

'NOT ONE SIZE FITS ALL'

Understanding the social & emotional wellbeing of Aboriginal children

Bamblett, M., Frederico, M., Harrison, J., Jackson, A., & Lewis, P.



Victorian Aboriginal Child Care Agency



LA TROBE
UNIVERSITY





Victorian Aboriginal Child Care Agency

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wellbeing of Aboriginal children**

An AIATSIS funded report

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2012

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1. Cooperative Research Centre for Aboriginal Health is now known as the Lowitja Institute.

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Executive summary

Introduction

Effective assessment of the social and emotional wellbeing of children and young people who have experienced abuse and/or neglect is a critical yet challenging task in the child welfare and therapeutic fields. The importance of such holistic assessment is nowhere more apparent than with Aboriginal children. These children can experience complex states which are at risk of being reduced to simple, easily quantifiable and subjective reports if assessment approaches are not used sensitively, knowledgeably and appropriately. An approach to assessing whether or not outcomes have been achieved is a particular example of assessment that can be misapplied and over-simplified. Approaches taken to assessment and outcome measures need to be relevant to the children and their context and inform effective service provision. A key question for this study, funded by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), is how such assessments and outcome measures can contribute to strengthening Aboriginal children's social and emotional wellbeing.

As the title of this report suggests, no single approach will fit all children. For too long Aboriginal children have been assessed using measures and assessment approaches which did not take into account their culture, beliefs, connection to community and place, spirituality and their individual experiences. Furthermore the assessment of an individual's social and emotional status independent of the family and community is an alien concept to Aboriginal people as well as being ecologically uninformed.

This report presents the findings of an exploratory study which aimed to find or develop culturally specific, holistic and useful assessment approaches to more accurately and sensitively describe the social and emotional wellbeing of Aboriginal children. In particular the focus was on Aboriginal children who have experienced trauma through significant abuse and/or neglect. This study did not aim to provide a psychometric review of the measures nor to develop a psychometric measure. Rather its focus was on gathering ideas from practitioners, policy makers and the literature in order to develop practical approaches to assessing Aboriginal children's social and emotional wellbeing. In particular, this project considered measures and approaches that could be implemented within Indigenous and non-Indigenous organisations, in child welfare and therapeutic services and that informed both research and service delivery.

This report also describes a demonstration project of authentic and effective partnership between an Aboriginal child and family services agency (the Victorian Aboriginal Child Care Agency; VACCA), a mainstream therapeutic service (Take Two, Berry Street) and a university (La Trobe University). The partnership is sustainable and the organisations have developed a relationship which promotes Aboriginal ways of knowing and hence enhances understanding of culturally appropriate research methodologies.

Methodology

The underlying methodology is action research with a focus on engaging Aboriginal and non-Aboriginal individuals and organisations to explore existing knowledge of approaches to effective assessment. The process involved close collaboration between the stakeholders. The exploratory research involved synthesis of findings from the literature; qualitative analysis of some of the assessment approaches available; interviews with 24 informants from Aboriginal and non-Aboriginal organisations; and validation of the findings via focus groups of key informants and the Project Reference Group.

Structure of the report

The introduction places the research in a cultural and historical context speaking to some of the differences in Aboriginal and non-Aboriginal approaches to research. Chapter 2 places the research in context of understanding Aboriginal children, the policy context, the nature of the participating organisations and some of the general thinking about assessment and outcomes. Chapter 3 presents a review of literature of mainstream and Aboriginal research on children's social and emotional wellbeing and related assessment approaches. Chapter 4 describes the project methodology and Chapter 5 presents an analysis of existing relevant outcome measures that came to the attention of the project team. Chapter 6 presents the results of interviews with Aboriginal and non-Aboriginal workers followed by chapter 7's discussion on the findings from the focus groups. Chapter 8 is a synthesis of the findings and implications from the analysis of the assessment approaches, literature, interviews and focus groups. Chapter 9 concludes with implications from the study including recommendations.

Key findings

- 1) The literature review highlighted the dearth of research about Aboriginal children's social and emotional wellbeing. The absence of an agreed upon definition of Aboriginal children's social and emotional wellbeing was particularly noted. Assessment frameworks and outcome measures have mainly been developed for non-Aboriginal populations with some exceptions. Moreover the majority of research undertaken on social and emotional wellbeing of children traumatised by abuse has not explored the impact on Aboriginal children despite their over-representation in child protection. This finding highlights the contribution this research project can make to understanding and assessing the social and emotional wellbeing of Aboriginal children.
- 2) The two direct service organisations engaged in this research project — VACCA (an Aboriginal community controlled child and family services organisation) and Take Two (a mainstream therapeutic program for children who have been abused) — represent two different types of services. The project highlights that each service faces challenges, some shared and some unique, as to how to strengthen Aboriginal

children's social and emotional wellbeing. Although both organisations focus on the social and emotional wellbeing of at-risk children, their context is different. VACCA is an Aboriginal community controlled and operated organisation, whereas Take Two is a service under the auspices of a collaboration of a community service organisation, a health organisation, academe and most recently, VACCA. Both VACCA and Take Two work with Aboriginal children, but this is the exclusive population for VACCA and a large but not sole population for Take Two. The study highlights that the different organisational contexts have different implications for practice, training and implementation of approaches to assessing social and emotional wellbeing.

- 3) A framework for understanding Aboriginal children and their social and emotional wellbeing is a crucial step and a work in progress. The direction in how to assess aspects of wellbeing in much of the Western literature is on scientific knowledge and procedures. This study presents a contrast to this approach through the emphasis within Aboriginal culture on holistic and relational knowledge. The approaches are not inherently contradictory but have different starting points. The study begins the work on developing a framework based on the importance of culture, but sees this as a work in progress. It presents principles which could inform the ongoing development of such a framework.
- 4) Organisational and worker cultural awareness and their journey towards competence is a key to their ability to enhance Aboriginal children's social and emotional wellbeing, which no assessment process or outcome measure on its own can achieve. In addition to effective service delivery, cultural competence is necessary for both the effective engagement of the children and for interpreting the assessments.
- 5) The use of outcome measures can contribute to service delivery and program planning but also has inherent risks, especially if implemented outside a cultural competence framework. The essential role of outcome measures in assessment is to benefit the children for whom they are undertaken and to guide program planning, policy and research to benefit all children.
- 6) A number of outcome measures and assessment approaches were analysed through qualitative methods and their applicability for use with Aboriginal children was explored. Some were able to be used or adapted for use within one or both services; others may be further adapted by their developers. However, there were also clear gaps where new tools or approaches are needed. At this time, no currently available outcome measure is recommended over another. However, the study highlights that choices of outcome measures must be coherent with a culturally informed outcomes framework. This finding also reinforced the core concept that no single understanding or approach would meet the range of needs and other differences for Aboriginal children.
- 7) A part of assessment, especially that focusing on outcomes for children, is identifying when change has or has not occurred. Identifying indicators of change is challenging within a cultural context as behaviour and attitudes can have different meanings. Participants identified a range of potential indicators for change which could inform assessment in practice and the development of frameworks and outcome measures. These include behavioural indicators such as change in school performance and other concrete changes. It was also noted that changes in systems can impact on or mask changes in the child's behaviour.
- 8) The study identified that mainstream approaches to assessment often ignored important aspects of Aboriginal children's social and emotional wellbeing, such as spirituality and cultural connection. Another finding is that it is in the best interests of Aboriginal children for their connection to family, community and culture to be maintained, developed and supported. Ways of addressing these gaps were discussed including the use of some tools already available such as the Take Two Cultural Connection Assessment Tool (Coade & Corlett, 2005), the ATSI Cultural Support Plan (DHS, 2005a) and the Sense of Culture Yarn (Westerman, 2001). Each of these tools was considered valuable, informative and appropriate for different purposes. However, it was also concluded that other tools would be beneficial to further explore the child's perspective on cultural identity and connection. As such, this project led to the development of a draft tool that has since begun the process of being piloted.
- 9) The study found that engaging and forming sustained positive relationships were critical elements to improving outcomes for Aboriginal children. Although this is undoubtedly true for all children there were some specific suggestions for strategies for engaging with Aboriginal children.
- 10) Finding appropriate ways to assess social and emotional wellbeing of Aboriginal children required the engagement of diverse areas of knowledge. Frequently, scientific knowledge and approaches to research methodology are privileged over Aboriginal cultural ways of knowing and understanding. This study has brought the two approaches together but reversing the usual approach by privileging Aboriginal ways of knowing. Mainstream research methodologies have been utilised to support but not drive the study. The partnerships involved in this study were considered to be mutually beneficial and added not only to the process and results, but to the dissemination and likelihood of the findings being implemented in the partnering organisations and beyond.

Implications from findings

A number of implications for practice, program development and research arose from this study, including the need for:

- Strategies for the ongoing journey towards cultural competency for non-Aboriginal workers and non-Aboriginal organisations, including but not solely focused on training.

- Approaches to increase the number of Aboriginal workers employed in this field.
- Cultural competence as a key selection criterion in recruitment of all workers. At the same time, it was important to acknowledge that cultural competence for a mainstream organisation, whether or not they employ Aboriginal staff, can only occur through a respectful partnership with Aboriginal organisations and community.
- Engagement strategies for Aboriginal children.
- Cultural connection — what does it mean? A cultural connection conceptual map has been developed to help ‘unpack’ cultural connection for Aboriginal children. This forms the beginning of developing a framework for assessment which is an important step in using assessment approaches and outcome measures.
- Development of criteria for developing and weighing various assessment approaches and outcome measures on a qualitative basis.
- Development of a draft tool that shows changes in behaviour.
- Development of a tool that recognises cultural identity and connection.
- A list of suggested examples of events that enhance opportunities for cultural connection.

The final implication from this study was recognising the importance of respectful partnerships between Aboriginal and non-Aboriginal organisations and academe and service delivery organisations when undertaking research and developing recommendations for action.

Chapter 1: Introduction

Overview

This chapter begins with a conceptual and philosophical discussion underlining the importance of approaching research regarding Aboriginal children in accordance with Aboriginal-informed methods (See Appendix 1 for definitions). The overall aim of the project was to gather or develop culturally specific, holistic and effective assessment approaches to accurately and sensitively describe the social and emotional wellbeing of Aboriginal children who have experienced trauma due to severe abuse and/or neglect.

This chapter briefly describes the three partnering organisations, namely the Department of Social Work and Social Policy at La Trobe University, the Victorian Aboriginal Child Care Agency (VACCA) and Take Two (Berry Street). Each organisation shared the goal of working to improve outcomes for Aboriginal children who have been subject to abuse and neglect, but each have different roles and responsibilities in this regard. The chapter concludes with an outline of the research project itself and of the structure of the report.

Some preliminary considerations

The term 'Aboriginal' applies to people from a diverse range of communities and countries within Australia, including Torres Strait Islanders that reflect considerable variation in history, language, experiences of colonisation, parenting practices and cultural mores. The majority of the literature, interviews and focus groups focused on Aboriginal people rather than those from the Torres Strait Islands, although this was not always clear. In general in this report, the term 'Aboriginal' is used inclusively to apply to Aboriginal and Torres Strait Islander peoples, except when specific mention of Torres Strait Islanders is made.

There is every reason for Aboriginal readers of this report to immediately consider with suspicion what 'understanding social and emotional wellbeing of Aboriginal children' might mean. The history of 'measuring' and assessment when it comes to the relationship between academia and Indigenous communities, both within Australia and internationally, has been fraught with colonial impositions and outright racism (Drew, Adams & Walter, 2012).

Viewing Aboriginal peoples as objects of observation and discussion rather than participants with perception and dialogue has occurred throughout Australia's post-invasion history from colonial observation to anthropology and, particularly in the post-ATSIC (Aboriginal and Torres Strait Islander Commission) era, political discourse. This is one of the many forms of the prevalence and power of what authors such as Aileen Moreton-Robinson (2000) and Lillian Holt (2002) refer to as 'whiteness' in Australia. Such 'othering' is one of the many toxic by-products of terra nullius.

When Australia was colonised, non-Aboriginal researchers and scientists brought a method of knowing that was influenced by Western intellectual frameworks which

in many ways reflected a desire to control the world through knowledge. In relation to Aboriginal communities, these Western methods contributed to processes which effectively sought to control the original owners and custodians of the land and waters through categorisation and the power of the written word. Non-Aboriginal anthropologists and researchers mislabelled traditional Aboriginal practices; measured people's heads to determine intelligence; measured people's blood to define the degree of a person's 'Aboriginality'; and treated Aboriginal people virtually as fauna to be studied. Non-Aboriginal explorers and diarists wrote down their encounters with Aboriginal people and despite the fact that they often left events out which reflected negatively on settlers, such as massacres and attempts to poison Aboriginal people, their reports have been seen as more credible. Even today, some formal Western understandings of history give pre-eminence to the written word of settlers over the memory of Aboriginal Elders with their oral stories of resistance and survival (Dodson, 2003). All this betrays a cultural bias in research which remains alive today.

Colonial ways of knowing are not historical artefacts that simply linger in contemporary discourse. They are actively reproduced within contemporary dynamics of colonial power. (Anderson, 2003, p. 24)

It is not only a question of non-Aboriginal research methods being part of a system of oppression; it is also about creating more effective research methods when it comes to cross-cultural analysis. Western non-Aboriginal methods of research, particularly in the area of the humanities and social sciences, have developed more flexible models as methodologies have evolved from the merely scientific to more holistic forms of research (Ermine, Sinclair, & Jeffery, 2004). This is particularly for action research, feminist research and community development models. Today there is greater awareness of the limits of science and research and the need to be aware of how power dynamics and culture influence the construction of methodologies and theories.

Notwithstanding emerging approaches to Western research methods that grapple with greater levels of complexity and are more holistic and culturally informed, they do not replicate Aboriginal methods of learning and developing knowledge. Rather, these recent approaches provide an opportunity for building bridges across these domains of understanding, looking for coherence not sameness; and learning from the differences.

It is also important to appreciate the debate within the Western context regarding research and outcome-related practice. At the same time as strict, positivist, scientific approaches are being increasingly critiqued, especially in the social sciences, there has been a push towards more evidence-based practice within the social and health fields, such as medicine, psychology and social work. This apparent contradiction needs to be explored and debated as part of an ongoing discourse, particularly where it involves Aboriginal communities.

The interface between research and practice is articulated in various ways. For example, one goal of research is often

seen to create new knowledge for discovery. This may or may not be designed with practical applications in mind. Research is also aimed at developing or encapsulating knowledge to inform decision-making, policy and practice. This type of research is ultimately judged by its ability to impact directly, accurately and positively in one or more fields of practice. There is also growing realisation that research should be informed by what is happening in the field, not just from within laboratories and that this requires different methodologies.

Evidence-based practice is a relatively recent way of describing a particular relationship between research and practice. Fonagy, Target, Cottrell, Phillips, and Kurtz (2002) note that evidence-based practices are reliant on the ability to measure outcomes. However, they caution that many important outcomes are not quantifiable. Even defining outcomes is complex and can be controversial or lead to misdirection. When adding a cultural divide based on a historical and current experience of oppression and racism, the defining by who about what constitutes a positive outcome is even more fraught. It emphasises the crucial element — outcomes must be defined by the Aboriginal community as to what they believe needs to change over time; and in the context of this study, for their most vulnerable children and young people³.

Until recently, the child welfare field and to some extent the mental health or therapeutic field have adopted and adapted various practices without necessarily checking to see if there was evidence as to whether they achieve the intended outcomes. If it made sense, fitted our value base and our understanding of the client group it was worth a try. That was all the evidence needed. We could argue that our work was too hard to reduce to variables that could be measured. We believed that understanding human nature is too complex to accurately study using positivist scientific methodologies. We could criticise studies that excluded most if not all of our clients due to too many confounding variables. Arguments against a reliance on evidence-based practice are even stronger for Aboriginal children, where very few studies have been informed by the Aboriginal perspective or included Aboriginal children. Nevertheless, although these and other critiques of evidence-based practice are often valid and need to inform our thinking, do they mean we should not look for evidence of achieving outcomes for Aboriginal children and their families? Do they mean we should not be informed of evidence of what may cause harm? If we should look towards including an evidence-based perspective, then the next questions are 'who is the 'we'?' and what could the 'evidence' look like?

A definition of evidence-based practice that demonstrates its relationship with outcomes and cultural competence is that developed by the state of Oregon (USA). According to their website (<http://www.oregon.gov/DHS/mentalhealth/ebp/ebp-definition.pdf>) evidence-based practice is where...

...programs or practices...effectively integrate the best research evidence with clinical expertise, cultural competence, and the values of the persons receiving

the services. These programs or practices will have consistent scientific evidence showing improved outcomes for clients, participants or communities. (Department of Human Services, Oregon, 2007, p. 1)

This report is co-authored by Aboriginal and non-Aboriginal researchers. The Aboriginal partner — the Victorian Aboriginal Child Care Agency (VACCA) — is seeking ways to develop a hybrid of Aboriginal and non-Aboriginal ways of research and analysis in order to improve its service delivery to Aboriginal children and families. Through this partnership VACCA is seeking the best of both worlds. For the other partners, Take Two (Berry Street) and Department of Social Work and Social Policy, La Trobe University, the partnership represents an opportunity to both learn from Aboriginal methods of engagement and research and make a contribution to mutual capacity building with an Aboriginal child and family services agency. This project was funded by AIATSIS, which as an Aboriginal organisation provided both accountability and authority from an Aboriginal perspective.

Our view is that Aboriginal ways of finding information works because they are based on cultural understanding, cultural respect, community engagement and community empowerment. Non-Aboriginal research methods have certain strengths such as statistical analysis, psychometrics and various disciplines of interpretation and conceptualisation. We know, however, that these types of systems of knowledge frequently redevelop and, more often than not, are susceptible to cultural bias.

Aboriginal ways of knowing are holistic and part of an Aboriginal sense of identity and meaning. In most traditional Aboriginal cultures, the 'old stories', law, lore or 'dreaming' not only defined spirituality and identity; they established knowledge systems concerning economics, trade, land use, legal rights and responsibilities, political arrangements, education and family relationships. These were deep encompassing systems of knowledge and knowing, and embedded in Aboriginal people's very being. In traditional Aboriginal society knowledge was conveyed in varying ways, particularly through story telling. Knowledge sharing depended on when the listener was ready to hear, or more importantly, ready to listen. Examples of the complexities of these systems and processes of knowledge are that it depended on who was the listener and who was the teller, whether they were male or female and their relationship to each other. Knowledge was not to be openly shared but shared only with those that had the correct relationship and the authorised role to have and apply that knowledge. The Australian film *Ten Canoes* (de Heer, 2006) depicts this form of knowledge transference well as it emphasises the relationship of teller to listener, the need for patience on the part of the listener and the sense of community.

In the area of child and family welfare, Aboriginal understandings assumes each person has a living relationship with the family, the community, the clan, the land and the spiritual beings of the law/dreaming. It is inherently interrelational and interdependent. Unlike Western culture, the person is perceived not as an independent self but a self-in relationship.

3. This report will use the term children to refer to children of all ages up to and including age 17 years, unless otherwise specified.

As Aboriginal perspectives are holistic and community-based, they believe in:

- the whole child, not just the child's educational, physical or spiritual needs in isolation;
- the child's relationship to the whole family, not just mum or dad;
- the child's relationship to the whole community, not just the family;
- the child's relationship to the land and the spirit beings which determine law, politics and meaning; and
- the reciprocity of social obligations between the child and others.

Although there is variation in how Aboriginal peoples raise their children, as with any culture, a common tenet to the Aboriginal approach to looking after children perceives culture and the maintenance of culture as central to healthy development (Walter and Shepherd, 2008). Aboriginal children know who they are according to how they relate to their family, community and land. Maintaining this connectedness in social relationships provides the child with a positive environment for growth. As with all children, Aboriginal children need to be strong in their identity. Traditionally, they are born into a broad community of care that consists of immediate family, extended family and the local community. In Aboriginal communities nurture and care is the responsibility of the extended family. Community Elders play a critical role, particularly in education and the maintenance of culture. In a very real sense it is the whole community that raises the child. This is knowledge which Aboriginal perspectives bring to child and family services.

Contemporary human science seeks to employ both scientific and more complex, interactive systems of knowledge. Trauma and attachment theory seek to combine understandings of medical and psychological models with theories of social interaction. Complexity theory based in science, such as quantum physics, sheds new light on non-linear ways of understanding concepts. It highlights the move towards greater complexity and the need to guard against reductionist, overly simplistic, singular cause and effect ways of understanding our world including the complexity of human behaviour. It cautions against assuming outcomes are due to one or two identifiable factors. It places emphasis on synthesis of ideas, multiple stakeholders and dialogue rather than compartmentalising a phenomenon in order to study it (Higginbotham, Albrecht, & O'Connor, 2001; Somerville & Rapport, 2000).

A holistic approach is fundamental to Aboriginal community controlled child and family service organisations. It has also become prevalent in Western child welfare approaches. This holistic perspective includes the view of the whole being greater than the sum of its parts and therefore the importance of not concentrating only on the parts. It means looking at the whole child and not just the presenting problem. This is consistent with the ecological perspective which emphasises that we all interact with our environments therefore both the individual and the environment is important (Bronfenbrenner, 1979).

The socioecological model is applied in multiple ways to examine levels of systemic interactions and environments which determine conditions which may lead to child abuse and neglect (e.g. Belsky, 1980; Garbarino, 1982; Howze & Kotch, 1984). These systems and their interactions impact on how a child develops and can explain various factors which may lead to family dysfunction. For Aboriginal families, dispossession, impoverishment and forced family separations are factors which may lead directly and indirectly to child abuse or neglect. Attention needs to be on the impact of the environment on child development. Garbarino writes of socio-cultural risk in the context of the impoverishment of the child's world:

Children who grow up wanting for food, for affection, for caring teachers, for good medical care, and for values consistent with intellectual progress and social competence grow up less well than those children who do not lack these things. Their absence places a child 'at risk' for impaired development. (Garbarino, 1982, p. 32)

It is therefore sound child welfare policy to seek active interventions in the social environment which take account of the effects of cultural and societal pressures on children and their environment. Rather than merely treating symptoms, child welfare and therapeutic interventions need to be involved in prevention and providing societal supports and resources to address negative social environments. Such supports need to look at the functionality of the family and the family's community. Policy developments in the Victorian Department of Human Services (DHS) have acknowledged the importance of culture for child protection, youth justice and family services clients and the value of an ecological perspective in assessment and practice (DHS, 2007a).

We need to be aware that Aboriginal people live and work in 'two worlds' — Aboriginal and non-Aboriginal. A further layer of complexity is how the Aboriginal communities have responded to colonisation in particular ways reflecting both their resistance and resilience. The implications for research with Aboriginal communities mean that the methodologies used are necessarily hybrid and can no longer be based on purely traditional ways of knowing.

Good research in Aboriginal affairs requires overcoming issues of cultural bias and the dynamics of power. The National Health and Medical Research Council's (NHMRC) (2003) *Values and Ethics — Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* highlights six core values as imperative in undertaking research involving Aboriginal people; namely, spirit and integrity; reciprocity; respect; equality; survival and protection; and responsibility. We need to understand the relationship of the researchers to the community and determine whether we are an observer, a participant or both. This means being aware of where we as researchers (both Aboriginal and non-Aboriginal people) sit in terms of power and culture.

We also need to ask the question 'who owns the research?'. In the case of researching Aboriginal communities we would say that it must involve and be owned by the community.

This is also reflected in the role Aboriginal bodies such as AIATSIS and the Cooperative Research Centre for Aboriginal Health (CRCAH) play in contemporary research.

We must be clear about the purpose of research. If research with Aboriginal communities is to not be a subtle or overt method of control, it must be community owned and community driven. We therefore suggest that appropriate research methods can blend Aboriginal and non-Aboriginal methodologies. What are required are clear processes for:

- cultural input and translation,
- community engagement, and
- community empowerment.

Once these issues of research control and cultural awareness are dealt with, there is a need to create equal partnerships which respect Aboriginal culture and self-determination. This has been at the heart of what we are attempting with the partnership between VACCA, La Trobe University and Take Two.

Who are we?

An important aspect of the approach to this study is to understand who is the 'we' mentioned throughout this report. The project has been funded by AIATSIS and undertaken by the Department of Social Work and Social Policy, La Trobe University in partnership with VACCA (the lead Aboriginal community controlled child and family services organisation in Victoria) and Take Two (a statewide therapeutic service within Berry Street, a mainstream child and family services organisation). As such, this project includes the perspectives of Indigenous and non-Indigenous organisations; practice and academia; and from a therapeutic and child welfare context.

The Chief Investigators were Margarita Frederico (Head, Department of Social Work and Social Policy, La Trobe University); Muriel Bamblett (CEO of VACCA); and Annette Jackson (Director of Take Two, Berry Street and formerly Knowledge Manager, Take Two). A key role was the Aboriginal Research Officer, Jane Harrison, who was employed by La Trobe University for the purposes of this study and supervised by Annette Jackson who led the data analysis.

The Project Reference Group, which was formed by representatives from each of the partnering organisations, played a key role in guiding the project and contributed to the methodology and design, identification of key informants, analysis, discussions and decision-making. Sue-Anne Hunter (Unit Co-ordinator, New Programs and Initiatives, VACCA) was the chair of the Project Reference Group. Project Reference Group members included Peter Lewis (Policy, Research and Communications Manager, VACCA), Shaun Coade (Take Two Manager, Aboriginal Service Development), Les Corlett (Senior Clinician — Take Two Aboriginal team) and Mika Akune (VACCA's Extended Care program). Peter Lewis also provided guidance and support regarding the broader policy implications. The Project Reference Group met on average every six weeks. Others involved in providing broader consultation and

support included Connie Salamone (Program Manager, New Programs and Initiatives, VACCA), Ric Pawsey (Former Director — Take Two) and other members of the Take Two Research Team.

This project represents a very real partnership from beginning to middle. The end is in our sights but further down the track. Indeed, this process is more akin to a journey with many milestones, but when coming close to the finish is likely to start anew on another road of discovery.

Our project

The overall aim of the *Understanding the social and emotional wellbeing of Aboriginal children* project was to develop culturally specific holistic and effective assessment approaches to thoughtfully and sensitively describe the social and emotional wellbeing of Aboriginal children who have experienced trauma due to severe abuse and/or neglect.

Other aims of this project were:

1. To use these and other assessment approaches to guide appropriate therapeutic and case management approaches for Aboriginal children.
2. To explore whether these assessment approaches could also be used as outcome measures to identify whether or not positive changes were occurring.
3. To provide a demonstration project of authentic and effective partnership between an Aboriginal child and family services agency, a mainstream therapeutic/child and family service and a university.

When working with Aboriginal children who have experienced abuse and neglect our approach needs to be informed by understanding the trauma experienced by Aboriginal communities through colonisation and marginalisation. In particular, the impact of Stolen Generation policies has been damaging to aspects of culture and community connectedness which are core elements to building resilience.

When working to provide children with positive and caring environments, such as with family and kinship networks, and therapy to assist in their recovery, it is important to accurately assess their emotional and behavioural wellbeing. Hence there is the need to develop culturally appropriate assessment approaches.

It is essential to use measures and assessment frameworks that are appropriate and do not inadvertently emphasise behaviours or ways of answering questions that reflect a misunderstanding of culture rather than an understanding of emotional wellbeing. Western assessment approaches often do not allow for cultural factors and ignore the critical need for Aboriginal children to be strong in culture or have a sense of connectedness to their community. From our perspective, a lack of culture and connectedness is a significant risk factor for Aboriginal children. We also need to pay due regard to the diversity of Aboriginal communities in Victoria both culturally and in terms of their experience of colonisation.

In the original submission to AIATSIS, we stated that the processes and stages of the project would involve the following:

- Develop and implement a culturally respectful consultation process at each stage of development.
- Develop draft assessment approaches to describe emotional wellbeing that are informed by research, culture and community connection.
- Pilot and evaluate these approaches with clients from VACCA and Take Two.
- Analyse assessment tools and determine if information is useful for planning appropriate therapy and care and assessing outcomes.
- Disseminate findings and discussion of implications and recommendations.
- Provide training to Aboriginal and non-Aboriginal services.

As part of this study we asked Aboriginal workers about informal and formal methods of gauging the wellbeing of Aboriginal children and how the narrative approach uncovers rich information on cultural dimensions of wellbeing. Through analysis of the findings and implications of the results we developed a couple of draft tools to assist in understanding the cultural aspects of Aboriginal children's wellbeing and to potentially demonstrate change over time. The piloting of these approaches is continuing beyond this project and as such the results of these pilots are not included in this report. The process of dissemination and debate will continue alongside this piloting as a mutually informative feedback process.

Three important messages arose from the conduct and findings of this research project. Firstly, we need to re-emphasise that this is the beginning of a process of research and developing respectful collaborations. Respect and trust is the key. The Aboriginal way of research and learning is based on relationships rather than 'information' or 'facts'. Effective respectful partnerships need to marry

relationships and styles of research, without prejudicing one over the other.

Secondly, Aboriginal research must be a culturally embedded process, not another colonial imposition. This applies to not only how information is sought but also how it is understood. For example, non-Aboriginal analyses of pre-invasion traditional culture have suggested that traditional economies were unsuccessful because they did not create wealth or excessively utilised the land. On the other hand, Aboriginal people know their economies were largely successful because there was no poverty and the land was cherished and not exploited. Similarly, in the area of child and family welfare we know that connectedness to culture, extended kin and community are fundamental to Aboriginal children's wellbeing.

Lastly, we would emphasise the need for research to be concerned with empowering communities rather than assessing and categorising them. The core responsibility of researchers is to the community. The ultimate purpose of the research is to strengthen communities and to contribute to Aboriginal communities in overcoming two centuries of colonisation and marginalisation.

At all stages our desire is that this project makes a contribution to meeting the hopes and aspirations of Aboriginal people, particularly in their goal for their children to develop strong in culture and be resilient and hopeful about what their future holds.

Report structure

Following the introduction, this report discusses the context of the project; a review of literature regarding Aboriginal children's wellbeing and related areas; methodology; description of some of the assessment and outcome tools we examined; results from interviews and focus groups; the convergence of findings and implications from the literature review, interviews and focus groups; and the conclusion and recommendations.

Chapter 2: Context

Overview

There is growing awareness of the imperative to provide culturally competent assessment approaches and outcome measures to respond to and reflect the needs of Aboriginal children, especially those at risk of harm to their social and emotional wellbeing due to experiences of abuse and neglect. Understanding the context underpinning this project provides a frame of reference for how the study was designed and how its findings may be implemented. This chapter describes three key contexts for the study. Firstly, there is the context of the policy and legislative frameworks. Secondly, there is the context of the three partner organisations and their need and constraints for assessment and outcome frameworks. Thirdly, there is exploration of the functions and parameters of the concepts of assessment and outcome frameworks in general. We conclude with discussion regarding outcomes-based or evidence-based practice and its implications for research and evaluation with Aboriginal children.

Policy and legislative context

The study aims to contribute to an emerging child and family services context in Victoria where there have been significant reforms, particularly in the area of policy and legislation relating to Aboriginal children.

The considerable attention on Aboriginal children in this new policy and legislative framework is predicated on the continued over-representation of Aboriginal children in child protection, out-of-home care and youth justice (DHS, 2006) and the under-representation of Aboriginal people in universal and early intervention services (DHS, 2004; Dwyer, Silburn, & Wilson, 2004; Zubrick, et al., 2004). Annette Jackson (2001), in her paper on child protection and the Aboriginal community at the *Eighth Australasian Conference on Child Abuse and Neglect*, suggested five interrelated factors that may influence the degree of over-representation of Aboriginal children in these tertiary systems.

- The protection and care system may be overly interventionist with Aboriginal children, even if unintended. This may be influenced by a limited understanding of cultural differences or the impact of history on Aboriginal families and communities.
- Fear, distrust and overt hostility may be more prevalent from Aboriginal parents towards child protection due to their experience of previous government policies, as the predecessors of child protection implemented the Stolen Generations policy. This hostility may lead to less-interventionist options that require parental cooperation being less available to Aboriginal parents.
- Disadvantages experienced by many Aboriginal families, such as poverty, transience, substance abuse and other risk factors, can create greater risk of abuse and neglect.
- Absence of Aboriginal-specific universal and

prevention services that could increase the potential to engage Aboriginal families in earlier intervention.

- The disproportionately large number of infants and young people in Aboriginal communities (and disproportionate low numbers of older Aboriginal people) may create greater pressures on the community to care for and raise their children.

The Victorian Government enacted legislation establishing the principle of Aboriginal self-determination as the basis for decision-making for Aboriginal children. The *Children, Youth and Families Act 2005* emphasises the significance of Aboriginal culture for children's wellbeing. The legislation acknowledges it is in the best interests of Aboriginal children for their culture and connection to family, kin and community to be maintained and supported. The *Children, Youth and Families Act 2005* also:

- enables the Secretary of the Department of Human Services (DHS) to transfer responsibility for managing Children's Court protection orders to the head of an approved Aboriginal agency;
- makes mandatory compliance with the Aboriginal Child Placement Principle;
- makes mandatory the preparation of cultural plans for Aboriginal children in out-of-home care on particular court orders; and
- makes cultural competence one of the criteria for performance standards which community service organisations must meet to stay registered.

The framework underpinning the Act is the Best Interests Framework for Vulnerable Children and Youth (DHS, 2007a). This framework views the domains of child safety, stability and development from the lens of age and stage, gender and culture. How to understand culture as a lens for assessment and decision-making regarding Aboriginal children is a key challenge for the child and family services field. Our hope is that this report will contribute to meeting that challenge.

The five objectives of the 'Best Interests' principles are:

1. A unifying language and consistent approach to ensure the best interests of children.
2. Holistic practice to work towards children's needs for safety, stability and development and strengthening links between children, their families and their community.
3. To develop a more coherent, integrated and culturally aware service response for Aboriginal children and their families.
4. To provide an overall outcomes framework.
5. To provide a framework for evaluating the effectiveness of services in protecting and promoting the best interests of vulnerable children and their families (DHS, 2007a).

In 2009, the State of Victoria's Children report focussed on Aboriginal children. It provided a data analysis regarding

the safety, health, development, learning and wellbeing of Aboriginal children (DEECD, 2009). It informed a ten-year plan to improve the wellbeing of Aboriginal children known as the Balert Boorron plan (DEECD, 2010).

These policies and the emerging reforms in practice have been heavily influenced by the national and international literature around holistic, community-oriented and strength-based approaches to child protection. They have also been influenced by the move towards more outcome-informed, evidence-based practice.

The Victorian state government acknowledges the importance of Aboriginal self-determination and values culture as a key aspect of understanding Aboriginal children's best interests as demonstrated in the new legislation. However, previous Federal Governments have implemented policies towards 'mainstreaming' Aboriginal communities. These policies are considered to have undervalued the importance of culture for Aboriginal children. The Federal Government's stated intent is for federal policy to be more consultative with Aboriginal communities and community controlled services and to rely on an evidence-based approach rather than ideology. A major milestone in recent times (13th February, 2008) has been the Federal Parliament's apology to Aboriginal peoples regarding the Stolen Generation policy and its aftermath. Muriel Bamblett, in her previous role as Chairperson of the Secretariat of National Aboriginal and Torres Strait Islander Child Care Inc (SNAICC), stated in a press release: *"Today is a day to celebrate what is a new beginning in the relationship between Indigenous and non-Indigenous Australians."*

A key driver for this project is the need to create an evidence-base that demonstrates to governments and other funders that culture is a critical component in the service response to Aboriginal children and families. Our contention is that the use of cultural knowledge and cultural systems of engagement will enhance the outcomes for Aboriginal children. Creating a culturally competent service system for Aboriginal children and families is fundamental for their future. This is not ideology or philosophy, but in the language of science, 'a hypothesis' to be tested.

Participating organisations

The three partners in this project are an Aboriginal community controlled child and family services agency (VACCA); a mainstream therapeutic service for child protection clients (Take Two); and an academic teaching and research institution (Department of Social Work and Social Policy, La Trobe University).

The partnership seeks to provide a forum for three-way capacity building:

- for Aboriginal agencies and practitioners — relevant frameworks and tools that can accurately assess and describe cultural, social and physical wellbeing and demonstrate change;
- for non-Aboriginal agencies and practitioners — culturally competent processes, frameworks and tools so that they can appropriately engage and assess wellbeing and describe change; and

- for academe — understanding of culturally appropriate research approaches.

Victorian Aboriginal Child Care Agency (VACCA)

VACCA was established in 1977 as a statewide Aboriginal community controlled and operated service. VACCA operates within the context of the disproportionately high number of Aboriginal children in the protection and care system. VACCA acknowledges that it has the responsibility and the opportunity to promote, advocate for and achieve positive changes in the lives of Aboriginal children, their families and their community.

VACCA has a wholehearted interest in the social and emotional wellbeing of their clients. The large majority of VACCA's client group are involved with the protection system and as such are highly vulnerable. Many, though not all, have experienced some form of abuse or neglect and other trauma such as separation from their family and community.

VACCA's objectives include the preservation, strengthening and protection of the cultural and spiritual identity of Aboriginal children and to provide culturally appropriate and quality services, which are responsive to the needs of the Aboriginal community. VACCA has extensive experience in advocacy and the delivery of programs and services to Aboriginal children. These include family support, the Aboriginal Child and Specialist Advice and Support Service (ACSASS), known as Lakidjeka; foster care; family group homes; and youth homelessness services.

For the purposes of this study, VACCA focused on children in their out-of-home care programs such as foster care and family group homes. Increased understanding of the children's social and emotional wellbeing in out-of-home care, how to understand it, and the validity of the measures, is considered useful by VACCA in the evaluation and ongoing development of their services.

In line with the Aboriginal Child Placement Principle, the out-of-home care program provides safe, nurturing and culturally sensitive placements for Aboriginal children who are unable to live with their families for a variety of reasons ensuring that their health, wellbeing and cultural needs are met. The length of placements ranges from emergency, short-term to long-term. Respite placements are also provided usually in crisis situations. Some foster parents are kinship carers and carers are sought, whenever possible, from the Aboriginal community.

The following case study demonstrates work with a foster care client at VACCA. The details have been changed to ensure anonymity.

Jilla (6), Corey (5) and Michael (3) were removed from their mother's care due to environmental neglect (condition of home), emotional trauma, exposure to domestic violence and exposure to their mother's drug and alcohol abuse. The children's father left their mother, prior to the birth of the youngest son and his whereabouts are unknown. As their father is Aboriginal and their mother is not, the loss of contact with their father resulted in losing connection with the Aboriginal community until their placement through VACCA.

