including as*

*Assistant Director General NSW Attorney General's Department, and as board member of the Schizophrenia Fellowship and member of the Youth Justice Advisory Committee.*

John provided information on the role of the Commission and how this may support future work for these children. He also mentioned that from his previous experience with the AG's that they reported some good outcomes from the social inclusion units which worked with Juvenile Justice and schools. They looked at improving literacy, numeracy and improving self-esteem as well as revitalising Aboriginal language. John supported the moves towards improved connections to parents building on the latest technologies. He also talked about the importance of looking at the work Aboriginal communities undertake surrounding truancy, likewise, working with elders, circles of sentencing, and individual sponsorship of children in year 12.

*Luke Grant, Assistant Commissioner Corrective Services NSW, Offender Services and Programs was appointed Assistant Commissioner, Offender Services and Programs in June 2006. He is responsible for offender services and programs in custody and in the community including Corrective Services NSW Industries and inmate classification and case management. He has held a number of positions in the areas of inmate classification, programs and education and comes from a background in tertiary education.*

Luke provided an update on the work undertaken at Corrections NSW and talked about the poor quality of the research on mental health and children of prisoners. He mentioned a UK study by Murray and Farrington that measures life trajectories, and looks at the constellations of problems surrounding incarceration. He also mentioned that sometimes the evidence shows that boys for example may do better away from fathers that are poor role models. He stressed that outcomes are different for women and that perhaps there are more important things that can be done than lay emphasis on removal of parents in the case of boys. Luke suggested that we need more funding for research before we can advocate to Ministers. However, he proposes that a number of things are clearly evident: that parenting programs improve anti-social behaviour; intervening early before school – e.g. parents as first teachers (play group based programs already evaluated as successful). Luke also mentioned a US early childhood program which is a hub and wheel program of 6 partners in the community that is working well.

The audience participated in an open discussion with the second panel interviewees which included *John Feneley, Luke Grant, Kimberlie Dean, Juanita Sherwood, Gay Foster, Gloria Larman and Claire Gaskin.*

Some issues raised were:

- Remember many prisoners are parents
- The cumulative effect on children of prisoners has a relationship to generational criminality
- Gay Foster spoke to prevention and early intervention for those pregnant women (particularly Aboriginal women) who are vulnerable or 'at risk' to mental health and/or drug and alcohol issues in both the community and in custody.
- Dr Claire Gaskin also talked to the NSW Child and Adolescent Mental Health Services (CAMHS) Program which provides specialist mental health services to children, adolescents and their families who are involved in the forensic mental health system.
- Measures of social demographics are limited, and the UNSW research project IAMHDCC has had to resort to using a father's educational standard as a proxy for socio economic impact.
- To look beyond the psychiatric context – look at complex needs, e.g. intellectual, cognitive disability, and hearing problems also

- What are the therapeutic psychological interventions that we can ascertain make a difference to these traumatised children?
- Problem - policy development without an evidence base.
- Dr Eileen Baldry and Dr Leanne Dowse's Research Project IAMHDCD is a study of a person's contact with the CJS who has comorbid mental illness and cognitive disability and their interactions with multiple public agencies. The research has so far been conducted over 7 years and continues. The team experienced problems in collating information because of privacy issues. The project is evidence of the cost of not intervening borne by community services which highlights the need to sustain services in the community. People end up in gaol and the hidden costs are defrayed to the CJS.
- We have created silos and boundaries. Costing is incredibly difficult. When doctors advocate, governments listen.
- Discussed at length was the need for culturally safe tools, assessments, environments and the necessity to involve extended family members (with consent of the client of course) when working with Aboriginal clients. This is a necessary part of trans-generational healing. The Department of Health and Ageing (DoHA) has training with reference to the Aboriginal Care Planning Guide and there is an Mental Health drug & Alcohol Indigenous Risk Impact Screening Tool (MHDA IRIS).

Prior to the afternoon Café Consultation session *Megan Mitchell, NSW Commissioner for Children and Young People and Gregor Macfie, Director of Policy and Research arrived and were interviewed by Julie McCrossin.* They talked about their personal backgrounds and the role of the Commission. Megan Mitchell has a strong personal and professional commitment to the needs and interests of children and young people.

*Megan's extensive experience has been at national and state levels, in Commonwealth and State governments and NGOs with a particular focus on vulnerable children, child protection, foster and kinship care, juvenile justice, children's services, child care, disabilities, early intervention and prevention services. Her previous roles include Executive Director of the ACT Office for Children, Youth and Family Support, Out of Home Care in the NSW Department of Community Services, CEO of ACOSS and Director, Strategic Policy and Planning in the NSW Ageing and Disability Department. She has formal qualifications in social policy, psychology and education, and has worked as a school teacher.*

*Gregor Macfie is Director of Policy and Research, NSW Commission for Children and Young People. Prior to joining the Commission in July 2011, Gregor worked in a number of senior roles in the non-government sector, including as Executive Officer of the Tenants' Union of NSW and Acting CEO of the Australian Council of Social Service. Originally trained as a lawyer, his professional interest for the past 20 years has been public policy and advocacy.*

Videos of all the key presentations, interviews and discussion panel will be available on the MHCC website, following on from the editing and uploading process.

