

Agenda

Thursday, 5 September, 2019

5:00 PM - 7:00 PM

Welcome Function

[\(Mentelle Room\)](#)

A Welcome Function will be held at the Rendezvous Hotel on Thursday 5th September 2019 for our **interstate and country attendees**. Drinks and canapés will be provided.

Conference Welcome

Fay Alford, Foster Care Association WA

Platinum Sponsor Presentation

Jennie Burns, Life Without Barriers

[Fay Alford](#)

[Jennie Burns](#)

Friday, 6 September, 2019

8:00 AM

Registration and Exhibition Hall Opening

[\(Mentelle Foyer\)](#)

PLENARY SESSION – 9:45AM TO 11:30AM (GRAND BALLROOM)

9:45 AM - 9:50 AM

Conference Welcome

[Graham Mabury](#)

9:50 AM - 9:55 AM

Welcome to Country

[Marie Taylor](#)

9:55 AM - 10:10 AM	<p>Entertainment</p> <p><u>Gina Williams & Guy Ghouse</u></p>
10:10 AM - 10:20 AM	<p>Ministerial Welcome</p> <p><u>Simone McGurk MLA BA</u></p>
10:20 AM - 11:20 AM	<p>Keynote Presentation – Get More Openness, Honesty And S Talk</p> <p><i>“Being honest with each other is the simplest thing in the world. what I think and feel – you say what you think and feel – what c possibly go wrong?”</i></p> <p>In this entertaining and engaging keynote, professional facilitat comedian Andrew Horabin will helps us explore some of the 12 that block open communication, including defensiveness, excus gossip and sarcasm. Through comedy, examples and exercises, look at how those BULLS show up in our work and a couple of tl can do to SHIFT them. Bullshift works on the idea that any pers improve any conversation in which they’reconscious. But how c improve our consciousness and then apply that to the commun</p> <p>Come for a laugh, gain a little insight and help us to SHIFT THE E</p> <p><u>Andrew Horabin</u></p>
11:20 AM - 11:25 AM	<p>Platinum Sponsor Presentation – Life Without Barriers</p> <p><u>Roderick Best</u></p>
11:25 AM - 11:30 AM	<p>Plenary Close</p> <p><u>Fay Alford</u></p>

WORKSHOPS - 11:45AM to 12:45PM (VARIOUS ROOMS)

11:45 AM - 12:45 PM	<p>Sexual Abuse – Topic & Speaker TBC (Mentelle Room)</p>
11:45 AM - 12:45 PM	<p>Implementing A Trauma Informed Crisis Intervention System (Preston A Room)</p>

One of the most important practical skills for carers who care for children who have experienced trauma include how to respond to trauma based behaviours, decrease stress and pain and teach new coping strategies for frustration, anger and loss. This presentation will explore the implementation and evaluation of the CARE organisational model and the Therapeutic Crisis Intervention for Families (TCIF) system, to strengthen the trauma informed responses of staff and carers in caring for children in out of home care.

Life Without Barriers, a national community services provider, has established a partnership with the Bronfenbrenner Centre for Translational Research at Cornell University to work together to implement both the TCI/TCIF system and the overarching organisational framework of CARE over a four year period, with progressive roll out nationally.

This presentation will include discussing our early learnings in relation to effective strategies to support implementation of TCI-F, the experience of staff and carers in participating in TCI-F and future opportunities for development and evaluation of CARE and TCI-F. The presentation will be provided in three parts. The first part will provide a brief overview of the CARE model and the Therapeutic Crisis Intervention for Families system including five elements of the crisis intervention system and the anticipated learning outcomes from TCIF training itself. The second part will explore the current experience of progressive implementation of TCI-F in different LWB locations around Australia, including the feedback from training participants on challenges and opportunities within the delivery and how the skills and knowledge learnt in the course is progressively being embedded into the interactions between agency staff, foster carers and children. The third part will discuss the emerging co-design and review of the program for Foster Carers training and planned evaluation of the effectiveness of CARE and TCI-F implementation in LWB foster care services with Edith Cowan University.

[Martha Holden & Veronica Marin](#)

11:45 AM - 12:45 PM

Fostering Together – Better Support And Participation For Traumatized Children Of Foster Carers

[\(Preston B Room\)](#)

One group of children who are seen as playing a significant role in the success of placements is that of the foster carers' own children. There has been a significant research interest in the last 20 years in the biological children of foster carers and the support that they receive. Wanslea Family Services partnered with Edith Cowan University to develop electronic and printed resources to assist foster carers

support agencies to better support children of foster carers. The research team conducted focus groups with foster carers and children of foster carers to inform the resources to be developed. The resources include stories of children of foster carers and interactive activities to encourage biological children to explore their experience in foster families with their parents and support staff.

