



Building our practice together.

# **Contents**

SectionPage Number
1 Acknowledgements 5
2
3 Message from the CEO
4
5 Short Term Objectives
6 Long term Objectives
7 Biographical details of group participants16
8 Clinical Evaluation of Groups19
9 Community Development and Partnership 29
10Financial and donor support of CaraCare30
11



# 3. Acknowledgements

The majority of groups that CaraCare facilitates are held in Concord, on the ancient, sacred land of the Wangal people. At CaraCare we honour the wisdom of the elders, past, present and future. We recognise the dignity, vibrancy and strength of the culture they hold true and also the detrimental impacts European colonization has had. We thank the traditional custodians as the guardians of this beautiful place, now called Australia.

As CEO of CaraCare, I would like to celebrate the unique and divine spark that is within every child and young person who has participated in the CaraCare groups. Further, I acknowledge my heartfelt thanks and sheer joy to all the participants who have impacted my growth as both clinician and CEO.

I would like to thank all the parents and carers who faithfully brought their children every week to the group sessions.

I would like to honour the incredible work, passion and commitment of the CaraCare facilitators and volunteers. Your very presence is a gift to CaraCare children; your skills and knowledge are amazing.

I would like to pay tribute to the CaraCare Board members for giving their time and knowledge to support CaraCare's growth and development. I also thank you for your loyalty and support of me, in fulfilling my duties as the CEO.

I would like to thank everyone who has donated to CaraCare with money and/or gifts. Without your generous support the work of CaraCare would not be possible. Deep thanks.

Go raibh míle maith agat (A thousand thank yous).

Mary Jo Mc Veigh

**CEO CaraCare** 

# 2. CaraCare Personnel

Board Of Directors	
Mary Jo McVeigh	Chief Executive Officer
Manny Kassiotis	Director and Company Secretary
Michael Harvey	Chair
Laura Luchi	Director
Andrew Scannell	Director

Volunteer and Support Team	
Andy Chou	Accountants
Rudy Junaidy	Accountants
Dylan Munro	Information Technology
Arlys Olsen	Accountant
Paula Bartlet	Generic Publishing

# 2. CaraCare Personnel cont.

CaraCare Group Facilitators	
Amanda Boyd	Trauma therapist
Ashley Gobeil	Trauma therapist
Manny Kassiotis	Trauma therapist
Maria Lusardo	Trauma therapist
Elizabeth Morrison	Trauma therapist
Alys McLennan	Trauma therapist
Mary Jo McVeigh	Trauma therapist
Conor McVeigh	Youth worker
Symon Oliver	Trauma therapist
Jenny Pitty	Trauma therapist
Karen Verrier	Trauma therapist

Community Partners as Group Facilitators		
Deb & Michael Goodwin	Eden Equine	
Kylie Hennessy	Yoga therapist and teacher	
Karen Miller	Garden Design	
Shaun Spencer & Laura	West Tigers Rigby League	
Bryony Williams	Dance Teacher	

# 3. Message from the CEO



2017 was the second year of CaraCare providing and facilitating clinical group work programs for children and young people who have experienced the trauma of neglect and abuse. It has been a year of incredible work and dedication from staff, volunteers and community partners. The commitment of the CaraCare group facilitators during this year resulted in the following; 12 groups, four specialist activities, (equine therapy, art exhibition, mentoring program, Lynwood Park school project) and a Christmas party.

Fifty-one children and young people enjoyed the creative and innovative groups. Twenty-seven, enjoyed the specialised activities and one hundred to one hundred and twenty enjoyed the project at Lynnwood school. (Refer Section 8 of this Report for details).

This year witnessed increased efforts in fund raising. We held our regular fund-raising activities however also had some spontaneous and generous activities that added considerably to CaraCare's revenue. (Refer Section 10 of this report for details).

We continued to promote awareness about CaraCare and the work in the wider social work and business communities. CaraCare, in hosting a placement for a social work student, Alys McLennan, enhanced these efforts positively. Alys worked diligently during her placement with CaraCare to establish a comprehensive agency contact list for CaraCare and she also visited key agencies as required. (Refer Appendix I for the detailed report written for CaraCare at the end of Alys McLennan's placement).

We have achieved most of our principal activities for this year and we are well on target with our short term and long-term objectives. (Refer pages 11-14 of this report).

This year I conducted a literature review on the effectiveness of therapeutic interventions for children and young people with a focus on group work programs. The aim of this literature review was to examine the results to inform CaraCare of where its programs are positioned in the effectiveness debate.

CaraCare is developing a human rights context in its program delivery with an emphasis on the participation of children and young people. Consequently I was particularly interested in looking at the current clinical position on the intersection between therapeutic work and human rights.

