

Working alongside Aboriginal and Torres Strait Islander children in out-of-home care through a culturally safe framework

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Dana Shen (00:00:00):

Well welcome everyone. Welcome to all the participants who have joined us for tonight's webinar and the viewers who are watching the recording. Before we get started, I'd like to acknowledge the countries that we're all on MHPN would like to acknowledge the traditional custodians of the land, seas, and waterways across Australia upon which our webinar presenters and participants are located. We wish to pay our respect to the elders past, present, and future for the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander Australians. We wish that for all and look forward to speaking with all of you tonight and sharing various knowledges from our panel tonight. So I just wanted to introduce myself first. I'm Dana Shen, I'll be facilitating tonight's session. I'm a Ngarrindjeri consultant based in South Australia and I've walked within and beside social services. Before we get started, I just wanted to share about up and coming webinars. So this is the fifth webinar in the sixth series on Infinite Child Mental Health, presented by Emerging Minds and Mental Health Professionals Network. Upcoming webinar topics will include Practise Strategies for Children bullying behaviour in June, 2024. So if you want to learn more, you can subscribe to receive your invitation to that. So I'd also like to share with you a little bit about the practical side of the webinar tonight and how you can engage on the webinar platform.

(00:01:41):

So essentially, if you'd like to interact with us, you click the three dots lower right corner of your screen to access information. Under the information tab you'll find links to slides, resources, survey and technical support as well. You can access the chat top right and see the speech bubbles that you can see on your screen. To ask a question, click the speech bubble icon lower right of your screen and submit a question and I'll be watching this, so I'll be trying to capture and provide the panellists with your questions For technical support, if you need any technical support, you can click live webcast support under the info tab. If the webcast stops at any time, please try refreshing your browser. If there's anything you've missed, this webcast is being recorded. So as we begin the panel and then you begin to engage with this, there's just a few ground rules that I wanted to ensure that makes it safe for all of us and where we can learn together. First of all, if you can be respectful of other participants and panellists in what you're doing and also keep comments on topic in the chat box as well. So I'd like to just go over to the learning outcomes first. I won't go into them in detail because you would've read earlier just to say that they're there and these are the aims that we will have tonight.

(00:03:06):

I'd now like to introduce the panel and in introducing them, I just wanted to give a little bit of context first. So we're focusing on out-of-Home Care tonight. And of course there's some really major and important issues that face us particularly is First Nations community. So as of June, 2021, there were about 46,000 Australian children in care at this time. This included about 19,000 Aboriginal children in care of all children in care. So unfortunately it continues to be an overrepresentation of Aboriginal children in many systems in our country, including out-of-Home Care. I also wanted to add though, because they're really hard numbers to hear, particularly for our people and just recognising any of my kin that are online tonight, I also wanted to recognise the organisations, the ACCOs, the Peaks, the commissioners and others who work in this space who carry a lot of hope and carry a lot of strength for our people.

(00:04:15):

So I want to say that as well. And also I want to recognise all of the elders and the people that walked before us that have done this work and had hope and strength and got us to this place. So thank you to all of you. So I won't be going into detail on the panellists tonight because you would've seen their bios, but just to kind of explain who these people are. So first of all, we've got Candice Butler from Queensland Child Protection. We've got Dan Mitchell, the CEO of Aboriginal Family Support Services, Lana Draper, New South Wales Occupational Therapist, and Debbie Haynes, clinical psychologist registrar in New South Wales. Before we get started into their presentations, I thought it'd be nice to hear from them and a bit about what brought them to this work. So Dan, I just wanted to hand over to you first and if you could answer this question for listeners tonight and to those that are listening to the recording, we know how committed you are to working with our communities. Why did you choose this field to do this work with our people, Dan?

Dan Mitchell (00:05:28):

Thank you, Dana, for many years and probably over 25 years, I've remained in the out-of-home care child protection area. And I think it was because, or I do know it's because as an Aboriginal person or a person of colour growing up in South Australia before the first referendum, I knew what it was like to have a father and a grandmother come under the Aborigines Protection Act. It actually meant as coloured people, we didn't have rights about our lives or where and with whom we could live if the government choose at that time to come in and remove coloured children or Aboriginal children from their families. And I still believe that is why I advocate and agitate for change at the highest level now. So Aboriginal children and families have rights and their rights are recognised.

Dana Shen (00:06:31):

Fantastic. Dan, thank you so much. Candice, can I hand to you now?

Candice Butler (00:06:36):

Yes, thank you

Dana Shen (00:06:38):

Candice.

Candice Butler (00:06:40):

I think for myself when I was studying social work, child protection was never an area that I thought I would end up in to be honest. But from acknowledging this importance of us being at the forefront and being able to make decisions that are hopefully going to have impact for generations to come, then why not be in the system to help, like what Dan said, agitate, push, advocate for our mob and give voice to Aboriginal and Torres Strait Islander people and help them find their voice.

Dana Shen (00:07:19):

Thanks so much Candice and so nice to have you here too. And Lana, how about you? Why did you choose this field?

Lana Draper (00:07:27):

Yeah, look, as an occupational therapist working in paediatrics, the increasing prevalence of autism diagnoses and I wasn't seeing the correlation of behaviours to the diagnosis, which is where complex trauma came to the forefront and complex trauma sits within the out-of-home care space. So I moved into the out-of-home care space into a therapeutic specialist service working with kids in out-of-Home Care. And in that role, there's a space there for advocacy and contributing to positive change and disrupting a system that has so much bias that sits within it, disrupting that for change and better outcomes.

Dana Shen (00:08:28):

Thank you so much, Lana. I'm so looking forward to your presentation tonight too. And Debbie, how about you? Why this field? Why did you choose this place to be in?

