



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, 9 November 2023 at 9:00am**

**Aboriginal Family Support Services | Day 2**

### **Witnesses:**

- **Kerry Rogers, Senior Manager Cultural Clinician, Aboriginal Family Support Services**
- **Kate Wright, Senior Manager Therapeutic Services, Aboriginal Family Support Services**

### **Denise Rieniets, Counsel Assisting:**

Welcome and thank you for coming back this morning. I'll ask the Commissioner to do an acknowledgement of country please.

### **Commissioner April Lawrie (Chair):**

Thank you. I'd like to acknowledge that we are meeting on Kurna country, pay my respect to Kurna Elders, all those emerging leaders and pay particular reference to all our Aboriginal children who make South Australia their home with their families in the hope that we make things better for them. Thank you.

### **Counsel Assisting:**

Thank you. We'll re-swear you given that you were dismissed the other day.

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

Ok, I just ask you to repeat after me please. I solemnly affirm that the evidence I will give will be the truth, the whole truth and nothing but the truth.

**Kate Wright:**

I solemnly affirm the evidence that I will give will be the truth, the whole truth and nothing but the truth.

**Assistant to Counsel Assisting:**

Thank you. And if you could please state your full name, occupation and work address please.

**Kate Wright:**

Kate Wright, Senior Manager of Therapeutic Services for Aboriginal Family Support Services, at 134 Waymouth Street, Adelaide.

**Assistant to Counsel Assisting:**

Thank you. And Kerry if you could repeat after me. I solemnly affirm that the evidence I give will be the truth, the whole truth and nothing but the truth.

**Kerry Rogers:**

I solemnly affirm that the evidence I will give will be the truth, the whole truth and nothing but the truth.

**Assistant to Counsel Assisting:**

Thank you. Could you please state your full name, occupation and work address.

**Kerry Rogers:**

Kerry Rogers, Senior Manager Cultural Clinician and the address is 134 Waymouth Street, Adelaide.

**Assistant to Counsel Assisting:**

Thank you.

**Counsel Assisting:**

Thank you. When you were last before the commission you spoke to us about family group conferencing and AFSS' role in that. Today I'd like you to provide some evidence about the organisation's role as a registered foster care agency. Can you tell us please how many foster carers are registered within your organisation.

**Kerry Rogers:**

Okay. I think what we have here is we have 290 households, and 100 of those are, 153 Aboriginal, so 53% Aboriginal households of that, and I suppose in relation to the households it, there could be different numbers of children in those households and because that's always moving and fluctuating around children as well, but that's what the, at the moment.

**Commissioner Lawrie:**

What's the license capacity for the organisation.

**Kate Wright:**

I'm not aware of that number I'm afraid.

**Kerry Rogers:**

Yeah, I'm not sure either. But we can take that on notice and get back to you.

**Commissioner Lawrie:**

Yep, the licensed capacity in regards to kinship care and general foster care.

**Kerry Rogers:**

Yep.

**Counsel Assisting:**

So can you, just diversing a little from the questions that we've provided, in terms of kinship care and foster care can you explain to the commission what the difference is between those two.

**Kerry Rogers:**

Okay. My understanding is those terms are usually determined by the department when there, come through the department, because our carers if they are related to the children that would be where we use kinship. I understand the department may have a different description of kinship. I'm not 100% sure of what theirs is. I know in in that sector there's always been some of, discrepancies, some children will come through and some of the carers might be described as in a cultural way and still there's not a lot of clarity around what that means, again, so that's that's a little bit by case by case. If that's something that's been put forth by community it's deemed as very different than if say a departmental has has termed it in that way. So kinship is very different. Foster, we have in that space registered foster carers and we also have specific child only. So again they they are those three sort of terms in that space. Again it is, it's, the care that they get would be, or the support they get, would be the same through AFSS, but I understand that through the department with that the distinguished differences there might be some slight differences that what people might be able to ask for, or what people might be able to get, some of the expectations and I'm not quite sure if that's on an individual base or if that's under policy and how different people determine what that is and what that means, so different offices might be looked at things a little bit differently, but within AFSS I suppose those two terms we would look at and would provide support in same, same manner.

**Counsel Assisting:**

Right. Can I just get you to clarify when you say with DCP there might be a difference in what people can ask for is that in terms of financial support or.

**Kerry Rogers:**

I think I think it sort of sits on both financial and other supports. I think it it really does it it differs office to office and I think some of the changes that have happened, so kinship was in control of their money I believe and and there had been some changes where kinship money then became part of the office money, so there was some misunderstandings I suppose or it wasn't very clear about who's making the final decision around that.

**Kate Wright:**

To give a bit of maybe a bit more historical context foster care, so non-relative based care, has sat outside of department for many years so been, carers have been recruited, assessed and supported by NGOs for many many years. Kinship care, as it was defined by the department, was held within department, so they did the assessments and the support for kinship carers internally. Following the Royal Commission and the recommendations that fell out of that there was a push to see kinship care brought out of, the support for kinship carers, brought out of the department and that's been a slow process and there's been pilots of, particularly for Aboriginal kinship care there was three, one with AFSS, one with KWY and a partner, and one with IncomPro and a partner, and I always get their partners round the wrong way, one was Uniting Communities and one was Baptist Care I believe,

sorry I didn't sit that space, but who was with who I'm not going to say because I might be wrong which way around those connections were. So that was the first move to bring support, assessment and so forth of kinship carers out of department. I guess the historical definitions were around for general foster care were people who were willing to be assessed and take on the care of a child that they had no relation to and kinship care would be a child that there was a relationship with. From an Aboriginal perspective and a kinship perspective I think how we understand what family or kin is still done through a fairly white lens, and there would certainly be children I think that are in placements with people who would be kin, if we looked at it through a cultural lens, who perhaps haven't been defined as being in kinship care. And then that third layer SCO or Specific Child Only has been around for a very long time as well, and looked at where it may be someone known to the child, so a specific a a teacher a friend might say I I'm willing to take on the care of that child I'm aware that that child has been removed or is not safe in their home, and would go through an assessment and be registered to provide care for a particular child. You do see quite a number of cases where SCO carers then expand out and end up taking on other children, but I can remember going back pre AFSS days many years ago I worked in mainstream and in an agency that did foster care support, and I remember the department actually running ads for SCO carers, so they didn't actually name the child but they would advertise in a school newsletter, you know, child from this school is looking for someone to provide care. So there's been a practice of trying to recruit to meet a particular need, that was a very long time ago.

**Commissioner Lawrie:**

Even, can I just say even before that, before the big alternative care review in the mid 90s, the former iteration of Aboriginal Family Support Services, the Aboriginal Child Care Agency of South Australia actually did kinship care. It was it was the central focus of the organisation. Yeah.

**Kate Wright:**

But it's been, it was taken formally into DCP for a very long time.

**Commissioner Lawrie:**

From the restructure.

**Kate Wright:**

Yeah. Yeah.

**Commissioner Lawrie:**

Not that the Aboriginal Community wanted that.

**Kate Wright:**

No. No. I'm not suggesting that was what was wanted.

**Commissioner Lawrie:**

I know.

**Counsel Assisting:**

Thank you. And is there a specific process that your organisation uses in recruiting foster carers?

**Kate Wright:**

So there's a a recruitment plan that's developed and it's usually about a 5-year plan that's reviewed constantly and added to, that's you know regionalised as well which is about how we advertise, so in some of the regional areas they use some of the television, the local television networks and radio,

they attend big community events, they sometimes will set up a stall down at the local shopping mall with information and flyers, we obviously use our newsletters, we use community events like NAIDOC week or children's day and things where we're in contact with community. You might be able to speak to some more.

**Kerry Rogers:**

Yeah. I think we also use some of those natural connections that we have around how we might advocate in that space. So that would be community connections that workers might have, it might be networks that we have say, Turkindi, there may be different areas that we branch out into, as I said, or as Kate said, around media, social media, what we do in that space. And I think we're always looking at where we can actually prioritise Aboriginal families and Aboriginal carers in that space because that's I suppose what our main focus is in in that area to support Aboriginal children.

