

## INQUIRY INTO CHILD PROTECTION

**Organisation:** Winangay Resources Inc

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WINANGAY Resources Inc

NSW INC9895090 ABN 97 675 183 413

**Winangay Resources Inc is an Aboriginal Controlled Not-For-Profit Incorporated Association**

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Patron: The Honourable Linda Burney MP

**NSW Parliamentary Inquiry into Child Abuse  
General Purpose Standing Committee no 2  
Legislative Council  
NSW Parliament**

Dear Committee Members,

We write with a heavy heart having read the latest child protection report (Australian Institute of Health Welfare Child Protection Reports, 2007-8 to 2012-13) which reveals the continuing tragedy of Aboriginal children being removed across Australia at unacceptable rates.

We know many of the stories behind these trends, particularly the tears that Aboriginal children cry and the tears of the Elders, mothers, fathers, grandparents, family members, and kin. They have seen with sorrow the seemingly endless numbers of Aboriginal children coming into care in states and territories across Australia. These figures have to be reversed as we are creating another Stolen Generation, with all the heartbreak and associated costs in terms of trauma, mental health, suicide, loss of identity, pain, dislocation, disadvantage and desperation.

The Secretariat of National Aboriginal and Islander Child Care Inc, has reported that unless new approaches are adopted in child protection, **"we risk another stolen generation"** (SNAICC 2013). We share Professor Muriel Bamblett's fears and concerns when she said, **"The system is failing Aboriginal children and we must look at why"**. This is a pressing priority and we support Sharron Williams' comments, (Chair of SNAICC; Adelaide 2014) that **"we need to take urgent action and consider different approaches based on greater Aboriginal and Torres Islander participation"**.

Quoted in the recent SNAICC newsletter Sharron said, **"We need to recognise and build on the strengths of Indigenous families and communities to support and nurture their children"** (SNAICC News September 2014).

We believe the loss of identity and culture, dispossession, and separation from family, kin and land mean that children grow up experiencing the pain that was experienced by the Stolen Generations. Keeping kids with family (Kinship care) must be a government priority it reduces the trauma for Aboriginal kids and their families and communities

"Loss of culture, family, connection and trust, to name but a few losses, and the pain of abuse, whether physical, sexual or psychological, has resulted in many Aborigines being unable to properly function as parents and members of communities. Often this has been played out through substance abuse, contact with the criminal justice system, poor health, suicide, mental illness, loneliness, and alienation." (Buti 2002 p1)<sup>1</sup>

<sup>1</sup> Buti, A. [2002] "The Removal of Aboriginal Children: Canada and Australia Compared" UWSLawRw 2; (2002) 6(1) University of Western Sydney Law Review 26

We have concerns about Aboriginal children in foster care and residential settings. If children are removed we strongly support the children being placed in kinship care, after all it is how Aboriginal people have raised kids for thousands of years. Furthermore, it fits with the Aboriginal Children's Placement Principles and is better for Aboriginal kids.

However the ideal situation is to utilise culturally appropriate strategies to build parenting capacity and only remove as a last resort. Given that most Aboriginal kids are removed in response to perceived neglect then strategies to address unemployment and poverty and other culturally appropriate social programs to address inequality are also essential.

Our other deep concern is that there are 15,000 Aboriginal children in care who are unlikely to return home as little is being done in relation to restoration. There is a pressing need to develop restoration tools and models to allow these children to return home.

Whilst kinship care has been the focus of Winangay's current work, the tools we have developed can be used to prevent kid's coming into care, make sure they stay with kin, and help them be restored to kin. Increasingly the Winangay Aboriginal Kinship Care Assessment tools have been used to return Aboriginal children to kin. Given this the team has developed an Aboriginal Restoration Assessment tool, designed to enable workers and families to determine if children can be restored safely to family, kin. Our team is committed to continuing to work with Aboriginal people to develop and refine our understanding of Aboriginal ways of working which reveal the strengths, resilience and hopes of Aboriginal people.

Our vice chair, Karen Menzies, was the social worker on the Bringing Them Home Report listened to she and gathered the stories for report. We hope that Aboriginal kids, families and communities get justice and that finally see the key recommendations from the Bringing them Home Report be implemented.

Thank you for receiving our submission and the team hope to have the opportunity to talk to you further about what for us is an issue which has brought us together Aboriginal and non Aboriginal people to find new stronger ways of working which are Aboriginal in design, content and spirit. These culturally appropriate models and resources may help Commissioners as they consider their recommendation and way forward

Yours sincerely,

Aunty Sue Blacklock AM

Chair of Winangay Resources, Ambassador for Children for the Australian Centre for Child Protection on behalf of the Winangay Team

26<sup>th</sup> July 2016





# Winangay Resources

## Submission to the NSW Parliamentary Inquiry into Child Protection July 2016

"We acknowledge and recognise Aboriginal peoples as the traditional custodians of Australia. We acknowledge and thank the Elders (past and present) for their wisdom and care of this land. We acknowledge with respect the resilience, contributions and strengths of Aboriginal people"

### **WINANGAY Resources Inc**

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## Background and Context

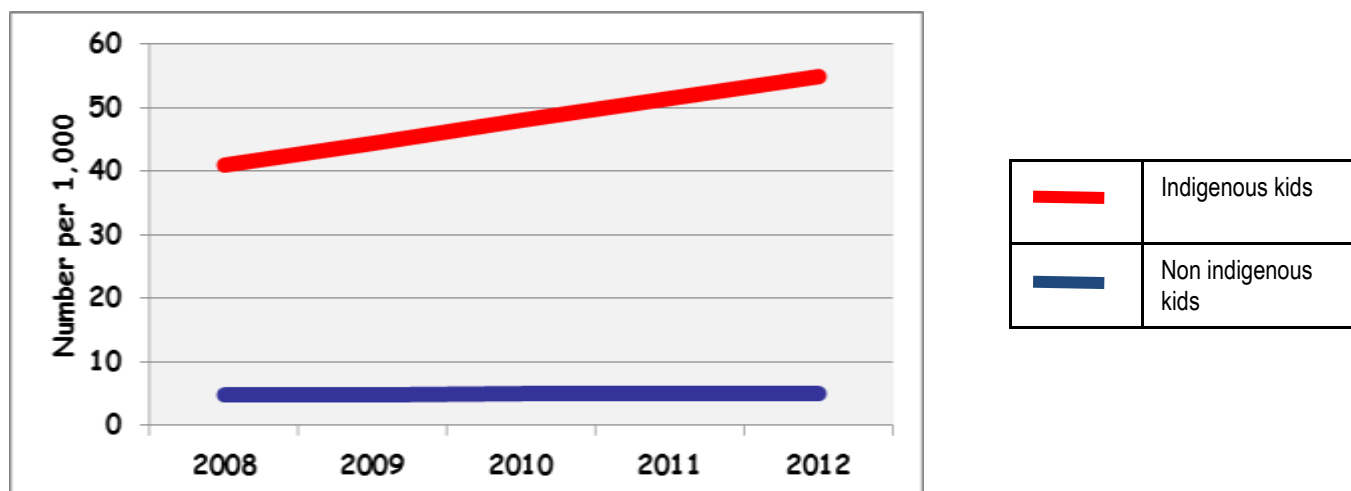
Kinship Care is growing exponentially; it is becoming the preferred option for children entering OOHC both in Australia and internationally (Smythe and Eardley 2008). The projection for children placed through Child Protection in Victoria is such that in the year 2016 “there will be three kinship placements for every foster care placement” (Joyce, McCrae and Pittman 2008 p 2). Many of these children will be raised either in kinship care (formally or informally) by their grandparents.

Recent statistics indicate that 4.72 per cent of children aged 0-17 years in Australia are Indigenous, yet they constitute a third (nearly 33.6 per cent) of those placed in out-of-home care. The over-representation of Aboriginal children in out of home care continues to increase at concerning rates, and years of practices, programs and initiatives have clearly failed to turn this flood around.

The Secretariat of National Aboriginal and Islander Child Care Inc, has reported that unless new approaches are adopted in child protection, “we risk another stolen generation” (SNAICC 2013).

Recent figures indicate that Aboriginal and Torres Strait Islander children accounted for 70% of all the increase in the numbers of children in out of home care in the 12 months to June 2013. (SNAICC newsletter September 2014)

The graph below shows that since Prime Minister Kevin Rudd’s apology to the Stolen Generations in 2008, the number of Aboriginal and Torres Strait Islander children placed in out of home care in Australia has increased by 53.8 per cent. In comparison, since 2008 the number of non –Indigenous children in out of home care has increased by 22.6 per cent.



Australian Institute of Health and Welfare (2013, p.46) <sup>2</sup>

Winangay are deeply concerned about the welfare of each child in care. However the over representation of Aboriginal kids and the trauma they are experiencing led to the formation of Winangay, we will primarily focus on issues facing Aboriginal kids and their families in this submission. As Auntie Sue Blacklock says “it’s

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### <sup>2</sup> Notes:

- Rate calculation exclude children whose indigenous status is un known
- The ABS has improved the methodology used to obtain estimates of the resident population which has caused a downward revision of the 2012 non indigenous estimates based on the 2011 census (see ABS 2012c d) Due to these changes comparisons of rates over time should be interpreted with population estimates 2008-2012 caution

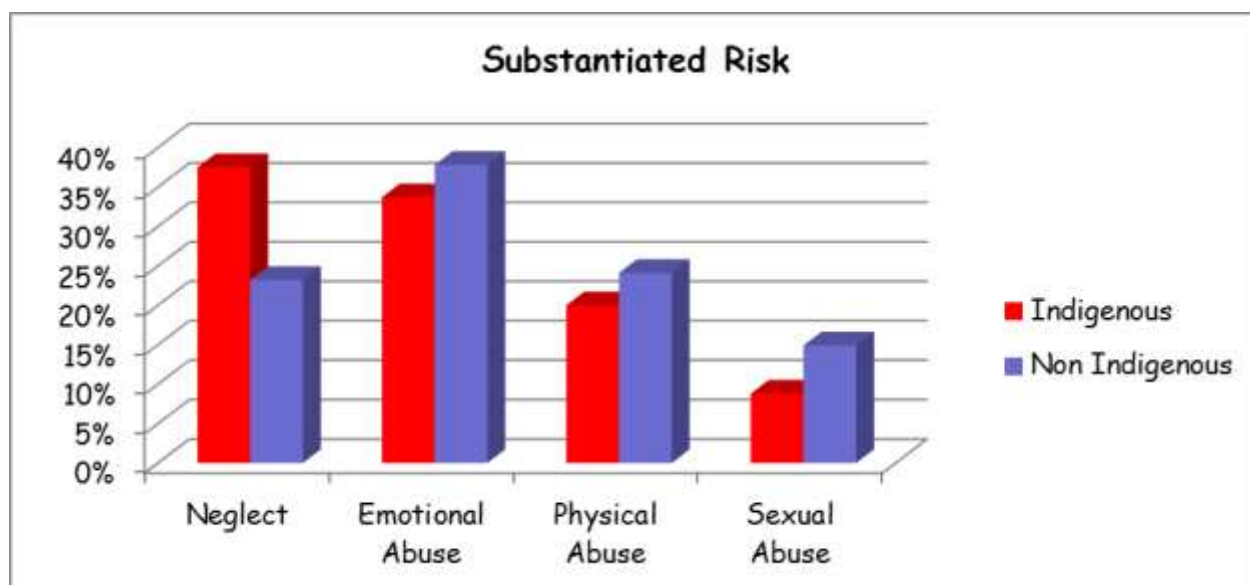
Source; Table A30 and ABS population estimates 2008-2012 Figure 4:6: Children aged 0-17 in out of home care by indigenous status, 30 June 2008 to 30 June 2012 (rate)

all about our kids and making things better for them, and our families, we have to change this system now! We have to respect the kid's rights and stop the tears."