All forum attendees will be advised when this is available from:  
[www.mhcc.org.au](http://www.mhcc.org.au)

## Café Consultation

The afternoon was devoted to a café consultation format. Over the course of the café participants were able to engage in 3 table topic groups of their choice - out of 5 topics on offer. In order to provide a context for discussion, a scenario outlining the experience of a child of a prisoner was presented to forum participants (Jordan's Story see Appendix 3.)

Each table was appointed a chair to facilitate discussions and a scribe to record key information, challenges and suggested solutions. Julie McCrossin facilitated the feedback session in which the appointed chair on each table provided the primary recommendations from the three groups who had participated in the discussion topic.

Below is the detailed feedback from the 5 table topic groups.

*Record of table discussions will form the basis for recommendations stemming from the partners' meeting to be held on 10 December 2012.*

## Discussion Topics/ Recommendations

### Topic 1: Gaps in Service Delivery

**What are the gaps in service delivery across service systems for children, families, carers, prisoners? What is needed to work better together?**

Early intervention:

- A major gap in service delivery for children of prisoners is early intervention. Approaches need to move beyond 'diagnoses', and become proactive rather than waiting until a diagnosis can be made or a crisis has eventuated.
- There is currently no clear line around when children get service support, so systems need to be developed to make sure that children can be identified, offered access to services and that information is shared to support them. Services need to engage with a child as soon as a parent goes into prison.
- Discussion is needed around how the service system might be notified/become aware of when a parent goes into gaol or at the point of arrest.

Care coordination and continuity of care:

- 'Case management' is needed to ensure someone is responsible for coordinating services across the system to provide better continuity of care in the community.
- Silos need to be broken down, and workers must practice holistically to ensure all of a child's needs are being attended to.
- Services need to engage in follow up and 'checking in' practices. Currently, there is no way to monitor kids, for example if they change schools or areas.
- Help should be offered to the parent not in gaol, for example to manage money, pay the bills etc.
- Children of prisoners require more advocates and advocacy services.

Appropriate funding and outcome measures:

- Flexibility of funding is required to allow services to wrap around the child, including flexible eligibility criteria and service timeframes according to individual need.

- Coordination and longevity is crucial to continuity of care, however 3 year funding and the number of 'pilot programs' provide barriers to ensuring support over time
- Outcome measures need to be developed in services for children of prisoners. Programs are under pressure to be seen as successful however some programs working with complex clients won't necessarily show significant outcomes in the short term. In addition, people with cognitive disability are sometimes excluded from programs, even when they need it the most. Independent research is required, over time, and any form of particular disability should not be a part of an exclusion criteria.

Information sharing and knowledge of services and resources:

- Knowledge and awareness of resources is currently lacking - there needs to be a better understanding of what services are already in the community. An audit should occur across the State to see what programs/services/resources already exist, what is working and what the gaps are.
- Centralised databases are needed to support information sharing and increased awareness is needed around organisations such as SHINE who are trying to act as a depository of information.
- More age appropriate resources need to be developed for children to prepare them for visiting parents in gaol i.e. video for families to prepare them for visits, comic book format for preparing children.

Workforce education and training:

- Everyone who works with vulnerable groups need experience with any cognitive impairment or disability.
- Workforce development and partnerships are lacking, as are teamwork and collaborative skills.

Systems level requirements:

- Systems that support best practice models of care are required.
- Support systems need to be better developed in schools, for example social workers could be placed in schools, and schools could act as a hub for services.
- Isolation is a problem and services need to bridge the physical distances.

## Topic 2: Workforce Development

**What is needed, how will it be provided and by who?**

There needs to be a confident experienced workforce across sectors for who no client is too difficult. The workforce supporting children of prisoners requires mental health training and training around the impact on families and how to support them. Training in service coordination is also needed to enable a team approach to provision of support.