The literature review revealed the use of a broad number of interventions used with children and young people from behavioural interventions, (Cognitive Behavioural Therapy), to expressive therapies, (art-based interventions). Despite the intervention modality they were all deemed as effective.

The findings from the literature that highlight the number of effective interventions is encouraging for the CaraCare staff. It highlights that we are in unison with the wider professional community by providing a range of therapeutic activities.

The review, however, revealed that children and young people's contribution to the effectiveness debate was scant. While children and young people were excluded in the research, professionals and parents were often afforded the opportunity of giving feedback on behavioural change and symptom. Grover's (2004, p.91) plea that, 'it is time that children are regarded as experts on their own subjective experiences,' appears to have fallen on deaf ears. Like other oppressed groups they were denied their rights to participate in the storying of their lives.

Fortunately, studies exist that 'offers a way of treating children as active subjects and recognising that they may have distinct perspectives on the world', (Greene & Hogan, 2005, p.192). These studies generate a wealth of authentic insights into the lives of children and young people, providing vital information that therapists can integrate into their practice. Most of the studies that excluded children and young people's contribution described effectiveness as an absence or reduction of behaviours. Interestingly in the participatory studies children and young people predominantly described an increase or gain in some aspect of personal or social development and healing;

- Increased ability to talk about the abuse, (Capella, C., et al, 2016; Cater, A., 2014; Nelson-Gardell, D., 2001; Salloum, A... et al 2015).
- Increased ability to relax. (Coholic, D., 2009; Salloum, A., et al (2015).
- Increased connection to their feelings (Coholic, D., 2009; Nelson-Gardell, D., (2001).
- Increased self-esteem, (Coholic, D., (2009); Foster J.M. & Hagedorn W.B., 2014).
- Increased self-awareness. (Coholic, D., (2009); Foster J.M. & Hagedorn W.B., 2014).
- Gaining new coping skills (Coholic, D., 2009; Foster J.M. & Hagedorn W.B., 2014).
- Improvement in relationships (Capella, C., et al, 2016; Foster J.M., & Hagedorn W.B., 2014).

In addition, some studies found other significant outcomes; the experience of being believed about the abuse as synonymous with being helped (Nelson-Gardell, D., (2001); an improvement in children's use of imagination outside the group context, (Coholic, D., 2009); the importance of the provision of food and the therapeutic environment, (Salloum et al., 2015) and connecting with parents (Capella et al., 2016; Salloum et al., 2015). Children and young peoples' feedback regarding effectiveness expanded the discourse on effectiveness from symptom reduction into broader considerations of environment and relationships.

The information on children and young people's feedback is the most significant finding for CaraCare from the literature search I conducted. On close scrutiny of the feedback from the children and young people at CaraCare, (Section 8) you will find that they determined the effectiveness of CaraCare groups similar to what the international research is highlighting that children and young people say they want from intervention.

Despite its comparative newness, Cara Care not only provides creative intervention, but it is amongst the best practice leaders in participatory work with children and young people.

Friere (1970, p.90) reminds us that human beings 'will be more (emphasis in the original) the more they not only critically reflect upon their existence but critically act upon it.' Partnering with children and young people in our group work programs allows for this critical reflection and action. In doing this the CaraCare children and young people have opportunities to 'be more' than the abusive experience or the checklist of symptoms. They highlight the potential to heal and be 'the more' they were born to be.

If therapeutic intervention in the lives of children and young people effected by maltreatment is to provide a platform for their healing and reclaiming some form of self-agency, then it is imperative that children and young people are given an active role in the evaluation of services. Australia, as a signatory of the United Nations Convention on the Rights of the Child, (UNCRC), has an obligation to promote children and young people's agency in decision-making.

By giving space for children and young people to participate in practice evaluation and service delivery CaraCare fulfils the responsibilities required by the United Nations Convention on the Rights of the Child. Moreover, this participation is a fundamental part of the healing process. The power of healing lies in counteracting the experience of children and young people who were rendered powerless and silenced by the abuse each experienced. CaraCare has achieved the integration of therapy and human rights in its service delivery in three fundamental ways. Participation. Voice. Agency.

We achieved participation by involving children in feedback and program development. We gave them voice by promoting their right to have a say and they were able to exercise their agency by directly influencing program development.

This year has highlighted that CaraCare groups are delivered not only in a creative, healing way but from a human rights platform. We have seen our human rights framework strengthened in our ever-increasing participatory activities. Examples include the young person's newsletter, mentoring programs, participatory research groups and the CEO Chatterbox initiative. 2017 truly was the year of building and consolidating our practice. Working together. Children, young people and the adult CaraCare staff.



"I didn't really think the important people, (CaraCare CEO) would actually listen to me",

'I've been looking forward to this group all day' My blanket means the world. I've never been able to finish a project. I'm excited to show it to the world!

After coming here I realised that people can be nice to me so I went back to school for the first time in a year and a half and I'm going to look for a part time job.