Debbie Haynes (00:08:40):

Yeah, so I think that it comes from a lived experience of out of home care throughout the generations of my family and right back from stolen generation across the board, and I just knew that there was a place for advocacy, but not only that, therapeutic intervention and early therapeutic interventions for our young people and the overrepresentation of our mob in care and that disconnection to culture, I could just see a really important healing space and a lot of work that can be done within that scope of child

protection and out of home care, and I just knew that I had to be there to use the best of my ability and my advocacy skills to be able to put forth their voices within this space as well so that we can really hear these young people's voices and about what their out of home care journey is like for them.

Dana Shen (00:09:44):

Fantastic. Thank you so much Debbie, and I think listeners and people watching the recording, we're going to be really excited about what people talk about. It's these leaders and these clinicians that can really make a difference. So I think you'll be excited about what you're here tonight. So on that, I'd really like to hand over to our first speaker, Candice.

Candice Butler (00:10:07):

Thank you. Can I also begin by acknowledging the traditional owners of whose lands I walk, talk and do business with you all tonight, and I furthermore acknowledge the traditional lands on which you are all joining me and us from today as a proud Aboriginal woman with strong family connections to Yarrabah in Far North Queensland. So shout out to any of my fellow Murrays that are joining us tonight. I'm passionate about ensuring Aboriginal and Torres Strait Islander peoples have true self-determination and authority of the decisions that are made about their lives, particularly in child protection. As this slide highlights, realising the full intent of the Aboriginal and Torres Strait Islander child placement principle allows for Australia's First Nations people to reclaim decision making that is consistent with self-determination and based on cultural ways of being, doing and knowing the Closing the Gap. National agreement acknowledges that to overcome the persistent inequities for Aboriginal and Torres Strait Islander peoples, there needs to be structural change and that Australia's First Nations people must determine, drive and own these desired outcomes.

(00:11:24):

The Aboriginal and Torres Strait Islander first action plan from the Safe and Supported national framework for protecting Australia's children is a commitment to systemic transformation from all Australian governments to build stronger futures for Aboriginal and Torres Strait Islander people through empowering their children and young people. The fifth action in the first action plan is in relation to active efforts and implementing the Aboriginal and Torres Strait Islander child placement principle that you see on the screen to the full standards of active efforts. This action recognises that connection to family, community, culture, and country and reunification and restoration is a key part of implementation for all states and territories. The Aboriginal and Torres Strait Islander child placement principle was developed in the 1970s by Aboriginal and Torres Strait Islander childcare agencies. It recognises the ongoing destructive impact of policy and practises of assimilation and separation and removal of our children from their parents and communities.

(00:12:36):

It recognises that we as Aboriginal and Torres Strait Islander people have the knowledge and experience to make the best decisions concerning our children and it recognises the importance of each of us

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staying connected to family, community, culture and country. It has five core elements, which is prevention, partnership, placement, participation, and connection with system elements such as legislation, policy, programmes, processes and practise all intertwined. I think it's also important to acknowledge that the true implementation allows for recognition of the importance of cultural authority, inclusion of young people's voices and having strong accountability mechanisms. Fundamentally, we can't go past the United Nations declarations on the rights of indigenous people and the United Nations charter on the rights of the child, which is strongly linked to the child placement principle. I know at times we all may feel that this might not be the case, but we are as Australia signatories to both those documents.

(00:13:46):

So I think as we go through our yarn this evening, I'll ask you all to reflect on, well, how is it that by embedding a social and emotional wellbeing perspective that we are also ensuring that we're staying to true to Undrip and also for the charter of the rights of the child, us as Aboriginal and Torres Strait Islander people. For us, culture is integral to the safety and wellbeing of our children. The best interest of a child cannot be concluded exclusively of considerations of a child's fundamental need and recognition to the right to maintain their cultural identity. In the current statutory context, it is unfortunately often a secondary consideration. Connection to culture is a strength. It promotes safety and wellbeing of our children and it must be embedded in all decisions that are made that impact upon children, families, and communities. A First Nations practise framework, which I know my fellow panel members are going to do a fantastic job in really highlighting going forward, acknowledges the impact of colonizations and draws upon self-determination, culture, and tradition.

(00:15:12):

Our practise frameworks are trauma informed and they ensure that there is voice and choice for children, families, and communities. It would be remiss of me not to highlight our resource that we have developed QATSICPP, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak called Active Efforts and Practise and I think my next slide has a diagram of the active efforts, so if I can have the next slide, that would be greatly appreciated. Thank you. This resource provides an overview of strategies that could be undertaken to achieve active efforts in practise and how it is embedded, whether that be alongside the child placement principle or alongside the social and emotional wellbeing wheel. Reflective practise prompts and an example of a checklist have also been included in the resource. These frameworks not only need to be developed by First Nations people, but there needs to be key roles of who provides training, professional supervision, and coaching, and they need to be held in high regard by all organisations.

(00:16:24):

Social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective involves looking at self in a collectivist view and the experiences when looking at the connection to body, mind and emotion, family, kinship structures, community culture, country spirit, and our ancestors. I believe that there is a strong framework where we can show the impacts and outcomes of programmes where

we embed across the system. I believe that our organisations have a strong advantage in providing services and programmes that will and do heal the mind, body and spirit and ensure a connection to culture. Research evidence demonstrates that indigenous nation building mitigates the effects of settler colonialism on Aboriginal and Torres Strait Islander communities and individuals thereby improving health and wellbeing. When we as First Nations people are in leadership, it gives us all a sense of something that we can aspire to. It is important though to recognise that leadership comes at all diverse levels and that having a strong practise framework that's embedded by culture is our way of showing our cultural authority. It ensures that our voices are at the centre.

