



CaraCare

A safe place for children to grow

Group work Report
Wrapped in Angels
October-December 2015
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Wrapped in Angels is a creative experience in which children are encouraged to re-discover the meanings and connections in life. It is a journey of resilience that explores the woven, textured fabrics of the intricacies of life. Each child creates a blanket, which holds a colourful representation of love, warmth, protection, and safety.

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ACKNOWLEDGEMENT



The success of the first CaraCare Wrapped in Angels group owes much to the belief, hard work and generosity of quite a few people. It is an honour to acknowledge you all either by name or collectively.

Thank you, the first fabulous five children, who formed the first CaraCare group run at Cara House. Thank you for teaching me even more about the power of moments in time, those moments that allows love, joy and great beauty to come into the world. May your Angels Blankets sustain you in the years ahead.

Thank you to the dedicated carers and parents who got the children to us every Saturday without fail and trusted us with the care of their children over the life of the group.

Thank you to a wonderfully skilled and creative group facilitator, Liz Morrison. Thank you for the beauty you bring to these children and so many more.

Thank you to our first two fabulous CaraCare volunteers, Michael Harvey and Conor Roberts. Thank you for holding our group process with trust and respect and for giving these children such wonderful role models of compassionate and caring men.

Thank you to Conor Roberts who helped crunch the numbers and make meaning out of the data collected for this report.

Thank you to Liz Morrison whose great editing skills cleans up my moments of streams of consciousness as I write.

Thank you to the staff at The Benevolent Society and Catholic Care who referred and supported the attendance at the group.

Thank you to the two groups of people whose financial support made this group possible, the May Ball 2015 attendees and Canada Bay Council, I hope you find the words in this report a worthy reflection of your contribution.

DEEP GRATITUDE ALWAYS

Mary Jo

EXECUTIVE SUMMARY

Background

During 2013-14, 143,023 Australian children received child protection services (Australian Institute of Health and Welfare 2015). NSW had 31,117 children investigated, and of these there were 11,499 substantiated cases of abuse.

The breakdown of substantiation of abuse category by category, highlighted that emotional abuse and neglect were the highest two forms of abuse, with physical abuse and sexual abuse being next in order. The high rates of emotional abuse were believed to be represented by those children exposed to Domestic /Family Violence.

Purpose of Report

The aims of this report are

- To document the progress of the children engaged in the first CaraCare group.
- To include the opinions of the children who completed the group.
- To identify and evaluate the process of delivering Wrapped in Angels as a group work program to children and young people who have been abused

Method of Data Collection

The data was collected in terms of both a process and outcomes evaluation. A mixed methods approach was utilised to meet these evaluative objectives.

Quantitative data was gathered using WRAP I and WRAP II and analysed to measure increase in resilience-based factors for the children participating in the group.

Qualitative data, (interviews), was gathered and analysed to measure meaning of the experience for the children and participatory factors.

Participants

Of the 5 children engaged in this group:

- 5 were primary victims of abuse.
- The age range was 6 to 11 years.
- There were 4 boys and one girl.
- Most were victims of domestic violence and physical abuse.
- Relationship to offender – 4 fathers, 1 older brother.

Key findings

The feedback from the children was overwhelmingly positive. The children placed great significance on a sense of safety and connection to others. The results highlighted:

- The success of Wrapped in Angels¹ in providing a meaningful experience to children who were abused.
- The success of WIA in providing an expressive group therapy experience for children who were abused.
- The success of WIA in providing a resilience based experience for children who were abused.

Conclusions

The results from the evaluation of this group show that WIA was a highly valued and meaningful experience for each of the five children who attended.

The biographical details of the children are significant in terms of age range and trauma category as it shows the flexibility of WIA as a program.

CaraCare will continue to offer and evaluate WIA as one of its group work programs.

¹ Wrapped in Angels will be referred to throughout the remainder of this document as WIA

Chapter One: INTRODUCTION

1:1 Abuse of children

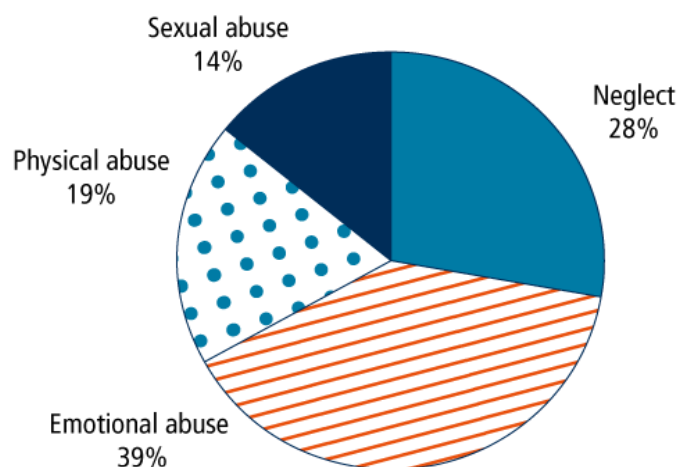
For one child to be abused at the hands of those who should love, nurture and protect him or her, may be difficult to fathom. For multiple children to suffer horrendous acts of abuse and neglect is totally unacceptable.