This workshop will present the innovative resources that have been developed and give examples of how to use them. Included in this workshop will be the opportunity to view and discuss the DVD which features biological children of foster carers giving their view of the challenges and rewards of fostering.

This workshop will be of interest to foster carers, support staff and agency managers who are responsible for the support and development of foster carers.

Stephan Lund

11:45 AM - 12:45 PM

Childhood Trauma – The Body And The Brain Keep The Score (Preston C Room)

Adverse Childhood Events (ACE's) have a significant, lasting and devastating impact on the holistic wellbeing of the child. Arguably, childhood trauma, and its resulting stress – unrecognised and untreated – is the western world's most urgent health crisis. Trauma doesn't only impact a child in this moment – but in the many, many moments into the future. Physical and mental health, employability, educational achievement, relationships, addictions – they're all impacted through exposure to childhood trauma when the brain's architecture is being built. A child's developing brain, when primed through trauma (even when it is no longer present) is constantly in flight, fright or freeze survival mode, and for many families, that can mean BIG behavioural issues.

Pushing past trauma informed, and into trauma responsive practice is a requirement – especially in foster families, in our schools and in our communities. We all know that the experience of (complex) trauma has lifelong consequences for a child's physical and emotional health. What's the remedy? How do we heal the child within their system? How do we promote a lifetime of wellbeing, resilience and even flourishing? In this presentation let's explore trauma and how it's expressed through the behaviours of our most vulnerable children. Even more importantly, let's look at what we (the system) can do to make sure that every child exposed to trauma has the opportunity to heal and to thrive. Building resilience and regulation, growing strong, safe and trusted attachments, understanding and reducing trauma triggers and leaning into love

these are the antidotes that every trauma affected child needs & every family wrapped around that child need to understand and for.

Claire Orange

12:45 PM - 1:45 PM

Lunch

(Mentelle Room and Foyer)

WORKSHOPS - 1:45PM to 2:45PM (VARIOUS ROOMS)

1:45 PM - 2:45 PM

Parenting With Personality

(Mentelle Room)

Parents, including Step and Foster parents, will often be the most significant people in a young person's life and can play a key role helping them find a path through their problems. Our decision-making and the way we parent impacts greatly on a child's future – which is simultaneously daunting and rewarding. Even so, there is often support for people struggling to make a difference in the lives of people who are struggling themselves.

Studies show that 1 in 4 teens will have depression by age 18, and high schoolers are predicted to experience mental health issues for the rest of their lives. Evidence also shows that a lack of a positive self-identity can be a major contributing factor in cases of self-harming and mental health issues. Unfortunately, self-awareness has a very low priority in formal education and this is what motivated the creation of AusIDentities in the first place.

Originally created to help kids stay connected at school by improving the relationship with their teachers and peers, AusIDentities has been accepted into over 350 schools, along with numerous other organisations, and offers us an innovative and user-friendly alternative to other similar, but often overly complex, psychometric profiling systems. This presentation focuses on creating awareness of the different approaches to life, developing an understanding of ourselves and our children at a deep level. The practical applications of the system offers participants the skills, knowledge and strategies to build healthy relationships, improve communication, build resilience, identify stress indicators that may be associated with behavioural and/or trauma issues, and make better career choices.

This fun, colourful and interactive presentation will increase self-awareness and awareness of others, helping us to become guided.

children in our care, giving them the confidence to navigate life reach their true potential.

Michael White

1:45 PM - 2:45 PM

Department of Communities Workshop (Topic & Speaker TB)
(Preston A Room)

1:45 PM - 2:45 PM

The Magic Coat For Social And Emotional Wellbeing
(Preston B Room)

In this presentation Di Wilcox, Founder of The Magic Coat Program, show carers, staff and agencies how The Magic Coat social/emotional program can provide a common language to help children feel safe and secure.

The Magic Coat Program is endorsed by Professor, Dr Sandra Hesterman, head of Early Childhood at Murdoch University. The Magic Coat Program helps children to recognise and manage their different emotions appropriately so that they don't hurt themselves or other people using cute characters and simple yet fun activities. Children are taught how to communicate effectively and get their message across whilst building positive relationships with those around them. Children are taught a number of different strategies to feel confident and know how to problem solve even when they find themselves without the support of others. Adults who are trained in the Magic Coat Program are given simple and effective strategies to talk children through their worries and then how to manage those worries so that the children feel less anxious and feel more supported.