## Drivers of the Increase in the Number of Children placed in Out Of Home Care

There are many factors which contributed to the over representation of Aboriginal Children in care, the reasons are many and varied, however there is increasing recognition of the cumulative costs of the forced removals of Aboriginal children, loss of kin, culture, land, spirit and language. The impact of intergenerational trauma on Aboriginal children and the continued application of western cultural frameworks to evaluate Aboriginal child rearing practices, levels of poverty, disadvantage and the lack of appropriate service provision all of which has contributed to the continuing tragedy of Aboriginal children being removed at unacceptable rates across all states and territories.

It is important to note that Aboriginal and Torres Strait Islander children are less likely to be removed for abuse but more likely to be removed for neglect, which is in turn highly linked to poverty. There is a need to undertake further research in this area for example into the role of other factors that may contribute to the complexity like values and beliefs, cultural background and experience of the worker, cultural differences in child rearing, geographical location, risk and safety measures, involvement of Aboriginal stakeholders, community and organisations etc.



Primary substantiated maltreatment types 2009-10 Source AIHW 2011

<http://www.pdc.org.au/lac/res/file/child%20protection%20Aboriginal%20and%20Torres%20Strait%20Islander%20Children.pdf>

## Aboriginal Placement Principles

The Aboriginal Children Placement Principles emerged from the recognition of the devastating impact of the forced removals of Aboriginal and Torres Strait Islander children from their families (Bringing Them Home Report). All Australian states and territories have elements of the Aboriginal placement principles incorporated in the legislation. The aim of the principles is to ensure that all Aboriginal and Torres Strait Islander children are being raised within their own family and community. Application of the principles provide for the participation of Aboriginal and Torres Strait Islander stakeholders and community representatives in all aspects of the child protection system. This includes a decision-making, at the assessment, removal, placement and care and in the judicial decision-making processes. The application of the principles has been identified as a priority National Framework for Protecting Australia's Children and the National Standards for Out Of Home Care.

The aim of the Aboriginal Children's Placement Principles is to protect children's rights and promote their best interests by:

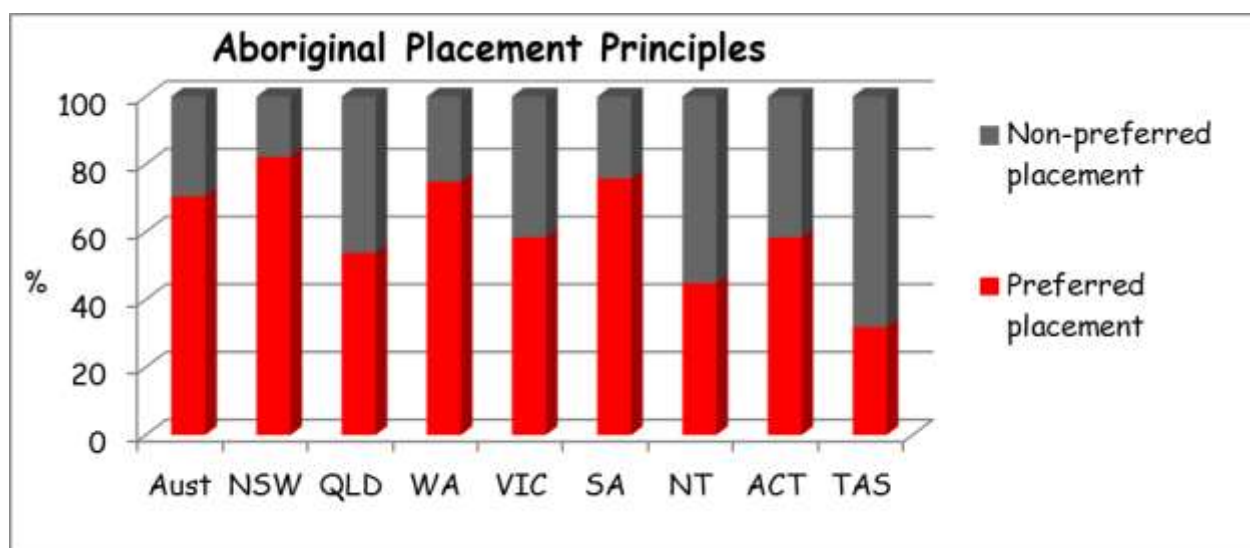
- enhancing and preserving children's connection to their family, community, sense of identity and culture
- recognising and protecting the rights of Aboriginal and Torres Strait Islander children, family members and communities
- increasing self-determination for Aboriginal and Torres Strait Islander people in every aspect child protection and Aboriginal children's welfare reducing the over representation of Aboriginal and Torres Strait Islander children in the child protection system

The placement principles specify the preferred order and priority of placement.

1. Ideally placements will be with the child's Aboriginal or Torres Strait Islander relatives or extended family members other relatives or extended family members.
2. If this is not possible then the child should be placed with Aboriginal and Torres Strait Islander members of the child's community
3. If this is not possible the child should be placed with other Aboriginal or Torres Strait Islander family based carers

Only as a last resort should the child be placed with a non-Indigenous carer who has agreed to maintain the child's community and cultural connections, placements must be within close geographical proximity to the child's community to allow connection to continue.

The chart below indicates the level of compliance with the Aboriginal and Torres Strait Islander principles for each state and territory and from Australia over all. Clearly many Aboriginal children are not being placed according to the Aboriginal placement principles.



Source AIHW 2011 Table A1.17 p85

<http://www.pdc.org.au/lac/res/file/child%20protection%20Aboriginal%20and%20Torres%20Strait%20Islander%20Children.pdf>

Some of the challenges in currently implementing the Aboriginal placement principles include:

1. The overrepresentation of Aboriginal and Torres Strait Islander kids including young people
2. Difficulties in locating recruiting and retaining Aboriginal and Torres Strait Islander kinship and foster carers. The need for better systems to assist staff to identify appropriate family and kin and the supervision to ensure the legislation is applied with rigour as opposed to the current tokenistic application
3. Practice development issues including evidence-based practice models, the need for new paradigms, providing quality assurance across different regions and areas
4. Workforce development issues including training supervision and retention of staff.



5. Limited and often inadequate involvement and participation of Aboriginal and Torres Strait Islander community members and stakeholders in child protection processes and decisions
6. Inadequate systems relating to cultural planning and implementation of these plans for indigenous children
7. Inadequate systems to provide Aboriginal children with a voice and participation in decisions that affect them.
8. The need for increased accountability in the system so that interested stakeholders can easily access statistics on the implementation of the Aboriginal Placement Principles. This includes accountability in relation to the time, effort and practical proven strategies used to identify kin placements.
9. The need for additional cultural training for workers to improve their understanding of Aboriginal worldview and cultural practice to reduce racism and prejudice that may be contributing to overrepresentation of Aboriginal kids in care. Training should include information on the impact of previous child welfare practices on the Stolen Generations and the correlation between kids' entry into care and the all too frequent progression to Juvenile Justice
10. The need for research into the level of trauma experienced by children, especially those who lose connection, culture and identity through involvement in the child protection system
11. Many carers feel unsupported and overloaded and are resource poor.
12. Aboriginal and Torres Strait Islander Carers struggle to meet the eligibility criteria, this reflects the reality that Aboriginal people are more likely to have had convictions or criminal charges, this must be seen in the context of dispossession on the ongoing costs of intergenerational trauma
13. The lack of cultural appropriate assessment and training and resources which are strength based culturally appropriate and recognise Aboriginal and Torres Strait Islander strengths and capacity.

(Informed by sector knowledge and the ACCP, Aboriginal and Torres Strait Islander Child Placement Principle, Discussion paper prepared for the Aboriginal and Torres Strait Islander Child Placement Principle Workshop, Sydney May 2013)

## Outcomes for kids in Kinship Care

The Queensland Commissioner for Children and Young People and Child Guardian, (2012b) has demonstrated that compared to Aboriginal children placed with non-Indigenous carers, "Children in Indigenous care demonstrate, the same, or better outcomes across every measure of family and community contact and experience greater opportunities to participate in cultural activities and events".

Specifically they found that children placed with an Indigenous carer were reported to have:

- Greater satisfaction with parental contact than those placed with a non-Indigenous carer
- More weekly contact with other family members than those placed with a non-Indigenous carer
- More weekly contact with their traditional language/tribal/totem group than those placed with a non-Indigenous carer, and
- More opportunities to participate in every type of cultural activity/resource offered than those placed with a non-Indigenous carer.