**Counsel Assisting:**

Sure. Thank you.

**Commissioner Lawrie:**

I've got a question. In the approach to recruitment, apart from what you described as natural connections, and there are a range of things with ads and televisions and community events like NAIDOC week, what are some of the things that you see in the workforce, in the organisation, that enable effective recruitment? So what are what are some of the things that you're looking for in your workforce to enable recruitment, particularly around natural connections?

**Kerry Rogers:**

I think what we look at is having a focus on what people's experience is. Academically I think there's a lot of value in that space but I also believe that there's a lot more experience around working in community, being accepted in community, being able to get into community space. So one of the first questions is, you know, why have you applied for job in AFSS? Because we know that as the organisation has expanded, the ratio of Aboriginal, non- Aboriginal also expands, and when we look at that space is about how do we, how do we pull Aboriginal people in to the interview space, it, once they have applied for jobs how do we actually look at that and how do we try to weed out, and that's one of the things is asking people why have you applied for a job in an Aboriginal organisation and what do you understand about how you have to work differently. Because I think that's one of the big things is people believe they can come into an organisation and work the same as they do elsewhere. And that is a hard process because over time is when you more so see things in people and so part of that process is also my position around having that cultural clinician role in to be able to talk to managers, to be able to I suppose explain things like if you get an Aboriginal person coming in for an interview, I will say to that person first, is, can you please detail the things you do because as an Aboriginal person if somebody's asking you to detail the way you work with Aboriginal people it's just how you do things, so it's really hard to describe, where a non-Aboriginal person coming into that space and you say tell me how you work with Aboriginal people, they are able to describe all that those things they do differently, where for an Aboriginal person it is the way that they work, it's embedded in their approach, so you have to pull out a little bit more, so working across an organisation, working with HR managers, senior managers, working in the operational space, it's about how do we do that and recognise why we do that. So it is more embedded in the organisation but it is also about the training that we put in in place for people as well.

**Kate Wright:**

We also look, and when we're recruiting we're looking at lived experience as well as just a formal qualification. Like we don't just consider that a particular degree or a particular certificate is the only indicator of knowledge skill that is valuable. So we are looking and considering those other lived experiences and what that brings to our workforce. Particularly for Aboriginal people who've worked and lived in community and have that lived exp- you know natural experience.

**Counsel Assisting:**

So that's with respect to your employing within your organisation what we're focused here specifically about recruiting foster carers, kinship carers, what's the process for that?

**Kerry Rogers:**

I suppose I haven't done a lot right in that base, but when we have people who are interested in the space they will they will be connected in. There are certain interviews that they will do, there's certain training they will do, there is an expectation around cultural competence in that space and part of the assessment phase in there is around, we'll use Winangay, which is an Aboriginal specific tool that's been developed by, led by, Aboriginal community and professionals. It also has, its evidence based, it's been evaluated. They've actually earned the Norm Smith medal I believe in 2019. They've also got awards for having the most innovative child resource so.

**Commissioner Lawrie:**

Is that specifically for kinship care or for general foster care?

**Kerry Rogers:**

Winangay is very protective about its resource, about the fidelity of the resource. They don't, they choose who they work with, they won't choose, they don't just work with everybody. Predominantly it is kinship, because of the fact that we know that when you when you create a tool that supports permanency, because we know that in the foster care space, especially at the moment with the Department, the department has really been pushing transfer of guardianship, so a child under one or or, so a baby, or up to two, after they've been in care for two years, they will push transfer of guardianship, and as AFSS we don't have those controls, they will go straight to our carers and sometimes we don't know about that process until it's already in, I suppose, in process to going towards phase one or phase two. So I know Winangay is very protective about their foster care tool. I'm in negotiations at the moment with Winangay around the possibilities because we also know that SNAICC, you know, are very concerned in that space around making, we know that there is case drift, we know that there are decisions made especially excluding maybe not doing scoping in the kinship space, it becoming foster and then that becoming permanent and then they can look back and say but we've used an Aboriginal tool. Again, they are very protective of that tool so.

**Counsel Assisting:**

Kerry, can I just interrupt you there. It, can you explain is Winangay an organisation?

**Kerry Rogers:**

It is an organisation.

**Kate Wright:**

And the name of the tool, so just to.

**Counsel Assisting:**

Sure. Thank you. Can you just elaborate on that a bit.

**Kerry Rogers:**

Not a problem. So Winangay the organisation they've been around for a while. They pride themselves on being evidence-based. Because we know not all of the assessment tools out there have been, and we know not all of them are the best tool to use for Aboriginal families. Because we do use Winangay and that is our main focus because Winangay will do a, they have a temporary placement tool but that's usually done by the department, we do full assessment that's another tool they have, and one sort of leads to another other. They also do a carer review which I know the department and that's what we use for our carer reviews. They also have a tool called KiDs SAY, which is a set of cards that are provided and trained and that's how you would work with children. The evidence base has actually shown that it works really well with adults as well. So that's what they actually provide. Again, the foster tool, actually they're also developing a reunification tool I think with ACT at the moment, but the the foster tool they are very protective with. Again, it is a space that is, it is a hard space for an ACCO to be in as well because we know if those connections or those foster carers are non-Aboriginal and not family, there is a there is a high likelihood that children are going to end up being disconnected, because what leads from that again is transfer of guardianship where even something like CARP, so the Contact Arrangements Review Panel, once somebody goes transfer guardianship they actually can't use that departmental approach because they're no longer under the guardianship of the Minister, they are then under the guardianship of that that individual, so families actually can't even negotiate, so it's a space that I think needs a lot of protection, and that's therefore why foster tool at the moment is not Winangay but is something that we are working towards.

**Kate Wright:**

And those requirements again are set by the department, so the tool that must be used, the steps of assessment are set by the department, and assessments once completed need to be sent to department, they have the Carer Assessment and Review Unit, is that right, CARU, I remember the acronym. So while it is our workers that will be going into the home, that will be following through on those interviews, will be doing that work to to understand the family and where they're at, ultimate sign off is still with the department. So a bit like we we talked about with FGC we need to comply with a model as required, same thing, you know have to, out-of-home care space.

**Counsel Assisting:**

And what are the barriers to Aboriginal families stepping up to be foster carers or kinship carers?

**Kerry Rogers:**

That's a big one. I think some of the barriers are around the net being widened in a sense their children will therefore come under spotlight with the department. Any care concerns that come up affect, can affect people's work, and the care concerns once they are brought to the unit it is not based on evidence, it's based on likelihood. The families in that stage don't have a natural justice in relation to those care concerns. A lot of the times they will, they will go in and supporting, supporting some of our families that, so our foster, or our carers, being on the side of advocating for them, the department is a big beast in a sense, they hold a significant amount of power.

**Counsel Assisting:**

So can I just interrupt you there for a minute. When you talked about care concerns being a block you're talking about care concerns that are identified by DCP for these foster carers, families.

**Kate Wright:**

Yeah so once you're a carer if a care concern arises that can have significant implications for that family their children and there is a a fear of that and it's quite well known, but I think even before we get to once someone is a carer there's barriers for people putting their hand up, and some of those are long-term historical context barriers around the the way in which our system has worked for 200 and something years but, you know, those white institutional racism experiences that families have had that do mean that there is a higher likelihood for some Aboriginal families that there will be some child protection record for them which may be a barrier to getting a WWCC, Working with Children Check, but also it influences the way in which DCP understands that family and there's no way of going back and clearing that up unfortunately. A lot of families find the process of assessment to be really quite invasive and and traumatising. For some families we're already talking about quite large families that have quite high levels of obligation and support, need, already existing within the family so to then take on more and to be put through a process where they're going to have Department in their life visiting once a month and making decisions for is not necessarily something that is attractive or viable, but then for some families it's not possible to take on a care of a child without there being an order because they do require the financial support and the things that come, and our system doesn't allow for kinship care without an order, if you need support, like if you need the financial support or other supports there's no no support available for someone to provide care without there being an order. So we've set up families that you've either got to be involved with child protection formally to get support or you've got to just manage by yourself, so there's.