The Magic Coat can also be used as a behavioural management tool at the home and school so that caregivers and teachers can work together to support the child.

Diane Wilcox

1:45 PM - 2:45 PM

Transforming Support For Kinship Carers
(Preston C Room)

In both Australia and the UK, increasing numbers of children are growing up in kinship care. In Australia, kinship care now provides more statutory placements (formal kinship care) than foster care. Outside the formal child protection system, many more kinship care arrangements are made informally within families in both countries. For Indigenous children, Indigenous children are over-represented in kinship care, but too many such children are still with non-Indigenous carers (relatives or 'family friends'), and there is insufficient recognition of the unique nature of kinship care.

Indigenous kinship care. While grandparents appear to be the largest grouping among kin carers, the many others, including some very young carers, tend to be overlooked. There are growing demands to recruit and support children in kinship care and their kin families.

Drawing on new and recently published research and surveys from Australia and the UK, the presentation will explore the backgrounds and experiences of children in kinship care and their carers, with a particular focus on understanding the unique and complex challenges kinship carers face, and the gaps in financial, practical and emotional support. A national survey of kinship care policy and practice in 2018 found that while policy and services across Australia are developing, however we can also learn from recent practice developments in the United Kingdom where there is increasing focus on developing kinship care support services, including by the voluntary sector. Various models will be explored, including social action approaches, and outcomes for children in kinship care and their carers will be discussed, as well as potential cost savings. Barriers to progress will be explored and plans to overcome them shared.

The presentation will be led by Dr Lucy Peake, CEO of the UK kinship care charity Grandparents Plus, and Dr Meredith Kiraly, an Australian authority on kinship care. Delegate participation will be encouraged.

[Lucy Peake & Dr Meredith Kiraly](#)

1:45 PM - 2:45 PM

Helping The Anxious Child To Shine (Culver Room)

Childhood anxiety is on the rise - 1 in every 3 girls and 1 in every 4 boys struggles with significant feelings of anxiety. For the child, the family and educators, understanding and managing that anxiety can be emotionally difficult and draining. It is often asked – why is anxiety so high in childhood now and what can be done as daily practices to help the child who worries – and the carer who worries about the child who worries? The answers to all of those questions are complex, and we will be exploring.

In this presentation let's take a look at childhood anxiety. What's happening in our society that lends itself to an increase in childhood anxiety? What's actually happening in the brain and body of the child? How does anxiety show up and what are the types of childhood anxiety that are common – and uncommon? How much allowance for a child to feel and show anxiety is enough – and how much means that the child can start to manipulate others around them through their patterns of behaviour? What sort of behaviour management systems are most effective for the anxious child? What are the building blocks for helping the

and their worry-wired brain to learn healthy ways of self-regulation and relationship management?

Combine current neuroscience findings with practical social, emotional learning and behaviour management techniques in this present and grow your understanding of this all-too-common childhood condition.

Claire Orange

PANEL DISCUSSION - 3:00PM TO 4:30PM (GRAND BALLROOM)

3:00 PM - 4:30 PM

Maintaining Connections

Overall theme relates to the growing concern about placement instability, especially for Young People moving towards adulthood, testing the boundaries as part of their development. What do Young People and Carers have to say about these important dynamics?

How can we normalize the experience of conflict with adolescents and their Carers as part of normal family and adolescent development?

If the care experience does not continue, can the relationship be retained to provide support to the Young People?

Do we recognize that within placements, at times adolescent – parent conflict can be escalated simply because it is in a care context?

As we advocate for extended support for Young People (to 21 and beyond years), how do we better support Carers in this extended time, and the boundaries Young People normally challenge as part of development?

Young People in WA are keen to have more opportunities to speak about their experiences and the WA State Office of CREATE has approached to present a panel discussion. This is an opportunity to present experiences of both Young People and Carers in relation to what worked, and what could have been better supported, from both perspectives.

Workshop participants will be encouraged to think of how they can support who they are able to gain support from and how workers, Carers and Young People can genuinely create the solution – so that at a minimum Young People can still have the connection and support from Carers, even if still living with them.

