



# Healing through care

A yarning resource for kinship carers  
of Aboriginal children and young people



Government of South Australia  
Department for Child Protection

**cetc** ● centre for  
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therapeutic care



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# Acknowledgments

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- **NPY Women's Council**
- **KWY Aboriginal Corporation**
- **Aboriginal Family Support Services**
- **Martinthi (Incompro & Uniting Care Wesley Bowden)**

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- **Dwayne Harvey**
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# Welcome and introduction

The **“Healing through care” yarning resource** has been developed to assist support workers in facilitating conversations and ‘yarns’ with kinship carers of Aboriginal children and young people. It’s designed to foster open and flexible conversations that build on carers’ strengths and deepen their insights into the impact of trauma, as well as the benefits of a trauma-informed care approach. This resource highlights the importance of integrating cultural knowledge with trauma-informed healing strategies.

The **“Healing through care” yarning resource** has been developed in consultation with South Australian Aboriginal Community Controlled Organisations (ACCOs) who work closely with and support kinship carers of Aboriginal children and Aboriginal Practice Leads within DCP.

## **Development of this resource has integrated their key recommendations to focus on:**

- the wisdom and resilience of carers, many of whom have raised generations of children.
- carers’ ability to recognise themselves and their experience of caring in the yarning tool.
- flexible learning opportunities, including a strong emphasis on yarning and Dadirri (deep listening).
- the importance of intergenerational and systemic trauma, as well as racism relevant to caring for Aboriginal children and young people with trauma.

The Aboriginal and Torres Strait Islander Child Placement Principle promotes Aboriginal\* children and young people’s connection to their family, community, culture and sense of identity by promoting self-determination and recognising that Aboriginal families and communities have the knowledge and experience to make the best decisions about the safety and wellbeing of their children and young people.

The Department for Child Protection recognises and values the critical role that kinship carers have in helping to ensure Aboriginal children are raised with strong connections to their family, community and culture, which underpins their development and cultural identity.

DCP is committed to delivering on the pillars of the South Australian Foster and Kinship Carer Statement of Commitment. This includes providing support, guidance, and training to carers to meet the needs of children in their care.

The **“Healing through care” yarning resource** reflects the commitment of DCP to ensuring that carers are informed and supported, consistent with the Statement of Commitment for South Australian Foster and Kinship Carers.

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\* Readers are asked to note that in this document, the term Aboriginal, refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

# Understanding kinship care for Aboriginal families

## What is Aboriginal kinship care?

Aboriginal kinship care is an out-of-home care placement option providing family based care to Aboriginal children and young people who have been removed from the family home.

Kinship care provides children with the opportunity to live with members of their family, kinship group, or community members with whom they have a relationship. Kinship care is the preferred care option for children as it supports the requirements set out in the Aboriginal and Torres Strait Islander Children's Placement Principle. The Principle aims to ensure that Aboriginal and Torres Strait Islander children remain connected to their culture.

Sometimes, a child and/or children may come to live with a kinship carer because it is the family's choice without any legal steps or involvement of child protection.

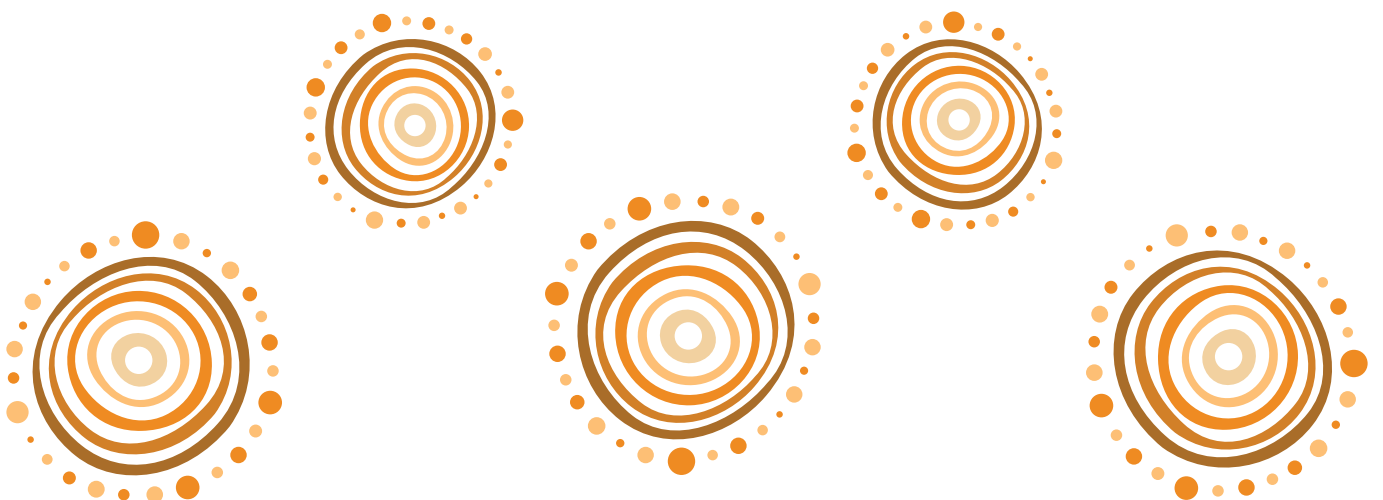
## The vital role of kinship carers of Aboriginal children and young people

Kinship carers help children navigate their identity, community, connections, and journey through life.

The ongoing impact of colonisation and the Stolen Generations contributes to the high number of Aboriginal children in care systems. Cultural relationships are essential for the wellbeing and healing of these children, making kinship care particularly important in Aboriginal communities.

## Who are kinship carers?

Kinship carers of Aboriginal children and young people can come from a range of ages, genders, and cultural backgrounds. Frequently, grandmothers shoulder much of the responsibility in child-rearing. This comes with advantages, such as cultural knowledge transfer, but also challenges, like limited energy and age-related health issues.



# What do we know about the needs of kinship carers?

Kinship carers face unique challenges compared to foster carers. These include dealing with family relationships, health, and financial struggles.

## Common issues faced by kinship carers:

- Many are grandparents who may be older, less healthy, and facing money issues.
- A lot are caring alone and feel isolated.
- Relationship troubles with the child's parents or family can occur.
- Feelings of guilt or trauma related to their adult children's struggles are common.
- Many feel they lack the right training and support.
- Legal system challenges and limited help from services are often concerns.
- Past negative experiences with welfare systems can be an added stress, especially for Aboriginal carers.
- The child in their care may have significant trauma and need additional developmental and therapeutic support.

Children and young people in both foster and kinship care placements can, and do, have positive outcomes. However, children and young people in kinship care usually fare better than those in foster care because of the family connection. But being related does not make the caring role easier.

## What kinship carers need:

- Help with navigating family relationships.
- Understanding and managing the child's behaviour.
- Short breaks or respite care.
- Financial help.
- Access to support groups.
- Emotional support and counselling for themselves and the children.



Find out more about the needs of kinship carers in Australia by reading the Centre for Excellence in Therapeutic Care's 2022 research brief: [Understanding the Needs of Kinship Carers in Australia, 2022](#).

# Yarning resource overview

This resource is designed to be a versatile tool for kinship carers, recognising the diverse needs and situations they encounter. We understand that many carers, such as older grandmothers and aunties, bring a wealth of wisdom and resilience, often having raised multiple generations. That is why this resource has been developed to be delivered flexibly, tailored to fit different contexts and accessible through short, incremental “yarns” or conversations. Special attention is given to those in remote communities who may not have regular phone or internet access. The resources use easy language, relatable visuals, and stories.

## What can kinship carers expect to learn?

The **‘Healing through care’ yarning resource** invites carers to listen to stories of other kinship carers of Aboriginal children in South Australia, Aboriginal support workers and Elders, and other professionals supporting children and young people who have experienced trauma or hardship. The resource integrates these real stories with what we know about how trauma impacts how children grow and develop and the critical role of relationships in creating safety and healing for children.

### **By engaging with these stories, explanations of key concepts of trauma, and reflective questions to support yarning and conversations, carers will:**

- Reflect on how being connected to family, community, culture, and Country helps keep Aboriginal children safe and helps them grow.
- Gain knowledge on how safe and healthy relationships impact a child’s overall development.
- Understand how different types of trauma affect a child’s mind, body, and growth.
- Know what trauma-informed care is and how to meet the needs of children and young people who’ve experienced trauma.
- Grasp the importance of teamwork and cultural planning in caring for Aboriginal children.
- Learn how to involve children in planning their own care and culture.
- Understand the impact of trauma on carers and the need for self-care.

**Please note:** Should you require interpretation services, the National Indigenous Language Interpreting Advisory Committee lists the Department for Human Services Aboriginal Language Interpreting Service (ALIS) as the preferred Indigenous language interpreter service for South Australia.

<https://translate.sa.gov.au/ALIS>



# What is included in this resource?

## Facilitator guide

The facilitator guide includes detailed information on introducing, explaining and reflecting on the key themes with kinship carers in a face-to-face setting.

The guide can run alongside the PowerPoint presentation, allowing facilitators to approach topics sensitively using trauma-informed language regardless of content familiarity or facilitation experience. However, highly experienced facilitators who are familiar with the content may choose to insert memorable stories from their own experience to illustrate certain teaching points or insert extra question prompts when they sense that more discussion would be useful.

The guide includes:

- Content and instructions, provided as a guide to support discussions.
- Key message for each section.

**For ease of navigating your way through the manual, the following icons have been used:**



This icon highlights the **key message** of each module.



This icon signifies a **video** to play to participants.



This icon highlights a **question** prompt that allows participants to reflect on what they have just heard and apply it to what they know. Although there are no “right” or “wrong” answers, there is a guide (in italics) under each prompt to help facilitators steer discussion.



This icon signifies an additional **handout** in the participant resource that links to the current content.



## Videos

To use the videos when an internet connection is not available, or may not be reliable, facilitators can download the videos and save them to a USB.

All videos can be found here: <https://vimeo.com/user/106396113/folder/18090158>

## PowerPoint presentation

The PowerPoint presentation can be shown to illustrate the content. The script from the resource can be found duplicated in the notes section of each slide. All video resources are embedded in the PowerPoint presentation and will play when clicked on. For this reason, facilitators will need to have access to a computer connected to internet, with speakers loud enough for participants to hear, and which can project the picture large enough for participants to see.

## Handouts

The following resources are to be printed for each participant prior to the training session.

### **These resources can be found in the appendix.**

- [Yarning Handout 1: Growing brains and child development stages](#)
- [Yarning Handout 2: What is trauma?](#)
- [Yarning Handout 3: Connection before correction](#)
- [Yarning Handout 4: Escalation cycle - how to identify patterns in the child's behaviour](#)
- [Certificate of Completion \(optional\)](#)
- [Evaluation survey \(optional\)](#)



# How to use this resource

## Creating space for listening and yarning

This resource is designed for delivery by support workers to the kinship carers that they support. It offers the flexibility to be conducted in the way that best suits the kinship carers. The format is adaptable for one-on-one delivery, for households with multiple family members, or for group settings involving several households.

The approach to delivering this resource is based on an understanding that ‘one size does not fit all’. The stories in the videos highlight the strengths and voices of kinship carers with lived experience supporting Aboriginal children and young people.

Support workers seeking to use this resource need to practice deep listening (Dadirri) and respond to the learning preferences and needs of the kinship carers that they are seeking to engage. Dadirri is a word from the Ngan’gikurunggkurr and Ngen’giwumirri languages of the peoples of the Daly River region (Northern Territory, Australia). Dadirri is an Aboriginal concept which refers to a deep contemplative process of “listening to one another in reciprocal relationships”. The practice of “deep listening” appears in many other Indigenous groups in Australia, and we acknowledge and respect the traditional holistic healing practices of all language groups across the Country.\*

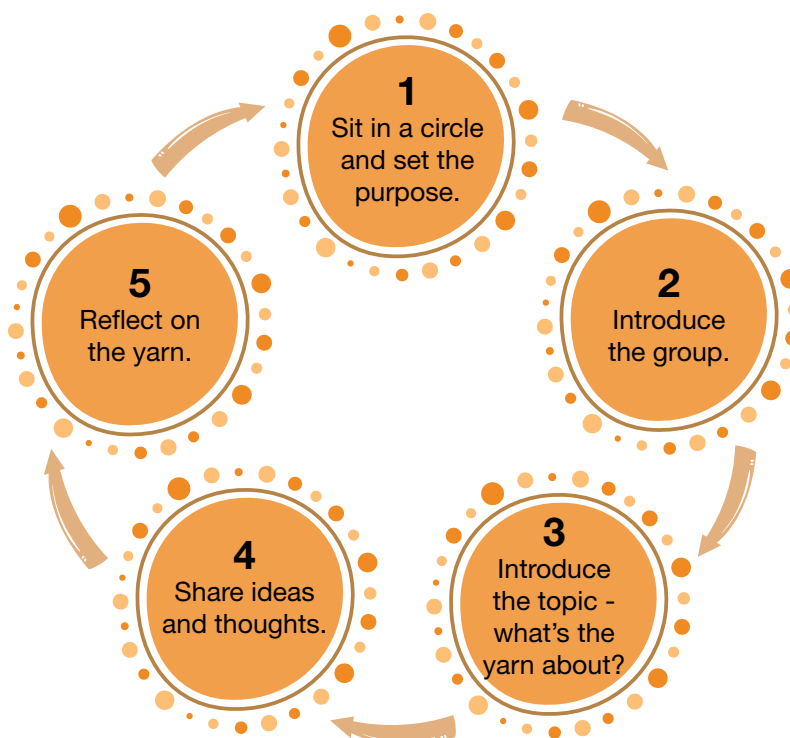
The resource has been designed to offer flexibility, but the best approach will reflect a support workers’ knowledge of the carers they are engaging and of culture, trauma and children’s needs. The resource encourages facilitators to use questions to reflect on the videos and supporting materials. These tools help explore key concepts within each section while validating the carers’ experience, knowledge, and wisdom respectfully and meaningfully. The aim is to enhance their understanding of the impact of trauma and trauma-informed approaches to caring for Aboriginal children.

### **Before using this resource, support workers should:**

- Read this resource thoroughly, and watch all of the videos.
- Have deep understanding of the needs of kinship carers of Aboriginal children and young people.
- Have knowledge of the needs of children and young people with trauma.
- Understand the need for flexibility, patience and ‘listening in silence’ to carers.
- Co-facilitate yarning with Aboriginal support workers and/or trainers from within community (including, delivering in language of carers where possible).
- Be clear on and value the wisdom and resilience of carers (many of whom have raised generations of children).
- Have an established relationship with the carers and be familiar with their specific carer situations.

\* Ungunmerr-Baumann, M.-R., Groom, R. A., Schuberg, E. L., Atkinson, J., Atkinson, C., Wallace, R., & Morris, G. (2022). Dadirri: An indigenous place-based research methodology. *AlterNative: An International Journal of Indigenous Peoples*. <https://journals.sagepub.com/doi/10.1177/117711771801221085353>

The training offers flexibility in adapting the length and pace of sessions to meet the needs of individual carers. For support workers with limited training experience or content familiarity, it is recommended to approach the content as a collaborative and reciprocal learning or 'yarning' journey.



Post-facilitation support should be offered to continue the discussions in a safe and supportive manner, ensuring the relevance and applicability of the learning for all kinship carers.

## What you will need

In preparation for facilitation, select a preferably circular space with comfortable lighting, temperature, and seating conducive to yarning. This could be any location that the carer you are working with feels is culturally safe for them.