When the children first arrived in VACCA's Foster Care program they presented as small for their age, sickly with chest cough and very traumatised. They were fixated on food, the two eldest constantly asking when their next meal was coming. Jilla often stole food from the fridge in the middle of the night. They had all witnessed severe domestic violence and Jilla and Corey often described what they had seen to the carer. A central theme of the re-telling of their experiences was the 'blood' and the 'fighting'.

All the children had speech and language difficulties. Jilla was particularly hard to understand and the carer would often have to ask her to slow down and repeat what she said. All the children had been severely neglected and deprived of stimulation. Jilla, however, had been enrolled into school and had also spent time at play group in her early years. Corey and Michael did not have the same experience and were developmentally delayed and had problems with their behaviour. Corey had no experience of kindergarten to help develop age-appropriate milestones.

Corey had particularly difficult behaviours. He was highly anxious and lashed out verbally and physically if he did not get his own way. He self-harmed when angry or frustrated. Jilla was also reactive and the two eldest would often fight each other quite violently. Despite their behavioural difficulties all the children were very engaging, eager to learn and responsive to care and nurturing.

The role of the VACCA Extended Care caseworker was threefold:

- 1) To provide support to the foster carers and ensure they received information about the children that would help them understand the extent of the children's experience and to help them to respond appropriately to the children's physical and emotional wellbeing.
- 2) To develop a culturally appropriate plan that would address the children's needs in areas such as health, education, emotional and behavioural wellbeing, contact with family, identity, social wellbeing and self-care.
- 3) To strengthen the children's connection to their culture and Aboriginal community.

The Extended Care caseworker linked the children to the local Aboriginal Health Service. They were seen by a paediatrician, a dentist and audiologist. The two youngest children were found to have iron deficiency due to a combination of inadequate nutrition and lack of sunlight. They also had respiratory problems and were diagnosed as having asthma. All three children had badly decayed teeth and required a series of dental appointments over a period of time.

In the early weeks of placement all the children exhibited complex behavioural issues – self-harming, eating problems including hoarding food, sibling rivalry, parentified behaviours, reactive and poor self-regulating behaviours. The two elder children were referred to an Aboriginal Health Service for counselling, mental health assessment and for additional support for the carers who were struggling to work out how best to respond to the children's behaviours and anxieties. Both Jilla and Corey were seen by a counsellor who was also instrumental in providing support and strategies to

the carer over a significant period of time regarding all three children.

Jilla was already enrolled into school when she first came into care. After the first term it was decided to move her to a school closer to the carer's house to limit the amount of time travelling and to allow her to develop local friendships. Consultations with the school and the development of an Individual Education Plan ensured that the school had an appropriate understanding of her issues and were able to ensure a smooth transition. It was decided that both the younger children would benefit from enrolling in a local day care centre three days a week to help develop much needed social skills, language development and for Corey, preparation for a kindergarten/school enrolment.

The Extended Care caseworker worked with the carer and their family to help understand the children's behaviour and provide strategies to assist in their ongoing emotional and behavioural development. She worked closely with child protection and other Aboriginal services to ensure the children's needs were met.

Maintaining the children's links to their family was extremely important. This involved organising and supervising weekly contact with their mother. It also involved establishing contact and facilitating access with both the maternal and paternal extended family.

Whilst in care the children attended many cultural activities, run by VACCA and other community organisations. The events included NAIDOC Children's Day, VACCA's Children's Day, VACCA's KKIC 'N' ARP activities (Koori Kids In Care New Active Recreational Program). These and other community events were pivotal in assisting the children's social and emotional wellbeing as they helped to increase their connectedness to their culture and their community, as well as developing their identity as Aboriginal children. Their cultural identity and connections had previously been given very little attention by their mother. Much of these experiences were recorded in their life books through photos and scrapbooking techniques.

VACCA's role in research

VACCA has established a research strategy through the development of a Policy, Research and Communications Unit. This unit has the aim of centring research on Aboriginal child welfare within an Aboriginal controlled organisation that is answerable to the community in a two-way exchange. The broad aims of the Unit are to:

- undertake research with a culturally sensitive approach;
- develop policy and protocol advice;
- collate evidence that will inform practice;
- build capacity, and;
- disseminate research findings and knowledge.

Data generated by research are critical to the continuing expansion and improvement to services at VACCA. It is used to provide VACCA and governments with quality information to inform policy; to lobby for policy change; for funding submissions; for organisations to improve

service delivery by more effectively matching programs to need; and as evidence for the efficacy of programs and interventions.

VACCA's recent expansion in the area of research is founded on a long history in policy development and advocacy. VACCA has undertaken a number of projects focused on contributing to the broader field's cultural awareness, capacity building the Aboriginal and non-Aboriginal sector, and training and knowledge dissemination. An example of a research—practice project run by VACCA is the Aboriginal Youth Wellbeing Project (2008) which aimed to better understand and respond to the needs and issues facing young Aboriginal people with a view to reducing the risk of their entry into the youth justice system.

VACCA's role in emphasising the importance of culture

As an Aboriginal community controlled organisation and the largest Aboriginal child and family service organisation in Victoria, VACCA has a role in advocacy and training to send the message that culture is critical for Aboriginal children, especially those involved in the protection and care system. VACCA often undertakes this role in collaboration with local Aboriginal communities and other Aboriginal organisations. VACCA's work with many mainstream organisations on a case by case and system level is often focused on highlighting the reality of cultural disconnection for many Aboriginal children and the resultant cultural, familial and emotional harms. VACCA is also involved in demonstrating the positive protective nature of connection to culture and provides practical opportunities for this to occur

VACCA's role in emphasising the importance of culture and connection begins with demonstrating this to its staff through initiatives such as VACCA's Staff Wellbeing Policy and its Critical Incident and Stress Debriefing Program. Both of these recognise the cultural context of the staff member's experiences.

VACCA's role in the sector and the Aboriginal community provides the foundation for the training that VACCA provides or contributes to for other organisations. For example, VACCA develops or contributes to training programs for the broader child and family services sector to ensure cross-cultural competence of these organisations to deliver effective and culturally respectful services. For further information about VACCA and the other participating organisations, see Appendix 2.

Take Two

Take Two is a therapeutic service throughout the state of Victoria for children who have experienced severe abuse and neglect. All children referred to Take Two are clients of child protection, of whom approximately 17 percent are Aboriginal. The objectives for Take Two according to an unpublished version of the second stage of the Take Two practice framework (Downey, 2007) are:

1. To provide high quality, purposeful, culturally competent therapeutic interventions considering the child's world holistically in order to heal traumatised infants, children and young people in the areas of their community, relationships and internal world.

2. To build and disseminate knowledge within service systems and contribute to service improvement as opportunities are created.

Take Two is auspiced by Berry Street in partnership with La Trobe University, Mindful and VACCA. VACCA is a relatively recent partner illustrating the depth of collegiate relationships between the organisations.

Take Two's Aboriginal Team consists of a Manager, Aboriginal Service Development; Clinical Team Leader; Senior Clinician and three clinicians. This team represents ten percent of the clinical workforce in Take Two. The Take Two Aboriginal Team provides clinical work to Aboriginal children, provides consultation to other Take Two staff who have Aboriginal clients, and provides community-based therapeutic approaches and training.

Although not an Aboriginal specific service, Take Two has a high proportion of Aboriginal clients. VACCA's role within the Take Two partnership was initiated to provide cultural support and authority to the work of the Aboriginal team and the broader work of Take Two with Aboriginal clients. The aim of VACCA's role within the Take Two partnership is also to demonstrate a mutually beneficial, mutual capacity building, 'real' partnership between an Aboriginal community controlled organisation and a mainstream child welfare organisation, along with the other partners, such as mental health and academe.

Over three-quarters of the Take Two population are in out-of-home care and so this is another area of shared interest with VACCA (Frederico, Jackson & Black, 2012). Berry Street as the broader organisation within which Take Two operates also provides foster care, residential care and family support services, and so in this regard has other shared and collaborative areas of practice with VACCA.

The following case study demonstrates work with a Take Two client, based on a de-identified case reported in the second Take Two evaluation report (Frederico, Jackson, & Black, 2006).

Sammy is a 12-year-old Aboriginal boy who lives within a residential placement. When first referred to Take Two, Sammy's behaviour included arson, absconding regularly from placement and school, and showing reckless and dangerous behaviours such as climbing on car roofs. Sammy had been assessed with borderline intelligence, had a diagnosis of Attention Deficit Hyperactive Disorder and was on high dosages of medication. He demonstrated educational delays of approximately two years behind his age.

Sammy was first removed from his parents' care at the age of four years after a severe assault by his father, Charlie. During hospitalisation there was evidence of a history of life-threatening physical abuse. Sammy and his two older brothers were placed in the care of his Aunt Faye and Uncle Bruce on Custody to Secretary orders. Over the next seven years they had frequent contact with their father, who lived locally. Two reunification attempts occurred but each of these broke down following concerns regarding Charlie's substance abuse and his mother Angela's mental health problems. Charlie has long-term problems

with chroming and marijuana abuse. Angela suffered depression and her whereabouts have been unknown since Sammy was eight years old.

At 11 years of age Sammy was removed from his Aunt and Uncle's care due to concerns that he was subjected to ongoing emotional rejection, scapegoating and criticism. His aunt and uncle lacked understanding of Sammy's needs and were unable to manage his increasingly violent and high risk behaviours. His education was disrupted due to long periods of non-attendance at school.

A core issue identified on referral was the imperative to undertake interventions from a culturally respectful perspective, and so he was referred to the Aboriginal team. His clinician met regularly with Sammy, with a focus on engaging him and helping him to develop trust in the clinician. Working with an Aboriginal clinician provided Sammy with an opportunity to have a positive cultural role model.

The primary goals of intervention were to address Sammy's experiences of loss, grief, rejection and abandonment and to assist those in his life to be more responsive to his needs. His clinician met with his previous carers Aunt Faye and Uncle Bruce regularly to support them and enhance their understanding of and ability to meet Sammy's emotional needs and to be more actively involved in his placement and at school. Shared lunches in the residential unit became a regular event, which helped his aunt and uncle to realise that their care-giving approach in the past had been problematic and that the problems did not rest solely with Sammy and his behaviour. As a result, they worked on their own parenting skills and undertook regular contact with Sammy, in order to have him return to their care.

The Aboriginal clinician provided ongoing consultation and cultural awareness to the residential unit staff and advocated for a more culturally appropriate placement, which has since occurred. The clinician worked closely with the school to plan for Sammy's re-integration into the school environment, and was successful in advocating for an integration aide. The Aboriginal clinician brought Sammy's family, carers, Child Protection workers, doctors and the school together, to prevent splitting and to enable them to learn from and support each other. Another recommendation was to reduce the level of medication Sammy was receiving. This occurred with positive effect.

Subsequent to Take Two's involvement there have been many positive changes: Sammy's father decreased his substance usage especially around access visits; Sammy had increased and more positive contact with his family; Sammy attended school more regularly; Sammy's family become actively involved in his placement and schooling; and the residential placement accommodated his family being involved in Sammy's routine. Sammy has gone from rarely talking to a willingness to talk about things that interest him. He is involved in sport and recreational activities, and his criminal and other at-risk behaviours have ceased. Sammy has developed a sense of right and wrong and is for the first time experiencing respect from others, with the result he now has a growing network of friends.

Take Two's role in research

In addition to and in support of the clinical role, Take Two was funded by DHS to provide training and research functions. The training function is supported by Mindful which is the Centre for Training and Research in Developmental Health. The Take Two research and evaluation plan utilises an action research design, drawing on qualitative and quantitative methodologies and is supported through the leadership of La Trobe University (Frederico, Jackson & Black, 2010). There is not one approach that sufficiently captures the complexities of this program, its client group or the service system. This is even more so when considering how this research strategy applies to Aboriginal clients. Action research has a developmental emphasis and is more responsive to new learning. Early in the development of the research strategy, Take Two wrote a discussion paper on how the strategy would comply with the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC, 2003). For example in relation to the principle regarding responsibility the following was stated:

The concept of 'do no harm' cannot be sufficiently emphasised, given the history of poorly informed, sometimes well meaning and often destructive policies and research projects in relation to Aboriginal people. (Jackson, 2004, p. 6)

Take Two and Berry Street's journey towards cultural competence

Berry Street as a mainstream organisation has embarked on a process of open learning and work towards cultural competence with Aboriginal children, their families and the Aboriginal community. In the early planning stages of creating the Take Two program, Berry Street and the other partner organisations consulted with VACCA about how it should undertake therapeutic work with Aboriginal children. The role of an Aboriginal clinician was therefore embedded into the initial program design. It became evident soon into the program's operation that from both a service demand and culturally appropriate perspective it was important to not have a sole worker in this role and the team has subsequently increased in size.

As a program of Berry Street, Take Two is influenced by and has the opportunity particularly through the work of the Aboriginal Team, to influence Berry Street's work towards cultural competence in relation to Aboriginal children. Another important step in this journey was for Berry Street to apologise for its participation in past policies related to forced removal of Aboriginal children. Berry Street wrote an apology for the Aboriginal and Torres Strait Islander people in relation to these past policies and posted this on its website (www.berrystreet.org.au). This illustrates three important processes Berry Street is involved with as part of its journey towards cultural competence; namely, partnership and collaboration with Aboriginal organisations; employment of Aboriginal staff; acknowledging and learning from its own history. It was acknowledgement of the importance of these steps that led to the decision to ask VACCA to join the partnership

underlying the Take Two program. Berry Street has also established 'The Walking Together Group' to support the cultural learning process for the organisation. Berry Street participated in a project with VACCA and MacKillop Family Services on an inter-organisational partnership approach to developing cultural competence (VACCA, 2012).

Department of Social Work and Social Policy, La Trobe University

The Department of Social Work and Social Policy, La Trobe University, a partner in the Take Two program, is part of the Faculty of Health Sciences which is one of Australia's leading providers of health science education. The placement of Take Two within the Faculty of Health Sciences has facilitated engagement of other health disciplines in the implementation of Take Two, such as the School of Human Communication Sciences and the School of Public Health.

The Department of Social Work and Social Policy, led by Margarita Frederico, has the responsibility for developing and implementing the research and evaluation strategy for Take Two. As stated earlier, the Take Two research and evaluation strategy has two integrated components: knowledge development and evaluation, while the overarching framework is action research. All research aims for an embedded feedback process between clients, clinicians and the research team.

A part of the research strategy was in response to consultation with Muriel Bamblett (VACCA – CEO), where she commented on the need for an integrated research and evaluation program with VACCA and the importance of building on existing knowledge in the community. The outcome of this was partnering with VACCA to establish an Aboriginal research circle referred to as the Yarning Circle (Frederico, 2004). This Circle is convened by VACCA and facilitated by Take Two and La Trobe University to provide a forum to explore practice and research issues for Aboriginal children traumatised by abuse and the relevant service systems.

VACCA is represented, along with DHS, Berry Street and academics from La Trobe University and other universities on the Take Two Research Advisory Committee (T2RAC). This committee provides a consultancy role on the broader Take Two research and evaluation strategy.

A key process for the Take Two research strategy as led by La Trobe University was the development of an outcome framework to assess the impact of trauma on children and to demonstrate the effect of intervention. Members of the Take Two Aboriginal clinical team were instrumental in identifying issues in the development of culturally appropriate and meaningful approaches which led to the instigation of this study.

The partnership between academe and practice, as reflected in the role of La Trobe University with Take Two and the growing number of partnerships with VACCA, is demonstrated in a number of ways in addition to this project, such as:

- The Take Two research team consists of La Trobe University and Berry Street employees and is located at La Trobe University, Bundoora campus.
- Margarita Frederico is the Head of the Department of Social Work and Social Policy and is the principal consultant for the Take Two research strategy.
- Members of the Take Two research team and staff from VACCA and the Take Two Aboriginal team provide lectures for the Department of Social Work and Social Policy.
- A project referred to as 'Small Talk' in partnership with La Trobe University, Take Two and VACCA aims to develop a screening tool for children's speech, language and hearing. This includes but is not be limited to Aboriginal children.
- La Trobe University's role as a partner in the CRCAH has led to Take Two and VACCA becoming aware of the CRCAH's priority focus on Aboriginal people's social and emotional wellbeing. The work of Take Two and this project in particular has subsequently been registered as an 'in-kind' project with the CRCAH.

This study is a primary example of this partnership in action. The Aboriginal Research Officer (Jane Harrison) employed for this project was an employee of La Trobe University and a member of the Take Two Aboriginal team. On different days and during various project phases she was located at La Trobe University, VACCA and Take Two. She was also employed part-time in a different research role within VACCA. Jane's role has been a critical element to this partnership.

Assessment frameworks

We explored the differences between assessment and outcome frameworks and assessment tools and outcome measures in general and then in relation to VACCA and Take Two. Assessment frameworks commonly articulate the purpose of assessment; describe the theoretical foundation; determine what information needs to be collected; and explain how the information is analysed. Assessment tools are formats that workers complete, which may or may not be part of a framework. The primary purpose of assessment tools is to assist workers to think about and ask tailored questions to inform their assessment. An example of an assessment framework is the *Looking After Children* (LAC) framework (Parker, Ward, Jackson, Aldgate, & Wedge, 1991), which incorporates a series of assessment documents and is required for use by all out-of-home care services in Victoria.

Outcome frameworks are an example of an assessment framework that measures whether observable changes have occurred. The information needs to be measurable and dynamic so it is subject to change. Outcome measures are instruments (structured or unstructured) or other types of data that can be mined from existing records or other sources. An example of an outcomes framework is the Victorian Government Child Outcomes Framework (DHS, 2006) although at the time of writing, outcome measures

and other indicators of wellbeing for that framework were not finalised. Another example is the Australian Mental Health Outcomes and Classification Network (AMHOCN, 2005) used within the Child and Adolescent Mental Health Services (CAMHS) throughout Australia (<http://www.health.vic.gov.au/mentalhealth/outcomes.htm>). This framework has a number of child and adult outcome measures, such as the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1999).

Frameworks provide not only the logic and parameters of an approach, but a sense of purpose and direction. Assessment within the context of one or more overlapping frameworks is a critical task as it enables workers to be more effective in their interventions, and helps avoid causing harm. Assessment is a commonly used term within child welfare to refer to:

- Gathering relevant information (e.g. through observation, direct conversation with client and family members, reading other reports, and hearing from others).
- Understanding and analysing the information using a framework that places weight on different areas, depending on the purpose of the assessment. In mental health, this analysis is referred to as formulation and often includes but is not limited to a diagnosis.
- The analysis informs the planning and decision-making.

Whether we mean to or not — we make assessments. We make judgements about what to do next. An assessment framework helps to better articulate what and how we are assessing and helps us to know what information is most relevant. There is often too much or too little information. We usually try to make sense of it all or to work out what else we need to know. Assessment frameworks help avoid the pitfall of not realising what influences our thinking. Assessments occur when we first begin working with children and their family and continue throughout our involvement. Assessments can be formal and informal, written and unwritten, structured and unstructured, informed and uninformed.

A problem throughout the history of child welfare and mental health in general and Aboriginal child welfare in particular, is the missed opportunities at best, and destructive harms at worst that have occurred in the name of 'best practice' and despite 'good intentions'. As shown by the following examples of the approaches taken by VACCA and Take Two, assessment that is respectful, holistic, informed and inclusive is a major safeguard against dangerous practice.

Failure to understand the cultural background of children and adolescents and their families can lead to unhelpful assessments, non-compliance, poor use of services and alienation of the child and family from the welfare system (Dominelli, 1988). (Walker, 2002, p. 388)

VACCA programs are based on a holistic approach to assessing children's and families' wellbeing. VACCA is strongly influenced by an understanding of what trauma, loss and grief and the impact of colonisation and Stolen

Generations have had on Aboriginal parenting. In particular, VACCA's emphasis on culture includes a focus on the importance of cultural factors in assessment of Aboriginal children's social and emotional wellbeing. VACCA believes that assessment requires cultural congruence between the organisation, the worker and the child. Assessments do not happen in a vacuum and context must always be understood. Organisations should be in a continual process of reflection in terms of cultural competence alongside their assessment of the children and families with whom they work.

VACCA (2008) developed an Aboriginal cultural competence framework which articulates some of the principles to be applied in assessment of Aboriginal children. The framework includes understanding culture in a holistic, strengths-based and ecological context. It focuses on the whole child not just the presenting problem; the extended family not just the parents; and the whole community not just the family. The cultural competence framework highlights the importance of including other types of data than what may be commonly included in a mainstream organisation's assessment. For example in addition to the child's physical, emotional and education needs there must be consideration of the child's spiritual needs. It is important to include the child's relationships to the land and the spirit beings. The roles that Elders can play in the lives of children also need to be explored in terms of assessment and ongoing work. The implications for assessment should include who should be involved in the assessment process, such as including the many family members.

VACCA is developing an agency-wide Indigenous assessment framework. The approach planned includes in-depth interviews with Aboriginal staff regarding how they do assessments; how these compare with the Best Interests principles; the applicability of the Best Interests Plan to Aboriginal children; and incorporating learnings from this study and further review of the literature. This framework may include the use of assessment tools across all VACCA programs.

Current frameworks used by VACCA in addition to and building on from the cultural framework include the Best Interests Principles and the LAC framework. The LAC framework consists of seven domains regarding how to assess healthy child development and wellbeing. Its primary purpose is to enable the state to be a more effective parent in loco for children in care. Another approach to assessment within VACCA is the Family Services program using a goal setting process with families, including assessment of need and goals.

Take Two's assessment approach is influenced by a range of theories and frameworks, but it has not taken in entirety any single approach. It is strongly influenced by frameworks relating to ecological perspective, child development, trauma, attachment, and abuse and neglect in order to guide assessment and intervention.

Take Two has been developing an overarching practice framework since its inception. In 2004 Take Two produced a first look at guiding and practice principles to underpin its practice (Downey, 2004). This was followed by a draft

discussion paper of a more detailed framework (Downey, 2007). This discussion paper includes the relational worldview (Cross, 1997; Hill, 2006). This is an explanatory model of the holistic self in context that is considered particularly useful in working with Indigenous peoples, and is informed by the philosophies of Indigenous peoples, such as the North American Native Americans.

The Take Two model of service includes reports and checklists completed at assessment, review and closure. These checklists record the clinician's opinions on key areas of potential change, such as where the child is living, if he or she is attending school and whether the clinician has engaged with the child and family.

Outcome frameworks

Although outcome-based evaluation is only one type of program evaluation, it is an increasing expectation, as governments and other funding bodies wish to see the effectiveness and efficacy of their investment. According to Weiss (1972), evaluation research aims to demonstrate the program's impact in comparison with its goals to inform future plans about the program's direction.

Schalock (1995) wrote that the purpose of outcome-based evaluation is to ask what the programs ought to achieve for those receiving the service. This is coined 'person-referenced outcomes'. Criteria for being considered a person-referenced outcome include:

- Is the outcome valued by the person?
- Is the approach multi-dimensional?
- Is the data objective and measurable?
- Is the outcome connected logically to the program?
- Can the outcome be evaluated over time?

Fonagy and colleagues discussed what defines 'clinically significant change' from a child mental health perspective. They concluded that none of the current approaches to determining outcomes were able to demonstrate 'real and meaningful' differences.

In an ideal world, good outcome would identify those treatments that make the greatest and most profound contribution to the happiness and productivity of those involved in the intervention. We are still quite some distance from this ideal. (Fonagy, et al., 2002, p. 16)

Fonagy and colleagues (2002) looked at five levels of outcomes for children's mental health. These included:

1. Is there a reduction in symptoms or problems (e.g. if they were referred because they had problems with their anger, has this problem decreased?)?
2. Is there improvement in how they adapt to their environment (e.g. school, friendships and social functioning)?
3. Is there improvement in cognitive and emotional functioning (e.g. understanding their emotions and achieving developmental milestones)?
4. Is there improvement in the quality of relationships with others (e.g. with family members and peer groups)?

5. What is their involvement with services and what are their opinions of the services they have received (e.g. reduction in youth justice involvement, attending more appointments with workers, giving feedback about the service provided)?

An outcomes framework developed in Australia but not specific to Aboriginal children is the National Mental Health Outcomes Framework (AMHOCN, 2005). Outcome measures within this framework focus on reduction of symptoms and the child's general functioning. Some of these outcome measures are completed by the children, parents or teachers, whereas others are completed by the mental health worker.

As stated earlier there has been little written regarding defining or evaluating specific outcomes for Aboriginal children. Consistent with Schalock's (1995) statement that person-referenced outcomes should be based on what people value, it is important to consider what is valued by the Aboriginal community. Nelson and Allison (2000) surveyed 25 urban Aboriginal families and outlined core values of contemporary Aboriginal society, including:

- the primacy of physical and spiritual survival and safety;
- identification with traditional homelands;
- prioritising social relationships and the family;
- intuitive parenting through encouragement of learning;
- encouraging children to be independent and to assume responsibility;
- discipline through teaching by example and natural consequences, rather than physical punishment;
- the importance of learning and oral traditions; but that cognitive development comes secondary to other needs; and
- the importance of a strong cultural identity.

The authors draw the link between what is valued by the culture and aspects of Aboriginal children's social and emotional wellbeing.

So it's very important to instil these cultural values in these kids and make them aware of the importance of their culture so that it adds to their self-esteem, it adds to their confidence. They can use those, then, as a basis for their own personal development. (Nelson & Allison, 2000, pp. 35-36)

Other commonly understood Aboriginal values as described by Yolanda Walker (1993) include the emphasis on kinship and respect for Elders within the community. Yeo (2003) highlights the importance of belonging, interdependence, community loyalty and cohesion, spiritual connectedness, identity and links to the land for Aboriginal people. The Aboriginal Best Start initiative in Victoria developed a set of values with implications for what might constitute desired outcomes for Aboriginal children, which are:

- Our children are our present and our future.
- Our children should have access to good health, wellbeing and education programs so that they will be empowered to achieve their full potential.

- Our children have the right to an education that strengthens their culture and identity.
- Our children have the right to live in communities that are safe and free from violence.
- Our children have the right to identify as Aboriginal Australians, to be proud of our history, cultural beliefs and practices.
- Our children have the right to maintain connection to their land and country.
- Our children have the right to maintain their strong kinship ties and social obligations.
- Our children have a strong contribution to make to enrich the Aboriginal community and as members of the wider community.
- Our children have a right to be taught our cultural heritage by our Elders.
- Our children should be taught to respect their Elders. (DHS, 2004, p. v)

In addition to person-referenced outcomes broader domains include family, community, society and systems. A relevant example of a system-outcome framework is the Council of Australian Government's (COAG) *Overcoming Indigenous Disadvantage: Key Indicators 2005* (Steering Committee for the Review of Government Service Provision, 2005). This framework includes indicators of disadvantage for Aboriginal people and what indicators

would denote strategic change. As cited by Zubrick and colleagues (2005, pp. 566-567) three interrelated priority outcomes were considered essential to sustain human and community development.

- Safe, healthy and supportive family environments with strong communities and cultural identity.
- Positive child development and prevention of violence, crime and self-harm.
- Improved wealth creation and economic sustainability for individuals, families and communities.

Outcomes are not just about evaluation. Outcomes frameworks can provide direction and guideposts for how services are delivered so that they are purposeful and make best use of limited resources. According to *The state of Victoria's children report* (DHS, 2006) four outcomes for all children should be:

- that the child is safe, healthy and continuing to develop, learn and achieve wellbeing;
- that the child has confident and capable parents;
- that the child has strong and supportive communities; and
- that the society is enabling.

Outcome frameworks have an assessment component in order to evaluate change. They describe or count dimensions, levels, amounts, frequency, degrees and

Table 1: Take Two clinical outcomes framework and measures

Domains	Child Outcome Descriptions	Measures as of 2008
Child Safety	• Reduction of harm related to child's behaviour. • Promotion of child's safety.	• SDQ • TSCC • Stakeholder feedback • clinician's survey
Child Wellbeing	• Recovering from trauma. • Reduction of behavioural and/or emotional symptoms. • Improved cognitive and/or language development. • Improved school attendance and/or performance. • Enhanced emotional, behavioural, social, cultural and/or physical wellbeing and/or functioning.	• TSCC • TSCYC • SDQ • Stakeholder feedback • clinician's survey
Stability/ Security/ Connectedness	• Strengthening attachments and/or forming quality relationships. • Strengthening child's identity, sense of belonging and connectedness. • Strengthening child's connections to their culture. • Contributing to an appropriate, stable and secure placement for the child.	• Social Network Map • Stakeholder feedback • clinician's surveys
Family & Community Support	• Strengthening quantity and quality of informal and/or formal social networks. • Strengthening parents', other family members' and/or carers' capacity to meet child's emotional, developmental and other needs. • Strengthening child's connections with their communities. • Strengthening service system's capacity to meet child's emotional, developmental and other needs.	• Social Network Map • Stakeholder feedback • clinician's surveys
Specific Goal Attainment	• The goals as specified by the child and/or significant others have been achieved. • The goals as specified by the Take Two clinician have been achieved.	• Measures as specified in the goal attainment scale process

other quantities of change from one time period to another. Measures indicate an attempt to count something; however, not everything can be counted. We may be able to measure the number of positive statements someone makes, but we cannot measure hope. We can measure if someone has learnt a new skill, but not if they have insight.

Exclusive reliance on these measurements may fail to do justice to the complex cognitive, affective, and physiological processes implicated by these terms... Better measures will be developed for many of the domains of outcomes entailed in the treatment of child mental health problems, but other aspects, such as a 'dignified childhood', a 'sense of purpose', or 'ethical childcare', are probably inherently unmeasurable. Even more troublesome are key domains that are not even well defined, let alone measurable. One such is the often cited 'quality of life.' (Fonagy, et al., 2002, p. 3)

Measures may be in the form of a structured, validated instrument, such as the SDQ (Goodman, 1999); or a semi-structured qualitative instrument such as satisfaction surveys and the Social Network Map (Tracy & Whittaker, 1990). Measures can also be through analysing data collected for other purposes, such as number of placement changes. The Take Two outcomes framework shown in Table 1 includes examples of all three types of measures.

Not all evaluations and research are focused on assessment. The methodology is dependent on the questions being asked. In contrast to a focus on assessment, quality-related questions are more interested in exploring...

...the what, how, when, and where of a thing — its essence and ambience. Qualitative research thus refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things. (Berg, 2001, p. 3)

Qualitative design is useful when the purpose of evaluation is to describe the program's operation, its reason for existence, how others perceive it and its key characteristics. If the evaluation aims to demonstrate whether or not the program is effective, then a more quantitative 'assessment' focus is required. Combinations of methodologies are usually considered best so as to respond to both types of questions.

When considering how these methodologies apply to Aboriginal children, it is even more critical to understand and challenge our own perceptions and assumptions before finalising and implementing the evaluation design.

Research is essentially all about seeing the world in fresh ways, about searching again or re-searching the same territory and seeing it in a different light. In qualitative research we are particularly interested in how others see and experience the world. This requires us to be very aware of the lens which we bring to the task. (Darlington & Scott, 2002, p. 20)

Take Two, as a program with a clear research and evaluation mandate, considered a range of outcome frameworks before developing its own. At the beginning, Take Two articulated aims of working towards children's safety;

building their capacity for attachment; assisting in their recovery from trauma; and enhancing their development, health and wellbeing. These were clinical goals but on their own did not clarify the expected outcomes or how to determine such outcomes. In developing the outcomes framework it was helpful to consider the following questions:

- What is a positive and achievable outcome for Take Two intervention?
- What is not a reasonable outcome for Take Two intervention?
- How will we measure outcomes?

A relevant framework considered by Take Two was the Toronto Child Welfare Outcome Indicator Matrix (Trocme, Fallon, Nutter, MacLaurin, & Thompson, 1999; Trocme, Nutter, MacLaurin, & Fallon, 1999). This framework was adapted for Take Two to accurately reflect the work and goals of Take Two. Table 1 provides an outline of the Take Two outcomes framework, which is used for evaluation and to guide assessment and therapeutic interventions (Frederico, Jackson & Black, 2012). The measures are described in Chapter 5.

Due to the high percentage of Aboriginal children referred to Take Two and the long history of cultural bias in child welfare and mental health, Take Two acknowledged its responsibility to provide a high quality, clinical, culturally respectful and culturally safe service and for the research and evaluation strategy to reflect these principles.

These realities point to a commensurate higher degree of responsibility for workers in responding to Aboriginal children and not repeating mistakes of the past. In particular the importance of avoiding assumptions that mainstream approaches to practice or research will be culturally appropriate or accepted by the Aboriginal community or indeed, effective in leading to successful outcomes or measurement of those outcomes. (Jackson, 2004, p. 7)

Consistent with VACCA's stance on 'first things first' — that is culture — it will explore the possibilities of an outcomes framework and measures within the context of its work in developing an agency-wide culturally driven assessment framework. It is already developing some principles that apply to both assessment and outcome measurement. For example it would be incongruent from a cultural perspective to go straight into a scientific, positivist approach to evaluating outcomes.

In the meantime, VACCA is involved along with other organisations in a consultation process with DHS regarding the Victorian Government Child Outcomes Framework. VACCA will use this statewide process, its own assessment framework and findings from this project to contribute to its thinking and planning regarding an outcomes framework.

Critique of outcome frameworks and approaches

There is an active debate on the reliance or rejection of evidence-based or outcome-based practice which in

turn provides a context for this project's exploration of assessment of outcomes for Aboriginal children. Although not specific to Aboriginal peoples this debate is important as it has particular implications for research and evaluation with Aboriginal communities.

Arguments supporting the use of outcome-based frameworks include the following:

- Governments and other funding bodies need to direct resources to interventions and programs that provide the greater opportunity for positive results. This is for accountability, efficacy, effectiveness and efficient use of public resources.
- Organisations and workers wish to direct their time and energies into areas most likely to benefit their clients. Otherwise, it is a missed opportunity to achieve something positive with those whose need is greatest.
- There is an imperative of not doing harm. An outcomes-focus can guard against making the situation worse (Fonagy, et al., 2002). This is even more critical when those receiving the intervention are already vulnerable, such as traumatised children or have previously been subject to harmful interventions, such as Aboriginal communities.
- Being goal and outcome-oriented supports workers to make the most effective use of their time, which is often a limited resource.
- Being goal and outcome-oriented has been found to impact on whether positive outcomes are achieved. For example, when workers receive regular feedback about the progress of their clients this has informed their practice and enabled them to better tailor their approach (Sagge, 2005; Duncan, Miller, & Sparks, 2007).
- There is an ethical imperative for workers to provide the service with the best chance of meeting the children and their families' needs in accordance with the trust placed with workers to do this.
- Impressions, intuition and common sense are so personal that they can be misleading and used to justify what is later found to be ineffective or harmful. There is no way to ensure quality of approach, when the rationale is not articulated nor open for critique. This is not to say that these elements are not an essential part of good practice, but if they stand alone they are subject to variations within and between individuals and are difficult to teach others.
- Outcome-based practice increases the opportunities to teach others what has been learnt. Because the approaches are clearly articulated and associated with specific outcomes, they are available for examination so that others may form their own opinions.
- Outcome-based practice provides evidence to influence policy and program development. For example, if we think a particular way of working is

more likely to be effective with Aboriginal children, then demonstrating this increases the potency of the argument.

- An outcomes framework can provide an avenue for recognising and responding when negative outcomes occur as unintended consequences. Outcomes of intervention are not always what we hope for. Negative outcomes have occurred as a result of poor policy or program planning. Although pre- and post-outcome measures are not always possible, other indicators of detrimental effects can be collected, such as increase in mental health problems, increase in incarceration and decrease in social connectedness.

Arguments critiquing outcome-based program designs include the following:

- The evidence available is insufficient upon which to base our practice. In particular, many studies in the area of child abuse and neglect have excluded children with multiple difficulties. However, more studies are now beginning to include these more complex presentations.
- Workers in social welfare and Aboriginal organisations have often viewed structured measures with suspicion and even antagonism. They can be perceived as over-proceduralised and distract from the 'real' work. This issue was discussed by McNamara and Neve (2009) about the use of outcome measures in Australia and Italy.
- Gray and MacDonald (2006) contend that many structured instruments used in outcome-based or evidence-based practice do not have a 'goodness of fit' between the instrument and what it is intended to demonstrate. This may be a critique of the measure and/or its inappropriate implementation.
- There is debate about the degree of evidence required in order to be evidence-based. Some argue that only randomised controlled trials equate to evidence. Others argue that such a reliance on scientific rigour involves a reductionist, simplistic approach to humanity that assumes every key aspect can be categorised, described and demonstrated. A narrow definition of evidence is particularly under question when applied to women, children and Indigenous communities where criticisms regarding the validity and biases inherent in positivist, scientific approaches are strongest.
- If outcome measures do not have a 'good fit' and are not measuring what was intended or have been misinterpreted in the analysis, this can cause harm. For example, it could lead to resources being re-directed based on false information or misinterpretation. This is more likely when so-called evidence has been collected from studies regarding one population and then generalised to another. Given the infrequency in which Aboriginal

children are directly involved in research studies, this is of particular concern.

- Outcome measures attempt to simplify complex states into measurable concepts. This can lead to misinterpretation or exaggeration of results.
- An absence of outcome studies should not be interpreted as the interventions or services not providing effective and positive outcomes (Fonagy, et al., 2002).
- Defining positive outcomes may vary considerably. For example, for one child having no placement changes may be positive, whereas for another child moving to a more appropriate placement may be a positive outcome. Therefore outcome descriptors need to take individual variations into account, yet often do not.

The concept of practice-informed evidence contributes to this discussion, where it enables consideration of the two-way relationship between research and practice. Practice-informed evidence approaches require relationships with people in order to share their story and knowledge and to give their stories the respect and honesty they deserve (Atkinson, 2006).

Practice-informed evidence: comes from being in relationship with people, in exploring and understanding their lives, their stories, their experiences, their knowledge, while growing up from the ground, through engagement with people, building from their wisdom and knowledge, while living in process with them, to understand what they know and what they can do from what they know can be done, in the reciprocity of Process Evaluation Research (Atkinson, 2006).

Summary

The issue of outcomes and determining change is complex for all children, even more so for Aboriginal children. It is hoped this study will contribute to the discourse and to practical ways forward.

Policy and practice in the Victorian child protection and related systems has come a long way towards being more able to strengthen Aboriginal children's social and emotional wellbeing. There have been major reforms in

Victoria over the past few years, most notably the legislation enacted regarding the Aboriginal community's role in self-determination for children in the out-of-home care system. This and other policy and legislative initiatives provide a more informed context for considering how to assess and therefore strengthen Aboriginal children's social and emotional wellbeing.