There is increasing research evidence that kinship care may offer a stable out-of-homecare experience that provides children and young people with protective factors such as contact with birth parents and birth family, and access to kin and culture. Kinship care placements are more likely to allow siblings to be placed together. They are less likely to result in the child or young person experiencing multiple out-of-home care placements – a known risk factor for negative health, education and wellbeing outcomes – as kinship care placements are longer on average than foster care placements (Paxman 2006 quoted in Grandparent Kinship Care in NSW, Uniting Care Burnside 2010) Other benefits of kinship care include

1. Children in kinship care benefit from maintaining family, cultural and community connections, helping them feel 'safe and assured' in times of uncertainty (Bromfield & Osborn 2007; Dunne & Kettler 2006; Mason et al. 2002; Greef 1999; Cuddeback 2004)

2. Familial connections – children in kinship care are more likely to have regular contact with their birth parents than children in other forms of out-of-home care. They are also more likely to be placed with their siblings (Scannapieco & Jackson 1996)
3. Protective emotional experience – growing up within one's extended biological family appears to be a protective factor for children and young people in care, possibly for reasons associated with identity formation and familial bonding (Tarren-Sweeney & Hazell 2006)  
(Quoted in Grandparent Kinship Care in NSW, Uniting Care Burnside 2010)

## Challenges in Kinship Care

There is a paucity of specific Aboriginal kinship carer assessment tools this is alarming, given the fact that the legislation stipulates in every jurisdiction that Aboriginal children should be placed with their family. Despite the best endeavours to place Aboriginal children in kinship placements by the non-government and government child protection and out of home care agencies, workers do not have an appropriate and relevant Aboriginal kinship carer assessment tool. Child protection and out of home care workers are often left to adapt existing resources that were designed to assess non-Aboriginal carers without a familial relationship. These tools fail to capture the complexities of Aboriginal kinship care, are culturally insensitive and are predicated on an erroneous assumption that the child is not known to the carer and is a stranger to the kinship carer.

The use of generic foster care procedures, processes and tools do not reflect the complexities of kinship care, the benefits, the challenges and the potential costs for all those involved in the complex web of relationships which characterises kinship care. As Green 2004 (p132) observed "kinship care providers face a more challenging parenting environment than unrelated foster parents".

Consistent with findings from research in the UK and the USA, researchers in Australia (Mason et al 2002) identified a lack of procedural guidelines for recruiting, assessing and supporting kinship placements. Kinship care receives less monitoring, training, and support. Increasingly the task of caring for the most vulnerable children in Australia is falling to some of the most disadvantaged adults in Australia; single, poor, older women who may well require more support but often receive less support than foster carers. This is of huge concern given that many of the children in kinship care have experienced "similar levels of trauma and loss and consequent emotional damage as children placed in home based" (Joyce et al 2008 p4) and presumably have similar needs.

Bromfield & Osborn (2007) note that "kinship care placements require the same entitlements to monitoring and support as non relative foster care". O'Brien (2002) emphasises the need for regular supervision and review meetings in kinship care arrangements. However, the NSW Ombudsman, in a study of Aboriginal foster and kinship care, found that kinship carers were less likely to have an allocated caseworker and ongoing caseworker involvement (NSW Ombudsman 2008).

## Definition of Kinship Care

In Aboriginal and Torres Strait Islander communities, significant others such as community members are included as kin Higgins, Bromfield and Richardson (2005 in Bromfield & Osborn 2007) note that kinship and foster care are seen in the same terms kin caring for kin. For non Aboriginal Kinship Care 'kinship care' refers to the care of children and young people by persons other than birth parents, who are members of the child's extended family or significant others known to the child (Grandparent Kinship Care in NSW, Uniting Care Burnside 2010)

Many of the children entering care will be raised either in kinship care (formally or informally) by their grandparents. As the statistics below show the numbers of children being raised by grandparents are again growing.

Grandparent families		
ABS surveys		Census
2006-07	2009-10	2011
14,000	16,000	21,760*

(Australian Institute of Family Studies, AIFS, 2013)

Nearly two-thirds of these grandparents (63%) were relying on government payments for their main source of income, but as the ABS (2005a) noted, older Australians own their own homes outright. (Australian Institute of Family Studies, AIFS, 2013)

## Characteristics of Kinship Carers

Consistent with findings from research in the UK and the USA, researchers in Australia (Mason et al 2002) identified a lack of procedural guidelines for recruiting, assessing and supporting kinship placements. Kinship care receives less monitoring, training, and support. Increasingly the task of caring for the most vulnerable children in Australia is falling to some of the most disadvantaged adults in Australia; single, poor, older women who may well require more support but often receive less support than foster carers. Bromfield & Osborn (2007) note that "kinship care placements require the same entitlements to monitoring and support as non relative foster care". O'Brien (2002) emphasises the need for regular supervision and review meetings in kinship care arrangements. However, the NSW Ombudsman, in a study of Aboriginal foster and kinship care, found that kinship carers were less likely to have an allocated caseworker and ongoing caseworker involvement (NSW Ombudsman 2008).

Given that assessments of kinship carers are often completed after the child has been placed issues in relation to the safety of the child in the kinship in existing arrangements are at risk of being overlooked, the assumption being applied is that kids are with kin the children will safe. Of particular concern was that many kinship carers were "totally unprepared" for the impact on family relations when they became kinship carers. Carers reported high levels of stress trying to keep family members on side whilst simultaneously trying to meet the needs of children with challenging behaviours. Aboriginal families with birth children and related kids "struggle most with minimal support" (McHugh, 2013)

Kinship carers generally tend to be older, more socially disadvantage have fewer resources and are more likely to experience challenges in relation to their physical emotional wellbeing, rates of anxiety and depression are higher amongst kinship carers(Yardley, Mason and Watson (2009) Compared with foster carers they remain under resourced and underfunded this is alarming given that many of the children in kinship care have experienced "similar levels of trauma and loss and consequent emotional damage as children placed in home based" (Joyce et al 2008 p4) and presumably have similar needs.

## Lack of support access to services

A Queensland study found grandparent carers, compared with foster carers, experienced considerably more stress in their caring role with grandparents receiving significantly less emotional and practical support (Harnett, Dawe and Russell, 2012) Quoted in (McHugh 2013)

Kinship carers are raising kids of the family and are frequently dealing with feelings of shame, guilt, regret believing they have no choice but to take kids in given the alternative is for kids to end up with strangers. Kinship Carers find themselves in a “double—bind torn between caring for their own kids and raising their grandchildren many of whom have complex needs (McHugh 2013). Inevitably this places huge emotional strain on kinship carers many of whom are single and with the least resources to meet the biggest challenges.

In contrast foster carers choose to care for children they do not know, they are financially better off and garner the respect of the wider community for choosing to care for our most vulnerable children; their status is unequivocal whilst the status of kinship carers is more ambiguous.

McHugh’s research (McHugh 2013) reveals that many kinship carers without a caseworker do not know where to turn for advice and support especially in the early days, which for many kinship carers prove to be the most demanding and challenging. Kinship carers indicated that they needed support and assistance throughout the “lifecycle of the placement”.

## Differences between kinship and foster care

Identifying the differences between kinship care and general foster care has implications for assessment practices and can contribute to the development of kinship specific assessment, review and training tools. The table below begins to explore some of the differences between foster carers and kinship carers:

Factor	Foster carers	Kinship carers
Motivation to care	Foster carers are motivated to provide care for children who have experienced abuse or neglect. They choose to foster and provide a new family for a child	Motivation centres around ensuring child is not lost to the family. Kinship carers maintain children in extended family. Kinship carers often feel they have little or no real choice either they raise the kids or the kids end up in care
Knowledge of child	Foster carers rarely have any prior knowledge or relationship with the child.	The child is usually known to carer and is often living with the kinship carer prior to the assessment being completed
Carer’s attitude to assessment	Foster carers are usually highly committed to the assessment process. Foster carers may feel a sense of pride in volunteering to become a carer and are often highly regarded by the wider community (McHugh 2005)	Kinship carers may experience shame or guilt about their child’s/relative’s “failure” to parent, and anger over intervention or lack of timely intervention from the welfare. They may struggle to see relevance of assessment, and be suspicious of workers. Lack of clarity around assessment purpose, process and roles can generate confusion and frustration.
Worker’s attitude to assessment	No prior knowledge of foster carer may contribute to a more open minded approach of workers in assessment process	Workers may stigmatise or romanticise kinship carers due to previous knowledge. They may have less objective higher / lower approval threshold.



Factor	Foster carers	Kinship carers
Assessment	Assessment takes place over a period of months, prior to a child being placed	Assessment frequently occurs after the child has been placed. Assessments are often expedited and driven by the urgency to place child or approve placement
Assessment tools	There is a foster carers generic assessment tool designed for specific purpose	Current kinship care assessment tools utilise or are derived from foster carer assessment tools which cannot capture the complexity of kinship care relationships or identify the needs of a the specific child or the capacity of the kinship carer
Purpose of Assessment	Purpose of the foster care assessment is to determine applicant's competency to care	Purpose of kinship care assessment to determine suitability of options and viability of existing arrangements.
Focus of assessment	Foster care assessment focuses on carer's competency to meet needs of a range of children. Hypothetical case studies are used through the assessment process	In kinship care assessments child's needs are identified and the capacity of kinship carer to meet specific needs of the child, for safety, identity connection and permanency (with a particular focus on contact). Observation of interactions with carer can inform assessment and the assessment process
Status and impact of caring	Foster Carers take pride in their roles and are more likely to be accorded respect by their peers given the choice they have made to care for vulnerable children	Kinship carers often experience guilt and shame in relation to what has happened to their grandchildren or relatives. Kinship carers experience grief and multiple losses, fractured relationships, and increased rates of anxiety, depression and isolation.

(This table compiled on the basis of the research by Farmer (2010) Waterhouse (2002) McHugh (2009) Yardley, Mason, & Watson (2009) and the practice wisdom of both kinship carers and workers)

## Current Kinship Care Assessment Models

Current kinship care assessment models are “worker centred” and driven. They are generally adapted from foster carer assessment tools and are focussed on approving kinship carers (many of whom already have children living with them). Existing assessment tools reinforce power differentials between workers and kinship carers and fail to capture the insights, knowledge of the kinship carers or children in kinship care arrangements. A collaborative process is required which allows workers, kinship carers and kids to identify strengths, concerns and unmet needs of the child and generate cooperative strategies and select services which enable kinship carers to raise the children in their family.

A collaborative approach in which power and decision making is shared is seen by researchers as consistent with best practice approaches when working with recipients of child protection services (Dawson & Berry, 2002; Cooper Altman, 2005; Trotter, 2002; Trotter, 2006). This research informed and was incorporated into the new Winangay tools.