'can I come again next year?'

"I liked that adults didn't tell us what to do."

# 4. Principal Activities

The principal activities that CaraCare set for this year were as follows:

- **1.** Development of policy and procedural documents for running the group work programs.
- 2. Dissemination of information about CaraCare in the professional community and liaison with key lead child protection and Out of Home Care (OOHC) agencies.
- 3. Fund raising activities.

## Principal activity 1.

The development of policy and procedural documents for running the group work programs was not achieved. This due to the limited hours that the CEO and board can allocate to CaraCare activities.

## Principal activity 2.

Due to the presence of a social work student at CaraCare for six months CaraCare's liaison activities with lead child protection and OOHC agencies was effective.

## Principal activity 3.

Fund raising activities were very successful this year and increased the revenue of CaraCare this year. Details of these activities are contained in section nine.

## 5. 2017 Short- term Objectives Strategies

CaraCare's current short-term objectives are as follows:

- 1. Provide innovative and trauma and human rights informed group work program for 30-40 children and young people per calendar year
- **2.** Design complimentary group work program to support carers of abused children and young people.
- **3.** Develop participatory philosophy and practice at CaraCare.
- 4. Develop stronger community profile.
- 5. Strengthen data collection and research component of CaraCare
- 6. Establish CaraCare products.

Four out of the six short term objectives were achieved this year.

#### Objectives 1, 3 & 5

CaraCare ran 12 groups, two specialist activities, (equine therapy, art exhibition) and a Christmas party. Fifty-one (51) children and young people enjoyed the creative and innovative groups and nine (9), specialised activities on offer (section 8 of this report outlines the programs in detail). We further developed our participatory philosophy and practice as evidenced by children and young people helping us build our practice by having a stronger say in service delivery. We continue to collect robust data on the CaraCare groups and have involved children and young people in a group evaluation research project.

### **Objective 6**

As part of our clinical delivery of groups we work with engaging the five senses of children and young people as fundamental pathways for their healing. Our products aim to represent this. CareCare still has the essential oil and rainbow catchers but did not add any other products to its fund-raising inventory.

## **Objective 2**

The need for groups for carers became increasingly evident as the children and young people's group work program unfolded. The need for healing to be augmented in the home and the importance of parents and carers being the most important source of healing became increasingly clear.

CaraCare did not have the opportunity to facilitate carers groups this year. However, this objective needs to stay on our organisational agenda and operationalized when the opportunity arises.

#### **Objective 4**

Our community profile has expanded this year (see section 9). We disseminated information on CaraCare through newsletter, attending meetings, community events and media. This was particularly bolstered by the work of a social work student on placement at CaraCare, (see Appendix for her end of placement report).



# 6. CaraCare's Long-term Objectives

CaraCare's long-term objectives are to;

- 1. Become a centre of best practice for trauma and human rights informed group work Programmes with children and young people.
- **2.** Become a centre of best practice for participatory group work with children and young people
- **3.** Become a centre of best practice for attachment informed, support group work with carers of children and young people who have been abused.
- **4.** Strengthen the research branch of CaraCare.
- **5.** Further develop CaraCare products.
- **6.** Strengthen the CaraCare profile in our professional communities as a centre of excellence and expertise.

Four out of the six long- term objectives were achieved this year

## **Objectives 1-2**

CaraCare is becoming a centre of best practice for trauma informed group work with children and young people primarily by implementing its diverse, creative and innovative group work programs.

All the groups run at CaraCare during 2017 are original and innovative, (see figure 6). The group programmes were created by CaraCare facilitators and are constantly evaluated and developed along best practice lines.

TERM	GROUP
1	Writing Gardening
2	Yoga Movement Group Gardening (Continued from term one)
3	Gardening (Continued from term two) Dance WIA (7yrs-12yrs) WIA (12 yrs-18yrs)
4	WIA X2

Figure 6:1 Group by school term

## **Objective 3**

CaraCare did not have the opportunity to facilitate carers groups this year. This should not be seen as a flaw in service delivery. As an organisation that is predominately for children and young people we focused on strengthening our human rights framework by engaging in more participatory work with children and young people. However, this objective will remain on our organisational agenda and operationalized when the opportunity arises.

## **Objective 4**

CaraCare becoming a centre of best practice for participatory group work with children and young people is enhanced by the research the CEO is doing for her Doctorate in Social Work. She has been able to integrate this research in the development of CaraCare's policies and procedures in working with children and young people. Moreover, she is integrating participatory practices into all aspects of running and evaluating groups.

#### **Objective 5**

As part of our clinical delivery of groups we work with engaging the five senses of children and young people as fundamental pathways for their healing. Our products aim to represent this.