**Before each session, familiarise yourself with the content and ensure that the following equipment and resources are functioning as intended:**

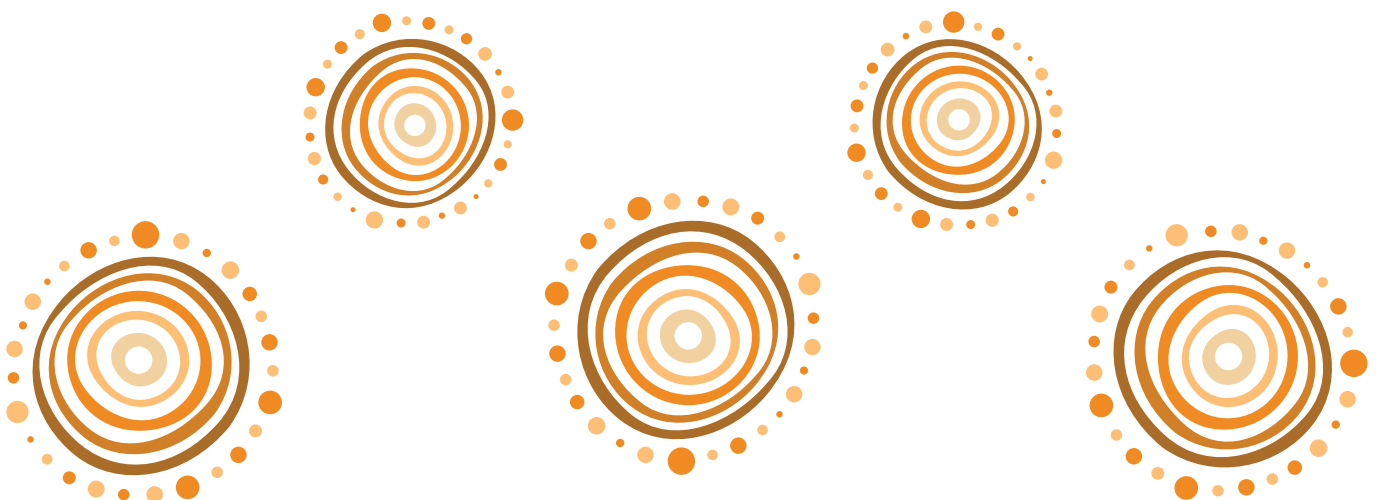
- Laptop or tablet with large enough screen to view videos and PowerPoint slides.
- Consider a portable battery and external speakers for outdoor locations.
- Consider a projector and external speakers for group settings.
- PowerPoint presentation downloaded to USB or hard drive.
- Video resources downloaded in case of internet connectivity issues.
- Printouts of yarning handouts 1-4 for each participant.
- Printouts of training evaluation survey for each participant.
- Printouts of certificate of completion (if participants are completing).
- Butchers' paper or whiteboard and pen for group norms (for group sessions).

## Holding a safe space

Facilitators should aim to create a safe and comfortable space, that allows kinship carers to engage in the mutual, yarning-based knowledge sharing that this course is designed to promote.

### **Here are some strategies that can help you facilitate a safe environment for kinship carers to engage in yarning and reflection:**

- Acknowledge and value the wealth of caring experience, knowledge and wisdom carers bring with them.
- Be mindful that carers may have individual, family or community histories of intergenerational trauma and may have emotional reactions to some types of trauma content.
- Be aware of kinship carers' sense of cultural safety in the training location. For instance, be aware of any negative history associated with the location that could impact how carers engage with you and the training materials.
- Be mindful of, and acknowledge, households in a group setting who have familial or cultural connections to each other, or to the children to whom they provide care.
- Be aware of other individuals present in the training space and consider the potential impact on how the carer engages with you and the training materials.
- Allow time for yarning, mutual knowledge-sharing, and deep listening.
- Support carers to make sense of the training materials in relation to their caring context.
- Use carers' reflections on the content to highlight and reinforce instances where they are demonstrating a trauma-informed care approach.
- Allow yarning and discussion to explore related trauma-informed concepts, but gently steer the conversation back to training when topics start to drift.
- Use your observation of how the carer is engaging to guide the pacing of the training and offer wellbeing breaks as needed.
- Offer post-training support to extend reflective discussions that reinforce learning and facilitate trauma-informed care practices.



## Group norms

For groups with multiple households, establishing “group norms” can help ensure a safe space for everyone to participate. When establishing group norms, everyone should have the opportunity to offer something important to them. This helps us to create an inclusive environment and encourage carers to voice their opinions.

### Group norms could include:

- Be respectful towards each other.
- Be respectful of how we talk about the children in our care.
- Be mindful that we might have vastly different experiences of the world.
- If you have not responded in a while, it's your turn.
- If you have responded to a few questions in a row, it's someone else's turn.
- There are no right or wrong answers.
- There are no stupid questions.
- Keep confidentiality.

## Supporting engagement

This content is designed to have no “right” or “wrong” answers but instead poses questions intended to open yarning.

In Aboriginal cultures, extended silence during conversations is considered the ‘norm’ and are valued. Silent pauses are used to listen and show respect or consensus. The positive use of silence should not be misinterpreted as a lack of understanding, agreement or urgent concerns. Observe both the silence and body language to gauge when it is appropriate to start speaking. Be respectful and provide the person with adequate time. Seek clarification that what was asked or discussed was understood.

## Yarning about trauma safely

It is important to acknowledge the potential impact of discussing issues of child neglect, child abuse, intergenerational trauma and the ongoing impacts of systemic racism and discrimination. Child abuse, neglect, violence, and trauma can be confronting and distressing, and kinship carers are likely to feel personal connections to these issues. Some may find that the course brings new information that provides more detail to past experiences, and these details may bring relief or further distress.

Acknowledge the difficulty of discussing trauma at the beginning of yarning and clarify it's okay to take a break whenever needed. Encourage participants to be aware of how they feel and do what they need to care for themselves. When scheduling sessions, trainers should account for time they may need to stay back after the session, to debrief and respond compassionately if a carer needs to discuss something they found distressing.

If you need support, please call 13 YARN - 13 92 76. NPY Women's council recommends linking carers to Staying Strong App: <https://www.emhprac.org.au/directory/stay-strong-app/>

# Facilitator's Resource

## Welcome

### Slide 1 – Healing through care: A yarning resource for kinship carers of Aboriginal children and young people.

*Welcome carers to the session*

### Slide 2 – Acknowledgement of Country

Traditional Owners from across South Australia have provided Aboriginal Affairs and Reconciliation with their preferred wording for Statements of Acknowledgement on their Country. You can access these here: [https://www.agd.sa.gov.au/\\_data/assets/pdf\\_file/0007/807775/Preferred-Statements-of-Acknowledgement.pdf](https://www.agd.sa.gov.au/_data/assets/pdf_file/0007/807775/Preferred-Statements-of-Acknowledgement.pdf)

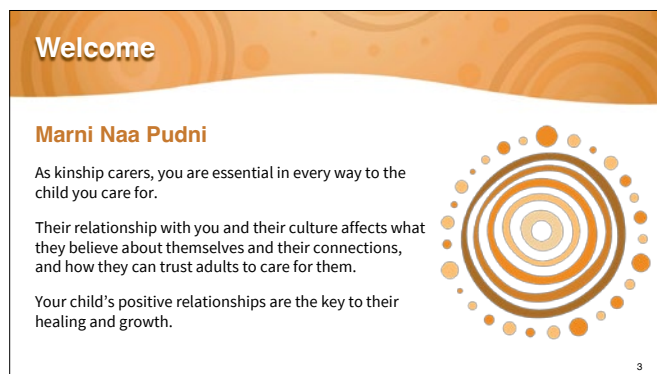
In areas where Native Title claims overlap or no Native Title claim has been lodged, it is recommended that the following General Statement of Acknowledgement is used:

**I would like to acknowledge the Traditional Owners of the land on which we meet today and pay my respects to their Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander people who are present today.**

### Slide 3 – Welcome (Marni Naa Pudni)

Welcome to “Healing through care: yarning resource for kinship carers of Aboriginal children and young people.”

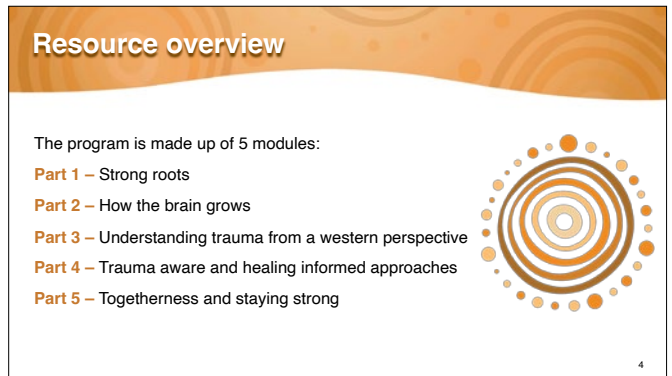
As kinship carers, you are essential in every way to the child you care for. Their relationship with you and their culture affects what they believe about themselves and their connections, and how they can trust adults to care for them. Your child's positive relationships within community and culture are the key to their healing and growth.





## Slide 4 – Resource overview

We will go through 5 parts that together can help us understand the impact of trauma on how children and young people feel and behave, and how we can respond to their needs in a trauma-informed healing way. Today, we know a lot more about the ways children's brains grow and mature and how experiences of trauma can affect their development. This information – drawn from Western theories and science – is important to understand and it can strengthen your own knowledge and experience about what your child/ren need to grow up strong and resilient.



The program is made up of 5 modules:

- Part 1 – Strong roots
- Part 2 – How the brain grows
- Part 3 – Understanding trauma from a western perspective
- Part 4 – Trauma aware and healing informed approaches
- Part 5 – Togetherness and staying strong

4

The slide features a decorative orange and white circular pattern on the right side.

### How can learning together using this resource help? It will:

- Help children heal from things that have hurt them.
- Help carers build a connection with the child by understanding what they may be thinking and feeling.
- Help carers with some different ideas about how to help children be safe and strong.
- Help carers reflect on their own healing and connections.

We will be talking about the difficult topic of childhood trauma, including intergenerational trauma, which we know can be sad to think about, especially in the context of the child that you care for. If you find yourself becoming upset and need to leave for a few minutes, that is perfectly fine. This learning resource provides opportunities to talk about what you are feeling and learning with others, and we encourage you to be supportive of each other, as you all know the challenges and rewards of kinship care.





# Part 1: Strong roots

## Slide 5 – Strong roots

Let's begin with Part 1: Strong Roots, which establishes the foundations for the rest of the yarning resource. In your role as a kinship carer, the bonds you form with the children in your care lay a strong foundation for their sense of safety and connection to kin, culture and Country. All children need to be able to depend on a safe and secure foundation where they are free to learn, play and experience childhood.

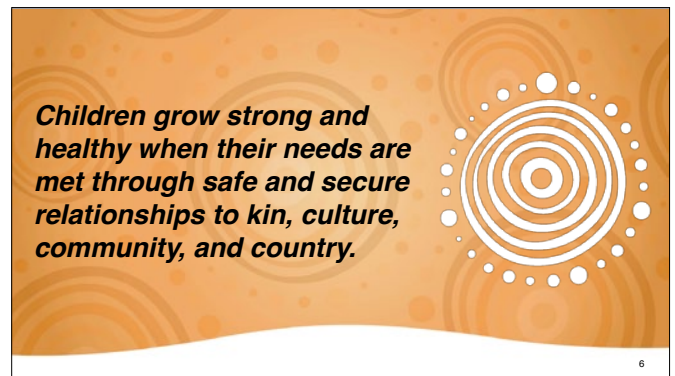
As we go through the next few slides, think about the relationships that your child has had with you, with their parents, community, land and spiritual connections, role models, and other important people in their life.



## Slide 6 – Key message



Our key message for this part is:  
**Children grow strong and healthy when their needs are met through safe and secure relationships to kin, culture, community, and Country.**



## Slide 7 – Being a kinship carer of Aboriginal children

Now, we will meet Kelly, Dawn, and Courtney — kinship carers of Aboriginal children. As you watch their stories, consider the joys and challenges you have experienced as a kinship carer.

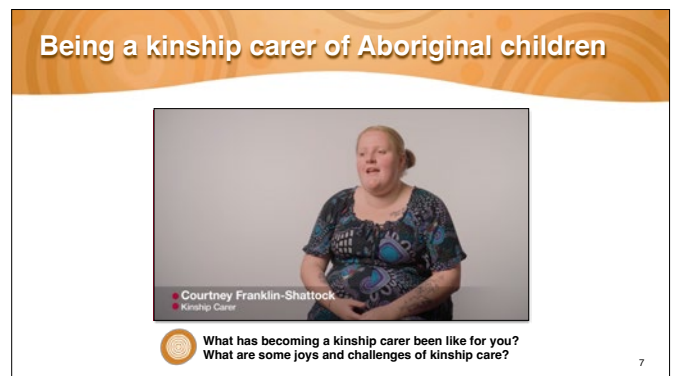


01 What is it like being a kinship carer?



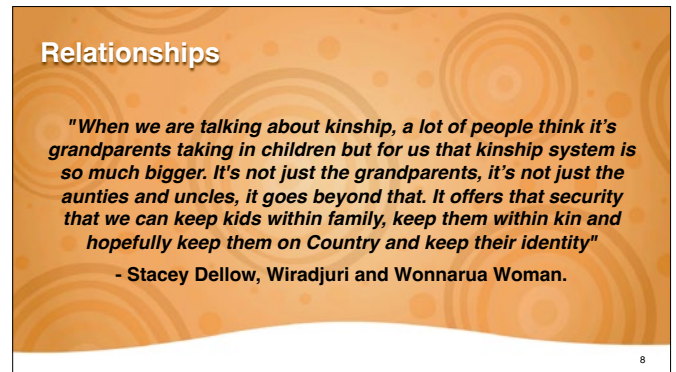
**What has becoming a kinship carer been like for you?**

**What are some joys and challenges of kinship care?**



## Slide 8 – Relationships

**“When we are talking about kinship, a lot of people think it’s grandparents taking in the children but for us that kinship system is so much bigger. It’s not just the grandparents, it’s not just the aunties and uncles, it goes beyond that. It offers that security that we can keep the kids within family, keep them within kin and hopefully keep them on Country and keep their identity” – Stacey Dellow, Wiradjuri and Wonnarua Woman.**



As a kinship carer, you hold a special role. Together with culture, community, land and spirits, you have a wonderful opportunity to be part of a life-changing relationship to help children grow and heal. This relationship can provide the children in your care with the love and safety they deserve, helping them to heal and grow from what they have experienced. With the support of family, culture, and community, you can guide children to grow up strong.

Even with the safe care you provide, your child or children carry lessons from past unsafe relationships and situations. These experiences can’t be erased, but they can be built upon. Things like a loud voice, being alone, or feeling hungry might signal to your child that danger is near, even when you tell them they’re safe. Their brain quickly tries to protect them, which might mean yelling, running away, breaking things, hurting themselves, or withdrawing. These reactions can make it tough for you to connect with them, look after them, and keep them safe.

This resource aims to help you understand trauma so you can use your relationships, and your ties to community, culture, and identity, to make your child or children feel safe just being themselves, even when it looks like they’re pushing people away.

## Slide 9 – Safe and secure



Children need to live in environments that feel safe and predictable. They need to feel safe in their relationships with the significant adults. They need to be protected not hurt by adults. They need to know that their basic needs will be met.

Family routines and structures can help build children’s trust and sense of safety. Let’s watch this short video from the Raising Children Network on the importance of routines.



[Routines: Aboriginal and Torres Strait Islander parents” from Raising Children Network](#)

**What routines and structures are important to your family?**

## Slide 10 – Opportunities to play and learn

Children need repeated opportunities to play, learn and to explore their worlds. Children learn best by actively engaging with their culture, family, and environment.

### **This can involve:**

- Engaging in family jobs and routines, such as washing dishes, preparing food.
- Observing their surroundings, watching faces, and responding to voices.
- Listening to sounds and stories, making sounds, and singing.
- Dancing and movement.
- Exploring – such as tasting objects, shaking items, and examining them from different angles.
- Questioning – asking ‘Why?’ to understand their world better.
- Experimenting with textures, objects and materials like water, sand, or dirt.
- Building things from objects like cardboard boxes or toy blocks.
- Doing things that stimulate their senses – touch, taste, smell, vision, and hearing.

**Your child also learns by being actively involved in what they are doing and learning.**

### **Simple actions like:**

- Choosing books for reading.
- Pointing to and naming pictures in books.
- Selecting toys and objects for play.
- Helping to pick vegetables for meals.
- Measuring ingredients, such as flour for baking cake.

All these things help your child learn and grow. Children need lots of ways to learn and lots of time to try things over and over. It’s good for your child to do different things like playing inside and outside, running around and sitting quietly, choosing their own games or doing planned activities.

