



COMMISSIONER FOR  
ABORIGINAL CHILDREN  
& YOUNG PEOPLE

## **TRANSCRIPT OF PROCEEDINGS**

**April Lawrie, Commissioner for Aboriginal Children and Young People**

**Denise Rieniets, Counsel Assisting**

**Hearing for the Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in the removal and placement of Aboriginal children in South Australia**

**Thursday, 26 October 2023 at 1:00pm**

**Expert Witness:**

- **Dr Tracy Westerman AM, Managing Director, Indigenous Psychological Services**

**Denise Rieniets, Counsel Assisting:**

Thank you for making yourself available, Dr Westerman. We'll just start by April, Commissioner Lawrie will give an acknowledgement of country, and then we'll have you affirm your evidence before we start, if that's alright with you.

**Dr Tracy Westerman AM:**

Yeah, sure.

**Commissioner April Lawrie (Chair):**

Yeah. So, thank you. Well, we are definitely here on Kurna country here in the Greater Adelaide region. I'm not sure where, are you on...

**Dr Tracy Westerman AM:**

Whadjuk Noongar country.

**Commissioner Lawrie:**

Whadjuk Noongar country. Marvellous. Well, I'd like to give that acknowledgement, country never ceded, would also like to acknowledge all our Elders, past and present, and those who are emerging from within our communities, and to also acknowledge the work that we do for our Aboriginal

children and young people, so they have a better future. So, having said that, I'd like to, you know, always go with the statement that this is country that'll always be Aboriginal land and country, never ceded. Thank you.

**Dr Tracy Westerman AM:**

Yeah, agree. Well said. Yeah. And, and acknowledging obviously that I stand on Whadjuk Noongar country, my traditional mob are Nyamal. So, I'd like to also acknowledge them, the remote Pilbara region of Western Australia. So yeah, thank you.

**Commissioner Lawrie:**

Alright, thank you.

**Denise Rieniets, Counsel Assisting:**

We'll ask you now just have you repeat after my associate to affirm your evidence. Thank you, Dr Westerman.

**Dr Tracy Westerman AM:**

Sure.

**Carla Ringvall, Assistant to Counsel Assisting:**

Thank you. Dr Westerman, if you could please repeat after me.

**Dr Tracy Westerman AM:**

Yep.

**Assistant to Counsel Assisting:**

I solemnly affirm that the evidence I will give.

**Dr Tracy Westerman AM:**

I solemnly affirm that the evidence that I shall give.

**Assistant to Counsel Assisting:**

Will be the truth, the whole truth, and nothing but the truth.

**Dr Tracy Westerman AM:**

Will be the truth, the whole truth, and nothing but the truth.

**Assistant to Counsel Assisting:**

Thank you. And can you please state your full name, business address and occupation for the transcript?

**Dr Tracy Westerman AM:**

So, Dr Tracy Westerman, Managing Director of Indigenous Psychological Services. And I'm based in Perth in Western Australia, if that's OK. Yep.

**Assistant to Counsel Assisting:**

Thank you.

**Denise Rieniets, Counsel Assisting:**

That's fine. Thank you, Dr Westerman. And Dr Westerman, I think you've already, you're aware that this Inquiry is into the application of the Aboriginal Torres Strait Islander Child Placement practices and policies here in, in South Australia in the, within the Department of Child Protection. We would

like to hear from you something of your research and your knowledge with respect to Aboriginal attachment theory, theories, if there is multiple theories.

**Dr Tracy Westerman AM:**

Yeah.

**Denise Rieniets, Counsel Assisting:**

And something of your research about culturally appropriate assessments of, of families within the, within the child protection systems, and cultural knowledge and competence of the child protection workforce and how that impacts on increasing numbers of Aboriginal children being removed from families, please.

**Dr Tracy Westerman AM:**

Sure. Yeah, big agenda and that's great though I think. And look, it probably starts with a few things there, interestingly enough, there actually is no validated cultural attachment theory. So, we actually need to start from that perspective and it's a big difference between attachment theory and child maltreatment assessments. They're actually very different things. However, they actually have very similar issues in terms of not understanding context. So parenting differences, obviously, being seen as deficits and indicators of child maltreatment from an assessment perspective. If we sort of go backwards a little bit, attachment theory, I guess, is first sort of came to prominence in 1954 by the work of John Bowlby and that, yeah, and, and then it was sort of, I guess the seminal work is John Bowlby and Mary Ainsworth. And that's still today's sort of stood the test of time, but they were really focused predominantly on the relationship between child and what, what they referred to as dyad. And dyad is really around child and parent. Now, obviously, the problem with that, straight off the bat, is the fact that we are collective cultures. So straight away, straight away kids are raised by the mob, kids are raised to look equally to others as they do to mum, dad, nuclear family. So, what they actually did, I guess Mary Ainsworth's work was interesting, she very specifically focused on this thing called the Strange Situation procedure. And it's quite predominant in, psychologists are predominantly the people that do attachment assessments, hey. It, it, it can get really complicated. So essentially what Mary Ainsworth did is she specifically focused on a Ugandan, or black population, for want of a better phrase. But she was interested in whether, almost take it to the Holy Grail of difference and see whether attachment is a universal thing. So, there's been this real argument over a long time around, is attachment just something that transcends cultural difference? Look, you can kind of argue on one bit and that is that, obviously, children have an innate biological drive to be drawn to a safe place, and that is just a biological instinct. You see that in kids, you know, that's just a standard thing. However, what she actually did was she did this, the strange situation procedure is really interesting. It's predominantly how everyone, what everyone bases attachment theory on, still today and I think her stuff was in the '70s so it's, so it's been replicated. And essentially what she did was she had a caregiver, which was often the mum, and the caregiver would depart. And then, just see what the reaction of a child was to a mum leaving and then, coming back. Then, what she found was that there were different, what she refers to as attachment classifications. So, infants that were securely attached, infants that were anxiously attached, and influenced, infants that would, you know, were avoidant attached. Then, I think Pat Crittenden's done some more work around fourth classification style, which is disorganised attachment. And, and please tell me if I'm teaching you stuff you already know. It's always just good, it's always just good to have, you know, I always like people to talk to me like I'm a 2-year-old because often you don't really, we can go in this psych babble and then all of a sudden, you know, people kind of go, well, what's the point, Tracy? And so, I'm often, I'm often in remote communities teaching, you know, elders and mum, dad, about