During 2013-14, there were 198,966 Australian children suspected of being harmed or at risk of harm from abuse and/or neglect, (Australian Institute of Health and Welfare 2015). This resulted in 304,097 notifications. Of those, NSW had 26,215 substantiated cases.

The breakdown of substantiation by abuse category showed that emotional abuse and neglect were the highest two forms of abuse with physical abuse and sexual abuse being next in that order.

The high rates of emotional abuse were believed to be of children exposed to Domestic Violence. Figure one was taken from the report written by Australian Institute of Health and Welfare 2015.

Figure One: Percentage breakdown of primary substantiated harm types in Australia in 2013-14



1:2 Effects of abuse

Abuse leaves lasting impacts on children, which the clinical world has recognised as trauma. Such traumatic effects permeate the whole being of a child, how that child behaves and functions in the world and may last into adulthood if left untreated.

Spiritual

The effects of abuse on children's spirituality can result in the annihilation of their belief systems. It can distort their meaning around why this happened and rob them of the beauty of, life sustaining, hope and joy. The spirit of who they are and what they hold to be good in the world can be, if not destroyed, severely compromised. It is also important to recognise that cultural beliefs and practices are inextricably linked with spiritual beliefs and practices.

Emotional

The emotional effects of trauma include loss of ability to identify and communicate feelings. There is usually a diminished range of emotions felt where children can feel fear and rage but very little else.

Children who experienced trauma also develop stories about themselves that reflect messages from the abuser, which include feelings of worthlessness and shame, and a loss of a positive identity.

In addition, children who experienced trauma are also likely not to have been taught how to manage stress. They may have great difficulty in regulating their emotions.

Behavioural

Abused children can exhibit behaviours that are an external manifestation of the abusive acts. These may include self-harming, risk taking behaviours, aggression, appearing withdrawn, inability to regulate emotions, hyper activity, anxiety, and phobias.

Cognitive

Cognitive symptoms may include poor concentration, poor memory, inability to focus on a task, inability to retain information, and lack of interest in learning.

Physical

Children can learn not to trust their bodies. One child described it as, "I don't want to "be in my skin".

Physical symptoms may include digestive problems, headaches, muscle tension, clumsiness, reduced spatial awareness, respiratory problems, and sleeping and eating problems.

Social

The dominant story of abuse often only allows children to see the world as a dangerous place. There is little room for beauty and fun when survival is important. Children who have been abused often develop a model of the world that tells them that bad things are always just around the corner, trust no one, and be ready to defend

yourself from attack. This compromises their ability to form healthy relationships with peers and trusting relationships with adults.

1:3 Seeing the child.

These universal effects of abuse on children that have been informed by research and practice are important to note in the planning of any intervention. However, the *universal* does not tell us about the *individual* reactions of children. The effects of abuse on children are experienced in a very personal way, in different degrees, and expressed in different ways.

Children are also much more than the sum of their abuse experiences and the checklist of effects. They are unique and valuable human beings, deserving a therapeutic service that is enacted in collaboration with them, taking into account the whole and complete nature of whom they are. This is the philosophy that CaraCare was built upon.

1:4 CaraCare

Mary Jo McVeigh, CEO of Cara House and CaraCare, began a sole Counselling and Consultancy practice twenty-two years ago. In 2005 Mary Jo established Cara House, a therapy centre for children and young people who had experienced trauma as a result of abuse or neglect.

In 2015 Mary Jo co-founded the charity, CaraCare, with Michael Harvey. The sole purpose of CaraCare is to provide group work programs and experiences that tap into the innate healing potential of these children and young people.

CaraCare Objectives:

- ❖ To provide excellence in service to children who have been abused.

CaraCare Aim:

- ❖ To deliver creative and innovative service to children, who have been abused, and to their carers. Service, which is trauma, attachment and recovery, informed.

1:5 Wrapped in Angels - WIA

This program was developed by Mary Jo Mc Veigh and has run since the early 2000s. It has been taught at university, has been trained on a state-wide basis to other organizations and is currently being researched as part of Ms Mc Veigh's Doctorate at Sydney University. It was evaluated by Domestic Violence Clearing House and recommended as a program of best practice in working with children who have been traumatized.

WIA is a creative program for children and young people of all ages. It offers an integrated approach, which combines traditional therapy with expressive therapy, and

sets out to address prior victimisation by focussing on building the child's capacity for resilience.