Genetics and personality also affect how children develop, but relationships, culture, community, land spirits and safety are key to allowing children to take these opportunities to play and learn.

Unfortunately, many children who come into care have experienced the trauma of abuse, neglect, and violence from parents that they depend on for their every need. This can change the way their brain sees the world. This is called developmental trauma. Instead of learning new things and exploring, their brains are always on the lookout for danger and getting ready to respond. This can make it hard for them to focus on learning and playing.

We’ll talk more about developmental trauma in Part 3.



## Slide 11 – Trauma and kinship

Sabella Kngwarraye Turner, a Central Arrernte Nation woman, defines trauma as:

***Utnenge Kwarneme Atnyeneme: hurt held in the spirit. Kngwarraye Turner explains that such hurt happens from being ‘spun away’ from the things that come from the living ground: culture, Country, language, kinship, stories, clear thinking, good feelings, good friends, and strong bodies. When all of this is connected and held properly, children can have utnenge riterrke: strong spirit. When they are spun away from any of these things, their spirits feel the pain of Anpernirrentye Ultakeme: kinship broken. This is trauma.***

Source: [Trauma-informed care: Culturally responsive practice working with Aboriginal and Torres Strait Islander communities, InPsych 2021, Vol 23, August Special, Issue 3.](#)

Aboriginal carers who are strong in their culture are at a great advantage in passing on a sense of responsibility to community, culture, and Country to Aboriginal children and young people. They can help children to make connections with their culture, language, kinship and stories. Developing this reciprocal connection can build a confident and resilient identity that helps protect Aboriginal children against discrimination that still exists in the wider community.

An Aboriginal child placed with kinship carers who are strongly connected to the child’s community can stay connected to their culture from an early age. This includes opportunities to maintain positive family contact, stay connected to Aboriginal people, practice cultural traditions, build strong friendships, involve children in community events and celebrations, know the strength of Elders, and benefit from Aboriginal role models. Staying connected allows Aboriginal children to understand how they belong to family, community, and the spirit beings that determine lore, politics and the meaning of reciprocity of social obligations between the child and others, where they are from, and what meaning the land has to their community.

However, not all Aboriginal carers feel strongly connected to culture and community, due to dislocation resulting from the Stolen Generations, or individual or family trauma. Non-Aboriginal kinship carers may not have a strong familiarity with the child’s Aboriginal community or culture. Kinship carers who have little connection to the child’s Aboriginal community and culture must commit to developing that connection through the child’s Aboriginal family and local Aboriginal child and family service organisations.

## Slide 12 – Culture and the kinship care relationship



Now, we will watch a video where Aboriginal support workers talk about how important it is for Aboriginal children to strengthen their identity and build safe, strong relationships with their culture and community to heal. While we watch this video, think about the relationship your child has with their culture and community and what that relationship teaches them about themselves.

**Trauma and kinship**

*Utnenge Kwarneme Atnyeneme: hurt held in the spirit. Kngwarraye Turner explains that such hurt happens from being ‘spun away’ from the things that come from the living ground: culture, country, language, kinship, stories, clear thinking, good feelings, good friends, and strong bodies. When all of this is connected and held properly, children can have utnenge riterrke: strong spirit. When they are spun away from any of these things, their spirits feel the pain of Anpernirrentye Ultakeme: kinship broken. This is trauma.*

Source: Trauma-informed care: Culturally responsive practice working with Aboriginal and Torres Strait Islander communities, InPsych 2021, Vol 23, August Special, Issue 3.

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**Culture and the kinship care relationship**

Relationships to feel safe → Safety to be safe → Playing & Learning to develop in safety

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### 02 Supporting Aboriginal culture, identity, and teams in out-of-home care



**What does culture and kinship mean to you?**

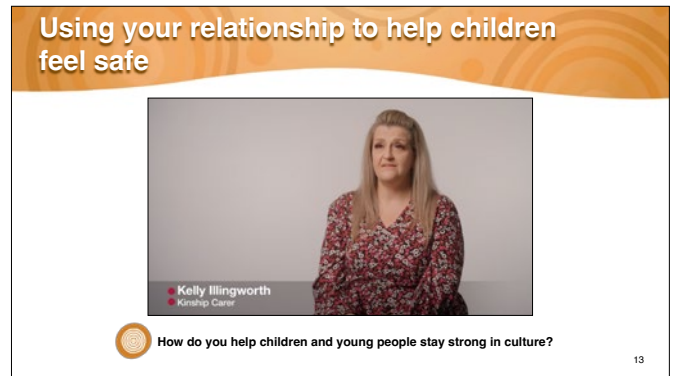
**How do you help children and young people connect to culture and kin?**



## Slide 13 – Using your relationship to help children feel safe



Now we're going to hear from Kelly and Dawn about what they do to keep their children strongly connected to culture. Dawn is an Aboriginal kinship carer, while Kelly is a non-Aboriginal kinship carer of Aboriginal children. Let's listen to how they each use their relationship to provide opportunities for their children to develop safe relationships with family, community, and culture. You will hear in what is said in the video that there is a combination of contemporary Western knowledge about human science and evidence-informed practice with holistic Aboriginal perspectives and traditional healing.



### 03 How do you help children and young people stay strong in culture?



## How do you help children and young people stay strong in culture?

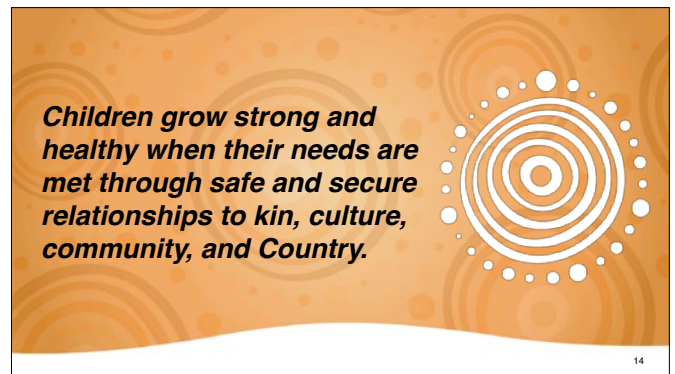
Ensuring that Aboriginal children can develop safe, strong relationships with you and their culture and community allows them to feel safe with who they are and how they belong. That sense of safety is what allows children to trust and develop the connections to family, community, culture, land and spirits that will help them to grow strong.

## Slide 14 – Key message



This is our key message for this part:  
**Children grow strong and healthy when their needs are met through safe and secure relationships to kin, culture, community, and Country.**

It can be a tough job keeping children feeling safe and being safe so that they can develop through play and learning. But as complicated as it sounds, your mission is very simple – focus all your efforts on connecting your child with family, culture, and community. When your child feels safe and is safe, they can risk experimenting with new ways of being and developing new skills to keep themselves still and enjoy relationships with family, community and friends.



In our next part, we're going to look at how the brain develops, and how we can use that knowledge to understand how to feed children's growing brains in a safe way.

## Part 2: The growing brain

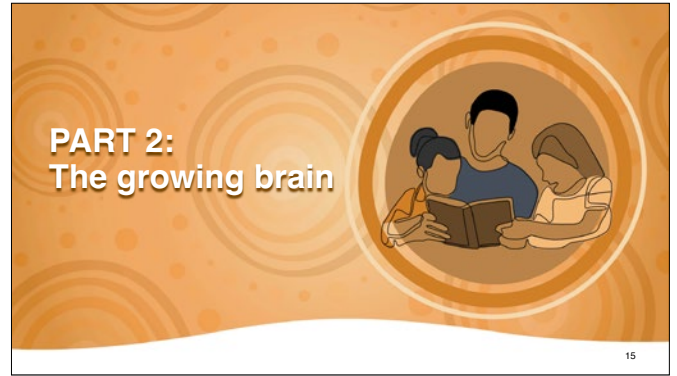
### Slide 15 – Part 2: The growing brain

Now, we're going to explore how brains grow and change over time. Learning about the brain helps us understand our children's behaviours and stories more clearly. Each experience, good or bad, leaves an imprint on their developing brains.

This understanding, drawn from Western science, sits alongside your own experience and wisdom.

While all early experiences influence brain

development – the bonds of kinship, and connection to culture and Country are vital in nurturing a child's brain, supporting healing and strength.



### Slide 16 – Key message

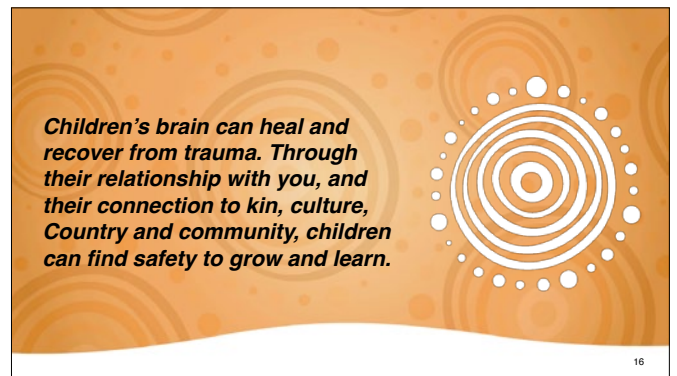


This is our key message for this section:

**Children's brains can heal and recover from trauma. Through their relationship with you, and their connection to kin, culture, Country and community, children can find safety to grow and learn.**

As we explored in Part 1: Strong roots, children need to feel safe and be safe before they can take advantage of opportunities to play and learn. This

part looks at how to meet children's growing needs in the same order their brain grows, and how to give children opportunities for play that will match which part of the brain they need to build next.




## Slide 17 – A child's brain develops through relationships

Our brain takes in all the messages from our culture around us. It helps us to understand what is expected of us. It gives us the capacity to learn right from wrong. It learns the lessons of our Elders in our communities. In the context of our community, our brain creates a way of understanding who we are, who our people are, and what lands we come from and belong to.

**A child's brain develops through relationships**

Even before birth, as parents respond to their growing baby in the womb, the tiny brain of that baby is taking in information around them. Every small piece of experience stimulates the brain to grow.

If the experiences are positive, consistent and nurturing, then children's brains develop strong and able to adapt to the challenges of growing up.



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Our brains connect everything together into a story that we tell ourselves and others about who we are and what our relationships mean to us. Even before birth, as parents respond to their growing baby in the womb, the tiny brain of that baby is taking in information around them. Every small piece of experience stimulates the brain to grow.

If the experiences are positive, consistent and nurturing, then children's brains develop strong and able to adapt to the challenges of growing up.

## Slide 18 – The brain: How does the mind-body connection grow?



This video explores how the brain grows. As we watch, let's think about which part of the brain children use to respond when they feel stressed and unsafe.


[04 Four brain centres \[3 mins\]](#)



**When children feel stressed and unsafe, is it easier for them to respond with their thinking brain or their emotional brain? *Emotional brain***

**The brain: How does the mind-body connection grow?**

**Chapter 4**  
Understanding your child's brain development



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The video shows how a child's brain grows step by step and why young kids often can't think clearly when they feel very strong emotions. In other words, children need to feel calm and safe before they can use their thinking brain. But it's not always easy to help them feel calm! As we just saw, we can try to reason with a child or encourage them to count to 10, but if their thinking brain isn't back online yet, they aren't hearing a word we say. The only way to help children who are thinking with their emotional centre is to try to use your relationship to help them feel calm and safe – so their thinking centre can come back online.



**What do you find soothes your child and helps them feel calm and safe?**

*Sit with them, hugs, act calm, speak with a soothing voice, sing, nod, listen, remove distractions, acknowledge their feelings.*



## Slide 19 – Growing brains and child development stages



### Handout: Growing brains and child development stages

As we just saw, the brain develops from one building block to the next.

Use the left illustration on the slide to show the order of how the brain grows and develops.

First is the body centre (brain stem), then the movement centre (cerebellum), on to the emotional centre (limbic system), and through to the thinking centre (cortex). Humans develop in this order to have the most basic skills for survival, like breathing and running, before they can move on to more advanced skills that could help them find a mate or collect food more efficiently.

Use the right illustration on the slide to show the developmental age groups. Share the handout, 'Growing brains and child development stages' to help guide reflection.

In this handout, you can explore the relationship between child development stages (as adapted from the Healing Foundation and Emerging Minds resource) and brain development. It is important to share with carers that child development is a dynamic and interactive process. Every child is unique and develops at their own pace. Developmental stages may differ for children and young people depending on whether they live with a disability or have experienced trauma.



**What is one new insight you've gained from the handout on child development stages? What does it reinforce about what you already knew?**



## Slide 20 – Feeling safe and making time for play and connection

Let's assume our children are safe now. They live in a safe home, they have plenty of food and time to play, and they have us and others to supervise them to make sure they're never in danger. Some children, especially early in their care placement, don't believe that this living situation is safe, which might be fair enough considering their past experiences. However, especially after a while, many children in care do "know" that this living situation is safe in theory, but they still just don't feel safe.

### Feeling safe and making time for play and connection

Playing a lot, following the child's lead, spending time with them, putting the relationship first, being a source of comfort and calm are all the activities that help all children, and of course can really support children and young people who are living in your care and who have experienced disruption and trauma in their lives.



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### What makes people feel unsafe even when they "know" that they are safe?

*You might like to consider some examples of non-dangerous scary activities: meeting new people, flying in an aeroplane, starting school.*

*When listening to responses, reiterate the element of the unknown within each answer.*

So, like us, children are able to feel safe when they are in familiar and practised situations and know what will happen. We can do our best to describe what's coming, which could be useful for events that don't happen every day, like going to the doctor or dentist, going to stay with family unexpectedly, birthdays and holidays. For daily activities, one powerful way to help children feel secure that they know what's coming is to develop a strong consistent daily routine. If you have a strong routine where the same activities happen in the same order every day, children will start to relax and feel safe, because they are always seeing that the thing they expect to happen next is, indeed, exactly what happens next. This is important to the brain because the brain functions best when there is a pattern to follow. It is not possible to prevent or avoid all unexpected events but where we can we should help the child by helping them to know what is happening in their world.

This means we have to find a routine for children that gives them the opportunity to learn and play, integrated into a routine that helps them feel safe.

For a baby developing their body centre, this might look like extra cuddles when attending to every cry, consistent pats on the back to help them get to sleep, or a game of peek-a-boo after every changed nappy.

For a toddler working on movement, this might be digging in the sand, copying each other's silly walks on the way to daycare or painting together while dinner is cooking. A pre-schooler working on emotions could help you tell stories when you're walking to the shops or take turns with you to eat a mouthful of food at dinner. For a school-aged child, you might make games passing a soccer ball back and forth, fishing together.

The focus is to provide a calm and safe environment to play and have fun, which is how children can learn and develop. Practising these things in tiny repetitive interactions with you is the key to developing their skills. After 100 safe experiences of describing their toys' feelings to you, children may begin to trust you enough to become good at describing their own feelings to you, and then eventually to others.

*Healing is not linear, and this is one of many examples of a caregiver/child interaction that could be used to demonstrate the key messages for this topic.*

## Slide 21 – Opportunities for play in safe routines

Let's think of some safe playful games that might help the child you care for build the skills they need the most practice with.



**What is a skill your child is struggling with more than others their age?**

*E.g. Telling you how they feel.*

**What are some opportunities for play with you that could help them learn that skill?**

*E.g. When you have quiet time with the little one.*

**How could you incorporate those opportunities to play/learn into a predictable daily routine?**

*E.g. Story telling or singing songs about feelings.*

**How many times do you guess it would take playing this game (or variants of the game as it evolves!) for your child to get pretty good at that skill?**

*Lots of repetitions will help your little person grow and build the skills they need for life.*

**Opportunities for play in safe routines**

1. A developmental skill your child is struggling with?
2. Opportunities for developing that skill through play?
3. Incorporating those opportunities into your routine?
4. How many games would it take?