Elizabeth Kobierski

4:30 PM - 5:30 PM

Afternoon Tea & Entertainment[\(Mentelle Room and Foyer\)](#)

Saturday, 7 September, 2019

PLENARY SESSION – 9:30AM TO 10:30AM (GRAND BALLROOM)

9:30 AM - 9:40 AM

Plenary Welcome[\(Grand Ballroom Foyer\)](#)Fay Alford

9:40 AM - 10:25 AM

Listening To The Views Of Children And Young People[\(Grand Ballroom\)](#)

All children and young people have the right to have their views considered in decisions that affect them.

Commissioner for Children and Young People Colin Pettit will outline the importance of listening to children and young people to improve policy and service delivery and the need for an improved approach to reducing vulnerability.

Colin Pettit

10:25 AM - 10:30 AM

Plenary Close[\(Grand Ballroom\)](#)Fay Alford

10:30 AM - 11:00 AM

Morning Tea[\(Grand Ballroom Foyer\)](#)**WORKSHOPS – 11:00AM to 12:00PM**

11:00 AM - 12:00 PM

Not Too Late For Invention – One Teen Foster's Journey To L Acquisition[\(Mentelle Room\)](#)

Children in out of home care have often experienced complex circumstances that impact on their development. This includes

intergenerational trauma, in-utero toxin exposures, abuse, neglect, poverty and other forms of adversity. In-utero toxin abuse to the fetus is a significant cause of developmental delay in children living in disadvantage, and compounds the impact of neglect and abuse. Complex circumstances can impact crucial executive function in the brain, including cognitive skills of memory and attention, impact a child's language- literacy acquisition, and subsequently, their whole life outcomes.

Dr Liddle, Paediatrician and Olwen Forker, Speech Pathologist will present the case study of a child removed at five years. After multiple placements, she was placed with an experienced carer - an allied health worker. The child displayed issues with language, memory and attention. The experienced carer realised the child (a teenager) could not read. With her professional background, the carer realised there may have been an undiagnosed, underlying problem, and it came to light that the child's younger sibling has FAS.

Using a multi-focal approach, a multidisciplinary team led by a psychiatrist collaborated to determine an intervention plan for the child. Deficits in attention and memory were identified and then addressed the executive function issues. The teen is now achieving grade 4 level of reading after 18 months of regular intervention, significant shifts in working memory function. Continued shifts continue with her literacy. Significant mood and mental health improvements are also reported.

Children with complex needs have multi-focal difficulties including executive function issues which impact on language-literacy acquisition. Speech pathologists look solely at language -but working in a multidisciplinary team demonstrates these children have complex exposures requiring a plan involving the whole brain to achieve successful outcomes. And successful outcomes can be achieved even with older children.

[Olwen Forker & Dr Karen Liddle](#)

11:00 AM - 12:00 PM

Connect & Restore. Building Bridges To Safely Connect Children To Their Families

[\(Preston A Room\)](#)

Families are children's first and most enduring relationship. Strong relationships between parents, family and their children is linked to better outcomes for children regardless of how long they remain in care. Carers have been identified as key stakeholders in ensuring a positive relationship between parents and their children in care is nurtured. There is good evidence to suggest that reunification outcomes are

improved and increased when the carers and parents have positive child-focused relationships.

This presentation will briefly describe the research evidence in support of the carer role in strengthening relationships between children and their families. It will then describe how the CARE model in Life Without Barriers promotes family involved foster care in the interests of children. It will present tools and techniques to help connect and restore children to their families including the establishing safe tool used in Queensland's strengthening families practice frame and the bridging the gap initiative used in the USA. The presenter will use a case study, based on the presenter's own experience, to demonstrate how CARE and a family inclusive approach can connect and restore children to their families. The case study will demonstrate how family inclusion can help to minimise children's loss, grief and trauma which is so often a feature of children's experiences of the care system.

Carers have the wonderful opportunity of not only positively impacting the life of a child, but also the lives of their parents. To truly care for a child, we need to also care for their parents. If you have a heart for the most vulnerable families and children in your community, then this presentation will inspire and encourage you to join with us in 'Working Together' with birth families, to create brighter futures for children in care.

[Karyn Frylink & Jessica Cocks](#)

11:00 AM - 12:00 PM

The Value of Right Relationship Between Children In Care (Preston B Room)

Children in care with disability do best when they are supported by carers and staff that collaborate and share their skills, experiences and capacities. Michael Kendrick (2005) sees this 'right' relationship as having a shared commitment and ideal, and being achieved when the following exists:

A genuine desire to work together.