complex stuff. So, it's, it's really important to translate stuff to a common person in the street understanding. So essentially what, what Pat Crittenden then found was a disorganised attachment, however, the research that surrounds really interesting because what they're finding is 2 things with cross cultural research, they're finding that collective cultures tend to have different attachment classifications. So, for example collective cultures like Kenyan cultures, that is kind of similar to Indigenous cultures, in that the whole mob raises the child. They've actually found that there are virtually no kids that don't classify as secure attachment. So yeah, which kind of I mean, so they do that that almost all the kids are classified as secure attachment. Sorry. I need to get that right. And that makes sense because obviously there's a whole collective kids are more likely to be securely attached when there's more capacity to meet all of their attachment needs. So that's great. However, there's also some other collective cultures like Japanese populations, who tend to have kids that are predominantly in anxious, avoidant, right. So that the first bit is we have never tested attachment theory with Aboriginal people. Now I've just submitted a first the first paper for publication. It's just, it'll be published very soon on the need for this to be done and the reasons why because what's happening is people are assuming a universality of attachment theory without testing it with Aboriginal people. They're going a step further and they're saying, hey, hang on, we've tested it with black Kenyans therefore, it's relevant for Black Australians now. We're kind of a little bit different in terms of, you know how we attach and the complexities of it. So, the first thing is that there's no data on attachment theory in terms of the strange situation procedure. That's a absolute critical need. They've just released new clinical norms about last year they published on new clinical norms for the strange situation procedure completely excluded Aboriginal Australians from that study. Now this is very common April because you'd understand a lot of people sort of don't understand this is that when you're a Aboriginal psychologist, we don't forget Indigenous people. We have an emotional relationship with research and data. The exclusion from fundamental things in Australia continues to occur because there is a comfort with funding non-Indigenous academics, non-Indigenous practitioners, non-Indigenous people to drive the research and they keep forgetting Aboriginal people, mental health prevalence we've had to fund that ourselves, so it just goes on and on and on and on and on. So essentially, they've forgot us. So, we need that as a as a as an urgent need. The next bit I guess is understanding contextual factors around attachment. OK, so if a child for example, attaches more to auntie than they do to mum then Aboriginal people understand that based on kinship hey, but a non a non-Indigenous person looking at that would go ahh they're not actually attached to their mum, there's this, there's this, there's anxious, avoidant attachment to mum but if they understood kinship they could contextualise that an Aboriginal kid is more drawn to auntie for or uncle for because of kinship relationships. So, the reason why our attachment theory needs to be tested is because it'll enable us to understand that better from a position of science at the moment. Because we don't have science informing us around this, attachment theorists Australia wide will dispute the fact that there are cultural differences. And believe me, I've just had a big argy bargy with my peer reviewed publication around this very thing that they will argue this thing that's loosely referred to as the null hypothesis and the null hypothesis means that there's a reverse onus of proof burden on us as Aboriginal people to show that mainstream theory isn't relevant but that's anti science actually you know, if you haven't tested it on Aboriginal people, then you have an onus to collect the data, to show that attachment theory is relevant. But what they're arguing instead is the reverse onus of proof, burden and so as a result, most of the attachment theorists in Australia are non-Indigenous 99.9% of them are because we only 218 Indigenous psychologists in the country and I'm funding most of them through my Jilya institute. So that then means that we have like a puddle of people capable of challenging it, capable of and also interested in it frankly so that's the first bit we need to understand those contextual factors, attachment theory

there, child maltreatment assessment over here. Child maltreatment assessment is very similar in that parenting differences are uniformly being seen as, inflated I should say with child maltreatment. OK. And we know that there's some good stuff that's happened is that the structured decision-making tool April I'm not sure what you guys use over there, but the structured decision making tool doesn't help. Yeah, that that's actually been eliminated by Queensland Safety because of because they've developed the data that shows that there is racial bias attached to that tool. However, it's obviously still in use throughout most jurisdictions and those sorts of things but often what happens is people confuse attachment theory with child maltreatment assessment and they're very different things. There are very few practitioners within the child protection system that one are capable of attachment assessment, and that's an urgent need. The second bit is they don't understand the differences of in relation to attachment theory when it comes to Aboriginal people. So, if you fix those two bits then you'd actually, you'd actually plug up a lot of issues in terms of what we're seeing around confusing child maltreatment for abuse. You know, assessment is critical April because I always say that assessment explains the why of overrepresentation. Why are we seeing so many kids in care? Why are we seeing such escalation? The why then informs the what to do about it, so that if you have different assessment tools, then you have different treatment interventions. Right? And so, I guess that's why assessment, I always say all roads lead to assessment. If you get this stuff right, then you have a clear evidence base of difference. Practitioners then need to be trained in those differences, and then you can actually model that I guess against, you know, child removal outcomes, which we'll into a little bit you know I'm sure you've got more questions to ask, but fundamentally it's really around the fact that attachment theory just hasn't been tested. We just don't have the data and that's something that's actually quite, quite, quite, quite, you know, easy to do, to fix the other component of attachment theory they look at quite a bit is caregiver responsiveness. So essentially, they look at how the caregiver and its usually the mum responds to the infant when they're in distress. So, if the mum is able to, you know, have that sort of ability to self soothe and calm the infant they actually look at that in terms of caregiver attachment. There are there are things in terms of cultural differences that can again inflate or conflate child maltreatment. So, for example the mum Aboriginal mums teach kids to be more focused on the group rather than the self, right? The group is a lot more important than the self that looks like that, um looks like maternal deprivation, you know. And then when you get into skin group relationships, you know that becomes really complex because kids are taught to avoid certain attachment and that looks like avoidant attachment. So, there's all those things that I guess are easily fixed, but you just, I think what I find is that I always say this out to people now that it's a system that's designed to provide services to the least privileged amongst us but provides its services to the most privileged. All this, all the programs are non-Indigenous programs, all the assessments are non-Indigenous, the workforce like them, because they're non-Indigenous in 94% of cases but Indigenous families don't engage, and we know that based on the data, only 23% of Indigenous families engage in intensive family therapy programmes now that should be 100% of your client base should be engaging in those core intensive therapy programs. So I guess there are things that you can sort of track as outcomes, you know. So, if they, if there's for example, only 23% of Indigenous families engaging intensive family therapy programs, then your goal needs to be that that needs to be 100%, You know, um there are some real clear things that can be tracked. My job, I guess as a psychologist, is that I am very data-driven like people can have a lot of opinions on what needs to be done and that's great, we can sit around room and go what is your opinion on how we can fix this system and opinions will differ and that's great, sometimes that results in really good outcomes but my contribution is that data never lies. OK and the problem with every system in Australia is that they're not being data-driven around the sorts of things that are problematic and driving the data around, you know how you know you're actually

being successful. So one example, like I said, April is that you know 23% engaging in you know, intensive family therapy, I mean you should have, if you've got a cultural competence system, then Aboriginal family should be engaging in 100% of occasions, you know and they're not. You see this across every single jurisdiction in Australia that they're just not engaging, non-Indigenous families are and as a result, the child removal rights are going backwards for non-Indigenous families, but increasing for Indigenous families.

**Commissioner Lawrie:**

Yeah

**Dr Tracy Westerman AM:**

So

**Commissioner Lawrie:**

Correct

**Dr Tracy Westerman AM:**

Yeah, yeah. I'm sure there's questions that's kind of a good starting point, I guess in terms of anything that you want me to focus a little bit more in on.

**Commissioner Lawrie:**

I think you've got a question.

**Denise Rieniets, Counsel Assisting:**

I did have a question. You said, Dr Westerman, that that data never lies. We've Got very significant data that we've collated as part of this, this report and preparation for this report that indicates that there has been no decrease for a very long time in the number of Indigenous children being removed from families, so from what you're saying, that would indicate that these systems are simply not working for Aboriginal families.

**Dr Tracy Westerman AM:**

Yeah, but it's kinda, data's really interesting in terms of the type of data you're capturing, huh? So we are very good at capturing demographic data in this country and so, for example, exactly what you've rightly said, the number of Aboriginal kids who are being removed, what age they are, what geographical location hey, now that tells me nothing. That's just, that's just useless information. It's demographic, it's not inferential and it's not a causal pathway. So, I'll give you a really good example hey. So I was mostly work in the Indigenous suicide prevention space and same thing every couple of years they'll bring out the data on suicides and by the time they come out, it's usually a couple of years late, it goes through coroners, that sort of stuff. Same thing we get how many Aboriginal people have ended their lives compared to non-Aboriginal? What age they were, what geographical location so people can go look the Kimberley's the worst, this is the worst. So blah, blah blah. Anyone wrings their hands and goes geez, that's terrible. But as a psychologist, I'm interested in why I'm interested in why so many Aboriginal kids are killing themselves, why people are so overrepresented the child protection statistics. So, it's actually the type of data you're collecting, rather than rather than the data being useless. An example is that I've developed the only psychometric tools, culturally, clinically informed psychometric tools in the country, and they've been around for 20 years, now the reason why I did that is because no one was capturing data that explained why so many it's based, it's basically a mental health tool on a suicide risk assessment tool. We just developed those from the ground up and we asked Aboriginal people, hey, what do you notice as a build-up of an act of suicide? We had this idea that there were fundamental differences