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## Slide 22 – Key message



This brings us to our key message:

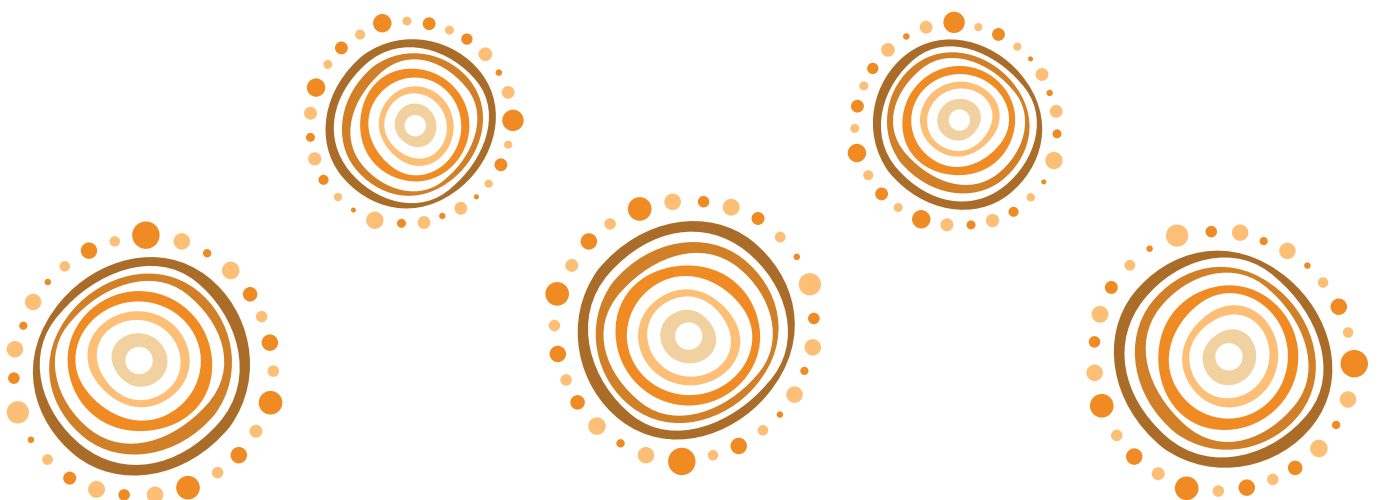
**Children's brains can heal and recover from trauma. Through their relationship with you, and their connection to kin, culture, Country and community, children can find safety to grow and learn.**

***“When your mind is strong, and your Country and culture is strong, you are renewed and strengthened”***

***Children's brains can heal and recover from trauma. Through their relationship with you, and their connection to kin, culture, Country and community, children can find safety to grow and learn***

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Next, we are going to look more closely at how trauma can impact how easily children can feel safe with you, and what that means for the way that they learn to behave.



# Part 3: Understanding trauma from a western perspective

## Slide 23 – Part 3: Understanding trauma from a western perspective

Now, we're going to look at understanding trauma and how it impacts the children we're caring for. Now that we know how the brain grows in childhood, this is about how trauma impacts the growth.



## Slide 24 – Key message



Our key message for this unit is: **Understanding the 'hurt held in the spirit' helps us help the children we care for.**

When we're going through our daily challenges with children in our care, it's helpful to remember the impact of trauma on their brain. When we understand that children are struggling because their brains are in "survival mode", that can help us remember to focus on helping children feel safe first, before we approach what they're struggling with. We call this connection before correction.



## Slide 25 – What is trauma?



### Handout 2: What is trauma?

When we hear about "trauma", there are a few different types or understandings of trauma we could be talking about.



[05 Understanding intergenerational trauma \[4 Mins\]](#)







## How do you think the Stolen Generation impacts Aboriginal children in care today?

*Resource conversation to cover witnessing pain of parents, family, and Elders, broken supportive kinship networks, disconnected families, and being cared for by adults who may use unsafe coping mechanisms to manage their trauma.*

## How does understanding the impact of the Stolen Generation help children in care?

*Highlight elements of participants' responses that focus on building children's strong safe relationships with people, community, culture, and Country.*

For Aboriginal children, the complex and developmental trauma caused by individually experienced abuse and neglect is compounded by intergenerational trauma – the trauma of history, ongoing racism and discrimination, and the trauma experienced by their carers, by their family, and within their community.

This adds further dimension to children's experience of trauma and requires careful unravelling to understand and respond.

## Slide 26 – The thinking brain and the emotional brain

Now that we're considering the impact of trauma on the brain, let's think about how the emotional brain, which develops first and is faster to react, can often make it hard for the thinking brain to function in times of stress.

In the next video, psychiatrist Dan Siegel describes how the thinking centre can lose control of the emotional centre temporarily when we're seriously upset. This happens to all of us at any age, when we lose our temper or feel too upset to speak. Dan shows us a way to simply explain how our thinking brain loses control of our emotional brain to children of all ages.



## 06 Hand model of the brain

HANDOUT 2

## What is trauma?

When we hear about "trauma", there are a few different types or understandings of trauma we could be talking about.

### Trauma, a holistic understanding.


Sabella Kngwarraie Turner, Central Arrernte women, reminds us that everything comes from alhele itethe: living ground. She defines trauma as:

**Utmenge Kwarneme Atnyeneme: hurt held in the spirit.**

She explains that the origin of trauma is being 'spun away' from the things that come from the living ground: culture, Country, language, kinship, stories, clear thinking, good feelings, good friends and strong bodies. When all of this is connected and held properly, we have *utmenge riterrke*: strong spirit. When we are spun away from any of these things, our spirits feel the pain of *Anperrrentye Ultakeme*: kinship broken. This is trauma.

Trauma affects the way children and young people think and act and overwhelms their ability to cope and engage. It can affect a person for many decades and in many different ways. Common symptoms include fear and anxiety, difficulty with relationships, impulsive behaviour, feeling sad and hopeless, tired and confused'.

Research has shown that people are not only affected by traumatic events they directly experience. Witnessing or hearing about trauma from a family or community member can also have an impact. Unresolved trauma contributes to many of the social and health problems affecting Aboriginal communities. If people have not had the opportunity to heal, they may act out their pain in negative ways including physical or emotional violence, abuse or addiction.

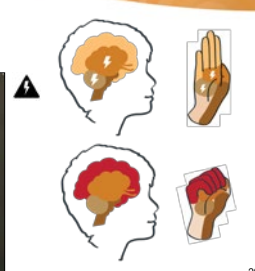


Healing Foundation, Glossary of healing terms: [https://healingfoundation.org.au/uploads/2020/07/HF\\_Glossary\\_of\\_Healing\\_Terms\\_A3\\_Poster\\_Jul2020\\_V1.pdf](https://healingfoundation.org.au/uploads/2020/07/HF_Glossary_of_Healing_Terms_A3_Poster_Jul2020_V1.pdf)

Government of South Australia Department for Child Protection      **cetc** centre for excellence in therapeutic care      **Australian Childhood Foundation**

## The thinking brain and the emotional brain

**What happens when children "flip their lid"?**  
 "Flip their lid" = lose connection to the thinking brain, a.k.a. brain in "survival mode"



Daniel Siegel, Clinical Professor of Psychiatry, UCLA School of Medicine

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## Slide 27 – The thinking brain and the emotional brain



### What have you seen happen to your children when they “flip their lid”?

Use the graphic to help prompt participants to cover memory, behaviour, relationships, body, and emotions.

This hand model of the brain is a creative and simple way to illustrate what happens when we are so overcome with feelings that our brain switches into survival mode. When children experience ongoing abuse and neglect, over time, their brain learns to anticipate danger and starts getting really good at switching to survival mode! You can see in the “flipped lid” diagram, this child’s brain has perceived danger, so it’s flooding with stress chemicals that shut down the thinking centre, leaving the emotional, movement, and body centres to tense the body, raise the heartbeat, and get ready to fight, flight, or freeze.

When children experience scary situations or relationships daily, the thinking centre can be shut down so often that the brain doesn’t get much chance to develop the thinking centre.

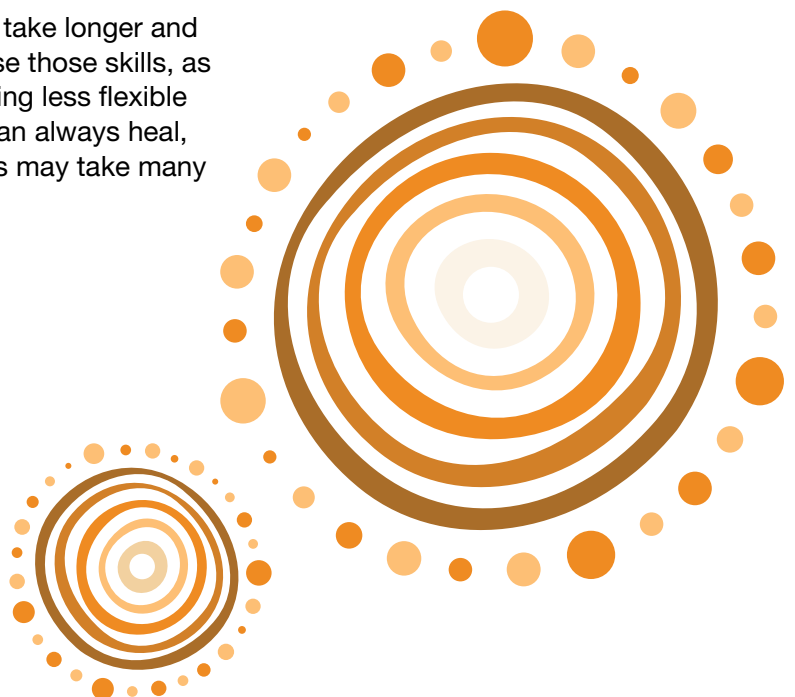
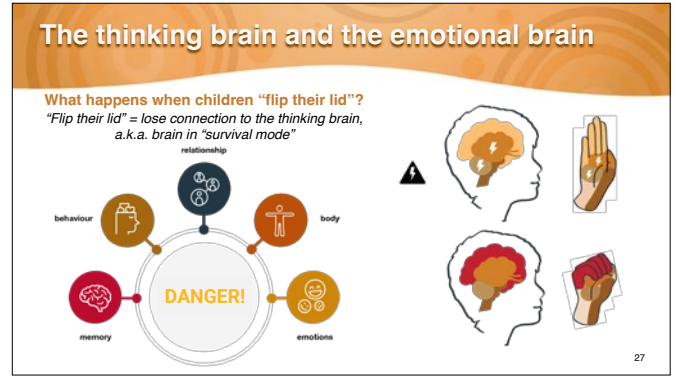


**What do you think happens when children “flip their lid” too often and don’t get the chance to develop their thinking centre?** Take some ideas. Resource answers toward overdeveloping fight/flight/freeze responses and not developing skills that need the thinking centre: problem solving, memorising information, understanding cause and effect, rationalising events, and understanding long-term consequences.

When people sometimes describe children with developmental trauma as “stuck in their feeling brain”, this is what that means. These children can suffer issues with their memory, behaviour, relationships, body, and emotions, because the part of the brain that allows children to remember, think rationally, and make sense of their situation is underdeveloped, and the ability to react emotionally is becoming overdeveloped.

The good news is that all children are capable of healing and developing their thinking centre because the brain never stops being capable of change! This is called brain plasticity. **Working through sensory and tactile work, understanding the strength in culture, narrative, music, dance, movement, play therapy, nature, storytelling, and performance. We must work with children to promote positive spiritual and cultural growth and identity.**

However, we know that as children age, it can take longer and longer to create those connections and practise those skills, as the brain is slowly losing plasticity and becoming less flexible into teenagerhood and adulthood. The brain can always heal, but the progress a toddler can make in months may take many years as an adult.

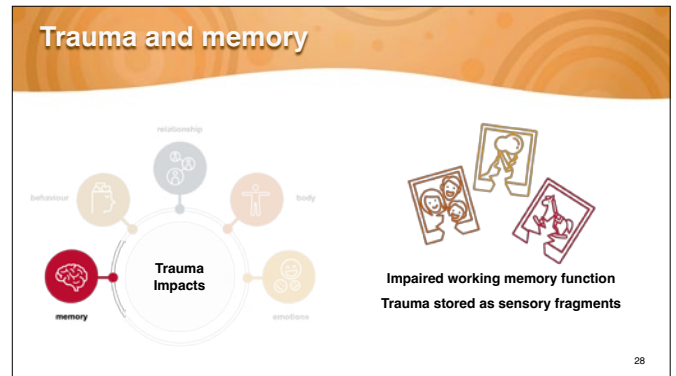


## Slide 28 – Trauma and memory

First, let's look at the impact of trauma on memory. When stress chemicals shut down the thinking brain, the memory centre comes offline, so the body can prepare to react with fight, flight, or freeze. If a child feels unsafe, the brain may be scanning for danger and not making memories, even before we're seeing any unusual behaviours.

This makes children's memory less effective, both at recalling what happened over the day, as well as "working memory" – the memory skill of remembering multiple steps of a task.

Keep language simple and direct. Break instructions into parts: Instead of "Go and get your football and your hat and go outside", say "Get your football." When the child has followed that instruction, say "Now get your hat" then "OK, now you can go outside".



### **How could trauma's impact on memory affect a child's experience of school?**

*E.g. Children may miss many instructions, they may not retain what they learnt well, they may forget homework, they may be penalised for late assignments.*

The other impact that trauma can have on memory is that children can have bits of memory from recollections of their past. The experience of abuse and neglect is intense and overwhelming, so the brain struggles to store the whole memory as a whole story, but rather, stores it as sensory fragments.

Sensory fragments could be a sound, like someone yelling or a certain tone of voice; they could be a smell, like cigarettes or toast; a touch, like a hand on their head, or other sensations, like being bounced or being wet. These fragments become separated from the story of what happened but still trigger an intense response, sometimes just like reliving the abuse inside the brain. Without knowing why, the child might jump into survival mode, shutting down the thinking brain to prepare the body for fight, flight, or freeze. The child may suddenly be screaming or running out of the classroom or do any number of things, just because the teacher spoke in a certain way that triggered the brain to subconsciously relive past abuse.

Even really difficult to understand behaviours often make sense if you know the whole story. Without any safe adult who can help to link their current experience with past abuse, children are often just as baffled as anyone about what compelled them to react suddenly. With no other explanation, children often find it easy to chalk it up to "just being a bad kid", which goes on to create a cycle of self-worth issues without ever really understanding that their past is not their fault.

Many times, you'll have no idea what the trigger was, but over time you might see a pattern, or you may know enough about their past experiences to make a good guess. When a safe adult can suggest good reasons, a child might have had to react, that can help the child make sense of their reaction and feel less ashamed, and ultimately learn to have better control.



## Slide 29 – Trauma and behaviour

Now that we're considering how stress chemicals shut down the thinking brain to prepare it for fight-flight-freeze, this is a good time to explore trauma-based behaviour.

The behaviour that comes from fight-flight-freeze is not unique to children in care. Every human that feels unsafe has these chemicals that shut down the thinking brain to prepare us to fight, run away, or play dead. If we didn't, we'd have never survived the last 60,000 years here. Children in care have the same behaviours as all children, but because their brain is more ready to perceive and react to danger, those behaviours can be more frequent and more intense. These children are often hyper-sensitive to the risk of threat.



### 07 Understanding trauma-based behaviours [3mins]



**Pick a behaviour you find difficult to manage. What need could that behaviour be communicating?** *E.g. Aggressive behaviours might communicate fear; lying might communicate a need to protect oneself from abusive punishments.*

**Should we give children attention when they display “attention-seeking behaviour”?**

**Why or why not?** *Ensure understanding that children need close attention, which helps them feel connected and soothed by their carers and others. When children feel safe and are safe, they can develop their thinking centre to learn strategies to meet their own needs.*

Intentionally thinking of every behaviour as a way to communicate a need can help you see children for who they really are, and empathise with how challenging it is to feel that relationships can't be relied on. Focus on intuitive parenting through encouragement of learning, and discipline through teaching by example and natural consequences rather than physical punishments.

## Slide 30 – Trauma and relationships

Experience is what teaches our brain about relationships: how they work, how to engage, what to give, what to get, and how to behave towards others. This becomes our relationship template, or “rule book”, for what we expect from future relationships.

From birth, children absorb their culture and attach to their primary carers, which establishes how they engage in ongoing relationships with their culture and with others. When parents and others who care for them respond to their child's practical, cultural, and emotional needs with warmth and acceptance, children feel safe and loved, and learn that they are valuable good children who deserve respect.