**Commissioner Lawrie:**

So what what do you say then with regard to any opportunities that there could be for a system that supports, financially supports, families who care for children that aren't their children?

**Kate Wright:**

I think that's about going back and doing some proper co-design isn't it? And actually rather than determining what a system looks like from the top and from government and saying this is how it needs to work coming back to community coming back to ACCOs and community other community based organisations and elders and others and saying, alright if we're going to redesign this what can it look like, so there are some checks and balances to make sure there's safety for children that not anyone can suddenly take a child and and be their carer with no oversight or or checking and knowing that safety is being created, but that's also not what we have now, and I don't pretend that I have the answer for that, but I'm sure if we actually sat and listened to community properly and allowed for some innovative ideas and some testing of programs and some bravery around funding to give some space, I'm sure we could come up with something.

**Commissioner Lawrie:**

Yeah.

**Kerry Rogers:**

It's forcing families into the system to get support, I think, and once they're in the system because even once you take care of a child there is not there's the also added where I've had cases where where those individuals who have decided to step into be kinship care haven't necessarily, they've had support but there's also been some things that have happened around the working, around care concerns where they've actually lost their employment, and because the care concerns is not about, the process is very different, because there is not a natural justice to reply to some of those things and the information is based on what is written in C3 which is and also the information that is I



suppose, comes from individual workers within Department, it is a very hard space for people to actually have a response or even know that there is a care concern.

**April Lawrie:**

So what do you mean that they lost their employment? I mean that's obvious but.

**Kate Wright:**

If you're in a job that requires you to have a WWCC and there's a care concern that is substantiated you may not be able to get your WWCC anymore.

**Commissioner Lawrie:**

So on the question then with Working with Children Checks you go through a process of recruiting families, at what point do you do the Working with Children Checks, at the beginning?

**Kate Wright:**

Yes.

**Kerry Rogers:**

Yes.

**Commissioner Lawrie:**

Like I'm just trying to understand where that happens and then here's a family there is a concern as a prohibited person what do you do with that information?

**Kate Wright:**

Well we don't.

**Commissioner Lawrie:**

Because then the family is no longer a viable option are they?

**Kate Wright:**

No and unfor, we have no access to what caused that determination. So just like if as a general person in public if you apply for a WWCC you either get it or you don't, you don't necessarily have the the information as to why that was granted or not granted, so we don't have that either and it's an independent process to us, you know, yes that person is identified as becoming a carer for us, it's the same as when you're employing someone, you don't know why or what's influenced that, we are not active in that process, it's just you have it or you don't.

**Kerry Rogers:**

And I suppose what ends up in that process too for carers is once you become a carer there's not a consistent approach from the Department about the Working with Children's Check, some offices or some staff will insist on anybody who's visiting your home to have a Working with Children's Check, but I believe the policy's around people who may be left unsupervised with the children, so there is a not a clear understanding or consistency across, so we have an, we, you might have an office which will say, every person that comes into your house we need a Working with Children's Check, and what that presents then is you have a person who's put their hand up to be a kinship carer then has to ask people who visit their house that they have to actually provide a Working with Children's Check, that has to go into the department and then they get dictated to as who can come to their house and who can spend time with the children and then for things like birthday parties, Christmas, they are then isolated because they are then forced, so if it's a grandmother or mother they may be told they cannot have contact with their children anymore. So their children are not allowed to be

there because they have grandchildren or they have other siblings or people, family with them. So it actually breaks families and it can isolate Aboriginal people in that space, and it also isolates those who rely on the kinship structures for support, so, you know, that daughter or that auntie or niece might have been going to that person, because again, the people who do usually do kinship are people who are those supports within, within the community so they therefore can't actually have those people just drop around or come to them for that comfort or support, so it actually creates a lot of division especially Christmas time when they go all of youse people, like Aboriginal family, can't actually come to Christmas because you don't have a Working with Children's Check. So it really does isolate people and it really does, and again, becoming a kinship carer your children or any of your grannies can be a place of focus and then you are at risk of losing them.

**Commissioner Lawrie:**

Do you think that's applied more to Aboriginal families as opposed to other families in the foster care recruitment process. In terms of the whole household and the relatives that visit.

**Kate Wright:**

There's.

**Commissioner Lawrie:**

Get scrutinised that way?

**Kerry Rogers:**

I believe it does.

**Kate Wright:**

Yeah and I think the language and sorry this is not my program area so I'm hoping I'm getting the language right, the language is around frequent visitors to the home or members of the household requiring WWCC's. Now how you define that is a lot like some of the other areas of policy that we've talked about, they're quite open to very broad interpretations and I think again when we have a system that still lacks any real depth of understanding of of culture, of family, where there is still evidence of racial bias at best and outright racism at worst, I think we do see evidence that that is not necessarily applied evenly or equally, but when we also see families where there are other impacts of transgenerational trauma and often, you know, there are members of the family that may be struggling with some of those ongoing challenges that we know do exist, that's then read and that influences how that whole family is seen or, you know, if they you know, if the reason that this grandmother has her grannies is because that child, her child had a a substance misuse problem you know, that that that flow out and how that's seen and I think it has a really significant impact when as Kerry was talking about, the importance of those kinship structures and that that family network and support isn't necessarily understood in the same way and isn't the same experience for non-Aboriginal workers and families, so the impact is amplified.

**Counsel Assisting:**

Thank you. What does AFSS specifically provide by way of training and assistance for foster carers.

**Kate Wright:**

So like most agencies all of our carers have a a support worker, we call them liaise, CLOs, carer liaison officers, within our agency and again there are some Department set requirements about, you know, regular visits and formal reviews and the the training that occurs for carers prior to having children in their care, attending visits with DCP for the regular reviews, which they're not always

invited to, and again I think that speaks to how we value carers in the role that they play, the very important role, they're often sidelined and not necessarily considered to be the central and most important part of a care team, they're kind of on the the fringe of that. But then as an agency as well there's some other elements that we have in place that you can speak to far more eloquently than I because you've managed them.

**Kerry Rogers:**

I think around some of those that is the cultural training that we provide for staff, I also in that space around cultural clinician role is actually coming out in regards to practice, in regards to supporting and advocating for our carers with our CLOs, the carer liaison officers, if they feel that they may be going into a complex space that's where I might be called into meetings and that's when we might be looking at what's happening for that particular carer. So part of that is as well is having reflection with with, I do that with the assessment officers, I do that with the care and liaison officers, we do that as a group and what we also do in relation to that is bringing in and talking about some of the cases, talking about some of the practice that might be used in there, looking at what might be the blockages and then bringing it back around culture, around what does that mean for the child and what do we need to advocate for. And in that space we also have an an Aboriginal cultural officer. And in that space we also have, so we have our Aboriginal cultural plans for children and part of what that cultural officer does is she'll work with the families, she'll talk with the children around what that might entail and that's individual for children. Again, there's what we can also get from the Department around case plans, sometimes that is a struggle to get a case plan and to get the cultural plan because cultural plan is embedded with the case plan, but, and also genealogy for children, so the genogram, so those things are sort of, we find there's a real reluctance and then trying to get and work with families around that space and carers becomes a little bit more difficult.

**Counsel Assisting:**

So sorry can I just take you back, a real reluctance from who?

**Kerry Rogers:**

From departmental staff, we find that.

**Counsel Assisting:**

To provide you with that information.

**Kerry Rogers:**

Yes. Even though it is expected that that's what they will do we get a lot of push back with, I have to ask my manager, I have to ask other people, and a lot of time it, yeah, it becomes really hard to get those particular things, which I know is, the case plan I think is 60 or 90 days they have to actually produce that, but yeah that is somehow for some reason I think there's a reluctance around what information is in there. Again, not recognising us as an agency that support carers, support children, and the better we can support carers is the better outcomes for children, especially the cultural needs because we find that's where the case plans are usually pretty lacking or very dated, cut and pasted not updated for significant times, 'cause we feel as though we can actually with the carers contribute into those spaces.