In advocating for a different approach toward assessing and supporting kinship carers Portengen and van der Neut (1999), quoted in McHugh (2009), suggest a collaborative exchange of information between

worker and carers as more appropriate practice in working with kinship carers. Waterhouse (2002) recommends processes that focus on assessing the viability of existing arrangements and on 'enabling' the carer, as opposed to 'approving'. Hunt et al (2008) recommends a "two tiered" approach to assessment of kinship carers, an early assessment to test the viability of the kinship option and a subsequent assessment which allows for a more comprehensive assessment, this approach "may enable children to be placed at an earlier stage with a relative"

Acknowledging families expertise, whilst engaging in respectful, culturally appropriate collaborative relationships with kinship carers and the larger extended family at the assessment stage and beyond provides the mechanism through which Aboriginal kinship carer families can mobilise their resources to meet their children's needs (SNAICC and AIFS 2004).

Families need to be seen as experts in their own experience and the worker collaborates to "build solid foundations from which to develop a positive intervention plan" Salomen and Sturmfels (2011) quoted in McHugh& Hayden (2012)

## **Kinship Carer's Attitudes to Assessment**

A number of the carers in the Farmer and Moyers (2008) study felt the assessment approach for general foster carers did not fit with their unique circumstances. They identified the need for further development of a suitable assessment process for kinship carers.

Broad and Skinner (2006) p21 remind practitioners that family and friends may be resentful or fearful of "social services conducting assessments of their suitability to be recognised and supported as the full time kinship carers". They go on to say that others may be more "questioning, not of the principle of assessment but of being assessed in the same way as a stranger foster carer"p22.

In the Australian context the continuing impact of previous child welfare policies and intergenerational trauma on Aboriginal communities and families can further contribute to Aboriginal kinship carer's fears and concerns about engaging in the assessment process.

The literature suggests that kinship carers value workers who are mature supportive and provide practical assistance to enable them to meet the needs of the children they are raising. Carers noted critical aspects that caseworkers needed to bring to the assessment including:

- Maturity, experience, understanding and respect;
  - Appreciation of a carer's situation/story;
  - Understanding the carer's mixed emotions/divided loyalties with parents and grandchildren;
  - Ability to involve extended family in decisions/planning; and
  - An understanding of drug/alcohol addiction (Victorian Government, DHS, 2007).
- (Quoted in McHugh& Hayden 2012)

In a study in UK, carers stated that they "Appreciated being listened to, having emotional support or reassurance, being valued and knowing there was someone they could turn to" Saunders, H & Selwyn, S. 2008 p36)

Consistent feedback from Aboriginal workers and non Aboriginal workers (Winangay 2011) indicates that workers require assessment tools which are culturally specific and kin specific, and training to use tools

which allow them and kinship carers to identify strengths, concerns, unmet needs and the services strategies and resources to enable kinship carers to meet the child's/children's needs.

## Attitude of workers

Hunt et al (2008) found that many workers identified working with kinship carers as different from working with foster carers; boundaries are clearer, foster carers are viewed as professional and more accepting of support. Significantly only a quarter of workers in the Hunt et al (2008) study had received specific training in kinship care, whilst 54% indicated they would like such training. Hunt et al (2008) argue that "workers should be provided with training to enable them to examine their own values, attitudes and belief systems and how they impact on practice decisions" p116. They go on to say "that workers need access to appropriate tools, tailored to this form of care and training" p118. Farmer and Moyers (2008) suggest training for workers needs to include a focus on workers attitudes and skills to contribute to an increased confidence in workers.

The messages emerging from the research and from practice experience, is that workers need specialist training and support to embrace kinship care as a unique and distinct form of care.

*"There isn't enough being done to develop culturally appropriate tools for assessing Aboriginal and/or Torres Strait Islander people" (worker from Qld Winangay 2010)*

*"We need specific kinship care tools, I feel embarrassed using the foster care assessment tool for kinship carers, it is not the right fit, kinship carers are different than foster carers we need more training to appreciate and respond to the different needs" (worker from NSW, Winangay 2011)*

## Winangay Resources – A cultural alternative

Aunty Suzanne Blacklock an Elder of the Nucoorilma people from Tingha, part of the Gamilaraay (Kamilaroi) nation and the Ambassador for Children (Australian Centre for Child Protection) and the Chair of Winangay Resources Inc leads our team of Aboriginal and non Aboriginal people who share her passion and determination to reduce the number of Aboriginal kids in out of home care, and reduce the pain, trauma and tears. We have worked pro bono to develop a range of strengths based culturally respectful resources designed to improve quality of life and outcomes for Aboriginal children, and to empower workers, carers and families recognise their strengths and build capacity.

Winangay Resources is committed to:

- working to find stronger ways of working with Aboriginal children and families.
- keeping kids in culture, kin and community
- working together to prevent kids coming into care,
- reducing trauma and keeping kids safe in care
- building capacity in families and communities so kids can return safely

The quality of the resources developed has been recognised nationally by SNAICC and endorsed locally in NSW by AbSEC. We have formed a close working association and partnership with Australian Centre for Child Protection (ACCP) and their Director Professor Fiona Arney, the QATSCIPP (peak Aboriginal organisation), the Department of Child Safety, and Foster Care Queensland to undertake research.

QATSCIPP together with Queensland's (Qld) Aboriginal & Torres Strait Islander Child Protection Member NGOs, advocated for further research as they identified Winangay Resources Tool as "a unique and valuable resource for Child Protection in Queensland, that aims to make a difference for our children who are over represented in the system".

With funding secured from the Sidney Myer Foundation we are now undertaking ground breaking evidence based research (the first of its kind in out of home care assessment in Australia) designed to contribute to growing an evidence base in relation to working with Aboriginal children and families. As part of the research the Winangay team has trained over 86 workers in the use of the resources. The feedback has been overwhelmingly positive from workers and carers alike. We anticipate that the research findings will become available late next year. We will present some initial findings with Professor Arney at the International Foster and Kinship Care Conference to be held in Sydney next year.

Our primary focus has been on the development of resources for Aboriginal kinships carers, kids, workers and organisation, the resources have been adapted to meet the needs of non Aboriginal Kinship Carers, kids, workers and organisations. The non Aboriginal resources are currently in use in NSW by Barnados, The Benevolent Society, Anglicare, Care South, Challenge Foundation. The resources have also been adapted for use in Family Support, it is anticipated that the resources will be utilised in the context of reunification and restoration work with a particular focus on restoring the Aboriginal kids back to kin, culture and community.



## Winangay: what makes it new and different?

WINANGAY is a collaborative transparent assessment tool which involves carers and workers using a conversational yarning interview format to assess key aspects of kinship care. The WINANGAY Kinship Care Tool uses plain English questions that focus on strengths of the carer, safety for the child, and strategies for meeting needs.

The WINANGAY assessment focuses on four key competencies:

- 1. Environment and meeting Needs.**
- 2. Staying Strong as a Carer.**
- 3. Growing our Kids Strong.**
- 4. Safety and Working Well with Others.**

An Aboriginal reference group was formed and met several times, providing comments and suggestions. Dr Marilyn McHugh (UNSW) and Professor Marianne Berry (Director and Chair Australian Centre for Child Protection) generously provided support, feedback and validation.

Key areas covered include the capacity of the kinship carer to meet child/children's needs, in particular: need for safety; permanency; stability; connection with family and culture; quality of attachment; capacity to meet basic needs and health, educational and other needs including need to connect with friends and peers. The Winangay tool explores capacity of kinship carers to manage and respond to complex family dynamics to work with family members and to identify services and supports to grow children strong and keep kinship strong.

The yarning interviews use a flexible yet rigorous process to explore the above aspects then use a set of visual cards aligned to each competency which identify key factors for a successful placement. The visuals on the cards reflect Aboriginal humour and are designed to engage Aboriginal Kinship carers in culturally appropriate ways. They enable carers to fully participate in the assessment process in a respectful inclusive way, determining what works; what's OK, and what concerns they might have using a colour coded continuum from a 'deadly' or significant strength (dark green) to a significant concern (dark red). Through the use of collaborative engagement, strengths based frameworks and solution focussed questions, workers work alongside kinship carers to identify strengths, unmet needs and concerns which may negatively impact on their capacity to meet the child's needs. From this conversation emerges an Action Plan workers and carers collaboratively record strengths, unmet needs and any concerns as well as services and support which may be required. A review mechanism is built in to evaluate the extent to which needs have been met and concerns addressed. The resource includes worker's guides, carer's guide, strength and concern's component, action plans, graphs and a final report for the file as well as feedback mechanisms for kinship carers and workers.

The Winangay Kinship Care assessment tools create a climate in which power is shared more equally between workers and carers and is an enabling process in which kinship carer knowledge and insights are valued. Kinship carers are partners taking ownership of the process recording their responses, identifying strengths needs and concerns and strategies to address unmet needs. Workers facilitate the assessment process maximising opportunities for kinship carers and child/children to be heard. Carers and workers learn from each other in a mutually enabling and empowering process. As one carer said: 'What's important to us is included in the Action Plan, we work with the worker to decide what we all have to work on'

## Visual Graphics

Winangay Resources have developed a range of cards to act as stimulus for conversations and sharing of stories and information. This helps to confirm other information and provide additional details and context.

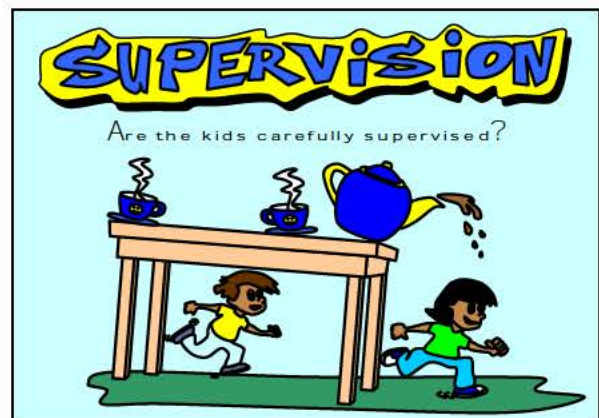
They represent the key factors in families that contribute to good care and support.

They use humour to engage people and help to make the images relevant. They display positive images of Aboriginal and Torres Strait Islander people and help to make it clear what the factor is that we want them to talk about and rate.



The card above is an example of avoiding 'jawbreakers' and using language that is well understood by Aboriginal people in the small Aboriginal town of Tingha in NSW. The 'Tingha Test' involves Aunty Sue and others checking that questions could be understood locally as a great indicator they were clear. This was an intentional and deliberate strategy in line with best practice. It is the role and responsibility of workers to adjust their style to meet the needs (including the cultural needs) of the carer/potential carer. So this document and all correspondence with the carer should be easy to read and understood.