*Read out some highlights from the “positive rule book” on the slide.*

A child who has been abused or neglected by primary caregivers learns that they do not deserve love, safety, kindness, or respect, and begins to expect that others will abuse and neglect them.

*Read out some lowlights from the “negative rule book” on the slide.*

If this has been the child’s experience of their primary carers, it can take a long time to “rewrite the rule book” on how relationships should work. The opportunity of forming an enduring affective relationship with more than one specific person in the community allows the support and maintenance of the child’s emotional health through their life span.

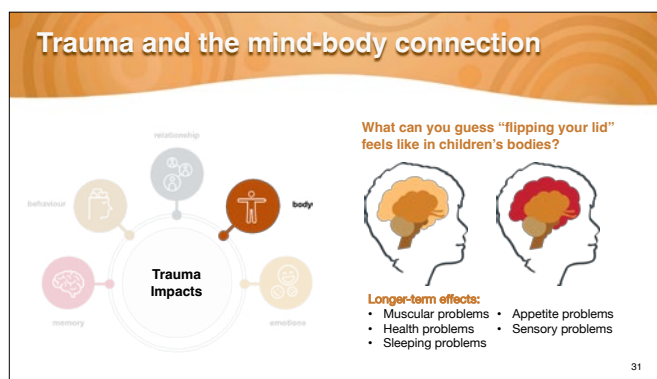
Children who have found that adults are abusive and do not provide comfort may reject your attempts to bond with them, avoiding emotional engagement at all costs. These children can seem stoic and indifferent and may say things like, “Well, just kick me out if you hate me so much, see if I care”. This is particularly common for children who have experienced multiple placements and multiple relationship breakdowns including separation from community and culture.

On the other hand, some children who have experienced inconsistent safe relationships may not be able to understand who is safe or unsafe. When children are prone to misjudge the strength or nature of relationships, it can expose them to rejection and exploitation.

### Slide 31 – Trauma and the mind-body connection

We have talked a bit about how children with trauma can easily lose access to their thinking centre, leaving only their emotional, movement, and body centres to respond to danger. Now it’s time to think about the chaotic experience of trauma that children feel in their bodies.

For this next question, we have to think about the last time we flipped our lid at someone – a time we felt so scared or angry or upset that we felt out of control of our bodies. Maybe you stormed out and slammed the door, snapped and screamed at someone, or completely froze and weren’t able to say anything at all.



**What do you think that it feels like (“flipping your lid”) when you are disconnected from mind and body?** *Tense, sick, heart thumping, eyes prickling, choked up, sweaty, nauseous, dizzy, stiff*

**What do you think helps when children feel like this?**

Apart from the short-term effects of perceiving danger, there are long-term effects that build up in the body and can impact children’s daily lives. They can feel permanently tense and rigid, they can have regular headaches and stomachaches, disturbed sleep and eating patterns and high heart rates.

For children with developmental trauma, it’s common to have sensory challenges, because the brain did not get much opportunity to make these connections back when it was much younger. This could be either hypersensitivity, for example, easily overwhelmed by bright lights. This is an important thing to look out for because intentionally building those brain connections in a controlled way could have a positive effect on many different aspects of daily life.

## Slide 32 – Trauma and deep wounds

The last impact of trauma to pay attention to is emotions. With an overpowered emotional centre, emotions are in no short supply. However, children need a fairly advanced thinking centre to be able to understand how they feel and process that feeling without reacting instinctively.

This is an ability called “self-regulation” (or managing yourself”). Managing yourself is about the ability to identify and name feelings, understand what triggers them, explain them, recognise their intensity, keep calm through strong feelings, control impulsive reactions, behave in socially appropriate ways, and calm yourself down when you have big feelings.



Children are not good at regulation in early childhood, but they do make their first steps. Babies might suck their fingers to self-soothe, toddlers might have a security blanket they can clutch, and pre-schoolers may start verbalising “I’m very angry!” when they throw their toy across the room.

As children begin to build their thinking and language skills, they start to rely on it more. If you suggest going down the big slide, a school-aged child might simply explain that they’re a bit scared of that slide, rather than yelling “NO!” and running away. As the brain keeps making connections between the thinking centre and the emotional centre, children fine-tune their strategies, gaining more and more capacity to manage themselves as they go through the period of adolescence and onwards into adulthood.

But before they can do any of that, they rely on the thinking centres of safe adults to co-regulate. Co-regulation or joint emotional grounding is simply the regulation that adults do for children who can’t manage themselves yet. The adults in the child’s life can help describe and rationalise feelings, suggest that maybe that slide is too scary for now, validate that these feelings are okay to have, and help soothe and calm children when they’re crying. As children continue to develop their thinking centre, they begin to show how their parents have co-managed with them. Soon, they can handle the small stuff by themselves.

The bigger the feeling, the more regulation is needed to stay calm. For people with a safe and secure childhood, their brain doesn’t expect threats to be too dangerous, and by the time they’re 25 they’ve developed the ability to keep their cool in most situations. For other children who have experienced trauma, big feelings can be huge feelings, with strange and complex associations, and therefore are much harder to regulate. On top of that, if they haven’t had safe relationships to rely on, they have no reason to trust the adults who are attempting to help them.

When we talk about “intentionally using your relationship to help children feel safe”, co-regulation and joint emotional grounding is a big part of what we mean. Children in out-of-home care are far less able to manage themselves than their peers, so they need plenty of extra co-regulation and joint emotional grounding from you and others to catch up. When we understand children’s behaviour as communicating something that they need, that can help us find ways to respond that strengthen the relationship and help them feel safe.



### Slide 33 – Awareness exercise

For this reflection exercise, think of a behaviour you've seen in your child that you may have previously thought of as 'mucking-up' but now think of as expressing a need to feel safe.



**Is there any pattern or obvious cause for this behaviour?**

**Is there anything you could do to catch the behaviour early before it escalates?**

**How could you help your child feel safe before their brain switches to survival mode?**

*In participant response, highlight elements that build trust and safety in relationships and routines.*

**Awareness exercise**

Think of a seemingly "muck-up" behaviour that is really just expressing the need to feel safe.

1. Is there a pattern or trigger for the behaviour?
2. Could you catch the behaviour before it escalates?
3. How could you help a child feel safe *before* their brain switches to survival mode?

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### Slide 34 – Key message



This brings us back to our key message: **Understanding the 'hurt held in the spirit' helps us help the children we care for.**

We know that once they feel safe, children's brains can be still and calm, which allows them to focus on building new connections to develop deadly abilities.

So how do we help them feel safe? In the next section, we're going to explore how we can take everything we know about trauma and use it to adjust our approach to raising the children we care for.

**Understanding the 'hurt held in the spirit' helps us help the children we care for.**

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# Part 4: Trauma aware and healing informed approaches

## Slide 35 – Part 4: Trauma aware and healing informed approaches

In this section, we will take everything we know about trauma and its impact on the brain and apply it to how we approach caring for children with trauma.

## Slide 36 – Key message



The key message for this section is:  
**Start with connection.**

Sometimes when children's brains are in survival mode and they display intense behaviours, it can be tempting to show children that behaving that way doesn't get them what they want. However, for a child to understand that, they need rational thinking, which is the job of the thinking centre.

We have seen that children need to feel safe as well as be safe in order to develop the thinking centre, and the biggest part of feeling safe is feeling connected to their carer and community.

## Slide 37 – Healing through care



While we watch this video, I want you to think about what the biggest difference is between caring for a child who has experienced complex trauma and caring for a child who has not?

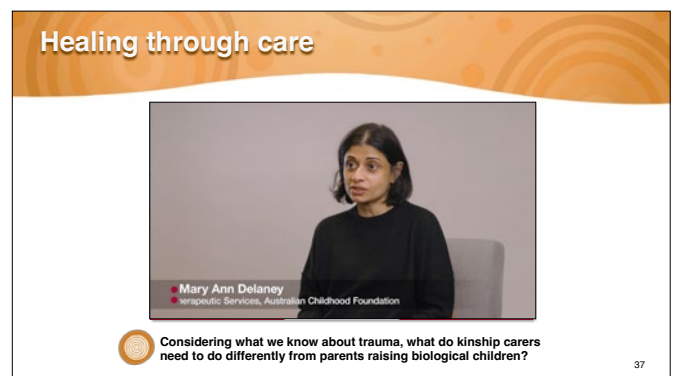


### 08 Trauma-informed care [7:30mins]

**Considering what we know about trauma, what do kinship carers need to consider doing to support the children in their care?** *Keep participants' focus on what carers do differently, rather than how the child is different. Highlight elements of answers that prioritise children feeling safe and building a trusting relationship.*

*N.B. If participants suggest this is how all children should be parented, agree that all children need to feel safe and be safe to develop, but that children who haven't experienced trauma usually already feel safe and trust their primary carers. Avoid accidentally implying that participants and their parents who have previously used "time out" and other punitive behaviour management with biological children are abusive.*

The last therapeutic specialist in this video who was speaking as a non-Aboriginal person says trauma-informed care is difficult, it's a lot of work, and it takes a lot of time reflecting on your child's needs and your needs to inform your approach. This is almost impossible to do alone, so it's extremely important to lean on your support worker, teachers, therapists, family, and friends to help you reflect on how care is going and make sure you're meeting your own needs, so you can meet your child's needs.



### Slide 38 – Trauma aware and healing informed parenting

Trauma-aware and healing-informed parenting is a strengths-based approach to healing that is based on an understanding of, and responsiveness to, the impacts of trauma. Trauma affects the way children and young people think and act and overwhelms their ability to cope and they will often show signs of fear and anxiety, have difficulty with relationships, they muck-up, they have feelings of sadness, hopelessness and confusion.



It emphasises cultural, physical, psychological, and emotional safety for children and young people and for the carers as well. It also creates opportunities for children and young people affected by trauma to rebuild a sense of safety and connection to culture, family, and Country.

This means we need to be still and connected with children, to help them manage their behaviour. We need to build still, safe connections with our children in the day-to-day moments when their brains are in thinking mode, but also stay still and connected when they do feel unsafe and “flip their lid” into survival mode.

However, sometimes we adults may lose our ability to manage ourselves, especially when we’re stressed and exhausted. Sometimes, even great carers may promise something that they later couldn’t follow through on, or feel themselves become so overcome with anger that they need to give a child time out instead of time in – just to get a few minutes to calm down. This is not ideal, but it is inevitable we all sometimes make mistakes. In these times it’s more important than ever to create safety in the relationship.

Great carers who make mistakes don’t beat themselves up and pretend it didn’t happen. Great carers see these ruptures as opportunities to model how to make amends and reconnect. We want our children to learn that when they make mistakes, it doesn’t ruin relationships, we can always calmly resolve our conflicts and grow together. It’s important to repair that rupture and reinforce your connection to show children mistakes are okay, and that they can still rely on your warm protection, no matter what happens.

### Slide 39 – Calm connections day-to-day

While western professionals such as therapists and counsellors can provide children with some helpful resources and strategies to overcome their trauma, the most powerful healing comes from the child’s own relationships, connections to culture, community, land and spirit. Day-to-day moments that build relationships with you, family, kin, and their culture help children feel safe and valuable, which allows them to develop their thinking brain and heal their emotional brain.

Aboriginal children and young people’s connection to family, community, culture, and Country is foundational to their sense of identity and belonging, which allows recovery from the impacts of trauma. To support this, all Aboriginal children in care in South Australia should have an Aboriginal Cultural Identity Support Tool (ACIST) included in their case plans. The purpose of the plan is to capture information about the child’s family, community, and cultural connections, including the child’s place in their family, kinship, and community structures. Aboriginal and non-Aboriginal kinship carers are considered best placed to develop and strengthen and possibly rebuild these connections.

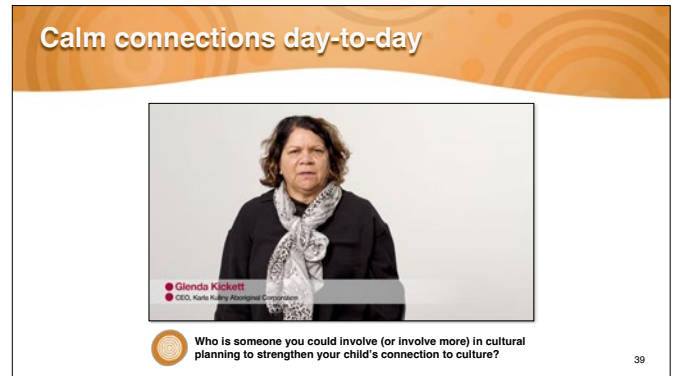
As kinship carers you play a central role in both contributing to the development of the cultural plan and in ensuring it is implemented, strengthened and adapted to the child or young person’s needs. As Aboriginal or non-Aboriginal carers you may not know all the cultural connections the child or young person has. Reaching out to others who can help is important, such as your support workers in the supporting ACCO or DCP, or other Aboriginal organisations in your region.



Let's watch a video with Dr Glenda Kickett. Glenda is the CEO of Karla Kuliny Aboriginal Corporation, and an Cultural Advisor with the Centre for Excellence in Therapeutic Care, part of the Australian Childhood Foundation. She is a Whadjuk and Ballardong Nyungah woman.

Glenda will explain a little more about what cultural planning includes.

[09 What does cultural planning need to involve? \[4mins\]](#)



### **Who is someone you could involve (or involve more) in cultural planning to strengthen your child's connection to culture?**

Children can feel more secure when they know more about who they are, how they belong to others and the land, what's happening around them, and how the world works. We can narrate what's happening verbally, exaggerate communicating their value through warm facial expressions and accepting body language, and create consistent connections for children to rely on.

Being a calm presence helps your child feel secure in a range of environments, but it also helps to have a range of calming environments for children to connect with. Have a think about where your child often goes. Is your own home a calming environment? Can you connect to nature? Are there spaces that feel playful? Are there quiet spaces to relax after an emotionally intense day. Nature can bring about feelings of peacefulness.

Routines can also help children to stay calm. Brains love reliable patterns. Strong repetitious routines allow children's brains predict what will come next and feel safe when the world does what they expect. As we have already heard, if there are lots of unexpected changes the brain can become tense because it can't prepare for the unknown. Although some surprises to routine are enjoyable or exciting, it's important to remember that intense emotions like excitement can make it harder for children to use their thinking brains when something that they don't like happens.

### **Using the wisdom of culture to heal and protect**

'As part of the oldest living continuous culture in the world, Aboriginal and Torres Strait Islander people developed sophisticated ways of healing from trauma and loss. By reconnecting with knowledge systems and practices, culture can help to heal our pain and create opportunities for harmony and balance that allow Aboriginal and Torres Strait Islander people to participate more fully in family and community life in healthy, safe and confident ways.'

'This journey of growing our own knowledge and understanding is an important one so that our children and young people are strong in spirit, strong in culture and become strong people, able to transverse our modern world with pride in their cultural identity.'





## Slide 40 – The P.A.C.E. Attitude

The use of PACE is not aimed at ‘changing’ the child or young person; rather it is used to help them feel connected. Through PACE the child or young person feels understood, and this in turn builds the trust that is necessary for the development of security.



### 10 P.A.C.E.

That’s just a short introduction to help us understand the goal of a PACE

mindset. The use of PACE is not aimed at ‘changing’ the child or young person; rather it is used to help them feel connected. Through PACE the child or young person feels understood, and this in turn builds the trust that is necessary for the development of security.



## PLAYFULNESS

Children and young people need to feel that they are fun to be with: joy brings connection. Playfulness is about having fun with young people and assisting them to join in fun family or community times. Playfulness is also used to defuse tension— giving the young person a response they did not expect, to keep things lively. Life is often all too serious for a young person living with the complexities outlined in this booklet: anything we can do to brighten up their life can be helpful.

## ACCEPTANCE

When a traumatised child or young person experiences the understanding and warmth a caring adult and others can offer them, this challenges the view they have built up of themselves through years of neglect and abuse. This negative view tells them they are unworthy of love and may be to blame for all that has happened.

Acceptance says to the child or young person, I don’t like what you are doing right now but I understand why you have to do it. I am here to help you do things differently, so you get on better with others and don’t get into so much trouble.