In 2015 Secret Scent created a CaraCare blend. The oil is the aimed at the sense of smell. It continues to be sold through Cara House, CaraCare events and Secret Scent outlets. \$5 per sale is donated to CaraCare.

This year we added the beautiful rainbow catchers to represent the sense of sight. L.Rose designed four rainbow catchers to symbolise our core therapeutic themes of Hope, Love, Joy and Gratitude. They will be sold through Cara House, CaraCare events and L.Rose outlets. As with Secret Scent \$5 per sale is donated to CaraCare.

The development of other products did not eventuate in 2017. However, this long-term objective is still relevant as part of our sustainable fund raising and will remain on our strategic plan.

## **Objective 6**

CaraCare's profile in the wider professional community continues to be built upon last year's efforts. This was bolstered by the presence of a social work student at CaraCare. Section nine and Appendix I of this report details the community connection forged in 2017.

# 7. Biographical Details of Participants

We set our 2017 target at service delivery for 30- 40. We overshot our target. CaraCare ran 12 groups, two specialist activities, (equine therapy, art exhibition) and a Christmas party. Fifty-one children and young people enjoyed the creative and innovative groups and nine specialised activities. The completion rate from the start of the group to the finish was 100%, with the vast majority of children attending all sessions.

Some of the data is incomplete, as the referring agency did not complete the referral form fully. However, this happened in a minority of cases.

Of the 51 children, 36 were girls and 15 were boys. There was a range of abuse that the children and young people were subjected to. Figure 7:1 shows the number of participants who were victims of each type of abuse. The largest number of abuse category was domestic violence (N=41), followed by sexual assault (N=5).

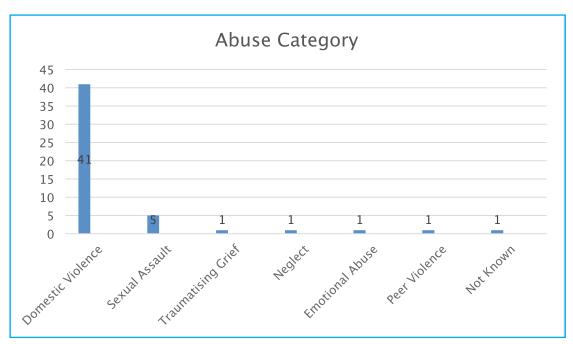


Figure 7:1: Number of participants by abuse category.

In the Domestic Violence data there are several other acts of abuse on children and young people such as neglect, physical abuse, emotional abuse, sexual assault and paternal abduction. The breakdown of the domestic violence statistics showed that most children and young people who experienced these multiple forms of abuse were in the majority (N= 22).

The ethnicity statistics (Figure 7:2) show that most children and young people attending were classified as Culturally and Linguistically Diverse (CALD), (N=30) with Aboriginal (N=5) and Anglo-Australian (N=5) numbers being the same. There was no clear ethnicity recorded for twelve (N=11) children and young people.

The ethnicity represented under the CALD category ranged from, African, Chinese, Eastern European, Irish, Lebanese, Maori, Western European, Vietnamese.

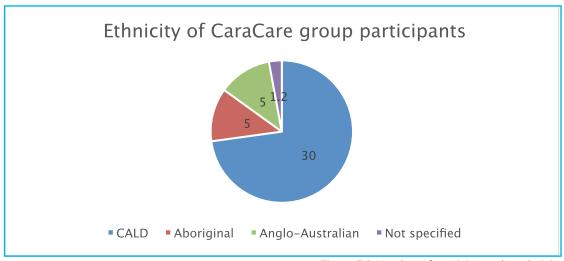


Figure 7:2 Number of participants by ethnicity

Participants were aged between six and seventeen years. Most participants were aged between seven and fourteen years of age, (N=48) with children aged twelve being the largest group, (N=10).

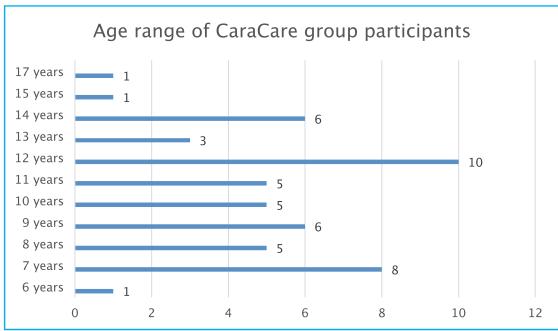


Figure 7:2: Number of participants by age

Figure 7:3 summaries the living situation of the group participants. Most children and young people were living with their birth families (N=23). The breakdown shows that the majority lived with a sole parent (N=13). The children who lived with their mother as sole carer (N=10) was because of Domestic Violence. The children (N=3) who were in the care of their father was due to the deterioration in the mental health of their mother. Of those children who were living in OOHC (N=19) the clear majority (N=16) were with foster carers with the remaining (N=3) living with extended family.