An appreciation of each other's strengths and capacity to contribute.

A willingness to have an ethical relationship, both at a level of personal daily interactions, as well as in regard to structures and formal/societal roles.

The concept of 'right' relationship was formed around the recognition of the disparity of power for people with disability, their families and carers against professionals and agencies with a 'we know what's best' attitude.

The implications and possible unintended consequences of the human service organisations, has placed these organisations in a controlling role in the lives of the many thousands of people who have no choice but to rely on them for support. This control has greatly accentuated these underlying concerns about getting the relationship 'right' between organisations and the people supported by them.

'Right' relationship recognises that everyone involved has some expertise to offer – even the young person in care, who has experience over their own life and what works or doesn't work for them – regardless of their type or severity of disability.

This workshop aims to present the argument that in the absence of a 'right' relationship between all parties involved, young people with a disability in care run the risk of never reaching their full potential and not having access to a good life – even after they leave care. Right relationship, therefore, needs to be the foundation of any effective service design and approach.

Anna Posselt

11:00 AM - 12:00 PM

An Appreciative Enquiry Into A Foster Carers Journey (Preston C Room)

Leela and Ravi Pragash have been approved foster carers for Pa Children and youth Care since February 2014.

In March 2014 they had a sibling group of 3 boys placed into their care. Initially reunification was part of the permanency planning and the carer's supported this reunification through their facilitation of contact visits. In 2016 it was deemed that orders to 18 would be applied and were granted. In 2016 the eldest of the three siblings transitioned to the care of a family member, however following a significant incident in 2018 was returned to the care of Leela and Ravi and has settled into the placement.

We are inviting the carers to present via an interview style appreciative enquiry around their experience over the last 5 years. The focus of the enquiry will be around the following areas:

Working with both the agency and districts whilst utilising the care approach.

Working with biological family.

Managing a cross-cultural placement.

Supporting their own biological children through the fostering experience.

Celebrating wins and managing challenges.

The real financial implications of foster care and managing employment with the caring responsibilities and demands.

We will also be speaking to the children about their experience of residing in foster care and share some of their comments in the presentation. This will include their experience of international travel and seeing the country and experience the culture their carers.

Leela and Ravi moved to Australia from Singapore. They have been married for almost 30 years and have 4 biological children, 3 of whom are adults and no longer residing in the family home full time. Their youngest son is 10 and 13 years the junior of his other siblings.

Johnny Rylatt

11:00 AM - 12:00 PM

Understanding FASD To Walk Beside And Move Forward Together (Culver Room)

Opening your hearts to embrace a new family member, especially one who has come into out-of-home care is a wonderful thing to do. What happens though if all of your experience raising children is just not working with this child? This child may look just like any other child but seems to struggle with memory, learning, regulation and may be socially and emotionally immature – it could be FASD!

Individuals living with FASD can be identified in two categories: those with three sentinel facial features and FASD with less than three sentinel facial features. Less than a third of people affected by prenatal exposure to alcohol will have three sentinel facial features. For the “invisible” majority of those living with FASD, often the only symptoms of underlying neurological impairment are behaviours. These behaviours are all too often mis-diagnosed, misinterpreted and perceived as oppositional and punished. Longitudinal research on FASD from Streissguth et al. (2004) informs us that in the absence of early diagnosis and appropriate management, many individuals with FASD develop secondary symptoms with a range of social, emotional and vocational consequences that develop over time.

This presentation will enable a greater understanding of the core and diversity of the neurobehavioral characteristics of individuals with FASD. We will look at what FASD is, the impact of FASD in A diagnosis and secondary conditions. Gaining a better understanding of FASD will support understanding of behavioural issues, which are often misinterpreted as bad behaviour. Affected children are often seen as oppositional or blamed for 'just not trying' and this creates conflict and parental stress. Understanding FASD enables parents and carers to walk beside the child and move forward together.

Robyn Smith

WORKSHOPS – 12:15PM to 1:15PM

12:15 PM - 1:15 PM

From Trauma To Trust – Breaking The Cycle Of Placement Breakdowns (Mentelle Room)

In the world of foster care things are rarely uncomplicated and straightforward. Many electing to become carers often encounter unexpected challenges and inevitable disruption to their lives. Foster care organisations are usually well equipped to understand the complicated dynamics of family placements. This is not always the case with carers. It is inevitable that some care placements will break down. These breakdowns can be initiated by the child (running away or electing to move on) or by the carer signalling that they cannot continue for a variety of reasons.