**Kate Wright:**

And again the department holds the responsibility and the resource to prepare those plans for children and young people. I would suggest that it, they're not the most ideally placed to do that, but we're not resourced to a degree to have access to the information, but also to have the staff and to

be able to be the people who are developing all of those plans. So it's a department tool that they're supposed to do as part of their case management, but when you're again not necessarily talking about a highly skilled workforce, but also a workforce that's being pressured to meet the all the other deadlines that they have and they don't understand culture through the lens of being the first and most important step for Aboriginal children, it's the the kind of the last box on the list to tick, we often get quite inadequate or we don't get them, as Kerry said, case plans are often tricky to get and not just in the foster care or in the resi space but across the board in other programs as well, and I've had the argument used to me like in the reunification space, but you're working with the parent you don't need the child's case plan, but if we, you know, the case plan talks about all of the needs and what needs to be addressed in order for the child to be safe and well, and I think sometimes there's the worry about are they allowed, like particularly for very young new workers, are they allowed to share with other people is that somehow a breach of confidentiality to share, so I think that comes from lack of certainty and confusion about what can be given where and when, but other times I think it's a no, no we're we're the expert and we'll tell you what we think you need to know to do your job.

**Counsel Assisting:**

Okay. Thank you. We've looked at the impediments and barriers to Aboriginal people becoming registered foster carers, what would you see as something that could break down those barriers you spoke about before in terms of making it a more palatable option for Aboriginal foster carers and kinship carers.

**Kerry Rogers:**

I think just over the experience I've had and what I've seen, it's having, it's having some authority sitting there to advocate for Aboriginal families. That's the biggest part that I can see around those barriers because when families are struggling they will try to put that across but they also, if they ask for something they will be told, you're kinship, that's your family, you should be absorbing that cost or you should be providing that, 'cause you're family. And again, then people may not necessarily step into that space but the advocacy for the support to be able to say these are the things that the family will need, again when it's kinship it looked it's looked at as very different because the expectation is at you're family and you'll absorb the cost, where foster is looked at a little bit differently, and that's my experience of doing and being involved in the assessments, is around the attitudes towards those two different areas, even though the department will talk about foster and they will include kinship in that space it is it is very looked at differently. So I think having the advocacy with authority because at the moment when we go to advocate for families we are making recommendations, we are making suggestions about what family need, in the end it is not us who actually can always say these are the the major things that happen in that space. And all of those things again need to be approved through DCP, so again it's very prescriptive with some of those things about what they can and can't have. And also there is a lot of differences what might be offered and not, there's scholarship programs that came through not very long ago which I think it was like over, about 300 which was offered I think by Catholic Education at that stage, around offering free access to schooling and uniforms until the child hits year 12, again, it'd be very interesting to see how many kinship or how many Aboriginal children were offered those in that space, and again, not all workers knew about it, so being able to advocate in that space is what we can do but when we ask there's no accountability on the other side to say this was what was asked, what was provided, but there is always that expectation, that is always something on our side is we are measured to you know KPIs of 95%, 100% expectation, however those as Kate was talking about

previously, they are reliant on people getting back to us in a timely manner, being provided with the right information and those sort of things.

**Kate Wright:**

As I said before I think the entire structure is, has been built and is based around quite westernised historical concepts and to step back and look at how do we do everything from, if there what, who notifies what when and how and what's done with the notification, through to how do families get access to early intervention and support and who provides that and when is that offered, through to what happens and who gets to decide and how are investigations managed, that whole process and they're all interlinked, you can't just look at foster care at an end point, you can't just look at early intervention, they they all flow into each other and it's a big project and it's a long-term project, but at the moment what most of the power and resource sits within government structure and then there's little offshoots that are times when others are brought in, whether it's an ACCO or whether it's a a mainstream agency, where we don't have a lot of power or authority or a lot of resource, so you know, please take care of the foster care but why are people not becoming foster carers and what are we doing to change the way in which we engage in understanding what foster care is or, that's being determined outside, so I think it's what I talked about before, coming back to community, coming back, being brave and thinking about taking some of the power out, you know, Victoria started that process of guardianship sitting outside of department for Aboriginal children and young people, I think that's a a long-term process because you can't just pick one part of the continuum and make that the point where it goes outside, because if we, for example decided that okay once a child's under guardianship that guardianship should be transferred to an ACCO, we're then working with the outcomes of decisions that have been made not with cultural lens, so the decision around was the removal necessary, where the, you know, how long did the child need to stay out, was reunification viable, those decisions didn't include cultural lens but here now you can have the power and authority of the guardianship, well no that doesn't work, it needs to be integrated all the way through and again I don't pretend that I have the answer it's going to take many many clever brains and much listening to community to design that well and to design it in a way that still does value different opinions and I've certainly sat in spaces with very strong Aboriginal cultural voices and authority who have the opinion that there should never be payment for kinship care, that we should expect community to provide care for its own children and that's the way it should be. And I've sat with equally strong voices who said that's not possible, that's not viable, there needs to be financial support, there needs to be resourcing, but it does it always have to include an order? I don't claim authority in that space, there are very strong opinions, there are very different opinions, that's a tricky thing to work through and find the right pathway, so it will take time, it will take some bravery it will take some people who are cleverer than me, but I think to talk about what will change things for carers we need to look at the whole system because each of those steps is interlinked.

**Kerry Rogers:**

When I ask people what would stop, what is the reason why you wouldn't become a carer or what is the reason that once you are a carer you want to go for transfer of guardianship, it's because of the department. I wouldn't become a carer because it brings the department into my family but it also means I have to work with non-Aboriginal social workers who are going to be looking at my family and judging me based on the WEIRD population, the Western Educated Industrialised Rich research which does not suit for my family, they don't understand child rearing practice, they don't understand kinship, they look at things from a deficit model and they see culture as deficit. So they

will not want to put their hand up and then once they have put their hand up and we ask people, what is your motivation for going for transfer of guardianship? Most of them to say to get the Department out of my life because that's, I was in a meeting the other day and I actually had a grandmother say, you have wrecked my life and my family, and I've been doing this for 15 years and my health, it's affected my health, it's affected every part of my life, I have not been able to get employment. So the expectations around being available and present all the time, workers will only do 9 to 5, so if you are a carer who works, how do you get to fulfill those things, meeting with people, appointments, so it's, there's not a lot of flexibility in the space either.

**Kate Wright:**

And you know this is a common experience across foster care holistically, to become a foster carer especially in the current environment where we are talking about children who generally have really quite significant trauma that needs really intensive support to help repair that trauma, being a full-time worker and providing that level of care is very, very challenging. So for people, are you going to give up work? What does that mean not just for your income today this week, but what does that mean for your superannuation? What does that mean for your health care? And you know, your ability to do those things and for many years we've had people talk about they, you can't do it, and I think when you are talking about children who often as I said have quite significant trauma based behaviours and we know that behaviours escalate when someone becomes, you know, is in a safer environment, you know, the repair you often see escalation, for a lot of people they can't afford to have vehicles damaged, homes damaged, to be called every day from school to say you need to come pick the child up now, and there isn't the support wrapped around that adequately to support people to be able to work. And I've seen, I'll use the reunification space rather than the foster care space, I've had a parent told well you need, if you seriously want to reunify with your child, you need to give up work because you need to be available to do this, and I've also heard parents told well you need to demonstrate your capacity to take care for this child why don't you have a job? So you're damned if you're do damned if you don't. It's the same experience for foster carers, how do you, and most people do this because they really love and care for the child particularly in the kinship space, so you put your hand up, you make yourself vulnerable, you take on board the fact that you're going to have social workers in your life and looking at you and judging you and, but now we're also going to make it impossible for you to work and then judge you for not working because you know unemployed now. All of those things again are in that mix for families and it's, as I said it's not just this week, people say oh there's a, you know, there's the carer payment that helps support, you know, the cost of well it doesn't really, children are not cheap, but it's not just that, it's the same experience that working mothers have had for how many decades now, that if you take time out of the workforce it's not just your income today it's your superannuation later and we're, you know, we're creating long-term poverty for people if that's what they're doing.