The aim of WIA is to provide children and young people with an experience of re-discovering the meaning and connections in life that supports them through difficult times. Moreover, it is a journey of resilience, with a key focus on safety, which explores the woven, textured fabrics of the intricacies of life and explores what has sustained and nourished children when facing trauma. Skilled facilitators, who are trained trauma therapists, assist children to create a blanket that holds a colourful representation of love, protection, warmth and safety.

The blankets, made by participants, are a tangible reminder of what holds them and keeps them strong, connected and loved. Children and young people not only experience the ten-week recovery program but they take with them their own unique, tangible representation of the process, the blanket.

Because WIA is one of Cara House's most loved and successful programs it was chosen as the flagship groupwork program for CaraCare and launched the charity's intervention program.

Chapter Two: OVERVIEW OF THE PROGRAM

This evaluation report details the participation of 5 children in the first CaraCare WIA group. The group was held on nine consecutive Saturday mornings at Cara House in Concord New South Wales during November to December 2015.

2:1 Aims

The aims were:

To provide children, whose lives have been impacted by the trauma of neglect, violence and abuse, an opportunity to tap into their own resilience and explore those aspects of life that have sustained them in the face of adversity.

To provide a safe and respectful environment in which each child has the opportunity to design and create a blanket that represented those people, experiences, relationships and activities that has given them a sense of warmth, safety and protection.

2:2 Participants

To honour the confidentiality of the children who attended the group there are no images of them in this report. However, they each agreed to photographs of the group process, including their blankets to be included.

The total number of children referred to the group was six. One child was stopped from attending the group by her father. The other five children completed the group. The biographical details are contained in figure 2:

Figure Two: Biographical details of children

| AGE | GENDER | LIVING CIRCUMSTANCES | ETHNICITY | TRAUMA HISTORY | OFFENDER |
|------------|--------|----------------------|--------------------|---|-----------------|
| 6 years | 4 boys | 4 Foster family | 3 Maori | 3 Physically abused and witnessed domestic violence | 3 Fathers |
| 7 years | 1 girl | 1 Family | 1 Aboriginal | | 1 Mother/Father |
| 8 years X2 | | | 1 Anglo-Australian | | 1 Older brother |
| 11 years | | | | 1 child neglect 1 witnessed domestic violence | |

2:3 Facilitators



Two clinicians and two volunteers were used in the facilitation of this group. The two clinicians were highly skilled and trained; one was Mary Jo McVeigh, the creator of WIA, and the other was Elizabeth Morrison, WIA Clinical Lead at Cara House.

One of the volunteers, Conor Roberts had previous experience of volunteering with Cara House and the other volunteer was Michael Harvey co-founder of CaraCare.

2:4 Attunement

WIA delivery prioritises connecting to children and young people over content. To this end it uses a conversational style with children and young people that privileges safe, emotional relating. This emotionally relating gives the child the experience of being heard and 'felt'. The conversational style of WIA upholds the importance of connecting with the emotional experience of the child and not trying to manage/solve/advise.

It requires the use of language that is more than curious. It is language that is interested. It places the facilitators as "listeners", empty of an adult filled agenda. It is language that enables the adult to place the child central to the heart of the conversation and central in the heart of them as listener. (Mc Veigh 2014)

2:5 Process

In the process of "making the Blanket", the Group facilitators planned and modified each session to meet the needs of the group participants. However, there was an overarching structure designed to provide the children a safe, reliable, predictable, consistent and fun group work experience.

Attunement to the children's individual needs, emphasising resilience factors in each child's life and promoting pro-social connection between the children were three main process elements of the WIA group work program.

2:6 WIA Structure

The overarching structure of this group work program was as follows:

- Three 1-2 hour "facilitator-planning" sessions held prior to group commencement.
- A half hour pre-group session held at Cara House with each participant and their carer.

- One pre group facilitator meeting prior to the group commencing.
- Eight two-hour weekly group sessions with the children.
- One two-hour celebration and blanket presentation ceremony with the children and their carers/parents.
- Facilitators met each week for one hour of planning and set up before group.
- Facilitators held a one-hour post session meetings each week to debrief and plan.

2:7 Session Structure

Each group session had a consistency aimed to promote safety and group cohesion. While the maintenance of this consistent routine was seen as important by facilitators they were also highly attuned to the needs of the group and able to value individual difference. The routine of each group was as follows:

- A Welcome activity
- Planning, Designing, Sewing
- Morning tea
- Planning, Designing, Sewing
- Closure activity

The Welcome activities consisted of the facilitators reading the 'Noticings'² from the week before, also hearing from each person how their week had been and then stepping through the planned activities for the current session.

The Session Closures consisted of the group coming back together to re-focus and relax. They talked about an element of the group they enjoyed that session and listened to a story written as part of WIA intervention.