in risk factors. You get risk factors wrong, you miss everything. And so, we actually found that the nature of Indigenous suicide was quite different to compared to non-Indigenous. Now this is kind of the Holy Grail, people have talked about it for a while and thought, yeah, we think the risk indicators are different and they have to be different because what, why would we have such over representation across so many systems? Same with the corrective services system we looked at why are we seeing so many Aboriginal people in prison, in custody? Now, cultural competency is one part of that and I'll get to that in a minute. But fundamentally, we needed to understand characteristics within the individual that actually explain that overrepresentation. The reason why we do this is because when they look at suicides in non-Indigenous populations, they actually track causal pathways now I'll explain what this actually means. About two decades ago, they had, you know, non-Indigenous Australia, pretty high rates of suicide amongst the top in all industrialised nations. But the difference was the government wanted to know why. Why are so many non-Aboriginal Australians killing themselves? So, they went out and they did a lot of assessments to explain suicide causal pathways and they found that about 80% of non-Indigenous people who die by suicide have a psychiatric diagnosis of depression and that's often co-morbid with alcohol and drug use. It's very common. Alcohol is a drug of choice for depression, feeds off itself, very common. So they determine you, they determined causal pathways excluded Aboriginal people from it yet again. Now that's what I that's what I did in my PhD. I went OK we need to actually determine causal pathways. I didn't know whether we're going to find differences, but I thought it was probably worth checking because the causal pathway stuff explains why people are killing themselves. It explains why people are overrepresented in prisons. It explains why people are overrepresented in child protection systems. Data never lies and so what we actually found was that our suicides were highly impulsive, very different and that's very common with people who have trauma and compromised attachment and the origin of that is clearly forced child removals. So, we actually, people look as if they overreact. You know, they look as if they go from zero to 1000 in two seconds, right? So, we sort of knew that 64% of cases people who died by suicide you know, look like that look like an overreaction to an interpersonal conflict. Suicides happen very quickly. Highly impulsive. Related around trauma, because that's what trauma looks like as well. So now we established why people are killing themselves at such a high rate. We then were able to look at how do you fix it, so the why informs the what OK, what they did in non-Indigenous Australia is exactly the same thing they said, OK, if we know that 80% of people dying by suicide because of depression, go and figure out the best practice treatments for depression and so a lot of smart people went out and did clinical trials with depressed people and they found that mostly cognitive behavioural therapies. Pretty good treatments for depression. Now, the reason why causal pathways are important is the theory is, if you eliminate a cause, you eliminate the end result OK, very different to risk factors. So alcohol and drug use is a risk factor for suicides, but it's not a cause, right? But governments get this wrong every time they eliminate alcohol and think they're going to solve suicides and it doesn't. OK, Depression is a causal pathway. Trauma is a causal pathway. We're interested in causal pathways as Aboriginal people because we can fix that stuff. We can treat depression. We can treat trauma. We can treat compromised attachment. The idea being that if we've got a workforce heavily focused on those things, it gives us our best opportunity of actually prevention. Yeah. Now what they found in, in non-Indigenous Australia is that, just say hypothetically you can eliminate a known causal pathway to suicide, Annette Beautrais did a bit of work on this in New Zealand and she found that hypothetically if you could eliminate known causal pathways to suicide which was depression you can you can eliminate 50% of suicide deaths. OK so that's why this stuff is so critical however. We are a world that does not like difference and it is literally killing Aboriginal people. So, we use mainstream assessments, mainstream tools, and they fail fundamentally to not only explain the why, but then

they don't inform the what to do about it and so all roads lead to assessment and it's just a continuation of mainstream attachment theory, mainstream assessments and what they don't do is they don't fundamentally incorporate differences to explain the why of the over representation that are then trackable. So yes, it's useful to have demographic data, but that's not something that tells me anything. Every year you can track how badly we're doing. Anyone can do that, but you're not actually tracking outcome in any way at all, you know. And so that's the fundamental difference is the type of data we're actually collecting. So there's that bit and there's the next bit is just looking at obviously the work I've done on cultural competency in work forces as well because cultural competency, to be honest with you is fundamentally 100% of it, and it's not something that people are hard-nosed enough about it but it's essentially you've got a workforce that predominantly struggles with Aboriginal people and they'll, and they're then, to their credit, they're honest with that. They're honest about that. They'll honestly say we've got no idea what we're doing, you know.

**Commissioner Lawrie:**

So, I'm interested in hearing from you as to the causal pathways and what you would say about a child protection system that is removing Aboriginal children at alarming rates? What's behind that given the..

**Dr Tracy Westerman AM:**

Yeah. Good question. There's two things. One is that I guess getting attachment like a lot of attachment based stuff is observation and often there's that bit where people just they're looking at things through mainstream eyes and they're actually getting it wrong quite often. I can give you a lot of examples. You've probably heard a lot of examples like this over the course of your Inquiry but great example is the Kimberly, where I'm from in WA. 100% of kids in the Kimberley or Indigenous who have been removed. People saying things like you'd have someone will go in and they'll have a, do a genogram you know, standard genogram and they will miss the fact that people have kinship, and then it gets really complex in terms of skin groups and skin relationships. They see a kid that look as if they're roaming and they say this kid's been neglected. So that's what the assessment bit is really critical. The next bit that people don't talk about enough is because we don't like to own racism in Australia, is that there's this thing that's actually referred to as the cultural empathy gap and we tested this in our work in WA. What that actually means is people appraise the pain of black people is less than the pain of white people from a position of neuroscience in your brain and this this is actually irrefutable. It's called the neuroscience of racism. So, people actually don't, they process this idea that Aboriginal people care less about our kids than white people. Now we actually did a lot of work. We tested 500 child protection workers in WA using my cultural competency tools, and we found that that was actually driving a lot of the appraisal of parenting maltreatment. Then you've got bits that just look different. So, for example, I'll give you a really sobering example. I was a child protection worker for seven years, so it's quite helpful, you know, for you guys, I've sort of done the job, you know. You know, it is actually helpful when you talk from a lived experience perspective, I'll give you an example. Aboriginal kid goes home, Mum and Dad aren't there. Mum's not there waiting with a nice sandwich to eat, child protection worker says "this kids been neglected" right? These kids are living in chaos. You ask an Aboriginal kid, hey, what if you went home and no one was there waiting for with a nice sandwich. They go "that's OK 'cause I can go to Granny's because she's always got a nice feed". "Oh, deadly what about night time? When you feel a bit scared? What would you do?", "I'd go to auntie's because she's always got a safe place for me", "What if you fell over and hurt yourself? What would you do?", "Oh, uncle, he's really good at making me feel better when I'm upset." So, what actually happens with Aboriginal kids is that they



have an amazing ability to organise different attachment needs based on the emotional responsiveness of a whole bunch of caregivers hey. But what actually happens is often people are judging attachments based on nuclear family, mum, dad, and not seeing, not asking an Aboriginal kid, you know which attachments do you have based on the different emotional needs that that are being provided for you? I always say to people that chaos ain't chaos if the chaos is predictable. That's the core of chaos theory. So, you ask an Aboriginal kid, you know what would happen, but based on different emotional needs. So, attachment fundamentally looks at the environment's capacity to respond to the whole range of positive and negative emotions in a child, right, that's fundamental core of attachment theory. However, people are only looking at the dyad because that's what Bowlby and Ainsworth told them to do. So, they're only looking at Mum, Dad, nuclear, family. They're not looking at attachment map, but you, and that's why the assessment stuff needs to guide practitioners around, you know, understanding that what kinship looks like, cultural attachment, mapping tools are things that no organisation, no jurisdiction actually has embedded within their requirements for workforce. So, for example, I mean when a when a staff member comes for the first time, they should actually be taught that, but also you guys should have assessments around that to actually teach people that attachment is not just about the mum dad dyad because they're all taught that. So social workers are taught that, they're taught genograms and that's it. They're not taught, you know, cultural attachment and cultural mapping to actually understand there's different attachment needs different components of that and also the child you know recognises different attachments based on different emotional needs as they develop.