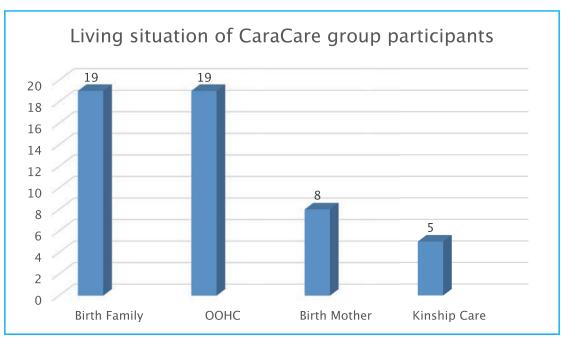


Figure 7:3 Number of participants by living situation



# 8. Clinical Evaluation of Groups and Specialised activities

## 8:1 Overview

Every group at CaraCare is clinically evaluated and recorded in an evaluation report. As each group is different in nature and content it is not possible to utilise one evaluation tool. However, the clear majority of the groups use a pre and post group work measure. Figure 8:1 summaries the diverse range of groups run across the school term by facilitator in 2017.

Group Name	School Term	Facilitators
Sensory Garden group	Term 1-Term 3	Karyn Miller, Manny Kassiotis, Mary Jo McVeigh
Having your say: Writing Group	Term 1	Amanda Boyd & Mary Jo Mc Veigh
Participatory Research Group	Term 1	Mary Jo McVeigh, Manny Kassiotis & 3 C&YP
Power Within: Yoga	Term 2	Alys McLennan, Kylie Hennessey (Concord Yoga Centre)
Movement Group with Tigers Rugby League Club	Term 2	Manny Kassiotis, Conor Mc Veigh, Shaun Spence & Laura (Tigers rugby league club)
Shining Stars: Dance Group	Term 3	Alys McLennan & Bryony Williams (ED5 Dance studio)
Wrapped in Angels (N=4)	Term 3 – Term 4	Ashley Gobeil, Manny Kassiotis, Maria Losardo, Liz Morrison, Symon Oliver, Alys McLennan, Conor McVeigh, Karen Verrier

Figure 8:1 Group run by facilitators



# 8:2 Clinical Evaluation of Groups

## Sensory Garden Group



Due to the popularity with the children and young people of the faery gardening group in 2016, we conducted another year long gardening group. The theme of this year's gardening group was working with the senses. Therefore, activities integrated the use of all the senses, planting fragrant herbs and flowers, cooking and making garden ornaments.

The feedback from every session highlighted that every child enjoyed every aspect of the sessions. Most common answers to what they liked was "Everything." No one recorded anything that they did not like about the group. The two comments on what to change were, "See more snails", and "Start earlier."

#### **Writing Group**



The writing group was piloted for the first time this year. Three themes emerged from the evaluation of the writing group. The experience of independence, the relationship with the adult facilitators and the sense of self-esteem and self-efficacy as a result of being part of the group.

The three young women who participated in the writing group spoke about their experience of independence throughout the life of the group. They appreciated the choices they were given in the creation of the newsletter. They particularly enjoyed the freedom to have control of the design and content of the newsletter.

They valued the collaborative and inclusive relationship with the facilitators noting they enjoyed the fact that the adult facilitators were not overly directive. They found that the group was a good balance of help and guidance and independence.

They also noticed their achievements in completing tasks and writing skills and logo design. They particularly enjoyed the launch of the magazine, the sense of occasion, meeting the dignitaries who attended, the opportunity to be given a choice on public speaking and the acknowledgment of their hard work and creativity.

This group is very significant for CaraCare. It typifies our children's human rights ethic of participation and self-determination. Written by children and young people for children and young people we envisage it growing in its capacity to engage the young voice and provide a platform for children and young people to be heard

`I surprised myself, how capable I was at writing and completing an idea, I followed through, I completed it'.

`I noticed-'I can do this'.

`I was really impressed when the logo was completed. The logo was consultative and good as you got to see what other people thoughts of it'.

'I liked doing my own projects and my ideas coming through.

No one was saying-that is bad'.



To provide the children and young people an opportunity to be involved in research, the participants of faery garden group held in 2016 were co-researchers on the evaluation of the group. The children and young people were involved in all aspects of research: designing the research methodology, data collection and analysis.

This group will continue into 2018 as the adult facilitators are currently involved in writing up the results to make them suitable for publication in a professional journal. The final written article will be presented to the children using developmentally appropriate language for their final input. The children and young people themselves will be invited to write a 'child version' of the project.

We want to develop this project further by training them in research skills with the aim of CaraCare having a child led research unit.

#### Yoga Group



The CaraCare Rediscovering the Power Within Program is a yoga program that was piloted this year. The main aim for this program was to assist adolescent females, who self-harm, to use mind-body practices in their trauma recovery. It was understood that this aim would be met by using a joint approach of yogic practices and psychotherapy.