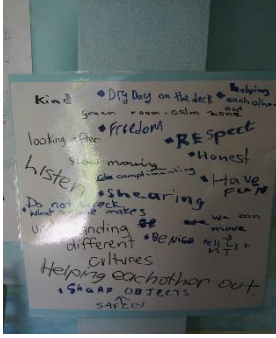
Note. In week two of the group, facilitators and group participants held a shopping session together. Here the children/ young people were supported to choose fabrics, colours and textures for their blankets. This is an integral part of the process and supports a positive group dynamic.

2:8 Children's participation

Recognising children as the co-creators of their own healing process CaraCare prioritises children's participation in the running of the group sessions. This active participation unfolds over the weeks in a manner that will not flood them and takes into account the children's age and ability.

As each week progressed the children were encouraged to become more active participants in the group structure. This happened in the following ways:

² "Noticing" is a concept developed as part of the Wrapped Program, which is based on attachment theory. It utilises attunement language to highlight resilience and strengths in children and young people.



- Children developing group agreement
- Children developing agreement about touching.
- Preparing morning tea.
- Reading the story.
- Being responsible for opening and closure ritual.

2:9 Partnership

Community partners across the welfare sector are a vital part of the success of the group work programs to be run by CaraCare as they will provide the main referral base for the groups. The two agencies that referred children to this group were:

- The Benevolent Society
- Catholic Care

Chapter Three: EVALUATION

3:1 Measures

The data was collected in terms of both a process and outcomes evaluation. A mixed methods approach was utilised to meet these evaluative objectives.

Quantitative data was gathered using the Wrapped in Angels Resilience Assessment-Pre and Post (WRAP I & WRAP II) and analysed to measure improvement in resilience-based factors for the children participating in the group.

WRAP I & WRAP II were originally developed by Ms McVeigh and her clinical team at Cara House. Ms McVeigh adapted the original WRAP I & WRAP II tools for use in this group strengthening that their use is to be administered in a conversational style not as a questionnaire.

Qualitative data, (interviews), was gathered and analysed to measure meaning of the experience for the children and participatory factors. In addition, data was gathered from carers/parents on their experience of the children throughout the group work process.

3:2 Administration

Quantitative Data

At the start of the group the WRAP I was administered by having a conversation with each child individually based on questions related to the presence of the six domains of resilience in their lives. A rating scale was used to show the strength of the presence of each of these domains.

The child was given the option to have their carer/parent present or to have the conversation on their own. All children choose to have a carer present.

The domains of resilience are as follows:

- Secure base
- Relationships
- Talents and interests
- Learning new skills
- Social competencies
- Positive Value system

At the end of the group, WRAP II was administered, to ascertain gains in the presence of resilience factors.

For each domain the children could chose a rating from the scale and were encouraged to choose how this was done. They marked the scale themselves or asked the group facilitator to do so.

Qualitative Data.

Each child was individually interviewed at the end of the group by three of the facilitators to minimise interviewer bias.

The interviews with the children focused on five main areas of discussion:

- 1) What they learnt from being in the group.
- 2) What they liked about being in the group.
- 3) What they did not like about being in the group and anything different they thought could to be done to improve the program.
- 4) The meaning their blanket has for them.
- 5) Would they recommend it to other children.

Interviews were also analysed to extract and determine any common themes arising from the children's assessment of the group work program.

Direct quotes from children and carers were gathered as they are a rich source of data, highlighting the experience of the group for these children.

Chapter Four: RESULTS

The results of the evaluation had a two-way focus, quantitative and qualitative. The analysis and discussion of quantitative and qualitative data were looked at in three main ways:

- (1) The pre and post qualitative data that looked at the six resilience factors.
- (2) The interviews with the children.
- (3) Feedback from carers/parents

Each child was assigned a pseudonym to protect identity. The results pertaining to each child are recorded under the pseudonyms and summarised in tables in the following sections of this chapter.

4:1 Quantitative Data

Results for John.

Figure 3 shows the scores given by John for each domain. The results show improvement in the presence of five out of the six resilience domains.

Figure Three: Pre and Post Data for John

| | Secure Base | Relationships | Talents & Interests | Learning new skills | Social Competencies | Positive Value system |
|-------------|---------------------|-------------------------|-------------------------|---------------------|-------------------------|----------------------------|
| <i>PRE</i> | <i>Never</i> | <i>Never</i> | <i>Sometimes</i> | <i>Often</i> | <i>Sometimes</i> | <i>Occasionally</i> |
| <i>POST</i> | <i>Often</i> | <i>Sometimes</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> |

Results for Jack.

Figure 4 shows the scores given by Jack for each domain. The results show improvement in the presence of two out of the six resilience domains and a reduction in the interest and talents domain.

Figure Four: Pre and Post Data for Jack

| | Secure Base | Relationships | Talents & Interests | Learning new skills | Social Competencies | Positive Value system |
|-------------|---------------------|---------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| <i>PRE</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Sometimes</i> | <i>Sometimes</i> | <i>Often</i> |
| <i>POST</i> | <i>Often</i> | <i>Often</i> | <i>Sometimes</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> |

Results for Carl.