**Commissioner Lawrie:**

We actually had, yeah...

**Dr Tracy Westerman AM:**

Yes, sorry, go.

**Commissioner Lawrie:**

No sorry that's alright. I just want to say that we've heard from Dr Yvonne Clark, who had also previous experience in working in child protection, who in her time had developed a range of tools.

**Dr Tracy Westerman AM:**

Yep.

**Commissioner Lawrie:**

And I think we have yet to assess whether those tools around those relationship frameworks and assessment tools, whether they still are present within the department's I guess policies and practice material. So I really appreciate what I'm hearing from you and what I've heard from Yvonne about having attachment mapping as a really important approach to understanding the Aboriginal child and their family and their mob.

**Dr Tracy Westerman AM:**

Absolutely and it's interesting with the stuff, the Kimberly's obviously a real high risk region because disadvantage is always relative. There are certain communities that carry more of the burden of child removals than others and so the Kimberley stands out. There's different regions that will always stand. The Northern Territory stands out. There's really clear regions that actually stand out massively and what Kimberly Mob was saying was essentially that that you have someone trained in Perth, come up to the Kimberley completely dismantled and then they'll go in saying things that they thought looked like neglect, that they thought looked like abuse, because kids look like they're

roaming because they was so used to a mum, dad, nuclear family and so they said we do that off the top of our heads, we know skin relationships. Well I said, "OK, so what you need to do is you need to make sure that for the first three months, the worker is passed out in being able to do cultural attachment mapping" and then the worker actually takes the new work, the Aboriginal worker takes the worker through to meet, you know, all the different you know, family and kin, but skin groups in particular get incredibly complicated, you know, and that's something that Indigenous workers just rattle off the top of their heads, you know, So what you find with core assessments is that assessment, if they if assessments are good, they should be, you should get consistent results no matter who does them yeah? You know what I mean? Assessment is objective. It's not subjective. And what you find with structured decision-making tools is you'll often have a non-Indigenous worker do the assessments, so you get a score of 20 out of 25. You get the Indigenous worker do the same tool and get a score of, you know, two out of 25. Now, that's not a good, what we actually talk about that is that, it's not, that test lacks what we refer to as predictive validity. So a test actually better predict what it saying its predicting. Now what's actually missing is the why. So why are Aboriginal workers getting such different results compared to non-Aboriginal workers, but what's happening instead is the default position is that the non-Indigenous workers are right because they're often in positions where they have a social work degree or psychology degree and the Indigenous worker doesn't. So the problem is that we are a very paternalistic system where we look more to non-Indigenous expertise than we do to Indigenous and so there is this difference then the default always has to be the cultural expertise but we also don't have any. I don't think we have an Indigenous person that fulfils a decision-making role in child removal and the whole organisation across the whole Australia. We certainly don't in WA. So non-Indigenous workers are predominantly signing off on child removals and the Aboriginal worker doesn't fulfil a decision-making role. And if they did, I'm telling you now, that alone would lead to you know less bloody child removals than what we're currently seeing. You know, I was a child protection worker for seven years. I didn't remove a child in seven years. I also, I also didn't leave a child in an abusive situation.

**Commissioner Lawrie:**

Mmhm.

**Dr Tracy Westerman AM:**

Right, because fundamentally I understood how to adapt mainstream theory in a way that worked. We also know, based on the pure stats alone, that 82% of removals are occurring still because of because of neglect and because of emotional abuse. Now, in terms of a risk category that would warrant a lower-level response, that would that would warrant a family support, get in there, try and keep the family together response. But instead, what we're seeing is kids are being, you know, putting caregivers, you know, caregiver situations and then they're just getting forgotten about and so a lot of people are saying to me, are you suggesting that Aboriginal kids are being removed? Just because and I said no, that's how it starts. It actually starts from something very low level and then all of a sudden that ends up becomes a permanent placement and so that's problematic is that people, the general public, truly believes that 100% of the reason why kids are being removed is because of sexual abuse but that is about 6% of substantiated abuse and that's what the other race effect does. The other race effect does this thing where the brain processes blackness is more threatening than whiteness and there's actually there's actual neuroscience around this, that that they'll actually straight away go to the extreme. So when you see something on TV that says abuse, people's brains go to the extreme and therefore you can't have any conversation around prevention because people think that every in every case of abuse it's child rape and child sexual assault but it's only 6% compared to about 10% for non-Indigenous hey. So, the trouble is, is that the conversations

around prevention are non-existent because look at all these Aboriginal kids being raped and sexually assaulted. So, the narrative around this stuff is based on a falsehood, but it's also taps into this fundamental you know, other race effect where it's easier for people to believe it. You know, it's easier for people to believe it. So that's really problematic that people aren't providing, being provided with the opportunities to, you know, heal their families instead. What's happening is they're going "hey, please help me" and they're getting their kids removed. You know, we know, for example, a growing cohort is Aboriginal women who are exposing their kids to violence. Now this is a victim of abuse who's reaching out for help but the perpetrator to stop abusing her and you know what happens? They get their kids removed for reaching out for the system to help and so the data, you know, supports everything I'm saying that Aboriginal people are getting, you know, just, you know, the abuse continues within the system. I guess, you know.

**Commissioner Lawrie:**

And most certainly, the data does reveal here in South Australia that a significant number of Aboriginal children removed are linked to matters of their mother's experiencing domestic violence.

**Dr Tracy Westerman AM:**

Absolutely. Absolutely. And we see that also in police systems that the nature of, whether you call it coercive control or whatever you call it but the nature of the abuse cycle is such that the victims are often erroneously labelled as the perpetrator. Now, for Aboriginal women, it's much higher because of the other race effects. So, what often happens is the perpetrator looks like the calm one because they are controlling the dynamics of the relationship. They are also not struggling with trauma symptoms. So, it's very common that a victim will ring the police, you know, to help me. The police will come. The victim looks like the crazy one because they're screaming for help, they're a bloodied mess on the curb. The perpetrator looks calm. OK, "I'm just trying to help her or whatever" and so we know based on, I think it's Queensland research that said about 70% of Indigenous women as victims are erroneously labelled as the perpetrator by police. Now that's very common with non-Indigenous as well, but nowhere near as common as Indigenous women. So, there's that bit. And then there's a bit where now women are supposed to be more responsible than the perpetrator for exposing their kids to violence. So, if the woman can't stop the perpetrator, if the police can't stop the perpetrator, how on Earth is an Indigenous woman supposed to stop the perpetrator? So, we're know that is a growing cohort, again comes down to cultural competency, which I'm happy to chat about in a moment, but that's something that we've been doing a lot of work around, I did a big project actually in South Australia, April you'd be pleased to know but just cultural competency in police, cultural competency in child protection systems is something that needs to be data-driven across this whole country. It's really, really important because people are, look, some of it is intentional, but some of it's just people just don't know, you know, they're going into environments where they don't understand the culture well, they're often not trying to, you know, do the wrong thing. It's just they call it unconscious bias for a reason but it's just the training lets them down, and then the system itself doesn't insist on it, yeah.

**Commissioner Lawrie:**

So at the moment, so at the moment in this country there is you know some work underway in certain jurisdictions and most certainly here in South Australia, to have delegated authority to Aboriginal community-controlled organisations to deliver certain powers and functions of the child protection system. With that in mind, what do you think in terms of cultural competency needs to be applied to even our Aboriginal community-controlled organisations, if being in a position to deliver on some of those delegated authorities?