Aspects of all four competency are depicted. The 2 cards below are from the *Safety and Working Well with Others* set of cards. The strong visual images have proven to work in remote locations like the Kimberley and Cape York to urban centres like Sydney, Cairns and rural centres like Coonamble, Rockhampton or Orange.



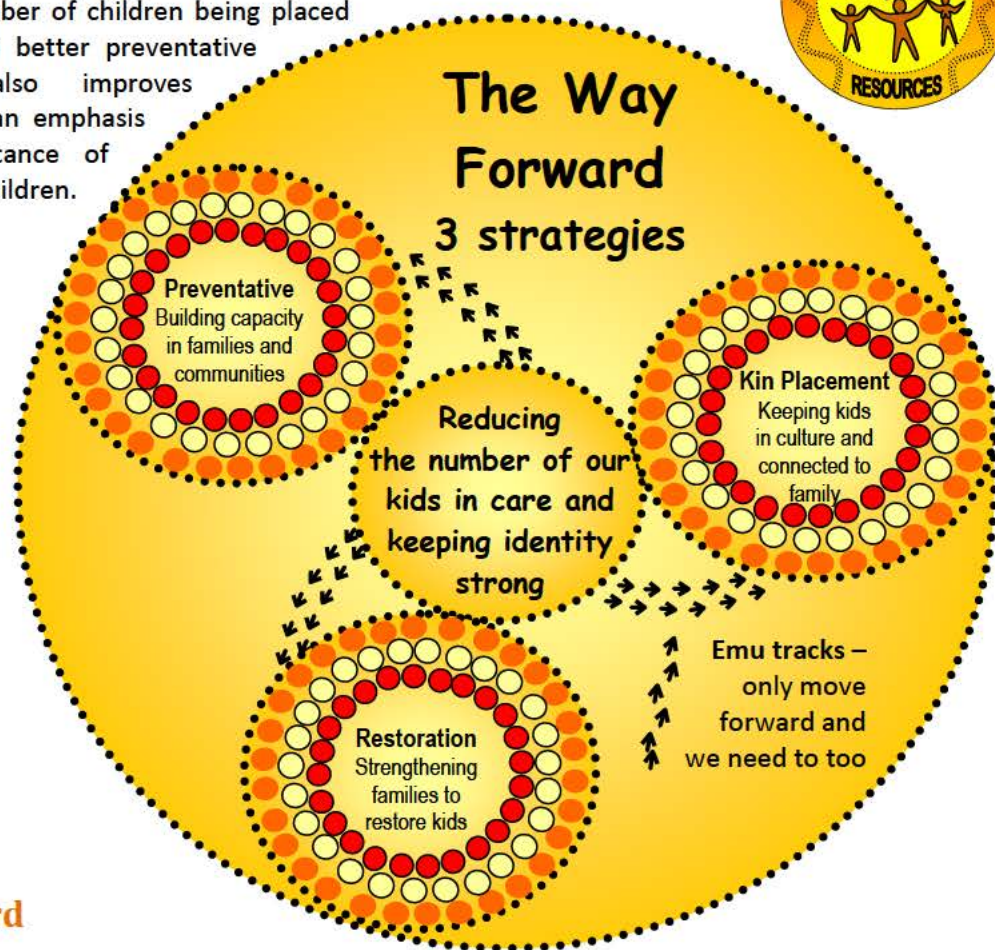
## Working from a different paradigm

Winangay believe that we need a new working paradigm that encompasses Aboriginal ways and worldviews. Any new approach to the child protection system needs to focus on three key areas.

1. **Preventative work** - we need to build models that use culturally appropriate models to more effectively build capacity in families and communities where children are at risk. Strong preventative work with good training should help workers to better identify when kids are really at risk and when action plans can be used to reduce concerns and address needs instead of removing the children.
2. **Kin placement** - We need to develop tools to assist workers to identify appropriate kin placements and the motivation to encourage them to pursue this diligently. Winangay has developed assessment tools that will assist workers once potential kin are identified. This was prioritised as it was seen to be a major gap and the need to support workers was urgent. However there is still a need to develop tools and strategies to assist workers to better identify potential kin for suitable placement.



3. **Restoration** - The over-representation of Aboriginal and Torres Strait Islander children in the system requires strategies to reduce the number of children being placed in care through better preventative work but also improves strategies and an emphasis on the importance of restoration of children.



### 3 Ways Forward

The Winangay Kinship Care assessment tools create a climate in which power is shared more equally between workers and carers and is an enabling process in which kinship carer knowledge and insights are valued. Kinship carers are partners taking ownership of the process recording their responses, identifying strengths needs and concerns and strategies to address unmet needs. Workers facilitate the assessment process with tools that are specifically designed to meet the needs and aspirations of kinship carers and the children they are raising.

These three strategies are the way forward. However it is essential to ensure that in each strategy, supports need to be put in place to ensure children's needs are met particularly in relation to any of the impacts of trauma, neglect and abuse. Our understanding developed from our work with children, families and workers has been that removing children often increases their experiences of trauma, and increases risk. As a result there is a need to train workers and others to have a better understanding of risks including the risks to children of removal the impacts of trauma, the practice of trauma informed care, trauma specialist services and healing practices. These need to not just be available to kids currently in care but anyone who has been removed or harmed by the process.

### SCOPE Model

The Winangay Tools are underpinned by the SCOPE Approach. The SCOPE acronym reminds workers of the practices and processes that guide their work. These principles assist workers to build strong relationships that are characterised by respect and trust. They help create cultural safe and culturally appropriate practice. However they require a dramatic paradigm shift for many workers as it requires a move from a worker driven process to a more equal and shared relationship marked by mutual respect and shared planning.





# Winangay – The SCOPE Model



## Strengths – Focusing on capacity and ability

Working collaboratively in positive and affirming ways to identify areas of strengths

### Will kids grow strong and thrive here?

- Will kids know they are heard, valued and important here?
- Will kids' strengths, interests, talents and abilities grow here?

*Any culturally appropriate process for Aboriginal people needs to be focused on identifying strengths and the capacity and ability of people. This is particularly important as Aboriginal people are too often depicted and characterised by their deficits. Starting with strengths is affirming for the person building their confidence and helping to put them at ease.*

## Concerns and unmet needs identified

Identifying kid's needs, identifying unmet needs and any areas of concern. Ideally it will include rating the levels of concerns to identify next steps or management strategies

### Will kids be safe here? (Where Safety = physical, emotional & cultural)

- How do we know kids will be safe in this family and place?
- Are you aware of any concerns? (Are they willing and committed to change these?)

*As well as considering strengths it is essential to consider concerns unmet needs. In plain English we will talk of worries or concerns rather than to use the worker driven terms related to risk management. Worries and concerns are experienced by everyone using these words parents, carers are more likely, to be comfortable to talk about the challenges we do face. It also allows us to identify any areas of unmet needs and things that we would like to change or improve on. These conversations allow us to assess, child safety in a less threatening and more collaborative way.*

## Options and opportunities to address needs and provide services

Identifying and agreeing both what the person and the worker will do. Ideally this considers both the identified strengths and concerns and results in an agreed action plan for workers and carers.

### Can we find ways to improve and move forward?

- What support or action is needed to address any concerns?
- Are action plans based on both workers and carers working to change things?
- Do they feel empowered to enact the plan?

*During the conversation about strengths and concerns it is often possible to identify options and opportunities. Ideally like the whole process, identifying these options will be a collaborative and participatory process between a worker and a family, carer or child. A joint action plan should be mutually agreed and involved shared actions ideally drawing on strengths to address unmet needs and concerns. The emphasis is on achieving best outcomes for the kids and ensuring their safety.*

## Power sharing, participatory respectful processes

Working in more mutual ways that encourage people to have a say, fully understand and participate in the process. It gives a voice to kids, families, carers and communities and embeds the principles of collaboration, participation and self-determination which is their right. This will require a paradigm shift for the system but has been identified as best practice internationally.

### Is the partnership real and respectful?

- Does the carer feel equal and able to contribute?
- Are we developing strong respectful relationships?

*Any interaction between workers, families, carers, kids or community members should be participatory (two way /reciprocal) and respectful, with power being shared mutually. This requires workers to value the strengths and lived experience of families and utilise empathy and other emotional intelligence skills. It requires genuine listening and leaving aside preconceived notions, bias and limited ways of thinking*

## Enabling Capacity, Empowerment and Equality

Encouraging people to feel more empowered and confident as they value their strengths, grow in capacity and feel equal and enabled to better grow strong kids and be strong themselves

### Are we growing capacity and people's strengths?

- Will kids and carers know they are safe, heard, valued and supported here?
- Will kids and carers' strengths, abilities and resilience grow here?

*Best practice involves working with people in ways that expand the skills, knowledge and capacity of each party. This requires an openness to ongoing learning and a willingness to reflect and embed those new learnings. The aim is to build confidence and resilience, helping people to feel empowered and valued.*