Figure 5 shows the scores given by Carl for each domain. The results show improvement in the presence of four out of the six resilience domains.

Figure Five: Pre and Post Data for Carl

| | Secure Base | Relationships | Talents & Interests | Learning new skills | Social Competencies | Positive Value system |
|-------------|---------------------|-------------------------|---------------------|-------------------------|-------------------------|-------------------------|
| <i>PRE</i> | <i>Often</i> | <i>Sometimes</i> | <i>Often</i> | <i>Sometimes</i> | <i>Sometimes</i> | <i>Sometimes</i> |
| <i>POST</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> |

Results for Henrietta.

Figure 6 shows the scores given by Henrietta for each domain. The results show improvement in the presence of three out of the six resilience domains.

Figure Six: Pre and Post Data for Henrietta

| | Secure Base | Relationships | Talents & Interests | Learning new skills | Social Competencies | Positive Value system |
|-------------|-------------------------|---------------------|---------------------|-------------------------|-------------------------|-------------------------|
| <i>PRE</i> | <i>Sometimes</i> | <i>Often</i> | <i>Often</i> | <i>Sometimes</i> | <i>Sometimes</i> | <i>Sometimes</i> |
| <i>POST</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Sometimes</i> | <i>Often</i> |

Results for Zac

Figure 7 shows the scores given by Zac for each domain. The results show improvement in the presence of four out of the six resilience domains.

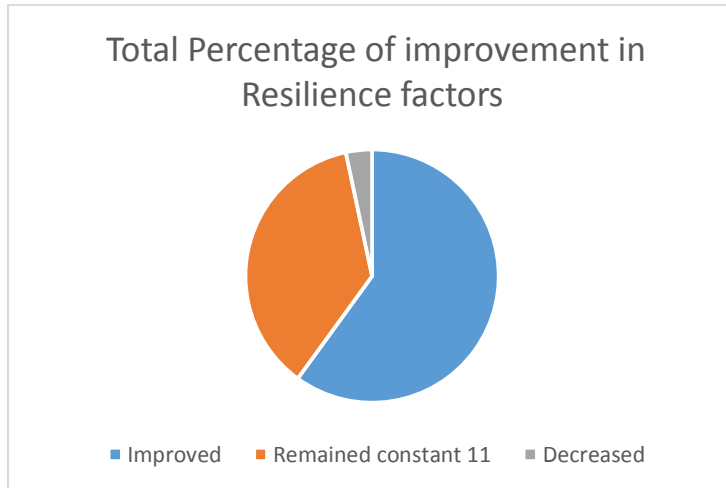
Figure Seven: Pre and Post Data for Zac

| | Secure Base | Relationships | Talents & Interests | Learning new skills | Social Competencies | Positive Value system |
|-------------|-------------------------|---------------------|---------------------|--------------------------|--------------------------|-------------------------|
| <i>PRE</i> | <i>Sometimes</i> | <i>Often</i> | <i>Often</i> | <i>Occasional</i> | <i>Occasional</i> | <i>Sometimes</i> |
| <i>POST</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> | <i>Often</i> |

Review of total percentage of improvement in resilience

Figure 8 shows the data for the total percentage of improvement in resilience factors for the entire group. The analysed data showed that overall there was largest gains in resilience factors for all children with some of the factors remaining constant throughout the life of the group. One child indicated a reduction in one of the factors, learning new skills.

Figure Eight: Total percentage of improvement in resilience factors.

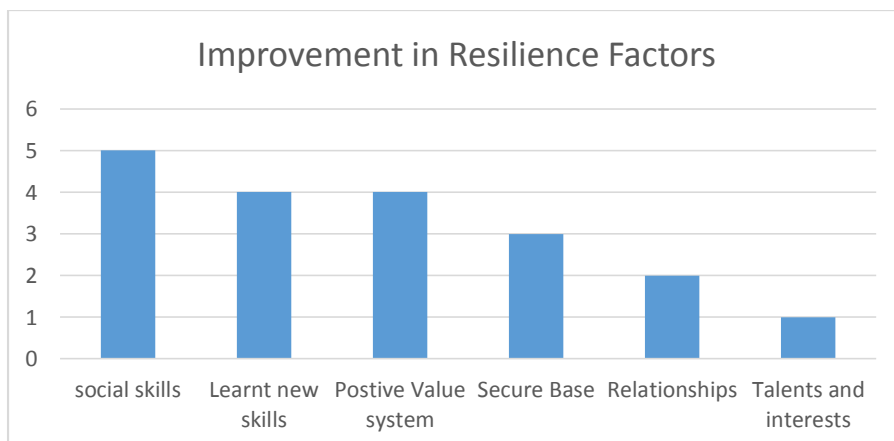


Review of gains in Resilience factors

Figure 9 shows the gains in resilience factor by factor. The data gathered from all the children highlighted that across the resilience domains there was the greatest improvement in social skills followed by learning new skills and positive values systems. This translates to most gains in emotional intelligence for this group of children.