**Dr Tracy Westerman AM:**

Yeah, great question. Thank you. I think the first thing is, is that what I'm noticing is that looks great that they're going, OK, the system is going to contract Indigenous organisations more, hey? The problem I have with that is the system that's driving all the overrepresentation then doesn't have to fix itself, hey? So, they default, they default to external services. So that's the first bit is that there needs to be, so that and then you'll hear them say this, oh, we don't have to worry about this. We'll just send it to the black service, right? Now the problem with that is that the system is mandated. The Aboriginal services aren't so all the Aboriginal services are doing is fixing the collateral damage of the removal. In most cases the removal shouldn't be even occurred. So just put that on pause but then what happens is the Aboriginal services are doing an extraordinary job of reunification and I think there's some data in New South Wales, that shows that there's 17% greater likelihood of reunification occurring with Indigenous services compared to child protection statutory services hey. So that's something that I'm pretty passionate about at the moment with the whole Jacinta Price stuff, with this auditing of Indigenous organisations, blah blah blah. What we don't have, which is really something that can be done pretty, I'm one of those people that once I see something, I'm like a dog with a bone, I need to find it out and so I do a lot of my own research, right and I've also got obviously my charity we fund 55 Indigenous, future Indigenous psychology students about 6 in South Australia. What's actually at the moment, I've got it as a real focus, is looking at the extent of "black money" that's going into Indigenous organisations and looking at the outcomes and Indigenous organisations are achieving compared to non-Indigenous. There is no data that we capture on that at the moment that shows that money going into Indigenous organisations is actually having a greater degree of better outcomes for Aboriginal people, compared to the non-Indigenous organisations, right? We know, based on the literature, that sharing Aboriginality or sharing culture in common with your client massively improves outcome. So, an example would be if you have a black doctor, so infant mortality is threefold compared to non-Indigenous, if you have a black doctor, infant mortality reduces to the same as non-Indigenous, right. The reason why I've self-funded Dr Tracy Western Indigenous Psychology Scholarship Program is because I know that having an Indigenous psychologist massively improves outcomes, OK.

**Commissioner Lawrie:**

Yeah.

**Dr Tracy Westerman AM:**

But if you can't have that, not everyone's lucky to have an Indigenous psychologist or Indigenous worker, then cultural competency is the default, OK. So that's what we did. That's what I've been working on for the last 23 years and what we did in child protection in WA is figured out, OK what do Aboriginal people do that, what do Aboriginal people do to make sure that Aboriginal families aren't removed, blah blah blah and we designed a cultural competency in child protection tool. So then the system can sort of fix itself, because what we want to do April, we want to prevent the removal not, you know, the Aboriginal services are doing a great job.

**Commissioner Lawrie:**

Yeah, yeah.

**Dr Tracy Westerman AM:**

So this which we want to also data establish that that the bang for the buck is much greater with Indigenous services based on pure outcome and no one's capturing that at a state or federal level pretty easy to do you just get an economist that they're great at that sort of thing. The next bit is that the system itself needs to be fundamentally held to account for the lack of cultural competency

in their staff and cultural competency. That's measurable, not your cultural awareness 101 little workshop where everyone high fives and slaps themselves on the back and says we're all good. This is.

**Commissioner Lawrie:**

We know.

**Dr Tracy Westerman AM:**

Yeah, no, you just laughed aye. You got to laugh because it's so insulting.

**Commissioner Lawrie:**

Hmm.

**Dr Tracy Westerman AM:**

I know my degree, I spent, I come down from the Pilbara and I spent three years in psychology and the word Aboriginal wasn't mentioned once, you know, and this is just this is we're invisible and yet you know in WA we're 57% of kids in care and you don't even have culturally, cultural attachment theory enshrined, culturally informed assessments, you don't understand. You know, workers don't actually have a minimum standard cultural competence they need to demonstrate. So, in terms of that, I mean, I guess the good news is the fixes are pretty simple. It's just it's just about the, it's just about the will to change it. You know it really is.

**Denise Rieniets, Counsel Assisting:**

Dr Westerman, can I just ask you on that, one of the things we're seeing is that the policy documents for the Department of Child Protection here say all the right things, but there is clearly absolutely no assessment or any way of checking, in fact, the documents say that it's the individual workers responsibility to read the material. There's no, not even any tick of the box to check whether they've read it, let alone developed any understanding of it.

**Dr Tracy Westerman AM:**

Yeah, yeah.

**Denise Rieniets, Counsel Assisting:**

What would be? Is there a? I'm sorry, is there a way that, that could cultural competency could be assessed?

**Dr Tracy Westerman AM:**

Yeah.

**Denise Rieniets, Counsel Assisting:**

You know, you said not the pat on the back. You know, the one-hour session and then afternoon tea. It would need to be ongoing, wouldn't it?

**Dr Tracy Westerman AM:**

Oh yeah, and this is the stuff that racism scares people and I've been doing this a long time and so I'll I'll kind of, I'll explain to you what I what we actually do. So I guess and don't worry it's not going to be one of those long winded when I was a young kid growing up in useless life stories. It's all always one of those ones, but essentially I was really interested as a psychologist in, you know, cultural competency. So, what we find often is that Aboriginal clients would come to me without even any drama and you do really efficient stuff. You'd see the non-Indigenous psychologists, you know, people with a PhD brilliant clinicians, hey. And you see them yourself if you had a breakdown, you'd

go to them they were that brilliant clinically and then you'd see them in, you know, with an Aboriginal client and they're completely dismantled and I see this every day and that's what we're hearing everywhere we go, often you'd have an 18 month shelf life of a psychologist if you're lucky, because they just did not, good intention but so I went out and asked Aboriginal people, I said, hey, Aboriginal people what tells you that someone is culturally competent? and it was a little bit more complicated than that, it was part of my PhD in 2003. Now that was the first time that not anyone had ever really bothered to determine the predictors of cultural competency, so I was pretty hardnosed and 723 Aboriginal people contributed to it and that gave us some really useful data around the sorts of things for example, April, if I gave you the, if I gave you these things April, then the chance of you being culturally competent, pretty good. Yeah. So that took quite a while, interesting enough there was a lot of reluctance in the industry to be part of it because racism scares people in Australia. It just does and it gets a free pass as explanatory of all the stuff you've probably been spending the last couple of months talking about. People do not want to raise racism as a driver and so it gets a free pass no matter where you go and so what we did was we determined through thematic analysis that cultural competency involves 18 dimensions. Now, this is the first time it was not just done Australia, but also globally, because what happened was people often just assume, you know, make up their own minds about what cultural competency is but we went to the actual people themselves and said, hey, Aboriginal people. So now they now they flashly call it co-designed but based on, all these flash words that people are talking about, what they're talking about, well, that's right, that's right, go and ask Aboriginal people what we think you know, but then there's that thing where at some point there also needs to be a leadership component to it. I'm pretty good at developing psychometric tests. I do up quite a few. There was the idea, I guess as we developed the cultural competency, it was first a mental health tool. We kinda went is it something that we can use online that people can be tested on? and that challenged people a lot people went like, oh, hang on a sec, there's positives and negatives but I guess now we're 20 years down the track, we're pretty comfortable with the notion of it. Then after a while police, you know, teachers said, hey, what about us? Because we're not mental health practitioners, so then I developed a general cultural competency profile and then last, 2009, we designed the first ever cultural competency and child protection tool. OK. So, the great thing about having a tool that's valid is you've already achieved what's never been achieved before in terms of a valid, sorry, I just got a cocker spaniel yodelling in the background. But once you've actually figured this figured out that something is clinically valid that's, I keep saying holy grail but it is because racism is the hardest thing to measure. It's really hard to measure it because it can be inconsistent and you know it can be overt, it can be covert. You know, you can have somebody's married to an Aboriginal person and yet they're quite racist. You know, you can, you can have black, you can have black people that are racist. You know, we're sort of experiencing that, you know, at the moment, you know, we've got, sorry, I've just got something, this is the downside of a home office, can you just hang on a second for just a tic. Sorry about that guys, every time I tell lawn mower not to turn up, he just turns up he's one of those, he's old school, he's old school, right? Got to love him and then of course my cocker spaniel starts barking. So which is which is her job, right? Not that anyone's gonna be scared of her. But anyway, that's you don't you don't tell her that right. Yeah. So, we basically were just, yeah, interested in what defines it and we, you can have, yeah racism can be really counterintuitive. So, you can have racism can happen, you know, to Aboriginal people can also happen through Aboriginal people. So we have a bit of that that, you know, that's really complicated thing to measure. So essentially, we have these things online and people undertake the cultural competency profile and then they get a cultural supervision plan. So if you did it April, you go online, take about 45 minutes, whatever you then get a comprehensive cultural supervision plan that says in this particular area of