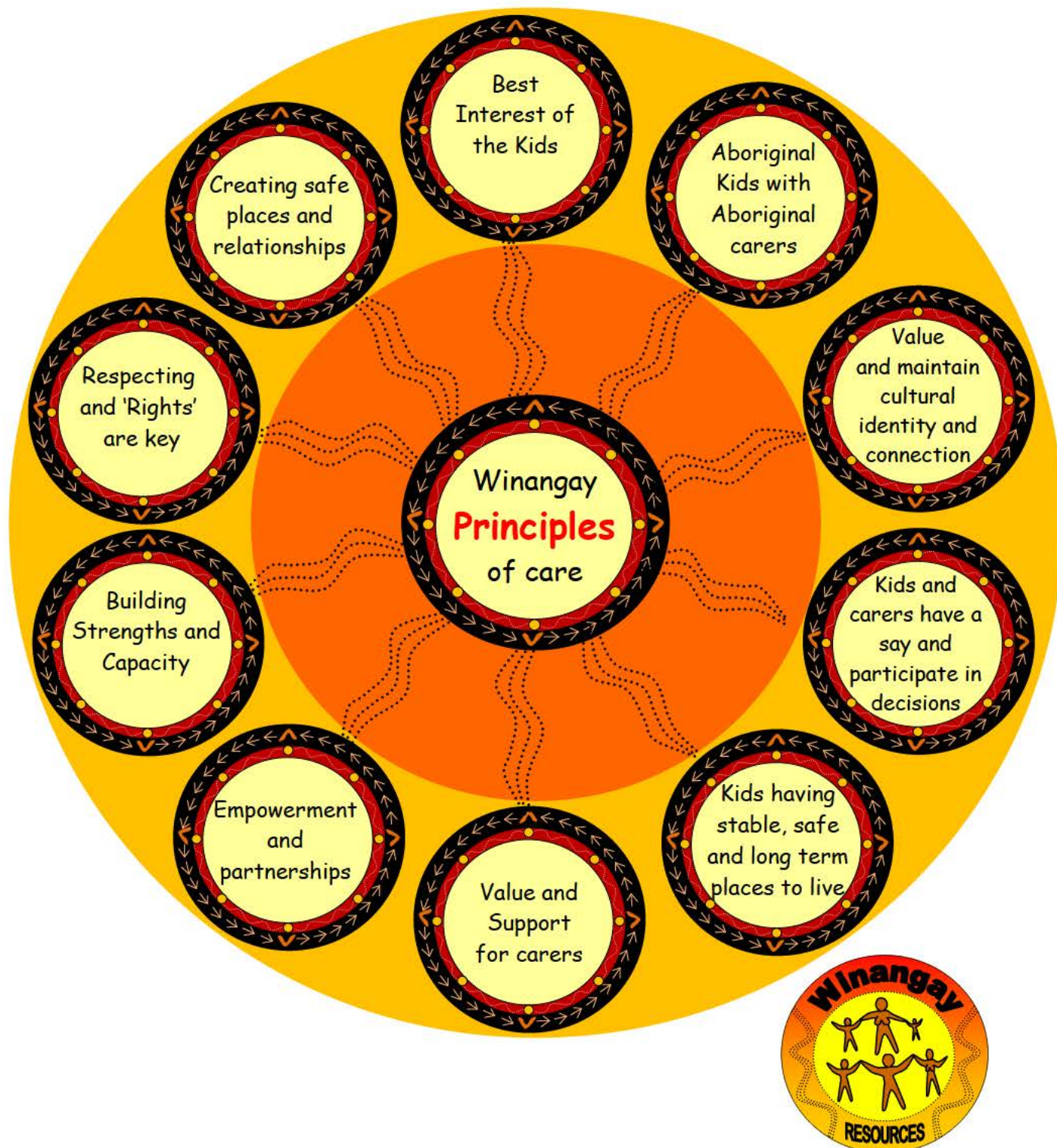




## Winangay – Principles of Care

When using the SCOPE or other OOHC models there are a number of key principles which Winangay believe should underpin all OOHC practice. We have identified the following principles as being important.

Many of these principles are based on evidence based practice and others are based on human/children's rights, legislation and from practice expertise from experienced carers, children, Elders and workers.



## Winangay Principles of Care

**The order of the principles is not so important but all need to be present for optimal care to occur. The principles are:**

1. **Best interest to kids:** All practice, processes and decisions must be in the interest of the kids
2. **Aboriginal kids with Aboriginal carers:** Aboriginal kids need to be with Aboriginal carers to keep their culture and identity strong
3. **Value and maintain cultural identity and connection:** Maintaining culture identity and connection to family and country is essential and a critical protective factor in healing and reducing trauma effects
4. **Kids and carers have a right to have a say and participate in decisions:** Having choice and control are essential in trauma informed care and so having a voice and say about matters that effect kids and carers is crucial. Too often kids rights are breeched and they are not allowed to participate in the decisions that impact on their lives.
5. **Kids need to have stable, safe and long-term places to live:** Family for Aboriginal people is extended and collective, children securely move between family members however they all need to be stable and safe and kids need a say in any move. Kids in care should have the same cultural freedom e.g. holidays with cousin and grandparents.
6. **Value and support carers:** Carers need to feel valued and respected as this assists them to continue caring long term and provide stable placements for kids. Workers need to avoid being the expert or any patronising behaviour and instead be role models treating carers just as we want children treated
7. **Empowerment and partnerships:** Workers need to be looking for opportunities to create partnerships and to empower those they partner with by creating equal relationships and sharing power. This is a paradigms shift as workers move from the experts themselves to acknowledging that carers are experts in their own life and often have valuable experience and knowledge of the children involved.
8. **Building strengths and capacity:** Workers will look for opportunities to identify strengths and build capacity in children, in carers, in families, in communities, in other workers in the system itself.
9. **'Respecting' and 'rights' are key:** Central to the whole process is acknowledgement of rights both the rights of children but also universal human rights and best practice principles which encourage collaborative strength-based process. When we approach people and situations with this mindset we are far more likely to adopt a respectful manner. Respect is a central key in cultural practice with any Aboriginal personal community. Relationships don't begin until respect is acknowledged and accepted, and without relationships it is impossible to partner or work well with Aboriginal people.
10. **Creating safe places and environments:** Workers and carers alike need to be aware that strong relationships only flourish when people feel safe and comfortable. It is essential therefore to create an environment of safety. This includes physical, emotional, social and cultural safety. It is important to recognise that safety is determined and defined by the person most vulnerable or at risk. For example the worker may feel they are operating in cultural safe ways however unless the carer experiences cultural safety of the worker's view is invalid. Strong relationships allow people to provide good feedback so that it is possible to determine their level and experience of safety.





## Winangay – Trauma Responses

Trauma refers to experiences or situations that are very emotionally painful and distressing and where we often fear for our lives. This can overwhelm the person making it difficult to cope and leaving them feeling crushed or powerless. It is particularly difficult when the trauma is caused by a person in a position of trust and when it is repeated and ongoing. This betrayal of trust can make it difficult to trust others in our lives or to form healthy relationships. Trauma reactions can result from any situation that damages or disrupts a child or person's sense of safety, security, well-being or protection. Abuse and neglect particularly sexual abuse, physical abuse and emotional abuse can greatly impact throughout our lives. In the case of children it can have developmental impacts even changing the way their brain develops.

A child who experiences of trauma may:

- Feel unsafe and afraid
- Feel alone and to blame
- Feel failures and no good
- Feel unheard
- Feel they have no choice or control
- Have no voice and lack the confidence to speak up or talk about their needs
- Lose their identity
- Experience anger and 'fight' reactions or want to withdraw and run away (flight) or 'freeze' up and perhaps disassociate.

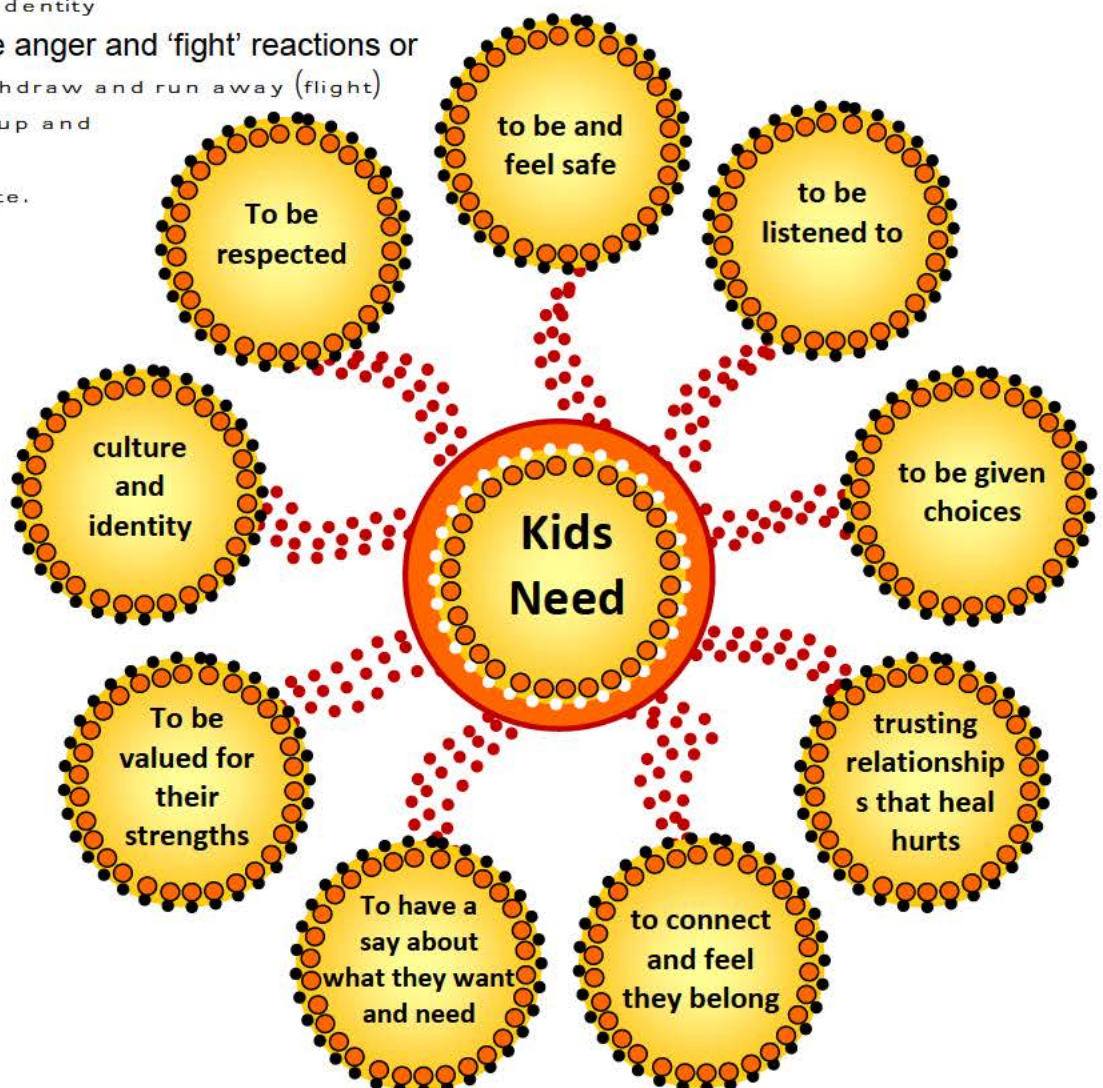
Kids who experience impacts of trauma feel **HOPELESS** and **HELPLESS**.

For a child to overcome trauma they need workers to respond in 'trauma informed ways'. They may also need specific therapy or healing. (See diagram below).

Winangay Resources conduct training in both trauma informed care and trauma healing.