**Counsel Assisting:**

Now looking at your, the residential care facilities that you you manage, how many of those are operated by your organisation?

**Kate Wright:**

Okay so again within that I guess framework of residential care there's also the PASP which is you know, the specialist and the SILS programs as well, so supported independent living and PASP oh what does that stand for again? it's the specialist funding packages.

**Kerry Rogers:**

Yeah. I think it's around assessment specialist package I'm not quite sure what the, it might be around creating a permanency, so it's usually I think 60 90 days.

**Kate Wright:**

It's meant to be a maximum of 90 days, they're often extended, so young people who haven't been able to be placed, often with really high and complex needs, it's meant to be specialist and assessment based. So we have a combination across those three. There's 32 facilities, houses we would call them which do include PASP and SILS. 61 young people with a capacity to house up to 66 young people and that's across both metro and some regional areas as well.

**Kerry Rogers:**

Usually at capacity.

**Counsel Assisting:**

And how are they staffed?

**Kate Wright:**

In terms of.

**Counsel Assisting:**

The residential, the houses, the residential facilities.

**Kate Wright:**

So we you know mean rostered staff or.

**Counsel Assisting:**

How do you recruit your staff?

**Kate Wright:**

Okay, sorry, I'm just making sure.

**Counsel Assisting:**

Sure.

**Kate Wright:**

The same ways we would recruit for other positions, so they're regularly advertised, there are, DCP has introduced in the last couple of years some expectations about minimum qualifications across a range of their funded programs but including residential care, so Certificate 4 in Child Youth and Family or similar and they have a a list which you can access on their website of what they consider to be acceptable qualifications.

**Commissioner Lawrie:**

That's within the contract?

**Kate Wright:**

Mhm yeah. So we have no choice within that space again, people must have or be willing to enrol and achieve within 12 months of employment. Given the numbers that we're talking about there's there's usually rolling recruitment for resi care workers. Again, another department requirement is that any employee, particularly in the resi space, has the psychological suitability assessment completed.

**Commissioner Lawrie:**

Can I ask a quick question in relation to the minimum qualifications expected by DCP in the contracts. Does that apply for all the program funding within AFSS by DCP?

**Kate Wright:**

Most. So not every single, like I don't think gazetted has a minimum qualification set with it, but reunification, foster care, kinship care, resi care, there is now that minimum qualification requirement. So for AFSS where we had existing staff who didn't necessarily have one of those on the list of accepted qualifications, we worked with a training organisation and supported staff to undertake that and we covered cost of that for existing staff and we've supported that now for a couple of years and that's been a rolling thing. It's now though a requirement pre-employment, you know, it has to be something someone's committed to or has because obviously we can't continue to hold the cost of training people who may not stay either.

**Counsel Assisting:**

So in terms of that you were talking about the children in these in these facilities being, sorry you didn't necessarily say that these children specifically, but the children that come into care often are traumatised with highly challenging behaviours.

**Kate Wright:**

Yep.

**Counsel Assisting:**

Is there any engagement with experienced child psychologists or behavioural psychologists who work with these children to help manage those behaviours?

**Kate Wright:**

Our funding internally doesn't allow us to have a significant staff of that nature. We would be looking back to department for the support, so for individual children if they're involved with therapy, to engage with those therapists to provide support and guidance. The other training that occurs we have a an induction program that new resi staff go through that covers again some mandatory requirements that DCP has, but also things around trauma informed care. We are rolling out and working with the roll out of TCI which is Therapeutic Crisis Intervention which is the Cornell University model, we also use Maybo which is, I can never remember what that stands for either, which is another crisis response and and de-escalation program where they go through their policies procedures they do lots of, it's a it's about a two week program, and then they do shadow shifts and things as well before they obviously on the floor rolling by themselves. We look at and we use staff within the teams, and I'm not sure who's in that role at the moment, but they've looked at positive behaviour support planning and how they support that within the team, but again funding and all agencies I think would have the same experience this is not unique necessarily to us, funding doesn't allow for, you know, for 66 children if you were going to have a psych who was a consulting psych for all of them you would need several and DCP still sees themselves as the guardian for those children as well so there's certain things that we are and are not allowed to do, so we don't get to choose that someone might benefit from a particular therapy that has to go back to department for approval and funding, and again that's where those lines of who is responsible for what can be a bit challenging and interesting. Does that answer?

**Counsel Assisting:**

Thank you. With respect to the funding for your staff, does that come directly through DCP?



**Kate Wright:**

Yep, so each house has a, some of them are clustered so we've got multiple multiple contracts and obviously as programs grow you add new contracts but sometimes there's two or three on a single contract, PASP's are individually funded, so yeah, but that, all the funding, we completely rely on funding for residential care from DCP.

**Counsel Assisting:**

So there's no specific assessment or targeting of the the specific needs of these very high need children to be intensively worked with?

**Kate Wright:**

As a sector, and I've worked interstate as well and managed residential care facilities in Queensland and I've obviously worked in South Australia, we've always treated as an entire sector, resi care and resi care workers as entry level kind of positions, they, you know, cert four is kind of the minimum level qualification, it's rotational shift workers so it's a highly mobile workforce, it's often people who are studying and planning to move to something else. The way we understand, fund and support residential care, and this isn't just a South Australian thing this is national it's probably international, is it's not treated as the highly specialised thing that it really should be and often residential care is seen as the last option when nothing else is available for a child and certainly we should always be seeking to look for kinship options and look for family based care options, but for some young people where there is really really high levels of really extreme trauma, having a space where there are highly skilled staff who are able to be caring, compassionate, consistent, who are able to meet needs without having the expectations that often come in a family style home of a child or young person to behave in a particular way or to be grateful or to, you know, when we're talking about highly complex trauma, that doesn't always work, family doesn't, is not always the right place right now for a child, but we we set resi up as the heads on beds almost response as somewhere to go if there is no other option, we don't see it as a highly skilled therapeutic environment and as part of a continuum of care. And it's not right for all children and it's certainly not where we should be seeing toddlers and very young children and we do see that, probably an improvement on what we saw in the early 2000s of children in literally in motels with com care, but it's it's still not treated as the specialist thing it should be. It is a very expensive option obviously and I know the department talk, has a huge amount of their budget goes into that care. I would say we probably end up there because we're not doing the early intervention and prevention work well enough to prevent those children coming into care and they're coming into care so late that the trauma is so significant. That's where we see the churn of placements and we see children churning through resi as well.

**Kerry Rogers:**

And I think in that space when you talk about all those needs around therapeutic needs, what sits on top of that for Aboriginal children is cultural needs and I think it is really hard to get Aboriginal staff in Aboriginal positions, but then again when we think about the overlaying of the therapeutic needs then there also and that's why, that's why I believe and I think is what is a belief within the agencies, how do we get our Aboriginal business how do we embed that through those therapeutic, so rather than saying we have to tack that on, and I think that's where we need something like the department which is big, which has got the resources, to start to actually look at all of those things around Aboriginal child rearing practices, better ways of doing things, they're happening out there in the community, all of these programs that, you know, that we are told that we must run, that's embedded in the funding and that that we are applying for, none of that from working, my experience working in the department around multiple carers, around child, all of those things is not

embedded in their business it's tacked on, it is you, you know, not even must, it's consider. And when you know we're working with 100% of our children are Aboriginal, they're working with well over 50%, far north far west is 98%, but they are still haven't considered actually embedding that in their everyday business it is still a consider and so that makes it hard for us that anything we want to do has, it's significantly, it costs significantly more to develop those things and to bring that in but funding usually just covers a bare minimum. So if we are expected to to, well we're more so expected to tweak a program or to add a cultural overlay and I think the time is now it actually should be embedded and we need the funding to be able to get the right people in to be able to do that work as well, because we know that if you want evidence based it's not cheap. We need it evaluated, we need to be having those people on staff or an availability within funding to bring those in. Because we might have great programs that support children especially in residential care, even things like the Aboriginal scoping team, because scoping with is within the department, even when we find family and we identify people in that space and push back to them we don't have, that that no longer is what we have got any authority over, and then we might just be told those people are not appropriate people and that's all we get told we don't know why and we can't push back and those people can't push back, so when that happens that you don't have a chance to go back. And even with with that if you, I think they've changed the criteria with the the family scoping team now is I think it's only you you've have to have only been in care for less than a year, so all of those children who have never had any proper scoping are actually, you can't refer them to the scoping team, so all of the long-term children who have never had it done properly, had case drift, had been put in foster, because it's a lot easier for workers to put a child in foster care than to actually go out and do the due diligence to actually have active efforts in looking for family. And again they go straight back to their system or they say we rang that person three times. So you know there are those things that we can't we might know the family structure and who is in that, we tell or report back, these are people that I think would be really great in the kinship structure, but again once somebody's in foster they will not go back to scoping and looking for family.