It is recommended that the following people are a part of that team:

- Community Services 'case workers' / care coordinators
- School counsellors and teachers
- Carers including foster carers
- Schools and childcare centres
- Police e.g. arrest, searching etc.
- Magistrates, lawyers, court officials etc.
- GPs
- Aboriginal Mental Health Workers and CALD Mental Health Workers

- Community Mental Health
- Policy workforce
  - Undergraduate and postgraduate training and in service
  - Multi-disciplinary
  - Systems thinking
  - Boundary crossing
  - Interconnectedness between services
- Broad education is also required to reduce stigma and increase community awareness

Recommendations for training and education include:

- Awareness of grief and loss
- Trauma informed care and practice
- Indigenous trauma informed care
- Cultural awareness
- Differences between men and women prisoners in relation to children
- Complexity and how to work holistically - scope of practice for mental health workforce
- Mental health, alcohol and other drugs.
- Disability awareness including intellectual disability
  - How to work with people with disability - not exclude them, and how to conduct assessments and recognise issues
- Holistic and integrated, person centred care
- Care/service coordination – work across agencies
- Team building skills
- Self-care and vicarious trauma
- Reducing stigma and discrimination - ‘de-labelling’ and population based media campaigns
- Supporting workforce
  - Practice supervision
  - Health and welfare
  - Mentoring
  - Career paths
  - Good training

Recommendations for workforce development include funding and support for:

- Peer education and mentoring programs
- Resources – information, programs, clearinghouse or similar
- Capacity for organisations to support and fund workforce development including continuing professional education for the non-regulated professions and frontline workers
- Incorporation of key mental health, alcohol and other drug and disability training into mainstream undergraduate education and training for all front line professionals

Suggested strategies to achieve workforce development include:

- Cross training across agencies and sectors – e.g. job swaps, placements in other agencies
- Appropriate policies and procedures:
  - That enable integrated working across services
  - To support cross discipline cross system working

- Look at the skill mix in organisations and provide the existing staff with the skills they need rather than bringing more people in
- Train frontline staff in mapping exercises – roles, functions, skills, experience, training, gaps and needs and targeted training to meet needs
- Reduce turnover of staff and encourage sustainability through increasing pay, incentives, and increasing supervision and support and culture
- Support responsive service delivery and culture
- Develop a model of practice
- Strong coordinated performance management
- Networking and building relationships between workers and agencies

### Topic 3: Policy and Legislative Reform

#### What reforms are necessary and who should be targeted to advocate these reforms?

Baseline principles and considerations:

- Kinship care should be considered over foster care.
- Services need to be integrated and not agency specific.
- A range of funding models must be developed that meet the needs of the child e.g. funding goes with the child, wrap around support - Headspace model - and incentives to agencies to deliver outcomes.
- Evaluation and outcome measures must be developed to investigate what works and why, including cross sectoral data collection from those involved in wrap around support.

Policy and legislative reform recommendations include:

- More appropriate use of sentencing arrangements – specifically that the NSW Law Reform Commission conduct an Inquiry into opportunities for diversion and sentencing arrangements which take into account family circumstances and the rights of a child of a prisoner to access family.
- We note that the Sentencing Act already reflects consideration of dependents of an offender, but should be expanded, be more explicit and provide more guidance on flexibility and use of sentencing options, and give a Magistrate the opportunity to review practices (possible option of ongoing review of court discretion to convert custodial to non-custodial, e.g. home detention, electronic monitoring etc.) Support mechanisms to be available, particularly for women who are pregnant. In addition, consideration of the special circumstances of women with young children be introduced as a sentencing principle.
- Consideration is needed for a Bill of Rights for children of incarcerated parents which places responsibility on agencies to meet the needs of children and facilitate decision making that has regard to children’s holistic needs.
- The overarching principles of the UN Convention of the Rights of the Child be reflected in diversionary programs and sentencing arrangements, taking into account the complex needs of families and children of prisoners.
- Investigate potential for more ‘Circles of Sentencing’ to provide better outcomes for children before the courts.
- Improved diversionary programs that include parenting programs as well as MH, D & A for men and women.
- Legislative review to decriminalise summary D&A offences and make addiction / offending a health issue.

Policy development will need to take into account:

- Promotion of cross sectoral initiatives which will require a better understanding of problems across Ministers/ departments, sectors and service systems and disciplines.
- Attention to human rights of children – i.e. distances for visits; visiting times etc.
- Courts better understanding of hidden victims, and the impact on Victims of Crime.
- Education to build workforce capacity around MHCP, and parenting programs
- Research that supports policy – evidence concerning long term impact of fragmented families on mental health, educational outcomes, interaction with CJS, etc. and the National Institute MH - bridging the gap between research and practice.
- Evaluation of programs that include selection criteria issues (that may be excluding challenging families/individuals) and build flexibility into policy development.
- Creation of cultural partners in program planning.