The least gain was in talents and interests as this group of children felt at the beginning of the group that they had sufficient access to pastimes and hobbies.

Figure Nine: Improvement in each resilience factor



4.2 Qualitative Data

John

Figure 10 summarizes the results of the interview with John and the comments the carers made in their feedback questionnaire. The feedback from this child was very positive with a clear emphasis on connecting to other children and having fun.

Of note is that the carer's comments parallel the child's enjoyment of the group.

Figure Ten: Summary of interview and carer's comment

| John | | |
|-----------------------------|---|--|
| Personal Comments | | Carer Comments |
| Learnt | Spend time with friends | "Loved it!" "Had lots of fun." "Up and dressed early every Saturday morning ready for Angel Blankets." |
| Liked | Friends, drawing, being happy, having someone to help them, facilitators helping them | |
| Meaning | "Fun, stuff that makes you comfortable and safe." | |
| Disliked | Nothing | |
| Recommend to other children | Yes | Yes |

Jack

Figure 11 summarizes the results of the interview with Jack and the comments the carers made in their feedback questionnaire. The feedback from Jack was very positive with a clear emphasis on connecting to other children and having fun.

Jack was the youngest in the group and struggled more with the fine motor skills of sewing. This may be reflected in the dip in his score for gaining new talent and while he learnt to sew he found it tricky.

He also found it very difficult to enter the group room on the first session and was very shy for the first couple of session. However by the end of the group he was very comfortable with the other children and allowed the group to see the more active and fun side of who he was. It is therefore interesting to note that the carer's commented that his behavior was more challenging that term.

Figure Eleven: Summary of interview and carer's comment

| Jack | | |
|-----------------------------|---------------------------------------|---|
| Personal Comments | | Carer Comments |
| Learnt | Sewing "like it but tricky" | "Had lots of fun, never wanted to be late." |
| Liked | People, having fun, food | |
| Meaning | "it will help me feel comfy and safe" | |
| Disliked | No | "Responded well to the structure of the group though initially anxious" |
| | | "Not sure if related at all but, this term Jack has had more tantrums and challenging behaviour." |
| Recommend to other children | Yes | Yes |

Carl

Figure 12 summarizes the results of the interview with Carl and the comments the carers made in their feedback questionnaire. The feedback from Carl was very positive with a clear emphasis on enjoying sewing and meeting both children and adults in the group. Of greater significance is the reduction in anxiety symptoms which was confirmed by both Jack and his parent.

Figure Twelve: Summary of interview and carer's comment

| Carl | | |
|-----------------------------|--|-----------------------------|
| Personal Comments | | Carer Comments |
| Learnt | Getting better at sewing, using machine | Enjoyed it. Less Anxious |
| Liked | Meeting the group- children and adults, sewing and stuff, making the blankets. | |
| Meaning | "Freedom and safety" | |
| Disliked | Nothing but would take the cushions out of the group room as distracting for the group facilitators. | |
| Additional | "I do not have panic attacks anymore" | |
| Recommend to other children | Yes | Yes |

Henrietta

Figure 13 summarizes the results of the interview with Henrietta and the comments the carers made in their feedback questionnaire. The feedback from Henrietta was very positive with an emphasis on learning new social skills and enjoying making the blanket and talking with the group.

The carer noted Henrietta's learning in the social skills area by noting that she was less aggressive. Of importance was the carer highlighting this child's reduction in isolation realizing she was not alone in the Out of Home Care system.

Figure Thirteen: Summary of interview and carer's comment

| Henrietta | | |
|-----------------------------|--|---|
| Personal Comments | | Carer Comments |
| Learnt | Making choices, being kind and respectful | Excited to come & looks forward to it each week. Also saw positive change in aggressive behaviour. "She realised she was not alone in foster care/ other kids also in the same boat". |
| Liked | Making the blanket and talking to everyone | |
| Meaning | "It will keep me safe" | |
| Disliked | Eating slowly | |
| Recommend to other children | Yes | |

Zac

Figure 14 summarizes the results of the interview with Zac and the comments the carers made in their feedback questionnaire. The feedback from Zac was very positive with a clear emphasis on enjoying sewing and all social aspects of the group. Of greater significance was his growth in compassionate connection to others and his connection to the physical place.

His carer's comments reflect his connection to the group. Moreover they mirrored the growth in his self-regulation skills.