**Kate Wright:**

And I think, you know, there's there's things that we do in the residential care space, in the foster care space which are around trying to promote and support that connection to culture, so there's been, you know, we draw on some of our board members and we've had one of our board members run a couple of events and take some of the young people out and and engage in in cultural activities but again that's not part of funding, and recognising the importance of return to country or participating in cultural events as part of a family unit for children who are in care is very much based on individual DCP social workers understanding and what they're able to win in the argument within their office for the limited funding that they have available. So you know, again, I know someone who is a kinship carer and the children that she provides care for also have very strong connections back to Ceduna and Yalata and she has she has to self-fund, you know, to be able to go back, she wants to go back basically every school holidays she thinks that's really important for her children to be connected with their cousins and their uncles and I think DCP supports, you know, one here or there, but she's then left to do all the legwork to do all the making sure that people are going to be happy for them to come and to and the financial support for that and she's, she feels that it is significantly important enough and that she's able to find within her resources the ability to do that, not every family has that. We've had situations where there's been a a significant funeral and sorry business for a child's family and it's been suggested, well if they've gone to that they've done their, that's a return to country, and that utter ignorance of no no no you can't roll those two things into one and consider them the same thing. As an agency we and our resi team is working really hard to

try and provide some better opportunities for children to return to country for children to have connections with, but we're having to find ways to do that without the funding to do it.

**Counsel Assisting:**

Yeah. Okay.

**Kerry Rogers:**

And I know a lot of carers are encouraged to put it on their credit card and get reimbursement, however the fees and charges and trying to distinguish what those things are make it really hard and then, you know, things come back not in a timely manner, but they won't cover anything else but those basic things. And what they see as cultural contact is the same for families I was just in a meeting the other day where I asked the workers not to actually have it as contact but actually describe it as connection to the grandmother and that is actually a cultural connection providing cultural information, it is not a contact. So being able to describe it in different ways as well because they will just see it as well again that's back to country or the sibling was there so it's sibling access but they sort of put things together not actually identify and even when children are here on country, they just go well they're already on country what do we need to do, not thinking that they need to do additional work about how to how to connect them into country and into community here and having a those significant stories and connections.

**Kate Wright:**

And how do we facilitate meaningful participation. Going to a NAIDOC picnic once a year does not equal meaningful participation and connection and ability to be part of, yeah, and the number of cultural plans I've seen that talk about how are you keeping connected, child will attend NAIDOC, child will have, you know, story books that's not enough.

**Kerry Rogers:**

It's not experiential.

**Kate Wright:**

That's, yeah.

**Commissioner Lawrie:**

I've I've got a question in in relation to the residential care context. So I understand that AFSS historically has had two units, how did it grow from Olga Fudge and Narungga house to.

**Kate Wright:**

30 plus. Olga ...

**Commissioner Lawrie:**

With an emphasis that the, you know, having understand the organisation with the emphasis on family based care, with foster care, to have this growth in residential care.

**Kate Wright:**

Yep. So Olga and Narungga are not residential care they homelessness facilities, but I guess, yes, we had a far lower number of resi care facilities at one stage. About I'm going to say six years maybe approximately ago there was the the big push from Department to stop using commercial care, to stop having children in in motels essentially, and there was significant funding for I think at the time it started off as 500 new placements, new beds, new, you know, resi placements, and AFSS was part of some of those and I guess the position that was taken by our chief executive and our board at the

time was while we don't feel that residential care is a great option and we feel that there needs to be stronger emphasis on things like kinship care, there are these children that are going to be in residential care and we would prefer to be in the space to do our best to provide culturally embedded as far as possible, because if we're not doing it someone's going to be doing it, and you know, yeah, I don't know if you want to speak to that anymore.

**Kerry Rogers:**

Yeah I think it's a difficult place in relation to we know that residential care is as far away from culture as you can get. It's it's not the place that we want children to be. It is that real challenge of, you know, it's not a place that you want to grow but where do we want children to be and and I suppose the view, and I can only assume the view would have been that we would rather them with us to be able to oversight and provide some of those things that we see as a gap.

**Kate Wright:**

And if you're not at the table in any way you've got no opportunity to be part of the discussion or the voice, you know, I don't think it it's necessarily heard or invited enough, but if we're not the if we're not a provider at all we get no no no seat at the table.

**Commissioner Lawrie:**

Yeah.

**Kerry Rogers:**

And it's also very prescribed in that space as well because, you know, I know that on both sides, in the department and in AFSS, especially when we have Aboriginal children it's like, can we invite family in to have dinner because that's a normal thing that might happen, but there is always a lot of push back about well, you know, we can't have just anybody coming in, we can't have those family dinners, what about other children in the placement, how about, you know, then what happens if something you know kicks off or, it is a difficult space to embed culture and embed normalcy around that because there are so, it's very prescribed, that even if we have that idea about bringing community in or bringing Elders in there's also, you know, what background have they got, have they had any psych evaluations and.

**Kate Wright:**

Do they have a WWCC?

**Kerry Rogers:**

So there are a lot of barriers to embed culture in that space but they are also dictated and prescribed by policies within the department, even if we can say, hey we find we think this going to be really beneficial for this relationship, or we found a relationship that this child that might be a possibility of kinship carer, again being able to ascertain that bring that in and create a relationship. if that so hard and then you put forward, and that's all we can do is put forward kinship, it is therefore then up to the department whether they consider that person and a lot of the times they will get on the system and they will wipe out Aboriginal people. I my belief is and my understanding is is if anybody asks to be, have an assessment done to provide care for a child that that is their right, but what happens a lot of the time is workers will pre-assess and say, no they won't pass so let's move on to somebody else, rather than actually allowing the assessment and that's something I've I've witnessed a lot of in and out of the department. And that also goes for reunification, I see that space where they will say, yes we've removed the child, are you going to do reunification, well we're not sure we're going to assess that. So they're assessing whether they're going to get an

assessment for reunification and I actually only just came across that yesterday. Again so it's it's really hard when you have a department with so much power, they will decide what individuals will be assessed or whether they will even be assessed or whether they even access reunification to assess whether they should be reunified. So they are, I believe, practicing professional overstretch in that space and assessing people before and that's the challenge we have when we make any suggestions or try to advocate, and the department is a barrier I believe for best practice.

**Counsel Assisting:**

And is there also a sense that the department doesn't trust your assessment or your views.

**Kerry Rogers:**

As an ACCO we are seen as second, our workers are seen as second, as non. I've been challenged a lot especially in practice, my background is psychology, my background is child protection and at practically every meeting I've had to actually push back and actually say, these are my qualifications, because I introduce myself as an Aboriginal person at all meetings, I talk about trauma informed practices by staff, understanding not only the families in the room but Aboriginal workers in the room, that they need to be able to think about how they do their work, so it is a really challenging space to be in as an Aboriginal person, but also as soon as you move out of the department there is no there is no recognition of what your skills are and they will just say, if I want to I will escalate it, I know we've had that said to us, if we, we will decide whether we are going to bring in a Principal Aboriginal Consultant, we will decide if we're going to escalate this to management, and these are social workers and a lot of the time they've been in the department for a very short time but they are allotted an immense immense power where, you know, we've had, I've been involved with social workers have said while I'm in this position you'll never get your children back, so there is an immense power, if you don't do what I say you can't have your children.