The partnership involved in this project represents key stakeholders for this question of how to assess Aboriginal children's social and emotional wellbeing. VACCA, as the Aboriginal community controlled child and family service organisation, is interested in how to best deliver services to their clients. Improving how to assess the children's wellbeing is an important step to this goal as well as being able to demonstrate outcomes for individual children and across services. Similarly, Take Two, as a therapeutic service which works with many Aboriginal children, is concerned with how to provide the most suitable intervention to meet children's needs. Take Two's outcomes framework has already been informed by consultation with the community but this is an ongoing and dynamic process which was strengthened by this project. La Trobe University as a research and teaching academic organisation is committed to supporting services such as VACCA and Take Two in achieving their goals from this project, as well as supporting knowledge transfer on a wider scale. Both VACCA and Take Two also have broader fields of influence than their own service.

This chapter has described some key elements of existing assessment and outcome frameworks and how these might relate to Aboriginal children. This provides a backdrop for considering how a framework may look as a result of this project.

There is strong pressure in the United States and to a lesser, albeit growing, extent in the United Kingdom, Canada and Australia to demonstrate outcomes. Whether or not we agree, it is important to understand the implications of this pressure and to marshal our resources to best respond: either through interpreting how and to what extent it applies to work with Aboriginal children and the broader community; or to illustrate why it is not the way to best respond to their needs. This project informs this response.

Chapter 3: What does the literature tell us?

Overview

This chapter explores the literature on the social and emotional wellbeing for Aboriginal people, beginning with definition. Despite the growing body of literature that examines the concept of social and emotional wellbeing, this review found significant gaps in research, particularly in relation to Aboriginal children. This review explores some of the impacts of colonisation and other historical influences on Aboriginal wellbeing and how Aboriginal wellbeing is understood. It highlights the holistic approach to understanding Aboriginal people's wellbeing.

Definitions of wellbeing

The phrase 'social and emotional wellbeing' as it relates to Aboriginal people is fairly recent (CRAH, 2006a). It came into common usage in the late 1980s, with a growing body of material attempting to define this concept. Organisations of many persuasions, including Aboriginal Community Controlled Health Organisations, Aboriginal Child and Family Service Organisations, universities and medical associations, to name just a few, have developed policy documents and strategies regarding Aboriginal wellbeing. These are a vital step in redressing the historic imbalance in the literature where the Aboriginal perspective on wellbeing has not been sought, considered or documented. Mainstream organisations who have delivered health and mental health services to Aboriginal people have been, in the main, slow to acknowledge the cultural differences in the way wellbeing is perceived from the Aboriginal perspective.

The phrase 'attempts to define' social and emotional wellbeing is deliberate, as no cohesive consensus of opinion has been found. The literature reports that social and emotional wellbeing problems in Aboriginal people are little understood and that the *"availability of effective, acceptable and evaluated interventions for promotion, prevention and treatment is limited"* (Northern Territory Aboriginal Health Forum, NTAHF, 2003, p.6). *The Purro Birik Social and Emotional Wellbeing Strategy Evaluation Report* suggests *"Indigenous and non-Indigenous views on mental health vary, not only between groups but within groups"* and conclude that defining social and emotional wellbeing is a major challenge (Atkinson & Kerr, 2003, p. 5).

The challenges associated with defining social and emotional wellbeing for Aboriginal people support the need for research. For example, the CRAH, a research organisation that brings together the Aboriginal health sector, government health agencies and research institutions, held a Roundtable in late 2006 to discuss possible research agendas around social and emotional wellbeing. The CRAH commissioned a scoping paper to inform the discussion.

The World Health Organization (1946) defines health as *"...a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity"*. If wellbeing is more than an absence of disease, what else does it encompass?

How wellbeing is defined and understood varies across cultures and means different things at different developmental stages from childhood through to old age (Zubrick, et al., 2005). The CRAH Industry Roundtable on Social and Emotional Wellbeing proposed that:

Social and emotional wellbeing is a . . . broad complex term that is both multi-dimensional and multi layered. Interpretation of what social and emotional wellbeing means varies across groups and through the life course. It has been described variously as ranging from "being connected to country" to encompassing serious mental health issues. (CRAH, 2006a, p. 4)

Several documents have explored and defined concepts of wellbeing for Aboriginal people, including the *National Aboriginal Health Strategy* (NAHS, 1989); *National Aboriginal Community Controlled Health Organisation (NACCHO) Manifesto on Aboriginal Well-being* (NACCHO, 1993); *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* (Swan & Raphael, 1995a, 1995b); the *Evaluation of the Emotional and Social Well Being (Mental Health) Action Plan* (Urbis Keys Young, 2001); *The Purro Birik Social and Emotional Wellbeing Strategy 1999–2002 Evaluation Report* (Atkinson & Kerr, 2003); and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009* (Social Health Reference Group, SHRG, 2004).

As stated by Zubrick and colleagues (2005), health and mental health are not separate. Indeed, 'health' is not separate from 'life'. This is illustrated in a commonly accepted definition of health for Aboriginal people that was endorsed by NACCHO:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. (National Aboriginal Health Strategy, 1989⁴)

There is consensus that a definition of Aboriginal wellbeing must be holistic (CRAH, 2006a; Swan & Raphael, 1995a). A holistic approach to health is where physical, emotional, mental, spiritual and cultural health are intertwined (Vicary & Bishop, 2005). Health and wellbeing includes concepts relating to social health, education, housing and economic security (McMahon, Reck, & Walker, 2003; Parker, 2010; Slattery, 1987; Smallwood, 1995; Vicary & Andrews, 2000). Westerman (2004, p. 3) suggests *"in more practical terms, this means that health may not be recognised in terms of*

4. This definition was developed by the National Aboriginal Health Strategy (NAHS) 1989, endorsed by NACCHO in 1996 and further endorsed in their amended Memorandum and Articles of Association, 9 March 2006. For the purposes of this document it is referred to as the 'NACCHO endorsed' definition (NAHS, 1989), unless used within a quotation.

a *mind/body dichotomy*” and that the entire realm of a person’s experience needs to be included in assessment. Is this possible? The Footprints in Time study looked at indicators for health and wellbeing including housing and environmental health, physical health, psychosocial health and education.

While the physical health data tell a damning-enough story, it is in the broad arena of psychological and social health that the devastation experienced by Indigenous peoples over the past two centuries is truly brought home. (Penman, 2006a, p. 28)

The social cycle as shown in Diagram 1 has been used by Aboriginal community leaders, such as Alf Bamblett, to illustrate some of the interacting factors affecting the lives of Aboriginal families. This diagram was described in *Through Black Eyes* (Sam, 1991, p. 3) on prevention of family violence and portrays the interdependence of the different levels of need. It acknowledges interactions between seemingly non-related aspects of life, such as rent and early childhood.

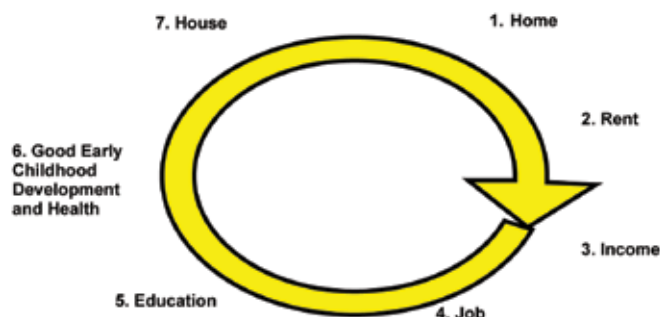


Diagram 1: Interacting factors affecting Aboriginal families (Sam, 1991)

This holistic view of health needs to be understood in the context of ongoing poor health for many Aboriginal people compared to the general population in Australia (Ranasinghe, 2010). For example, compared to the Australian-wide infant mortality rate of 0.8 percent, Aboriginal infant mortality rate is 2.3 percent (Tatz, 2001). At the other end of the spectrum Aboriginal life expectancy continues to be significantly lower (approximately 20 years) than the general population. Aboriginal people continue to be the poorest group in Australia with greater unemployment, lower wages and inadequate housing. They continue to be over-represented in the prison system (Tatz, 2001).

Another well-known but not well-understood aspect of Aboriginal culture is the relationship with the land and the ramifications of separation from this land (Atkinson, 2002; Smallwood, 1995). Atkinson cites the anthropologist Deborah Bird Rose who wrote of the Aboriginal worldview being inextricably connected to the land.

The land grew the people and people grew their country. Human spiritual and cultural processes within this landscape and with other life forms were, and continue to be, dynamic, proceeding, expanding, changing, growing, flowing, being mediated according to the movements and interactions that are natural to human, and non-human associations. (Atkinson, 2002, p. 29)

Atkinson (2002) wrote that being human is about relationships. For Aboriginal people those relationships are to others and to the land.

Being human is defined by the value given to where we have come from, who we are, and where we are going in relationship to country and kin. What we do to the country that is ours by birthright, to other humans and non-humans, to all with whom we are in relationship, is the essence of our humanity. (Atkinson, 2002, p. 30)

The Northern Territory Emotional and Social Well Being Strategic Plan (NTAHF, 2003) cited Swan and Raphael’s (1995) criteria considered central to wellbeing, including:

- high self-esteem and self-confidence;
- the freedom to communicate needs and feelings;
- the ability to love and be loved;
- a sense of belonging to family and community;
- the ability to cope with stress;
- being able to relate, create and to assert oneself;
- having options for change that help the development of a problem solving approach;
- being comfortable with your environment; and
- believing in something (e.g. family, community, culture, religion).

The *Little Children are Sacred Report* (Anderson & Wild, 2007) found that the prevalence of sexual abuse of Aboriginal children in the Northern Territory has happened largely due to the breakdown of Aboriginal culture and society and the combined effects of poor health, alcohol and drug abuse, unemployment, gambling, pornography, as well as poor education and housing. The Inquiry made 97 recommendations, including in the areas of education, health, family support services, child protection and community development. Core to the report’s perspective was the need to empower and resource Aboriginal communities and agencies so they can make and implement decisions about their future and the future of their children.

The *Purro Birik Evaluation Report* suggests that social and emotional wellbeing definitions can extend from developing a strong sense of belonging or identity and reconnecting with culture to mainstream concepts of serious mental illness (Atkinson & Kerr, 2003, pp. 12–13). This report lists some factors that can have a detrimental influence on a person and community’s sense of wellbeing:

- Alcohol and substance abuse issues
- Alienation and other antisocial issues
- Family violence
- Work stress
- Stolen Generation and child removal issues
- Family and community breakdown
- Physical health issues
- Employment and income issues
- Mental health issues

- Cultural heritage issues
- Anger and anxiety management
- Depression and suicide
- Trauma and grief counselling.

Zubrick and colleagues (2005) argue that poverty is another critical issue impacting on wellbeing. It is significant that most of these definitions of wellbeing do not distinguish between children and adults and that a definition of wellbeing specifically for Aboriginal children has not been identified. There may be a number of reasons for this, as outlined elsewhere in this review.

Research about Aboriginal children's social and emotional wellbeing

The most striking finding in the literature review regarding Aboriginal children's social and emotional wellbeing is the dearth of research undertaken on this topic. The exceptions are consequently important to examine. At the time of this report three major reports have explored this issue of Aboriginal social and emotional wellbeing, two specific to children (*The Western Australian Aboriginal Child Health Survey*; e.g. Blair, Zubrick, & Cox, 2005; Zubrick, Lawrence, de Maio, & Biddle, 2006; Zubrick, et al., 2004; Zubrick, et al., 2005), The State of Victoria's Aboriginal Children and Young People (DEECD, 2009) and one regarding the general Aboriginal population (*National Aboriginal and Torres Strait Islander Health Survey 2004–05*, Australian Bureau of Statistics, 2006). A third major study is the national study known as Footprints in Time: *The Longitudinal Study of Indigenous Children* (Penman, 2006a & b) which at the time of this report has not been completed.

Western Australian Aboriginal Child Health Survey (WAACHS)

The WAACHS (Blair, Zubrick, & Cox, 2005; Zubrick, et al., 2006) is a comprehensive study with the objective to identify developmental and environmental factors that support positive physical, social, emotional and developmental health outcomes in Aboriginal children of all ages.

The WAACHS project involved seven years of consultation with the Aboriginal community prior to the study. Data were collected on 5,289 Aboriginal children (Blair, Zubrick, & Cox, 2005). Carers were interviewed using a modified SDQ in addition to other questions. These questions related to behavioural problems (such as substance use, absconding, sleep problems); use of mental health services; history of intergenerational forced removal from families — 'Stolen Generations'; mental health and wellbeing of carers; adverse events; and the child's relationship with the primary carer. An index of Level of Relative Isolation (LORI) was developed for this survey and used to ascertain the degree of isolation from population centres.

In addition to interviews with carers, 1,073 Aboriginal young people aged between 12 and 17 years participated in a self-report version of the modified SDQ and a specifically developed Youth Self Report (YSR) measure. The questions in the YSR covered a range of activities and behaviours

including alcohol and other drug use, bullying at school, self-esteem and racism (Blair, Zubrick, & Cox, 2005).

The findings concluded that young people were less likely to report difficulties in the clinical or concerning range compared with carers. This may in part be due to this not being a representative sample (i.e. the young people who responded may not have been as high - risk as those who did not respond). It is also consistent with under-reporting of difficulties by young people in general as found in studies not specific to Aboriginal children, such as Mount, Lister, and Bennum (2004) and the second report on the evaluation of Take Two (Frederico, Jackson, & Black, 2006). This issue of under-reporting by young people needs to be taken into account when contemplating a reliance on self-report measures.

Zubrick and colleagues (2005) contend that with the scale of the cumulative stress and impoverishment of much of the Aboriginal community it will take two or three generations to demonstrate major changes in developmental outcomes leading to greater social, civic and economic participation.

Aboriginal children have been routinely exposed to a greater frequency of major life stresses. Indeed, 22 percent of families reported the incidence of seven or more family stress events, including separation, divorce or death of family members (Blair, Zubrick, & Cox, 2005). This report made a number of findings regarding the high prevalence and detrimental impact of social and emotional difficulties for Aboriginal children. For example, according to carers, 24 percent of the children were at high risk of clinically significant emotional or behavioural difficulties. Aboriginal children were more likely than non-Aboriginal children to have conduct problems or hyperactivity. These difficulties have other implications for the children's general social and developmental wellbeing. The children were also reported as being at high-risk of having eating problems, sleeping problems, bed wetting, running away from home, substance abuse and suicidal thoughts.

The study found a number of factors that when present were strongly associated with Aboriginal children being at high risk of clinically elevated emotional or behavioural difficulties. These included the following:

- carers' poor physical and mental health;
- child's poor physical health;
- multiple family life stressful events;
- high residential mobility;
- poor quality of parenting;
- poor family functioning;
- exposure to racism;
- use of tobacco and alcohol;
- sole parent or non-biological parent care; and
- the primary carer having been forcibly removed from their family.

Although many of these findings are similar to those found in studies of other populations, this report highlights the extent of these problems and the impact of racism and

the past policies pertaining to the Stolen Generations. In contrast to other studies, the report found that carers' income and education levels were not significantly correlated with these emotional or behavioural difficulties. The authors concluded this was due to the greater impact of the multiple life stressful events, poor family functioning and carer health that may *'weaken or cancel the effects of improvements in carer income and education'* (Zubrick, et al., 2005, p. 553). This is another indication of the importance of a holistic understanding of social and emotional wellbeing.

Zubrick and colleagues (2005, p. 554) commented on what they considered essential capacities for children for their positive social and emotional development.

- *The capacity to form meaningful attachments to significant others.*
- *A capacity for personal identity and autonomy.*
- *The capacity to regulate emotions.*
- *The capacity to understand societal norms and discriminate right from wrong.*

Six core talents were identified that develop throughout a child and adult's life contributing to their wellbeing. These are exploratory behaviour, capacity to regulate emotions, ability to show initiative or self-direction, intellectual flexibility, capacity for introspection and self-efficacy — a belief in the ability to control their own situation (Zubrick, et al., 2005).

This way of looking at developmental expectations pertaining to social and emotional wellbeing may provide a guide to what an assessment and/or outcomes framework should take into consideration for Aboriginal children.

The State of Victoria's Aboriginal Children and Young People

The Victorian government has produced a series of reports regarding a range of indicators of outcomes for children and young people since 2006. The 2009 report focused specifically on Aboriginal children and young people (DEECD, 2009). This report utilised the Victorian Child and Adolescent Monitoring System (VCAMS), the NATSIHS survey already mentioned and the 2009 Victorian Adolescent Health and Wellbeing Survey. This report defines social and emotional wellbeing as ". . . the ability to cope with everyday life without experiencing any undue emotional or behavioural consequences and enables people to work productively and contribute to life in the community (Australian Health Ministers 2003)" (DEECD, 2009, p.150). Although the report has specific sections on social and emotional wellbeing, other areas of analysis also relate to this area, such as cultural connection, healthy child development etc. As this report has a broader definition of social and emotional wellbeing than the DEECD report, some other areas of data are also included in this summary.

The analysis found a number of areas where Aboriginal children and young people in Victoria appeared to have more strengths and other areas where they were reported as more vulnerable compared to non-Aboriginal children. Areas of strength compared to non-Aboriginal children and young people included:

- More daily physical activity
- Their identification, participation and engagement with their culture
- Aboriginal parents/guardians reporting more contact with family and friends
- Aboriginal young people have someone to turn to when they need help.

Areas of identified vulnerability or risk factors included:

- Ear and hearing problems
- Dental health problems
- Higher rates of smoking
- Higher rates of victimisation and exposure to violence
- Racial discrimination
- Aboriginal parents/guardians less likely to have people outside of the family home they could confide in
- Higher levels of unemployment and issues related to poverty
- Higher rates of Aboriginal people aged 15 years or older living with children, who had experienced major life stressors in the past 12 months, such as disability, gambling, accidents, divorce, trouble with the police, mental illness, alcohol or other drug problems, serious illness and death of a family member or friend
- Parents of Aboriginal children were more likely to be concerned about their children's behaviour than parents of non-Aboriginal children at time of school entry.
- Significantly more Aboriginal young people reported low levels of psycho-social wellbeing compared to non-Aboriginal young people.
- The proportion of Aboriginal children admitted to hospital for psychiatric problems had increased and was higher than for all children in Victoria.

This report also made some comparisons between Aboriginal children and young people in Victoria compared to Australia as a whole. Some of the differences noted included:

- In Victoria, Aboriginal people aged 15 years or older who lived with children were more likely to have been removed from their own families in the past compared to Australia as a whole (11.5% compared to 7%).
- In Victoria, Aboriginal children and young people and their parents/guardians are less likely to identify with a clan, tribal or language group; less likely to know or be learning an Aboriginal language; and less likely to be living in their homelands compared to Australia as a whole.
- In terms of cultural events and organisations, the only area where Victorian Aboriginal children, young people and parents/guardians were

consistently more likely to be involved than Australia as a whole, was their involvement with Aboriginal organisations.

- In Victoria, Aboriginal children aged 4 to 14 years were significantly more likely to have experienced one or more life stressors in the last 12 months than Aboriginal children in Australia as a whole.
- In Victoria, parents/guardians of Aboriginal children were more likely to experience high or very high levels of psychological distress compared to Australia as a whole.
- In Victoria compared to Australia as a whole, the main carer was more likely to spend time doing informal learning activities with the Aboriginal child (95.1% cf 93.6%) and more likely to read to the child from a book (64.0% cf 49.2%). These differences were particularly noted for the younger children.

This report summarised the data regarding Aboriginal children and young people in the child protection and care system within Victoria. As noted earlier in Chapter 2, Aboriginal children are significantly over-represented in the protection and care systems. According to this report some of the data for Victoria are as follows:

- Aboriginal children were 10 times more likely to have substantiated abuse or neglect compared to non-Aboriginal children.
- Aboriginal children were 11 times more likely to be subject to a care and protection court order and 11 times more likely to be in out-of-home care compared to non-Aboriginal children.
- There is an increasing trend for all children on a care and protection order to experience three or more placements, but this was higher for Aboriginal children than non-Aboriginal children (46.5% cf 38.9%).
- Aboriginal children were more likely to be placed with kinship than non-Aboriginal children.

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The health of Aboriginal Australians was described in 2004–2005 by the Australian Bureau of Statistics and, for the first time, the survey included a measure of wellbeing. The NATSIHS related to all age groups, including children. Part of the survey was an interview schedule on social and emotional wellbeing for which only those aged 18 or older were surveyed. This included selected questions from two mental health measures — the Kessler Psychological Distress Scale (Kessler & Mroczek, 1994); and the Medical Outcome Short Form (SF–36) Health Survey (Ware & Sherbourne, 1992). It also included questions related to feelings of anger, the impact of psychological distress, cultural identification and stressors (ABS, 2006).

NATSIHS found that almost one in ten Aboriginal adults reported feeling nervous all the time, as demonstrated on the Kessler Scale, seven percent felt without hope, and seven percent felt so sad that nothing could cheer them up

all or most of the time (ABS, 2006). Restlessness among Aboriginal adults was higher than for non-Aboriginal adults and likewise ‘everything was an effort all or most of the time’.

Dearth of research

Dearth of research...into Aboriginal wellbeing and resilience

Although some work has been done to define Aboriginal wellbeing, there is little data available on the state of their wellbeing. The *Ways Forward* reports (Swan & Raphael, 1995a, 1995b) calls for more data gathering on Aboriginal health in general and particularly on mental health. They argued for a need to explore risk and protective factors. The report pointed to the challenges of data collection when “*satisfactory Mental Health outcomes and indicators have not yet been developed for the general Australian community*” (Swan & Raphael, 1995a, p.118). The *Social and Emotional Well Being Framework* has since been developed (SHRG, 2004). It calls for more culturally appropriate, quality data and research to underpin improved service delivery.

Research on Aboriginal health has frequently focused on economic indicators and a deficit approach that focuses on gaps and inadequacies, rather than from a strengths-based perspective (McMahon, Reck, & Walker, 2003). A non-deficit approach focuses on positive attributes and skills to help cope with challenging circumstances. This assumes that people can change and adapt and that they usually have the capacity to make informed decisions which can positively impact on their wellbeing. A non-deficit approach highlights resilience. Resilience factors include positive attention from parents and other adults, family harmony and a faith. Indicators such as these are commonly found in Indigenous cultural child - rearing practices.

The emphasis on children being self-reliant from an early age can be seen as a strength that children can draw on as they grow up (Malin, Campbell, & Agius, 1996). This is also an example where different understandings and beliefs about parenting, childhood and self-reliance in the context of a community need to be recognised and explored rather than assumptions and misrepresentations made. For example, self-reliance in most Aboriginal communities is in context of interdependence and strong community connections (Yeo, 2003). The availability of a large kinship support system is another resource for resilience as is the presence of a special mentor/role model for each child living the traditional Torres Strait Islander life (Penman, 2006a; Parker, 2010).

Dennis McDermott (2006), Aboriginal psychologist, comments that:

The usual western approach to Aboriginal mental health focuses on mental illness — a negative, ‘deficit’ approach that ignores social, historical and cultural aspects. It pays little attention to on-going loss and the contemporary consequences of trans-generational trauma — particularly the effects of the ‘stolen generations’.

The CRCAH, recognising a gap in the research, has made one of their priorities the ‘Social Determinants of Aboriginal Health and Social and Emotional Wellbeing.’ One area of focus is in the area of resilience and “*what contributes to or inhibits its development, and how can it be supported and sustained?*” (CRCAH, 2006b, p. 23)

Viewing families from a positive perspective rather than a deficit approach would encourage recognition of families’ resilience, hardiness and adaptation. Although research is proliferating in this area, there remains a deficit of knowledge about cultural minority families’ successful coping strategies and patterns of functioning. (Coyne, 2006, p. 3)

Dearth of research...into Aboriginal children, including their wellbeing

Although the population of Aboriginal people in Victoria is relatively small, it is disproportionately higher in the population under 25 years of age, and by any indicators of health and wellbeing, is one of the most vulnerable groups (DEECD, 2010, DHS, 2006; Dwyer, Silburn, & Wilson, 2004). Therefore it is concerning why more research is not undertaken that either focuses specifically on Aboriginal children, or at least intentionally includes them in larger studies.

According to SNAICC’s discussion paper on research priorities for Indigenous children (Borg, 2004, p. 5):

Whilst there is a plethora of information available nationally and internationally in regards to children and young people, in fact there is not a great deal of national research which has been undertaken in regards to Indigenous children and youth in Australia.

Another factor in the dearth of literature may be that Aboriginal children are often not distinguished from adults within the community itself. This may be the result of a cultural difference, as a report about a remote area of South Australia suggests:

In non-Aboriginal culture babies are seen as helpless and in need of a great deal of direction from adults and are required to develop routines as directed by adults. However, Aboriginal children sleep, eat and play whenever and wherever they choose. By contrast Yapa and Anangu babies and young children are seen as small adults, who have a particular place in the family and community, together with all the responsibilities under law and culture. (Layton, 2003, p. 8.15)

The Victorian Aboriginal Health Service acknowledge the role Koori⁵ kids play in the lives of their families in their 2000 report entitled ‘*The Strengths of Young Kooris*’ as cited by the Victorian Indigenous Youth Advisory Council (VIYAC) & Youth Affairs Council Victoria (2006, p.32). This role may differ from non-Aboriginal children. “*In Koori communities that I know of, kids play a big part in adult life. Kids and adults are not separated.*” Daly and Smith (2003, p.14) conclude that Indigenous children are looked upon as ‘*independent operators; they may move alone or as part*

of a family group to other households within their extended family network’.

The dearth of literature on Aboriginal children may be further explained by the suspicion about research by the Aboriginal community (Atkinson, 2002; Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002; Humphery, 2001; VicHealth, 2000). Some Aboriginal people distrust research especially if they do not see how it can positively impact on the community ‘under the microscope.’ They also may consider they are ‘over-researched’ where the research is viewed as being of “*... career benefit to non-Aboriginal people, but of little benefit to Aboriginal people*” (Central Land Council, 2006, p.13).

Suspicion regarding research may be exacerbated if those being researched are concerned about their children being removed, as occurred historically, or if the community has concerns that pejorative assumptions will be made on the basis of that research. For example, Palmer and Collard’s (1994, p.28) review on research into Western Australian Aboriginal young people noticed an ‘unhealthy’ focus on ‘*criminality, incarceration and substance abuse.*’

In addition to the WAACHS study (Zubrick, et al., 2004; Zubrick, et al., 2005), the *Footprints in Time* study (Penman, 2006a & b) will contribute to filling this gap in the literature. However, the current absence of literature on Aboriginal children in general naturally extends to a dearth of literature on their wellbeing.

Gaps in literature of social and emotional wellbeing are not exclusive to Australian Indigenous children. The report *A Literature Review and Annotated Bibliography Focusing on Aspects of Aboriginal Child Welfare in Canada* also identifies a dearth of wellbeing literature (Bennett & Blackstock, 2002). In New Zealand, Palmer (2004, p.87) commented on the development of a psychological tool to measure wellbeing among Maori and found that most wellbeing measures in use:

- *Are not responsive to the needs of Māori.*
- *Are not based on Māori concepts or constructs.*
- *Do not facilitate Māori participation in te ao Māori.*
- *Do not provide pathways through which Māori can develop a positive Māori identity.*

Dearth of research...into the wellbeing of children in out-of-home care

It was important to identify research into the wellbeing of children in out-of-home care as the majority of clients of Take Two are in out-of-home-care and VACCA operates an out-of-home care program. In mainstream literature there is growing discussion regarding the mental health needs of children in care (e.g. Arcelus, Bellerby, & Vostanis, 1999; Cicchetti & Lynch, 1995; Gilray, 2001; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Richardson & Joughin, 2000; Sawyer, Carbone, Searle, & Robinson, 2007; Tarren-Sweeney & Hazell, 2006; Walker, 2003). Tomison and Stanley (2001) suggest there is a lack of research into the wellbeing of children in care in general, while Bromfield

5. Koori or Koorie refers to Aboriginal peoples in Victoria and the southern part of NSW

and colleagues, specifically writing on Aboriginal children, state:

There was no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. This is a major gap, particularly when there is relatively little scope for international research to inform direction in this area due to the unique cultural needs of Aboriginal and Torres Strait Islander children. (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005, p. 25)

Current research on Aboriginal children is more likely to emphasise the administrative status of the child within the protection and care system, including length of time in placement, number of placements, reunification and adoption. This is compared to qualitative data which may tell us more about how the child is faring. For example, Berlyn and Bromfield (2009) provide some analysis of Aboriginal children in the child protection and out-of-home field including the difficulties government agencies face in complying with the Aboriginal child placement principle. The limited research that does exist in regards to Aboriginal children in out-of-home care does not go far enough. In their paper, *A Fork in the Road: Redefining and Counting the Well-being of Indigenous Children in Foster Care*, McMahon, Reck, and Walker suggest there needs to be alternative “*criteria for evaluating the effectiveness of foster care for Indigenous children that considers their well-being within Indigenous frameworks of family, economic, social and cultural relations*” (2003, p. 1).

Bromfield and colleagues (2005) recommend that more research occur including hearing the voices of children in out-of-home care. A DHS (2001) audit of children in foster care in Victoria noted the over-representation of Aboriginal children in foster care and the smaller percentage who were enrolled at school compared to non-Aboriginal children. It did not directly comment on child wellbeing.

Children in out-of-home care have already experienced significant life challenges to the point where they have been removed from their families. These challenges can increase the risk of later mental health problems (Lindsey, cited in Richardson & Joughin, 2000). As social and emotional wellbeing is a more holistic concept than mental health it is important to look at research beyond a mental health focus. Gilligan (1999, 2000) noted the importance of recreational and community participation and the role of schools for children at risk. “*One favourable experience may be a turning point in a child’s or young person’s trajectory or development*” (Gilligan, 2000, p. 39). It is important to explore what may be appropriate recreational, cultural and community events and programs for Aboriginal children in out-of-home care.

A collaboration between the Australian Institute of Families Studies (AIFS) and SNAICC resulted in a series of papers regarding promising practices for Aboriginal children in out-of-home care and their carers. Although these papers not only focus on wellbeing they noted some implications. For example, culturally appropriate placements for Aboriginal children resulted in improved ‘*school attendance, a reduction in problem behaviours, and an enhanced sense*

of identity and cultural connectedness’ (Higgins & Butler, 2007, p. 6).

Higgins and Butler (2007) wrote of organisational and practice characteristics in providing out-of-home care by Aboriginal organisations that were exemplars of promising practice. ‘Promising practices’ were programs that met their goals and objectives, some of which were externally evaluated and some which were not. One such program was VACCA’s Lakidjeka program, providing support and advocacy for Aboriginal families involved with child protection. This type of research adds value to the discussion about how to work towards achieving Aboriginal children’s wellbeing.

Dearth of research...assessments or measures of Aboriginal child wellbeing

In reviewing the literature regarding measures of wellbeing for Aboriginal children or children in care, it was apparent that little had been written. McMahon and Reck (2003) proposed possible reasons for the absence of child wellbeing measures for use within the protection and care systems, including the difficulty of definition and assessment. There is also a perceived reluctance to evaluate wellbeing for children in care as by the time they have entered the system their wellbeing has already worsened beyond the control of the care service (Altshuler & Gleeson, 1999).

The role of cultural and spiritual factors in a child’s social and emotional wellbeing has been under-researched across all cultures. A review of wellbeing indicators for Indigenous children concluded that the literature was meagre and that while these indicators for non-Aboriginal children “*may be similar they may not always be the same*” (McMahon, Reck, & Walker, 2003, p. 3). They commented on the focus on health, while there is little discussion of indicators of cultural identity and spirituality. Examples of outcome measures including a small number developed for Aboriginal children are described in Chapter 5.

Spence and colleagues (2002) call for further research, particularly normative data and the psychometric properties of mental health and wellbeing of Aboriginal children, but only if developed and administered in a culturally appropriate manner. (Spence, Donald, Dower, Woodward, & Lacherez, 2002, p. 83)

Dearth of research...from the Aboriginal child’s perspective

The dearth of literature on the social and emotional wellbeing of Aboriginal children extends to the lack of research on children’s perspectives on their own wellbeing (Vicary, Tennant, Garvie, & Adupa, 2006). Indeed, the child’s view is rarely sought in research in general (Bromfield, et al., 2005).

Altshuler and Gleeson (1999, p. 142) suggest that measures of child wellbeing should include “*the child’s perceptions of safety, acceptance, permanence, stability, and belonging*”. Children have been reported as capable of commenting on their wellbeing. Tomison and Stanley (2001, p. 164) cite Corrie and Leitaos (1999) study that showed children as

young as five years old were able to 'accurately report on their support networks and social competence'.

Some literature (e.g. Atkinson, 2002) suggests that the 'researched', rather than the 'researcher', best understands his or her experience. From this one might conclude that the 'researched' is the most appropriate person to communicate whether changes in wellbeing have occurred. Simply put, Aboriginal people, including children, are best placed to understand their own sense of how they are faring: "It is beyond doubt to me that the most relevant and valuable information on Indigenous issues comes from Indigenous peoples themselves" (CRCAH, 2006c, p. 18).

Various projects where the young person's viewpoint has been sought and their concerns documented, include the VIYAC's (2006) Young Aboriginal Victorians on Culture, Identity and Racism project; the National Indigenous Youth Leadership Group's (2005) Having Our Voices Heard; and the Social and Emotional Wellbeing Inaugural State Aboriginal Youth Conference (Department of Health, South Australia, 2000). In Western Australia, CREATE undertook a qualitative study with Aboriginal young people in out-of-home care. Following is a quote from Bromfield and colleagues (2005, pp. 17-18) regarding their critique of this study and some of the barriers to involving the children and young people directly.

Recently, the Western Australian Department [of Community Development] commissioned the CREATE Foundation (2005) to undertake qualitative interview process in partnership with Indigenous staff in the Department with a random selection of 13 of the 50 Indigenous children and young people in care included in the audit of case files of Indigenous children in the care of the Department (see WA Department of Community Development 2004). The aim of the report was to provide a forum for Indigenous children and young people to comment on their understanding of the care process, their care experiences and their connections to their families and culture. The report extensively documented participant's responses providing aggregate data and illustrative quotes for each item. However there appeared to be limited synthesis of data; the complete discussion in relation to themes emerging from the data read: "common themes around access to information; placement with kin; sibling placements; regular contact with birth parents and relatives; and cultural needs were apparent" (p. 26).

It was not always clear how the results from the children's interviews informed the recommendations that arose from the research, for example, recommendations one and 18 which related to policy issues (that is, the Aboriginal Child Placement Principle and financial support for kinship carers) were not reported in children's responses. Nevertheless, the report did offer some important recommendations in relation to the importance of caseworkers, carers and residential workers recognising the value of children and young people's views. Notably it was highlighted that caseworkers, carers and residential workers receive

training in engaging Indigenous children and young people, in order to better understand and respond to their particular requirements.

As a limitation of the report, it was stated that some DCD metropolitan officers' resistance to allowing the project group to speak with the children and young people negatively affected the project. This finding echoes similar problems encountered by researchers trying to access children and young people in South Australia. The problems encountered by the researchers are concerning as it goes against a key tenet of the United Nations Convention on the Rights of the Child that states that children's views should be taken into account in any decision that is likely to affect their wellbeing or position in life.

The Social and Emotional Wellbeing Inaugural State Aboriginal Youth Conference (Department of Health, 2000) in South Australia reported that Aboriginal young people faced many problems. These included negative contact with police, teachers, the general public, peers and media. They confront racism and discrimination, deaths, substance abuse, insufficient access to funding, rejection, lack of understanding, low self-esteem, mental health problems, being made to feel different and grief.

Dearth of research...summary

Bromfield and colleagues conclude that research on cultural wellbeing indicators for Aboriginal children need to be developed and implemented. They contend that existing Western assessment tools do not take into account Aboriginal concepts of relatedness and child rearing. These tools are urgently needed for understanding and documenting the wellbeing of Aboriginal children, particularly those who have suffered trauma and deprivation. Existing assessment approaches do not adequately reflect difference in culture. For example, Bromfield and colleagues (2005, p. 26) elaborated on Yeo's critique of attachment assessment for Aboriginal children.

Yeo (2003) critiqued the applicability of assessments of the bonding and attachment of Australian Aboriginal and Torres Strait Islander children to their carers. The author argued that the use of such concepts to assess the wellbeing of Aboriginal and Torres Strait Islander children is inconsistent with Aboriginal and Torres Strait Islander values of relatedness and childrearing practices. In general, more research of culturally specific wellbeing indicators for Aboriginal and Torres Strait Islander children needs to be conducted.

Spirituality and cultural connectedness are two areas where the dearth of research, particularly as to how they might affect a child's wellbeing, needs to be remedied.

Historical impact on Aboriginal social and emotional wellbeing

Australian history is often written as if it began with European colonisation. One example of this misrepresentation is in our national anthem, denying the 60,000 years or more of Aboriginal history in its first line: 'Australians all let us rejoice for we are young and free.' In reality, Australia is one

of, if not the oldest, country in the world with a continuous cultural perspective.

Australian Aboriginal peoples constitute a multitude of tribal and cultural groups. Their presence on the Australian continental land mass can be established as going back as far as 60,000 years, and they represent the oldest continuous, identified culture of people in the world today. (Raphael, Swan, & Martinek, 1998, p. 327)

The history of Aboriginal people prior to colonisation was largely recorded by oral traditions and art. Since colonisation Aboriginal history has largely been written by non-Aboriginal people. As such there are few records of the strengths and positive elements that characterise Aboriginal history either before or since colonisation.

It is relatively recent that the implications for Aboriginal health and wellbeing have been considered in the light of the history of their experience of intergenerational and community trauma. A number of countries where colonisation has occurred suffer similar consequences to their Indigenous peoples, such as Canada, the US and New Zealand.

Intergenerational traumas such as the effects of child removal; social dislocation; community dislocation; consequent or related mental health problems; marginalisation from social services for health, housing, education and policing as well as from family and child welfare services; and more generally the loss of power and community cohesion associated with colonial experiences. Common manifestations of these problems within communities include: alcohol and substance abuse, high levels of domestic violence and violence generally, economic deprivation, and related impacts on children's well being. (Libesman & Cunneen, 2002)

A further catalogue of the effects of colonisation include loss, grief, trauma, abuse, physical health problems, child development problems, gender identity issues, incarceration, family breakdown, cultural dislocation and racism (Parker, 2010; SHRG, 2004). The list is so long that it may be discounted by some as alarmist. Fiona Stanley, Australian of the Year, 2003, believes the accumulated losses of "culture, land, voice, population" due to colonisation and child removal have been overwhelming and the poor wellbeing of Aboriginal people, including children, is a direct consequence. In a speech at the National Day of Healing, Stanley (2005, p. 14) quotes Aboriginal child psychiatrist Helen Milroy:

So many Aboriginal children have a wounded soul from the layers of grief and loss, yet so many of these children can still experience the joy in life and warm our heart.