Figure Fourteen: Summary of interview and carer's comment

| Zac | | |
|-----------------------------|--|--|
| Personal Comments | | Carer Comments |
| Learnt | "usually I am not this kind, I've grown up", How to use the sewing machine | "LOVED ANGEL BLANKETS." (Capitals written by the carer) |
| Liked | "I love this place", sewing, drawing, meeting new people, making new friends, food | |
| Meaning | "I feel safe" | "Temper is lower" |
| Disliked | Nothing but have more weeks | "Even though he hasn't said much you can tell he thinks about what has been discussed that morning in Cara House". |
| Recommend to other children | Yes | Yes |

Chapter Five: DISCUSSION

The results from the evaluation of this group show that WIA was a highly valued and meaningful experience for all five children who attended. The children and their parents/carers alike overwhelmingly positively assessed this group.

The biographical details of the children are significant in terms of age range and trauma category as it shows the flexibility of WIA as a program. Moreover, it is important to note the gender balance. There were four boys and one girl. The CEO's experience of WIA for over twelve years, constantly highlights that stereotypical gender activities deprive both genders of a broad sense of growth and holistic development. Therefore she widely encourages that WIA be offered to both genders and experience has shown her that boys have enjoyed and been enriched by the experience as much as girls.

5:1 Quantitative & Qualitative Data

The quantitative data proved to be a strong case for the efficacy of WIA as a means of providing children an experience that has the potential to bolster their resilience capacity (see figures 3 – 8).

This data highlighted that the main areas of resilience development happened in the social skills and emotional intelligence arena (see figure 9).

The qualitative data was a rich source of information on the children's "lived experience" of the group and the "meaning-making" ascribed to the experience.

The evaluation identified the importance that children attach to the therapeutic relationship with facilitators and co-relationships with each other. Moreover, it showed that the experience of 'doing' rather than just 'talking' during therapeutic intervention is a valuable healing modality for children. This was reflected in their comments of how they enjoyed the activities and learning new skills (see figures 10 – 14).

5:2 Safety

A most noteworthy issue to arise from the qualitative data was the children's answers to the meaning the blanket held for them. The interviews that this data was drawn from were conducted by three facilitators and held in separate rooms. The children had no opportunity to confer on their answers and the interviewers were directed not to deviate from the prescribed questions. The interviews followed the children's answers but did not lead them in any way. This makes the answers to question 3, "*What does the blanket mean to you?*" very significant. Their collective answers, in their own words, are:

- Fun, stuff that makes you comfortable and safe.
- It will help me feel comfy and safe.
- Freedom and safety.

- It will keep me safe.
- I feel safe.

The issue of safety was not discussed as a goal nor significantly spoken about in the group however every child attributed the meaning of their blanket to safety. This is a powerful indicator of success for CaraCare who as an organisation has committed themselves to work predominantly with children who have been abused.

5:3 Social Connection

Often children who have been abused are socially isolated and struggle with their ability to connect to others due to poor social skills and interpersonal relationships. The answer to the question that asked what they liked most about the group highlighted that the social connection was significant for each child. Responses were:

- Spend time with friends.
- People.
- Meeting the group- children and adults.
- Talking to everyone.
- Meeting new people, making new friends.

CaraCare recognises the power of a healing community for children found in groups. It believes in the growth that can be harnessed when children are brought together to bear witness to the strength and power in each other's therapeutic journey. The words that honoured this are the children's own and highlight the importance of giving them a space to be with each other. In addition the following comments from the children and carers are an eloquent testimony to this power of the healing community we call "group":

Children-

"I do not have panic attacks anymore"
 "Making choices, being kind and respectful"
 "Usually I am not this kind, I've grown up"

Carers-

"Less Anxious"
 "Temper is lower"
 "Also saw positive change in aggressive behaviour."
 "She realised she was not alone in foster care/ other kids also in the same boat".

5:4 Enjoyment

A core component of resilience-based practice is engaging in activities that give joy. The work of Sonja Lyubomirsky in her seminal work on happiness reminds us of its importance:

'In sum, across all the domains of life, happiness appears to have numerous positive by-products; in becoming happier we not only boost experiences of joy, contentment, love, pride and awe, but we also improve other aspects of our lives – energy levels, our immune system, our engagement with work and with other people, and our physical and mental health. In becoming happier, we also bolster our feelings of self-confidence and self-esteem; we come to truly believe that we are worthy human being, deserving of respect.' (Sonja Lyubomirsky. 2007: 26)

The children's and carer's comments both highlighted the elements of enjoyment that the children gained from the group. For example, one carer said, "**LOVED ANGEL BLANKETS**" (Capitals written on the feedback form by the carer). One child said what he most liked were, "*People, having fun, food.*"

The final comment on the enjoyment element of WIA needs to go to one boy who in the evaluation interview spontaneously said in a very animated voice, "***I love this place***".