(00:17:52):

The importance of working as a collective, which I know that some my fellow panellists will speak to, reminds me of this importance of all of us all working together and coming together and not seeing each, not seeing ourselves as the expert. We need to draw upon numerous wisdoms, whether that be from our community members, from those of us who have degrees in whether that be social work, which is my background. We need to acknowledge that we all come from a space of expertise. It is important to recognise that we need to listen to the voices of those who have a cultural authority, whether that be First Nations, elders, childrens, and adults, to design a system where we can be truly embedding a social and emotional wellbeing framework. I want to share with you all really common. I was fortunate last year to go and spend some time with our First Nations brothers and sisters in Ataa in Canada and in the United States. And one of the common sentences that I heard throughout my travels is that the work that we do in this space of child protection, it should be hard work. We should be bringing the love back to child protection. We do this because we are unique and understanding a family storyline. We need to be passionate and we need to ensure that our children and young people are afforded the opportunity to connect with kin, to connect with their family and connect with culture and we all have an obligation to do that. Thanks Dana.

Dana Shen (00:19:41):

Thank you so much Candice, thank you for that call to action and also building a beautiful framework of which the next panellists are going to fill in. So thank you Candice. I'd like to hand over to Dan now to talk us about us through your particular perspectives.

Dan Mitchell (00:20:07):

Thanks Dana and thank you Candice for the thought-provoking considerations, arguments and views that most of us as Aboriginal people have been challenged by for many years. Let me start by saying for our Aboriginal children, young people, their families, they need to be connected and they need to be connected to each other. This connectedness supports Aboriginal identity and is the key in ensuring identity formation. It increases confidence and increases self-esteem and development. Culture needs to be recognised as a strength in determinations, conclusions or assessments in the field of social work. Allied health out-of-home care is to ensure social, emotional, spiritual, physical and psychological wellbeing of our children and young people we know, recognise and acknowledge that the longer that a

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child stays in care, the emotional attachment to a biological family member diminishes many leaving care have no attachment to a biological family member, no connection to family, no connection to culture, no connection to country causing identity being disrupted, disrupting development of self-esteem and confidence. And some of these statements do come from disclosures of stolen generation, people that I've interacted with in my role within child protection and out-of-home care. And when I talk about the connection and we see through the application of the Aboriginal Child Placement Principle and the five element, also the social and emotional wellbeing will with a child in the centre of everything that we do that demonstrates the interconnectedness, how the two models of practise can coexist to promote cultural identity, cultural safety and cultural as a strength in assessments and determinations for children and young people.

(00:22:28):

As a practitioner or a decision maker in the area of health child protection or out-of-home care, we must be aware and we must acknowledge the closing the gap, priority reforms and the targets of closing the gap. Number one is about formal partnerships and to their decision making is essential in making a difference or change in reducing the overrepresentation of Aboriginal Torres Islander of children coming into care and remaining in care. Closing target number 12, to reduce the overrepresentation of Aboriginal and Torres Strait Islander children hopefully by 45% by 2031. And that's one of the reasons why I probably remain in this particular area of work. I do want to be around long enough to see that change. As Aboriginal practitioners and leaders in this sector, we all know and understand significant action is required towards ensuring in our advocacy that we promote active to embed and achieve the implementation of all five elements of the Aboriginal Torres Strait Islander child placement principle. This also recognises under the United Nations declarations of the rights of indigenous people. Article number three, indigenous people have the right to self-determination by virtue of that right, they freely determine the political status, the economic, social and active efforts of the Aboriginal placement principle and active efforts as a practise or model of practise in out-of-home care or statutory child protection is what needs to be elevated, is what needs to be used as a model of practise when engaging with Aboriginal families.

(00:24:49):

It also needs to be acknowledged and system cultural practises that contributes to and supports the social and emotional wellbeing of Aboriginal peoples. This practise supports contributes to enhancing cultural identity, self-esteem and confidence supporting this model of practise. Social emotional wellbeing framework contributes to and supports cultural safety for Aboriginal people. If I think of active efforts as a practitioner in the child protection sector and focusing on prevention, if we focused on prevention by protecting children's rights to grow in their family by addressing the causes of child protection through intervention, then hopefully less children will come into care. And the key focus has to be prevention, supporting families early to develop plans and create safety for their children to remain with their family, not removal from family as a solution. And we see that since 1985 of bringing the home report for 39 years, that report has been in place.

(00:26:18):

We know it's been reviewed, but we know in the context of South Australia as well, we haven't seen a reduction in the numbers of children coming into out of home care and remaining in out, out-of-home care prevention is the way that we can reduce the number of children coming into care by intervening with the family early, developing plans with the family, and create safety for children to with their family, concentrating on placement, placing children that are in out the Aboriginal Torres Strait Islander to child placement principal hierarchy and acknowledging what that really means for an Aboriginal child by their clan group, knowing what community they come from, knowing what country they come from and involve family in decision making around placement participation is the other element that needs to be enhanced, actively worked on young people, their family are participating in decisions regarding their care and protection. We can do this by supporting families in decisions regarding how do we develop that plan, where and with whom do your children do you want your children to be with and intervene early to develop that plan with family so that they can create safety for children to remain with their family. As practitioners, decision makers or leaders in this sector, we need to acknowledge and recognise that significant and sustained action is required to towards ensuring our work and commitment culturally safe, that we promote active efforts that are practise models.

(00:28:20):

And we do know from looking at the five elements of the Aboriginal Torres Strait Islander child placement principle, if those mos are embedded in practise in this sector, I believe would see a significant change in engaging with Aboriginal families, intervening early with Aboriginal families and developing plenty with families to keep their children safe. Thank you.