### Winangay's Trauma Informed Principles

(in child  
friendly  
language)  
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Resources Inc



### Some indicators of trauma include:

- Emotional outburst
- Acting out
- Withdrawal
- Isolation/Avoidance
- Fear/ Anxiety
- Anger and rage
- Sleeping difficulties
- Eating difficulties
- Bed wetting
- Nightmares
- Inability to trust
- Behavioural challenges
- Drug and Alcohol
- Mental health issues
- Self-harm and suicidal thoughts
- Homelessness
- Poverty
- Relationship difficulties

Too often however these indicators are not recognised or identified as trauma related or connected to abuse and neglect. As a result they rarely get the treatment, support, services or healing they need.

### Trauma Healing involves:

- Listening and showing respect
- Promoting choice, self direction and autonomy
- Experiencing loving caring relationships
- Releasing stored “fight-or-flight” energy
- Techniques to self-regulate and manage strong emotions
- Processing trauma thoughts feelings and memories
- Building or rebuilding trust for others
- Building confidence and a sense of empowerment and being in control
- Identifying strengths

Child protection systems and services are supposed to be designed to protect children. However the process of removal and experiences in care can not only result in trauma but have in our experience often exceeded the original trauma experiences.

This combined with the unprecedented number of Aboriginal children being taken into care means we need to reconsider the very practice of child protection. It is not enough to respond with superficial strategies or ‘band-aids’ rather we need to seriously consider redesigning the child protection system until it is in the best interests of the child. We need to create systems that are child sensitive, responsive and friendly.. and are truly in the ‘*Best Interests of the Child*’. To do this we need to redefine the terms, the frameworks and their application in practice. This is a new paradigm and will require a significant culture shift.

We may need to look at other systems to help reimagine the child protection system. For example, the redesign in mental health services to reduce the occurrence of ‘restraint and seclusion’ and their protective practices which hold workers responsible for ‘last resort’ strategies. (Foxlewin, 2012)

Simply put imagine if removal of Aboriginal children was the last resort in the child protection system and workers had to provide verifiable evidence of how they had collaborated with Aboriginal children, parents, families and communities to connect with the Aboriginal family members, kin, Elders, community leaders so as to ensure Aboriginal kids do not end up in a system which all too often compounds the initial trauma. Imagine if we worked alongside Aboriginal communities and tapped into family and kinship networks and redirected the funds and resources we currently use to remove kids to help families, kin and communities keep Aboriginal kids safe on country and in culture. Imagine the trauma that could be prevented if kids were able to stay safe home on country, with people that love them. Imagine what it would be like for workers to work collaboratively with family members, kin and Elders to connect to 40,000 years of Aboriginal peoples experience of raising kids strong in culture safe on country.



## Winangay's model for Trauma Informed Organisations

In addition to training workers in trauma informed care we need to support organisations to design and deliver trauma informed services. This requires reviewing existing systems and making them trauma informed. We need to move from 'rhetoric' into the application of knowledge and skills this necessitates real change, so ongoing monitoring is essential.



## Cultural Safety and Participation

Trauma informed services are key to providing culturally safe services. It is important that we don't confuse the terms cultural competence and cultural safety. Cultural competence is a characteristic of the worker, cultural safety however is defined by the service user. A service or worker is only culturally safe when the service users say that this is the case.

This means asking service users including, carers, kids, extended family members, community members and biological parents to provide feedback on the cultural practices, safety and support provided by the relevant organisation or department. We need to listen more as it is the best way to protect kids and improve services.

As child protection is primarily about the child, child participation is particularly important. We need to spend more time listening and having conversations with children. In particular we need to be talking about and monitoring their social and emotional well-being. This means covering all five domains, physical, emotional, thinking/cognitive, social, and spiritual/cultural.

Too often important information and documents like cultural plans are completed by workers with little or no consultation with the children that are impacted by them. Winangay's approach to cultural planning involves engaging the children and all other key stakeholders to develop dynamic not bureaucratic plans that where possible are authored by the child themselves. Such plans could provide opportunities for kids to connect with kin, on country and recognise cultural identity evolves over time and children's needs will change over time as will their cultural roles and responsibilities.

## Family group conferencing

Family group conferencing was introduced to involve families in critical decision making and planning. It involves families and workers meeting together to find the best way to support both the child and the family. It can include problem solving, information exchange and innovative planning.

Winangay has applied the SCOPE model in the context of family group conferencing. We have also combined a family group conference with kinship assessment allowing a community collaborative approach to assessing kin this involves up to 4 family members contributing information and stories this was then

validated with third-party community members and other services. This sort of approach creates a more collective, culturally safe and empowering process.

## Reactions to the Winangay resources

When the resources were launched, Dawn Wallam then Chair of SNAICC (18th Nov 2011) said “The use of Winangay has the potential to reduce the numbers of Aboriginal children in non Aboriginal care and to contribute to closing the gap between Aboriginal and non Aboriginal children and families”.

Minister Jenny Macklin in a letter to Winangay (March 2012) stated: “I anticipate this resource will support Aboriginal Kinship Carers, leading to improved outcomes for carers and children in care, and ultimately for the broader Aboriginal population”

The Australian Institute of Family Studies on their website states “Winangay Resources promotes the social and emotional wellbeing of Aboriginal children and communities and shapes best practice in the development of culturally appropriate resources and training”. As one Canadian First Nation’s worker at the international foster and kinship care conference in British Columbia Canada 2011, described it “the Winangay Aboriginal kinship care assessment tool creates a seismic shift in the way assessments are done by distributing power from workers to carers”. This seismic shift in engaging in assessment processes have are integral to Winangay tools, these tools have been adapted for use in family support services, with foster carers and in health, with Aboriginal and non Aboriginal service recipients.

International expert Marianne Berry (2011) who validated the Winangay Assessment Resources believes “Australia should be proud of this contribution to the advancement of assessments that are sensitive to the needs of unique populations, and owes a great deal to the tireless work of the Winangay family”.

Richard Weston at the Child Aware Conference in May 2015 used to these words to describe Winangay Resources “The Winangay team have blended experience, expertise and blended that with Aboriginal knowledge and developed a very sophisticated model that I would challenge any government agency to replicate. It is very sophisticated, it is effective and it works. It creates high expectations and confidence in our mob we have the solutions to our own problems with the right sort of support and technical support, we can overcome the situation that Auntie Susie has talked about one third of kids in OOHC are Aboriginal, despite us being two percent of the Australian population”.

Professor Fiona Arney (Director Australian Centre for Child Protection) commented that “The tools Auntie Sue and the Winangay Team have developed are changing practice, changing policy and changing attitudes to the protection of Aboriginal and Torres Strait Islander children here in Australia and across the world” (August 2015)

They were also recommended for use in Queensland by the Queensland Child Protection Commission of Inquiry (Carmody 2013) Taking Responsibility: A Roadmap for Queensland Child Protection. Winangay Aboriginal Kinship Care Assessment Tools were rolled in Queensland in a collaborative endeavour with QATSCIPP (Aboriginal Peak) the Department of Child Safety and Foster Care Queensland. A research project funded by the Sidney Myer foundation is being undertaken in partnership with Winangay Resources, Professor Fiona Arney (Director Australian Centre for Child Protection) Professor Morag McArthur (Institute of Child Protection Studies, Australian Catholic University) the purpose of the project is to comprehensively evaluate the effectiveness of the Tools for Aboriginal kinship carers. In particular the project aims to:

- Gain a better understanding of how the Tools are applied in practice by both Aboriginal and non-Aboriginal workers.
- Determine how the use of the tools translates into outcomes for Aboriginal kinship carers, children and their families.

The project aims to evaluate the Tools in remote, regional and urban settings across New South Wales, and Queensland, with a particular focus on training both Aboriginal and non-Aboriginal workers to use the Tools with Aboriginal kinship carers.

The first in a series of four research papers in relation to the evaluation of the tools is due to be released imminently.

Winangay Resources is partnering with Families SA and AFFS in SA to pilot the Aboriginal and non Aboriginal Kinship Care and Foster Care Assessment tools. And we are partnering with FACS in NSW in piloting the Winangay Kinship Care Assessment Tool, in Tamworth CSC, St Mary's CSC and Mount Druitt CSC the feedback from the pilot which commenced in September 2015 have been very encouraging

## **Kinship carer training and information - Yarning and Sharing Sessions**

The journey in the development of assessment resources for kinship carers has inevitably led to consideration of the training information needs of kinship carer, Aboriginal and non Aboriginal. Kinship carers see themselves as loving, protective and competent their training/information needs are very different that foster carers they are caring for children who are strangers to them. Kinship carers are raising children of the family; they have relationships with the children and a good understanding of their needs. Many carers, particularly grandparents have already raised kids.

The Winangay team identified the need for Aboriginal and non Aboriginal carers to have opportunities to talk about their experience of grief and loss and intergenerational trauma (Menzies 2010) the impact on them and on the children they are raising many of whom have experienced grief and loss (Selwyn, Farmer, Meakings & Vaisey, 2012). Kinship carer's previous experience of trauma and mental health issues can adversely affect the quality of care provided and has been identified as a factor in placement breakdown (McCrae & Frayne 2010). Kinship carers lack of understanding of past trauma on kids has been identified as a factor in kinship care breakdowns, (McCrea & Frayne 2010). Kinship careers have ongoing support needs in the form of information/training, consistent casework from workers who are trained and understand and appreciate the specific needs of kinship carers (Humphries, Kiraly and Connolly, 2012)

"Brave Faces, Hidden Tears" a trauma informed training information/ session was developed in response to many Kinship carer stories, the title came from an Aboriginal kinship carer who recalled "crying in the shower, so the kids don't hear, putting my brave face on, so the kids don't worry, they done too much worry, too much hurtin" The Brave Faces, Hidden Tears session has been incorporated into the **Strong People Strong Ways: Yarning and Sharing Sessions** which can be adapted to meet the needs of non Aboriginal Carers.

**Strong People Strong Ways: Yarning and Sharing Sessions** training/information, yarning and sharing sessions, covers key aspect of kinship care including:

- What is Kinship Care?
- Rights-Carers Rights, Kid's Rights
- Aboriginal Placement Principles
- Why kid's come into Care
- Roles, responsibilities, transitions and challenges
- Staying Strong as a Care
- Brave Faces: Hidden Tears-grief, loss, and shame for carers and kids
- Growing KiDs Strong, health, education, child development
- Safety-trauma informed approaches to care
- Cultural Connection and Identity
- Resilience and resources, contingency planning-review, and self assessment

A good deal of the content of the training/information sessions has been road tested on kinship carers via the team's involvement with Connecting Carers NSW they provide training and support to Aboriginal and



non Aboriginal Carers. Feedback has been very encouraging; in particular kinship carers have valued the opportunity to share their experiences of grief and loss with carers who have been through similar things. Worries about carer's mortality, particularly for older and grandparent carers often arise during these sessions and the contentious and difficult issue of where children will live in the future is frequently canvassed. The need for contingency planning in relation to children's future is a concern for carers and children and given the age of kinship carers and their precarious health, the importance of formulating contingency plans cannot be overstated and constitutes a significant practice challenge for caseworker.