Acceptance avoids angry power battles, and at the same time limits can be set, and natural consequences enacted, without any shaming of the child or young person for their behaviour. This process allows an adult to stay calm, which helps the young person regulate themselves.

## CURIOSITY

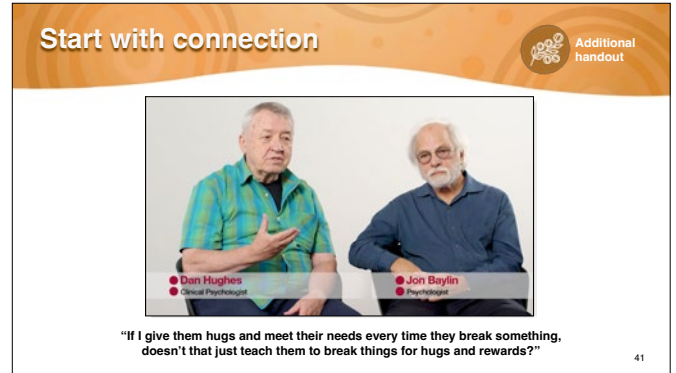
It can be useful to wonder with a child or young person about the meaning behind their behaviour and why they do the things they do. Curiosity sometimes means making best guesses about what is going on. The child or young person and the adult are figuring it out together. Curiosity allows a child or young person to feel heard and understood. Adults may wonder aloud at what the child or young person might be thinking or feeling, why they might be reacting like this, and what might be going on underneath the behaviour.

## EMPATHY

With empathy we ‘feel with’ another person; we feel compassion for their struggles or suffering. Empathy eventually allows the child or young person to acknowledge deeper feelings of fear, sadness, hurt and anger, without fearing judgment. Empathy can be used to soften a young person’s defences.

## Slide 41 – Start with connection

Using PACE as a mindset can help you orient yourself towards this simple motto: “start with connection”. We’ve seen now that we want to build a trusting relationship with children to help them feel safe, rather than directly correct their behaviour. When children feel safe, they can use their thinking brain to control their feeling brain and begin doing things to manage themselves and keep themselves still.



Sometimes this might feel like you’re rewarding them for mucking-up. You may think, “If I give them hugs and meet their needs every time they break something, doesn’t that just teach them to break things for hugs and rewards?” But children don’t truly want to break things and upset you, they just need to protect themselves from their painful and scary feelings in the moment.

What children really want is to feel safe and liked and valuable, just like we all do. If they predict you’ll reject them, they may try to reject you first to avoid that pain. If you focus on reassuring them in small ways that they’re safe and you like them because they are so valuable, eventually, they can learn to trust your relationship with them is the real deal. When they’re calm, and their thinking centre is back online, and they’re not afraid they’re in trouble with you, that’s the time to set limits and boundaries on behaviour. We will look at those limits more in the next slide.



### 11. Connection before correction



**If someone in your support network saw you co-regulating with your child in time-in, and said, “You shouldn’t reward bad behaviour”, what do you think you could tell them?**

*Facilitate discussion to ensure carers are understanding that reassuring a safe relationship is a higher priority and more effective discipline in the long-term than punishing children for behaviours they can’t control.*

**Did you ever get away with things when you were young? Cheating on a quiz, stealing your parents’ alcohol, sneaking out of your room at night to play video games?**

*Encourage anyone who nods or volunteers a story. Children’s behaviours are nothing to be ashamed of, whether children have experienced trauma or not.*



## Slide 42 and 43 – Managing when kids muck-up

Let's think of how we might respond to a few different types of trauma-based behaviours.

First, survival mode behaviours. This is when the child “flips their lid” and responds with fight, flight, and freeze reactions. With fight, they might yell, swear, throw and break objects, hit, kick, spit, be violent, punch walls, cry, and threaten other children. With flight, they might storm out, slam the door, hide in the cupboard, climb onto the roof, or run away.

With freeze, they may go quiet, still, stare into space, or even completely dissociate. This kind of behaviour often gets a lot less negative attention from carers and teachers, because it can be easier for adults to manage – but it's still a challenge for the child, and can mean they are missing important experiences in their day without us realising.

There's another “F” reaction, called fawn, that's quite new in research. This is when children instinctively react to threats with begging for forgiveness, pleases and thank-yous, being overly affectionate, saying yes to everything you ask of them. This often gets even less attention than Freeze behaviours, especially if children are successfully being helpful to adults. If the behaviour seems unusual, be mindful to consider if it's really an intentional strategy to invest in skills or relationships, or just a desperate bid to avoid being rejected, motivated by fear and panic.

As a small aside, statistics show that freeze and fawn are more common in girls, and fight is more common in boys. For this reason, we should be careful not to underestimate the impact that trauma has on our seemingly well-adjusted girls and boys in out-of-home care, as sometimes their trauma-based survival mode behaviours can be more subtle.

Next, we have comfort-seeking behaviours, also known as “self-soothing behaviours”. This might be rocking, binge-eating, chewing on fingers, ripping out chunks of hair, chewing and eating paper, hiding food, excessive masturbation, banging their head against the wall, or self-harm. All children, regardless of trauma, engage in self-soothing behaviours, especially when stressed, to self-regulate and keep calm. However, children who have not had soothing parenting and co-regulation through their younger years may develop strange and intense behaviours because they've had to learn to do it for themselves.



### **If you see your child engaging in these comfort-seeking behaviours, should you tell them to stop? Why or why not?**

*Resource discussion, referring back to “connection before correction”. When the child trusts the adult to soothe them when they need it, they can break the pattern of self-soothing behaviour. However, you must intervene if the child will hurt themselves or others. You can forcibly remove weapons and illicit substances from minors, though it's preferable if you can convince them to hand it over themselves.*

Now we're going to hear from our kinship carers about their experience with behaviours that they find challenging. While you watch, think about how these carers use their relationship with the child to manage these behaviours.



### 12 When behaviours challenge

Managing when kids muck up

Survival mode behaviours  
Fight - Flight - Freeze - Fawn

Comfort-seeking behaviours  
Self-soothing behaviours

Always connection before correction

If you see your child engaging in these comfort-seeking behaviours, should you tell them to stop? Why or why not?

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Managing when kids muck up

What kind of muck-up behaviours have you seen as a kinship carer?

How could you start with connection to strengthen your relationship when these things happen?

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**What kind of muck-up behaviours have you seen as a kinship carer?**

**How could you start with connection to strengthen your relationship when these things happen?**

We always aim to start with connection because that's what can help the child feel safe in the moment and onwards as you build trust in your relationship. When your child's brain feels secure that you will really never give up on them, it relaxes and can start to stay in control when things seem frightening or painful. This handout is a reminder for you to stick on your fridge so that you can keep in mind helpful things.



**Yarning Handout 3: "Connection before correction."**

### Slide 44 – Setting limits that are empowering

Once our children are not in crisis and their thinking brain is back online, this is the time to look at implementing natural consequences, if there are any, and adjusting the limits and boundaries if necessary.

First, natural consequences. This is about consequences that are a direct result of behaviour. The child throws their jam sandwich in the bin? No more jam sandwich. The child punches the fan? We unplug the fan because that's not safe. The child breaks their phone? No new phone. That said, if they actually need a phone for safety reasons, we make a developmentally appropriate plan for them to earn enough money to contribute to a new one. Natural consequences are not punishments, they are examples of cause and effect. Children's thinking centres need to experience cause and effect many times to develop those connections, so it's helpful for their brain to have time to absorb the sequence: we agreed on a limit of one jam sandwich per day, today's jam sandwich is in the bin, there's no new jam sandwich taking its place – perhaps they can have some fruit if they're hungry.

Setting limits and boundaries is closely connected to maintaining consistent routines. Children may think they would prefer a life with no rules and all the jam sandwiches they can eat, but rules and routines that are firm and consistent provide better security and comfort for developing brains, especially for anxious brains with chaotic pasts. Children who are used to chaos may resist you introducing structure to their day, so it must be done with a playful, accepting, curious, and empathetic attitude.

HANDOUT 3

## Connection before correction

**P**  
Playful
**A**  
Accepting
**C**  
Curious
**E**  
Empathetic

Government of South Australia  
Department for Child Protection
**cetc** centre for excellence in therapeutic care
Australian  
Childhood  
Foundation

## Setting limits that are empowering

- Natural consequences**  
Embracing cause-and-effect
- Limits and boundaries**  
Consistent routine
- Incorporating play into routines**  
Calm brains can learn through play

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When we set limits and boundaries, we are aiming for a standard that is within their reach but isn't too easy either. A 9-year-old who has not brushed their teeth before may find toothpaste disgusting and refuse. If he can use the toothbrush with just water, then the new rule is that he brushes his teeth without toothpaste every morning. Maybe next week he can graduate to a tiny speck of non-mint toothpaste, if he feels ready. If he is not ready, that's okay, but you'll keep offering every so often, so he has the opportunity to try it when he does feel ready.

Our rationale for creating rules is always based in safety and comfort, and you should make an effort to explain the safety and comfort aspects of any limits you create together. Keeping consistent doesn't mean you can never be flexible, it's not sensible to hold children to established rules in a crisis. Parenting is always about giving children opportunities and space to try making good decisions when they can manage it, and taking over or giving extra support on days they can't. The important part is that you're developing what children can do, setting tiny achievable challenges in a calm atmosphere and celebrating their victories.

Transitions can be particularly challenging for children, such as moving from playtime to bedtime. It's helpful to set expectations with a routine that plays in the same order each time. For example: pack away, brush teeth, pyjamas, storytelling then bed. You can have pictures in this order on the wall, to help children visually see that the order never changes, pack away, brush teeth, pyjamas, book time, bed. As they become used to this, and start to push the boundaries of resisting routine, you can find ways to incorporate play and small challenges. Maybe there's a bell they can ring to announce pack-away, a song for brushing teeth, and ring-ring, what's this? Pyjama-Man just called and said they can wear their undies outside their pyjamas tonight, in case they need to fight crime in their dreams! The more fun details we can insert into these routines, the more we are bonding and building trust, and without the anxiety of being "too" affectionate.





## Slide 45 – How to identify patterns in the child's behaviour

Every child is different, how do we know what to look out for? The truth is that it is very hard to see patterns in your relationship when you're living and breathing it every day. This is why it's helpful every few months to sit back and reflect on the progress you and your child have made, celebrate small successes, and re-evaluate your child's changing needs as new challenges develop. Ideally, you want to do this with your support worker, because your case worker knows your situation and can see it from a distance.



### Yarning Handout 4: Escalation Cycle. How to identify patterns in the child's behaviour

On this handout, you can see how a 9-year-old boy called John presents at different parts of his escalation cycle, and what his kinship carer can do to build safety in different stages of the cycle.

*Read through the different parts of John's cycle.*

On the other side, there's a blank table for you to fill out for the child in your care. You may be starting to do this in your mind already! But when you next have a free moment, it is really helpful to take a pen and physically fill out at least one thing in each box, you'll be surprised what new things you notice when you have to write it down. We'd also recommend doing it together with your support worker, who can help suggest things you might be too close to see.

*For support workers facilitating one-on-one with a single carer/household, this might be a good time to carry out this activity together.*

How to identify patterns in the child's behaviour Additional handout

Escalation Cycle (example)

calm      triggers      escalation      crisis      de-escalation

45

HANDOUT 4

## Escalation cycle

### How to identify patterns in the child's behaviour

Escalation Cycle (example)

**John - 9yo**

What child is like:	Calm	Triggers	Escalating	Survival mode	De-escalating
Appearance	Bright Alert Calm gaze	Contact with mum	Physically tense	Very tense Red face Tears	Stays tense for a while
Verbally	Chatty! Fortnite Pokémon Sports	Perceiving rejection by others Denied something he really wants	Swearing Abrupt/ agitated speech style "I'll kill them"	Yelling Screaming Swearing Disappointed sentences	Can't verbalise feelings or apologise for at least one hour
Actions	Play sport Run around The floss dance	Taken where he doesn't want to go	Pacing Stomping Damaging property	Hitting, kicking Biting Destroying items Targeting sister	Hiding in cupboard Playing games on phone
Demeanour	Joking around Energetic	When anyone mentions "the old house"	Controlling Threatening	Impulsive Unable to control body Shaking	Quiet, tired Easily re-triggered for some hours

To build safety:	Calm	Triggered	Escalating	Survival mode	De-escalating
In the child's mind	Attuned Checking in with facial cues Close attention	Stay attuned Change topic Narrate what's happening	Model calm movements Lower voice Touching is helpful	Calm voice Lower body position if safe Tight hugs preferred	Reassure he's not in trouble Use humour Chat about children's pop media
In the environment	8pm bedtime routine Have contact in park if possible	Reduce lights Blow bubbles	Move to different space Routines on hold	Look for ways he can cover his face if he wants Find water	Offer dark quiet environments Water with ice Screen time with carer ok
With other adults (teachers, etc.)	Other adults should avoid discussing families/mums Reassure "no" isn't personal rejection	Allow John to go to spare room if he asks Narrate what's happening	Suggest the spare room Support worker to assist Offer phone call with carer	Remove children Remove unneeded adults Allow time away from action	Highlight strengths Allow 2 hrs before any apologies or reparations
In the relationship	Use humour Indirect affection	Soothing voice Validate how he might feel	Keep him close Narrate his responses Validate feelings	Keep him close Narrate his actions Validate feelings	Reassure this changed nothing in the relationship Highlight strengths

## Slide 46 – Key message



This brings us back to our key message:  
**Start with connection.**

Applying everything we know about trauma to our care approach always boils down to strengthening the child's personal, family and community identities, belonging and social, emotional wellbeing.



Research is showing more and more that strong relationships and supports make a huge difference to the quality of life of a child. Trauma aware-healing informed caring enables children and young people to address distress, overcome trauma and restore wellbeing by connecting with culture, strengthening identity, restoring safe and enduring relationships.

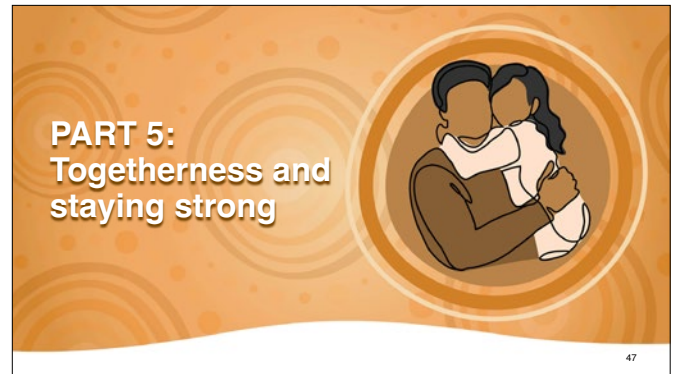
And what about you? Who are your strong relationships and supports? This aspect of care is often overlooked, but it's just as crucial for kinship carers to have strong relationships and supports as it is for children in care. In the next section, we will look at how kinship carers collaborate with the care team, intentionally use their supports to help them care, and make sure their own needs are met.



## Part 5: Togetherness and staying strong

### Slide 47 – Part 5: Togetherness and staying strong

This is our final section, togetherness and staying strong. This section looks at how kinship carers lean on the care team and a variety of supports, as well as look after themselves. This is crucial to providing quality care and enjoying the caring role.



### Slide 48 – Key message



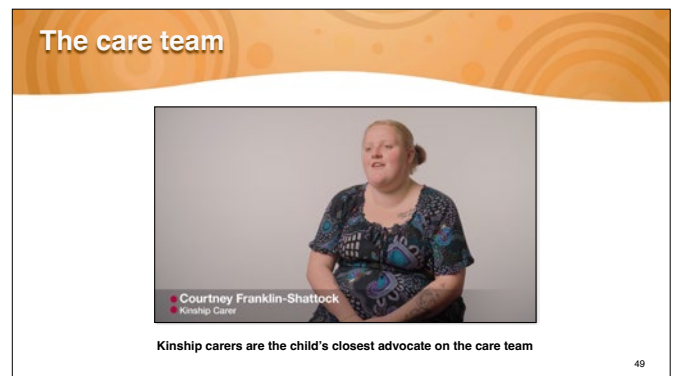
Our key message for this section is:  
**Carers need strong relationships and supports to give children strong relationships and supports.**

Even great carers who can stay calm, keep a playful, accepting, curious, and empathetic mindset, and focus on staying connected with their child, cannot do this without plenty of support and self-care. It takes a village to raise a child, and in out-of-home care, that village is not always easy to bring to the child. First, let's have a look at the care team.