Children are not immune to the repercussions of the past. On the contrary, it contextualises their complex and multiple needs (Dobson & Darling, 2003). Loss, grief, the effects of colonisation and family fragmentation through Stolen Generation policies are often cited as having a highly detrimental effect on Aboriginal children's wellbeing (VACCA, 2005; Dudgeon, Wright, Paradies, Aatvey & Walter, 2010). This is consistent with other findings that

children are more affected from exposure to trauma than adults (e.g. Bloom, 1999; Herman, 1992/1997; Putnam, 1997; Terr, 1990; van der Kolk, 1989).

A variety of mental health problems might present for Aboriginal people as a result of intergenerational trauma, such as anxiety, depression, posttraumatic stress, self-harm behaviours and psychosis (SHRG, 2004). This is consistent with other studies of populations affected by community-wide intergenerational trauma, such as holocaust survivors, refugees and other Indigenous populations (Duran, Duran, Brave Heart, & Horse-Davis, 1998; Gagne, 1998; Sack, Clarke, & Seeley, 1995). Zubrick and colleagues' stark description of the cumulative traumatic effect of high levels of incarceration coupled with shorter life spans concludes:

There appears to be little time to grieve before another loss or traumatic event impacts on the community. Many children have already experienced the loss of several family and community members by the time they reach adolescence. (Zubrick, et al., 2004, p. xvi)

Intergenerational trauma can be endemic in a community, resulting in problems being ignored or denied until they reach crisis point. Dobson and Darling (2003, p. 27) suggest that "the complexity and intensity of Aboriginal people's experiences of abuse and feelings of victimization and racism can result in them normalizing their problems as everyday events". The overwhelming nature of the problems may be why they are unbearable to keep in mind. Denial of trauma as a result of war, rape and family violence has been referred to as the "black hole of trauma" (van der Kolk & McFarlane, 1996).

The Telethon Institute for Child Health Research reports on the effect of child removal on the next generation and found that outcomes for Aboriginal children were much worse if they had a parent or carer who had been removed from their families. "It's the first time the impacts on the current generation of children have been studied" (Weber, 2005, pp. 13-14). Milroy, as quoted by Weber, reiterated that the experience of removal in the family's past leads to widespread anxiety that the child shows in the present.

...what I see clinically is there's a real fear of being taken away, and that fear persists, and may well be manifest in terms of anxiety and worry in children. The other issue, I think, is related to the fact that if you've got parents who have been traumatised, they're more likely to suffer from ill health and suffer from mental health problems themselves, and so those children are exposed again. (Weber, 2005, pp. 13-14)

Experiences of racism and other negative stereotyping also affect people's willingness to seek help, especially if the only option is a non-Aboriginal service.

It is important to recognize that Aboriginal people's previous and current experience of racism can make it very difficult for them to feel safe when accessing mainstream services...There is a general reluctance to use mainstream mental health services because of the stigma associated with mental illness and a perception that non-Aboriginal workers may be prejudiced or have

little cultural understanding or interest in working with Aboriginal families. (Dobson & Darling, 2003, p. 26)

Diagnosis and misdiagnosis of mental illness

Another area of concern for Aboriginal clients of the mental health system is the risk of misdiagnosis. Diagnosis is a Western medical paradigm, where individuals are assessed against criteria within the DSM—IV (APA, 1994) or ICD—10 (WHO, 2007) to determine whether or not they have the requisite number and intensity of symptoms that are associated with certain impairments or mental disorders (Drew, Adams & Walter, 2010).

It has been argued that there is a heightened risk of misdiagnosis of Aboriginal people (Bailey, 2005) due to the failure to consider the effects of colonisation and the cultural differences of some forms of mental health problems. For example, Medicine Australia advises that *“spiritual experiences are not necessarily hallucinations or delusions”* (Armstrong, 2007, p. 6).

There is debate about the usefulness of diagnosis in mental health. For example, Duncan, Miller, and Sparks (2007) argue that diagnosis can incorrectly emphasise the individual rather than the context of time and place. There is also concern that diagnosis can be used to label rather than to heal (Lindsey, in Richardson & Joughin, 2000) and that such labelling can further damage fragile self-esteem.

There is also a concern that diagnostic frameworks were largely developed with adults in mind, so miss out on some of the nuances inherent in childhood development (Yule & Canterbury, 1994). For example, some writers have noted that most of the symptoms for posttraumatic stress disorder (PTSD) require verbal ability which children of certain ages do not have (AACAP, 1998; Perry, 1999).

An example of misdiagnosis was raised by Helen Milroy when she questioned the diagnosis of attention deficit hyperactivity disorder (ADHD) for Aboriginal children, when they may instead be affected by foetal alcohol syndrome. If this is a misdiagnosis, then medication for ADHD will not work (Eldridge, 2005). Similarly ADHD can be diagnosed where a trauma-related diagnosis may be more applicable, such as when there are problems with concentration, attention and affect regulation. Another potential area of confusion can be if an Aboriginal person hears or sees a deceased relative, this may be mis-diagnosed as a psychiatric disorder (AIPA, 2010). A narrow focus on mental health, with the risk for misdiagnosis, is at the opposite end of the spectrum to which Aboriginal people including children, wish to be considered, that is, holistically. *“The role of psychological development, social and community life, spiritual development and cultural heritage are all of importance to children’s health and wellbeing”*. (Zubrick, et al, 2004, p. xviii)

This is not to say that mental health diagnoses cannot be useful for guiding treatment for children when undertaken in a developmentally and culturally informed way. However, there are particular pitfalls when applying diagnosis to Aboriginal children.

Services must be culturally appropriate and safe, and provide continuity of care across the life span. Mental health clinicians must recognise the impact of cultural and spiritual factors on the way mental health problems develop and present, in order to provide accurate diagnosis and effective treatment. (SHRG, 2004, p. 3)

The Australian Indigenous Psychologists Association (AIPA) have developed a cultural competence workshop for non-Indigenous mental health workers. This focused on assisting workers to develop skills, knowledge and attitudes to help apply the National Practice Standards for working with Aboriginal people (National Mental Health Education and Training Advisory Group, 2002). Throughout these standards there is an emphasis on emotional and social wellbeing and culturally sensitive practice. This includes understanding the “societal, cultural, psychological, environmental, spiritual and belief systems that influence mental health and mental health problems and mental disorders.” (AIPA, 2010, p.33).

Culture and social and emotional wellbeing

Definitions of culture incorporate shared ideas, rules, meanings and interpretations. People from the same culture may look at a situation from a similar reference point. Culture enables people within a community to communicate with each other and anticipate, interpret and understand certain behaviours. Culture is often an unstated and even unconscious code. It shapes our fundamental beliefs and values and as such influences our choices, attitudes and behaviours. Culture provides the context in which children all over the world are born, grow, live and participate (Cohler, Stott, & Musick, 1995; deVries, 1996; Gough & Lynch, 2002; Lewis & Ghosh Ippen, 2004; Minas & Klimidis, 1994; Nelson & Allison, 1999; Pare, 1996). *“[Culture] is the backdrop against which all circumstances and events affecting children occur”*. (Gough & Lynch, 2002, p. 341)

Members of the majority cultural group may not appreciate the phenomenon of ‘culture’ unless it is under threat. Those who have suffered assaults to their culture through racism, war, torture, invasion and separation from their community are most likely to be aware of its significance and protective nature (deVries, 1996).

An important aspect of the Australian Aboriginal and Torres Strait Islander culture is that it reflects more than one culture but with unifying characteristics (Atkinson, 2002; Nelson & Allison, 2000; Raphael, Swan, & Martinek, 1998). There are more than 250 languages or dialects from approximately 500 communities. Family and language groups are defined by complex kinship systems, affiliations and rules for social interaction (Atkinson, 2002). In Victoria, there were over 30 language groups at the time of European colonisation (Broome, 2002). There are now Aboriginal and Torres Strait Islanders living in Victoria whose communities are from elsewhere. This means that within Victoria we need to be respectful of the different cultures represented within the Aboriginal and Torres Strait Islander community.

The literature is consistent in arguing that the wellbeing of Aboriginal children must incorporate a cultural component (Bourke, 1993; McClung, 2006; SNAICC, 2005; SNAICC,

2006a; VACCA, 2005). The importance of culture in the Aboriginal community is reflected in the SNAICC 2007-2009 Strategic Plan, which states its vision as:

To grow strong culturally and spiritually by being connected to family, community and place is the birthright of every Aboriginal and Torres Strait Islander child. In the words of the 2006 National Aboriginal and Islander Children's Day theme: 'My Culture is Me: I Am Proud and Strong.'

Aboriginal and Torres Strait Islander culture has enormous strengths and the potential to provide children with a wonderfully rich childhood, family life and cultural and spiritual life. Aboriginal and Torres Strait Islander families can be strong and powerful and provide valuable social capital for Aboriginal and Torres Strait Islander people. (SNAICC, 2006b, p. 7)

The VACCA publication (2005, p. 7) *Caring for Aboriginal and Torres Strait Islander Children in Out of Home Care* emphasises the importance of cultural identity and connectedness.

Aboriginality lies in identification of an Aboriginal person's relationships with their family and community. It is their relationships with their pops and grannies, brothers and sisters, uncles and aunts, cousins and Elders. Aboriginality lies in the meaningful way in which Aboriginal people interact with their people, with their feelings about their people and their home, with the way they think, work and talk.

Muriel Bamblett (2005), in her introduction to the SNAICC policy paper *Achieving Stable and Culturally Strong Out of Home Care for Aboriginal and Torres Strait Islander Children*, reiterates the need for cultural connection for children in out-of-home care.

Whenever Aboriginal or Torres Strait Islander children need to be removed from home to protect them from harm, we must rise to the challenge of protecting their cultural identities. If we neglect this aspect of our children's best interests we deny them the cultural and spiritual life that is their birthright. We also risk fundamentally damaging their well being, growth, education and life prospects. (SNAICC, 2005, p. iii)

The strength of people's identity and connection with their culture is recognised internationally as a factor that increases resilience in the face of trauma and other adverse events. According to Dodson (1999), when Aboriginal children are removed from their family, it is in their best interests that connection occurs with their family, community and culture. This is the basis for the Aboriginal Child Placement Principle. A similar conclusion is highlighted in a SNAICC National Aboriginal and Islander Children's Day poster.

Making sure kids in care stay connected to their families and culture is the birth right of all Aboriginal and Torres Strait children. Children in foster or kinship care deserve and need stability, family connection, cultural strength and the same love, support and affection all children desire. (SNAICC, 2005)

Culture can buffer individuals from trauma by providing social support, a sense of identity that is shared with others, and a shared vision of the future. Cultural stories, rituals and celebrations regarding trauma and recovery enable individuals to understand and put a context around their personal reactions to trauma and loss (Coade, Downey & McCullung, 2008; Cohler, Stott, & Musick, 1995; deVries, 1996; Lewis & Ghosh Ippen, 2004).

The power of culture as a protector, integrator, and security system is evident in studies where the degree of cultural assimilation is a key variable (Brown & Prudo, 1981; Prudo, Brown, Harris, & Dowland, 1981). In these studies, individuals who were strongly identified with cultural values benefited from increased social support; culture buffered them from the impact, and even the occurrence, of traumatic events. For socially less integrated individuals, stress has a strong negative impact on health and psychopathology. (deVries, 1996, p. 400)

Practices which incorporate cultural connection, such as use of cultural consultants, cultural revival, acknowledgements and traditional healing rituals, have been found to be empowering and healing (Libesman & Cunneen, 2002; Westerman, 2002). This was evidenced when for the first time a traditional Indigenous 'welcome to country' was a part of the opening of the Australian Federal Parliament in February 2008.

Culture provides the context in which social supports and other forms of assistance are provided and experienced (deVries, 1996). Our cultural knowledge helps predict what support we need and when and by whom it will be given. It provides a sense of expectation. Some cultures more readily expect practical support, and some do not. Some cultures expect family members to be their main source of support, whereas others look to friends or formal sources of support. The role of community in providing support varies from across cultures and is a clear expectation in the Aboriginal community. If unfulfilled, these unmet expectations may compound the experience of trauma.

Although cultural connection has a positive effect in most cases, there are certain caveats. For example, if the children have developed negative perceptions of their culture, reinforcing cultural connection may increase their stress and distress. This requires very sensitive practice, as allowing negativity to be the only experience for children of their culture is also damaging.

...cultural involvement did not always work as a protective factor because some individuals celebrated their Indigenous heritage, whereas others rejected it outright. Cultural involvement as a protective factor was also said to be inhibited by a large proportion of the mainstream community. One practitioner, involved with policy and education, indicated that it was difficult for some Indigenous Australian young people to benefit from their cultural heritage, because it was not valued within their broader community. She went on to say that 'a major risk factor I believe is the fact that many of our young are confused about their identity and about the future of their Aboriginality in the context of rights and sovereignty. Until these issues are sorted out, our

young, especially those who don't have a strong family connection, will continually be disempowered and will never reach their full potential.' (Roland & Toubmourou, 2004, p. 8)

Esme Bamblett, at the *Families are Forever; Build them Strong* VACCA conference (2004, p. 49), highlighted the challenges of providing opportunities for Aboriginal children to maintain their identity. She commented on the absence of research about Aboriginal children in Victoria and their cultural identity, yet its importance. "Our children will be better off if they know who they are and are proud of who they are. Once this happens they can begin to create their other layers of identity."

There continues to be a fear of the loss of culture, based on past experience of overt government policies towards that end.

The 1986 Aboriginal Women's Task Force found that a fear of modern Aboriginal society is that the children will lose their cultural beliefs and not identify strongly enough with Aboriginal society: 'As in other societies children are vitally important. For us they are the future and hope. We cannot afford to lose our most precious resource. It is necessary that we instil in them a sense of pride in their history and culture so that they too have the chance, like other Australians, of knowing who they are and why.' (Bourke, 1993, pp. 4-6)

According to Bourke (1993), strategies to ameliorate this and related fears include instilling pride in Aboriginal history and culture; a knowledge of genealogy; and learning about the location and history of ancestral lands. Cultural identity and connection are seen as central to self-esteem (Layton, 2003; Nelson & Allison, 2000). Layton argues that understanding the importance of these elements of social and emotional wellbeing for Aboriginal children can be missed by non-Aboriginal workers. This highlights the value of Aboriginal workers and Aboriginal services; and training and ongoing access to cultural consultants for mainstream organisations.

A positive self-identity is partly derived in the acknowledgment and existence of all relationships within family, kinship and community/country context. The manifestations of this brand of caring may appear to go unnoticed or unrecognised by mainstream agency staff in 'child protection' investigations as such, hence the necessity of Aboriginal officers' involvement in any form of family assessments undertaken. (Layton, 2003, p. 8.25)

As an adult who went on a journey of discovery regarding his Aboriginal identity, Marshall Watson expressed the power of 'return to country'. Watson (2006, p. 150) commented from his perspective as a doctor and as someone who traced the effect of identity on his wellbeing. "As people do not forget, neither does country, and I was to discover that returning to country is both embracing and healing."

One could infer from Watson's experience that Aboriginal people's connection to country is akin to how children are attached to those who care for them. Attachment behaviours are designed to help children seek from

adults a safe haven when needing care and comfort and a secure base when wanting to explore (Cassidy, 1999). One hypothesis is that Aboriginal people's connection to the land has historically provided a similar sense of safety and nurture that has been disrupted and demeaned as unimportant. The following quotes from Watson highlight the link between this cultural identity and social and emotional wellbeing.

As health professionals we need to be aware of [identity's] significance for social and emotional wellbeing, recognise the effects of "missing" or "lost" identity, and understand how the smallest amount of knowing can heal. . . Many Aboriginal and Torres Strait Islander peoples are unaware of their family relationships, their kinship structures, that are the strength of Aboriginal society and that place them in the context of their family, their country and their culture. This is a result of the process of colonisation and assimilation policies. Current understanding of the determinants of Indigenous health highlights the negative effects of the denial of sovereignty, cultural dislocation, dispossession and disempowerment, particularly in relation to social and emotional wellbeing. (Watson, 2006, p. 151)

International literature points to a growing incorporation of traditional cultural practices into service delivery. For example, a survey of child welfare practices with Canadian Aboriginal children (Bennett & Blackstock, 2002, p. 32) found that the literature demonstrates the positives of "cultural ideologies, Indigenous knowledge and practices that diverse Aboriginal populations bring to child welfare and social related practices". They went on to say...

There are many instances where social service and child welfare agencies have incorporated Indigenous knowledge and use many of the cultural tools (e.g. the healing circle, sharing circles, talking circles, family meetings and the medicine wheel) in their every day practices.

A closer to home example is the use of family decision-making in New Zealand that was informed by the Maori way of making decisions. This approach has been adapted in Victoria and more recently with Aboriginal communities, employing some aspects that relate to the Australian context, especially with the involvement of Elders.

Lisa McClung, in her literature review on Therapeutic Foster Care on behalf of the Take Two program (2006, p. 41), reiterates the healing power brought upon by an enhanced cultural connection in programs delivered by therapeutic care agencies:

[Therapeutic Foster Care] Programs which have embraced culture, identity and spirituality as being fundamental to their success are worthy of investigation...Such models emphasise a strong community approach and actively incorporate the biological family as part of the service.

McClung (2006, p. 41) described a therapeutic foster care program for African American families, referred to as healing from a Ntu perspective which is "delivered

within a spiritual and cultural framework". The priority is to develop cultural awareness as an essential first step towards self-knowledge. Children referred to this program suffered serious emotional disturbances and displayed "severe cultural deprivation, spiritual disconnection, lack of awareness of their own personal biography, disconnection from community and family and an intense sense of not belonging" (Gregory & Phillips, 1997, p. 132, as cited in McClung, 2006, p. 41).

Coade, Downey & McClung (2008) describe a cultural base for understanding trauma for Aboriginal children, emphasising a holistic and community perspective.

Finally, in the words of one young person, Jade Colgan, in a report on Young Aboriginal Victorians on Culture, Identity and Racism (VIYAC, 2006, p. 7), she states: "As a young Indigenous person, in this day and age, if you don't know who you truly are, where you belong, come from, connect, where you fit...then it can become really daunting." She adds: "I know for myself I feel very spiritual and connected, more complete, when I talk about and connect to my heritage, it helps me understand who I am and what my purpose here is."

Spirituality and social and emotional wellbeing

As mentioned by Colgan, spirituality is an important yet often overlooked aspect of culture (VIYAC, 2006). In Australia's largely secular society, spirituality is seldom integrated into the healing process, except within some aspects of organised religion. James Garbarino is one of the few Western researchers who incorporates a spiritual aspect in understanding the wellbeing of traumatised youth (e.g. Garbarino, 1995, 1999, 2006). Payne (2005) describes respect for spirituality as part of social work practice. This practice is demonstrated in respect for the faith and culture of others as well as principles such as privileging the common good, sustainability of systems, wisdom and holistic spirituality.

Graham Martin in his editorial On Social Justice (2004, p. 2) describes a meeting between a mental health worker and Elders in a community. An (unnamed) Elder was quoted: "Of course the problem with you white people is that you think about the body, and you think about the mind, but you never think about the spirit."

Vicary and Andrews (2000, p. 182) note that Western therapies are individualistic and "by and large secular in their nature and ignore the relationship between the physical and spiritual world". The Aboriginal view differs as "spirituality pervades every aspect of the lives of people from most indigenous cultures". Zubrick and colleagues (2010) note spirituality within Aboriginal culture is a protective factor.

Other Indigenous cultures have articulated the inherent, central role of spirituality when understanding wellbeing. North American Indians describe their experience of children being placed in boarding schools as a 'soul wound' (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Boehnlein and Kinzie (1997) found that North American Indians who were Vietnam veterans viewed trauma as a

problem of the spirit as much, if not more than a problem of the mind. Many Indigenous cultures have post-combat rituals that are part of the healing journey rather than a cure. They found that traumatised individuals' behaviours were affected by their cultural beliefs and by the psychobiological stress responses found across different cultural groups.

As mentioned earlier, some traditional African philosophies emphasise spirituality as fundamental to healing and achieving balance. They define "spirituality is a measure of the quality of one's relationship to the ultimate vitalizing life force" (Phillips, 1998, p. 1). Concepts such as wholeness, harmony, balance and awareness are seen as elements of spirituality that are part of wellbeing and recovery. The relational worldview as mentioned in Chapter 2 places significant emphasis on spirituality and the ideas of the spirit being in balance with mind, body and context (Cross, 1997; Hill, 2006). Although not limited to Indigenous peoples, it challenges Western individualistic models of conceptualising human problems and their solutions. In terms of assessment of the impact of trauma and disrupted attachment, the relational worldview focuses attention on the balance or lack thereof between spirit (e.g. depleted spirit, lack of connection to self, others, land and culture); body (e.g. sleep problems, self-harming behaviours, substance abuse); mind (e.g. problems with thinking and memory, problems with speech and language); and context (e.g. poverty, loss of land).

Spirituality is inherently contextual as it is about meaning and can therefore only be fully understood within context. Great care must be taken to neither tread on someone else's spirituality nor deny its potency. A central point of traditional Aboriginal spirituality is guided by the Dreaming, a system of beliefs which includes a spiritual and intimate relationship to the land (Atkinson, 2002).

There is a dearth of literature explaining spirituality, especially within the Aboriginal context. Although this may be largely influenced by the lack of recognition of the importance of spirituality, there are also cultural factors. For example, there are restrictions on who may access certain knowledge of Aboriginal spirituality.

The CRCIAH recognised the gap in literature regarding spirituality and wellbeing and has commissioned a literature review. Penman's literature review (2006a) noted the connection that some Aboriginal communities make between spiritual health and physical health. For example, in central Australia the Aboriginal community perceives a sick child as having a weakened spirit. Aboriginal organisations continue to reiterate the importance of spirituality to the wellbeing of their children as demonstrated by the quotes and Diagram 2 below.

For Aboriginal people, land and spirituality are the foundations on which their culture has been built ... for Aboriginal people, all aspects of life are interconnected through the centrality of land and spirituality. (VACCA, 2005, p. 9)

Spirituality is another important dimension of children's health and wellbeing through the way it gives meaning and significance to life, experiences and relationships.

Children's spiritual beliefs and experiences are tempered by their Aboriginal heritage and parent's belief systems and treatment may need to be considered from this viewpoint. (Zubrick, et al., 2004, p. 18)



Diagram 2: Land and Spirituality

Kinship, parenting and building social and emotional wellbeing

Kinship is a form of social capital (Daly & Smith, 2003) that provides a strong foundation for the healthy functioning of family and community. Milroy argues that many Aboriginal families do not only survive but are able to thrive in the face of adverse circumstances and that this is often overlooked in the literature and media. She believes the public focus is on the dysfunction of the family and community (Milroy, ABC, 2005).

The difference in parenting styles in Aboriginal families needs to be viewed through a cultural lens that does not privilege the dominant white paradigm (Walker & Shepherd, 2008; Ryan, 2011). Penman (2006a) compared examples of parenting approaches with four different Aboriginal and Torres Strait Islander families; two in remote areas on mainland Australia, one from an urban area, and one Torres Strait Islander family. Although there were differences, traditional Indigenous values and practices were evident in all four families. These exemplars of traditional values in action include modes of discipline, developmental and social expectations and the role of kinship.

The kinship system is a cornerstone in understanding Aboriginal social and emotional wellbeing (Parker, 2010; Zubrick, et al., 2004). It is very inclusive and provides strong sense of connection. It involves an understanding of obligation, respect for Elders and connection to land (SNAICC, 2007). Aboriginal children's connection to kinship networks may be their main opportunity to feel pride in their Aboriginal identity and cultural heritage (Bourke, 1993).

The present state of health for Aboriginal children must be understood in the context of family, culture and society. The Aboriginal kinship system continues to operate as a significant attachment system which confers benefits for children's health and wellbeing throughout their development. Child rearing practices, family structure, roles and responsibilities all need to be viewed from this important cultural perspective. (Zubrick, et al., 2004, p. 17)

Frameworks for achieving successful outcomes

Whatever programs are implemented with Aboriginal communities the organisations need to embrace a responsible, consultative approach (Penman, 2006b). There is a mistrust of many organisations which seek cooperation from Aboriginal people or deliver services to Aboriginal people. For example, many Aboriginal people do not use mainstream services due to a perceived lack of cultural awareness and sensitivity. A report by Illawarra Health states that health programs for Aboriginal people have a more successful outcome if *"The cultural identity, local environment and interests of the local community are represented with integrity and dignity, in a well thought out, well-resourced and structured approach"* (Curtis, Pegg, & Curtis, 2004, p. 11).

Some literature suggests ways of moving towards improved social and emotional wellbeing for Aboriginal people, such as multi-dimensional solutions, with an emphasis on culture, safety and utilising the strengths of the community (Lawrence, 2007). Much of the literature dealing with mainstream organisations delivering mental health and other types of services to Aboriginal people emphasise the need for service delivery to occur in a culturally aware and sensitive fashion — not just 'put a painting on the wall' (NACCHO & Winnunga Nimmityjah Aboriginal health service ACT Inc 2003).

Recommended approaches that will have a positive impact on worker's interactions with Aboriginal clients include:

- Relational
- A relaxed location in which the service delivery takes place
- Worker flexibility
- Patience
- A preference for an Indigenous worker.

You shouldn't underestimate the influence of an Aboriginal worker in the team... and the benefits that can come from this... (Nunga Health Team, in Dobson & Darling, 2003, p. 12)

Higgins and Butler's (2007) work on promising practices highlights the unique role that Aboriginal services play in the continuum of service responses to vulnerable children, their families and their community. In addition to reporting on what makes a strong organisation, they looked at characteristics of promising service delivery. These included identifying and building on the organisation's core business; creating and strengthening a collaborative team structure including Aboriginal workers; offering a comprehensive service including using community knowledge, knowing the target group, taking a needs-based and advocacy approach and being available and responsive; and empowering the community, carers and young people through facilitating knowledge building and sharing.

As commented by a mother of a CAMHS client, Aboriginal people need to develop a sense of trust over time with

the worker, whether the workers are Aboriginal or not. *"My daughter won't just talk to anyone...you need to build up trust ... feel comfortable and safe with the person..."* (Dobson & Darling, 2003, p. 11). Aboriginal people place great emphasis on relationships.

Aboriginal people generally place a high value on relationships amongst themselves and this is what guides any form of social exchange. Interaction between Aboriginal communities and agency staff is also governed by similar understandings thus requiring agency workers to respect and build relationships with clients before 'business' is conducted. (Layton, 2003, p. 8.26)

There is little in the literature about how Aboriginal children may be best served by mental health services, other than a suggestion that they may respond better in a group approach to therapy, rather than as an individual (Nelson & Allison, 2000). The AIPA cultural competence training (2010) in relation to the National Practice Standards (National Mental Health Education and Training Advisory Group, 2002) outlines some principals and strategies.

Recommendations of the Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report (Swan & Raphael, 1995b, p. 121) called for extensive education for non-Aboriginal mental health workers including:

- That the education of the psychiatric profession on the historical factors that lead to mental health problems of Aboriginal people, be a key elementary component of any training of these professionals.
- That psychiatrists be educated in Aboriginal culture.
- That the Australian Psychologist Association (APS) and the Australian College of Psychiatrists ensure/ set a requirement that students in psychology and psychiatry programs have Aboriginal Studies/ Issues as a core part of the curriculum(s).
- That mainstream/white organisations which employ Aboriginal workers recognise their different style of working and have policies which validate and acknowledge these. This may include leave provisions to cover after hours' work and family commitments/ pressure — Stress Leave?
- That all mental health workers learn cultural awareness and Aboriginal notions of health and wellbeing in their curriculum.
- That the larger issue be looked at in regards to books in the area of sociology, anthropology discussing specifics of men and women's law be banned.
- That non-Aboriginal people must learn to listen to Aboriginal people.
- That all teachers learn something about Aboriginal history, culture, and issues in their training courses.
- All health professionals in this country should effectively learn the political and interracial realities

and cultural imperatives in their training curricula along with an understanding of the Aboriginal and Torres Strait Islander philosophy of health care as defined by the NACCHO definition of health. This should be undertaken immediately.

In addition, Drew, Adams and Walter (2010, p194) recommend that assessments with Aboriginal people be:

- qualitative and functional rather than normative and categorical
- undertaken from an Aboriginal perspective, not indigenised
- about building relationships
- a socially just practice and a decolonising practice
- see as an opportunity to reinvest trust and confidence in the relationship between Aboriginal people and the wider non-Aboriginal society represented by service providers.

Summary

This chapter has highlighted the work that has yet to be done in filling the gaps in the literature regarding Aboriginal children and their social and emotional wellbeing. Concepts of wellbeing; measures that recognise the effect of culture on wellbeing; and an understanding of wellbeing from the young person's point of view are conspicuous by their absence.

The literature review highlighted that existing measures typically take a deficit approach and do not take into account resilience, social capital, culture or spirituality. A rich vein of literature illustrates the importance of trust and successful engagement with Aboriginal children and their family and communities. Conclusions drawn from the literature review include:

- A need for Aboriginal community controlled research.
- An understanding of the historical and intergenerational trauma and its implications today.
- The risk of misdiagnosis if cultural differences are not considered.
- The therapeutic and essential value of culture and cultural connection.
- The relationship between spirituality and social and emotional wellbeing.
- The promising organisational and individual work practices by Aboriginal organisations and workers with Aboriginal clients.
- The need for respectful partnerships between Aboriginal and non-Aboriginal organisations to meet the needs of Aboriginal children.

Chapter 4: How did we do this study?

Overview

The chapter describes the research design and methodology used to explore the research questions relating to assessing Aboriginal children's social and emotional wellbeing. Following identification of ethical principles for research we discuss the development of the study and its structures, such as the Project Reference Group and the appointment of the Aboriginal Research Officer. Representatives of each participating organisation along with the Aboriginal Research Officer share their reflections on the process. We discuss the research design and how this was implemented as well as outlining the sources of information. There is a description of the data collection and approach to data analysis including description of the development of specific measures. Finally, we discuss some limitations of the study.

Overall research approach

This study seeks to explore how social and emotional wellbeing is assessed and how this knowledge can be utilised in the development of an approach to be implemented by Aboriginal and mainstream child and family service organisations, such as VACCA and Take Two.

The underlying methodology is action research, which is a form of qualitative research (Gray, 2004) involving close collaboration between stakeholders. Qualitative research is defined as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem” (Creswell, 1998, p. 16).

The methodology evolved throughout the life of the research. Guiding principles of community consultation, negotiation and collaboration (or mutual understanding) in Indigenous research have been identified as necessary for an ethical approach (AIATSIS, 2000; NHMRC, 2003). The principles of respect, recognition and involvement (AIATSIS, 2000) which were integrated into the design evolved strongly as the project was implemented. The implementation of these principles led to some changes to the initial design whilst the aims of the project were met.

A key factor in the methodology was the engagement of the three organisational partners (La Trobe University, VACCA and Take Two) in a Project Reference Group, chaired by VACCA to guide the research. The Project Reference Group formed to develop the research project, ethics approval submissions and submission to AIATSIS including identifying Aboriginal community people who could inform and participate in the research. The group began to identify existing outcome measures for social and emotional wellbeing which used culturally appropriate methodologies or had been developed for Aboriginal children.

Aboriginal Research Officer

A crucial component of the design was the appointment of an Aboriginal Research Officer, who became the main link

between each research partner and between the partners and the Aboriginal community. Although the principles of respect, recognition and involvement were integrated in the research concept, the Aboriginal Research Officer was key to operationalising these principles. The Project Reference Group guided the design of the interview schedule and focus groups questions. The project therefore had the benefit of the input of all the partners and key informants in the community. Following are some reflections from the Aboriginal Research Officer regarding this study.

The project was inspiring and the project goals ambitious in their timeframe, especially in light of the stated aim to develop new outcome measures, as much work needed to be done before this stage. Our research team was attempting to develop frameworks and outcome measures that worked for both organisations in a relatively short timeframe. My main challenge was where to focus my efforts, as the project parameters were wide and the opportunities to go off on tangential paths were immense!

The project provided me with the privilege of interviewing workers, policy makers and other professionals who had rich experience in working with Aboriginal clients. In order to select the best people to interview I had great advice from the Reference Group but there were also other worthy candidates I approached who I was unable to interview; due to their or my unavailability in the project timeframe.

The support of the Reference Group was invaluable, for their feedback, vouching and ideas, writing of sections of the report and other forms of input. The mix of Indigenous/non Indigenous, academic/practice within the Reference Group gave the project a number of lenses, enabling the project, and the products that resulted from it, to meet the varied needs of the participating organisations.

There were a number of logistical challenges to working across three organisations, including having three workplaces – and the respective three sets of computer passwords, colleagues to interact with, staff meetings, inductions and team days to attend – and this was in the context of being employed only three days per week.

I needed to acquire new knowledge around assessment and outcome measures and undergo a great deal of training to allow me to understand the practice of the therapeutic work where it impacted in the measurement of Aboriginal children's wellbeing. I also needed guidance in research methodology, although I had experience in undertaking informal semi-structured qualitative research, I was unfamiliar with some theoretical approaches and methodologies such as grounded theory and coding. The training I underwent was both professionally and personally satisfying, however it was time consuming, both participating in training and seminars and afterwards integrating the new knowledge. Likewise, attending conferences was very rewarding, in terms of them being a source of expertise and a source of valuable contacts, but also often ate into my available time. (Jane Harrison, Aboriginal Research Officer)

Reflections from other members of the Project Reference Group

An aim of the project was to develop effective partnerships between the organisations engaged in the research. Our experience of the research journey as members of the Project Reference Group is recorded below to illustrate the development and perspectives of the partnership and the study overall.

VACCA

VACCA has found the partnership process of this project beneficial. Respect has been shown to our status as a self-determining voice in Victoria on Aboriginal children's issues by the partners agreeing for us to chair the committee without it being an imposition. It has created a space for discussing the broader issues which impact on the wellbeing of Aboriginal children and greatly enhanced our ability to further develop our own research agenda. The Research Officer has successfully engaged both our direct service staff and some of our managers around their views of the impact of culture on wellbeing. We've found the partnership to be one that capacity builds and strengthens our work rather than the common experience Aboriginal organisations have of being exploited and sidelined by mainstream partners. (Peter Lewis, VACCA)

La Trobe University

The experience was of a genuine equal engagement in the process. There was overall agreement regarding the knowledge and research processes which were to be privileged and which were to inform the research process. The research partnership developed with the three partners' selection of Jane Harrison as the project research officer. Jane had the task of integrating knowledge approaches from the partners and the impact of the project on the partnership owes a great deal to her. The result is a project which at the implementation level is seamless and the boundaries between the organisations do not impede the project. There were common values held within the research group and the meetings were generally relaxed, respectful and successful in moving the project ahead. Each partner always appeared to be striving to understand the perspective of the other partners and all were advancing the aim of the research. From academe the journey was a continually enriching process and the contribution of academe into the cultural approach could be identified. The outcome of the partnership is a stronger understanding of engaging with Indigenous knowledge and research. (Margarita Frederico, La Trobe University)

Take Two Research Team

This project has been an ongoing learning process that has directly informed how the Take Two research strategy will better apply to Aboriginal children. Instead of asking 'how does this apply to Aboriginal children' we can now talk about actually making culturally informed changes to our approach and beginning from scratch with some approaches, such as measuring cultural connection. The key elements to

the success of this project have been the partnership between the organisations and the experience that each organisation brought; and the appointment of the Aboriginal Research Officer. It has been a privilege to be a part of this project as it has meant working closely with Jane Harrison who has brought not only her experience as an Aboriginal woman but her insight and skill as a playwright to reflecting on the themes that arose. This has exemplified the coming together of science and creativity, much as working with Aboriginal children should. The methodology has changed along the way to reflect the learnings from the literature review, interviews and focus groups. The exploration of different types of knowledge has been a timely reminder of the importance of challenging my assumptions. (Annette Jackson, Take Two)

Project design

The research design has six stages. As the project evolved it was clear that whilst Stages 1–3 and 6 could be implemented, it was inappropriate to finish Stages 4 and 5 prior to more extensive development of Stage 3. We believed this was not possible within the time and resources available to do this in a culturally appropriate manner given the importance of not imposing a pre-determined approach. The stages of the project were designed and implemented as follows:

Stage 1: The Project Reference Group involving VACCA, La Trobe University and Berry Street oversaw the project. The Project Reference Group established an appropriate and sustainable consultation process.

Stage 2: Information on research and community experiences of assessment were gathered. This included a review of the literature regarding assessment measures applicable to areas of trauma and abuse and neglect for children of different ages and gender, with attention paid to measures and assessment frameworks developed by and for Aboriginal communities. It also included a series of interviews with Aboriginal and non-Aboriginal workers from VACCA, Take Two and other organisations.

Stage 3: This stage was initially aimed at developing age-specific assessment approaches for use with Aboriginal children. As a result of the interviews and literature review, it became clear it was not appropriate to finalise the development of a new tool in this timeframe. Instead, this stage involved three activities.

- 1) Principles and guidelines for social and emotional wellbeing assessment of Aboriginal children were developed.
- 2) Two measures were drafted. One of these measures, the 'cultural yarn', is in a consultation process with the intent to pilot (Harrison, in draft). The other measure is a behavioural measure for workers to complete. This is being explored to determine if it will be piloted or used to inform other checklists.
- 3) As a result of some of the interviews and focus groups in Stage 2, some outcome measures used within Take Two were adapted or the processes for

their use were altered to reflect a more culturally informed process.

Stage 4: This stage was initially aimed to pilot the new measures developed in Stage 3. Given new measures were not finalised, this pilot was not possible at the time of writing this report. However, adaptations to some measures within Take Two are being piloted and the pilot of the Cultural Yarn tool is in the planning phase.

Stage 5: This stage was planned to analyse the results of the pilots and the literature review. As the pilots have not yet occurred, this stage focused on synthesising the information gathered from the literature review, interviews, focus groups, analysis of tools and the early development of a couple of measures.

Stage 6: Review of consultation and partnership processes and documentation of the experience, the learnings and outcomes occurred as part of the final stage. Dissemination of the findings and implications from this study have begun on a national and international level through conference presentations and papers.

The knowledge in this study was derived from six main sources: firstly, the literature review; secondly, interviewing workers in child welfare and therapeutic services and/or policy advisors (Aboriginal and non-Aboriginal); thirdly, focus groups and other discussions; fourthly, direct analysis of the available outcome measures and assessment approaches; fifthly, observation and conversations at conferences and workshops; and finally reflecting on the Aboriginal Research Officer's own experience.