The young people discussed some significant positive outcomes, despite not completing each of the sessions. These included better sleep, re-entry to school after a significant hiatus and increased capacity to regulate emotions during stressful social events. This suggests that the facilitators were able to create a safe and structured program that was flexible enough to support individual learning and psycho-emotional needs. Therefore, the main aim of the group work program was met and the therapeutic format of Rediscovering the Power Within was appropriate, engaging and enjoyable for the participants.

"I really like yoga. I did it in hospital and so it's good to be able to do it out of hospital too".

I use the breathing before bed every night because it helps me to feel safer rather than worrying that people are going to come into my room at night.

I had to do a speech at school and I was really nervous because I was going to talk about my experience with depression so I did some deep breathing and imagined I was doing the warrior pose.

I was having a fight with my best friend at school and I kept thinking she was never going to talk to me again so I stopped and used the breathing technique which helped to calm me down enough so that I could talk to her.

# **Movement Group with Wests Tigers Rugby League Club**



Having a Go was piloted as a movement group this year. It was a joint initiative between CaraCare and the Wests Tigers Rugby League Club. One of the aims of the group was to foster and enhance the child and young person's sense of self-worth, identity, self-efficacy, sense of community and reconnecting them to positive role modelling and physical activity.

Part of each session involved a discussion of an important social issue for children and young people. Examples included for racism and bullying. The children and young people saw these discussions as an exploration of ethics. They decided that they wanted to look at them in more depth and develop a resource on ethics for children. They had a consultancy session with Dr Simon Longstaff, Director of Sydney Ethics Centre. The development of the ethics resource is an ongoing project that will continue in 2018.

# 8. Clinical Evaluation of Groups and Specialised activities

## **Shining Stars**



This was the second year of the Shining Stars groups dance program. The results showed that the Shining Star group work program showed a strong positive trend related to increasing children's capacity to recognise internal body cues. Data also indicates that some children experienced better capacity to recognise external body signals (interpersonal body language cues) and were given additional lived experiences to develop

self-worth and self- esteem. Therefore, the main aim of the group work program was met. Moreover, experiences of receiving trauma-informed care and being involved in participatory experiences were additional outcomes.

"I learnt that I have lots of emotions".

"I learnt how to take care of my body."

"My body tells me when something is difficult I need to be careful".

"I practiced my breathing when I was angry and it helped me calm down."

## **Wrapped in Angels**



Four Wrapped in Angels groups were run this year, three were run at Cara House in Concord and the fourth at Mount Druitt.



Group One (Adolescent group Concord, School Term 3)

The results from this group showed that half of the participants made gains across all resilience domains. The other participants could not be measured for the resilience factors as they did not complete the post evaluation questionnaire. However, the qualitative data gathered from all participants on their experience of the group highlighted the immense enjoyment they gained from being in the group and the significance of their blanket.

"My blanket means the world. I've never been able to finish a project. I'm excited to show it to the world!"

"Usually when I get angry at my sister it is for silly things.

I don't get angry as much with her anymore."

"Wrapped was fun, calm, interesting and many more things."

"I didn't know I was capable of doing everything we did.

I learnt I can socialise easily."

"I learnt that I am able to cooperate more and help other people."

Group Two (Children's group Concord, School Term 3)

In this group two out of the three participant were able to complete the pre and post questionnaires. One child expressed he did not want to complete it. This child did provide verbal qualitative feedback.

The areas on improvement in the resilience factors were predominantly in self-esteem, self-regulation and positive value system.

In response to the question what you learned, one child said, "I can be patient and complete tasks if I try hard."

In response to the question what you liked most about the group, one child said, "Shopping was the best part, and everything!"

In response to the question, what your blanket means to you, the three children answered:

- "It means a lot to me. Will remind me of this group and everyone in it."
  - "It's my life."
  - "Like the Avengers comics/heroes."

Group Three (Children's group, Concord, School Term 4)

Of all the groups run at CaraCare this year, this group had a high percentage of highrisk cases. The children had been exposed to domestic violence, maternal mental health, possible exposure to limited supervision and/ or physical abuse, court hearings and other difficulties related to identity.

Facilitators had frequent contact with a caseworker and made multiple Helpline reports in relation to child protection concerns of one of the group work participants.

Despite these major destabilising factors that were present, all blankets were finished and all of the group members were observed to enjoy the group and make gains in some of the resilience factors, notably, social competency, self-esteem, secure base and positive value system .

"I learnt that you should always try and never give up."

"My blanket means love, caring, respect and hope."

"I learnt to keep myself safe by not hurting myself."

"My blanket means happiness."

"Wrapped taught me how to keep my body safe and how to be calm."