Dana Shen (00:28:43):

Thank you so much Dan, and really kind of giving that kind of deeper detail on the kinds of things that are required here. I'd like to now hand over to Lana who starts us off really looking into the detail of clinical practise and how this can be applied. Thank you, Lana.

Lana Draper (00:29:03):

Thanks Dana. So despite the absence of written records, Aboriginal culture and traditional knowledge has been preserved through yarning spanning 65,000 years. This method of information transfer has safeguarded crucial knowledge, encompassing medicines, agriculture, food harvesting, ecology, biodiversity, cosmology and technology to enable not only surviving but thriving. The level of fidelity carried by yarning rivals and at times surpasses that of written records. Throughout history colonised people's worldwide have been scrutinised through a lens that privileges a settler colonial white male biomedical model. Colonisation, disrupts and undermines indigenous ways of understanding, practising and existing and replaces them with western paradigms in the out-of-home care system. This bias is evident in the use of assessment tools and practises rooted in western perspectives of parenting, family risk and safety. This systemic bias combined with individual biases demonstrates a lack of understanding of cultural diversity and perpetuates the overrepresentation of Aboriginal and Torres Strait Islander children in out of home care.

(00:30:31):

Aboriginal and Torres Strait Islander people are consistently expected to conform to the western paradigm creating significant power imbalances, particularly in the out-of-home care context. This imbalance is reinforced through one-sided interviews where information is taken, examined, and controlled. In contrast in the Aboriginal and Torres Strait Islander paradigm, knowledge sharing through yarning is communal and equitable transcending individual ownership. It is founded on authenticity, accountability, and relationality. Integrating yarning into our daily practise with Aboriginal and Torres Strait Islander clients is crucial. It is a client-centered practise. The strength of the relationships that you cultivate through mutual sharing on common subjects directly influences the quality of information that clients will provide to you. While this approach may challenge conventional understandings of professional behaviour, yarning represent a reciprocal exchange aimed at dismantling power imbalances and it brings the work that we do to the cultural interface. We're always expecting Aboriginal and Torres Strait is people to do things in the Western way. Yarning is a way that we can actually do things in an indigenous way. Next slide.

(00:32:03):

So in its cultural context, yarning transcends ordinary conversation. It is a cultural occupation aimed at making meaning, serving as a conduit for transmitting Aboriginal ways of knowing, doing and being. As occupational therapists, we look at the model of human occupation and the Canadian model of occupational performance. And a lot of the other occupational models are client centred. It always based is based around what the client wants and how they want it and what's valuable to them. So we need to also do our work in a way. And yarning is that there's efficacy in yarning as an information gathering tool and it's been evidenced to provide robust understandings. It is adaptability across various contexts and settings which underscores its strength. There are distinct types of yarning that have been identified. Each yarning style serves a different purpose and is underpinned by protocols and principles that command the roles of listener and speaker yarning requires deep listening or deri and silence should not be misconstrued as indifference.

(00:33:16):

The different lays that have been identified is social yarning, and this type of yarning is generally the first type of yarning that we'll enter into. And this establishes rapport and connection. The second one we tend to move into is family yarning. And this delves into personal connections and experiences fostering accountability. Oh, so who do you belong to? Oh, you are so-and-so's niece. Oh yeah. So that's your auntie there. And it also talks about where your position in the family. Are you the mother, are you the father? Are you the daughter, the sister, the auntie, the uncle. So it positions you in family and creates relationality. There's elder yarning and this is the highest level of yarning. And this is typically the transmission of knowledge from elders to the younger generation. And the principle and protocol of this is the young ones sit and listen and the elders speak.

(00:34:17):

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So then if we move into more of a clinical context, we have clinical yarning and this encompasses the social diagnostic and management aspects of what's happening for that person. We have therapeutic yarning and this engages things like narrative therapy and aiding in making meaning of experiences. There's collaborative yarning and this is usually where we look at consultation and community collaboration. And then there's, there is another one called cross-cultural yarning. This presents a bit of a challenge because it's never truly cross-cultural because it's usually Aboriginal people meeting non-Aboriginal people where they are at to have conversations. The beauty with yarning, and there's so many different types as you can see, is it helps you triangulate data, which is where its level of robustness comes from. So information that's gathered from social might inform the family, it might inform therapeutic work as well. So you can cross-reference information from different types of yarning. So in the out-of-home care space, it has profound implications for fostering collaboration, understanding, and healing within Aboriginal communities. Next slide.

(00:35:45):

So the principles that underpin Yarni are reciprocity, which is about sharing knowledge. So nobody is greater or lesser than the other person. Each person who sits in that yarn is seen as equals and that helps to remove power imbalances. The next one is respect. And so with respect, just respect the process, the people and the differences that exist. Understand your bias and how that impacts on the work that you do and how you make your decisions. Relationality, how do you fit into their worldview? What are your relationships with people in the natural world? And then accountability. So who are you responsible to in the community? So it is like, oh, so so-and-so vouched for you to be here today. And what are the relationships that you have that keep you authentic to community? Next slide.

(00:36:49):

So we talk a lot about Aboriginal and Torres Strait Islander arts crafts, song music. And probably what I wanted to do is I wanted to show this artwork here, and you can see there's lovely lines. It's not a typical Aboriginal painting. It seems to be sectioned out. And so it's quite colourful and vibrant and we look at that and we sort of go, oh, okay, that's nice. Next slide. And again and again. Yeah, so that picture is actually a cartography map of each artist's area of country. So as you can see, all of those lines, all of those different sections, all of those different colours have meaning. Some are meeting places, some are where you'll find food, some is related to seasonal camping. You don't camp here in the wet season because it floods. It talks about the things that you need to do in relation to the seasons to ensure that it's ready for when you come back next season.