Literature review

A major undertaking of the project was the literature review. The literature included both published and grey literature (i.e. unpublished articles issued by government departments, academics, organisations and individuals, largely accessed via the internet). Documents have included journal articles, government reports, fact sheets, newsletters, essays, websites, conference proceedings, working papers and transcripts from speeches and radio interviews.

The literature search was mostly conducted via the internet, using databases, including Informit, Family and Society Plus, ProQuest 5000, psychINFO, Social Services Abstracts and Google as well as other sources such as the Australian Indigenous Knowledge and Libraries website. The key words were wide-ranging and included various combinations of: Aboriginal children, wellbeing (social and emotional wellbeing), mental health, out-of-home care, culture, spirituality, resilience, assessment tools, outcome measures. Other keywords which have been used in conjunction with the above include: research, methodology and engagement. The literature was grouped under emerging themes in response to the research questions and particularly in regards to the gaps in the literature.

Interviews and focus groups

A key element of this project was to collect and document the expertise of workers with firsthand expertise with

Aboriginal children and their families. This was conducted through a series of semi-structured interviews.

The Project Reference Group identified professionals who would be a potential source of wisdom and expertise regarding the social and emotional wellbeing of Aboriginal children. Respondents from both VACCA and Take Two were interviewed including both Aboriginal and non-Aboriginal staff. Views from other organisations were also sought. In order to recruit respondents for the interviews, a flyer was developed to inform potential respondents (see Appendix 3) and distributed through the partnering organisations' networks. These respondents represented a spectrum of expertise from mental health, child welfare, child protection and youth justice; from academia, policy and practice; and from Aboriginal and non-Aboriginal backgrounds. Most respondents were from urban areas although a few were from rural areas or with statewide roles. One respondent was from outside Victoria. More than 30 people were invited to take part in the interview process with 24 agreeing to participate. Those interviewed from outside the partner organisations included senior management staff from an Aboriginal peak body, a policy advisor from government, an Aboriginal psychologist from private practice and a non-Aboriginal psychiatrist, with extensive experience with Aboriginal children.

Of the 24 people interviewed, 15 were Aboriginal and had worked extensively, but not always exclusively, with Aboriginal clients. The majority of the non-Aboriginal respondents had experience in working with Aboriginal children. Most had either worked in Aboriginal organisations or been nominated and vouched for by Aboriginal workers. A small number of non-Aboriginal respondents acknowledged that although they had extensive experience in general, they were relatively inexperienced or lacked confidence in working with Aboriginal children.

The interviews were conducted over 11 months. The interviews were semi-structured and ranged from 60 to 110 minutes to complete. They were usually conducted at the interviewee's workplace, either in groups or individually, according to the respondent's preference, the time available and other constraints. Respondents were asked to sign consent forms to be interviewed and recorded in accordance with the ethics approval (approved 7 April, 2006). Most interviews were audio-taped as a means of assisting in writing up the transcripts.

The questions were informed by the literature and the experience of the Project Reference Group members. Our aim was to gather knowledge of how key informants understood and assessed social and emotional wellbeing of Aboriginal children within the context of their organisation and role. There were questions regarding the definition of social and emotional wellbeing; current use of measures or assessment approaches; views on these measures and measurement in general; cultural practice; and engagement strategies.

Two interview schedules were used — one for Take Two clinicians and other mental health workers and one for case workers. The major difference in the mental health worker's questionnaire was the inclusion of extra questions

on attachment and trauma and a sub-set of questions relating to the Cultural Connection Assessment Tool, which is exclusively used within Take Two. When respondents were neither mental health nor case workers the interview schedule was adapted to suit their role.

Following the interviews and analysis of the data, focus groups were held to validate and further interpret the data. The focus groups largely consisted of members of the Project Reference Group and other staff within the participating organisations. The first focus group explored the issue of the outcome measures used within Take Two and undertook an exercise of coding a de-identified sample of the interviews as part of a process of validation. The second focus group explored the implications of the preliminary findings from this study, including the behaviour change measure. The third focus group explored other ideas such as the Cultural Yarn tool and goal attainment scaling.

Other opportunities for building knowledge

Members of the Project Team attended conferences and workshops which formed a valuable source of information about social and emotional wellbeing and to network with those who could contribute to our learning. These conferences and workshops included: the CRCAH – Social and Emotional Wellbeing Roundtable, Cairns (2006); Indigenous Researchers Forum, Adelaide (2006); Using our Knowledge (S) to Grow Up Strong Kids, SNAICC Conference (2007); ‘The What, Why and How of Koori Well-Being’ presentation by Dennis McDermott, Koori psychologist, academic and poet (2007); Tracy Westerman workshops (2006 and 2007); Yarning Up on Trauma (Take Two and VACCA); VACCA Strengthening Our Practices Training, VACSAL; Koorie Organisations Policy Officers Network Meeting; Wirraway Mirrim Koori Researchers Group; and Bruce Perry workshops – Children in Trauma/ Trauma in Children (2007).

The conferences and workshops were a useful way to network particularly with other Indigenous researchers and practitioners. For example, in late 2007 at a workshop conducted by Tracy Westerman, an Aboriginal psychologist who has developed outcome tools for Aboriginal young people, we learnt about the Sense of Culture Yarn tool (Westerman, 2001). Another Aboriginal psychologist working with adolescents came to the attention of the Aboriginal Research Officer at a conference, who subsequently agreed to participate in an interview.

Correspondence with other practitioners and researchers allowed access to current research in similar areas. An example was the Indigenous-Racial Identity and Self-Esteem (I – RISE) Tool, being piloted in Western Australia.

Another source of knowledge as described earlier, was the use of ‘self’ by the project team, primarily the Aboriginal Research Officer. In particular, as she was physically located in each of the participating organisations, she had opportunities for direct observation, participation in team meetings, training and involvement in other projects. It also provided opportunity for others in the Project Reference Group to share in this learning and discuss their own observations.

An example of an opportunity that arose from other projects was when the Aboriginal Research Officer was asked to develop an evaluation tool to evaluate the impact of a cultural project at VACCA. This project employed Aboriginal filmmaker Richard Frankland to work with a group of young clients from VACCA to explore their view of their Aboriginality. The project outcome was a short film entitled Ngaweeyan Thookangat, Voice of our Children, written and directed by Richard Frankland. It featured the children interviewing community members and each other about their culture, heroes and the Aboriginal flag. Up until this time, nothing had been found in the literature, the Project Reference Group, or the interviews about an assessment tool that directly asked young people about how they felt about their Aboriginality. The Aboriginal Research Officer devised a simple measure about the young people’s knowledge of their culture and their views at the start and conclusion of the filming process. Although this assessment tool was ultimately not used, this process provided some of the domains that informed the subsequent development of the Cultural Yarn (Harrison, in draft).

Analysis of data

In keeping with action research, data collection and analysis occurred simultaneously although the detailed thematic analysis (Creswell, 1998) occurred at the conclusion of the interviews. The analysis identified patterns and themes including their frequency (Kellehear, 1993). The analysis of data addressed three levels of analysis; identification of themes (data reduction); categorisation of data (data organisation); and interpretation (Sarantakos, 1993). Another way of describing the approach utilised is the grounded theory process of open coding, axial coding and selective coding (Strauss, 1987).

The transcripts of each interview were presented to the interviewee for comment. The transcripts were not verbatim, but reference was made to the audiotapes as well as notes. After the interviewee had endorsed the transcript including any editing, the interviews were de-identified and merged into a larger document.

The interviews were then coded by the research team and during a focus group. This process identified a series of code words which, according to the principles of grounded theory (Strauss & Corbin, 1997), captured the fundamental perspectives of the informants and made explicit the implicit beliefs embedded in the interviews. The code words were then grouped into categories and then summaries were written to encapsulate the major themes. The themes were:

- Definition of social and emotional wellbeing
- Context for assessing social and emotional wellbeing
- Age and developmental issues
- Characteristics of assessment tools and outcome measures
- Indicators of change of social and emotional wellbeing

- Qualities of assessment tools and outcome measures
- Practice approaches by workers and clinicians in both types of organisations
- Challenges in using measures and tools
- Suggestions for improving measures and tools
- Suggestions for improving the overall system.

The reporting on the analysis includes some direct quotes from workers. In order to maintain confidentiality no distinction is made about the role of the worker. However, it was considered important to note if the worker was Aboriginal or non-Aboriginal. The analysis of the interviews and the focus groups explored areas of convergence or divergence with the literature review. A number of questions were considered such as What were the major themes; What were the areas of convergence between the opinions of Aboriginal and non-Aboriginal informants and the findings from the literature; What were the gaps and neglected topics; and What were the implications of findings for the participating and other organisations?

Development of draft measures

Based on the literature review, analysis of other measures, interviews, focus groups and other discussions, two draft semi-structured measures were developed: namely, the Cultural Yarn and the Behaviour Change Measure. At the time of writing, these measures and the requisite piloting processes have not been finalised. Aspects will be tested in the context of day-to-day practice within the two services to help refine and inform the tool development. The development and testing process will occur as part of an action research cycle. At a later stage if a more structured design is recommended as a result of this process, then a larger sample and more formalised testing procedures will occur.

Plans are also underway to interview a number of Aboriginal young people regarding their perspective on social and emotional wellbeing, particularly as it relates to cultural connection. This will be an important stage in development of a measure.

Limitations of study

A limitation to this study, as already noted, is that no measures were developed to a stage appropriate for piloting. There is, however, a plan in place for piloting to occur. We did not aim to develop a psychometric measure, as we did not wish to pre-suppose the outcomes of the interviews and focus groups. This has not been ruled out in the future, but is not the current plan. However, there may be opportunities for some of the psychometric measures already available, such as the WASC—Y (Westerman, 2002) to be adapted by the developer in consultation with the local community. This could provide a valuable addition to the possible measures available.

A major limitation is that no Aboriginal young people's views were sought. This limitation is noted more broadly in the literature and is the focus of a subsequent project planned by this team. Another limitation is that the analysis of the measures did not include an analysis of their scientific validity and reliability.

Summary

The research process evolved with the integration of Aboriginal knowledge. The principles for ethical research in Aboriginal studies were embedded into the research design. The methodology demonstrated an effective partnership between an Aboriginal community controlled child and family services agency, a mainstream mental health/child and family services agency and a university. Each partner organisation had key roles in the project and the development of the partnership led to broader and sustainable collaboration. The development of the research process and the learning from this for all partners was an important component of the study.

Chapter 5: Measures for assessment and change for Aboriginal children's social and emotional wellbeing

Overview

This chapter describes the assessment tools and outcome measures examined in this study that have been designed, adapted and/or used with Aboriginal children to assess directly or indirectly their social and emotional wellbeing. There is a brief description of each measure or approach and its purpose; how it is used with children; and where it has been applied in practice. We discuss their current use in practice in Take Two or VACCA and for research and evaluation purposes as of 2008. This is informed by document analysis of the tools and measures; discussion with authors where possible; and review of relevant literature. As a result of this study some of these tools have been adapted, and these changes are noted in the subsequent chapters.

The measures and approaches were selected due to their current application with the Take Two or VACCA client groups or were found through the literature search or attendance at conferences. The imperative that measures and assessment approaches be understood within children's cultural context is complex when considering any culture. However, for Indigenous populations such as Australian Aboriginal people this is even more the case due to the historical and current societal disruption to their culture and sense of identity. This highlights both the challenges and importance of this project.

Assessment approaches developed for Aboriginal children

Take Two Aboriginal and Torres Strait Islander Cultural Connection Assessment Tool

The Take Two Cultural Connection Assessment Tool is informed by a holistic understanding of Aboriginal people's social and emotional wellbeing and is based on the importance of including this aspect in mental health assessments. It was previously known as the ATSI Assessment Tool.

The Cultural Connection Assessment Tool was developed by the Aboriginal team within Take Two (Coade & Corlett, 2005) to assist non-Aboriginal clinicians to explore Aboriginal children's cultural history, identity and connectedness to culture. This tool was based on work undertaken by Shaun Coade and Les Corlett prior to their work at Take Two and then built on from their experiences within Take Two. The tool seeks information about the children's and their parents' cultural background; the children's understanding of their family and their Aboriginality; whether or not they are living with Aboriginal carers; the children and families' history and willingness to work with Aboriginal specific services; availability of potential cultural consultants; family history of Stolen Generations; carers' understanding of Aboriginal culture; children's connections to their community, land, etc. and strategies needed to gather answers to questions where the information was not known. Questions are a mixture of fixed choice and open questions.

During the initial stages of this study the questions in the Cultural Connection Assessment Tool did not seek information about change. Nor was the tool expected to be completed more than once, i.e. only at time of initial assessment. It was therefore not used as an outcome measure. During this study work occurred in partnership with the Take Two Aboriginal team to adapt the tool to enable evaluation of change over time, which is discussed later. This tool also informed the development of the Cultural Yarn (Harrison, in draft) which is discussed in Chapters 7 and 8.

Aboriginal and Torres Strait Islander Cultural Support Plan

The ATSI Cultural Support Plan (DHS, 2005a) and accompanying Guide (DHS, 2005b) aim to assist and support child protection workers to ensure that Aboriginal children placed in care maintain connections to family, community and culture. It involves case managers and placement providers within community service organisations, such as VACCA and Berry Street.

The DHS Indigenous Initiatives Unit has undertaken a review of the ATSI Cultural Support Plan and Cultural Support Plan Guide. They are reviewing the Cultural Support Plan documents and process in consultation with key stakeholders. Our study is not related to the review of these documents.

The ATSI Cultural Support Plan collects information on up to four children in each family. It includes questions regarding the child's cultural identity; which Aboriginal community the children identify with and belong to; parents' names and traditional groups; the Elder or significant person who may provide cultural knowledge; the children's extended family and their willingness and ability to provide support; arrangements for whom the children can have contact with; the Aboriginal services involved; the names of community members supporting children; the children's participation in cultural, sporting activities and hobbies; how the carer will maintain links with the children's Aboriginal community; what information has been given to the carer regarding Aboriginal services, contacts, cultural events, etc. what support the carers and children may need regarding cultural activities; whether or not the siblings are placed together; whether or not a genogram has been completed; whether anyone disagrees with the plan; and when the plan will be reviewed.

Other assessment approaches used with Aboriginal children

Looking After Children (LAC)

Looking After Children (LAC) was developed in the early 1990s in the UK by Parker and colleagues (1991) and has been implemented in Canada and some states in Australia. It was officially implemented in Victoria in 2002 after various pilots, including one by Berry Street. It is currently used in all community service organisations providing out-of-home care in Victoria, including VACCA and Berry Street.

LAC is based on principles such as child-centred practice; child's wellbeing being paramount; the need for those

caring for children in care to be 'good parents'; and a focus on outcomes for children. LAC has a series of records that are completed at set times during a child's placement, such as Assessment and Action Records completed at six-month intervals. These documents are not a checklist, but lengthy questionnaires with questions about seven domains of healthy child development, involving a mixture of fixed choice and open questions. The domains are health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills.

Although LAC was developed with both case practice and research in mind, its emphasis in Victoria is on case practice. Data generated from the LAC documents have been used in a range of studies regarding the wellbeing of children in out-of-home care, such as in studies by Bailey, Thoburn, and Wakeham (2002) and Kufeldt, Simard, and Vachon (2003).

There are several versions of the LAC forms tailored to different age groups (0–<1 yrs; 1 & 2 yrs; 3 & 4 yrs; 5–9 yrs; 10–14 yrs; 15 yrs & over). These forms have been slightly modified for the Victorian context and there is a DHS convened reference group considering other possible modifications and its usefulness in providing data.

Budgell, Clare, Noonan and Robertson (2005) highlight the value of the LAC framework for meeting the needs of children, but suggest that the Aboriginal community could be further engaged in designing and delivering services, including how LAC processes are implemented. There are processes underway by SNAICC and Bernardos Australia to modify the LAC documents to make them more suitable for Aboriginal children, with input from selected Aboriginal and Torres Strait Islander agencies Australia-wide.

Outcome measures developed for Aboriginal children

As stated earlier, there are very few outcome measures developed specifically for Aboriginal children. Three that came to our attention as of 2008 were the Westerman WASC–Y (Westerman, 2002), the Sense of Culture Yarn (Westerman, 2001) and the Indigenous–Racial Identity and Self-Esteem (I–RISE; Kickett-Tucker, 2005) measure. The other outcome measures described in this chapter are not specific to Aboriginal children but have been used and in some cases adapted with them in mind.

Westerman Aboriginal Symptom Checklist – Youth (WASC–Y)

The WASC–Y (Westerman, 2002) was developed in Western Australia by Tracy Westerman, an Aboriginal psychologist. It provides a psychological assessment process for identifying Aboriginal young people (13–17 years) at risk of depression, suicidal behaviours and anxiety. It aims to identify risks at the earliest opportunity, but not to diagnose. This enables appropriate resources to be mobilised in order to prevent more serious problems. The decision as to which difficulties to focus on in this measure was based on the prevalence of certain mental health disorders with Aboriginal youth based on the available research.

The tool was developed following a literature review and through a series of focus groups with Aboriginal parents, Aboriginal young people and mental health workers. Clinician guidelines and training were developed, highlighting the importance of not relying just on a tool, but needing to ensure a culturally respectful process.

The WASC–Y is a structured psychometric, self-report tool consisting of 53 items. There are six domains: namely, depression; suicidal behaviours; alcohol and other drug usage; impulsivity, hyperactivity and agitation; anxiety; and cultural resilience. The response options are a series of Likert scales.

The WASC–Y has been extensively piloted and validated with Aboriginal youth in Western Australia and according to Westerman is beginning to include data on Koori young people in Victoria. It is accompanied by comprehensive cultural guidelines and training. Although the tool is structured in design, the guidelines and training provide support to the worker so they can follow through on important themes that arise for the young person. This measure is under review by the author.

Sense of Culture Yarn

The Sense of Culture Yarn was also developed by Tracy Westerman (2001, p. 42) to “*enable practitioners to engage at the level of cultural identity with Aboriginal clients*”. There are two versions, one for adults and one for youth aged 13–17 years. The measure has 20 questions in areas of demographics (n=3), learning and attitudes about Aboriginal culture (n=4), language (n=6), traditional cultural relationships and activities (n=4) and friendships/relationships with Aboriginal and non-Aboriginal people (n=3). The responses are made along a Likert scale. It is a culturally and scientifically validated measure based on a large sample of 723 Indigenous people and what they identified as important constructs in identity (Westerman, 2008 email communication).

Our becoming aware of the Sense of Culture Yarn (Westerman, 2001) was very timely, as the project was paying considerable attention to a number of similar areas. It contributed to our thinking about this type of measure as discussed in Chapter 7 on focus groups and Chapter 8 on the findings and implications.

Indigenous–Racial Identity and Self-Esteem (I–RISE)

The I–RISE measure has been developed and is being piloted by Cheryl Kickett-Tucker (2005) in Western Australia. Cheryl Kickett-Tucker is an Aboriginal post-doctoral research fellow with the Telethon Institute of Child Health Research. The I–RISE measure is designed to assess Aboriginal children's racial identity and their self-esteem between the ages of 8 and 12 years.

The pilot is focusing on Aboriginal children in urban Western Australia. The I–RISE involves 71 items regarding a series of concepts, such as the children's achievement (sport, music, art, academic); culture; social interactions; stereotypes, family (attachment, modelling), language and racial/group identity. This measure is not diagnostic. It describes how children view their identity and knowledge of their culture. As this measure is being piloted more

information was not available at the time of writing this report.

Other outcome measures used with Aboriginal children

Strengths and Difficulties Questionnaire (SDQ)

The SDQ was developed in the UK by Robert Goodman (1999). It is less than a quarter of the length of the Child Behaviour Checklist (CBCL; Achenbach, 1991) which is considered the strongest validated psychometric measure on children's emotional and behavioural wellbeing from an international perspective (Fonagy, et al., 2002).

There are versions of the SDQ for children aged 3 to 4 years old; 4 to 10 years old; and 11 to 17 years old. There is a parent or carer version and a teacher's version. There is a self-report version for young people aged 11 to 17 years. There is a follow-up version for each respondent type with additional questions as to whether change has occurred.

The first 25 questions cover emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. Some studies have shown that using the SDQ, approximately ten percent of the general population is in the borderline range and ten percent are in the clinical range (Mellor, 2005). The remainder of the SDQ form explores the effect that the children's difficulties have on themselves, their parents/carers or teachers.

Although the SDQ is not intended to be diagnostic, it is useful in predicting mental health problems (Mathai, Anderson, & Bourne, 2002, 2003, 2004; Hayes, 2007). It has been used to measure outcomes (Mathai, Anderson, & Bourne, 2003; Mellor, 2005).

The SDQ has been used in large studies in other countries, such as the study by Meltzer, Gatward, Goodman, and Ford (2000) on the mental health of children and adolescents in Great Britain. The parent-report version of the SDQ has been used in a large-scale evaluation of therapeutic programs for children exposed to the 9/11 attack at the World Trade Center, New York (Hoagwood & Rodriguez, 2005). Studies within Australia include those by Hawes and Dadds (2004) and Mellor (2005). The SDQ is part of the Australian National Mental Health Outcomes suite (Department of Health and Ageing, 2003). The SDQ was used in the Royal Children's Hospital's Stargate evaluation (Milburn, 2004). Preliminary results of the SDQ within Take Two have been reported in the second evaluation report (Frederico, Jackson, & Black, 2006).

Strengths and Difficulties Questionnaire (SDQ—WA) — W.A.A.C.H.S. version

With permission by Goodman, the SDQ was adapted for use in the WAACHS study in Western Australia (Blair, Zubrick, & Cox, 2005; Zubrick, et al., 2006).

The adaptations were for the parent/carers version and the youth version, but not the teacher version. The parent/carers version ranges from 4—17 years, instead of separating the age groups. The adaptations are largely around simpler language rather than changing the constructs.

Trauma Symptom Checklist for Children (TSCC) and the Trauma Symptom Checklist for Children—Alternate (TSCC—A)

Briere (1996) developed the TSCC in the US to assess trauma-related symptoms for children aged between 8 and 16 years. This measure does not focus on events, but the child's emotional symptoms related to the event/s. It is a self-report psychometric questionnaire of 54 items, which takes approximately 15 to 20 minutes to complete. The items relate to thoughts, feelings and behaviours. Children are asked to indicate the frequency for each of these items on a four-point scale.

The TSCC has been used to assess whether children have been traumatised in both the general population and those seeking mental health treatment. Different norms have been developed for males and females and for two different age groups (8—12 years; 13—16 years) in the US. It consists of six clinical scales: anxiety; depression; anger; posttraumatic stress; dissociation; and sexual concerns. When children present with a score in the clinical range for one or more scales it indicates that the symptoms are greater than would be statistically expected in the general population. The assessment does not equate to diagnosis, though it can inform clinical assessment (Ohan, Myers, & Collett, 2002).

The TSCC is commonly used with children who have been sexually abused, although it has also been used with children who have suffered other types of abuse and trauma (Nader, 1997; Ohan, Myers, & Collett, 2002). The TSCC is used in Australia, for example in the Royal Children's Hospital's Stargate program (Milburn, 2004). It is also used in the US in the National Traumatic Stress Network, including sexual assault treatment services.

The TSCC has been used by Take Two since 2004 and preliminary results are reported in the third evaluation report (Frederico, Jackson, & Black, 2010). During consultations with the Take Two Aboriginal Team and focus group discussion via this study, feedback was received that Aboriginal children found the questions pertaining to sexual concerns particularly difficult and that these were not culturally appropriate, especially when the worker's gender was different to the child's. Briere has developed an alternate version that excludes these ten items, referred to as the TSCC—A. Briere (1996) acknowledges that although there is no evidence that benignly phrased questions regarding sexual issues are harmful, clinicians should be able to decide if they were inappropriate, such as due to cultural reasons.

Trauma Symptom Checklist for Young Children (TSCYC)

Briere (2005) also developed the Trauma Symptom Checklist for Young Children (TSCYC). It is similar to the TSCC but is a parent/carers report version for children aged between 3 and 12 years. It gathers parents and carers' perspectives about children's trauma presentation. It is longer than the TSCC, with 90 items. It has eight scales including anxiety, depression, anger/aggression, posttraumatic stress-intrusion, posttraumatic stress-

avoidance, posttraumatic stress-arousal, dissociation, sexual concerns and a summary posttraumatic scale. As this is not a self-report measure, there is no version that excludes the sexual concern questions. It has additional questions regarding who is completing the checklist (e.g. parent or carer) and whether or not there is the possibility of a PTSD diagnosis, including a question regarding whether the child has been exposed to a traumatic event.

Social Network Map

The Social Network Map (Tracy & Whittaker, 1990) is a systematic, semi-structured approach to gather information about people's perception of their social network. It was designed for adults, but has been used with children. It aims to help people describe who is in their life and what they think of these relationships. It is about the person's perception of these relationships, not an objective assessment of them.

The Social Network Map was used in the Homebuilders program in the US to ascertain families' perspective of their social networks (Tracy & Whittaker, 1990) and other programs for at-risk families (Tracy, 1990). Shankar and Collyer (2002) used this measure to explore the role of social networks for people with mental illness. Harms and McDermott (2003) used this measure in an evaluation of a Victorian program for youth homelessness. It is part of the suite of outcome measures used by Take Two (Frederico, Jackson, & Black, 2006).

Children name the people in their life across various domains (e.g. who is in their household, other family, school, other friends, neighbours, professionals and clubs or organisations). More detailed questions ask about the 'top' 15 people listed in the children's map, such as whether each person provides concrete support, emotional support and/or information or advice. They are asked if each person is ever critical of them and the direction of help. The children are asked to describe how close they are to each person, how frequently they see them and how long they have known them.

Goal Attainment Scaling

One method of demonstrating achievement is Goal Attainment Scaling. This was developed in the US by Kiresuk and Sherman (1968). It began in mental health and has been adapted for use in many fields and countries. It is designed to fit the individualised needs of each person in a way that can be assessed across the client group whilst remaining unique to the individual.

The method attracts interest because of its individualized approach to measurement. It is commonly used as an augmentation to standardized measures of classification and outcome. (Smith, 1994, p. 1)

Goal Attainment Scaling involves goals being actively developed with each child and his or her network. This enables the goals to be relevant, timely and helpful to address real problems. It provides a reliable way to assess the amount of change for each individual based on what they consider important. However, it also allows the summing up of goals across the client group to explore outcomes of the service as well as the individual.

Goal Attainment Scaling begins with identifying issues that are problems for the client. These are translated into at least three goals and indicators or measures are then considered. For example, what is the behaviour, skill or process that best represents the goal and can be used to show progress? The next step is to specify the expected level of outcome for each goal, that is, what is the most likely positive outcome in the designated time period? Specifying the expected level of outcome is not what we think should happen or what would make us or the client happy, but what we think realistically can be achieved from our work. In addition to the most likely outcome, consideration is given to how to evaluate the 'less than expected', 'much less than expected', 'more than expected' and 'much more than expected' outcomes.

Comparison of assessment approaches and outcome measures

Table 2 provides a summary of each of these assessment approaches and outcome measures. The strengths and limitations of these approaches are discussed in Chapter 8 on findings and their implications.

Summary

This chapter has described a number of measures and tools that have been developed, adapted or otherwise used with Aboriginal children. They have been developed for different purposes, although they each draw on some aspect of children's social and emotional wellbeing. The following chapters report on suggestions for adaptation regarding some of these tools, namely the Cultural Connection Assessment Tool and the Social Network Map to enable assessment of change and/or to be more culturally relevant.

This chapter does not provide a definitive list of measures for Aboriginal children, from which one should be selected. Rather, it describes a selection of measures and tools that have come to the attention of the project team. None of these approaches should be used in isolation of developing a cultural competence framework for both the organisation and the workers.

Another caveat in considering any measures or approaches with Aboriginal children is that regardless of the tool, there is still the potential for bias at the point of analysis and interpretation. The need for training and ongoing cultural consultation and partnerships between mainstream and Aboriginal organisations is critical.

Table 2: A comparative analysis of assessment tools and outcome measures used with Aboriginal children						
Measures	ATSI specific or adapted	Authors / date	Primary purpose	Type of measure	Who completes measure	Outcome measure Does it measure change
LAC	No	Parker, et al., (1991)	To provide information to enable those responsible for children in care to be a 'good parent'	Series of qualitative documents, including data at time of placement & age specific data every 6 months.	Case manager for children in out-of-home care, carer, young person	No
Cultural Connection Assessment Tool	Yes	Coade & Corlett, (2005)	To assess Aboriginal children's cultural identity and connections	Questionnaire, mixture of fixed-choice and open questions	Take Two clinicians	Not at this time
WASC—Y	Yes	Westerman (2002)	Cultural-specific measure to identify Aboriginal youth 'at risk' of suicide, anxiety, depression, and low self-esteem	Psychometric. Normed for Aboriginal youth, Now includes more data on Victorian youth	Young people 13 years and older.	Yes
Sense of Culture (Youth)	Yes	Westerman (2001)	To assess cultural identity	Psychometric; Some normed data. Likert scale	Aboriginal children aged 13—17 yrs	Possible
I—RISE	Yes	Kickett-Tucker (2005)	Assess Aboriginal children's racial identity and self-esteem	Likert scale and some demographic information	Aboriginal children aged 8—12 yrs	Don't know
SDQ	No	Goodman (1999)	To measure emotional and behavioural symptoms	Psychometric; Normed against population	Young people 11—17 yrs; carers, parents, teachers of children aged 3—17	Yes
SDQ—W.A version	Tailored for ATSI children	Originally Goodman, (1999); adaptation (see Zubrick, et al, 2006)	To measure emotional and behavioural symptoms of Aboriginal children	Psychometric; Normed with Aboriginal population	Aboriginal young people aged 11—17 yrs; carers, parents of children aged 3—17 yrs	Yes
TSCC TSCC—A	No, but TSCC—A is more approp for ATSI	Briere, (1996)	To measure trauma symptoms	Psychometric; Normed, but not in Australia. A version does not have sexual questions	Young people aged 8-17 yrs	Yes
TSCYC	No	Briere, (2005)	To measure trauma symptoms	Psychometric; Normed, but not in Australia	Parents, carers of children aged 3—12 yrs	Yes
Social Network Map	No, but can be tailored	Tracy & Whittaker (1990)	To assess people's view of their social networks	Qualitative semi-structured measure	Children	Yes
Goal attainment scaling	No, but can be tailored	Kiresuk & Sherman (1968)	To establish individual goals with client and that can be measured over time.	Not pre-set as measures are developed to each situation.	Workers with children of any age and their families, carers, etc	Yes

Chapter 6: What the interviews tell us

Overview

This chapter summarises results of 24 interviews and explores emerging themes. Perspectives were gathered on the NACCHO endorsed definition of health (NAHS, 1989) as it pertains to Aboriginal children's social and emotional wellbeing. The context for assessing wellbeing was also explored, including the child's age, development and cultural background of the worker. Comments were elicited on various assessment approaches and outcome measures. Indicators of change for Aboriginal children's social and emotional wellbeing were a major topic of discussion, as were practice approaches to enhance their wellbeing. Issues about trauma and attachment were asked of Take Two clinicians and other mental health workers. The interviews finished with seeking suggestions for improvements in how Aboriginal children's wellbeing could be assessed, evaluated and enhanced.

The NACCHO endorsed definition of Aboriginal health

Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. (NAHS, 1989)

All those asked about this definition of health for Aboriginal children (n=22) agreed to some degree that it was applicable and appropriate.

'Covers it.' (Aboriginal worker)

'The organisation thinks it is a good definition.' (Non-Aboriginal worker)

Yes, it does apply.' (Non-Aboriginal worker)

Yes absolutely.' (Aboriginal worker)

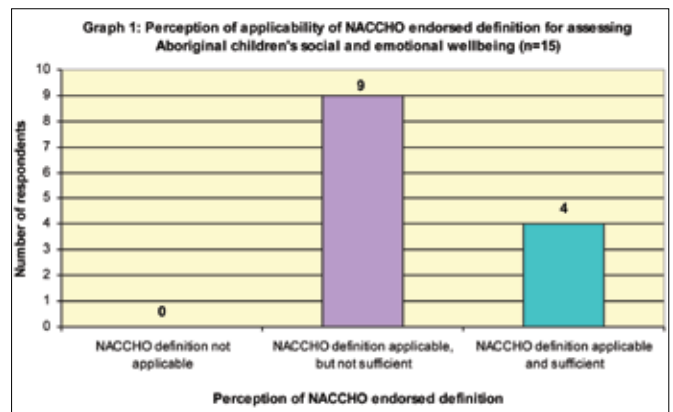
'Offers a true reflection of the components that form a strong foundation for children to grow from.' (Aboriginal worker)

'It reads like it is a desire, rather than a given.' (Non-Aboriginal worker)

Graph 1 shows that of the 15 respondents who made comments, the majority made some suggestion or comment about possible additions

The most frequent comment relating to the NACCHO endorsed definition not being quite sufficient was that it applied more to adults than children (n=6). Two comments from Aboriginal respondents were that it would be helpful to include spirituality and two commented that it could include other dimensions, such as the family, context and time.

'Can't add or delete to the NACCHO definition of wellbeing. Endorsed by community and has a holistic approach.' (Aboriginal worker)



'The definition includes children and Elders.' (Aboriginal worker)

'The definition fits all and is used with a range of services.' (Aboriginal worker)

'A definition needs to say 'children' and 'young people' to make that distinction.' (Aboriginal worker)

'I have no problem with the definition however it would be good to add particular attention to the wellbeing needs of children.' (Aboriginal worker)

'Think the definition needs to include a statement demonstrating a commitment to children, to enhance their development.' (Aboriginal worker)

'In a broad sense children do fit into the definition as an individual but maybe using the words child and family in the definition personalises it a bit more.' (Aboriginal worker)

'Add family in there.' (Non-Aboriginal worker)

'The child is part of the family, community. This definition is not as individualistic as some definitions. Sets the child in the context of community.' (Non-Aboriginal worker)

'Absolutely — it encompasses the whole person.' (Non-Aboriginal worker)

'The only thing the practitioner might include is a component of spiritual wellbeing. Spirituality for any child is important.' (Aboriginal worker)

Respondents also commented on the NACCHO endorsed definition's context; its authority or sponsorship; the language and meaning within; core concepts embedded within the definition; attributes of the definition; and its application in practice.

For example, one respondent described the background of this definition as being developed during a political time, where it was important to emphasise the whole community. As cited earlier, another respondent noted that as this definition is endorsed by the community it cannot be changed. Two respondents commented that the concept of community was an abstract and adult concept and that it was an ideal rather than necessarily the reality. This was not a criticism but as part of its context.

'Represents the ideal but so many of the clients he sees are disconnected and disengaged from their community, so that the definition is so far from the reality.' (Non-Aboriginal worker)

In terms of how the definition is applied in practice, one commented that her organisation uses the definition and another commented that it is used by a range of services. One commented that non-Aboriginal workers found the definition difficult to apply in practice.

'It is difficult for non-Indigenous workers to use that definition as they usually don't have the knowledge of what it means.' (Aboriginal worker)

In conclusion, there was agreement that the NACCHO endorsed definition (NAHS, 1989) is helpful in understanding social and emotional wellbeing for Aboriginal people. There was some difference as to whether it was sufficiently inclusive of children or whether it would be enhanced by specifying children. It is not the role of this project to question or change the definition, but rather to see if additional comments would assist both Aboriginal and non-Aboriginal workers to apply it in practice. This is explored later in the context of some of the measures and tools. For example, the Take Two Cultural Connection Assessment Tool aims to help non-Aboriginal workers apply this definition in practice.

Context for assessing social and emotional wellbeing

What types of assessments take place, when and how, is to a degree predicated on the characteristics of the child, the family, the worker and the service. The respondents tell us that the child's age, developmental stage, safety, gender, cognitive abilities, emotional stability, cultural identity and sense of connectedness, whether they are in out-of-home care or in youth justice custody, all influence the approach to assessment. They also influence whether or not it is appropriate or necessary for a formal assessment to occur. The role and cultural background of the worker is a key contextual element in assessing Aboriginal children's social and emotional wellbeing.

An example of a worker deciding whether to use a particular measure based on the child's presentation is a Take Two clinician who may decide not to use the TSCC if it is likely to further distress the child. Another example is when a clinician suggested it would not be appropriate to use a Social Network Map with a teenager who was acutely aware of her social isolation.

'It is difficult to do a Social Network Map with a teenager as opposed to a younger child. Their lives might be more chaotic, and any focus on that kind of task-oriented activity is difficult.' (Non-Aboriginal worker)

'Adolescents may be more aware of the 'absence' of significant people in their lives. There is a level of analysis by adolescents.' (Non-Aboriginal worker)

Workers in various organisations apply different types of knowledge and assessment approaches. The approaches vary across worker, according to their education and

training, cultural background, experience, inclination, and organisational context and expectations. Types of knowledge mentioned included: intuitive, observational, theoretical, experiential, Western/white and traditional. This highlights that the skill and context of the individual worker are paramount.

'Just as important as the therapy is the monitoring their ongoing state but not with a formalised approach. You go through the checklist in your mind.' (Non-Aboriginal worker)

'I draw deeply upon my own life experiences. I can relate to a child's circumstances. I can see myself in that child as they develop.' (Aboriginal worker)

Aboriginal workers emphasised their personal family background; privileged their sense of awareness of the traumatic experience faced by their young clients; and that drew upon their intuitive and sensory skills. They 'felt' when a child was improving, they could 'see' it, they could 'sense' change. Some of these skills fall into the realm of observing and analysing non-verbal clues, to which many Aboriginal workers are highly attuned.

'Notes and observations, a story or narrative about the child.' (Aboriginal worker)

'You gauge their state intuitively, using your experience.' (Non-Aboriginal worker)

One worker with a research orientation commented on the importance of research as an investment in increasing knowledge.

Age and developmental issues for measuring social and emotional wellbeing

Respondents mentioned the need to determine age and developmental milestones. There was a perceived need to know what are appropriate milestones for Aboriginal children and if they differ from those presented in documents such as LAC. One non-Aboriginal worker noted that the approach to assessment changed depending on the age of the child, particularly in terms of the parent/child relationship.

'Depends how old they are. With babies you assess the parent/child relationship. One also assessed the parent/child relationship with older children and also the overall way in which the family relates. With infants there is greater reliance on this relationship.' (Non-Aboriginal worker)

Workers (n=4) expressed concern that some very young children or infants were overlooked in service provision, in part due to difficulties in assessing their wellbeing. There was concern that when a service works with parents an assumption can be that the infant is also being seen and attended to, which may not be the case.