"I liked meeting the other people and making my blanket."

"My blanket will remind me of love."

Group Four (Children's group, Mount Druitt, School Term 4)

This group was a very important part of the CaraCare year because it was the first time we co-facilitated a group with a FACS caseworker. It also was held at a FACS office, which is a very significant way to break down the negative perception of child protection workers in the community.



The report on this group highlighted, that "the group offered all of the children a safe and predicable environment to encourage their own personal growth and development. Group processes such as the consistent relationships, group rituals, noticings and the processes of learning with support and scaffolding supported the children to recognise new strengths and abilities for themselves."

T's blanket represents, 'mostly old memories', she said it was about 'bringing the old memories back from when I was living with my Mum'.

D shared that her blanket represents her 'culture, her Mum and her family'.

B discussed that his blanket meant that he was 'in a movie', and what the group represented to him on his blanket.

H described that her blanket meant to her 'family and butterflies' and her brothers as they were 'superman'.

X said that his blanket 'keeps him safe', 'cos I have angel wings' 'I can put it in my bedroom and sleep with it',

Name	School Term	Facilitators
Lynwood Park School	Term 2	Conor McVeigh
Art exhibition day painting	Term 3	Alys McLennan & Karen Verrier
Equine therapy Day	Term 4	Karen Verrier & Alys McLennan
Mentoring Program	Term 2- Term 4	Conor McVeigh & J
Christmas Party	Term 4	All staff

Figure 8:2 Specialist group activities run by facilitators

### Lynwood Park School

This project was as a result of an invitation from the Jake Doran foundation to run a segment on mental health at the 'chance 4 kids' activity day they were hosting in Lynwood Park public school Blacktown. Two complimentary programs were written for this activity day to tailor to the age difference of the children attending. It was run four times over a one-day period, engaging between 100-120 children.

The two age related programs were identical in their aims:

- To promote a celebration of the uniqueness of every child and young person.
- To discuss resilience through being different, being yourself.

This program has future potential and can be developed further to be run in schools for pupils of all ages.

#### **Art Exhibition**



CaraCare ran an art exhibition day as part of their fund-raising strategy. An invitation to create a work of art for the exhibition was sent out to CaraCare children and young people. Four children worked on a beautiful piece that was sold on the day of the exhibition.

## **Equine therapy Day**

As a result of attending the May Ball the owners of Eden Equine therapy offered a day to CaraCare. Six children aged between one and nine years of age attended. The children were able to enjoy the beauty of the surroundings and interact with the animals on the farm.

It is envisaged that this trip could be offered twice a year as part of a holiday program and be developed as an Equine assisted therapy for the CaraCare children.

## Mentoring

A mentoring program was developed and piloted this year by the CaraCare volunteer specialist. It was run with an eight-year old boy who was part of the gardening group. The aim of the mentoring program is to work with children who have been through a CaraCare group to give them the skills to mentor other children. This is an ongoing project which is currently still in the embryonic phase but hopefully will be fully evaluated and extended in 2018.

## **Christmas Party.**



The year at CaraCare ended with a Christmas party for seventeen children and young people. Seven staff and our specialist volunteer facilitated four art and crafts activities, face painting, lunch and welcoming Santa.

Le Montage provided the lunch and the Kluck family the Christmas presents. We were fortune enough to have Santa

visit us as he did last year. (Some would say he looks very like one of our board members.)

It is interesting to note that the children and young people spoke about their enjoyment of the party well into 2018.

### Conclusion

The lasting impression I am left with having read and summarised all the clinical reports for 2017, is that the vision for CaraCare providing innovative healing groups for children and young people has been surpassed. I sit with the awareness of the incredible hard work and dedication of the CaraCare staff that made this possible. Moreover, it was the presence of the children and young people's voices that spoke loudest to me.

Being responsible for the development of the clinical program at CaraCare I was determined to anchor our work in children and young people's human rights paradigm. I envisaged this to be operationalized at CaraCare by participatory practices. I did not know how this would look given the scarcity of discussion regarding a 'human rights lens' in clinical work with children and young people.

However, my concern that I would not be able to do this was unfounded. The CaraCare children and young people led the way. CaraCare gave them the opportunity to be heard. They took this opportunity and from it we witnessed;

- An incredible first CaraCare children's and young people's magazine.
- Direct feedback from children and young people to the CEO on program development.
- Children mentoring children.
- Participatory research team.

It is envisaged that we will move into 2018 with the same group work programs, with the addition of a singing group. Ongoing development of the piloted mentoring and equine therapy will continue. Moreover, the presence of children and young people's contribution to our program development will be strengthened.

## 9. Community Development and Partnership

In 2017 CaraCare continued to expand its local community profile by co facilitating groups with Concord Yoga Studio, ED Five Dance School and West Tigers Rugby League Club.