(00:38:16):

So art is not just art for Aboriginal people, music is not just music for Aboriginal people. Yarning is not just sitting around and having a conversation. These are cultural occupations and these are things we need to be getting Aboriginal and Torres Strait Islander engaged in our therapeutic work with them to rebuild their social and emotional wellbeing, their sense of belonging, their sense of making meaning of the world. Next slide and again and again. And so you can see that overlaid there, what that looks like.

So I guess I would challenge therapists to reconsider what they would look at as an occupation and not just an artistic endeavour in a western framework. Thanks Dana.

Dana Shen (00:39:21):

Thank you so much Lana. And thank you for talking about not only the ways in which yarning is so important, but really giving status to the way we do things and how that can be part of the healing and clinical process. So thank you Lana. I'd like to now hand over to Debbie to talk further about her experiences and what it means from a psychologist perspective.

Debbie Haynes (00:39:46):

Thanks Dana, and thanks Lana as well. And Dan and all of our other presenters who started off before me, I think I'm looking at more so the clinical work that happens when we think about clinical work with Aboriginal and Torres Strait Islander children and young people. Our work must be immersed, as Lana said, in culturally safe practises, privileging like Aboriginal knowledge systems and ways of knowing, doing and being, which has actually seen Aboriginal and Torres Strait Islander families and communities flourish for tens of thousands of years before colonisation. And as said by Candice and Dan, active efforts is now embedded into New South Wales law for those working with Aboriginal and Torres Strait Islander children and young people in New South Wales are child protection and out-of-home care. And currently New South Wales, DCJ Psychological and Specialist Services are leading the way by ensuring that all clinicians and staff are trained in culturally safe practises through embedding Aboriginal ways of knowing, doing and being into clinical work and service delivery.

(00:40:53):

And that training package is Aboriginal designed, led, delivered, and evaluated using culturally validated assessment tools. So what you can see here on this slide is what we have already and that's the DSM five cultural formulation, which does not take into account an indigenous standpoint theory or include indigenous research methods gathered from information about indigenous knowledge systems. And this cultural formulation is a series of 16 clinical questions with the majority of those questions focusing on the problems of the client with questions such as why do you think this is happening to you? So if we were to this formulation for its cultural validity with a quality assessment tool, we'd find it would not pass. And primarily because the research and framework has had no Aboriginal consultation conducted, nor does it align with a strengths-based approach, which is of utmost importance when engaging in best practise with Aboriginal people.

(00:41:53):

So in current clinical practise, most clinical assessments and interventions administered by clinicians, as Lana has said, across all disciplines of healthcare, are embedded in Western theories and methodologies and dismissing Aboriginal worldviews. And so therefore, the data collected regarding Aboriginal mental health and wellbeing outcomes may not be telling us with valid and reliable accuracy that the intervention programme and procedure has any accurate effect at all. Next slide. So what you can see

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here is the colonised method of formulating treatment planning and goals is currently based around the five P model, which focuses predominantly on the child's problems with one section that is focused on strengths of the child and their supports. So referrals received centred around negative discourse which centre the child and young person and their survival behaviours as the problem. Out of these five P formulations, a treatment plan is created and most times goals are focused on symptom reduction via medications, Western psychological interventions and western behaviour management strategies. Next slide.

(00:43:05):

So what can we use in practise that is evidence-based and culturally valid and reliable? So the 1995 ways forward report recommended valid SEWF outcome measures must be guiding assessment and programmes for our First Nations peoples. And the work of Dudgeon and colleagues proposed that the SEWF model is a culturally appropriate method of practise, which can be employed to assess and then measure any improvement following an intervention. So research recommendations are built on the premise that culture is the healing, it provides strength in identity and ignites purpose and responsibility. And as such a social and emotional wellbeing formulation and treatment plan is built around exploring the young person's SEWF and strengthening each of the SEWF domains. Next slide.

(00:43:55):

So how do we do that? You ask? Well, we utilise various yarn methods like Lana talked to, you can build your SEWF formulation just as you do would do with a clinical interview. And yarning of course is a culturally safe tool that can position the young person as the expert knowledge holder regarding their SEWF and yarning may take place over several clinical sessions and can be built together using storytelling and artwork and play and eating. And in each domain you'll be yarning about specific areas. However, the flow of the yarn will always be fluid. So you'll find that after a session you'll have gathered a large amount of information across the seven domains. A very practical and informative resource I like to use is Lana's SEWF yarning cards that she created, which provides an easy-to-use practical way of remembering what information is applied to each of those seven domains.

(00:44:48):

So as you can see on the slide in the body and behaviours domain, you'll be yarning about a cultural MSE or mental status examination and that can be found in the 2014 Working Together booklet. This domain also includes age, weight, disability, their diet, whether or not they have a diagnosis. And of course it includes that child removal and survival behaviours as well as medications in the mind and emotions domain. It's more than mental health, it includes that self-confidence yarning, and you are hearing and listening to positive emotions that are coming up as well as cultural bound disorders, cultural trauma symptoms, racism, and of course their diagnosis as well. And when we are yarning about family and kinship, it's about the family and group relations, kinship attachment, respect for elders, and of course that child removal and how that impacted on the young person when we we're yarning about community. You are listening out for lateral violence. You're listening out for family feuding or racism by the current supports in that young person's life towards the young person's community. When we take

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kids off country, they lose connection to those communities and cultural identity, their connection to responsibilities, to the land and spirit beings and taking them off country and disconnecting them from community will also disconnect them from their ancestor knowledge and belief systems, their dreaming and cultural healing practises, particularly when they're placed with non-Aboriginal carers. Next slide.