'Why aren't babies/infants being referred to the service? Why aren't those children a concern, especially if their older siblings have been referred?' (Aboriginal worker)

It was suggested that one of the reasons for the lack of referrals of young children is that babies do not present with recognisable trauma symptoms. Early intervention is considered crucial as 'the seven year old has already established the pattern of their life'. (Aboriginal worker)

Other workers acknowledged that the younger children might be the focus of services, whereas services can be 'blind' to the needs of teenage siblings also in need of support.

'The 'almost adults' seem to be forgotten.' (Aboriginal worker)

'A 14-year-old can be sleeping rough, not going to school, drifting from home to home, or experiencing violence but their situation doesn't get any attention.' (Non-Aboriginal worker)

The teenage years are seen as an important developmental milestone. Respondents suggested adolescents are harder to place in out-of-home care. They can be seen as 'nearly adults' and therefore more able to self-manage, which may not be the case. Some young people are on the periphery of DHS and other services — where they may not be considered at high enough risk. However, this can be misleading. Six respondents believed there was not enough attention or programs for young teenagers and that they needed more creative forms of intervention and support. There was comment of a presumption or fear that it is too late to provide services to this age group and yet . . .

'You can turn things around — it is never too late. Sometimes a 16-year-old will give up but they need hope to go on.' (Aboriginal worker)

Although young teenagers and infants were suggested as the two cohorts most benefiting from the use of measures or assessment tools, it was almost universally agreed that if measures were developed they should be developed for all age groups, as all children could benefit from greater awareness and assessment.

Cultural background of worker

A successful assessment of a child is largely predicated on the interaction between the child and the worker according to four respondents. Who the workers are, their own background and innate biases will affect their way of working.

'[She] talks to the young person, gets a feel for them, always asks about their families because often she'll know them, and through her community knowledge can often piece the circumstances of the young person. That's the difference between the Aboriginal worker and a non-Aboriginal worker. You have that background.' (Aboriginal worker)

There is added complexity to the task of assessment when the child and worker have different cultural backgrounds. One non-Aboriginal worker stated that it was difficult for workers to fully engage with any client from a different cultural background.

'I am equally out of my depth when it comes to dealing in a culturally sensitive manner with a client from another

culture e.g. Vietnamese people. Unless you share a fair proportion of that culture [it is difficult].' (Non-Aboriginal worker)

Respondents noted that Aboriginal people, especially in urban areas, were expected to be bi-cultural and to fit in and understand mainstream (dominant) ways of communicating and operating. In such an environment the Aboriginal child's cultural differences may be overlooked.

'Sometimes the kids won't talk, so you need to try other ways with them. But their behaviour needs to be understood in a cultural way. For example, sorry cuts can be different than self-harm. 'I'll make you feel sorry for me, because I'm hurting.' (Aboriginal worker)

Non-Aboriginal workers acknowledged there are areas of expertise held by Aboriginal workers that no amount of cultural training can replicate.

'The Aboriginal team are a source of knowledge/analysis that we don't have.' (Non-Aboriginal worker)

'It is always important to consult with the Aboriginal Team — how do I address this problem? It is important to get more than one opinion, recognising there is not one 'Aboriginal answer' or way of doing something.' (Non-Aboriginal worker)

'There is a quality of service that Aboriginal clients can get from an Aboriginal clinician that they don't and can't get from a white clinician.' (Non-Aboriginal worker)

Co-working with Aboriginal colleagues for every Aboriginal client was suggested by one non-Aboriginal clinician who appreciated the unique skills of Aboriginal workers.

'There should be one Aboriginal clinician for every team!' (Non-Aboriginal worker)

Characteristics of assessments and tools

Comments were made about the characteristics of assessment tools or outcome measures already in use. Some comments were about process, such as in relation to this comment about the LAC Framework where the aim is that all children benefit.

'Every kid is meant to be part of process but isn't.' (Aboriginal worker)

A number of workers commented on the ATSI Cultural Support Plan and process.

'DHS make mention of it often but it isn't followed through.' (Non-Aboriginal worker)

'Some parents don't know where they are from so Cultural Plans difficult.' (Aboriginal worker)

'Basically, the cultural plan needs to be 'alive' to be of any use.' (Non-Aboriginal worker)

Within Take Two, workers commented on the Take Two Cultural Connection Assessment Tool. An issue that has implications for any tool or measure is the knowledge needed by the workers in order for it to be effective.

'The ATSI tool is great but if you don't know how to use it properly, then it won't work. You need the skills.' (Non-Aboriginal worker)

Feedback about the TSCC was helpful in forming a view about potential harms of using the measure with Aboriginal children. As a result of this feedback and further discussion in a focus group, an alternate version was used that did not include the sexual concern questions. This was the view of both Aboriginal and non-Aboriginal workers.

'Kids can be defensive on sexual experience especially if the gender of the therapist is not appropriate.' (Non-Aboriginal worker)

Another theme was the greater importance of the worker than the tool or measure. In addition to the worker's particular skills, aspects such as intuition, local knowledge and experience within or with the Aboriginal community were mentioned.

'We are the tool.' (Non-Aboriginal worker)

'Clinician is the tool or the holder of a toolbox.' (Non-Aboriginal worker)

'Feedback from client is another way of measuring change.' (Aboriginal worker)

Indicators of change

Workers in different roles described assessing changes in children's wellbeing in various ways, including through non-verbal clues such as body language, eye contact and tone of voice. Visual clues such as the child's appearance are part of the 'toolbox' for assessment. This is in part due to the perceived inability of children, at least initially, to communicate their feelings, especially those who have suffered trauma.

'They don't have the words to talk about feelings.' (Aboriginal worker)

'Sometimes the young people are too shut down to talk to you. It's another challenge.' (Aboriginal worker)

As their wellbeing improves children may be able to report, through verbal feedback, that they are feeling better about themselves.

'They are talking more, confident, interacting and engaging more with siblings and carers.' (Aboriginal worker)

'The child themselves gives the best indication of where they are at. It is in their attitudes to things, what they reflect upon and express.' (Aboriginal worker)

Although valuing self-reporting, workers suggested assessments need to be corroborated by other significant people in the children's lives.

'They might say they are 'fine' but the people in their world may report otherwise. You can't discount their account of their life, but you need to check in with other services and other parts of their world that it is accurate.' (Non-Aboriginal worker)

Many changes mentioned were concrete and easily measurable, with an emphasis on evaluating behaviours.

'Their behaviour is also a very valuable indicator of how they are.' (Non-Aboriginal worker)

A frequently mentioned (n=9) example of a behaviour to evaluate was increased attendance at school. This was considered a significant indicator of positive change.

'They are happier about going to school, therefore something is now working for them.' (Aboriginal worker)

'He had previously not attended school and was now attending.' (Non-Aboriginal worker)

'Behaviour at school is a good indication of the child's emotional status.' (Non-Aboriginal worker)

'They might move from 'I hate it' to a place where they can admit that they might enjoy something, e.g. school.' (Aboriginal worker)

Improved behaviour at school (n=1), great enjoyment of school (n=1) and better school grades (n=1) were also noted. Other measurable behavioural changes mentioned were decreased swearing; reduced drug and alcohol dependence, including smoking; and reduced aggression.

'He had smoked and had stopped. He had previously fought with people — even at sporting events — and was now not fighting, therefore he was more in control of his feelings, his anger.' (Non-Aboriginal worker)

One worker summed up a myriad of ways in which changes in wellbeing were assessed:

'Changes are picked up in your interaction, how they are functioning.'

How organised they are

How they express themselves in their play

Their mood

Reports from parents/school

Behavioural problems are diminished

Can they now focus at school?

'They'll tell you how they are doing.' (Non-Aboriginal worker)

Time was a significant factor in both the process of change and the process of engagement. That the child could get to know and trust the worker was considered a crucial foundation for the establishment of a good relationship.

'True assessment of how they are doing takes time, at least six weeks.' (Aboriginal worker)

The relationship itself was seen as a critical aspect of wellbeing (n=7). Some respondents (n=6) commented that increased willingness of children to engage with their workers was a major indicator of improved wellbeing. A child whose situation was improving could open up more readily and be more willing to share details of his or her traumatic experiences.

'That in itself is a change, where families can sit and talk...Often families don't talk about the hurtful stuff, we carry it in silence.' (Aboriginal worker)

'Kids have a lot to offer. [A measure] needs to be about listening to the child.' (Non-Aboriginal worker)

In order to more fully engage with children, workers needed to be willing to share aspects of their own lives. Reciprocity of the relationship was described as very important. Children need to feel that workers are interested in them. In time, the child might also feel empathy for and take interest in the worker and his or her wellbeing. They may even thank the worker!

'The relationship you form with them is the first thing, and without that you won't get anything from them.' (Aboriginal worker) *'It takes a lot of trust for them to tell you about their lives. That's another example of change — when they can trust you.'* (Aboriginal worker)

'Kids don't want to talk to a stranger. You definitely need to make it more of a friendship, develop a bond, rapport with them.' (Aboriginal worker)

'[We] had trouble clicking with each other. The third time, she [the client] brought an Elder with her who asked 'where are you from?' and I answered but she asked again, meaning 'where are your parents from? — what country?' Once I had shared that, she was able to share info about the client. You need to share who you are.' (Non-Aboriginal worker)

The time it takes for changes to emerge was noted. Some workers (n=4) acknowledged that the impact of the work might not be fully apparent for years. When therapy or casework involved cultural connection this was seen to have a direct correlation with improved wellbeing, although the benefits were not always immediately apparent. Connecting with extended family and community were examples of cultural work. According to the respondents, children who are 'taken back to country' at the appropriate time, or encouraged to participate in cultural activities, will experience improvements in their wellbeing.

'It is a key change when they are strong in culture.' (Aboriginal worker)

'When the young people are culturally connected they have more confidence in themselves, they learn to believe in themselves.' (Aboriginal worker)

'The worker worked with one child who came from a white environment and was suicidal when he came to her. He gradually participated in the cultural events the family attended to the point where he asked to be painted up. He was sent home when he was ready and now he voluntarily attends school. Her home was a safe environment and one where he could participate culturally.' (Aboriginal worker)

'It is important to listen to their voices to see if cultural work has a beneficial impact on their lives. Short term there might be some negatives in enhancing their connection to culture. It may be traumatic in itself. But

over time they can feel differently, they can 'open up' and therefore feel different.' (Non-Aboriginal worker)

'As the child gets older things can change in regards to their connection to their culture. One girl denied her Aboriginality although her greatest source of connection was her Aboriginal cousin. She was wanting to do further studies but would not apply for an Aboriginal scholarship because she felt like a fraud. However, she attended a KODE school and her insights continued to grow. She is now 20 and she is back at school at the KODE campus and is writing up her life story.' (Non-Aboriginal worker)

Reunification of children with their family was an aim of intervention according to three respondents and in these cases was an indicator that wellbeing of the child and family had improved.

'Home and safe/Change in family dynamic/Reunited and safe.' (Aboriginal worker)

'Building that foundation of cultural connection. Connecting to country, reunification is important.' (Aboriginal worker)

When cultural connections were strengthened the outcome was enhanced self-esteem and greater acceptance of their Aboriginality, including their skin colour.

'The girl started off not identifying as Aboriginal to where she could tell her classmates about her heritage.' (Non-Aboriginal worker)

'A children's art gallery [was] set up on the website. One mother contacted us — the process had a big impact on her 12-year-old daughter when she had one of her drawings posted on the website. Nothing else she had done had been supported or encouraged before. It was a huge boost for her self-esteem, being proud of her Aboriginality, and being a part of the process of Children's Day. That outcome had a significant impact on her and helped her in her capacity to cope with school.' (Non-Aboriginal worker)

'I would notice changes in one girl, e.g. in her discussions about skin colour she moved from not liking herself to being more comfortable with herself. She had a sense of acceptance about her culture.' (Non-Aboriginal worker)

Greater pride in their achievements, more hope, more respect and empathy for others, more trust in others, were mentioned as signifying improved wellbeing. For young people who have been incarcerated, or who are undergoing therapy for anti-social behaviour, a readiness to make amends for crimes or hurting others and a sense of their responsibility indicated enhanced wellbeing:

'[Measuring change by] the steps someone has taken in understanding what they have done, the impact on others, taking responsibility and their readiness to put things right with those they have hurt.' (Aboriginal worker)

'One client was a girl who was self-harming, on drugs, she'd muck up and nick off on weekends, she came to

the worker, he'd come up with strategies to work with her, eventually she asked for help to go to detox, so one change in wellbeing can be when a child acknowledges their problem behaviour.' (Aboriginal worker)

Improved wellbeing was seen as being affected by relational and environmental factors. For example, a young person's wellbeing was unlikely to improve if the significant people around them were experiencing a decline in their wellbeing.

'The child is not an isolated individual — they exist in a context of family, siblings, the key people around them, that's the context they live within. If the key people are declining or disrupted in wellbeing it will adversely impact on the child.' (Non-Aboriginal worker)

'Old-fashioned' indicators, measures of disadvantage are still important — the geographic area of the children, their economic distribution, e.g. poverty is rarely discussed, yet economic indicators are all part of the assessment.' (Non-Aboriginal worker)

Changes were thought of in the context of a continuum of change. Attaining 'perfect' wellbeing was considered an unrealistic goal (n=2). However, any changes in that direction were considered important and worthy of effort.

'You might not achieve wellbeing but are able to work towards it.' (Aboriginal worker)

Practice approaches

Although this project did not aim to analyse the practice approaches and intervention styles of workers, respondents commented on how to work with Aboriginal children. The training and background of the workers was seen as impacting on how they do assessment. The children themselves influence how easily or not they can be assessed. They may display suspicion, mistrust, aggressiveness, compliance or dissociation, or anything in between. How the children present affects how workers approach them (and vice versa) along with the workers' training, life experiences and inclination.

Some respondents (n=5), both Aboriginal and non-Aboriginal, placed great faith in their intuitive skills when it came to assessing children's wellbeing. Likewise, placing great stock in the relationship was considered to be both a practice approach and a valid way of gauging changes in wellbeing. Other practice approaches discussed included: taking time to engage; going at the children's pace; allowing them to dictate types of activities; allowing their story to unfold; not forcing demands in regard to paperwork; and purposely engaging in passive listening.

'If you trust that the people you are working with have the best idea of their own wellbeing, then if you listen to them, you can measure the impact. Children express their needs and wants, what is working for them.' (Non-Aboriginal worker)

Three respondents mentioned the importance of being flexible as to how children might choose to communicate their feelings. An example was with work done with a boy who selected music to match his mood and contained

lyrics that expressed how he was feeling when he could not.

Workers talked about the need to sometimes share aspects of their own lives with children (n=3) in order to build trust. Some workers spoke of fun things they did with children and emphasised the need to give them individual and full attention. They acknowledged children's distrust of yet *'another professional intervening in their lives.'* It was important that the worker communicated in a simple and non-jargon way and that they spoke the language of the young person — *'it might not be pretty'*.

'Aboriginal people have their own language and way of speaking. There is a language barrier...and language can be a barrier for non-Indigenous person because they don't know how to interpret it.' (Aboriginal worker)

Respondents spoke of the importance of avoiding interventions that might cause further harm, such as re-traumatising them about a past event. For example...

'You have the privilege of working with what they will let you be close to. To unpack all of their trauma would be too risky for the client.' (Non-Aboriginal worker)

Interventions, particularly with adolescents, need to be creative and child-focused. A formal approach was likened to a 'kiss of death' (non-Aboriginal worker) and something that the professional may need, but not the child (Aboriginal worker).

'It is important to do it creatively to support them with identity — e.g. the TV Series made in Alice Springs called 'Us Mob'. They need innovative ways of working on cultural connectedness.' (Non-Aboriginal worker)

'It is important to do something that the child likes to do, and then things can come out about that child.' (Aboriginal worker)

Informal ways of interacting included taking the child for a drive, letting them choose music as a way of instigating a conversation about feelings, taking them bowling or going out for a milkshake. While empathy for the child was necessary, one Aboriginal worker made the distinction that the children should not be subjected to 'therapies or interventions that set us up as victims.' (Aboriginal worker)

An Aboriginal worker argued that an organisation might insist on confidentiality protocols; however, the child might wish to have another person such as an Aboriginal worker or family member present. Another worker suggested that non-Aboriginal professionals often tried to control the counselling sessions to the child's detriment.

'Non-Aboriginal workers need to get a sense of facilitating rather than 'controlling' the interventions. They can feel threatened or anxious if they are not in control. They need to acknowledge that the Aboriginal workers and Elders in particular bring a whole rich history with them.' (Aboriginal worker)

Cultural competence

It was noted that it was often not a formal prerequisite for workers to have some awareness of Aboriginal culture

before working with Aboriginal children. According to the respondents, cultural competency training is not mandatory for working with Aboriginal clients in Take Two, DHS or other services. Both Aboriginal and non-Aboriginal workers suggest it should occur across the board:

'Training a whole workforce in cultural competence would be powerful.' (Non-Aboriginal worker)

Cultural competence is a challenging concept to define. Given that in 2007, 17 percent of Take Two clients were Aboriginal it was considered imperative that all Take Two workers should be equipped with a cultural awareness framework. This has since been implemented throughout Take Two. This was mentioned almost without exception by both Aboriginal and non-Aboriginal workers.

'All of Take Two needs to be trained in Cultural Competence and if the clinician is found to be not culturally competent then they shouldn't be allowed to work with Aboriginal clients.' (Non-Aboriginal worker)

Training in cultural competence is not the entire solution, according to the respondents. In particular, it should not replace co-working or consultation with Aboriginal workers, or be seen as a 'one off' exercise:

'If you are a highly trained professional who has done cultural competency training that doesn't mean you are an expert.' (Aboriginal worker)

Challenges in using measures for assessment of Aboriginal children

VACCA and Take Two represent different examples of organisational approaches in using measures for assessing Aboriginal children that may be shared by other organisations. VACCA has a policy of wherever possible employing Aboriginal workers and a developed program of cultural competency training. In terms of formal outcome or other standardised measures this was not an expectation for VACCA workers at the time of this report. LAC and the ATSI Cultural Support Plan are two assessment tools used by VACCA; however, they are not outcome measures. In comparison, in terms of cultural competence, as Take Two is not an Aboriginal community controlled organisation it is not in the same position regarding cultural competence as VACCA, although it has some Aboriginal staff. Outcome measures are mandatory within Take Two, as part of the funding arrangements and in accordance with the research strategy. The tools currently used by Take Two are the SDQ, TSCC (and TSCC—A version), TSCYC and Social Network Map. They also use the Take Two Cultural Connection Assessment Tool, although that was not an outcome measure at the time of this study.

A majority (n=18) of the respondents were not using outcome measures in their work, and there was some reticence or resistance to their use. This included Aboriginal and non-Aboriginal clinicians within and external to Take Two. Some balked at the use of any outcome measure, contending that each child is an individual, is unique and needs to be treated in a way that does not categorise him or her. They argued that measures were an artificial construct and that if the person assessing the outcome was of a different culture then the results would be open to interpretation:

'Aboriginal people tend to be misunderstood more often than most other people.' (Non-Aboriginal worker)

'Measures are a box but kids aren't boxes.' (Aboriginal worker)

Many respondents (n=8) either remarked that existing outcome measures lacked a cultural component or that some measures were culturally inappropriate. The ATSI Cultural Support Plan and Take Two's Cultural Connection Assessment Tool were described as assessment tools, not outcome measures. One worker felt that using measures might further marginalise Aboriginal families or that this type of intervention might distance families from taking primary responsibility for their children. Lack of formal education in some communities about research and outcome measures might impact on how they feel about measures in general.

In contrast, the lack of an outcome measure concerned one worker. No tool meant she had no help in how to 'measure the efficacy of her intervention' (non-Aboriginal worker). By not formally assessing outcomes, workers could avoid the issue of seeming to not instigate change:

'Some families have so many problems that to try and measure any improvements would be discouraging. You need to focus on them day to day, deal with what you can.' (Non-Aboriginal worker)

Warning against developing a 'one size fits all' assessment was explicitly mentioned by three respondents and implied by most others. As well as the children being individuals it was observed that communities were different, and that measures needed to be developed with ongoing input by members of each community:

'For a tool to be developed it must be with an Aboriginal person involved all the time.' (Aboriginal worker)

Aboriginal respondents, in particular, acknowledged the part gender played in their work with children. In particular they stressed that questions of a sexual nature were unacceptable for cultural reasons, when dealing with a child of the opposite gender.

'Gender issues are also often overlooked. Sexuality stuff needs to be done by the appropriate gender. You can't have a man talking to the young woman about sexuality, and a young woman talking to the boys. It's not on. But no one understands that, you are meant to treat them all the same.' (Aboriginal worker)

Assessing attachment

Take Two workers and others working in the mental health field raised concern at the insufficient knowledge regarding attachment for Aboriginal children. A number (n=6) queried whether attachment is the same across culture, particularly when there may be multiple carers, and in the context of Aboriginal child-rearing practices. They noted a lack of information and research about this issue.

'You can pick up if they have attachment problems in how the kids relate in their play and in their drawings. You can see it with their interactions with family. In adults it is the nature of their relationships. I don't do

any formal measures. Don't know if it is different with Aboriginal clients.' (Non-Aboriginal worker)

'Attachment — there may be a different paradigm for Aboriginal children, so you need to be aware and not make false understandings.' (Non-Aboriginal worker)

'One child has a positive relationship with an Aboriginal worker but it's not attachment but it is difficult to convey that without seeming negative.' (Non-Aboriginal worker)

'Attachment needs to be defined differently. We are not sophisticated enough to differentiate that there are cultural differences in attachment. We have our own bias.' (Non-Aboriginal worker)

'[Attachment] can be misinterpreted for Aboriginal children when taken from a Western point of view. Aboriginal society is a collectivist society which means that a child could have many caregivers and the caring of the child can be broader than the parents.' (Aboriginal worker)

One Aboriginal respondent compared the differences in self-expression and affect regulation in Aboriginal children compared with non-Aboriginal children, as:

'Western: individualism encourages to express feelings and openness. Aboriginal: connectedness and restraint in expressing self — particularly in regard to others i.e. respect needs to be shown to Elders. [As a result the] Aboriginal child can be assessed as having avoidant attachment.' (Aboriginal worker)

The key message arising from the interviews about attachment was the delicacy of the assessment process itself and the absence of culturally validated ways of assessing this for Aboriginal children.

Assessing trauma

'There are layers of trauma and the child needs to be seen in that context. Non-Indigenous client might have more factors of resilience around them, due to the Aboriginal client's multiple traumas.' (Non-Aboriginal worker)

Trauma is considered difficult to evaluate in terms of the amount of trauma; its multigenerational presence; and its ongoing nature for many of the children.

'It is difficult to actually measure the levels of trauma.' (Non-Aboriginal worker)

'We see abuse and neglect but we need to understand the level of trauma in the community and how every member of the community carries that level of trauma — it can be overwhelming. We don't understand enough about that and we need to learn from it.' (Non-Aboriginal worker)

'I haven't formally measured trauma impacts. Trauma and past hurts, feelings and the meaning attributed to past events is often talked about and we work through strategies so that the trauma doesn't take over the person.' (Aboriginal worker)

'Often they are unresolved and continuously built upon when children are left in certain situations or placed back within them without adequate healing and support.' (Aboriginal worker)

Another comment made about trauma is the potential for unintended additional trauma that can occur by intervening in the lives of children, especially if not culturally informed or if not an Aboriginal person.

'There is also the trauma of our — the services — involvement and what that means to the family. Are you saviours or invaders?' (Non-Aboriginal worker)

'Aboriginal clients can teach us about trauma.' (Non-Aboriginal worker)

Suggestions for improvement

Some respondents made suggestions for how the overall system and how assessment in general could be enhanced.

Organisational policies

Organisational policies were sometimes seen as a barrier to genuine engagement with children. Examples were given around how to provide personal contact, touch and nurturing if that was not perceived to be the worker's role.

'Culture comes first, and culturally ways of doing things... They need cuddles and stories.' (Aboriginal worker)

Another strong suggestion regarding organisational policy was the need for cultural competence training and a cultural framework.

Cultural work

The provision of cultural work was cited as being of paramount importance by the majority of both Aboriginal and non-Aboriginal respondents (n=18), although one worker emphasised that, as a non-Aboriginal worker, she could only facilitate links to culture, rather than provide cultural content.

'There is a gap in the cultural work that is done with the child. There needs to be more celebration of Aboriginal achievement.' (Non-Aboriginal worker)

'Spirituality needs to be more recognised, even with some Indigenous workers. There is a lack of grass roots cultural knowledge sometimes.' (Aboriginal worker)

Cultural work is particularly important if the child has experienced a loss of culture due to removal and/or placement in a non-Aboriginal family:

'Some of the children have limited knowledge of their own culture. E.g. they will see the Aboriginal flag and say 'that's the Health Centre flag' as that is their experience of it.' (Non-Aboriginal worker)

Summary

The interviews verified the complexity of assessing social and emotional wellbeing for Aboriginal children. Respondents spoke of the challenges in assessing wellbeing. Both the idea of measurement was thought

problematic as well as the *methodology* of measurement. The respondents assessed wellbeing in a myriad of ways, mostly through intuition and experience; influence by their background and by the presentation of the child. In the process of developing outcome measures they emphasised the critical importance of getting the framework right first. This means a step back from simply developing tools. Any tool that is developed needs to be considered against a cultural framework for suitability.

Cultural competency training for all those working with Aboriginal children was seen as crucial. Enhancing their engagement with children is a key area in improving outcomes. Respondents felt that infants and teenagers were overlooked by different programs, as far as practice

and assessment approaches were concerned. They also stressed that cultural work has a beneficial effect on the child's wellbeing and needs to be a central focus — not a 'tack on'. The level of cultural connection was an indication of wellbeing and therefore needs to be evaluated. Non-Aboriginal workers can be fearful of 'not doing the right thing' in regards to facilitating culture, and there can be bewilderment about where to start, therefore workers need clear guidance and support.

Some practical suggestions arose which fuelled further ideas regarding adaptation of approaches and development of new ideas. These formed a large part of the agenda for the focus groups which are discussed in the next chapter.

Chapter 7: What we learnt from focus groups and other consultations

Overview

Three focus groups occurred for this project on assessment of Aboriginal children's social and emotional wellbeing. The focus groups were primarily used to (a) discuss and build on the thematic analysis arising from the interviews; and (b) to discuss the implications of the analysis of specific measures for the two participating service delivery organisations.

The first focus group consisted of members of the Project Reference Group. Its purpose was to interpret and validate the interpretations of the data from the interviews.

The second focus group, held on the same day as the first, was combined with a Yarning Circle (Aboriginal Research Circle) and had some participants in common with the first focus group. This focus group gathered opinions on assessment tools and outcome measures, most of which were being used or considered for use by Take Two and may or may not have been useful for VACCA. These included the Take Two Cultural Connection Assessment Tool, SDQ, modified SDQ—WA, TSCC, TSCC—A, Social Network Map, WASC—Y tool, and the draft Behaviour Change measure developed throughout this project.

A third focus group was held a couple of months later. It discussed the Sense of Culture Yarn and the draft Cultural Yarn (Harrison, in draft). There was also discussion of the development of the Aboriginal children's cultural needs diagram, known as the Conceptual Map.

Participants of each focus group were from all three participating organisations — La Trobe University, Take Two and VACCA, although others had been invited. Participants were Aboriginal and non-Aboriginal; and from research, management and practice roles. As participants were from the partnering organisations, there was opportunity to follow up ideas outside the meetings. Relevant results from these conversations are also included.

Qualitative analysis and validation of themes from interviews (first focus group)

A major component of the first focus group was sifting through a random sample of over half the de-identified interviews and canvassing code words and common themes. This exercise finetuned the coding process which was later conducted in more detail for all interviews by the research team. There was preliminary discussion of some emerging themes. These included reflections on the NACCHO endorsed definition of health; the range of contexts for the different organisations; and a focus on the 'not one size fits all' theme that was either stated explicitly or implied in the interviews.

Feedback was provided to each participating organisation regarding the focus groups and interviewee's perspectives on the use of the tools and approaches in their context. Discussion in this chapter is focused primarily on future implications for the participating and other organisations and the broader field.

Discussion of measures and tools (second and third focus groups)

Take Two Cultural Connection Assessment Tool

Significant discussion occurred in the second focus group regarding the background and application of the Take Two Cultural Connection Assessment Tool. These discussions confirmed its utility within the Take Two program but the value of making some modifications so that it could demonstrate change over time and be more able to be used for data gathering, as well as for clinical guidance. Tools such as this have broader implications as they reinforce for non-Aboriginal workers that they cannot interpret information they gather about Aboriginal children without consultation with members of the Aboriginal community.

Westerman Aboriginal Symptom Checklist-Youth

The second focus group discussed the WASC—Y measure designed by Tracy Westerman. Issues discussed included the design of the tool; differences between Aboriginal communities in Western Australia compared to Victoria; differences in target client group populations; use of language; cost and accessibility of training; cost of tool; and the type of information available through the tool.

The WASC—Y tool was seen to cover aspects similar to the LAC framework, exploring some in more detail. For example, LAC includes domains about identity but does not have a lot of information on how to assess identity. The WASC—Y was considered a very helpful way of potentially informing this aspect of assessment.

The self-report nature of the WASC—Y was considered a positive as it is important to directly hear Aboriginal young people's voices. However, it was acknowledged that as a solely self-report measure there is no scope to compare the young person's views with the views of others, such as carers, parents and teachers. As with all tools it was agreed that the usefulness of WASC—Y is dependent on the understanding and training of the workers in both the application and underlying concepts of the tool.

One subject of considerable discussion was that the WASC—Y was developed for Western Australian Aboriginal communities. At the time of writing, it had not been piloted in Victoria. There was some uncertainty as to the applicability for urban and rural Aboriginal people in Victoria compared with Aboriginal people living in remote areas. For example, spirituality issues may be different, such as in regard to connectedness to land. It was noted that many Aboriginal people within Victoria have experienced intergenerational loss of connection to their land and their traditional communities, which is not always open for repair or reconnection. Similarly, many Victorian Aboriginal people have minimal access to their traditional language. This was considered not so much a potential risk for most Victorian Aboriginal people as a reality already having a detrimental impact on their wellbeing.

Visually the WASC—Y tool is colourful with Aboriginal designs and more attractive than most other measures explored in the study. Its easy-to-understand language was also appreciated. There was also discussion as to whether

there were more applicable symbols for the Victorian population than the hands and dots used in the tool.

Local differences aside, the approach and the nature of the questions appeared promising and an exemplar of how to approach the development of a measure for use with Aboriginal people. There was a positive acknowledgement of the value of having tools such as this developed by Aboriginal professionals and the quality of the training provided by Tracy Westerman.

Communication with Dr Westerman was helpful in clarifying these and other issues including the possibility of her making changes in order for the tool to more directly fit with the Victorian context in consultation with local leaders in the community. The focus group was positive and encouraged about the development of a high quality assessment tool by an Aboriginal psychologist. It was believed that the WASC—Y tool had great potential and was practical and easy to use. It also provided a model for how such a tool could be developed to respond to the needs of specific Aboriginal communities. There was a sense of ‘wait and see’ in terms of the future development of the tool and the potential opportunities for the organisations to use it in the future.

Behaviour Change measure

In the second focus group and at subsequent Project Reference Group meetings, the Aboriginal Research Officer presented a series of drafts on the Behaviour Change measure. This was initially derived as a result of the interview process where a number of indicators of change were identified.

The focus group agreed with the domains in this tool, such as school attendance, running away, self-harm, substance abuse and the child’s sense of Aboriginal identity. There was discussion regarding what could make the measure more practical. For example, it was agreed that the measure would need to describe the child’s current situation before asking whether or not change had occurred. These adaptations are in the process of being made. The focus group also discussed the ordering of the questions so that the topics would graduate in seriousness rather than being overwhelming at the beginning or the end. The idea of this measure was welcomed, although further work is required. This measure is discussed in the following chapter.

Trauma Symptom Checklist for Children (TSCC) and Trauma Symptom Checklist — Alternate version (TSCC—A)

The second focus group held discussions regarding the TSCC for children who have been traumatised. As mentioned in the interviews, the major concern raised about the TSCC was the set of questions regarding sexual concerns. This scale included questions pertaining to whether or not the child is preoccupied with sex or distressed by the concepts. It is not a measure of whether or not the child has been sexually abused.

There was concern that these sexual concern questions could be culturally inappropriate for use with some Aboriginal children, especially when the worker is a different gender to the child. In contrast there was concern

that not including these questions could inadvertently avoid addressing any concerns in this area. This was raised in the context that the Take Two evaluation (Frederico, Jackson, & Black, 2006) found that sexual concerns were in the clinical range more frequently than other scales for the overall Take Two client population, although this was not specific to Aboriginal children.

As a result of these discussions it was agreed that Take Two would use the adapted version of the TSCC for Aboriginal children, especially when the clinician was a different gender to the child. As stated in Chapter 5, this alternate version, referred to as TSCC—A, was developed by Briere (1996) for when the sexual concern questions are not considered appropriate, such as for cultural reasons. A decision was made that the TSCC—A will also be made available for use for non-Aboriginal children when considered appropriate.

Strengths and Difficulties Questionnaire (SDQ—WA) — WAACHS version

The second focus group compared the mainstream SDQ with the version developed for the WAACHS study. The capacity to gather different perspectives (young people, carers, parents and teachers) about each child’s strengths and difficulties was considered a strength of the SDQ. The inclusion of questions regarding the children’s strengths fits with the Aboriginal perspective of a strengths-based approach. The modified version of the SDQ for the WAACHS study occurred with the developer’s (Robert Goodman) consent. It was based on earlier research that concluded some questions were phrased in a way that did not suit Aboriginal children, especially in remote areas.

Although not concluding whether or not the modified version was appropriate for use with Aboriginal children in Victoria, the focus group decided that the changes were not significantly different to warrant not using the mainstream version used in CAMHS and Take Two.

Social Network Map

The second focus group discussed the Social Network Map (Whittaker & Tracy, 1990). It was emphasised that this is not a question and answer tool, rather a story telling exercise that helps identify the people who feature in a child’s life. The Social Network Map is not meant to give a fully accurate picture of who is in the family, but the children’s perception of their important relationships.

As part of this project, the Aboriginal Research Officer suggested an additional question regarding whether or not the people listed shared the same culture with the child. This has been added as an additional column in the grid, for the purposes of piloting this approach and the authors (James Whittaker and Elizabeth Tracy) were informed. The item added is as follows: ‘The person’s cultural background.’ The possible responses are ‘Same as me’, ‘Different from me’, ‘Don’t know’. The aim of adding this item is to determine how many people the child considers are important in his or her network who share the same culture as the child. This is considered a potentially useful addition for all children, especially Aboriginal children and those from other minority cultural

backgrounds. It was considered that it would help identify opportunities for cultural connectedness as well as gaps in such relationships.

Other possible changes made to the Social Network Map have been suggested by the Take Two Aboriginal team. For example, the addition of 'community' as a possible area of life and some culturally appropriate pictures, such as the Aboriginal flag, to be added to the design to make it more child-friendly and culturally connected.

Goal Attainment Scaling

As a result of the interviews noting the importance of the individual, the third focus group explored Goal Attainment Scaling as a means of providing a more individualised approach to assessing change and outcomes (Smith, 1994). It meets the criteria for an outcome measure that is not a 'one size fits all', and can be designed to fit any type of goal the child, family, carer and worker consider important.

It was discussed that Goal Attainment Scaling might be useful as part of a suite of tools, as it can be adjusted to fit all programs. It focuses the worker and client on action goals. It can be assessed and therefore is beneficial in helping to provide evidence of the efficacy of interventions/ programs.

Sense of Culture Yarn

The Aboriginal Research Officer became aware of the Sense of Culture Yarn (Westerman, 2001) through attendance at a workshop run by Tracy Westerman near the end of 2007 and, as such, the tool was not discussed until the third focus group. There was appreciation of the Sense of Culture Yarn's simplicity yet directness in dealing with Aboriginal young people's perception of their cultural identity. There was a view that some of the Sense of Culture Yarn's language and concepts would be unfamiliar to a number of Victorian Aboriginal children, given the likelihood of greater disconnection from their community as well as from their Aboriginal identity. Examples included the questions regarding traditional language and food. Nevertheless, there was genuine interest in the overlap of focus from this measure and the planned approach by this project regarding determining Aboriginal children's cultural identity and connection.

Cultural Yarn

The Aboriginal Research Officer developed the draft Cultural Yarn (Harrison, in draft) as part of this project and informed by a number of influences including a qualitative document analysis of the Sense of Culture Yarn and the Cultural Connection Assessment Tool, interviews, her own observations, development of the Behaviour Change measure and another evaluation tool for a different project. The Cultural Yarn was developed to best meet the criteria of cultural connection for use by the two participating organisations in the Victorian context.

The Aboriginal Research Officer presented the draft Cultural Yarn at a Project Reference Group and the third focus group, as well as through informal discussions with workers at VACCA and Take Two (n=11), most of whom

were Aboriginal (n=9). The focus group spent considerable time discussing this draft tool and the process of piloting it within the two services. Changes were made as a result of this feedback.

The response to the Cultural Yarn was consistently favourable in these discussions with suggestions regarding wording and some suggestions of additional domains that might allow us to understand how children might connect with their Aboriginal heritage. For example, additional questions from the focus group included asking young people whether they listened to or participated in Aboriginal music and the young person's usage of Aboriginal websites.

The focus group discussed the need for the tool to go beyond a baseline assessment of the child's current level of cultural connection and incorporate whether they were interested in increasing their participation in cultural activities or expressions. This would allow the tool to be used as a guide for practice with Aboriginal young people. For example, if they indicated they were interested in learning more language this could be incorporated in their case plan or therapeutic intervention plan.

The Project Reference Group considered that the Cultural Yarn tool would be best filled out by the worker rather than a self-report tool. It would be used as an engagement tool enhancing the relationship of worker and the child. The look of the tool would need to be designed to be youth friendly, as the young people may want a copy. However, it was seen more as a semi-structured design that would be completed via a conversation through a narrative approach, rather than a structured measure.

It was decided that the measure should be initially piloted by only Aboriginal workers in the two organisations. This would support the pilot to be culturally informed and the content would be informed by the Aboriginal workers' feedback. This would in turn inform the practice guidelines and training requirements for future use by non-Aboriginal workers. After the pilot, depending on the results, the tool might then be appropriate for use by other workers after they have received sufficient and suitable training in the measure and in cultural competence.