cultural competency, you are below average above average whatever. What this means is you're going to struggle with bang, bang, bang and here you go, here's a resource to help you with that particular aspect of cultural competency, So the thing about cultural competency, once it's definable, it's also measurable and trackable and so the work we did in WA, which you can just you can just Google it and see what outcome, what actually end up happening, it was horrific. We did the we tested, I tested about 500 child protection workers, which gave us the first data on the nature of the child protection workforce in Australia and the results are never great. They're always really quite bad. That doesn't worry me. You often get quite bad results. What we do guys is, we have from one through to five. So one is overtly racist. So across those 18 dimensions, we actually rank people. One is overtly racist. Two is culturally incompetent, which is your paternalistic, racist. Three is culturally blind, which is, sounds very nice, we're all Australians together, you have to treat us all the same, there are no cultural differences. Sounds very nice, but it's extraordinarily racist. It essentially means that we don't have to take culture into account but we're hearing that on the moment with you know again Jacinta Price saying we're all Australians together, we're all the same and you wanna get caught up in that idea that we, everyone gets treated the same. Well, if you're walking around this with this idea that the world doesn't react to blackness, I'm happy to point it out to you. So essentially what it means is racism doesn't exist. It's not about the system. It's about the fact that there's something wrong with you, that you can't get your needs met, you can't get your act together all that sort of stuff. Cultural pre-competence is getting more positive, which is basically people want to be culturally competent but don't know how to be and they're frustrated with the lack of guidance. Cultural competence is then your minimum working standard, no end point to it. So what we do is we, the tool actually enables us to, people can do it individually but most importantly, I do a lot of work around looking at cultural audits of whole systems and that's what I did in WA. Now the problem with what happened in WA is multiple, they, the results were, you know, quite bad as we expected but that gave them the opportunity to track cultural competency over time against child removal rates. So cultural competency explains the why. OK, so if you track this culturally competency of organisations and you tracked it against child removal rates, that explains the why and also the what to do because it shows up deficits in your workforce and then you can do targeted training intervention and again track it against outcome. We actually had and it was and you need big data sets for this obviously but what we had established in WA, which was incredible, was that we actually found that there was, say, look at the state of WA, it's very similar across every single state. There are some regions that are more overrepresented in child removal rates than others. There's a couple of regions in WA that and it would be the case in every state, that has a reasonably low rates of Indigenous child removal and so I was quite interested in that. So as an example, we have I think we have 21 child protection districts. If you take away the most heavily populated Aboriginal regions, which are four, that's the Kimberley, the Pilbara, where I'm from, no, only three sorry and the Goldfields, that that 57% of child removal plummets to 34%. OK, now I'm interested in that. I'm actually interested in that now because that that tells me much more than 57%. It's very consistent across Australia that if you are dominantly black, you are more oppressed rather than less oppressed. Now this sounds counter intuitive that how can you be in the majority and yet have more racism rather than less? Well, there's this thing that's actually referred to as the fawn trauma response. So for example, if you look at South Africa, 80% of South Africans are black and they still had apartheid, OK, so you look at the Kimberley, 100% of kids in care up there are Indigenous, 96% of kids in care in the Pilbara are Indigenous, 92, 92% of kids in care in the Northern Territory are Indigenous. So, they're a little, there are hotspots and the hotspots are always where people have historically been the most oppressed through alcohol restrictions, cashless welfare cards because what happens is this thing called the fawn trauma response at an individual level

means I'm complicit in my own abuse. So, you see people that it's other rather than self-directed, so you'll have for example, people who are victims of violence and they look as if they're complying with their own abuse because it's fear based it's fawn. Aboriginal people will have that at a collective trauma level. So, you'll have those regions that are overrepresented carrying most of the burden of all the stats that you're talking about and if you carved up South Australia, you find the Lands would probably be the probably most overrepresented and those sorts of really high populated black regions will be really overpopulated. What we were then able to show, you'll be really interested in, is are there regions that have reasonably high Indigenous population, reasonably low rates of Indigenous child removal and that's really interesting. The Great Southern and Midland, which is close to Perth, there are blackfullas everywhere there, it's a blackout in those regions and they have reasonably low rates of Aboriginal child removal. So, with our data, we're able to show that those regions that have lower rates of Indigenous child removal, will have higher rates of cultural competency. So again, that then is trackable over time to show other regions like the Kimberley, like the Pilbara, determine the skills that people need that the great Southern and Midland are doing to ensure low rates of child removal, but essentially it's trackable April, that's what you do, you'd sort of test the cultural competency of child protection workers, correlate that against Indigenous child removal, and then each year track that over time and watch the Indigenous overrate fall. We have the capacity to do that, not just in child protection, but also with police for example, we did a big program in South Australia on this, where does cultural competency in police correlate with, you know, higher rates of incarceration, as an example. Improve the cultural competency of police, watch incarceration rates fall. Improve the cultural competency in child protection workers, watch the child removal rates fall. But this is data-driven. It's not, we think this might be nice to have a cultural awareness workshop. No, this is hardnosed. This is tracking cultural competency against stuff you're already gathering in terms of data capturing. I guess the good news also is that my Jilya Institute, that I volunteer in so it's my own charity, we've now got 55 Indigenous psychologist students and I'm donating the data around my cultural competency tools into the Jilya Institute, so we can track this nationally. So, for you guys, it's happy days because you don't have to pay to develop it. All you need to do is really develop an MOU partnership with us. Yeah, just.

**Commissioner Lawrie:**

Yeah. Excellent. I'm just, you know, with the data that you show talked about with cultural competency, high rates of cultural competency and low levels of child removal.

**Dr Tracy Westerman AM:**

Yeah.

**Commissioner Lawrie:**

In the, in the data I guess collection did you look at the race of the workforce? Did you do a breakdown by Aboriginality and non-Aboriginality?

**Dr Tracy Westerman AM:**

Yeah, yeah, good, good, good question. It's really, the cultural competency tool is pretty sophisticated. We run some really sophisticated analysis on it and we, there's this really, well what we capture at the start April is demographic questions. So, you know, male or female, Aboriginality and non-Aboriginality, the amount of time working with Aboriginal people. There's some real historical stuff that tends to be like the male, pale and stale right? That's the sophisticated technical term, right? But the research actually supports that that you tend to have the Donald Trump voting, you know, person who will be overrepresented in the racism kind of thing. So, our demographic questions are informed by the research. So, we actually have been able to capture amazing stuff,