## Topic 4: Alternative Interventions and Innovative Models of Care

**What are they? How should they operate and who should run them?**

Examples of current services / initiatives / activities:

- CRC Hearts Inside
- Aboriginal mentorship
- Kinship care
- Bail support
- Homelessness support
- Seeing Is Believing
- Opportunistic servicing, e.g. methadone clinic at RPA
- “Kindergarten of the Air”
- Diversionary schemes in court – Drug Court, MERIT, CREDIT
- Skype, video link and phoning family
- Role playing with children going to court to prepare them
- CSNSW Kids Pack
- MRRC Visitor Information Program
- Port Augusta Family Care Program (evaluated 2002?)
  - Family based model with evidence of good outcomes. Families where a parent was a prisoner or ex-prisoner (Indigenous) were included in the development.
- Family Support Programs (10 years old) referred by community services
- FAMHS – Family Based Services
- Strong Family Project – Family Planning (elders and young people talk about sexuality).

Recommendations of opportunities for innovation that need investment, including:

- Partnerships, sharing information and resources
- Functions to be undertaken by an independent service e.g. Commission for Young People and Children including:
  - Monitoring
  - Community consultation with key people
  - Successful programs on website e.g. Clearinghouse similar to the Suicide Prevention Website
  - Assist in fostering partnerships and information sharing

- A service coordinator for the child to follow them across different settings e.g. like the Guardianship Tribunal
- Adequate resourcing and longer term programs e.g. 6-7 years, birth to primary school
- Specialised parenting programs that are strengths based
- Advocacy in schools, education for principals and school counsellors
- Taking services to where people are, equity of access, equal regional access
- New technology and e-Health records
- Multiservice children's service, better partnerships with refugee services i.e. STARTTS , and linking with services that better understand people from CALD backgrounds
- Improve protocol for working with children
- Inter-agency meetings where you can bring clients
- Universal pre-school and improve the registration requirements of pre-schools to assist them in understanding children at risk.

## Topic 5: Research

### **What research already exists? What new research is required? How might funding be sourced?**

Research topics and ideas suggested include:

- Rigorous studies of complex interventions that address the multiple risk factors that we know predispose children to all kinds of mental health, drug and alcohol problems etc. e.g. programs that incorporate counselling, CBT, drug and alcohol services, job skills
- Conceptualise who COP are – needs, problems and strengths
- Fathers feelings about being separated from their children and the family issues that affect children because their fathers are in prison
- Gender differences and responses to separation, grief and loss
- Research on parenting programs in prison for fathers that go beyond evaluation of programs themselves to follow the father/child relationship over time and the outcomes for children including developing relationships as an adult and taking on the responsibility for providing for family
- Representative longitudinal studies complemented by case studies with a large sample size
- All programs developed for children of prisoners should include an evaluation that is well funded (at least 20% of total funding)
- Interdisciplinary research e.g. law, social work, education, health, disability
- Mapping the services involved with children of prisoners who could potentially be part of an integrated approach to service delivery. Also the existing processes related to 'at risk' and 'risky' children e.g. children expelled from school, and connect the dots
- Map legislative provisions and the actual processes that occur for children. Tracking children through the system, identifying bottle necks, identify systemic issues
- Research children of prisoners who show resilience – identifying the characteristics and the experiences of those children and what has made a difference
- Research into the strengths of Aboriginal children e.g. high activity levels, curiosity, bilingual and early literacy. Track the children who are going well.
- Research into children's contact with parents in prison – frequency, feasibility in terms of distance of the prisons from the family etc. Outcomes for children in terms of frequency of contact (in person or by Skype) and age of child.

- Investigate ways of teleconference or connection and the results of different kinds – establish quasi experiment with a control group, teleconference and connection group for comparison
- Effects on young children who have spent time in prison with their mothers and readjustment to life outside, including consideration for those who did not spend any time inside prison
- Children and their care arrangements when parents are in prison, variety including children cared for overseas
- Experiences of children in prison/refugee families in the correctional system and CALD backgrounds. This problem is likely to get greater
- Research forum on Indigenous learning styles and incorporating those educational interventions for Indigenous children of prisoners
- Spirituality and culture as playing a role in Indigenous children's resilience – building this in to intervention programs
- Comparison of urban, regional and remote Indigenous children of prisoners. What role does contact, location, make in terms of their experiences? What makes one child more resilient than another?
- Research into early indicators and interventions for children of prisoners
- Research on policy innovation e.g. trials. Evaluate the aspects of innovations that make a difference
- Need to choose the most important research projects according to their policy relevance and according to what is costing the most (e.g. Indigenous prisoners and their families)
- Coordination of existing research findings is the first step to identify gaps
- Secondary analysis of Longitudinal Study of Australian Children (LSAC) and Longitudinal Study of Indigenous Children (LSIC)
- Starting point is analysing data on services currently provided by Education and Health
- Replicate international studies in Australia – saves time on developing questions
- Age of children and vulnerability at different ages, including consideration for demographic differences
- Negative impacts on the lives of children arising from services and trauma impact through engagement with services
- Promoting quality research into practice

## Future Actions

Without precluding any of the many issues raised during the forum, three clear messages were evident as key issues to progress. These formed part of early deliberations amongst the forum partners at their first post-forum meeting.