Following the focus group, there was a discussion with Dell Horey (Institute of Primary Care, La Trobe University) on development and piloting of the tool leading to further adjustments. A number of programs within VACCA have expressed interest in trialling the Cultural Yarn as has the Take Two Aboriginal team. The focus group believed the Cultural Yarn had the potential to inform existing assessment frameworks, such as LAC's identity section. It was decided that training should occur as part of the pilot. For example, there needs to be sensitivity around how the questions are asked as they might trigger shameful feelings.

Using action research, the Cultural Yarn and the prompts will be continuously revised in line with feedback from workers and the young people themselves as to the relevancy of the questions and wording and suggestions for change.

Aboriginal child's cultural needs framework (third focus group)

Developing throughout the project has been a series of drawings and discussions by the Aboriginal Research Officer with members of the Project Reference Group and other informants about how to best describe what Aboriginal children need in terms of cultural connection. At a couple of Project Reference Group meetings and at the third focus group, there was discussion regarding a draft diagram (Diagram 3 in Chapter 8).

The diagram went through different iterations, beginning as a pyramid based on Maslow's Hierarchy of Needs (1943). However, the focus group discussed whether there was a constant hierarchy of need or whether the priorities of need for connection would vary by child and situation. The current version portrays a more dynamic sense of cultural connection, where all the elements are important and the order of importance is not pre-determined.

This portrayal of different aspects of Aboriginal children's cultural needs initially included cultural history; cultural expression; cultural identity; country; and family, extended family and clan. Discussion within the focus group added cultural values and cultural practices, such as parenting practices. Although this diagram was initially developed following an informal interview with a non-Aboriginal worker who spoke about not knowing what cultural connection looked like, the focus group discussed the utility of this diagram to inform discussions and framework development across both Aboriginal and non-Aboriginal workers and organisations. It was also subsequently used to help define the domains within the Cultural Yarn.

Summary

The focus groups undertook a qualitative validation of the interpretation of findings and explored cultural and practitioner responses to assessment approaches and outcome measures. The focus groups have been an important process for workshopping key themes and concepts. These have been robust and respectful conversations that contributed to distilling the implications for each of the contexts of VACCA and Take Two and for the broader field.

Chapter 8: Bringing it together

Overview

This chapter discusses findings relating to understanding and assessing the social and emotional wellbeing of Aboriginal children that emerged in analysis of the literature; the qualitative review of outcome measures and assessment processes; the interviews; and the focus groups. Following each of the findings we discuss the implications for the participant organisations and for the broader service system. We also look at the broader policy implications and areas for potential research in the future.

Key findings and their implications

- 1) A major finding from the literature review was the minimal literature regarding Aboriginal children's social and emotional wellbeing. What has been written highlights the importance of a holistic, strengths-based model that does not rely on a 'one size fits all' approach and emphasises cultural identity and connection as a core aspect of social and emotional wellbeing. This has implications for informing the development of an overall framework and the need for further research to contribute to developing resources regarding this area of Aboriginal health and wellbeing.
- 2) The interviews and focus groups identified the importance of embedding an understanding and assessment of Aboriginal children's social and emotional wellbeing into a framework, rather than creating a list of measures or approaches. This framework will be informed by other frameworks already influencing policy and practice. This project did not recommend a specific framework but rather discussed possible principles and a conceptual map that in turn informed the development of draft tools, such as the Cultural Yarn for piloting in the future (Harrison, in draft).
- 3) A clear theme arising from this study was the importance of organisational and worker cultural competence. Regardless of which outcome or assessment approach is used, the cultural awareness and respectful practice of the worker, supported by the organisation, are considered critical to positive outcomes for Aboriginal children. Implications regarding how these could be supported in both Aboriginal and non-Aboriginal organisations are considered such as training, partnerships between Aboriginal and non-Aboriginal organisations, employment of Aboriginal workers and developing a conceptual framework to assist workers understand Aboriginal children's need for cultural connection.
- 4) The concept of outcome measures in general was discussed including a reflection on different types of knowledge. Implications of using or not using outcome measures, especially as they pertain to Aboriginal children were discussed.
- 5) No outcome measures and assessment approaches in

use or explored as part of this study were identified as meeting all the needs and requirements of the participant organisations. As the title of this report suggests, meeting every need is not a realistic expectation of any measure. There were, however, a small number of Aboriginal specific tools and approaches that were of interest, especially if adapted to the Victorian context or adapted so they can demonstrate change over time. Based on this qualitative analysis of existing measures, attributes for new culturally informed outcome measures were also discussed.

- 6) Aboriginal and non-Aboriginal workers commented on observable indicators they look for in determining whether the Aboriginal child's social and emotional wellbeing has improved. A draft measure known as the Behavioural Change Measure was drafted.
- 7) Current gaps in how to assess important aspects of Aboriginal children's social and emotional wellbeing were identified, particularly spirituality and cultural connection. An approach to assessing cultural connection (Cultural Yarn) was drafted with a process for further development and piloting being considered.
- 8) Practice issues that can inhibit or enhance Aboriginal children's social and emotional wellbeing were explored with suggestions for how practice can be strengthened. There was a focus on how to engage Aboriginal children and strengthen their cultural connection.
- 9) The partnership underlying this study, involving Aboriginal and non-Aboriginal and academic and service delivery organisations, added value to each participating organisation as well as to the quality and applicability of this study. Implications include the utility of this type of partnership for other projects.

1) What does the literature tell us about Aboriginal social and emotional wellbeing?

Findings

The most striking finding of the literature review was the extent of the gaps in the literature regarding Aboriginal children. There was minimal research into Aboriginal children in general; their social and emotional wellbeing; Aboriginal children in out-of-home care; the connection between out-of-home care and social and emotional wellbeing; spirituality; exploring of attachment for Aboriginal children; or the child's point of view. Particularly relevant for this study was the limited attention on how to assess Aboriginal children's social and emotional wellbeing.

A related finding is the emphasis in the Aboriginal community on disseminating knowledge through oral communication, yet the emphasis in mainstream and academic contexts on written communication. Every Aboriginal worker interviewed knew the concept of social and emotional wellbeing and some of its core elements; e.g. holistic, strengths-based and connection to culture, despite the lack of written information.

What was evident is that social and emotional wellbeing is a relevant and culturally acceptable concept for Aboriginal children. Conversely, mental health is considered too narrow a concept and often has inappropriately negative connotations. Although this is not exclusive to writings about Aboriginal people, this is where a critique of mental health is championed, particularly in contrast to the Western emphasis on mental health and mental illness. This is not to say that mental health is not an element of social and emotional wellbeing, but is a narrowly defined one that taken out of context can be misleading and uninformed.

There was no consensus found on the definition of social and emotional wellbeing. Definitions range from a positive affirmation of connection to country through to mental health and mental illness (Edmonson, 2006). Some areas of agreement include the emphasis on the holistic and strengths-based stance, where physical, emotional, mental, spiritual, educational, social and cultural health is entwined and interdependent. Connection is another core concept, whether it is connection to others, to culture, to land, to community or some or all of the above. Words such as connection, belonging, interdependence and relationships have an overlay of meaning and emphasis when discussing Aboriginal people's social and emotional wellbeing.

The definition of health endorsed by NACCHO (NAHS, 1989) highlights social and emotional wellbeing. This definition was considered applicable to Aboriginal children by all those interviewed, although some believed additional wording pertaining to children would be helpful. Spirituality was also mentioned as missing by some.

Only a small number of research projects were found that have established frameworks or developed assessment and outcome measures for Aboriginal children and their social and emotional wellbeing. These studies, such as the WAACHS (Blair, Zubrick, & Cox, 2005; Zubrick, et al., 2006), have the capacity to contribute significantly to the field.

All of the studies reviewed regarding the wellbeing of Aboriginal children comment on the significantly higher risk for Aboriginal children, such as poverty, physical health, emotional and behavioural difficulties, racism and intergenerational and current trauma. Aboriginal children are over-represented in tertiary services such as child protection and youth justice and under-represented in universal services such as maternal and child health and pre-schools.

A major theme from the literature review and supported by the interviews and focus groups was that a 'one size fits all' approach is not appropriate for children in general. This is even less so for Aboriginal children where the realities of cultural history, cultural identity and cultural safety add multiple complexities to understanding their needs and wellbeing.

Implications

The literature review drew attention to the importance of projects such as this study to contribute to the oral and

written dissemination of knowledge about Aboriginal children's social and emotional wellbeing.

An implication of the dearth of literature has been the need to initiate and support future research. Implications for research regarding Aboriginal children's connection to culture as a core aspect of their social and emotional wellbeing are discussed later in this chapter. The CRCIAH has commissioned literature reviews on spirituality and on social and emotional wellbeing which will add value to further research.

The literature review reinforced the imperative that any policy, program, research or practice development relating to Aboriginal people must involve Aboriginal perspectives in design as well as implementation. This is not about being 'politically correct' or giving 'lip service' to cultural respect, but is the only way to undertake a legitimate and valid approach. The literature review, interviews and focus groups found there is no 'one' Aboriginal perspective, just as there is no 'one' Western perspective. The literature also points to the need to hear directly from Aboriginal children.

There were arguments in the literature that assessments of Aboriginal children must be inclusive of all aspects of their life, rather than confined to a traditional mental health or risk assessment. Assessments need to pro-actively explore areas that are not identified as problems as well as areas of vulnerability, thereby being strengths-based rather than problem saturated. The NACCHO endorsed definition of health (NAHS, 1989) has authority when applied to delivering services to Aboriginal people and so has implications for how we work with children. Although it is not our role to alter this definition for health, understanding how it applies to Aboriginal children is important even though it does not specify children.

A major implication from these findings is that workers, managers, policy makers and researchers should not assume a shared understanding of words such as connection and social and emotional wellbeing. Differences are likely to be between Aboriginal and non-Aboriginal workers but can also occur within and between organisations and within cultural groups. One of the implications for practice is that when non-Aboriginal workers are assessing Aboriginal children, they need to access cultural consultation.

2) The need for frameworks for assessment and measuring outcomes

Findings

The literature review, interviews and focus groups all led to the conclusion that frameworks were an essential step in working more effectively with Aboriginal children. This was consistent with the view that a 'one size fits all' approach is not appropriate or helpful. Developing a framework is a key strategy to guard against a default 'let's simplify everything' position.

Another key finding supporting the need to develop a framework is the acknowledgement of different types of knowledge and that some wisdom can be measured

whereas other wisdom cannot. The emphasis in most Western culture on scientific knowledge is in contrast to the emphasis found in Aboriginal culture on holistic and relational knowledge. These do not have to be contradictory but that is nevertheless often how they appear.

Through observations, interviews, discussions and anecdotal evidence, it was noted that some non-Aboriginal workers were uncertain or lacked confidence in engaging with Aboriginal children, their families and communities. It was apparent that outcome measures in themselves would not improve Aboriginal children's wellbeing.

Implications

The lack of literature and research in this area as well as the different organisational contexts made it not possible to recommend a framework that applies to both Take Two and VACCA or other organisations at this time. Instead, some principles were discussed that could inform such a framework. As the research base and literature builds, there may be further opportunity to develop a broader framework that could apply to a range of Aboriginal and non-Aboriginal organisations. In the interim, a recommendation for the participant services and others interested is that each uses their internal processes to discuss these principles and adapts and embeds any framework within its own organisational context.

Although outcome measures have specific uses, it is critical to get the framework right first. This means that any measure or approach that is developed needs to be assessed against the framework for suitability. To be a framework and not just a list of measures there must be some key elements, which may include the following:

- A set of guiding principles.
- Reference to other frameworks that will influence it and be influenced by it.
- Implications for the workforce, such as recruitment, supervision, training and access to consultation.
- The potential to influence policy, program development, practice and research.

Based on the findings from this study, the principles of such a framework could include the following:

- Be inclusive of areas such as cultural connection and identity in the definition of social and emotional wellbeing.
- The desired outcomes to be evaluated must have value for the child and community.
- The measure or approach should be informed by contemporary Aboriginal community attitudes to culture, acknowledging that culture is not static but fluid and evolving.
- The measure or approach requires input and permission of members of the local Aboriginal community.
- The development of any measure or approach needs ongoing input from the Aboriginal community either solely by an Aboriginal organisation or in a respectful partnership. It needs to be a 'living'

document and where possible needs to be delivered by an Aboriginal person or service.

- Children can tell us directly how they are faring. We need to hear their voice as well as others.
- It is helpful to have others who are significant to the child tell us their perspectives. Multiple perspectives can create a more well-rounded and accurate picture. Differences in perspective do not mean one is right and one is wrong. All family members and other significant people in the child's life need to be included in the assessment process.
- Assessments and their implications need to be fed back to the child and his/her family to support the child and the family to participate in goal setting.
- Assessments can do harm to the child, such as if he or she is feeling judged.
- Children from different age groups, such as infants and teenagers, can be overlooked by certain approaches and in different types of service delivery. This highlights the need for a developmental perspective of any assessment approach or outcome measure.
- A sense of hope needs to be built into the measures and approaches. This dovetails with a strengths-based assessment being most applicable.
- Outcome measures must be sensitive to identify change. For example, if behaviour is being assessed, then the occurrence, frequency, or severity of the behaviour can be assessed. Criteria for outcome measures include:
 - Specific to the desired outcomes targeted
 - Sensitive to detecting change
 - Reliable — consistently measuring the same thing over time
 - Valid — measuring what we think we are measuring
 - Relevant
 - Practical and easy to use and understand
 - Have standard guidelines for how it is administered to support consistency.
- Consider the use of language, such as simple language without jargon; not too many questions; no esoteric questions; be non-invasive; be informal when possible; use mainly open-ended questions; allow the process to unfold; not a checklist; and if possible have a visual or narrative approach.
- The measures need to engage the workers, so that they do not feel complicit in using inappropriate approaches with their clients.

Given the finding that most workers (Aboriginal and non-Aboriginal) were wary of more structured, formal measures this poses a dilemma for researchers. Do we not use such measures; only use them in certain situations; be more culturally informed in how to use them; and/or better explain to others what is gained by their use?

Aboriginal children's need for cultural connection – what does it mean and how can it be strengthened?

A finding of the project was the major gap in assessment tools about cultural connections for Aboriginal children and how it impacts on their wellbeing. This is in the context of the Aboriginal Child Placement Principle, which has been legislated in Victoria. This legislation is based on the need for Aboriginal children to have such connections, preferably within an Aboriginal placement. The literature review and interviews emphasised culture as a strong factor to enhance wellbeing, without usually describing what cultural work might be. One of the implications of this was the need to find a way to unpack what Aboriginal workers mean when they refer to culture. There is considered to be a lack of understanding about Aboriginal culture in Australia, and a fear for many non-Aboriginal workers of 'doing the wrong thing' or a confusion about where to start. Strengthening Aboriginal children's connection to their culture requires a degree of cultural competence. The desire to 'do no harm' may immobilise workers. A lack of awareness of the possibility of doing harm is an even greater risk.

The Conceptual Map was developed by the Aboriginal Research Officer in the early stages of the project and has been further informed by the literature review, the interviews and feedback from the Project Reference Group and focus groups. The conceptual map began as a pyramid based on Maslow's Hierarchy of Needs (1943). It was later decided that a hierarchical approach was inappropriate and that all the elements were important with the order of importance not pre-determined.

The Conceptual Map in Diagram 3 portrays different aspects of cultural connections that could enhance a young Aboriginal person's sense of identity and wellbeing.



Diagram 3: Conceptual Map: Aboriginal Children's Cultural Needs

The diagram is not a formula or recipe for approaching cultural connection, but rather a way of thinking about what cultural work could be undertaken. The Conceptual Map is relevant for the Victorian context, where traditional culture has in some places been lost and in other areas evolved.

Cultural understanding and related work has many facets. The Conceptual Map domains can be thought of as:

- Who you are (personal identity)
- Who you belong to (family, community)
- Where you belong (country)
- What you do (participation, expression)
- Where you come from (family history, Aboriginal history)
- What you believe (values, beliefs and practices)

Every child needs guidance through the map of their personal identity, in order to feel safe in their skin and good about who they are. Minister Lisa Neville (2008) said, 'Culture is subtle, but forceful.' In order to support Aboriginal children's cultural needs, we need to understand those subtleties that allow that powerful force to 'grow up' the child.

Following is an outline of each element represented in the Conceptual Map, as they relate to Aboriginal children's need for cultural connection. It also shows how each of these elements overlaps with each other.

Personal identity – who you are

Identity is a jigsaw puzzle with many pieces. The search for one's identity is also part of one's life journey, a journey that becomes more pressing to undertake and understand as one gets older. Adolescence, in particular, is a time when young people question their identity.

A person's cultural identity is an important part of their personal identity. Although most children in the out-of-home care system may be confused about their identity due to separation from family, the risk of being confused about who they are may be even greater for Aboriginal children. For example, they may not know that they are Aboriginal, or that being Aboriginal is something to be proud of and strong in. Children may hate the way they look or the colour of their skin. They need more positive self-images and to feel good about their Aboriginality. If they are not connected to the Aboriginal community, then their understanding of 'being' Aboriginal may be more associated with negative media imagery which may detrimentally influence their view of themselves and other Aboriginal people. As one worker stated 'some Aboriginal people need to be supported around their own racism.' Perhaps the one Aboriginal person in their life may have been the person who harmed or neglected them, so they may be fearful of all Aboriginal people, without the balance of having been exposed to other, more positive Aboriginal role models.

Another crucial aspect of their personal identity is knowing their family name, especially for children who have been

fostered or adopted. A three-year-old may not care what their family name is; an eighteen-year-old might care greatly. If the child's parents or grandparents were members of the Stolen Generations, they may have limited knowledge of their family of origin and may not know their family's name. The name they bear might have associations with the 'oppressor'. For the older child or adolescent 'reclaiming' their identity, through identifying with their Aboriginal family name, may be an important step in their journey towards wholeness.

Aboriginal workers use the child's biological family name to inform their intervention. Workers have stressed that this information alone can help them understand the context of the child's life, as they will usually have an advantage in knowing the family history through knowing the family name.

Extended family, clan and community – who you belong to

The Aboriginal community places great significance on who the family is and the family lines and connections, so children, at some stage of their development, need to have this information. Likewise, many Aboriginal children and adults may not know who their clan or language group is, due to the effects of colonisation, removal and assimilation. It is considered deeply beneficial to have access to this information to enable them to connect now, or in the future, with their communities. For children in out-of-home care, links to their extended family may be tenuous. Their sense of who they belong to and who they are like or different from can be absent or confused. They may be geographically distant from their Aboriginal community, as many children in the out-of-home care system are; and if so a relative living in their current geographical area may fulfil a proxy role in their lives.

Workers need to think broadly about 'who' the members of the extended family are. An Aboriginal family may not 'look' like a nuclear family and supposedly distant (by some Western cultures) relatives can play a significant role in a child's upbringing. For example, aunts and uncles can act like second mothers and fathers, and cousins can be like brothers and sisters. Categories such as 'second' and 'third' cousins and concepts like 'step' brother or 'half' sister can be meaningless in an Aboriginal family. Attachment can look different for Aboriginal people (Yeo, 2003). Knowing where the child fits in the family can be a significant piece of the puzzle of his or her identity.

Aboriginal children need to spend time with members of their family and community and to get to know their Elders. Aboriginal friends can help buffer the effects of racism, while the presence of mentors and role models and at least one adult who 'puts the child first' are significant factors in developing resilience in children.

Country – where you belong

Aboriginal people have a deep spiritual connection with the land and all aspects of their environment – all living things. Yearning for 'country' is part of a profound spiritual connection for Aboriginal people that cannot be 'translated'

for non-Aboriginal people. One way of understanding this longing for country is thinking about attachment to significant others. Returning to traditional land and knowing the stories of that land and its totems can be part of the healing process for Aboriginal people including children and it needs to be considered and respected as a therapeutic intervention when they are ready for it. Country may be a part of the Aboriginal people's source of attachment in terms of providing a secure base and safe haven.

Cultural expression and events – what you do

Our respondents tell us that cultural work needs to be a central focus, not a 'tack on'. For a child whose connection to culture is tenuous, it can be difficult to know where to start. Attendance and participation in cultural events might be a subtle and less stressful 'way in'. These events can be creative (dance, story telling, basket-weaving, painting, theatre, music, etc.), sporting (football and netball, Victorian Aboriginal Youth Sport and Recreation Co-operative Limited, etc.) or community (NAIDOC, Aboriginal Children's Day, special days at the local Aboriginal Co-operative) and participation in them can allow Aboriginal young people to re-engage, or make a connection for the first time. A worker who was interviewed spoke of the 'shy' child, who sang on stage at an Aboriginal concert. Another worker spoke of a child whose artwork was selected for display on an Aboriginal website and how that positively affected her self-esteem and sense of identity. By attending events young people also benefit from connecting to other members of their community, including Elders. Participation in cultural activities and exposing children to positive images and resources can help encourage a young person to have a more positive attitude to their own Aboriginality and therefore to themselves.

Another important aspect of cultural expression is language. Aboriginal children in Victoria, especially those in non-Aboriginal placements, may be completely unfamiliar with their traditional language. In other words, their own language and heritage may be foreign to them. For Aboriginal children familiar with Koori English and some traditional Aboriginal words, being encouraged to use these words can provide both comfort and connection. Workers need to explore how and where this link to language can be facilitated – in the pre-school, playgroup or school, in the home, through resources such as books, posters and media, or through participation in community events. Some community events offer traditional food as another way of reconnecting with culture.

Whether or not workers can directly implement cultural connection, they can facilitate greater familiarity of cultural events when interacting with the child, carer and school. A school's role in enhancing the child's Aboriginal identity can be significant.

The list of cultural activities and events shown in Appendix 4 offers practical suggestions for enhancing cultural connection. As well as a list of cultural events, a calendar of cultural activities could be posted on organisations' websites or intranet systems with links made to other websites.

Aboriginal history – where you come from

History can be thought of in a number of ways, including the child's personal history, their family history, the community's history and the broader history of Aboriginal people in Australia. Starting with the children's personal history, for children in the child protection system, such histories are usually collated regarding family circumstances, experience of abuse and/or neglect and history with the child protection and care system. How they were parented and cared for at different ages and stages is a significant part of their developmental history and can strengthen a therapeutic approach (Perry, 2006). For children who have not been in the protection and care system, their personal history is still important, but is usually something the child and family can take for granted. As they continue to gather and retell the stories of the child's history, this forms part of the overall family story, such as when the child started school, achieved something special or confronted racism for the first time.

Children's knowledge of their parents', grandparents' and great grandparents' lives can often put their own lives in perspective. This can be in the form of family stories of how they dealt with issues such as racism, discriminatory laws, how they were treated at school or in the workplace, mission life, institutional life, protests the family was involved in, or other relevant history. The child might get a sense of the ongoing battles the family has had to deal with. Sometimes children are not made aware of their family's history and cannot therefore understand the context of their current circumstances. Of course, the family's history must be made available in a sensitive way, in line with the child's readiness to receive this kind of information.

Children and their carers need an understanding of the broader history of Aboriginal people in Australia before and after colonisation, including wherever possible information about their community's history. This history can provide a context for their family's and community's circumstances. Older children and adolescents may be more receptive than younger children to this information. However, regardless of the children's age, all those who work with the child need to be aware of this history so as to understand the effects of intergenerational trauma.

A different approach may need to be taken by non-Aboriginal workers than Aboriginal workers. For example, it may not be appropriate for non-Aboriginal workers to teach Aboriginal children about their family or community's history. However, they can create opportunities for Aboriginal community members, such as Elders, to do so. Increasing their own knowledge about the history can create opportunities for sharing through conversation. Workers need to have appropriate resources and access to Aboriginal Elders who can speak of the history with authority.

Cultural values, beliefs and practices – what you believe

It is not possible or appropriate to attempt to completely describe or define Aboriginal cultural values, beliefs or practices, as they vary across different communities,

continue to evolve and it may not be accepted for them to be written. Nevertheless, it is important to acknowledge that these values and beliefs exist and are demonstrated through a range of practices such as parenting practices. Attempts to discover different perspectives on these cultural values were discussed in Chapter 2 (e.g. DHS, 2004; Nelson & Allison, 2000; Walker, 1993; Yeo, 2003). Some cultural values expressed in this literature include the following:

- Importance of children's safety (DHS, 2004; Nelson & Allison, 2000)
- Spirituality (Nelson & Allison, 2000; Parker, 2010; Yeo, 2003)
- Identification with traditional country and links to the land (DHS, 2004; Nelson & Allison, 2000; Yeo, 2003)
- Prioritising relationships and family (Nelson & Allison, 2000; Parker, 2010)
- Discipline through teaching by example and natural consequences, not physical punishment (Nelson & Allison, 2000)
- The importance of learning (Nelson & Allison, 2000)
- Oral traditions (Nelson & Allison, 2000)
- Strong cultural identity (DHS, 2004; Nelson & Allison, 2000; Yeo, 2003)
- Kinship ties (DHS, 2004; Walker, 1993; Parker, 2010)
- Respect for Elders and each other (DHS, 2004; Parker, 2010; Walker, 1993)
- Belonging and interdependence (Yeo, 2003)
- Community loyalty and responsibility (DHS, 2004; Yeo, 2003).

Our values influence priorities. For example, do we put more emphasis on communication or privacy; independence or interdependence; intuition or facts; individual or collective; focus on the past or the future; family or friends; reflection or speaking out? Some of these are personality characteristics as well as values. We need to be aware of the Aboriginal child, family and community's values and consider these when making decisions and planning how to work best with the child and family.

Traditional belief systems are a strong part of Aboriginal culture, given the primacy it places on spirituality. The sharing of these beliefs within the community and through family is a rich part of Aboriginal heritage that is at increasing risk of being lost, especially for those whose families were part of the Stolen Generations and for children in out-of-home care. The importance of these beliefs is not just a question of whether or not children share in this faith, but the traditional wisdom and story telling that come with these beliefs.

The cultural practices that arise from these values and beliefs range from cultural expressions which have traditional and more modern forms (such as Aboriginal dance) and child-rearing practices. For example, values

that have direct application for child-rearing are intuitive parenting through encouraging learning, encouraging children to be independent and assume responsibility and belonging, connection and interdependence.

Some of the different child-rearing practices include: different sleeping arrangements such as co-sleeping and where the child sleeps; behavioural norms and boundaries; and responsibilities towards siblings. Children may be encouraged to be self-sufficient in their outlook from an earlier age, but in the context of relationships. For example, the child may have strong bonds with siblings, cousins, aunts and uncles and privacy might not be considered as important. For example, the child may be used to sharing a room, and even a bed, with siblings. If then placed in care, the child may feel anxious and isolated by sleeping alone.

Children may be more involved in the grieving process; for example, be expected to attend funerals of extended family and community members, while some Western cultures believe it is important to 'spare' a child from the grieving rituals.

Integrating the cultural connection framework with other frameworks

The third focus group explored how cultural connection as portrayed in this framework could enhance practice in relation to other frameworks. A future task for organisations is to juxtapose their frameworks for practice, such as the LAC framework and the Best Interests framework alongside Aboriginal children's need for cultural connection framework to strengthen this aspect of Aboriginal children's wellbeing. For example, the Best Interests framework has core concepts of Safety, Stability and Development, based in the *Children, Youth and Families Act 2005*, aiming to '*protect and promote children's safety, stability and development, taking account of age and stage of life and culture*' (Miller, 2007, p. 2).

Stability is based on permanency planning principles that emphasise children need "*the reliability of knowing where they will be growing up*" (Maluccio, Fein, & Olmstead, 1986, p. 3). The first step in achieving stability is to avoid the unnecessary removal of the child from family in the first instance. It also highlights the importance of reunification and kinship care as important elements for stability.

The concept of safety has to consider cultural safety, a term originally devised by Maori nurses to encapsulate an environment where there is '*no assault on a person's identity*' (Williams, 1998). Williams states that a culturally safe atmosphere is most likely provided by people from the same culture. Those in the child protection system, therefore, must consider whether the child's environment is or can provide a culturally safe environment.

The reality of stability may look different for Aboriginal children, as they may be familiar with 'flowing' from one relative's house to another and may have formed multiple attachments. The family roles need to be clear and not chaotic for this to have a positive effect. The culturally safe environment that can be offered by their family might provide stability to a child, as long as the child is aware of who, in their lives, is responsible for what areas of their life.

In terms of development, a child's cultural connection needs vary at different ages and stages. For example, their need to understand their personal sense of identity and belonging can become more intense as they reach their teenage years and beyond.

The development of this Conceptual Map has other implications for this study, such as when considering specific outcome measures, or developing new ones, particularly the Cultural Yarn (Harrison, in draft) as described later in this chapter.

3) Organisational and worker cultural competence

Findings

The literature and interviews stressed the high level of importance of workers and organisations to be culturally competent. This was in terms of attitude, knowledge, experience, awareness and respectful practice. In general, worker competence needs organisational competence.

Comments were made regarding the importance of involving Aboriginal workers wherever possible in the lives of Aboriginal children as a key to improving their wellbeing. Aboriginal workers were described as more likely to find ways of increasing the child's cultural identity. Examples included taking the child back to traditional country, supporting a placement in an Aboriginal kinship arrangement, advocating for reunification with family and advocating for the child to attend a Koori pre-school or school. Aboriginal workers saw these practical steps as therapeutic and important to the child's social and emotional wellbeing.

Non-Aboriginal workers commented that it was not always appropriate for them to engage in cultural work with an Aboriginal child, but rather to link them in with an Aboriginal worker. Cultural competence was mentioned in the interviews as a requirement for non-Aboriginal workers and non-Aboriginal organisations. It was generally assumed to already exist for Aboriginal workers and Aboriginal organisations.

The role of Aboriginal organisations such as VACCA in promoting cultural competence for non-Aboriginal organisations was evidenced in the number of projects regarding the development and training in cultural competency. These ranged from writing policy documents, participating in partnership projects with non-Aboriginal organisations and delivering cultural competency training.

VACCA's ability to promote cultural competence is enabled by its governance by an Aboriginal community controlled board, the majority of the casework staff being Aboriginal, and the staff receiving training in the history of Aboriginal people since colonisation and the intergenerational traumatic effects wrought by that history. As well, many Aboriginal staff members have their own, family and community experiences upon which to draw. These factors contribute to the agency's overall cultural competence in delivering services to Aboriginal children. VACCA's approach to cultural competence begins with ensuring their own staff are supported and trained in this

area and then building on their expertise to be a resource to the broader sector.

When looking at Take Two as an example of service within a non-Aboriginal organisation, there were a number of findings on developing cultural competence. Although the Aboriginal team was acknowledged as a major avenue by which Take Two could become more culturally informed, it was agreed this was not sufficient on its own. For example, the importance of cultural competency training for all staff was raised. Another issue was the demand for service from the Aboriginal team in terms of direct clinical work, consultations, training and attending meetings as representatives. This issue of demand compared to resources reduces the ability of all Aboriginal clients of Take Two to have some input by the Aboriginal team, despite the common view of the importance of their role.

The interviews also commented about other types of organisations' cultural competence, such as child protection and schools. The main comment regarding child protection was in relation to their use or lack thereof of their own tools (i.e. the ATSI Cultural Support Plans) to facilitate culturally informed assessment. It was also noted that these tools need to be 'living' documents that were acted upon. Schools were considered to be highly influential in enhancing a child's wellbeing in both the literature and interviews. Enhancing the cultural competency of schools was seen to have positive flow-on effects in enhancing Aboriginal children's self-esteem and overall school performance. School attendance and performance were described in the interviews as practical indicators of children's social and emotional wellbeing.

Implications

A key message is that no tool or measure will be appropriate if the process of using and interpreting the tool or approach is culturally ignorant or flawed. Cultural competence of the worker and the organisation are therefore core requirements.

Strategies for supporting or building cultural competence were discussed, such as cultural-specific training; developing a conceptual framework to assist workers to understand Aboriginal children's need for cultural connection; forming partnerships with Aboriginal services; and employment of Aboriginal workers in mainstream organisations. A cautionary note was raised that when Aboriginal workers are employed in mainstream organisations this should not be at the expense of Aboriginal organisations and should not be considered to replace partnerships with Aboriginal organisations.

Training in cultural competence requires resources which is rarely acknowledged in funding agreements. In the long-term, organisations and systems need to adopt strategies that do not just talk about the provision of cultural connection, but provide the time, personnel and funding to allow documentation of the efficacy of such interventions. The amount of work undertaken by VACCA to work with mainstream organisations in training and policy development regarding cultural competence and culturally sensitive practice is testament to the importance placed on this issue.

Workers reported that 'they are the tool' and our research tells us that the relationship with the client is crucial in therapeutic work. Therefore, it is important that workers can work in a culturally safe manner. We cannot assume cultural competency. We have hopefully learnt from history that goodwill and good intentions are not enough. Therefore, it is useful to ensure that recruitment criteria for workers include their understanding of and attitudes towards Aboriginal people. Cultural competence at the point of staff selection begins with maximising opportunities to employ Aboriginal staff in both Aboriginal and non-Aboriginal organisations. Other selection criteria could include knowledge of Aboriginal culture; previous training and educational background; skills and experience in engagement of Aboriginal clients; willingness to access Aboriginal workers for co-working; skills with the various types of preferred measures; and their understanding of how to enhance cultural connection. Questions during interview selection should indicate potential employees' existing knowledge of Aboriginal culture and their willingness to learn. It is the latter factor, along with skills and training, which will distinguish them as suitable workers with Aboriginal clients.

'[W]orkers deserve information on Aboriginal history etc and to have greater awareness. At the moment they might not be getting that from their formal education, so they need to get that training within their professional roles. We need to provide guidance on how they can engage better, and not just criticize them.' (Aboriginal worker)

As schools are important to a child's wellbeing and need to be culturally competent, it is important for teachers to understand the child's Aboriginality and honour that within the classroom. Increasing teachers' understanding is an important step towards strengthening an Aboriginal child's self-esteem. Supplying teachers and schools with appropriate resources, similar to those provided to carers, was one suggestion.

4) Concept of measuring outcomes

Not everything that can be counted counts and not everything that counts can be counted. (Albert Einstein)

Findings

The concept of measurement and outcomes within the general child welfare area is a growing area of both interest and concern, no more so than for Aboriginal children. There is the push and pull about outcomes and measurement both of which appear to be gaining momentum as has been seen in academic and government literature.

On one hand the literature argues for the importance of being outcome-focused and of evaluating whether or not outcomes are achieved (e.g. report on statewide outcomes for children; DHS, 2006). There is an affiliated increase in the attention paid to evidence-based practice (e.g. Best Start's technical report on evidence-based interventions for early intervention; DHS, 2007b). This interest is reflected in the increased expectation of services to be able to describe and assess program and individual client outcomes.

Along with this, however, is the concern and even suspicion that a focus on outcomes and measurement can push us towards over-simplistic, inaccurate and even misleading ideas about what are real and positive outcomes for children. It could pull us away from holistic thinking and minimise complexities inherent in the field. It could place undue emphasis on funding decisions about those programs and interventions that are easier to evaluate and therefore considered evidence-based. There is apprehension that the process of measuring itself can create barriers to change and be harmful. There is a concern that it could lead to over-proceduralisation and an increase in administrative tasks thereby distracting workers' attention from direct work and relationships with children and their families.

This study found that there was sensitivity around the concept of 'measuring' — 'Measures are a box but kids aren't boxes'. There was also some ambivalence by both Aboriginal and non-Aboriginal workers towards formal measures, as many workers felt they personally did not need a tool, but thought it might be useful for others. Some workers wanted ways to demonstrate the efficacy of their interventions, but other frameworks — such as cultural competence — needed to be in place first. However, workers had a strong sense of what would and would not work in the development of a measure as discussed earlier in the findings on frameworks.

Only a small number of participants suggested, without prompting, that measuring in itself was useful. One benefit mentioned was when the young person could recognise how he or she had changed, which may be empowering. Another benefit noted was that measurement could help workers gain a sense of how their clients have changed and of what 'works' or 'does not work'.

Most VACCA programs use some type of assessment approach or risk framework; however, do not as yet use formalised outcome measures. Therefore comments from VACCA workers were about what might happen if outcome measures were implemented. On the other hand Take Two clinicians who do use outcome measures spoke of the value and the burden of using such measures in practice. For example, some Take Two clinicians reported they are 'overwhelmed' with paperwork. One clinician, in an otherwise positive farewell email to colleagues, noted:

...I will not miss the report writing, review reports, outcome measures, stakeholders surveys...cutting and pasting all those case notes etc etc. It's enough to make me give up therapy and take up potato farming...

Nevertheless, assessments and outcome measures are considered valuable and a key part of the Take Two framework and necessary for both accountability and quality improvement processes.

Some respondents reported that children can be over-assessed. Particularly for those with a long history of involvement with the child protection system, assessments can be frequent, repetitive and potentially do harm. Assessments should be an ongoing, living process that integrates new and old information. However, frequent

formal assessments involving direct interaction with the clients have the potential for being overwhelming and counterproductive. Cunneen and Libesman (2001) in the *Report into substantiated cases of emotional abuse and neglect against Indigenous children in NSW* stated that frequent testing, when associated with recommendations to a range of professional services without follow up, 'may amount to systems abuse'. On the other hand psychometric measures can provide a different lens to the children's situation, such as by comparing their presentation with the broader population, than a more qualitative measure. As such, a mixture of qualitative and quantitative approaches was seen to add value.

Implications

In discussions within the Project Reference Group and in reflecting on the interviews, focus groups and the literature review, we concluded that outcome measures can be useful for the following reasons:

- Improving services to individual children where they can tell us if we are on the right track or need to change our approach.
- Providing useful information for assessment, such as for screening risk and for guiding intervention.
- Improving service delivery in general by improving the efficacy of interventions. Outcome measures, over time, can show trends which may lead to improvements to interventions and other strategies.
- To enhance training, which aids in the capacity building within Aboriginal and non-Aboriginal organisations.
- Reporting to governments or other funding bodies.
- Supporting funding submissions.

We also concluded that outcome measures must be used within both a culturally informed and outcome-informed framework to ensure both cultural and research validity. In the context of history and the current constraints, cultural considerations should be given primacy in deciding on outcomes and how they can be measured.

We believe that introducing outcome measures must be done carefully. As the relationship with the child is the key to therapy and casework, it is imperative that nothing within our control gets in the way of that relationship. Workers need protocols that guide them in the use of outcome measures, but also be allowed to use their judgement about where such measures may create problems, such as making it harder to engage the client or be distressing. However, it is not only self-report measures that need to be culturally sensitive. How outcome measures are completed, analysed and interpreted also requires a cultural context.