(00:46:23):

So here's what John's initial SEWF looks like in a visual. So if you think about the SEWF circle, this is kind of just a visual on what John's SEWF looks like in the first instance after that yarning method and writing up a formulation. So this is about John and he's eight years old and he's been in out-of-home care since he was two. John has lived with his carers, Jen and Fred since coming into care. He has seven siblings, most are now over 18, and his two younger brothers who are twins were placed together three hours away. John grew up in a non-Aboriginal household. He knows he's Aboriginal, however, he has no knowledge of his country, totems or cultural responsibilities, and he is not in regular contact with his siblings or extended family. So he's been diagnosed with FASD and he has access to therapies and cultural mentoring and therapies through Boolmarra cultural services and Boolmarra Cultural Services has a cultural mentor that's actually from the same country as John and understands his culture, country and spirit dreaming, but he's not with that cultural mentor at the moment.

(00:47:33):

So as you can see here, after the yarning sessions with John and his caseworker, his carers and his supports, John's SEWF formulation looks like that as a visual only. You can write that up with all the information that you have. His strengths are more colour filled domains, so the more colour within that domain, the stronger it is. And the domains that need strengthening are those that are more white. So you'd formulate your treatment plan and that would mean that we would be strengthening the strengths and strengthening the gaps knowing that everything's built on all of those strengths as we go ahead. As a psychologist who's developing the SEWF formulation, you understand that John needs to strengthen these domains. So you develop a treatment plan which includes cultural mentoring with the Boolmarra mentor and to support John's connection to culture and healing. Next slide.

(00:48:32):

So after your intervention and after your treatment plan and recommendations, John's caseworker has more knowledge about how to heal John through strengthening his, strengthening his connections to his SEWF. John's caseworker connected John to the local art show and he accessed the Boolmarra cultural mentor, his caseworker, talking back to country where they found more family. And now he connects with a GP at the local AMS on country. And his presentation is now more regulated as he's connected to more of his identity and strengths. So now John feels he's okay to engage in some EMDR for his trauma and you work with his carers, his caseworker and supports by upskilling them, with culturally responsive trauma informed responses to John's survival behaviours. So we'd not forget to work on strengthening the already strong domains such as working with the Boolmarra cultural services occupational therapist and speech pathologists that he's got on board already really, really likes them.

(00:49:39):

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We want to ensure that those remain strengths for John and our progress reports will be centred around the, so post assessment. So again, I'd use Lana's SEWF, yarning cards, and a yarning method to gather that information for the post intervention assessment. And reports would include the work that has already been undertaken to strengthen those domains, including culturally adapted psychological interventions as well as any results from culturally valid assessments conducted within the surface period. So of course to visualise John's outcomes in his SEWF, we would see as the wheel on the screen. And as you can see, John's SEWF is strengthened and these strengths feed into every other domain, connections to country culture, identity and self. And thanks Dana, back to you.

Dana Shen (00:50:26):

Thank you so much Debbie, and thank you so much, particularly the use of the social and emotional wellbeing framework in a very practical way to work with people. Really, really important for people to see how it can be applied. So thank you so much. We're going into our q and a session and I just wanted to recognise a couple of things. First of all, we had questions during registration and we're also having questions come through now in the time that we have, we're not going to be able to get through all of them, so I just wanted to recognise that. Thank you for raising them with us and I'm going to do my very, very best in the next 10 minutes or so to ask our panellists some of the questions that have come through. So firstly, Dan, there's a question that I'd like to ask you that's come through.

(00:51:12):

Thank you, Emma, for your question. And I'm just going to paraphrase. So Emma's asking this question, there are times when you're trying to find out about the cultural connections, identity, et cetera about a child, and you try to find that out from a parent and for whatever reason that could be because they don't know necessarily. We are not always all connected colonisation has done to our people. We don't always know where we come from. It can be tricky to get that information. And so the question from Emma is what does "active efforts" mean and what is appropriate when we can't always get it from potentially the parents? So a big question, Dan, but I wondered if you could give that a go, Dan, were you able to hear that at the moment? That's okay. I think there might be some delays there. So I'm wondering if I could ask that question maybe of Candice, did you want to give that a go? That'd be great.

Candice Butler (00:52:35):

No worries at all. Happy to. I think when it comes to the importance of active efforts, it's about us all being thorough about us all being timely and about us all being purposeful in the way in which we work alongside our children, our young people, our parents, and our community. So when it comes to questions around how do we find out how strongly connected person is, I think one of the big things is working alongside your Aboriginal and Torres Strait Islander Community Controlled Organisation who may be in your area. And because they themselves have so much knowledge and wisdom about families within their area or region, and if they don't know, we have what we all like to refer to sometimes as either our Murray or Koori grapevines where we'll pick up the phone and we will speak to others in other areas. And so I would encourage if the family themselves aren't strongly connected, then I would

encourage you to work alongside your local Aboriginal and Torres Strait Islander Community Controlled Organisation or even working alongside, you may be really fortunate and have an Aboriginal and or Torres Strait Islander cultural practitioner within your team, so definitely draw upon the knowledge and wisdom that they may have about the child or the child's family.

Dana Shen (00:54:20):

Fantastic. Thank you so much Candice. And of course part of what Candice is talking about is the importance of building these kinds of relationships so that you can actually ask these questions. So take the time to build the relationships with all the people that Candice is talking about in order for you to do that. As you can imagine a number of the questions that are coming through, they're not actually easy questions to answer, but there are one in particular, a couple in particular that I'd like to ask to Lana and Debbie. So Josh has asked a question, so I'm paraphrasing because the question that he's had here is very, very long. But I'm paraphrasing Josh. He's really asking about, this is so tricky. How do you find safe spaces for these kinds of yarns, given the practical reality that there's all sorts of things happening for a child and young person in the systems that we work in, et cetera. What does it mean to actually create safe space? Not an easy question, but I wondered if I could go to Debbie first maybe just to give you all perspectives on that.