and yes, Aboriginality massively predicts cultural competency. However, once you get the data, it's incredibly useful and rich. So, it's not just about Aboriginality, it's actually about the fact that Aboriginal people invest significantly more energy into their professional development. They know their communities, they engage in cultural supervision, they do ongoing cultural supervision training. They know who the Elders are like. So it actually explains the why and then what we can do is we go OK non-Indigenous stuff do this, you know? But then of course what happens is the system then has a responsibility to train in accordance with the things that we know are actually predicting cultural competency, right? So, yeah, so we do capture a lot of really useful stuff. We, look one that you guys would really be interested in is we look at training, cultural awareness training, hey, cultural awareness 101 and we have things, for example, like 70% of staff in a system. I did a big audit on 73% of them are done cultural awareness, right? and then when you look at it in terms of pure data, it had no impact on cultural competency. Then when you dive deeper into it, because we obviously ask lots of different questions, is 80% of them had had cultural awareness of less than half a day. OK. So we actually look at, we actually look at intensity of training and the people who'd had ongoing intensive blah, blah, blah, blah, their cultural competencies went through the roof but it's also an, it's also an attitudinal thing. So one of our big dimensions, we look at are cultural empathy. Now the questionnaire itself is pretty confronting. We actually test cultural empathy. We test people's prevailing racist beliefs and I'll give you an example of a couple of items "I'm really frightened when I go to an Aboriginal community", "when I'm working with an Aboriginal family, I get really scared about saying the wrong thing". We look at things like "I don't believe Aboriginal people are disadvantaged compared to, non-Aboriginal people". That's a mic drop. "I think that basically it's about the fact that they're lazy and they just don't" or whatever, you know, it's really confronting, but it's really hardnosed, it gets it gets at the core of racial empathy. It gets at the core of other race effect and then it's also obviously the dimensions of it. Look at, you know, lots and lots and lots of different things. Capacity, skills, communication style differences, organisational culture competency is looked at as well but essentially what it does is it just it gives us data that's actually useful. You know, you're looking at improvements in cultural competency and does that result in lower rates of Aboriginal child removal? We only had, the contract over in WA only went, it was just a one-off thing. What they needed is to do it over three or four years, you know and I kind of jokingly say, you know, you've spent a lot of time being this racist, you can't, you know, you know spent a lot of time being this racist you can't, you can't just unracist you with one test, right? I've done a couple of years, you know, and that's something that I've actually learnt now it's actually trend analysis and that's the stuff that we do but what we do then is we come into systems and go, OK, you guys are doing really well here but what you actually need is to skill your staff up more around this, this, this, this, this and this. So it actually is really clear, it's data-driven, it's not about people's feelings or emotions. It's about providing the workforce with what they need and from an organisational systemic perspective, it data drives the sorts of wins and successes and the sorts of weaknesses that you still have in the system and some of that also obviously is around policy procedure, type stuff. So I also did as part of my work in WA did a complete audit, a cultural audit of their policies and procedures around even assessment of attachment. Lots and lots of different things so the workforce were then guided in accordance with cultural factors that need to be incorporated in, you know, attachment. If you're doing a child maltreatment, you need to understand this bit. The workforce is only as good as the extent to which the organisation guides you around difference, because for a lot of people is unconscious. People are just judging things based on their own worldview, so that's often really difficult. That, often systems don't know the difference, you know.

**Commissioner Lawrie:**

Yes indeed, the system has to steer.

**Dr Tracy Westerman AM:**

Yeah, there's a there's a difference between individual and systemic racism, so individual racism is, you know, "I'm racist", systemic racism is something that is a bigger issue for, for your deliberations because essentially, I'll give you an example psychologist uses, you know, child maltreatment assessment that they know, that they know inflates that they know, inflates child risk, based on cultural difference. They know the test is biased, they're forced to use it because the system insists on them using it tries to adjust it for cultural difference without guidance, the system is racist, not the psychologist and the number of psychologists who you look at assessments on attachment, you look at assessments on intelligence, they have constantly saying, "we know these tests have cultural error, we know they're biased, but the system insists on funding them, and the system insists on continuing to use it". Now this is cost, this is costing our communities. You know, just generational pain and trauma but it's also costing us economically, you know, \$45 billion a year costs us to be racist. You know, that's based on Yin Paradies' research. So what people really don't understand is that if you fix this stuff, it's economically going to save a hell of a lot of money, you know, and the cultural policy work we do, interestingly enough, Yin Paradies, he's an Indigenous epidemiologist, what we're wanting to do is partner up with him to show the cost of racism in your system this what is what we're capable of now, and showing that improved cultural competency actually saves money. So if you can't get them across the line in terms of the bloody right thing to do then mount an economic argument, hey. And then there's also the bit as well around Indigenous organisations and the value that they're providing in terms of reunification and outcomes because I reckon if you did that little study in South Australia, look at KWY, the work they're doing, a lot of great organisations in South Australia that are smashing it, but we don't, we don't have the data to show that. So then your argument becomes a lot easier because you know, you're putting money into outcome rather than you know, that you're actually seeing the reunifications happening, you know.

**Commissioner Lawrie:**

Yeah. Instead of throwing good money after bad, yeah.

**Dr Tracy Westerman AM:**

I mean, you know, I think we force removal is keeping me in a job, hey? So if you keep removing children, you keep removing children, you're going to keep dealing with the collateral damage for generations to come and irrefutably linked to child suicides, irrefutably linked to the pipeline to the justice system. Everything we are dealing with, this is the most important thing we need to fix is child removals but people have this attitude that Aboriginal people are better off with white families or outside their families because of this cultural empathy gap and in fact you know that kids have more of a likelihood of being abused in care then in their own home.

**Commissioner Lawrie:**

Yep.

**Dr Tracy Westerman AM:**

Based on all the data, you know the Royal Commission showed all that. You know how many inquiries have we had into foster care and removal? It's not a safe haven for Aboriginal kids, you know. Yeah.

**Commissioner Lawrie:**

Thank you.

**Denise Rieniets, Counsel Assisting:**

Very powerful information.

**Commissioner Lawrie:**

I know.

**Denise Rieniets, Counsel Assisting:**

Thank you. Yeah. Dr Westerman it's been wonderful. I don't think I've got any further questions?

**Commissioner Lawrie:**

You've been very comprehensive.

**Dr Tracy Westerman AM:**

Oh good. I just want to ask just one last little thing, because you've got it in front of you, just that little thing you've got in front of you and I actually put up, I put a lot of, I put a lot of effort into that little thing. You know, I'm not just sort of give myself a little pat on the back here. I'm just, I'm just kidding. This is actually part of my paper. So it's kind of interested in that, that little thing you got in front of you I spent weeks extracting data. This is WA data, but it'll have the same in South Australia, all sorts of other thing, really well worth doing this in South Australia, Australian Institute of Health and Welfare, I believe capture most of your data so. Essentially, I was interested in, as you can see there, the first column is, so it's 2009, 2009, you look at child removal rates and you look at Aboriginal versus non-Aboriginal child removal rates. Now you see that first small column there in 2009, that's the Aboriginal child removal rate and then you've got the next one, the one next to it is the non-Aboriginal child removal rate. So essentially, you've got Indigenous child removal quite low compared to compared to non-Indigenous then as you can see as we're getting to 2020, whatever the hell it is, 2020 2023. They've done a complete swap over hey and so you've actually seen this massive, massive blow out statistically that translates to 119% blow out in Aboriginal child removal in the past ten years, hey? At the same time non-Indigenous child removal rates have decreased by 13%. Now this data doesn't exist anywhere, I've basically got access to parliamentary libraries to unpack all this now. I was kind of interested in.

**Denise Rieniets, Counsel Assisting:**

Dr Westerman, can I just stop you there just for the transcript? Can I get you to describe what this document is?

**Dr Tracy Westerman AM:**

Oh yeah, sorry. Just got to, so this is.

**Denise Rieniets, Counsel Assisting:**

Do you want me to hold this closer to you.

**Dr Tracy Westerman AM:**

It's in my publication as well. It's OK. So it's Aboriginal, it's called Aboriginal child, do you mean just the title?

**Denise Rieniets, Counsel Assisting:**

Mm hmm.

**Dr Tracy Westerman AM:**

OK. Sorry. It's just Aboriginal, hang on a sec, I'll get it up. It's just Aboriginal child removal, Aboriginal child removals and Aboriginal staffing trends graph.

**Denise Rieniets, Counsel Assisting:**

Yes, thank you.