### Slide 49 – The Care Team

What is a care team? A care team is a group of people who are important to the child or have power to approve decisions in the child's life. You might see that your child plays nicely with your nieces and nephews, but the day care worker sees that she avoids group activities and only likes to play alone. Perhaps your case worker is suggesting reducing sibling contact, but you know they're better off continuing to develop their sibling bond, even when visits are hard. People with different roles see a different part of your child's story, and if your child can't articulate their needs yet, this team pools their experiences and perspectives to make decisions in the best interest of the child.



[13 How do you understand services to support you and your children? \[4 mins\]](#)



**What services have helped (or could help more) in supporting you and your child?**

**What things have helped you get support for difficult situations in the past?**

**Although the kinship carer is the child's closest advocate on the care team, carers often say they don't feel included in the care team. Why do you think that is?**

*Encourage discussion. Acknowledge that many professionals may not try very hard to include carers. Acknowledge that carers are very busy and might not realise how much support the care team is supposed to give them.*

## Slide 50 – Participation in cultural planning

While children are too young to voice their needs, kinship carers pay attention to what they like and act as their voice. However, as children grow older, they develop a stronger sense of identity and deserve more say in decisions that affect them. Kinship carers gradually begin to give children space to discuss their needs and eventually take more leadership in their care and cultural plans.

Participating in the care plan and cultural plan begins with kinship carers providing children with opportunities to develop relationships with a wide range of supports in family, community, and cultural support services. With more relationships to individuals and the community, children benefit not only from that individual support, but also develop their confidence in who they are and see their own voice as valuable and worthy of respect. This empowers children to influence decision-making to directly meet their own needs, developing their independence and interdependence with their community into adulthood.

Let's hear from our kinship carers Kelly, Dawn, and Courtney, about how they engage their children in supports that keep them connected to their community and culture.



### [14 Supports that help keep children connected to culture \[4 mins\]](#)



**What do you think these kinship carers' children get out of these cultural and community supports?** *Ensure discussion covers benefits of individual cultural relationships, relationship to community, and strengthening identity and self-esteem to empower children to influence decision-making to meet their needs.*

**What extra opportunities for establishing supportive cultural relationships could you provide to your child in the coming months?**

Sometimes children actively avoid participating in their care plan or cultural plan, which is in itself a way to participate. Refusing to engage with support is a communication that we can accept and engage with empathetically. We can also take this opportunity to be curious about disengagement. Is there an adult at the youth centre who makes your child feel uncomfortable? Is there a topic they want to avoid? Is it just the office setting they don't like, could we have the care plan meeting in a park?

As the children become able to talk about what they want, carers start openly asking for feedback on plans and encouraging children to object to decisions they don't like. Sometimes children (and their carers) don't have the final say in decisions, especially in legal matters. But this should be expressed and recorded too. It's important that the care team really listens to the child and tries to be flexible however they can, to try to meet the child's needs even if they can't have everything the way they want.

Often, children disengage with opportunities to have their say because they feel their voice won't change anything. It's important to reinforce that even if we can't have everything we ask for, it's the care team's job to at least try, no matter how big the request, and sometimes a care team can come up with creative solutions we would never have thought of! You can support your child through this by standing with them and prompting the care team: "Well, if we can't fly her siblings across Australia every week like she wants, what CAN we do?"

Even if your child is not happy with the final outcome, they are still heard, validated, and responded to, which reinforces their value and builds their self-advocacy skills for future. When children keep asking for what they want regularly, that helps the adults know more about what's important to them, which can affect how plans are made in future.



## Slide 51 – Trying to meet everyone's needs

Kinship carers do lots of things and hold many roles in their families and communities. You are juggling being a parent, a partner, a grandparent, a sibling, fulfilling family and cultural obligations, as well as co-ordinating your care team and going through all the extra processes that come with the care system. In your specific family, you might also be the organiser, or the decision-maker, or the peacekeeper.



Becoming a kinship carer inevitably changes the roles and relationships in your family and kin group, which can create complex interpersonal dynamics, especially between you and the child's parents. If time with the child's parents must be supervised by a DCP worker, this means kinship carers may need to refuse visits from their own children, a sibling, or even their own parents.

If you have biological children in the house, it can be tricky to work out issues with sharing and discipline. Sometimes you might need to adjust your discipline strategy for your biological child so that they don't feel unfairly treated. Sometimes your family members will question how you're responding to things. It's not easy to work out all these things, and it's important to ensure you meet your own needs and get support if relational stress becomes an ongoing issue.

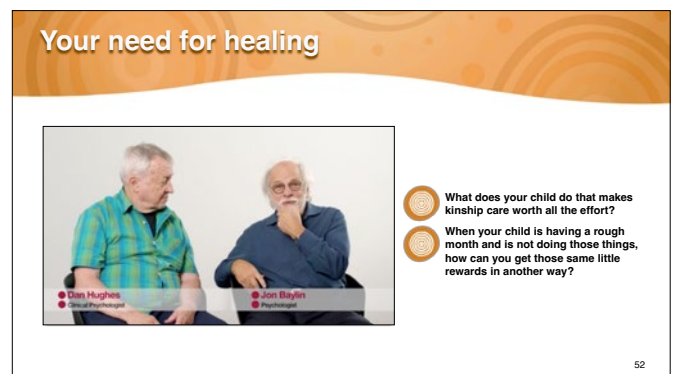
## Slide 52 – Your need for healing

We have spent a lot of this time thinking about the impact that trauma has on children who have experienced abuse and neglect, but now it is time to think about how that trauma impacts kinship carers.

In addition to providing care, kinship carers may have roles in caring for other family or community members who have experienced trauma. Their strong connections to family and community means they are likely to experience the ongoing pain of their community including ongoing grief and loss, Sorry Business, the impacts of alcohol and other drugs, incarceration of kin and family members, or physical and emotional ill health.

In terms of the individual trauma that children in kinship care have experienced, one of the toughest impacts is that your child may try to reject your care. Consistently building a relationship with a child who tries to avoid building a relationship with you often makes carers feel rejected, and then defensive. Soon, carers can feel like they're "just going through the motions" of daily care desensitised, or they feel like they just don't really care so much about their child's struggles anymore – even if they love them very much.

This is called "blocked care" and it's a common problem that forms a cycle: children are trying to protect themselves from relationships, so carers begin to protect themselves by not letting themselves emotionally invest.





Exploring the western idea of blocked care can help us know when we might need to spend time on our own healing before we can help our kids. We're going to watch a short video now with psychologist called Jon Baylin who can explain blocked care a little more.



[15 Blocked care \[3mins\]](#)



**What does your child do that makes kinship care worth all the effort?**

*E.g. Smiling at you, giggling, being light-hearted, showing kindness, asking politely, coming for a hug, showing you their new dance. Independence. Helping out. Showing resilience.*

**When your child is having a rough month and is not doing those things, how can you get those same little rewards in another way?**

*E.g. Looking to family and community for emotional support and help.*

### Slide 53 – Understanding compassion fatigue

Staying calm for every trauma-based reaction, finding fun ways to stick to structured routines, and staying soothing and supporting for someone who may never thank you, who may even tell you to “eff off”, can feel exhausting and unrewarding. In several weeks or months, you start to see significant progress, and that is very rewarding. Maybe when they're 30 they will be having lunch with you, reminiscing, retelling the funny stories, celebrating the long journey you've made together. But these long-term rewards of kinship care are hard to imagine amidst the daily challenges that build up to desensitise carers and create compassion fatigue.

**Compassion fatigue is like “carer burnout” when the caring role is taking your energy and emotional resources faster than you can replenish it. Here are some signs of compassion fatigue.**

*Read through the list on the slide:*

**Understanding compassion fatigue**

Compassion fatigue is like “carer burnout” when the caring role is taking your energy and emotional resources faster than you can replenish it

**Here are some signs of compassion fatigue**

- feeling overwhelmed or fatigued for multiple weeks
- feeling defensive of your parenting, sensitive to rejection
- getting easily irritated with others, becoming socially isolated
- losing creativity and fun ideas, feeling stuck in one way to do things
- feeling cynical about kinship care and the help your support network offers
- meeting the child's practical needs but struggling to feel real pleasure in caring
- feeling caught-up with children's behaviour rather than the meaning of behaviour
- avoiding opportunities to proactively support your child, waiting to react to mistakes
- feeling stuck on a certain outcome and finding it hard to see other types of progress
- finding it hard to be “warm”, “playful”, “nurturing”, or “soothing”, and feeling guilty about this.

53

- Feeling overwhelmed or fatigued for multiple weeks.
- Feeling defensive of your parenting, sensitive to rejection.
- Getting easily irritated with others, becoming socially isolated.
- Losing creativity and fun ideas, feeling stuck in one way to do things.
- Feeling cynical about kinship care and the help your support network offers.
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- Feeling caught-up with children's behaviour rather than the meaning of behaviour.
- Avoiding opportunities to proactively support your child, waiting to react to mistakes.
- Feeling stuck on a certain outcome and finding it hard to see other types of progress.
- Finding it hard to be “warm”, “playful”, “nurturing”, or “soothing”, and feeling guilty about this.

Do you ever feel like this? Many caregivers have these kinds of feelings, even when parenting biological children, but as with everything, when you add trauma to the situation it is often more intense, with more complexity.

Sometimes, carers don't want to tell their support worker that they are struggling, because they're worried the children might be removed. This won't happen unless children are being abused and the carer is disengaging with supports and other help. Often, the symptoms of compassion fatigue creep up on us slowly, over long months of "barely surviving" kinship care before we realise that we are "flipping our lid" more easily, losing our own capacity to self-regulate, and the situation is becoming critical.

In the worst-case scenario, carers give up entirely, and cannot continue to care at all. This is called a "placement breakdown", where the child is moved elsewhere and loses huge amounts of progress, because they're forced to go back to the beginning again and build a safe trusting relationship with someone new. But the child is older now, even less trusting than before, and will take even longer to start engaging with another carer. Nobody wants that. Your case worker, your care team, your agency, the DCP, everyone would rather do everything they can to give you the support you need to care, rather than see the placement break down.



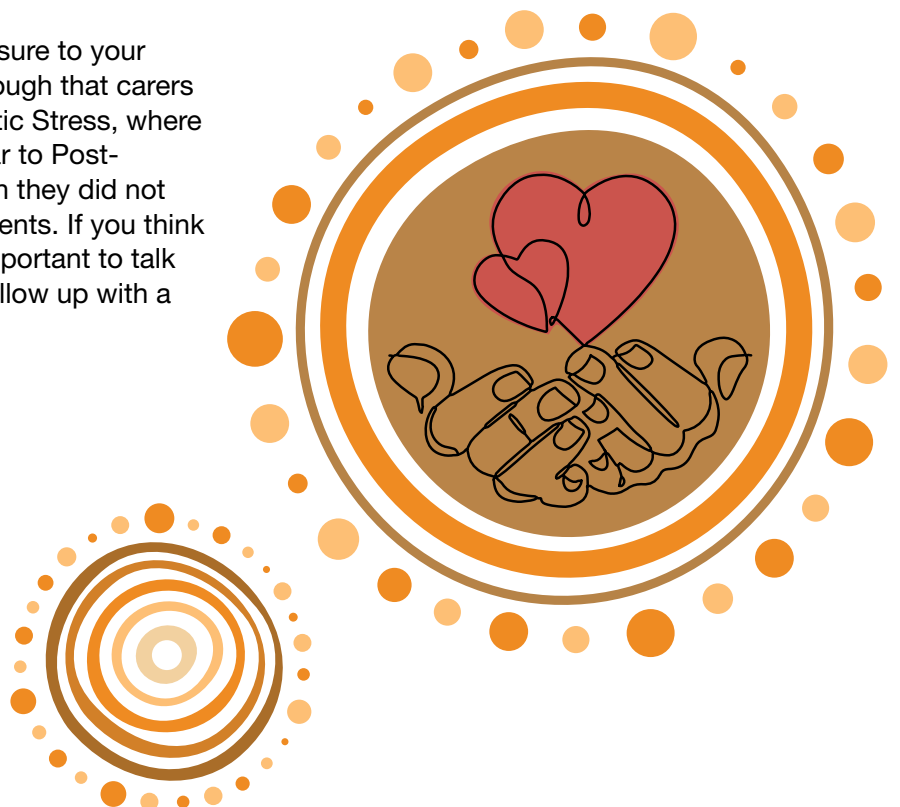
**What can carers get from family, friends, and professionals to help avoid or reduce compassion fatigue?**

**Having a yarn with a friend or your support worker. Having another person bring a meal, have a family member take the kids out for the day.**

**What can carers do in their own attitude and actions to help avoid or reduce compassion fatigue?** *Support various answers. E.g. Have a family member take the kids so you can spend time in nature, enjoy a hobby, walk along the water, remind self of your strength and resilience.*

Sometimes, caring for children with trauma can provoke a trauma response in foster carers and kinship carers. It's not just the caring aspect, it's also hard to see the impacts of horrible things that have happened to a child who you love, especially if they have been hurt by someone else who you love. Over time you may come to find out more details and context of the trauma your child has faced, which can sometimes bring relief to understand your child better and can sometimes be seriously distressing or disturbing. This can be even more complicated when the traumas that your child survived may remind you of traumas that you yourself survived.

The vicarious trauma of ongoing exposure to your child's trauma can become severe enough that carers may even develop Secondary Traumatic Stress, where they may experience symptoms similar to Post-Traumatic Stress Disorder even though they did not directly experience these traumatic events. If you think this might be happening to you, it's important to talk to your support worker about it and follow up with a mental health professional.



## Slide 54 – Staying strong - social, emotional, spiritual and cultural wellbeing



In this video we're going to hear about the importance of looking after yourself when you're looking after a child who has experienced trauma.

[16 How do you look after yourself as a kinship carer?](#)



**How can you resource yourself to look after your own needs, when you are caring for a child with trauma?**

*Open discussion. Support participants' different ideas.*

## Slide 55 – Key message



This brings us back to our final key message: **Carers need strong relationships and supports to give children strong relationships and supports.**

## Slide 56 – Reflections on key messages

Now we have finished all the sections, let's watch our final video. In this video, kinship carer Dwayne reflects on his experience as an Aboriginal kinship carer in the context of everything we've explored together across this course. While we watch, we can think about our own experiences and consider how Dwayne's story reinforces what we know about the importance of reaching out for support and how children's strong positive relationships with carers, community, culture, and Country are their pathway to becoming strong healthy adults.



[17 Reflections of an Aboriginal Kinship Carer \[3 mins\]](#)



**Considering everything we've heard across this course, what resonates with you about Dwayne's story?**

Staying strong - social, emotional, spiritual and cultural wellbeing



Dawn Greenland  
Kinship Carer

How can you resource yourself to look after your own needs when you are caring for a child with trauma?

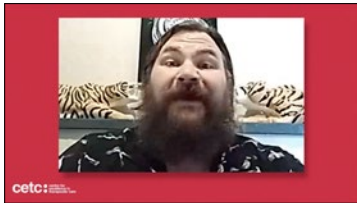
54

**Carers need strong relationships and supports to give children strong relationships and supports**



55

Reflections on key messages



cefc:...

What resonates with you about Dwayne's story?

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## Slide 57 – Summary

Now that we are coming to the end of our yarning, let's take a moment to reflect on what we've explored. A lot of what we've discussed is easy to talk about conceptually but is not so easy to put into practice in the trickier moments of looking after the child in your care.

Healing will occur alongside our kids as we help them on their journey to reconnect with who they are. It also takes a still and grounded mind to highlight children's progress and changing needs, as well as your own progress and changing needs as a carer.

Let's take a moment to think about what you want to take from this course to influence how you approach providing trauma-informed care as a kinship carer.