**Kate Wright:**

There is a a real centralising of power and decision making. So DCP, and you know, legislatively they are the decision maker and I think that heavily infiltrates their understanding of practice and the way in which they do things, and I've been in meetings where we we're having a professionals meeting about a case and we're talking about our evaluation and our concerns and our worries which I, right that's okay, fine thank you for that, we're having a consult tomorrow and we'll come back to you, so you know, that and the consult is going to include their PAC, their practice lead, possibly, you know, the psych who did the parenting capacity assessment, we don't get access to those people, we're not included in that consult because that's an internal decision making process. And I think you know it, again, I think that some of that comes from that fear and that risk aversion and, you know, if something does happen they are the the delegated authority, they are the one who is ultimately going to be left holding the bag, so I can understand where some of that holding the power comes from, like that's a difficult space to step into as a worker knowing that if this goes wrong I'm the bunny, but I think there is and there always has been and I've experienced and I think I talked about it last week, a very clear perspective held within Department that they are the professionals and then everyone else external to them isn't quite, we don't really get it, we're not as knowledgeable, as skilled as they are, and I've experienced that in in all the NGO spaces that I've been.

**Kerry Rogers:**

And the sharing of information. C3 has a lot of information and even if we want to challenge it or say

you know, we've been led to believe that that's not true, there is no going back, editing factual for factual information and we just don't have, we get the bare minimum and we get told, this person is not safe, or we've scoped extensive, extensively we've scoped this family and there is nobody safe and so I've said, are you sure that a huge family, have you exhausted that?

**Kate Wright:**

And how have we defined safe and what have we done to resolve an issue? Like I've had people say to me well no that placement wouldn't be viable because the house is already overcrowded and I'm going well, what do you, if that is literally the only issue that you have, the number of bedrooms that are in this home, why would we not provide some financial support for that family to move into a larger home? If the other option is a child in resi care which cost tens of thousands of dollars and more, why are we cutting our nose off to spite our face if literally it's because the size of the home, why? And who's decided that that's overcrowded? Whose definition of too many people in the home are we using? You know, but I've I've heard those kinds of arguments or, oh well there's there's historical Child Protection concerns, well what are we doing to explore those and to see are they current issues and how serious are they, no I'm not suggesting we should be placing children with someone who's got really serious offending or, you know, really massive issues that would create unsafety, but is it something that with a little bit of support could be worked through and what is our standard of good enough and how do we define that and how are we unpacking that? A system like C3 has been around for a long time, there's a lot of information that gets fed into it, like any system the information in it is only as good as the information that gets put into it and if we're accepting blindly something that's been written by someone we've never met, we don't know, we've never engaged them to be critically analysing their practice and it could have been there for 20 years, what was our understandings, what was our our cultural lens, what was our, you know, reflective practice like at that time, but it is still the fact because it's written in C3, and that is one of the challenges, and that's that's any system, the system is only as good as the information that gets put in, but the challenge we have is what critical analysis and bravery about going back and looking at it again and maybe changing our mind, we don't do that at the moment.

**Kerry Rogers:**

And I think things like, you know, I've been involved in cases where they've said that family member yep would be great but they're homeless.

**Kate Wright:**

So get them a home.

**Kerry Rogers:**

Exactly but that's the end of it, so they come across these barriers of, you know, and and we know that there's, right now kinship carers, they might be in caravans, they might be in these places, you know, it's short term, but what is the expectation, I did sit across care concerns within the department for five years, kids are not necessary, they're not safer necessarily in the department and we know the biggest risk to children when we're doing assessments is they they have been children of the system. So if that is a really big risk factor that we go, oh wait a minute, they've given birth now but they were previously a child under the guardianship of the minister, that's considered a really high risk, so why are we taking children away from risk and we're actually placing them under the same parent which is identified as having huge outcomes which are not favourable to children, so we're removing them from what we're saying are unsafe and we're we're putting them into positions which have evidence base shown not to be safe, to have not good outcomes

educationally, not not good, we know that, you know, by evidence base from Indigenous cultures across the world but Australia that kids who have been in out-of-home care have signif- their trajectory is not good, we have some that shine, but their trajectories are not good, youth suicide we know jails are filled with kids who are in out-of-home home care. I get frustrated as an Aboriginal person that we're removing and not doing the right work there and putting them in a place that evidence shows they do not have favourable outcomes. We know that kinship has better outcomes for children than what other forms of care do but that is the area that social workers within, who are making that decision around removal, it is very easy for them to pull out of there it's easier for them to put in foster care because there's nobody at that space really saying, have you applied the Aboriginal child placement principle? Because I sit across the gazetted function and there's a lot of times we don't recommend the placement and we say it doesn't fit the Aboriginal child placement principle, those numbers are very high but they're still placed in those placements and when they go to become long term they don't necessarily have to come back to the gazetted organisation to say this was temporary, it's now going long term, because the placement hasn't changed.

**Kate Wright:**

And it comes back to what we talked about a little bit last week around where importance and emphasis and what academic basis is being applied, so when we're removing and working from the basis that prioritises permanency planning and prioritises attachment through a, you know, very westernised understanding of what attachment means, we're making decisions because we're saying we've only got 6 months, we've only got 12 months, and then we're placing children into long-term care, we're saying we're not identifying or not finding an appropriate kinship option whether or not that's because there hasn't been the work or because there isn't one, then that flows into multiple placement breakdowns in foster care and ends up in resi care and we see that long-term trajectory, and that all comes back again to those decisions and how we, what lens we used right at the beginning. How did we do that work at the beginning? Were we in early enough to really give families help and support and did we give them access and support change early? Did we then if we did decide we had to remove, did we really actively support reunification and did we pause for a minute and say, well hang on, we think we might be able to get there, this is going to take a bit longer than 6 months, but we're so tied to that concept of permanency planning which is a very very white psych of understanding of what a child needs and we're making decisions through that lens that then see children on long-term guardianship orders where another 6 months, another 12 months, they might have got home, and with a bit more support they might have got home, but we didn't do that because permanency planning is is our priority. And we do see cases where people are brave and do it differently like, I I'm actually working with one at the moment and the decision has been made they were talking, oh well we don't think it's working we're going to go long term, and they have listened and they have said, actually there is really significant progress, we can't do it yet, and I would agree it's not ready yet, but they have listened to their PAC, they have listened to us, they are going to rescope some family members because the children are currently not in kinship care, but go back and relisten and relook at some kinship carers to place the children in kinship care while we give the parents a bit longer to do what needs to happen. Best outcome because if the parents aren't successful the children are in a kinship placement now, great, that's better than being in long-term non-Aboriginal, non-kinship care where they weren't even placed together, but doing that process and going okay, we can see progress, let's take a minute, we're listening. Unfortunately that's the exception not the rule.

**Counsel Assisting:**

Yeah. Thank you. I think we've already covered in terms of your Residential Care staff, their cultural competency training, so is that the same as the cultural competency training that all of your staff receive within your organisation?

**Kate Wright:**

Yep.

**Counsel Assisting:**

Thank you. And maintaining cultural connection and family kinship connections for children in residential and foster care, well you've touched on that quite extensively too and how difficult that is because you're not supported by the department to do so.

**Kate Wright:**

And we're not the decision maker in it.

**Counsel Assisting:**

No, no. Thank you. Then the next question I'd like to ask you is in terms of working with the DCP and mentioned very clearly that the sense is that DCP see you as the fringe, not the professionals, where they see themselves as the professionals, in terms of maintaining cultural connection and recognising that, is there a sense from you that there is any recognition and respect for the the ATSI practices and policies or is again that something you get a sense that that's just tacked on?