### Key recommendations

- Develop a proactive, protective, and accountable legislative and policy framework that acknowledges the complex needs of children of prisoners and their families
- Develop research directions and evaluative processes to provide evidence in the Australian/NSW context, to support good practice and the development of models of care and service coordination
- Identify work force education and training across disciplines and service systems

## Appendix 1 – Flyer



# MENTAL HEALTH and Children of Prisoners Forum

THURSDAY 25TH OCTOBER 2012

Ariel UTS Function Centre  
UTS Building 10 - Level 7  
235 Jones Street, Ultimo  
8.30am Registration - 4.30pm

*Shining a light on the impact and prevalence of mental health and co-existing problems for children of incarcerated parents, their carers and families in NSW*

MHCC and Forum Partners invite attendees from across the public and community managed human service sectors, including the criminal justice system to participate in an opportunity to learn about research, policy and service developments in the field.

Julie McCrossin, broadcaster and journalist, will interview distinguished people in the field and facilitate discussion focussing on how child mental health is affected by incarceration of primary carers, resulting in fragmented families, trauma, grief and loss, generational mental health and co-existing problems including interactions with the criminal justice system.

### Key Speakers:

Kirsty de Vallance, reality TV casting agent working on shows like Masterchef, was only 16 years old when her father was arrested in a high profile case causing much media attention. Overcoming extreme adverse experiences, she completed a University Degree in Communications and now operates her own successful business.

Professor Juanita Sherwood, Head of Australian Indigenous Education at UTS is a Wiradjuri woman with 25 years experience in the area of Indigenous health, education and research, particularly concerning Aboriginal mothers and families who have been affected by incarceration.

Associate Professor Kimberlie Dean is the inaugural Chair of Forensic Mental Health at UNSW, established through a long-standing partnership between UNSW and Justice Health. She has published widely internationally on forensic psychiatry.

### The forum aims to:

- Present the research
- Explore the policy environment
- Look at the challenges and opportunities across service settings
- Promote collaboration and innovation between sectors
- Provide a space to network and share knowledge and experience

### Interviews:

**John Feneley** is the inaugural NSW Mental Health Commissioner.

**Professor Catherine Fowler** - Tresillian Chair in Child and Family Health, UTS

**Dr Claire Gaskin** - Clinical Director Adolescent Mental Health, Justice Health and Conjoint Lecturer at the University of New South Wales, Sydney, Australia.

**Luke Grant** - Assistant Commissioner Corrective Services, Offender Services and Programs

**Megan Mitchell**, NSW Commissioner for Children and Young People

Please forward completed registration forms to [Info@mhcc.org.au](mailto:Info@mhcc.org.au) or fax 02 9810 8145



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## Appendix 2 – Program



# MENTAL HEALTH and Children of Prisoners Forum

THURSDAY 25TH OCTOBER 2012  
ARIEL UTS FUNCTION CENTRE

## Program

*This Forum aims to establish what we need to do to improve the life chances of children with parents in prison, and foster partnerships between organisations to support ongoing action*

8.30am	<b>REGISTRATION</b>
9.00-9.10am	Open Proceedings Julie McCrossin - event facilitator Welcome to Country Millie Ingram - Chief Executive Officer, Wyanga Aboriginal Aged Care Program
9.10-9.15am	Forum introduction and aims of the day Jenna Bateman - Chief Executive Officer, MHCC
9.15-9.25am	Hungry Beast - <i>Kids of Prisoners</i> ABC Video Presentation - SHINE for Kids
9.25-9.40am	Opening Address The Hon. Kevin Humphries - Minister for Mental Health, Minister for Healthy Lifestyles, and Minister for Western New South Wales
9.40-9.55am	<i>A personal experience of a child of a prisoner and the journey beyond</i> Kirsty De Valence
9.55-10.20am	Panel 1 - Key challenges and opportunities Panel members - Professor Catherine Fowler (Tresillian), Gay Foster (MH-Kids), Gloria Larman (SHINE for Kids), Dr Claire Gaskin (Justice Health), Kim Nixon (Facs)
10.20-10.45am	<i>Intergenerational transmission of adversity</i> Associate Professor Kimberlie Dean - Inaugural Chair of Forensic Mental Health, UNSW
10.45-11.10am	<i>Torrents of Trauma</i> Professor Juanita Sherwood - Head of Australian Indigenous Education, UTS
11.10-11.45am	<b>MORNING TEA</b>



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# MENTAL HEALTH and Children of Prisoners Forum