Children in longer term care are disproportionately affected by an unstable placement regime and it is in everyone's interest to have strategies for stabilisation. Older children, in particular, are vulnerable to being moved as the challenges of teen and pre-teen years kick in. Most foster care organisations will admit that older children can be extremely difficult to find family placements for because of a perception by carers that they are highly challenging to look after.

The importance of finding a stable placement for older children can be understated. They almost always need individualised support which is critical to their development and the acquisition of long-term opportunities. Making a placement work for these children requires a 'key' to be found to unlock their trust. Often rigid and standard rules long established in a care situation will not work with these children and negotiated middle ground is likely to be more successful. This requires to be creative, flexible and able to withstand multiple disappointments and challenges.

This presentation considers case studies of children who have c from multiple placement breakdowns initiated both by the child carer. In particular, it will focus on the adequacy of briefing pro the background of the child, the process of understanding why 1 breakdowns have occurred and critically, finding the key to long stabilisation.

Karl O'Callaghan

12:15 PM - 1:15 PM

Keeping Aboriginal Children In Care Connected To Culture
(Preston A Room)

The proportion of Aboriginal children in care in WA currently sta approximately 54% and continues to rise. Aboriginal children st placed with family or with Aboriginal Carers but frequently this c happen, for a variety of reasons. This is true for many states in Australia. Non-Aboriginal Carers looking after Aboriginal childre responsibility to keep the children connected to family, commur language, customs and country. This is an important aspect of l them safe.

Tony will provide the Aboriginal perspective on the placement o Aboriginal children with non-Aboriginal Carers. Tony will talk ab work he does with Key Assets Carers and staff to build their con and capacity to keep Aboriginal children culturally safe. This incorporates training, an overview of Key Assets cultural plans a home visits to bed down cultural planning with the Carers. He w describe how Key Assets has imbedded cultural planning into o practice.

Tony will be joined by Foster Carers from the agency who are lo after Aboriginal children, including those with disabilities. The F Carers will share their experiences, talking about how they have their learning and developed strategies to enhance the care the provide to Aboriginal children in their care. Tony and the Foster will describe how best practice in foster care means reconnectir children with their culture.

Tony will also do a more formal presentation of ways in which a can work with Carers to fulfil their responsibilities to Aboriginal children. There will be time for questions and discussion from t audience.

Tony Calgaret & Sharon Chakrabarti

12:15 PM - 1:15 PM

Connecting Carers, Children and Families In The Community
(Preston B Room)

MOCKINGBIRD FAMILY™ is an innovative approach to structure support to, and with, foster and kinship carers through commur connections. It creates an extended family community designec support, develop and retain foster and kinship carers, and meet complex needs of children and young people in Out of Home Ca (OOHC).

The approach, was developed by The Mockingbird Society (TMS) in Washington State, USA. Through discussions with agencies, c and children, TMS saw a need for a supported approach within care, and subsequently the MOCKINGBIRD FAMILY™ community approach was created.

MOCKINGBIRD FAMILY™ focuses on individual needs of childrer young people by ensuring carers are skilled, supported and con helping children to thrive. Research and evaluation has shown it improves connections, social and emotional well-being of childr increased stability and positive carer retention.

MOCKINGBIRD FAMILY™ unites 6 to 10 foster/kinship homes (Sa Families) in a local community. This is referred to as a Constellat is supported by an experienced carer, who takes on the role of I Home Provider.

The Hub Home Provider offers support to the other foster carer participating in the Constellation through planned and emergen respite, coordinating monthly meetings, supporting family relati and providing a range of practical and emotional supports.

As part of an Evidence-Informed Strategy, Life Without Barriers accredited Host agency for MOCKINGBIRD FAMILY™, enabling p the Australian context. This workshop is designed for those whc interested in learning more about this innovative approach of supporting carers through peers and a collaborative community interactive format will provide opportunity for discussion about strengths and potential of the approach and some of the implementation challenges encountered. Staff and carers direct involved in supporting implementation will be involved in prese and sharing learnings to date.

[Chris Skinner](#)

12:15 PM - 1:15 PM

Finding Families Of Aboriginal Children In Care & Connectin Culture
(Preston C Room)

The presentation outlines a new model of proactively searching finding family placements for Aboriginal children in care in West Australia. The model was initiated by Extreme Recruitment in St. Louis, Missouri in the USA; this agency works with the hardest to place children who are over 10 years of age, with special needs, in sibling groups and African-American – to search for extended family members who will offer an Adoption placement. This model has been adapted by Ms Ann Hawke from Kinship Connections (WA) and trialed in off the statutory child protection agency in Perth. Currently, the model informs a number of Kinship Connections programmes.