**Kerry Rogers:**

Well I I I get a sense there there's been a change and again it's very early because what we always hear in a change is the promise, the acknowledgement around the numbers, this does seem to be a shift.

**Counsel Assisting:**

Since when?

**Kerry Rogers:**

I think having two new people come in, so CEO and the Deputy, I've noticed a bit of a change around just the basic connections around the willingness to come out to an ACCO, to meet with an ACCO, to hear hear from us and also just to have some of those other partnerships supported and some new things around, you know, executive meeting, so actually putting our executive at the same level as their executive and actually being able to say I think there's a space to actually have some meetings, where previously to my experience and Kate you've been at AFSS for a lot longer, my thoughts around that is that wouldn't have been happening I.

**Kate Wright:**

Look it happened occasionally and look I think there's been individuals with good intent and I think there has been an intent at a very high level but that hasn't necessarily followed through in resourcing and again there's lots of competing demands, I think it falls off the agenda quite regularly, I think, you know, there has been some genuine intentional steps made, you know, the number of Principal Aboriginal Consultants for example has been increased and, you know, we have seen some of the, you know, even the creation of the Aboriginal connection tool for children with, you know, under department, is it being used well, is it being applied well, you know no, no, but it was created you know, so there's, I think there's been moments and there's been intent, it's then about how do we adequately resource, how do we follow that through, how do we provide the training and the



embedding when you've got a highly stressed, highly overworked, under resourced workforce, but then also how do we shift what is a really entrenched way of working and that doesn't happen overnight. So you, you know, what you you start with change theory don't you, you've got to have an intention then you've got to put it in place then you got to practice it then you got to test, you know. And I think, so I can see some intent, I can see some of the steps, I think we need to continue to see prioritising at a higher government level and that sits across how as an entire state though we we do cultural business, what, where is our commitment to healing and treaty and and policies across all of government because child protection isn't, doesn't sit in a silo, it is impacted by all of those other areas as well, how we respond and how we we have respect for cultural authority and the value of that at all levels in all, like they again, it's all integrated isn't it, you can't fix child protection in and of itself and you can't blame child protection for all the problems as its entity in and of itself because it exists within a broader system and that system isn't necessarily doing everything it needs to do and that flows through.

**Kerry Rogers:**

It does but I also believe in a lot of the meetings I get to are, oh that was a, that was a previous worker or I'm just new, I'm in there or, you know, I'm the third worker in this space, I really don't know the family quite well, and my response is very much of we are AFSS, you are DCP, that need, you know, that is the due diligence that needs to happen behind those doors in a sense. There is the, around accountability, individuals I I understand it's hard, they may have just stepped into that space however they have a duty of care to families and to children, they have a due diligence and they need to manage that up if they're not being able to handle that, but my experience is there's a lot of talk about not enough time and not enough resources and I think that's across the board, however I believe that it is easier to go visit a family five times who don't slam the door in your face, to put it nicely, so the family that really needs it will get one visit and the other family get five visits and then they will talk, they'll tell you how busy they are, however when we look at it families, children are supposed to be sighted once a month in that space and we know that with our carers that's not happening, we know that once they don't report any problems and we also know that sometimes when there's Aboriginal families who are providing the care and there may be a bit of complexity, the engagement is very different, we hear things around, they are not engaging, where it is not the job of families to become compliant and engage that's the skills of the worker, but is it's the excuse that workers use not to engage with families. Again, it's also around cultural competency of staff and around cultural safety that's provided because when we talk about parenting capacity pro-assessments they are done by psych's and my experience is a lot of the psych's haven't actually ever worked with Aboriginal families, don't have the experience and actually aren't using any assessment tools that are specifically for Aboriginal families, so the outcomes, and they don't understand, I I'm I'm a psych, my training did not include a huge amount in Aboriginal, that didn't include around child rearing practices and those other different theories that are used to make those assessments, and I've been providing feedback to the department about having somebody like a Principal Aboriginal Psychologist, same as they have Principal Aboriginal Consultants who consult with social workers, because that is the hierarchy in the department around who does, who gets to make the decisions and influence the decisions. The psych's will influence across CARP contact, they'll influence in casework and they influence in reunification and those assessments they use I don't believe they have a basis in Aboriginal or evidence based for Aboriginal families, but they are the determinants of those decisions, they are put in C3 and then that's it, and sometimes they will, if they are paying the psychologist who the family are working for they're actually have access to all the information, they are providing that and I've actually had a, I've actually had feedback from a psych who have said, I

have to write what they want me to write because they are paying me. So it is a very challenging space and as Kate was saying it's embedded across all the areas and it is a really complex area but it's been complex for a long time surely there are some smart people out there who can start looking at what is working currently. And they're looking backwards, just because something was done in the past doesn't mean you can never do it in the future, it might have been the wrong time not the wrong program not the wrong model. Aboriginal people have been here for a long time, we have tried and tested our cultural responses, we have tried and tested our parenting and I believe we have very good parenting, and the evidence base, we have survived and our children survived healthy for 100,000 years plus, so I hope in the future they would look back to that and find out what that evidence base is.

**Counsel Assisting:**

Thank you. I think the last question that I had for you was, has already been answered as well in terms of the support services that are offered to children, carers and birth families. That again I think if I heard you rightly is determined by the department not determined by you, and so you're limited then by finances, resources and what they consider a child needs and a family needs, is that accurate assessment?

**Kerry Rogers:**

Yeah. Their matrix describes what they need, so as foster carers there are certain things that have to do, like life story book that's, you know, more around and that's life story, sorry, and that's more around the journey for carers but how much of that is based on Aboriginal. I had a look at the presentation there might have been two two two presentation slides, again that is something they provide and expect all carers to do, that is a requirement of CARU, again where is their basis for carers of Aboriginal children rather than, because we find that some, what I've found is some carers feel a little bit funny about doing Winangay assessments because they say I'm not Aboriginal, Winangay is based on the child, if the child was Aboriginal that's the assessment that you will use whether you're Aboriginal carer or not.

**Counsel Assisting:**

Thank you. Commissioner do you have any questions?

**Commissioner Lawrie:**

Can I just clarify, so you've said that Winangay is used in relation to the Aboriginal child, not the Aboriginal carer?

**Kerry Rogers:**

Well if there it's an Aboriginal carer that would be Winangay. The focus on what the assessment is is an assessment around how that person is going to care for that child, so if that is an Aboriginal child then they will be focusing on on culture. What Winangay have done is they look at best practice so it is very easily, you can use it in a non-Aboriginal space, they actually do have a non-Aboriginal one which is basically the same because all carers should be considering the culture of any child in their care and that's that is the focus and that is what is paramount in the assessment is, what are the needs of the child, and those cultural needs are put on a really high space, so that's what they're always asking. So Winangay has a non-Aboriginal tool, does not differ greatly from the Aboriginal tool because it is best practice.

**Kate Wright:**

But it's not used widely here. Step by Step is still required by Department in...

**Kerry Rogers:**

Yeah.

**Kate Wright:**

Most circumstances.

**Kerry Rogers:**

And my understanding is Step by Step has not been evaluated for Aboriginal families. Winangay has been assessed and that's my understanding. The feedback I have had with people or practitioners who have used both is the preference is Winangay, because of the way the questions are, and they, Winangay focus on asking questions in everyday language and that is their focus. Average literacy level for all Australians is year four, about a 10 year old, so why we do it in any other way and their preference is when I do these assessments I don't have to translate the question and then once you translate the question the assessment isn't right because you actually messed with the fidelity of the tool. If you have the tool that you don't have to actually translate you can ask it in plain English and get the response and people understand, it changes it, so other assessment tools actually are not correct assessments if you have workers who have to translate or don't understand what the question is. So if you can't get the assessment right you're not going to get the treatment right.

**Counsel Assisting:**

Thank you. Is there anything else?

**Commissioner Lawrie:**

No.

**Counsel Assisting:**

Thank you very much for coming this morning and for your valuable information. We'll end that there. Thank you.

**END**