**Dr Tracy Westerman AM:**

OK. So thank you. No worries. I'll just explain what I've actually found here. Now I had a hunch that you know someone who's a child protection worker myself never had to remove an Aboriginal child. Every child protection worker who's Indigenous will tell you exactly the same thing I've had removal in my own family. We are 24/7 times trying to prevent child removal. That's just the standard. And then I said the next bit is being able to translate cultural attachment, parenting programs in ways that makes it makes sense for Aboriginal people and that's really hard to do. You don't get taught this stuff at all. You don't get trained on this stuff. I train people on this stuff. So essentially I sort of thought let's actually look at, you know when they report percentage of Aboriginal staff as part of their reports. So I just captured that. I think let's just see what happens and as you can see there in that 2009, you got about 10% Aboriginal staff in the system, then you got 9%, then you got, so to the current date or the last reporting period 50% of Indigenous staff have left the system right, and bear in mind we actually know because we've got the data that Aboriginality massively predicts cultural competency by about 24 points higher than non-Indigenous stuff. So we already know that now I was kind of interested in just demonstrating that from a position of science, so if you have more Aboriginal staff in the system, does that relate to lower rights of Indigenous child removal? So I calculated this thing called a correlation. Now this is not causal, but it's pretty close. It's as one moves, so does the other and a perfect, a perfect correlation would be one. So a perfect relationship between those two variables would be one. We've got a correlation of .865, which essentially means that the more Aboriginal staff you have in the system the lower the rates of Indigenous child removal now, this has never been demonstrated and shown before from a position of science, so that then means as cultural competency becomes your absolute best friend right? Because if you can't, obviously we can't have 100% of Aboriginal staff in the system. So what's left? What's left is figure out the things that Aboriginal staff do and teach non-Aboriginal staff how to do that. That's what the cultural competency in child protection does. There's 18 dimensions, there's 120 items that then tells you the sorts of things that provide your baseline of skills and then you track it overtime against the child removal rate and then you're really clear every year about the impact of cultural competency, where your gaps still remain and where your absolute skill-based focus needs to be in terms of going forward. And so that's sort of how, that's how you fix it.

**Commissioner Lawrie:**

Just one quick question, was the legislation still the same legislation throughout the reporting or the data collection period over that 10 years, the same legislation?

**Dr Tracy Westerman AM:**

Yeah, I think what happens like. I mean, you'd be aware of this anyway. Legislation's really interesting. It's really comes down to things people can tweak the legislation and change it, but ultimately what it comes down to is the system, because you'd have, you know, I went into the foster care and adoption panel and it was full of non-Indigenous females, right. So you're still that fundamental problem with the lack of cultural competency. So what happens is you've got, you know, the Aboriginal workers who are, you're seeing, the workers but they don't fulfil a decision making role, so people can still bypass the child placement, child placement requirement because cultural competency is that they're scared of Aboriginal people or they don't understand kinship, ties or whatever. So they can say, oh, we tried to place a kid in the hierarchical child placement policy, but they haven't actually had the confidence to be able to do it and the Aboriginal worker gets

bypassed because they don't have a decision making formal role. The thing you're going to really struggle with is Aboriginal workers don't like fulfilling a decision-making role for obvious reasons because you know, they can get blamed for removal of kids and so that's a massive issue that that obviously you can say, why, I wouldn't, I mean I've had removal in my family. I don't want to. I don't want to be the one that that signs that warrant you know. So that's actually a really interesting thing. But yeah, ultimately what's actually happening on the ground? Megan Davis's work, I guess in in New South Wales was pretty critical around that. The lack of, you know, understanding of the implementation of the child protection policy. The other one too, I want to mention sorry before we go is the work that you need to do around, I actually refer to as black identity formation. Do a lot of work with Aboriginal, sorry practitioners who when kids are removed, they don't actually provide any intensive therapies around forming of black identity and this is really critical, it's in my paper that she's been published. Essentially what happens is as kids, Aboriginal kids develop, they will reject their Aboriginal culture at a certain age, ran forward eight years of age, of a rejection of Aboriginal culture and what often happens is child protection systems don't understand that and they react to the to the initial rejection. So what tends to happen around about four to eight years of age, kids, at a brain level actually are able to determine, see difference for the first time. So they see difference and they see gender difference on a boy or a girl type stuff at the same time they see cultural difference for the first time. So they react to blackness. Now when you're a little kid, 4 to 8 and you're around, you know, non-Indigenous families, blah blah blah, you internalise it and so you'd say things like, I don't want to go back to my black family because they're drunks and they're smelly, so they've internalised all the messaging that they've been hearing and then child protection systems will react by saying, oh, don't make them go back home. Well done. You've just made something temporary permanent. It's a figuring out. So black identity formation has four phases to it. The first phase is rejection of culture. Now, I'll give you a really sobering example of a of a client that I work with in the Northern Territory. She was four and she was so scared of black people that she would literally see a black person and bolt, and she was a danger to herself, and I was brought in as a consult, as a as a psychologist and the system said, we don't know what to do. Now, what makes this story even more compelling is that the four-year-old was an Aboriginal girl, she was black, and so she internalised black hate and she was scared of black people. Now, how do you fix this? Is there's this thing called distress tolerance and so it might sound really, really, you know, thing, but you need to constantly have black conversations, because people say things like, I'll just make them go back to their community. That's too much, that's too much. You need to constantly have blackfulla conversations in the environment. You need to have, even if it's dot paintings, you know, you need to constantly expose Aboriginal kids as they're developing a sense of cultural identity to black issues and what happens instead is they have this, you know, most cases Aboriginal kids are placed in white families and the white carers aren't actually trained around black identity formation. The workers aren't trained around black identity formation, and we know that the odds of an Aboriginal kid being placed with a white family and developing a robust sense of cultural identity are very low. So that's an example again of the stuff that we identify as part of our cultural competency work. We identify those sorts of gaps. We're also working on a cultural competency for foster carers, which will enable foster carers, you know, to be able to be trained in these sorts of things, around black identity, if they're obviously non-Indigenous and kids are placed with them so, so lots of opportunities in terms of, in terms of work we're doing.

**Commissioner Lawrie:**

Excellent. I just can't believe that the breadth of work you do.

**Dr Tracy Westerman AM:**

Yeah, not one cent of government funding. So, I've done it all myself so there you go. But that's, you know, I think that's the thing though, I think we all wake up every day and we want to make sure that, you know, none of our kids end up away from mob because it, you know, like I said, I had removal in my own family. If you if you prevent one child from being removed then, generationally, those kids, those people, those kids have the best opportunity, but we have a country that believes the opposite. You know, that believes that the best thing for an Aboriginal kid just to be away from their Aboriginal families and as leaders, we have a responsibility to debunk that myth and that narrative, you know, so anything I can do, I'm just honestly, we're building pretty quick. We've now got 55 Indigenous students and we've just, we just had a big fundraising gala on the weekend, so it was great to see so many Indigenous psychology students, we've got six from South Australia, which is great.

**Commissioner Lawrie:**

Yep.

**Dr Tracy Westerman AM:**

And we've just got some, we've got 4.3 million funding from the Paul Ramsey Institute. So, this stuff that I've been talking about, we're going to be able to now data drive it, but I think what I'm really tired of seeing is data, this belongs in black hands, we've got to stop funding the Australian Institute of Health and Welfare, we've got to stop funding the ABS, we've got to stop funding the Australian Institute of Criminology because the gaps in terms of the stuff that I've just talked about in child protection are inexcusable and unacceptable and we keep funding white services to do the work that we understand implicitly. It just needs to be, you know, we don't forget Aboriginal people, you know, and we also know the sorts of things that that where the gaps lie. Yeah, thank you.

**Commissioner Lawrie:**

Oh, it's been an honour.

**Denise Rieniets, Counsel Assisting:**

Thank you, Tracy.

**Dr Tracy Westerman AM:**

No worries anything you need at all just please do get back in touch and let us let us know and good luck with your inquiry.

**Commissioner Lawrie:**

Yeah. Thank you so much, Tracy. Thank you.

**Dr Tracy Westerman AM:**

Thank you. Have a good rest of the day. Take care, bye.

**END**