**What part of practising trauma-aware – healing informed care comes least naturally to you?**

**What might you do this week to strengthen your own connection to culture and build resilience?**

**What support might you need to help your kids heal within culture and community?**

**What is your greatest strength as a kinship carer practising trauma-informed care?**

**Summary**

- What part of practising trauma-aware – healing informed care comes least naturally to you?
- What might you do this week to strengthen your own connection to culture and build resilience?
- What support might you need to help your kids heal within culture and community?
- What is your greatest strength as a kinship carer practising trauma-informed care?

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## Slide 58 – Deadly!

Congratulations on completing Caring for Aboriginal children and young people with trauma!

*Distribute prepared certificates of completion.*

Agencies may want to use their own methods of collecting feedback from carers that they consider useful. If not, they may want to use the evaluation form provided.

**Deadly!**

<https://www.surveymonkey.com/r/SAFtoFcarertraining>

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# Appendix

## A. Yarning Handout 1: Growing brains and child development stages

The handout shows the connection between how the brain grows and child development stages. Child development is a dynamic and interactive process. Every child is unique and develops at their own pace. Developmental stages may differ for children and young people depending on whether they live with a disability or have experienced trauma.

**HANDOUT 1**

### Growing brains and child development stages

From an Aboriginal and Torres Strait Islander perspective, focusing on developing social and emotional wellbeing is of great importance for sustainability of culture and traditional practices. Aboriginal identity plays a significant role in a child's sense of self, belonging and purpose in the world. The more connected a child is to their culture, language, Country and kinship structure, the stronger the child's social and emotional wellbeing will be.

#### Perinatal – 2 years old

##### Child development stages

*"My emotions and connections to my family start from the day I am born. This means my experiences now will impact my resilience for the rest of my life."*

'Baby's first 1000 days (from conception until two years old) is the time when we form our strongest bond with baby. Culture starts being instilled in baby at this time, whilst in the womb. It is the time when building blocks for baby's life are being made, the foundations for a strong mind, a strong body, good wellbeing and spiritual connections to Country and family.'


##### Brain and development stage




**This is when the Body Centre (Brain Stem) and the Movement Centre start to develop.**

In the womb, babies grow quickly, getting ready for the world they'll enter. Once born, infants rely fully on their carers. It's through their care that babies learn the world is safe and people can be trusted. Early on, their brains are growing fast and are very sensitive. They need their carers to be there for them, to understand their feelings and needs.

By having their needs met, they learn to feel secure and see the world as stable. They discover how relationships can calm and comfort them.

As they grow, they start to crawl and walk, enjoying their newfound abilities and learning daily.



Adapted from Healing Foundation and Emerging Minds: Child Development Stages



# A. Yarning Handout 1: Growing brains and child development stages

## HANDOUT 1

### 2 – 5 years old

#### Child development stages

***'It is important for my parents to encourage me to be inquisitive and explore the world around me as it helps me to grow and develop.'***

#### Brain and development stage

In the toddler and preschool years, the movement centre is working on bigger skills: climbing, kicking, jumping, and dancing. Their thinking centre is starting to see cause and effect and learning to use language to communicate needs. However, the thinking centre is still only young. When emotions take over, children lose the ability to use their new language skills and slip straight back into easier ways to communicate. Crying is no longer just instinctive, but also used intentionally to communicate feelings, along with facial expressions and postures, and acting out certain behaviours. These younger children check the feedback that they get from the people around them to help guide them through challenges, and this also helps them learn to understand feelings.



### 6 – 12 years old

#### Child development stages

***'Attending school is important because it helps me to build up life skills. This helps me learn how to become more capable, solve problems, control my emotions and form friendships.'***

A lot happens for children during these middle years as they begin school and build their social, emotional and thinking skills. They are more able to express their care and understanding of others, but still get frustrated by tricky emotions such as envy or jealousy. Children start to build their self-identity throughout these middle childhood years and work out the kind of person they want to be. This self-identity for Aboriginal and Torres Strait Islander children involves the development of their cultural identity, based on their community's customs and practices, such as language, dress, food, and ceremonies.



# A. Yarning Handout 1: Growing brains and child development stages

## HANDOUT 1

### 6 – 12 years old

#### Brain and development stage

School-aged children are now developing more delicate movement skills like writing and drawing. The thinking centre is learning more advanced language and figuring out how to solve complicated problems. Children in primary school are now beginning to use their thinking centre to manage their emotional centre; they are learning to manage their feelings. This means that unless they are in immediate danger, they will intentionally hold back tears in front of their friends or squeeze their fists instead of screaming with excitement when they're in public, so they can come back later to process big feelings when they're alone. However, if children don't feel secure or their thinking centre is underdeveloped, children will quickly resort to behaviours and loud noises to express their feelings in a way that comes more easily to them.

### 12 - 18 years old

#### Child development stages

***'Exploring rites of passage, learning about men's and women's business helps me to find my identity. It's hard for me to make "adult" decisions at a time when I am still developing.'***

Adolescents experience profound changes in how they look and feel. The release of hormones can make emotions feel stronger, which can make adolescents act-out or put themselves in risky situations. For Aboriginal and Torres Strait Islander children, adolescence can also be a time where they face important life questions like, 'Who am I?' and, 'Where do I belong?' This is when a teenager's understandings of racial identity are affected by external factors such as the media, police and teachers, as well as their own cultural group experiences. Creating early intervention practices that reclaim cultural and ecological connections, kinship, songs, dance, language and stories from our ancestors are vital for our children's and grandchildren's social and emotional wellbeing. We know that connection to our culture, family, community, Country and spirit are all protective factors that will ensure positive outcomes for children.

#### Brain and development stage

Adolescence is when all these things come together to build the foundations for adult life, along with adult hormones that prepare the body for sexual development and a more advanced sense of identity. Adolescents are becoming who they truly are, independent of their guiding adults, so they are developing skills they are personally interested in, and losing motivation to do things that don't seem useful to their goals. The thinking brain has a big task that has become more important than ever: understanding who I am, what I believe, why I do things, and which groups I belong with. For teenagers who do not have strong relationships with family, friends, kin, and community, this is a painfully confusing time. When you add developmental trauma, the thinking centre can still struggle to stay in control of the emotional centre, so a teenager may behave in extreme or surprising ways that can further impact how they see themselves and how they feel they belong with others.



Adapted from Healing Foundation and Emerging Minds: Child Development Stages



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## B. Yarning Handout 2: What is trauma?

HANDOUT 2

### What is trauma?

When we hear about “trauma”, there are a few different types or understandings of trauma we could be talking about.

### Trauma, a holistic understanding.

Sabella Kngwarraye Turner, Central Arrernte women, reminds us that everything comes from alhele itethe: living ground. She defines trauma as:

**Utnenge Kwarneme Atnyeneme: hurt held in the spirit.**

She explains that the origin of trauma is being ‘spun away’ from the things that come from the living ground: culture, Country, language, kinship, stories, clear thinking, good feelings, good friends and strong bodies. When all of this is connected and held properly, we have *utnenge rterrke*: strong spirit. When we are spun away from any of these things, our spirits feel the pain of *Anpernirrentye Ultakeme*: kinship broken. This is trauma.

Trauma affects the way children and young people think and act and overwhelms their ability to cope and engage. It can affect a person for many decades and in many different ways. Common symptoms include fear and anxiety, difficulty with relationships, impulsive behaviour, feeling sad and hopeless, tired and confused<sup>1</sup>.

Research has shown that people are not only affected by traumatic events they directly experience. Witnessing or hearing about trauma from a family or community member can also have an impact. Unresolved trauma contributes to many of the social and health problems affecting Aboriginal communities. If people have not had the opportunity to heal, they may act out their pain in negative ways including physical or emotional violence, abuse or addiction.

Healing Foundation, Glossary of healing terms:  
[https://healingfoundation.org.au/app/uploads/2020/07/HF\\_Glossary\\_of\\_Healing\\_Terms\\_A3\\_Poster\\_Jul2020\\_V1.pdf](https://healingfoundation.org.au/app/uploads/2020/07/HF_Glossary_of_Healing_Terms_A3_Poster_Jul2020_V1.pdf)



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## B. Yarning Handout 2: What is trauma?

HANDOUT 2

### Trauma by type.

#### Single-incident trauma

This is like a dog bite, a car accident, or witnessing something terrifying, where that one incident causes psychological harm and continues to impact your life, even if it happened long ago. Someone who's experienced this trauma might avoid all dogs, or decide they don't want to learn to drive, and it can impact their life in increasingly severe and disconnected ways.

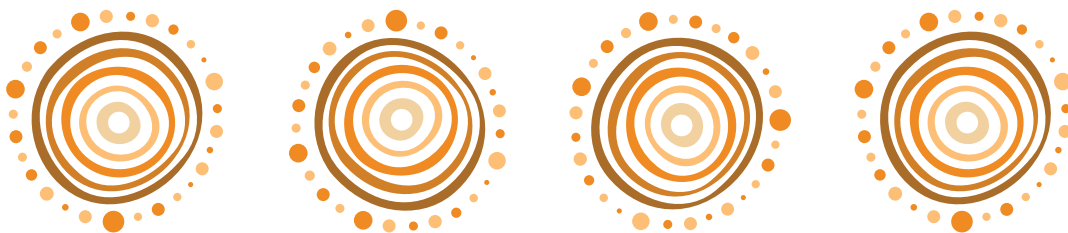
#### Complex trauma

A repeated pattern of traumatic events happening over time. Most children in out-of-home care have experienced complex trauma as relational trauma, in the context of a close relationship, where an adult who should protect the child instead abuses or neglects them. Relational trauma involves an adult significantly betraying the child's trust, which impacts their brain's ability to form trusting relationships and feel safe.

#### Developmental trauma

When traumatic events impact how the brain develops. Children are more vulnerable to developmental trauma the younger they are because brains are developing rapidly at this time, forming all the connections that are needed for their growth and development. Often, developmental trauma occurs in infancy or before birth. If a baby is regularly left hungry with a dirty nappy or is exposed to family violence or substance abuse before they're born, their brain fills with cortisol, the toxic stress chemicals that can put the baby in a permanent state of stress, and physically change how their brain makes connections.

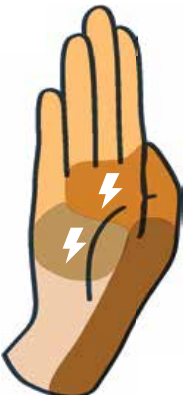

While the other types of trauma hurt us as individuals, intergenerational trauma affects whole populations, communities, families, and individuals, and is passed down through generations to children, grandchildren, and further. It is a trauma which can overwhelm the ability of individuals, families, and whole communities to cope in mind, body, and spirit. Intergenerational trauma experienced by Aboriginal people in Australia is steeped in the long-lasting impacts of colonisation and the ongoing systemic discrimination and racism many Aboriginal individuals, families, and communities experience.



## C. Yarning Handout 3: Connection before correction



HANDOUT 3




### Connection before correction



**P** **A** **C** **E**

Playful      Accepting      Curious      Empathetic





  



# D. Yarning Handout 4: Escalation cycle - How to identify patterns in the child's behaviour

HANDOUT 4

## Escalation cycle How to identify patterns in the child's behaviour

Escalation Cycle (example)						
 <b>John - 9yo</b>						
	What child is like:	Calm	⚡ Triggers	Escalating	Survival mode	De-escalating
	Appearance	Bright Alert Calm gaze	Contact with mum	Physically tense	Very tense Red face Tears	Stays tense for a while
	Verbally	Chatty! Fortnite Pokémon Sports	Perceiving rejection by others  Denied something he really wants	Swearing Abrupt/ agitated speech style "I'll kill them"	Yelling Screeching Swearing Disjointed sentences	Can't verbalise feelings or apologise for at least one hour
	Actions	Play sport Run around The floss dance	Taken where he doesn't want to go	Pacing Stomping Damaging property	Hitting, kicking Biting Destroying items Targeting sister	Hiding in cupboard Playing games on phone
Demeanour	Joking around Energetic	When anyone mentions "the old house"	Controlling Threatening	Impulsive Unable to control body Shaking	Quiet, tired Easily re-triggered for some hours	
To build safety:	Calm	Triggered	Escalating	Survival mode	De-escalating	
In the child's mind	Attuned Checking in with facial cues Close attention	Stay attuned Change topic Narrate what's happening	Model calm movements Lower voice Touching is helpful	Calm voice Lower body position if safe Tight hugs preferred	Reassure he's not in trouble Use humour Chat about children's pop media	
In the environment	8pm bedtime routine Have contact in park if possible	Reduce lights Blow bubbles	Move to different space Routines on hold	Look for ways he can cover his face if he wants Find water	Offer dark quiet environments Water with ice Screen time with carer ok	
With other adults (teachers, etc.)	Other adults should avoid discussing families/mums Reassure "no" isn't personal rejection	Allow John to go to spare room if he asks Narrate what's happening	Suggest the spare room Support worker to assist Offer phone call with carer	Remove children Remove unneeded adults Allow time away from action	Highlight strengths Allow 2 hrs before any apologies or reparations	
In the relationship	Use humour Indirect affection	Soothing voice Validate how he might feel	Keep him close Narrate his responses Validate feelings	Keep him close Narrate his actions Validate feelings	Reassure this changed nothing in the relationship Highlight strengths	

## D. Yarning Handout 4: Escalation cycle - How to identify patterns in the child's behaviour

HANDOUT 4

# Escalation cycle

## How to identify patterns in the child's behaviour

Escalation Cycle (example)

	Calm	⚡ Triggers	Escalating	Survival mode	De-escalating
Appearance					
Verbally					
Actions					
Demeanour					
To build safety:	Calm	Triggered	Escalating	Survival mode	De-escalating
In the child's mind					
In the environment					
With other adults (teachers, etc.)					
In the relationship					

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## E. Certificate of completion

# certificate of completion

This is to certify that

Has successfully completed the course

## Healing through care



Janise Mitchell  
Director  
Centre for Excellence in Therapeutic Care

Workshop Date:



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## F. Evaluation survey – paper version

# Evaluation survey Healing Through Care: A Yarning Resource

### Question 1

How would you describe your current role?

- Foster carer  Kinship carer  
 Other (respite, family/community member) \_\_\_\_\_

### Question 2

Are you:

- An Aboriginal carer caring for Aboriginal children and young people  A non-Aboriginal carer caring for Aboriginal children and young people  Prefer not to say

### Question 3

What is the name of the organisation or agency that supports you?

- KWY in partnership with Lutheran Community Care  Aboriginal Family Support Services (AFSS)  
 InComPro in partnership with Uniting Care Wesley Bowden  DCP Kinship Care Program  
 Other \_\_\_\_\_

### Question 4

What suburb or region do you live in? \_\_\_\_\_

### Question 5

How did you find out about this learning and development opportunity?

- Support worker  Agency newsletter  From another carer  
 DCP caseworker  Social media post  Other \_\_\_\_\_



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## F. Evaluation survey – paper version

### EVALUATION SURVEY

#### Question 6

In your role as a registered carer, how long have you been caring for children and young people?

- Less than 1 year       1-5 years       6-10 years       More than 10 years

#### Question 7

How did you complete this learning?

- One on one with my support worker       Small yarning circle  
 In a group with other carers       Other \_\_\_\_\_

#### Question 8

Prior to completing this learning, how much did you know about trauma informed care?

- A lot       A moderate amount       A little       None at all

#### Question 9

Now that you have completed the learning, how confident are you in your level of knowledge about trauma informed care?

- Very confident       Confident       Somewhat confident       Not at all confident

#### Question 10

Now that you have completed the learning, do you feel more confident in responding and supporting the Aboriginal children in your care?

- Much more confident       A bit more confident       Not at all confident

#### Question 11

What part of the Yarning Resource was most helpful and interesting to you? (tick all that apply)

- Part 1: Strong roots       Part 2: The growing brain       Part 3: Understanding trauma from a western perspective  
 Part 4: Trauma aware and healing informed approaches       Part 5: Togetherness and staying strong



## F. Evaluation survey – paper version

### EVALUATION SURVEY

#### Question 12

What is something new that you learnt that will help you in your role as a carer for Aboriginal children and young people?

#### Question 13

Do you have any suggestions or comments on how we could improve the yarning resource?

#### Question 14

Is there anything else you would like to share?