An important practice tool in working with children and families is the genogram - an inter-generational assessment of a family's social structure, geography, history and culture. The growing impermanence of 'the family', with the impact of separation/ divorce, homelessness, family violence, drug and alcohol use, poverty and mental health concerns, provides the context for an increasing number of children coming into care in WA, including Aboriginal children. Establishing sufficient trust to access and map a family's story is challenging work.

Three separate but inter-connected elements inform the Kinship Connections' model of shared care:

Finding a safe and stable family placement for each referred child.

Mapping the family system and preparing a comprehensive Family History Book of information, genograms and photographs to enhance the child's sense of identity and belonging.

Designing culturally-informed opportunities for Aboriginal children in care to connect and re-connect with their family culture.

Core practice skills embedded in the practice model are identified along with evidence of key findings from the pilot projects, including identification of an average of an additional 151 family members for each referred child; there are obvious child, family, community and agency benefits of this practice model. The presentation will conclude with recommendations for future policy and practice development for family placement, for leaving care and for youth justice services for both Aboriginal and non-Aboriginal children.

[Ann Hawke](#)

(Mentelle Room and Foyer)

WORKSHOPS - 2:15PM to 3:15PM

2:15 PM - 3:15 PM

It's Tough But You'll Get There - Stories And Voices From Young People In Care

(Mentelle Room)

Many young people in care describe feeling isolated and misunderstood as they navigate their way through their care journey and beyond. Young people's experiences of uncertainty, disconnection, record loneliness, confusion, sadness, worry and losses, may lead to young people developing a negative sense of self-worth and identity. However, there are alternative stories of these challenges that can be told.

The recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse and the resulting National Child Standards highlight the importance of promoting the participatory empowerment of children and young people. In early 2019, Key WA embarked on a project to support a small group of young people with a care experience to produce a short film. A central aim of the project was to explore how to help young people tell their stories in ways that make them stronger. In addition, it was our collective intention to produce a short film that will inspire hope in other young people facing similar circumstances.

Early in the process it became clear that the young people involved were highly motivated by a desire to help others in care or who care. They told us that they wished they had known about other people's experiences of their care journeys. They would like to be known about some of the challenges and obstacles they faced, how they coped with these, what they learnt and what helped them to move on the way. They wanted to share messages of hope such as, "It's tough but you'll get there!"

The young people were involved in the planning, production and telling of their stories. Our plan is to co-present with some of the young people (either in person or by pre-recorded video) their experiences of being involved in this project and the film produced.

Ben Shannahan & Brenda Yelland

2:15 PM - 3:15 PM

Where Do I Come From? Why Being Able To Answer This Question Is Critical For Children

(Preston A Room)

This workshop will discuss the significance of connection to family culture and community for children and young people who are in Out Of Home Care (OOHC). "Where do I come from" is a fundamental question for children and young people in statutory care to have of belonging and identity. This paper will discuss a pilot program undertaken by Integrated Family and Youth Services (IFYS), a Non Government agency in Queensland that assisted children and young people to locate and reconnect family. The pilot was a finding family initiative called "Family and Connection," which has a holistic approach to exploring children's extended family and networks to establish connections to family, community and culture. The program prioritized Aboriginal and Torres Strait Islander children and young people in partnership with the Department of Child Safety. The development of this program and the examples shared are based on over 25 years of child protection experience for Joanne Roff currently Manager of IFYS child protection programs and who is driven by outcome focused practice and Daina Adamovskis' experience of being a "family finder" in the highly successful pilot over the past two years. The paper will see the current context in Queensland's child protection system and speak hand to the developing practice of finding family and its impact.

The presentation will include a short video presentation sharing wisdom and hearing directly from a young person who found his brother after 12 years.

Joanne Roff

2:15 PM - 3:15 PM

Understanding FASD To Walk Beside And Move Forward Together (Preston B Room)

Opening your hearts to embrace a new family member, especially who has come into out-of-home care is a wonderful thing to do. What happens though if all of your experience raising children is just about working with this child? This child may look just like any other child but seems to struggle with memory, learning, regulation and may be socially and emotionally immature – it could be FASD!