## Training for Workers

A consistent theme in the research (Hunt, Waterhouse & Lutman, 2008; Farmer & Moyers 2008; McHugh 2013) and from both workers and carers is the need for specialist training for workers. A new practice paradigm is required if we are to adequately meet the needs of kinship carers and the children they are raising, one which captures the complexities of kinship care and is responsive to kinship carer's strengths and needs.

Members of the Winangay Team have developed this training and have delivered it for caseworkers and managers from the Department of Community Services NSW (Family and Community Services) and for caseworkers from the non-government sector in NSW. The training is entitled "Kinship Care: Back to the Future". The curriculum covers key areas of practice including:

- Differences, similarities between foster care and kinship carers,
- Understanding trauma and its impact for children and carer's
- Training of needs of kinship carers,
- Strategies to identify and provide effective support for kinship carers
- Family group conferencing approaches and practices.

## Expanding support

The original Winangay resources were developed for Aboriginal carers however their success in the kinship context promoted Winangay and led workers to request the development a non Aboriginal kin specific tool. Moreover workers in the field are effectively using the cards with carers and parents to review placements and to provide family support. The Central West Family Support Group Inc is currently using the Winangay Resources, ninety eight per cent of their clients are Aboriginal. In a joint presentation at the Family Support Conference in Sydney July 2014 the Family Support Group provided this feedback on the use of the Winangay Tools

- The Winangay Resources assist the client in setting achievable and realistic goals. We can focus on issues which are not too difficult to achieve and with the improvements made in that area the more difficult issues tend to improve as well
- The Winangay Resources make reassessment of the client's position easy
- The resource cards provide a great opportunity to open conversations in a non threatening way and are based on strengths.
- It also gives a great visual aspect to the client which we then tend to photograph and allow the client to take home

Clients of the service said the tools were:

- Positive and exciting
- Builds belief



- Looks better than they thought
- Down to earth
- Easy to understand
- Make you really think honestly about the situation

In order to respond to the trauma and mental health challenges experienced by Aboriginal people, Winangay have developed social emotional wellbeing (SEWB) cards. Workers can use these cards to provide support and also develop strategies and action plans to ensure better support is identified and provided.

In addition, we are currently developing disability cards for those caring for children with disabilities. Future initiatives will be determined as needs are identified.

## Conclusion

The increasing numbers of Aboriginal children entering the care system is a national tragedy, and must stop.

The Winangay team led by Aunty Sue Blacklock and inspired by Elders and Aboriginal people across this country, is part of the wave of change which is long overdue. The resources we have developed are enabling, innovative, and represent culturally strong practices and ways of working. While the resources were initially developed for kinship care assessments, they are now being used and adapted in family support work to build capacity in families, to prevent kids entering care and to work with families towards restoration of the children. The family factors identified are relevant in any form of family work.

The range of resources currently include social emotional wellbeing resources, trauma informed training resources, kinship and fostering assessment resources, carer training programs. While the initial resources were specifically for Aboriginal and then Torres Strait Islander use they now also include non-Aboriginal resources and models.

Aboriginal organizations and leading academics across the country have indicated that the resources have the potential to reduce the numbers of Aboriginal children coming into care. Preliminary findings from the research in Queensland are very encouraging, the Department of Child Safety is in discussions with Winangay Resources to go beyond the scope of the original research and implement other culturally appropriate tools. The time to make the Winangay Resources available to workers across the country is **Now**, the use of the resources will strengthen the application of the Aboriginal Children's Placement Principles and help Aboriginal kids keep their families and Aboriginal families keep their kids.

The opportunity to extend the application of these resources to prevention and restoration is evident. There is also the capacity to use them as the foundation to inform the development of plain English and visual resources explaining child protection and legal processes, which would greatly assist CALD, Aboriginal and Torres Strait Islander and low literacy families.

The Senate, Community Affairs References Committee's Inquiry Report (2014) "Grandparents who take primary responsibility for raising their grandchildren" was released in October 2014 and stated, "7.41 The committee endorses the intentions of the Aboriginal Child Placement Principle but notes that Aboriginal and Torres Strait Islander children are not always placed in accordance with the Principle. To the extent that assessments could increase the number of children placed with their grandparents, the committee sees merit in the potential use of the WINANGAY Kinship Care Tool, which has been both academically verified and field tested."

The Senate Inquiry into OOHHC Recommendations 36 reads as follows

The committee recommends that COAG include in the third action plan 2015-2018) of the National Framework a project to better support Aboriginal and Torres Strait Islander children in relative/kinship care, including:

- streamlining accreditation and assessment process for Aboriginal and Torres Strait Islander kinship carers; and
- implementing the Winangay kinship resources to improve relationship between carers and child protection authorities.

If we are to fight the entrenched 'fear of welfare' and engage in a partnership with Australia's first peoples then we need to find new ways of working that encompasses Aboriginal worldview, ways of working and cultural knowledge. As we pursue new paradigms and new tools like Winangay we are all empowered to turn back the tide and seriously reduce the tragedy of over-representation and the shadow of another stolen generation.

As Auntie Sue Blacklock puts it "these kids are too precious, too many have been lost and too many tears have been shed. We need to all work together to change the system, so our kids can be strong in culture be kept safe and protected, find healing from trauma and grow up strong in their families and communities. They are our future and so we need to ACT NOW."

In conclusion we recall Professor Fiona Arney's (2014 Director, Australian Centre for Child Protection) conclusions about Winangay. "These approaches represent a seismic shift in working with Aboriginal families and children – from a "power over" to a "power sharing" relationship, and hopefully to an empowering one. The approaches also include a clear focus on the professional development of Aboriginal and non-Aboriginal workers to undertake this work in a culturally safe and evidence-based way."

## Who is on the Winangay team?

Winangay is a Gamilaraay word meaning "to know, to think, to love, to understand, to remember". The five people at the heart of the Winangay team come from very different backgrounds but share a common commitment to work with Aboriginal people to end the continuing tragedy of unacceptably high numbers of Aboriginal children coming into care, below is a short summary of their stories.



**Auntie Sue Blacklock** AM (Chair of Winangay Resources Inc) is a respected Elder of the Nucoorilma people from Tingha, part of the Gamilaraay (Kamilaroi) nation. She is mother of 8 and grandmother and great grandmother to over 100 children. She has also raised a multitude of foster and other children. Auntie Sue has been a lifelong advocate for Aboriginal children and families and has cared for countless numbers of Aboriginal kids. The founder of the Myall massacre memorial Auntie Suzie has a long standing commitment to reconciliation and to finding new strength based ways of working between Aboriginal and non Aboriginal people. Her work has been honoured on several televised programs including Australia's Story. Auntie Sue Blacklock was awarded an AM in the Queen's Birthday Honours list (June 16) and has been appointed

the first Ambassador for Children, Australian Centre for Child

Protection (March 2014)

**Karen Menzies** (Vice Chair of Winangay Resources Inc) is a Wonnarua woman from the Hunter Valley NSW. She was the Aboriginal social worker on



the “Bringing Them Home Report” the National Inquiry into the Separation of Aboriginal & Torres Strait Islander Children from their Families. Karen heard the testimonies of the women and men who had been removed from their families, kin and country. This experience has informed every aspect of Karen’s work. A lecturer in the Wollotuka Institute at the University of Newcastle. Karen is completing her PhD on the impact of trauma, including intergenerational trauma on Indigenous Australians, and examining the practice of child protection professionals working Indigenous families within the child protection sector. The key question for Karen was “How many more Aboriginal kids will be removed before we find more effective ways of working with Aboriginal people that draw on trauma models of practice and are informed by trauma literature, culturally safe, respectful and reflective of Aboriginal strengths??”



**Gillian Bonser** has worked in community services for over 35 years managing state and national projects and programs. She is a psychologist, consultant and facilitator who specialises in creative lateral thinking and innovative resource development. Gillian has been acknowledged for her expertise developing competency based resources and assessments. She has the ability to creatively synthesise complex information into user friendly models and resources and plain English formats. She has a long history of social justice activism in partnership with Aboriginal people and those who are living with trauma, particularly in the fields of mental health and community work. In the last 10 years she has been heavily involved in partnership programs and new initiatives in Aboriginal services and communities. Gill’s passionate commitment to the Winangay project was driven by concern about the high numbers of Aboriginal children being removed from family, culture and land and the trauma they experienced following their removal. Gill had been a foster carer for over 15 years and was highly involved in developing the original Australian out of home care competencies for foster parents.

**Paula Hayden** has been a social worker for 30 years working in frontline Child Protection and Out of Home Care, Paula has had a long history of activism across many areas. Raised in Liverpool in the UK she learnt from her parents the values of social justice and from liberation theologians preferential options for the poor. In 2010, whilst presenting at the SNAICC conference, Paula who had co-authored two nationally recognised training and assessment packages, was approached by a group of Aboriginal Elders. These Elders recounted their experiences of Aboriginal children being removed, they asked Paula to be part of the change that would see an end, to the tears, to the heartbreak and see kids remain in culture connected to kin land and spirit. Paula said “I had no choice I had to act, I could not say no to the Elders, I was going to be part of the solution or the problem and I wanted to be part of the solution.....”



**Clayton Blacklock** is a proud Nucoorilma man, part of the Gamilaraay (Kamilaroi) nation. He and his wife are currently kinship carers for five children from two different families. The eldest and youngest children have significant disabilities and have excelled and blossomed in their care. Over the years they have cared for numerous children often friends of their own seven kids or other kin. Clayton and his wife were named in Inverell as ‘Carers of the Year’ (2011). He is a much loved grandfather to 14 children.



Clayton is acknowledged in the region for his knowledge of culture and the Gamilaraay language and is committed to passing this on to the children, so they can carry it into the future. He has worked in a range of community and health services locally in Inverell in the highlands of NSW and is regularly involved in pastoral work.

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