Debbie Haynes (00:55:31):

Yeah, thanks for that Dana. And thanks for your question. I think that for myself, it is that slow process of actually starting the yarn at home with the young person and really moving into their environment at first and getting them to not getting them, I suppose just building that rapport with them to then ask them where do you think would be a safe space to go next? And that can mean a clinical office, that could mean a park playing football. That could mean somewhere that they feel comfortable enough to start to open up and to start moving to that next step of where we get those deeper levels of yarns happening. Lana?

(00:56:25):

Yeah, so I guess there's a couple of different elements to that because we are talking about the actual environment, where are they sitting, where are we meeting them? Are we meeting them outdoors or in an office? But it's also about the environment of cultural safety as well. What are you bringing to that space to make it safe? Are you aware of your own biases that you bring into that environment? Are you aware of their lived experience and what that looks like? And I guess in thinking about that, it's also if you start exploring the different domains of the social and emotional wellbeing framework, and you are talking about country, you are not just talking about their traditional country, you're talking about where do they feel safe, where do they go to relax? Is the beach the place that they go? They feel a strong sense of belonging to, is it the bush, is it the lake?

(00:57:36):

Is it wherever you are situated? There'll be a place that they find they feel most connected to and that would be a safe space to start. And talking about those elements of country in talking about spaces as well. And like I said, it's also that psychological safe space as well. How are you holding that young person in that space? How are you responding to them and what are you bringing into that space that may be you are not aware of? And the final thing I wanted to say about that is also if we're having conversations with young people, you must share, it must be a reciprocal conversation. You cannot go in there and say, oh yes, I had a yarn with them and it was actually a semi-structured interview where you are just firing questions and they're just answering you that just is not going to be safe at all. It's actually about, oh, okay, so you like going, yeah, I went to the beach on the weekend. I took my dog there. So you are offering bits of information about you to build that relationship with them so that you can get that more robust information to guide your work with them.

Dana Shen (00:58:57):

Beautiful. Thank you Debbie and Lana. And I think if I can just emphasise what you are saying, Lana and to Josh and others online and listening to the recording at times, sometimes the safest space is going to be the relationship that you have. You are the safe space, you will be the place, the island and the storm. So sometimes that is the thing that you have to work on and is the main thing that you have to work on when other spaces aren't there that are safe. So thank you. Thank you Debbie, and thank you Lana for emphasising things about that. So I know we're so close to the end and I'm just trying to work out what questions to ask that are going to be possible for you to answer in this. So I think one of the questions that has come through, which appears to be from one of our kin, so I feel this is really important to ask you all because it's been asked by our kin, and this is going to be hard for you, but I'd love it if you could answer as briefly as you can just given the time.

(01:00:05):

But the question was how do each of you agitate to ensure meaningful outcomes for mob, most importantly, our young people? And I know you all agitate in different ways, so I know you do a lot of stuff, but as brief as you can, what are the core things that you each do? So I'm going to go through step by step, Candice,

Candice Butler (01:00:29):

Apologies, finding the unmute button. I think there's no stronger piece than to be able to use legislation and to use policy and to use practise that that people should be drawing up on. So for child protection, definitely using the child protection Act and using that when you are being placed with barriers and drawing up on that to the best of your ability is what I do.

Dana Shen (01:00:58):

Fantastic. Thank you. Candice, how about you Dan? Is there a particular thing that you do that is how you agitate for our people and particularly our young people

Dan Mitchell (01:01:17):

In South Australia is when I discuss around learnings that can come from the scenarios of a child or person remaining in, we do practise. If Debbie was describing

Dana Shen (01:02:04):

Dan, you're cutting out a little bit, but I think what you're saying is that the Aboriginal Torres Strait Islander principle can be really used as a way to leverage change in scenarios, young people, et cetera. So I'll just move on to the next person just because we are finding a little bit of a difficulty with hearing you. But thank you Dan. I think we've captured the core of what you said. Thank you. Debbie, how about you? How do you agitate?

Debbie Haynes (01:02:36):

I think I have the absolute fortune of working in a real deadly team. So I kind of collaborate with my colleagues to form an alliance for advocacy, for caseworker supports, anything that's that I can kind of advocate in a space whereby allow the understanding of that child's voice. It really needs to be put at the forefront. And that is also to advocate for the understanding that these practises that we actually engage engaging right now are not culturally safe or appropriate and we really need to change practise and the way that we think about Aboriginal families and what that means to be in an Aboriginal family and grow up in an Aboriginal family. And the best person who can advocate and tell me information about that is that young person. So as I said, I'm fortunate to be in a real deadly team of whereby we can just collaborate and join forces to make sure that that young person's voice is firstly just put foot forward and understood.

Dana Shen (01:03:55):

Thank you so much Debbie. And how about you Lana?

Lana Draper (01:03:59):

So I think I agitate the system for our young people through my research. So my research is about how cultural information using the SO framework can be used to guide and shape better outcomes and decisions with not Aboriginal young people and families that have contact with child protection system. And that often involves challenging assumptions and the status quo and putting context, context, context, understanding behaviours in context and then challenging that and pushing back on the system when we present a SEWF formulation or an intervention or a goal around. So is challenge the status quo of, well this is an evidence-based framework. If you don't like this, go and talk to ar pat dungeon. Yeah, so that's probably how I agitate the system is use the SEWF for advocacy and driving change.