5:5 Beauty

CaraCare's motto of '*Hold Hope, See Beauty, Know Love,*' is firmly anchored in the wisdom of healing that the CEO learnt from studying the neurology of trauma. The brain pathway can be sculpted directly and vicariously. The ability of the mirror neurons builds pathways, simply by looking. Trauma and living through pain fuses pathways that lead to an insecure view of life and the world. Being exposed to images of beauty and engaging in practices of beauty helps build pathways that lead to a more positive view of the world. Healing is therefore enhanced by experiencing a positive and hopeful the view of the world.

Four of the children in this group went shopping to choose their own fabrics. They were exposed to colours and texture that delighted them. To watch them touch the fabric and release sounds of glee is difficult to capture in any form of quantitative measurement but the importance of this experience was not lost on the facilitators and needs to be acknowledged as a vital part of healing from trauma and strengthening resilience potential.

At the celebration session, each child was given a handmade, crystal rainbow catcher. Hopefully, over time, the children will look upon this gift as a reminder, '*Hold Hope, See beauty, Know love,*'

5:6 Carer's feedback

The carer's were very committed to bringing the children each week and highly evaluated the success of the group. It is interesting to note that their feedback of gains for the children mirrored those of the children themselves. Feedback was given independently so there was no room for collusion of answers.

Of particular note was the observation of one carer that their child deteriorated in his behaviour at home for the duration of the group. She wrote in her feedback, "Not sure if related at all- but this term Jack has had more tantrums and challenging behaviour."

On the first group session Jack was so reticent to join the group that he could not come into the room for some time after the group had started. When he did enter his carer had to be present at one end of the room and he did not join the other children at the table but sat on the floor with one of the volunteers. At the end of this first session he could not give his verbal feedback aloud but whispered it to the volunteer whom he had worked with. By a mid-way point Jack had found his voice and connection to the group and allowed us to see the more active side and less compliant side of his personality.

All the group facilitators saw this as progress as it was sign of his increasing confidence and improvement in self-esteem. We can hypothesise that his behaviour at home may have been an extension of this.

The foster carers were able to meet each week, while the children were in group, and hold informal discussions. This was noticed to be a positive experience for them and encouraged the CaraCare founder to think about the benefit of integrating Carer's groups into CaraCare programs. The benefits of this could be twofold:

1. Support the changes made by children and young people as a result of attending group.
2. Provide support for carer's.

5:7 Facilitators

The success of this group was due to the combination of three factors:

- The willingness of the children to embrace the program and engage fully in its process.
- The support of the carers/parent getting the children to group each week.
- The facilitators were experienced trauma and group work therapists.

The facilitation of this group and its success rested on the cohesive and supportive teamwork that developed between the facilitators and the volunteers.

Both facilitators, Liz and Mary Jo possessed high levels of expertise and knowledge. The weekly sessions were characterised by much activity and creating the blankets. It

was the minute nuances of relationship building, communication and regulation of behaviour that was the glue that held this group together and enabled much work to be done. Each week the facilitators skilfully and compassionately worked on these levels. They strove to illuminate the children's hidden talents, to embrace their attempts at new skills, to encourage new ways of relating and invited the children to experience a more mindful presence when connected to each other.

The measureable side of this part of the group process can be difficult to capture however the words of two of the children give a sense, when asked what they learnt:

“Making choices, being kind and respectful”

“Usually I am not this kind, I've grown up”

Of note, in the referral information, these two children were described as the most aggressive and angry of the six children referred.

The very labour-intensive nature of this group meant the use of skilled volunteers was vital to the group success. Both Michael and Conor had a relaxed and open manner that assisted the children's easy and positive engagement with them. In addition, each demonstrated sophisticated skills of attunement when communicating with the children. Their commitment to 'rolling up their sleeves' and doing whatever was asked by the facilitators supported Liz and Mary Jo to manage the group dynamics and group process with depth and care.

5:8 Limitations

The limitations of the data:

- Small numbers of participant's means data cannot be globalised.
- Lack of comparison with another group work program.

5:9 Summary of Evaluative Issues

In summary, the results of this group highlighted several important evaluative issues for CaraCare:

- The success of WIA in providing a meaningful experience to children who were abused.
- The success of WIA in providing an expressive group therapy experience for children who were abused.
- The success of WIA in providing a resilience based experience for children who were abused.

RECOMMENDATIONS

The following recommendations are based on the findings from the data analysis, interview contents and interpretation of the results. That,

1. CaraCare continues to offer WIA as a therapeutic group intervention to children and young people who have suffered trauma as a result of abuse and neglect.
2. CaraCare offers child/carer group work interventions to strengthen the attachment needs of children with their carer's.
3. CaraCare further refines protocols and procedures to support and evaluate the group work intervention services that can be offered.
4. CaraCare engages in further research in the area of group work interventions to children and young people who have suffered trauma as a result of abuse and neglect to establish an evidence base for effectiveness.
5. CaraCare continues to use highly qualified trauma therapists and offer basic training to potential volunteers.

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