THURSDAY 25TH OCTOBER 2012  
ARIEL UTS FUNCTION CENTRE

## Program

11.45-12.45pm	<b>Panel 2 - Q and A Interviews with Julie McCrossin:</b> Panel members - John Feneley (NSW Mental Health Commission), Luke Grant (CSNSW), Assoc Professor Kimberlie Dean, Professor Juanita Sherwood, Gay Foster (MH-Kids), Gloria Larman (SHINE for Kids),
12.45-1.30pm	<b>LUNCH</b>
1.30-1.40pm	<b>Interviews -</b> Megan Mitchell, NSW Commissioner for Children and Young People and Gregor Macfie, Director of Policy and Research - NSW Commission for Children and Young People Julie McCrossin - facilitator
1.40-2.45pm	<b>Café Consultation - Scenario / Group Discussion</b> Julie McCrossin - facilitator
2.45-3.15pm	<b>Plenary discussion and Priority Recommendations</b> Julie McCrossin - facilitator
3.15-3.30pm	<b>Forum wind-up and thanks</b> Jenna Bateman - Chief Executive Officer, MHCC
3.30pm	<b>Forum Close</b>
3.30-4.30pm	<b>AFTERNOON TEA</b>



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## Appendix 3 – Jordan’s Story



# MENTAL HEALTH

and Children of Prisoners Forum

### Cafe Consultation - Scenario Questions 2 & 3

#### Jordan's story

Jordan, an Aboriginal boy living in Central West NSW, was a 10 years old when he witnessed the traumatic arrest and imprisonment of his pregnant mother and stepfather.

His mother was sentenced to 4 years non-parole, his step-father 6 years non-parole. Following the arrest, Jordan and his 2 sisters aged 4 and 13 were placed in Out of Home Care.

Jordan and his elder sister were already known to Family and Community Services through earlier incidents of DV and neglect.

Separation from his Mum and sisters, and other dramatic changes to his life triggered a multitude of setbacks in Jordan's life:

- Jordan has had to change schools and foster homes several times
- Jordan has found it increasingly difficult to communicate, is withdrawn and occasionally explosive
- Jordan rarely gets to spend time with Mum who is in gaol over 200ks away
- He struggles with these visits - the officers' uniforms, sniffer dogs, and search process are frightening for him, he became hyper vigilant, anxious and has an ongoing fear of authority figures
- At school he was bullied for having 'parents in jail' and became isolated with low self-esteem
- Following a series of arguments Jordan caused considerable damage to the house and physically threatened his carers
- He also began to use marijuana
- Now at 13 Jordan is detained at a Juvenile Justice Detention Centre, facing a string of charges
- When he first arrived in the Centre he was self harming and placed on alert
- After a series of assessments it is clear that he is severely depressed
- Jordan has struggled having poor social skills and the mental health team are concerned for his ongoing mental health and wellbeing

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## Appendix 4 - Forum Evaluation

### Summary of feedback from Mental Health and Children of Prisoners Forum – October 2012

#### Event snapshot

<b>Feedback response rate</b>	60%
<b>Average overall rating</b> (out of max 5)	4.4
<b>Average rating for all event quality indicators</b>	4.2
<b>Most useful session</b>	Video (rated 4.6 out of 5)
<b>Least useful session</b>	3.7 out of 5
<b>Suggestions for improvement</b> - most common theme	Have more input from school education sector
<b>General comments</b> - most common theme	Positive feedback about MC

#### Introduction and overall feedback

This draft report is a summary of feedback obtained from delegates attending the Mental Health and Children of Prisoners Forum, held on 25 October 2012. This information will be incorporated and further analysed in an evaluation report.