Dana Shen (01:05:14):

Fantastic. Thank you so much Lana. And for those are wondering, auntie Pat Dudgeon is a psychologist and an elder in this work and a lovely woman, so she's really worth listening to and a wonderful, wonderful elder in this community as well. Okay, so we're getting so close to the end now and you've started to do this, but I did want to give you the opportunity to really sum up what you think are the very most important points of what you've said. What do you really want people to leave with here tonight and after they're listening to this? So Candice, I'd like to come to you first. What are the key things that are really important that you want people to take away and listen to?

Candice Butler (01:05:59):

I think the importance of us as Aboriginal and Torres Strait Islander people having voice and choice in decisions that impact upon us. And also if you don't know the answer, it's okay to ask questions. Even myself in the role that I'm in, I'm constantly asking questions or like what Debbie shared. It's that importance of leaning on others and collaboration. We can't do this work in isolation, so please ask questions. Always be curious and allow for the Aboriginal and Torres Strait Islander people to have voice and voice.

Dana Shen (01:06:39):

Thank you, Candice. Dan, how about you? Is there a particular key set of key points you'd love to share? Just to have people leave with

Dan Mitchell (01:06:47):

Yes thank and the delay not

Dana Shen (01:07:10):

Thanks so much Dan. We're having some problems with your connection at the moment, but I think I heard correctly, which is that Aboriginal ways of doing and cultural practises really need to be seen as central and given status in this work. So I hope that I've captured what you said, Dan, because I think that's really important. Thank you. Lana, any kind of final things, key messages that you want people to take away from this?

Lana Draper (01:07:42):

Meet your children, young people and families at the cultural interface. Try to meet them in the middle. Take the best of both worlds to get a better outcome. It doesn't always have to be done in a non-Aboriginal way, so try to shift your practise to meet people where they are at.

Dana Shen (01:08:05):

Thank you Lana. And how about you, Debbie? What is the final things you'd like to say for tonight and the recording?

Debbie Haynes (01:08:14):

There's a richness of tools in culture, just in country finding out about totems and that can really be useful in your practical application to therapy and interventions, evidence-based tools and assessments that are already available to practise with Aboriginal children and young people utilise those, utilise what I call accomplices, those people that are there in the trenches with you that are advocating for change when working with Aboriginal children and young people as well. So really see this as a holistic journey of where you can use so many things that are already available out there and just be willing to upskill yourself and approach Aboriginal people to inform you of different sorts of things.

Dana Shen (01:09:05):

Wonderful, thank you. Thanks so much to the panellists. And before we move on and I do the final summary, I just wanted to respond to a couple of the questions in the chat that are more of a practical nature and if any of the panellists want to jump in, please do that. So there's things like where can we access certain kinds of resources that will support us in this work? So I'd really encourage people to go to the Emerging Minds website. There is a toolkit on working with Aboriginal and Torres Strait Islander families and children and a bunch of other things that might be useful for people that are on tonight that will give you come some answer some of those general questions first before you go into the specifics of doing work within an out-of-Home Care. It's a really, really great starting point. There was also a mention of yarning cards tonight, and I wondered if one of the panellists that mentioned the yarning cards could speak to if there was any information anywhere that they could access. One of the people has asked tonight that's listening. So was it Debbie or Lana that mentioned yarning cards?

Debbie Haynes (01:10:16):

I mentioned them, but maybe Lana can give a bit more information about those.

Dana Shen (01:10:21):

Right,

Lana Draper (01:10:24):

Yes. So the yarning cards are a tool that I've created that explores each of the seven inner domains of the social emotional wellbeing framework, which the assessment and formulation that Deb showed, that tool informed that formulation. So it's still in its research phase at the moment. Hopefully implementation in July and may be available for public release end of next year.

Dana Shen (01:10:58):

Wonderful. Thank you Lana. And thank you Melissa for that question. The question was can I purchase them now? So it's going to be a little bit longer, Melissa, but work is happening to make that happen. Okay, well we're coming soon to the end of our night together. I just really wanted to thank all the

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panellists and all the work that you do and the hope you bring to this work, and also the unique and creative ways in which you do this work and that you stay hopeful for our people. So thank you. So we've covered a lot of material tonight and I wanted to really be grateful for the key messages and all of you that have joined us tonight. So just some reminders before we say goodbye, I'd really like you to consider completing an exit survey and providing feedback for us. You can click the banner above or scan the QR code or go to the SurveyMonkey address provided at the end of the webinar the recording of the webinar.

(01:12:03):

We just wanted to let you know that you can follow up with this and receive also communication from MHPN with a recording of this activity. So there are also more things coming up of this kind and great stuff that you can learn from. So we have the supporting mental health of neurodivergent persons with co-occurring autism and A DHD on the 26th of June. So please join if you can with that. I think there'll be a fascinating webinar for you to join. And just to let you know that there's lots of networks. MHPN supports over 350 networks across the country where mental health practitioners meet in person or online to discuss issues of local importance. Can visit the MHPN website to join or register your interest in starting a network in your area. So lots of hopeful stuff there that you can join and learn and be a part of.

(01:12:59):

So just in summary, this webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds National Workforce Centre for Child and Mental Health Project. This project is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program. Please share your valuable feedback about the webinar by clicking the banner above or scanning the QR code. And before I end, I'd like to close by acknowledging the lived experience of people and carers who have lived with mental illness in the past and those who continue to live with mental illness in the present. Thank you for everyone for your participation in this evening, and thank you for joining us and really, really wanted to explore your own learning and your own work in ways that are hopeful and that are strength building for our people. So thank you so much for joining us and those that are listening to the recording tonight, I hope you all go well and wish you the very, very best in your work. Thank you very much.