Individuals living with FASD can be identified in two categories: those with three sentinel facial features and FASD with less than three sentinel facial features. Less than a third of people affected by prenatal exposure to alcohol will have three sentinel facial features. For the "invisible" majority of those living with FASD, often the only symptoms underlying neurological impairment are behaviours. These behaviours are all too often mis-diagnosed, misinterpreted and perceived as oppositional and punished. Longitudinal research on FASD from Streissguth et al. (2004) informs us that in the absence of early diagnosis and appropriate management, many individuals with

develop secondary symptoms with a range of social, emotional vocational consequences that develop over time.

This presentation will enable a greater understanding of the core and diversity of the neurobehavioral characteristics of individuals with FASD. We will look at what FASD is, the impact of FASD in diagnosis and secondary conditions. Gaining a better understanding of FASD will support understanding of behavioural issues, which are often misinterpreted as bad behaviour. Affected children are often seen as oppositional or blamed for 'just not trying' and this creates conflict and parental stress. Understanding FASD enables parents and carers to walk beside the child and move forward together.

Robyn Williams

2:15 PM - 3:15 PM

Fostering A Child With A Disability

(Preston C Room)

The workshop commences with a brief history of our journey, 11 years as a foster carer for children with disabilities, including 4 long term children and currently a fifth child for an approximately one-year period.

Discuss the varying degrees of disabilities from wheelchair user to seizures to invisible disabilities like learning and behavioural issues.

Explain how and why we started fostering children with disabilities from an overall view as to briefly how that journey has panned out for my family, including how the journey has affected me on a personal level as well as my family. Discuss my own children's involvement and how it affects me, I feel it has had on them, positive or negative. Discuss how the journey has changed me as a person, what I have learnt, the effort it has had on me, and the experiences I have encountered both good and sadly some bad.

Is it different to fostering a child without a disability? "Not really" why I feel this way and how I see it is similar in so many ways. The question we always get is "It must be so much harder?" Explain how I feel it is no harder and in some ways a lot easier, and really in the end it runs just the same. Explain the variety of disabilities create different issues but how you learn to cope with those, keeping in mind that not all carers face those same difficulties. Reiterate that the end result is whether the child has a disability or not, what they need is the same love, support, safety, structure and consistency and they will all reach their potential from the things we all do as carers.

The question "what do I get from them?" Explain how the expectations of what they can do or achieve may be different but you still get

same sense of achievement when they do those little things, “no kids can run fast but that far from makes them a failure” “Am I a

Explain that what I do for the children in my care such pushing a wheelchair or feeding via a peg, is no greater sacrifice or extra effort than you running them to swimming practice or doing the homework with them. What we all do is the same, love and support them, offering a safe and secure place, regardless of a disability it is an amazing sacrifice that we do freely, for the sake of the child. Would I do it again? “In a heartbeat”.

Neil Reynolds & Fiona Cafferty

3:15 PM - 3:45 PM

Afternoon Tea
(Mentelle Foyer)

PLENARY SESSION – 3:45PM TO 5:00PM (GRAND BALLROOM)

3:45 PM - 3:55 PM

Plenary Welcome
(Preston Rooms A, B & C)

Graham Mabury

3:55 PM - 4:10 PM

Entertainment - TBC
(Preston Rooms A, B & C)

4:05 PM - 4:55 PM

Keynote Presentation – Topic TBC
(Preston Rooms A, B & C)

Robyn Williams

4:55 PM - 5:00 PM

Plenary Close / Conference Close

Fay Alford

GALA DINNER - 6:30PM TO 11:00PM (GRAND BALLROOM)

6:30 PM - 7:00 PM

Gala Dinner - Pre Dinner Drinks
(Grand Ballroom Foyer)

GALA DINNER- 7:00PM TO 11:00PM (GRAND BALLROOM FOYER)

7:00 PM - 7:10 PM	Gala Dinner Opening & Welcome <u>Graham Mabury</u>
7:10 PM - 7:20 PM	Entertainment - TBC
7:20 PM - 7:45 PM	Entree Served
7:45 PM - 8:30 PM	Entertainment - Peter Rowsthorn <u>Peter Rowsthorn</u>
8:30 PM - 9:00 PM	Main Meal Served
9:00 PM - 9:10 PM	Gala Dinner Official Close <u>Graham Mabury</u>
9:10 PM - 10:55 PM	Entertainment - Little Belle <u>Little Belle</u>
10:55 PM - 11:00 PM	Function Concludes <u>Fay Alford</u>