In addition, local politicians visited Cara House, (State member of parliament), and attended one of our group closing ceremonies (State Opposition member of parliament and Canada Bay Mayor).

The vast majority of CaraCare community development and partnership came from the work done by the social work student Alys McLennan. The strategies that Ms McLennan engaged in were as follows:

- · Created a general PowerPoint presentation that any member of Cara staff can use.
- Identified key stakeholders and contact persons and developed a directory for CaraCare.
- Identified gaps in service delivery and engagement for CaraCare as part of the ongoing community development and partnership plan.

The agencies that she presented information about CaraCare are summarised in figure 9.1

Agency	Date Complete
ACWA Forum- Telopea	16.5.17
NCF Forum- Penrith	4.5.17
FaCS Mt Druitt	21.8.17
Challenge Community	28.9.17

Figure 9.1 Community engagement by CaraCare social work student

These agency presentations resulted in children being referred to various groups with a specific Wrapped in Angels group being held at Mount Druitt FaCS.

## 10. Financial and Donors Support

Financial and donor support for CaraCare increased this year. The four main sources of this support were:

- •Fund raising activities by CaraCare.
- •Fund raising activities by supporters of CaraCare.
- •Individual financial donations.
- •Donations of labour and skills.

## Fund raising activities by CaraCare.

•CaraCare held two fund raising activities this year, the May Ball and the Art Exhibition in November. **The May Ball** raised net funds of \$21,180, the **Art Exhibition** raised net funds of **\$1,61**9.

## Fund raising activities by supporters of CaraCare.

There were several wonderful events throughout 2017 that CaraCare was fortunate to be the recipient of the proceeds:

- •Canada Bay Mayor's Golf Day in November raised \$30,145.
- •The **Harvey Norman** Electrical & Computer Division raised funds for CaraCare at their biannual conference in August.
- •Another approximately 50 individuals from **Harvey Norman** and their supplier network donated a further **\$6,561** in total.
- •Gieldan Capital formed the Tri Hard team of 4 tri-athletes who competed in the Ironman 70.3 Western Sydney race. Their suits carried the CaraCare logo and they raised \$5,850.
- •Laura Luchi co-ordinated the City 2 Surf effort again in September. The 6 individuals in the CaraCare Team raised \$5,778.
- •Andrew Scannell held a fundraising event in November at his workplace Retail Safari that raised a total of \$1,000.
- •**Gerry Scullion** via his app This is HCD. All sponsorships of his app are donated directly to CaraCare. 18 individual donations totalled approx. **\$1,700.**
- •Vicki Thompson was very active in securing funds through Google Give which netted approximately \$5,5000 in donations

## **Private Donations**

We received some generous donation from private individuals in 2016.

### Donations of labour and skills.

CaraCare not only operates from the generous financial donations mentioned above but also on the time and skills that many people give to our organisation. Amongst these are;

- •Michael Harvey for his extensive extra-board work.
- •Manny Kassiotis for his extensive extra-board work.
- •Mary Jo McVeigh who performs the function of CEO and funds the wages of the Youth worker and CaraCare intake worker via her therapy centre Cara House.
- •Natasha Badrov, event manager who assisted with the organisation of the May Ball.
- •The finance team at Gunderson Briggs.

## References

Capell, C., Lama, X., Rodríguez, Águila, D., Beiza, G., Dussert, D. & Gutierrez, C. (2016) Winning a race: Narrative of healing and psychotherapy in children and adolescents who have been sexaully maltreamentd. Journal of Child Sexaul Maltreament, 25 (1), 73-92.

Cater, A.K. (2014). Children's descriptions of participation processes in interventions for children exposed to intimate partner violence. Child Adolescent Social Work Journal, 31, 455-473.

Coholic, D., Lougheed, S. & Cadell, S. (2009). Exploring the helpfulness of arts-based methods with children living in foster care. Traumology,15 (3), 64-71.

Foster, J.M. & Hagedorn, W.B (2014). Through the eyes of the wounded: A Narrative analysis of children's sexual abuse experiences and recovery process. Journal of Child Sexual Abuse, 23, (5), 538-557.

Freire, P. (1970). Pedagogy of the oppressed. London: Penguin.

Greene, S. & Hogan, D. (2005). Researching children's experience. London: SAGE.

Grover, S. (2004). Why won't they listen to us? On giving power and voice to children participating in social research. Childhood, 11(1), 81-93.

Nelson-Gardell, D., (2001). The voices of victims: Surviving child sexual abuse. Child and Adolescent Social Work Journal, 18 (6), 401-416.

Salloum, A., Dorsey, C.S., Swaidan, V.R. & Storch, E.A. (2015). Parents' and children's perception of parent-led Trauma-Focused Cognitive Behavioural Therapy. Child Maltreatment and Neglect. 40, 12-23.