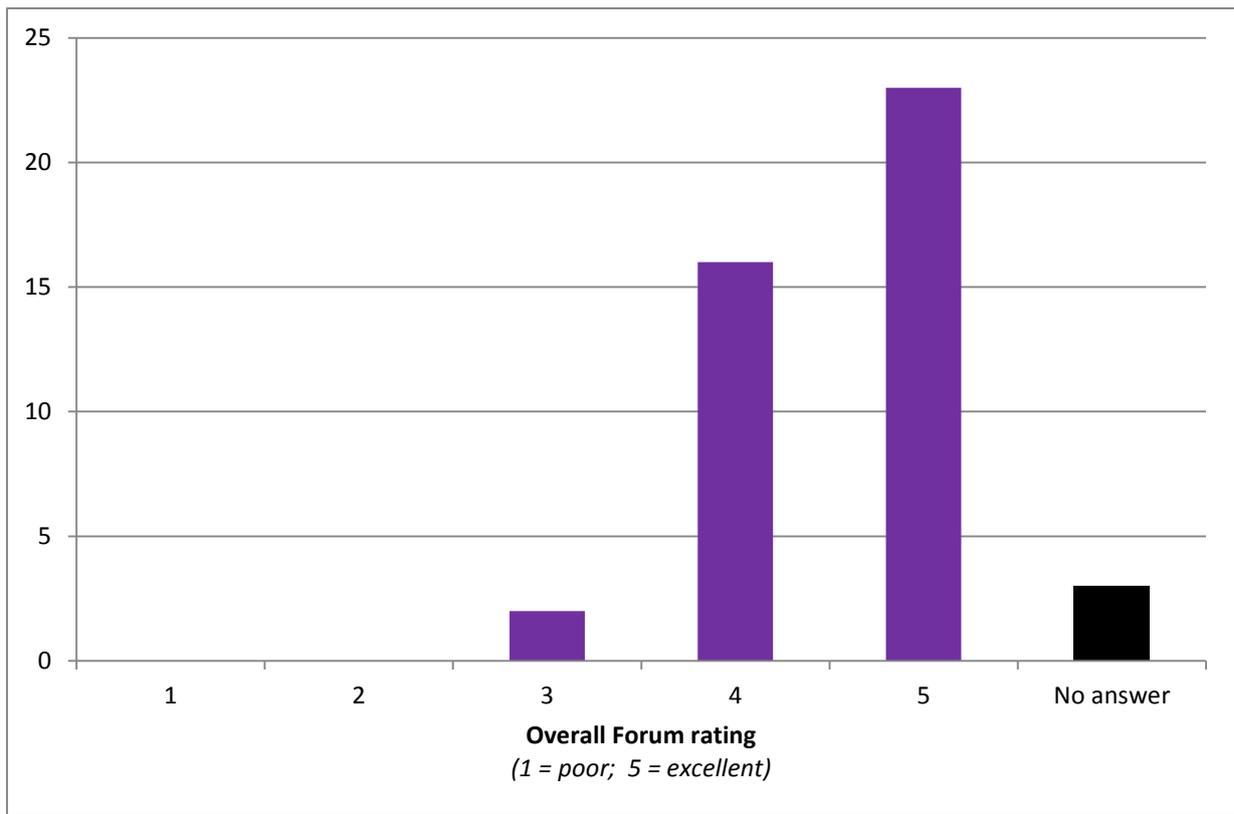
44 people completed evaluation forms, resulting in a **response rate of 60%**, indicating that the data collected is a good indication of general participant opinions. Only one respondent identified as a consumer, and one as a carer.

Average rating of the Forum overall was 4.4, with responses ranging from 3 to 5 (where 1= poor, and 5 = excellent).

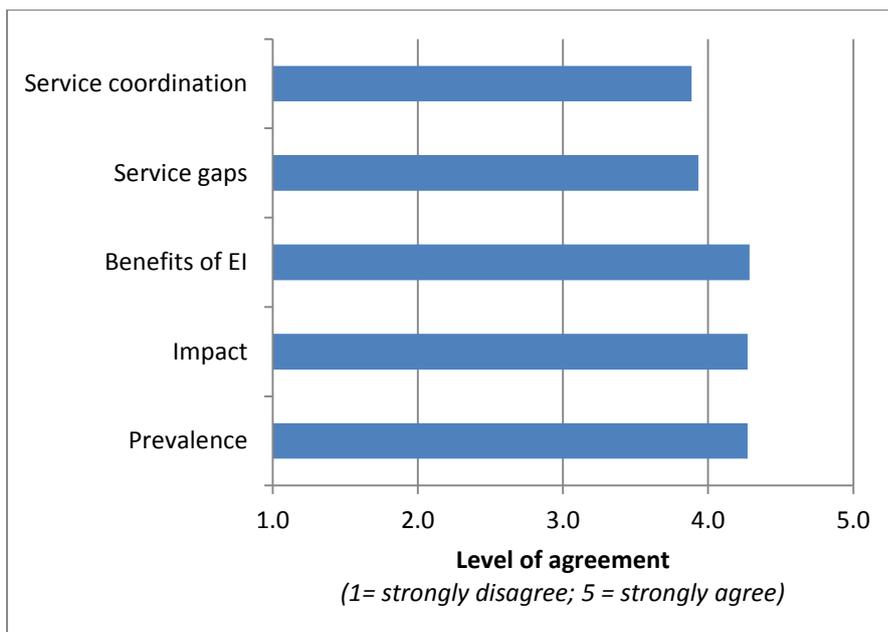
#### Attendee type

Half of the respondents (22) were from the public sector, with only 2 people identifying as coming from an MHCC member organisation (see figure 1). There was not a great deal of variation in the general feedback between attendees from different sectors, although public sector employees provided an average overall rating of 4.3, in comparison to all other attendees, who provided an average overall rating of 4.7.

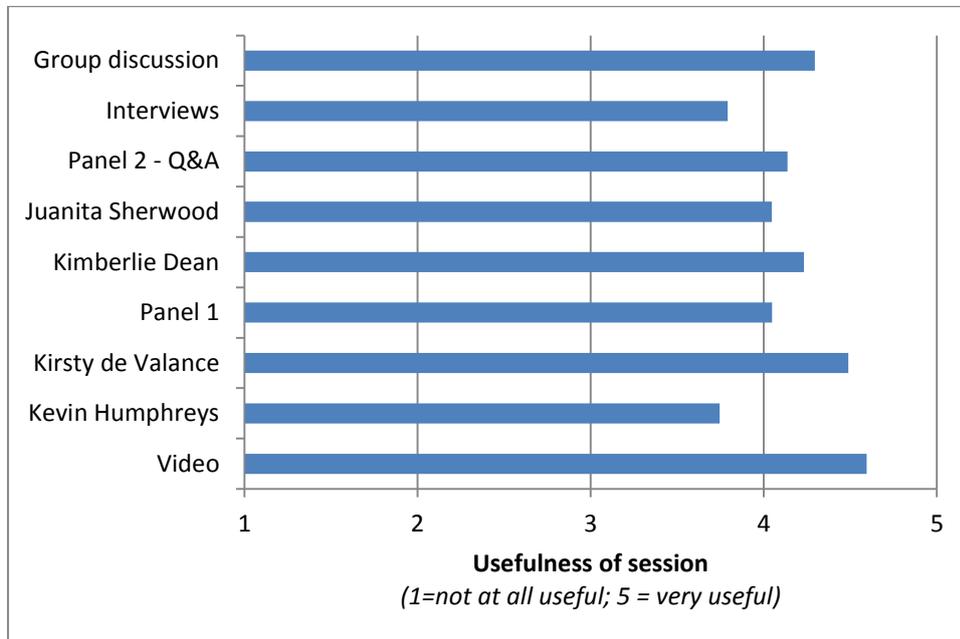
**Figure 1 - Overall ratings for Forum**



**Figure 2 – The forum highlighted the following issues appropriately (1= strongly disagree, 5= strongly agree)**



**Figure 3 – The following sessions were particularly useful (1 = strongly disagree; 5 = strongly agree)**



The Forum was planned to have five outcomes, namely:

1. To shed light on the prevalence of mental health and co-existing problems for children of prisoners and
2. The generational impact on children’s lives into adulthood and the lives of their families
3. To gather a diversity of public and community managed sectors and provide an opportunity for cross sectoral organisations to network and share knowledge and experience concerning this client group
4. To gather input from attendees to support recommendations to government
5. To promote some key messages including:
  - How child mental health is affected by family dysfunction, incarceration of primary carers and fragmented families
  - The burden of cost on the individual, families and the community, and the need for early intervention
  - Highlighting the gaps in access to services and advocating for the necessity for improved service/ care co-ordination

## Suggestions for improvement

Only half of the respondents (22) provided suggestions for improvement. The topics were quite diverse, with the only recurring theme being the suggestion of more input from the school/education sector (suggested by 4 people).

All of the suggestions are listed below:

- A list/way of networking after the forum
- Air con was a bit cold by the afternoon
- Build on the topics raised in the discussion group and develop working parties to progress the issues
- Do not individualise - look at services on a holistic basis
- Excellent event - shame it had to end so quickly. Most of papers/ research would have been useful as pre-reading. Also increasing awareness of diversity of parents in custody (e.g. CALD, refugee) and their trauma which impacts on whole communities. Post event - sharing of what works well, courses, projects
- Having Ministers and policy makers who can take back and actually implement all the wonderful ideas.
- I found the day a bit fragmented, perhaps trying to do too many things. It sometimes felt like being in a radio broadcast. While Kirsty de Valance's experience was interesting, it was not reflective of the generally poor outcomes kids of prisoners too often experience
- Improve participation of police and education
- It was excellent - it would be good to hear from practitioners and other people who are working with them
- It was very well run and a good opportunity to bring disparate groups together. Education input could be enhanced next time
- Lots of researchers, academics and corrective services staff in the room. This is probably reflective of lack of funding for NGOs to provide services to this vulnerable group. Issues often got confused between children of prisoners and young offenders Maybe more session staff from the education sector
- Minister not really saying anything new, although good to have his presence
- More advertising; reach audience by email and post; give reminder calls to attendees; more breaks
- More time to talk to speakers after they have presented - not formal Q&A
- Room was very cold! However it was a good forum and well run
- The inclusion of the target group. It is important to receive input from the people this forum is about.
- The psychiatrist for Justice Health was excellent. Julie was invaluable as always!
- The afternoon session was hit and miss with case study, but then discussion on other issues
- To be held regularly
- To keep today's participants in touch with each other perhaps with specific / focussed interest area / topic to pursue positive strategies re the area of work
- Try to get more education sector attendees

## General comments

General comments were received from 24 participants. Half of these were from participants praising Julie's Mc Crossin's skills. The only other general themes arising were general praise for the organisation of the event, and the speakers.