Even when outcome measures and frameworks are embedded within a program or an organisation, there are challenges to supporting implementation of outcome measures. Take Two has the advantages of a funded research team; the support of La Trobe University; a mandate to assess outcomes; a research and outcomes framework; and investment into supporting this approach.

Nevertheless some of the barriers to using outcome measures experienced by Take Two include:

- Each measure has its weaknesses and is not appropriate for every client.
- Although all Take Two staff are trained in the use of measures there is sometimes a delay following recruitment for this training.
- There has been a long wait for a computer system to support the implementation and monitoring of outcome measures.
- Common problems of compliance with outcome measures in mental health and related fields.
- The administrative workload required for workers and research team.

If other organisations decide to use outcome measures they will need to examine how this would be resourced and supported. Alternatively, incorporating some of the learning from this study regarding what is useful about measures, but not implementing a formal process is an option requiring fewer resources. Either way, planning and training is required. It was considered important that organisations working with Aboriginal children consider the value of measuring outcomes without ignoring the wisdom that not everything important can be measured.

5) Existing assessment approaches and outcome measures

Findings

The literature, interviews and focus groups spoke of the positives and negatives associated with these assessment approaches and outcome measures. The emphasis in this analysis was on what the workers considered helpful or unhelpful or elements where they remained uncertain.

As the task of assessment of emotional and social wellbeing is inherently complex, so are the expectations of these measures. Therefore certain characteristics may be both a strength and a limitation. For example, a standardised psychometric measure brings validity and reliability but also brings limitations, especially as it often lacks a narrative style. Standardised measures that use a narrative style are usually complicated to codify and require extensive and costly training and are sometimes discipline specific, such as only used by psychologists. Another example of both advantages and disadvantages is a self-report measure. A measure that enables young people to self-report is a positive attribute, but a sole reliance on self-reporting can limit the type and extent of analysis. Measures that require extensive training have built in quality control elements, but such training often involves costs and is not always easy to access. The strengths and limitations are also context specific, so that a limitation for one service might be an advantage to another. For example, a psychometric measure used within Take Two may be easier to implement where a research team is available to provide statistical analysis. A measure that takes time to complete due to a narrative style may not be possible for brief interventions.

Following is a summary of the some of findings drawn

from the interviews, focus groups and document analysis regarding the strengths and limitations of the tools examined in the study. Some of the limitations subsequently led to changes being made, as discussed in the implications section.

The strengths of particular measures or tools for use with Aboriginal children regarding their social and emotional wellbeing included approaches that:

- Are a framework as well as a measure or assessment approach (e.g. LAC documents).
- Include concepts that relate to Aboriginal culture and community connection (e.g. WASC—Y, Sense of Culture Yarn, Cultural Connection Assessment Tool, I—RISE Tool).
- Have helpful support documents (e.g. ATSI Cultural Support Plan, WASC—Y).
- Seek the voice of children in the documentation and process either directly (e.g. WASC—Y, SDQ, TSCC, I-RISE Tool, Social Network Map) or indirectly (e.g. LAC documents, Cultural Connection Assessment Tool, Goal Attainment Scaling).
- Seek perspectives from more than one source (e.g. SDQ, Goal Attainment Scaling).
- Have easy to understand language and concepts (e.g. WASC—Y).
- Have been developed by Aboriginal people for Aboriginal people (e.g. WASC—Y, Sense of Culture Yarn, Cultural Connection Assessment Tool, I—RISE Tool).
- Have been piloted with Aboriginal children (e.g. WASC-Y, Sense of Culture Yarn, Cultural Connection Assessment Tool, I—RISE Tool).
- Have been adapted for Aboriginal children (e.g. SDQ—WA version).
- Have strong validity and reliability (e.g. WASC—Y, SDQ, TSCC, Sense of Culture Yarn).
- Are visually attractive and engaging for use by respondents (e.g. WASC—Y).
- Are already used or easy to access by organisations in terms of availability of training, easy to understand, available documentation and costs (e.g. LAC documents, SDQ).
- Are consistent with other drivers particularly government policy, such as the Aboriginal Child Placement Principle and LAC Framework (e.g. ATSI Cultural Support Plan, Cultural Connection Assessment Tool, LAC documents).
- Cover a wide age range (e.g. LAC documents, Cultural Connection Assessment Tool, SDQ, TSCC/TSCYC, Goal Attainment Scaling).
- The documents can be mined for data, including indicators of change in children's wellbeing (e.g. LAC documents, Cultural Connection Assessment Tool).

- Include strength-focused items and concepts relating to resilience (e.g. Cultural Connection Assessment Tool, SDQ, ATSI Cultural Support Plan, Social Network Map).
- Actively support information sharing between young people, their families, carers, teachers and workers (e.g. LAC documents, Cultural Connection Assessment Tool, Goal Attainment Scaling).
- Can be used as a source for research data (e.g. LAC documents, SDQ, TSCC, Cultural Connection Assessment Tool, Social Network Map).
- Can be educative to workers in the process of completing the tool (e.g. Cultural Connection Assessment Tool, ATSI Cultural Support Plan, Goal Attainment Scaling).
- Include a mixture of quantitative and qualitative data (e.g. Cultural Connection Assessment Tool; ATSI Cultural Support Plan).
- Are action-oriented, enabling workers to be aware of gaps in knowledge; to know what other information should be gathered; and to strengthen assessment and report writing (Cultural Connection Assessment Tool, ATSI Cultural Support Plan, Sense of Culture Yarn, Goal Attainment Scaling).

The limitations of particular measures or tools for evaluating social and emotional wellbeing for Aboriginal children were considered to include those that:

- Were not developed or adapted for Aboriginal children (e.g. LAC documents, TSCC).
- Do not include questions regarding cultural identity, connection or other important aspects of emotional and social wellbeing for Aboriginal children (e.g. LAC documents, SDQ, TSCC).
- Have culturally inappropriate questions (e.g. TSCC).
- Have not been developed or adapted specifically for the Victorian context (e.g. WASC—Y, Sense of Culture Yarn, I-RISE Tool, SDQ, TSCC).
- Have data entry problems, such as consistency of who completes the tool over time (e.g. LAC documents).
- Do not readily demonstrate change over time and so cannot be used as an outcome measure (e.g. LAC documents, Cultural Connection Assessment Tool).
- Have been described as administratively onerous and completed to varying degrees of quality (e.g. LAC documents, Social Network Map).
- Have only one source of information, e.g. self-report only (WASC—Y, I-RISE Tool, TSCC).
- Are not readily available to other organisations (e.g. Cultural Connection Assessment Tool, I-RISE Tool).
- Are not developmentally specific (e.g. Cultural Connection Assessment Tool).

- Have ongoing costs associated with purchase of tools (e.g. TSCC, WASC—Y).
- Require major training (e.g. WASC—Y, Goal Attainment Scaling).

Implications

The major implication arising from this analysis is to inform organisational deliberations as to whether or not these measures or approaches are able, in their current or an adapted version, to support services in meeting the needs of Aboriginal children. Exploring these and other outcome measures should be done in concert with developing a framework regarding the social and emotional wellbeing of Aboriginal children. This study is not recommending any one measure or approach over another, except that the choices must be consistent with a culturally informed framework. It is also likely that more than one measure is appropriate in the context of a suite of measures, rather than a reliance on any one. This means that not only are the decisions culturally sensitive, but so is the process in making those decisions.

A number of these measures have had some adaptations or are in the process of being adapted as a result of this study, primarily within Take Two. VACCA will consider these adaptations in the context of their broader initiative in developing an assessment framework. These adaptations include:

- The Social Network Map has had an additional question regarding the cultural identity of the people the child describes as important. This is being piloted in Take Two. The visual design of the map is also under review by both VACCA and Take Two.
- The TSCC—A version that does not include questions regarding sexual health has been made available for use within Take Two. This alternate version was not created for this study, but the process for its use within Take Two has been directly informed by this study.
- The Cultural Connection Assessment Tool has been redeveloped so it can be used as an outcome measure that can record if change has occurred, such as in relation to worker's understanding of the child's cultural connections (Coade & Corlett, 2008).
- The LAC framework, the ATSI Cultural Plan, the WASC—Y and the I-RISE tool are being reviewed elsewhere and out of the scope of this project.

6) Indicators of change

Findings

The interviews, focus groups and analysis of measures revealed that workers used a range of indicators to observe change in Aboriginal children's social and emotional wellbeing. Some indicators are incorporated in existing measures and some are not and could potentially be included in new measures.

Participants in the interview process emphasised the need for indicators of change to be practical and meaningful for the child. This also indicates that they should be practical and meaningful for workers.

Implications

Analysing existing measures and reflecting on the messages from the interviews had implications for informing what we would look for or try to avoid in developing new measures. For example, criteria to take into consideration when developing a measure for use with Aboriginal children include:

- Any questionnaires/surveys to be short with not too many questions, using simple, non-jargon language.
- Informal questioning — yarning — with open-ended questions, allowing the process to unfold.
- Narrative approach is favoured. Leaving a space for the respondent to answer thoroughly, to tell their story.
- Qualitative questions are considered more appropriate than quantitative. Aboriginal people generally don't like being 'boxed' into categories.
- No 'labelling' as this can do more harm, such as if the child feels judged.
- Domains of assessment should focus on concrete and practical changes.
- The questions should not be too invasive. Avoid 'shame jobs' — questions about their sexuality might be inappropriate. This is a challenge, as sexual abuse is one type of abuse that can occur. Further research would be useful in order to address this dilemma.
- Take into account the gender of the client and of the worker. For some clients or their family members, it is inappropriate for them to speak about questions of a highly personal nature to someone of the opposite sex.
- A tool that evaluates the level of cultural connection is useful, as that has implications for the child's wellbeing. How the young person feels about their culture is significant, as this has a direct correlation with their self-esteem, which in turn influences their behaviour.
- The tool should be visually attractive and engaging.
- The tool needs to be delivered by an Aboriginal person or service wherever possible, and not delivered by a stranger.

When considering the development of outcome measures to be completed by adults such as parents, carers and workers, some of these principles also apply, such as avoiding jargon and making the tool visually engaging. However, an adult-focused measure does enable some aspects to be added. For example, a checklist approach to assist a worker in thinking through different elements of assessment may be useful.

Following is a draft measure developed through this study focusing on indicators of change for the child. However, it was noted that other indicators of change that may impact on Aboriginal children's social and emotional wellbeing could be a result of changes in the school's, carer's, family's or child protection system's responses to the child. Achieving positive outcomes for children is not just about the child changing his or her behaviour, but system change as well.

Behaviour Change measure

A practical example of the implications of this study was the development of a draft Behaviour Change measure. This was developed by the Aboriginal Research Officer in discussions with the Project Reference Group and a focus group. The participants interviewed indicated that they wanted an outcome measure that showed concrete, tangible changes in the behaviour of Aboriginal children in the context that behaviour was one way of determining wellbeing. A concept behind the Behaviour Change measure is that children have a strong sense of their own wellbeing. Concrete changes, particularly in relationships and cultural connection, may indicate an improvement in wellbeing. In comparison with a measure such as the SDQ, this Behaviour Change measure is completed primarily by workers or used as a semi-structured interview with children; incorporates culture as part of its focus; and allows for comments on each item. Nevertheless, the aim is to not use jargon and to be user-friendly.

The indicators of change represented in the Behaviour Change measure include indicators regarding the child's:

- living arrangements
- school attendance
- absconding behaviour
- relationship with workers
- relationship with friends, family and extended family
- self-harm behaviour
- substance abuse
- anger management
- knowledge of culture
- connection to culture
- Aboriginal identity
- self-confidence
- presence of Aboriginal role models.

Once these indicators of change were identified, primarily through interviews and literature review, the second focus group discussed what characteristics of the measure would make it more practical. For example, it was agreed that the measure would need to describe the child's current situation in relation to each item before asking whether change had occurred. The measure has not been finalised, as discussions within the focus group have suggested that it may be incorporated within other processes already in place, such as in the Take Two assessment checklists or be finalised for a specific program.

Measures such as the Behaviour Change measure need to be vetted by services to determine its suitability and usefulness. Once finalised, a process of training, piloting, receiving feedback, evaluation, improvement, and a further pilot is part of the required action research approach.

7) Filling the gaps in current measures and assessment approaches

Findings

Some aspects of social and emotional wellbeing were not sufficiently covered in available tools. An example of this was the strong indications through interviews, focus groups and literature review that cultural connection is an important factor in assessing the social and emotional wellbeing for Aboriginal children and yet few existing tools included this. The exceptions were aspects of the WASC—Y, Sense of Culture Yarn, the Cultural Connection Assessment Tool and the ATSI Cultural Support Plan. However, apart from the WASC—Y, these are not able to be used as outcome measures as they do not change in their current format.

Another gap is that few measures, with the exception of the WASC—Y and Sense of Culture Yarn, appeared to address how the young person feels about his or her culture. Participants commented that how young people feel about their culture has a direct correlation with their self-esteem, which in turn influences their behaviour. The finding from the literature review of the limited number of outcome measures that assessed cultural connection of young Aboriginal people coupled with the overwhelming feedback of the positive role of culture emphasised that this was a deficit. The necessity to develop such a measure therefore was recognised.

Implications

Not every measure needs to overtly incorporate themes around culture although they all need to be culturally sensitive. However, cultural elements have been previously overlooked and this study considered ways in which it can be assessed.

Some assessment tools and outcome measures can be adapted without much difficulty to include a stronger cultural component. For example, the Social Network Map has been adapted in this project to include a question regarding the culture of people known to the child. Adaptations have already occurred to the Cultural Connection Assessment Tool so that it can more readily assess change (Coade & Corlett, 2008). As it already incorporates a number of cultural questions this would be a significant contribution to the suite of measures available for use with Aboriginal children.

Cultural Yarn

A major implication from this finding and indeed one of the major implications from this study is the need for a measure regarding cultural connection. But where to start?

The development of the Cultural Yarn was informed by an earlier evaluation tool developed by the Aboriginal Research Officer (Harrison, in draft); the domains needed

as revealed by the interviews; analysis of the Sense of Culture Yarn and Cultural Connection Assessment Tool, and incorporating suggestions by focus group participants and other workers in response to the various drafts. It was also guided and referenced with the Conceptual Map of Aboriginal Children's Cultural Needs as described in Diagram 3. This Cultural Yarn tool and the Conceptual Map informed each other during their development.

After the Aboriginal Research Officer drafted a measure focusing on Aboriginal children's cultural connection, the Project Reference Group and focus group deliberated and suggested changes to ensure it was a suitable fit for Aboriginal children within the Victorian context, especially for children living in care.

Findings from the interviews showed that cultural work has positive effects on wellbeing; however, the effect of cultural work is not something that has been demonstrated in existing measures used by Take Two or VACCA. Some aspects such as whether the child is placed with an Aboriginal carer are appraised in the Cultural Connection Assessment Tool and the ATSI Cultural Support Plan, in accordance with the legislative requirements and the Aboriginal Child Placement Principle. However, these tools do not ask for the children's perception of their culture or their connection to culture. Developing a tool to evaluate how connected a child is — particularly given that many children in out-of-home care are perceived as being disconnected from their Aboriginal culture — is one way workers can think about how to work effectively with these children to strengthen and nurture their wellbeing.

The development of the Cultural Yarn has led to a keen interest and excitement within the Project Reference Group that this could be a major contribution to the field, both within and external to the participating organisations.

This measure is designed as a semi-structured interview schedule where workers will be trained to ask the questions in order to complete the measure. It will be designed visually to be attractive to Aboriginal young people, but not for them to fill in on their own. If this measure is developed into a validated measure at a later stage, this will require a sufficiently large sample to provide data for such statistical validation. However, the local testing and adaptation stage is the first priority, along with seeking direct feedback from young people.

This draft measure includes questions such as:

'Who's your tribe/clan/language group?'

'Where are you from?' (Traditional country/area you associate with)

'Do you know what your totem is?'

'Do you speak any Koori English words or traditional language?'

'Do you know an Aboriginal or Torres Strait Islander Elder?'

'Do you have an Aboriginal or Torres Strait Islander role model or person you look up to in the community?'

8) Strengthening practice

Findings

Although not the focus of the study, Aboriginal and non-Aboriginal workers from a range of roles across different organisations provided suggestions for improvement in practice with Aboriginal children.

The importance of engagement and the relationship between the worker and child was a clear finding. It was found that the relationship itself can be a measure of wellbeing. How we engage is an important part of the therapeutic approach. By enhancing their engagement skills workers may improve outcomes for Aboriginal children.

Many non-Aboriginal people have limited exposure to Aboriginal people and workplaces, unless they are Aboriginal agencies, do not always train their workforce in the area of cultural competency. Professionals, including those trained in social work or psychology, may not have formal education that adequately imparts knowledge about the experiences of Aboriginal people. Therefore, it is important to give workers some guidance in where their practice, in terms of interacting with Aboriginal children, could be enhanced. As one Aboriginal respondent noted, 'We need to provide guidance on how they can engage better, and not just criticise them.'

A key finding is that it is in the best interests for Aboriginal children for their connection to family, community and culture to be maintained, developed, nurtured and supported. Cultural connection was considered a pivotal opportunity to connect with other important aspects of children's wellbeing, such as personal identity, extended family, understanding and link to country, cultural expression and an understanding of Aboriginal history.

Implications

Engagement strategies

A number of suggestions were made regarding how to engage with Aboriginal children. These were gleaned from the literature (Boustany, 2000), interviews and the Aboriginal Research Officer's reflections. Some suggestions are probably already occurring to varying degrees in different organisations. Many of these suggestions apply to all children. These are not a formula for engagement. After all, Aboriginal people are not a homogenous group, who all think, feel and react the same way! Again, this is not a 'one size fits all' approach. Conversely, many of these suggestions also apply to non-Aboriginal children.

Suggestions for how to approach engagement with Aboriginal clients include the following:

- Find or create a private, non-threatening space — outreach or outside is good. For example, you might have more conversation with someone as you drive them to an appointment.
- Talk first (but don't over talk) — establish rapport. Have a cuppa together! Ask them about the footy — don't go straight into the 'business' of the visit.
- Sit with them, side by side, not either side of a desk.

- Make a connection — talk to them about who you know that they know. Ask where they are from.
- Be prepared to talk about your family and where you are from (if you have trouble with this, think of it as introducing yourself to someone overseas in terms of geographical location and family).
- Is there something they need to handle first? They might be worried about the health of a family member or not having money for something they need. These or other practical problems might lead to them having trouble focusing on the issue you wish to talk about. They might need to make a phone call first or do something else, before they can be more available to you.
- Reflect on how you can be sure that you are not culturally ignorant.
- If you are non-Aboriginal, find an Aboriginal person they know who can go with you on the first visit to family. This can help break the ice if that person can vouch for you.
- Don't talk down: you need to approach Aboriginal children and their family members as equals.
- Be respectful. The person who you are talking to might be a respected Elder.
- Their respect for you will arise from your actions, rather than your position of authority. Respect works both ways — if you don't respect them, they won't respect you. The same with trust. If you can't trust them with telling them something about you, then how can you expect them to trust you with confidential information?
- Trust and the relationship you form with them is a big part of the therapy.
- Expect longer pauses between questions and answers. Give them time to answer.
- Speak their way (Aboriginal vocabulary is less formal, more vernacular).
- Don't talk jargon — they might not understand the language at meetings and therefore can benefit from an Aboriginal worker being present to translate.
- Be honest — if you don't know something, say 'I don't know'.
- Don't promise something you can't deliver.
- When asking questions, make them open-ended 'tell me about...'
- 'What if' scenarios can be helpful.
- Narrative approaches can be a useful approach by engaging in strategies involving story telling.
- Don't interrupt 'the yarn'. Story telling is important.
- Yes might not mean yes — it just means that the person has understood that you are asking them a question.
- Avoid negatively phrased questions as they might tend to agree with them.

- Aboriginal people might find it easier to show, rather than explain, feelings.
- Observe your own and their non-verbal communication.
- Eye contact might be inappropriate or appropriate depending on particular traditions. If they are not looking at you, it doesn't mean they are not listening.
- Ask them if they would like for you to do any paperwork with them. Literacy might be an issue. But don't assume it is.
- Be aware of gender issues — something might be 'men's business' or 'women's business'. Should they be talking to someone of the same sex?
- Are there cultural triggers for a behaviour they might be displaying; e.g. the family's past involvement with an organisation that may have removed their children?
- When explaining a process — demonstrate, repeat and then practise.
- Understand the local community — who is important and how it works and functions. If you are engaging a Cultural Consultant make sure the community has vouched for them.
- When dealing with more than one community member, don't put them in a position where they might have to contradict each other.
- Don't use a formulaic approach — be flexible and look at each child in context of the extended family and community.
- Think about when is it not okay for the non-Aboriginal worker to intervene and therefore necessary for the Aboriginal worker to be involved?.
- Some areas of potential confusion for non-Aboriginal workers were also raised. These include the following:
 - Aboriginal families and communities can appear chaotic on the surface; e.g. many carers for a child.
 - Sorry time might impact arrangements (up to 100 funerals per year is not unusual).
 - Aunties/uncles might be titles of respect, not necessarily a blood relation.
 - Don't freak out when large numbers of family want to visit/participate/consult — that's normal!

9) Partnerships that work

Findings

This study represented a multifaceted partnership of Aboriginal and non-Aboriginal organisations and academic and service delivery organisations. Each participating organisation commented on the benefits this project has provided arising from both the process and the results.

What made this partnership real was much more than just a coming together of different organisations, but included

the emergent properties associated with respectful, robust and effective partnerships. The themes arising from this study regarding the value of this partnership included:

- There were already established relationships and partnerships. In addition to strong relationships between workers across the organisations, there were a number of organisational partnerships around time-limited and ongoing projects.
- During the life of this study, VACCA became part of the partnership which governs Take Two.
- Each organisation demonstrated respect of the other's role. For example, it was acknowledged by all that VACCA, as the Aboriginal community controlled organisation, had authority in regards to what was appropriate in terms of cultural competence of the study. La Trobe University was acknowledged to have expertise regarding research and evaluation. Take Two was acknowledged as having the knowledge and experience regarding trauma and attachment from an Aboriginal and non-Aboriginal perspective and having experience in implementing outcome measures.
- The project reflected more than the sum of its parts. It was the interaction of these different types of knowledge that was of value, not just each in isolation.
- There was an honest, robust relationship where respect for differences of view and building on each other's ideas were common and fruitful.
- Each organisation received benefits from the project, with the intent to not take any organisation's role for granted. For example, there was evidence of resource-sharing in terms of time and costs.
- During this study, there were other opportunities for further collaboration, such as conference presentations and applying for other submissions.

Implications

Undertaking projects with Aboriginal and non-Aboriginal organisations needs to be more than just a 'good idea'. They need to demonstrate respect, communication and continuous mutual learning. They need to demonstrate cultural competence or at least the goodwill and clear intent to work towards such a goal. As learnt through this and other projects the relationship between respectful partnerships and cultural competence is mutually dependent. Building cultural competence depends on building respectful partnerships; partnerships are only likely to be sustainable with culturally competent mainstream organisations.

Partnerships with academic and service delivery organisations are ripe for shared learning. However, they need attention paid to each other's context and constraints, as well as opportunities for practice-research to multiply.

Clarifying who has authority for what is a useful step in making partnerships work. For example, it was agreed that it was important for VACCA to chair the Project Reference Group. Sharing of resources and ideas is important. For example, VACCA has a wide range of cultural resources

available. As most Aboriginal clients at Take Two are also VACCA clients, carers and the children might be well supported in terms of resources including Life Books, Caring for Aboriginal Child carer's booklet and book bags.

Summary

The findings from this study have been rich and informative. They have contributed to each participating organisation's thinking about Aboriginal children's social and emotional wellbeing and hopefully will contribute to the broader field. These findings have led to very concrete and useful examples of implications for policy, research and practice within a range of organisations.

These implications include: the need for assessment and outcomes frameworks; the importance and steps toward worker and organisational cultural competence; the utility and cautions associated with outcome measures; possible adaptations of existing approaches to assessment and evaluating outcomes; suggested indicators of change; suggestions for how some gaps in assessment could be filled, such as with new measures; suggestions for strengthening practice in general; and comments on the underlying partnership of this study.

Chapter 9: Conclusion and Recommendations

Overview

The major aim of this study was to develop culturally respectful, holistic and effective assessment approaches to accurately and sensitively assess the social and emotional wellbeing of Aboriginal children who have experienced trauma due to severe abuse and/or neglect. The aim of such assessment is ultimately to provide the best service possible for this most vulnerable group of children who deserve nothing less than our best. In addition, the study aimed to contribute to research approaches to inform future policy and program development in relation to Aboriginal children.

This study involved a literature review, analysis of selected existing outcome measures, interviews of 24 Aboriginal and non-Aboriginal workers from various organisations (including but not limited to VACCA and Take Two) and focus group discussions. It was enhanced by the experiences of the Aboriginal Research Officer, with her participation in relevant conferences and workshops, along with her reflections of working across organisations, informing the project. It was also informed by the other members of the Project Reference Group in their roles within VACCA, Take Two and La Trobe University.

Meeting the needs of Aboriginal children, especially those in the protection and care system, requires all of our efforts and attention. A critical step to achieve this is through an effective assessment approach and this requires partnership with a number of key people and services involved with each child. No one worker, no one organisation can meet all these complex and sometimes competing needs. Similarly, it was recognised early that the way to achieve the aims of this study was through partnership — Aboriginal and non-Aboriginal organisations and academe and service delivery. This study has been a truly collaborative and respectful process of exploring how we need to get better together at meeting the needs of Aboriginal children in order to strengthen their social and emotional wellbeing.

Not one size fits all

As mentioned throughout this report — arising from the literature review, interviews and focus groups — there was a clarion cry of guarding against a ‘one size fits all’ perspective. No one wanted or expected that we would find one measure or approach that would meet all the needs of Aboriginal children or have universal application across different organisations, different programs or different settings. Aboriginal children’s needs are likely to be as diverse as any group of children, although they may share some areas in common. For example, the area of cultural connection was perceived to be a need for all Aboriginal children, but the degree to which and the strategies involved might vary substantially.

A ‘one size fits all’ approach is not so much an articulated view, but rather a perceived consequence if an organisation

relies too heavily on one strategy or one outcome measure. The literature regarding outcomes for children, and Aboriginal children in particular, argues that their needs are too complex to be defined or described by one measure. Even exponents of evidence-based practices, who place emphasis on the efficacy of one intervention over another, rarely argue that a particular intervention will meet every need of every child. Therefore one finding from this study is that although no one is arguing for a ‘one size fits all’ approach, there remains a perceived need to argue against it. The fear is that a simplistic, linear, single answer to a problem may be a default response when the task is too complicated and complex to grapple with. Holistic practice sounds better in rhetoric but is harder in reality — yet nonetheless essential.

Findings suggest that an assessment framework informed by identified principles is a useful start in building an effective assessment and outcomes framework.

Cultural competence

What became a frequently repeated theme in this study is the imperative of any assessment approach, outcome measure or practice approach to have a culturally informed and culturally respectful base. This entails individual workers and organisations working towards cultural competence and simultaneously engaging in partnerships with Aboriginal organisations. It is not that non-Aboriginal organisations need to work with Aboriginal organisations until they can stand alone having achieved cultural competence. That is an oxymoron, as cultural competence includes the recognition of the need for ongoing partnerships and is a continuous journey.

This report describes three different organisations’ journey in this area. One (VACCA) is an Aboriginal community controlled organisation that played a lead role in helping non-Aboriginal organisations work towards cultural competence. Another (Take Two) is a non-Aboriginal organisation that works in this area of cultural competence as a key platform in its strategic plan and future development. The third (La Trobe University) is a university that strives towards culturally informed and respectful research. Cultural competence applies to research as well as practice. In order for research to be conducted in a culturally valid manner, the design, data collection, analysis, interpretation and reporting must also be culturally respectful.

Cultural connection

This study found that Aboriginal children’s connection with their cultural heritage demonstrates the true meaning of the word ‘heritage.’ In other words, for Aboriginal children not to have a connection to their culture is to deny their heritage. This is even more critical when they are placed in out-of-home care, especially if the placement is not within their family or Aboriginal community. The Aboriginal Child Placement Principle mandates the need for Aboriginal children to have this connection, preferably within the context of an Aboriginal placement.

An outcome of this study was consideration of how such cultural connection for Aboriginal children could be strengthened, including how to ascertain the degree of their cultural connection. The study provides an example of how an assessment tool could be useful. The Cultural Yarn (Harrison, in draft) is intended to help us gain a sense of Aboriginal children's cultural identity and connection and whether or not their identity and connection is strengthened over time. It should therefore increase our ability to nurture and support Aboriginal children in a goal towards closer connection to their culture, as illustrated in Diagram 3 in Chapter 8.

Outcome measures

VACCA, Take Two and other Aboriginal and mainstream organisations who work with Aboriginal children must tread with care around the concept of measuring outcomes, but also be creative and try out new ideas. This can help organisations work towards enhancing their practice so that Aboriginal children's social and emotional wellbeing is at the forefront of their policy and program planning, practice and research.

This study has informed the thinking about how some outcome measures can be adapted for Aboriginal children and the absence or limited work being captured in these measures, particularly around cultural identity and connection. One strategy within Take Two is to adapt the Cultural Connection Assessment Tool so it can be used as an outcome measure. However, a strategy with wider implications is to develop the Cultural Yarn tool. The ongoing imperative is to ensure that any measures currently in use or planned for the future must be embedded and informed by a cultural competence and outcome-informed framework.

Partnership

The purpose of the partnership underlying this study was to promote the wellbeing of Aboriginal children. It has been important that this purpose has been held by the participants. The common purpose is the glue that holds the research partnership together. All partners are passionate about making a difference for children and young people and therefore willing to listen to the other.

The research partnership was also to bring together research methodology or a systematic investigation approach with Aboriginal ways of knowing and culture to promote the development of new knowledge about research methods. This new knowledge then becomes the product of both approaches. To develop this new knowledge it becomes imperative to cross boundaries of culture. Crossing boundaries can be smooth or fraught with difficulties. It is largely the relationship which provides smooth transition (Haig-Brown & Archibald, 1996). The transition across boundaries was facilitated by the Research Officer who is a member of the Aboriginal community and who moved across the three organisations creating a seamless engagement.

To do this effectively required acknowledgement of the principles identified by Atkinson (2006). These include:

- The source of a research project is the heart/mind of the researcher, and 'checking your heart' is a critical element in the research process.
- The foundation of Indigenous research lies within the reality of the lived Indigenous experience.
- Any theories developed or proposed are based upon and supported by Indigenous forms of epistemology.
- The languages and cultures of Indigenous peoples are living processes. Research and creation of knowledge are continuous functions for the thinkers and scholars of every Indigenous group.

The following principles emerged from the current partnership:

- Recognise the importance of the broader context and how the organisations relate outside the research partnership.
- Ensure the purpose of the partnership is understood by all partners and the potential benefits to the community are defined.
- Model trust and respect in the reference group meetings.
- Understand the impact of long held research traditions and the need to consciously explore the impact of these on Indigenous culture.
- Create a new space which can hold new knowledge and be a safe place to explore new knowledge.
- Evaluate the partnership.

Recommendations

The participant organisations will consider the findings and implications in order to determine how each will proceed. However, the aim of this study is also to contribute to other Aboriginal and non-Aboriginal organisations and academic and service delivery organisations.

Recommendations that could apply to any organisation include the following:

- Assessment and outcome frameworks should be informed by identified principles. The implementation of the frameworks will be influenced by the organisational context.
- Each non-Aboriginal service delivery and academic organisation to consider where it stands along a continuum of cultural competence and engage in a partnership with an Aboriginal organisation to strengthen this area. It is important to not have the expectation that by employing Aboriginal staff, organisations have addressed the need for a culturally competent service. The findings highlighted that an assessment and outcomes framework which is isolated from cultural competence will not be effective for Aboriginal children. In other words, no 'tool' can stand alone as 'the' assessment instrument.

- Incorporate cultural competence as a key selection criterion in recruitment processes. Ability to learn and engage in cultural competency training will be an important requirement for organisations undertaking effective assessment of Aboriginal children. Recruitment of staff should include a focus on the individual's readiness to engage in cultural competency training.
- Ensure that all staff participate in cultural competency training before working on their own with Aboriginal children. If specific strategies are developed within the organisation, for example, Take Two's Cultural Connection Assessment Tool, then compliance with these needs to be monitored.

The overall message for working effectively with Aboriginal children is the ongoing need to work in partnership with the Aboriginal community.

What next—research

The findings and implications from this study demand that the process and learning should inform an assessment framework and the development of cultural training approaches. In addition, the study identified some approaches to assessment which need further exploration. Thus further development and pilots of the Cultural Yarn, the Behaviour Change measure and adaptations to the Social Network Map are specific recommendations. There is also ongoing exploration of Aboriginal children's needs for a cultural connection framework.

Another step that has been agreed to by the Project Reference Group is to initiate a new study predicated on this study. This next study aims to learn directly from Aboriginal young people through their own words and to demonstrate an approach which appropriately and effectively engages young people in research. The voices of Aboriginal children are rarely heard in research. If they are heard it is usually about their experience of trauma

or challenging behaviours and not their experience of positive development. This next study will attempt to redress this imbalance. It is based on the hypothesis that young Aboriginal people who are experiencing poor social and emotional wellbeing frequently have absent, poor or conflictual connections with their culture. It is hypothesised that a strong, positive connection with culture is a protective and enhancing element which promotes wellbeing and that healing from trauma can be assisted if the young person has or develops a positive connection with their culture. The Project Reference Group has been known as the AIATSIS reference group for the life of this study. To reflect the ongoing life for this partnership following the end of the AIATSIS funding, the Project Reference Group was renamed the SEWING circle (Social and Emotional Wellbeing Indigenous Network Group).

Finally, the study has confirmed the perception that although Aboriginal children are over-represented in the child protection system there has been minimal work in research to ensure that the services offered can meet their needs. This study is a small step to beginning to address this gap.

Summary

An important contribution is hoped to have been made to the fields of child welfare and mental health; research and practice; and Aboriginal and non-Aboriginal organisations through the conduct of the study as well as through the results and findings. What happens next in the participating organisations is subject to considerable discussion and ongoing processes in place. In particular, emphasis has been made in finalising the development of the Conceptual Map for Aboriginal Children's Cultural Needs and the Cultural Yarn Tool. However, another mark of this project's success will be the capacity to disseminate the findings to facilitate and lift the level of debate and deliberations regarding the importance of getting it right when assessing Aboriginal children's social and emotional wellbeing.

References

- Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist / 4–18 and 1991 profile*. Burlington: University of Vermont Department of Psychiatry.
- Altshuler, S.J. & Gleeson, J.P. (1999). Completing the evaluation triangle for the next century: Measuring child “well-being” in family foster care. *Child Welfare*, 78(1), 125–147.
- American Academy of Child and Adolescent Psychiatry (AACAP). (1998). Practice parameters for the assessment and treatment of children and adolescents with Posttraumatic Stress Disorder. *Journal of American Academy of Child and Adolescent Psychiatry* 37(10) Suppl. October, 4–26.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: APA.
- Anderson, I. (2003). Introduction (Part 1): The Aboriginal critique of colonial knowing. In M. Grossman (Ed.), *Blacklines: Contemporary Critical Writing by Indigenous Australians* (pp. 17–24). Carlton, VIC: University Press.
- Anderson, P. & Wild, R. (2007). Ampe akelyernemane meke mekarle: “Little children are sacred.” Department of the Chief Minister, Office of Indigenous Policy. Darwin, NT: Northern Territory Government.
- Arcelus, J., Bellerby, T., & Vostanis, P. (1999). *A mental health service for young people in the care of the local authority*. Clinical Child Psychology and Psychiatry, 4(2), 223–245.
- Armstrong, T. (2007). Counselling interventions and indigenous mental health [Electronic Version]. *Medicine Australia*. Retrieved March 8, 2007, from <http://www.medicineau.net.au/clinical/abhealth/abhealt1345.html>
- Atkinson, G. & Kerr, S. (2003). *The Purro Birik Social and Emotional Wellbeing Strategy 1999–2002 (Indigenous Mental Health Services) Evaluation Report*. Fitzroy, VIC: Victorian Aboriginal Community Controlled Health Organisations and Victorian Department of Human Services Mental Health Branch.
- Atkinson, J. (2002). *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia*. Melbourne: Spinifex Press.
- Atkinson, J. (2006). *Child Protection – integrating research policy practice: Learning from each other and creating new knowledge*. Child Safety Research Conference. Queensland, 2006. Accessed on 4th June 2008. http://www.aracy.org.au/AM/Common/pdf/seminars/ArcNetworkEvents_080506.pdf
- Australian Bureau of Statistics. (2006). *National Aboriginal and Torres Strait Islander Health Survey, 2004–05* (No. 4715.0).
- Australian Indigenous Psychologists Association (AIPA) (2010). Cultural Competence Workshop for non-Indigenous mental health practitioners. AIPA.
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). (2000). *Guidelines for Ethical Research in Indigenous Studies*. Canberra: The Australian Institute of Aboriginal and Torres Strait Islander Studies http://www.aiatsis.gov.au/__data/assets/pdf_file/2290/ethics_guidelines.pdf
- Australian Mental Health Outcomes and Classification Network (AMHOCN). (2005). *Child & Adolescent National Outcomes & Casemix Collection Standard Reports. 1st Edition, Version 1.1*. Brisbane, QLD: AMHOCN.
- Bailey, J. (2005). You’re not listening to me!! Aboriginal Mental Health is different – Don’t you understand?, *8th National Rural Health Conference*. Alice Springs, Northern Territory.
- Bailey, S., Thoburn, J., & Wakeham, H. (2002). Using the ‘Looking After Children’ dimensions to collect aggregate data on well-being. *Child and Family Social Work*, 7(3), 189–201.
- Bamblett, E. (2004). Aboriginality, *Families are forever: Build them strong!* Victorian Aboriginal community child abuse conference report. 6th–8th October 2004, (pp. 47–50). Melbourne, VIC: VACCA.
- Bamblett, M. (2008). National apology welcomed by SNAICC – Media Statement. 13 February 2008. http://www.snaicc.asn.au/news/view_article.cfm?id=36&loadref=8
- Bamblett, M. & Lewis, P. (2007). Human Rights as Social Investment for Indigenous Children and Families: Putting History, Culture and Self-determination back into the Equation, *Freedom, Respect, Equality, Dignity. Human Rights Conference*. Melbourne.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35(4), 320–335.
- Bennett, M. & Blackstock, C. (2002). *A Literature Review and Annotated Bibliography Focusing on Aspects of Aboriginal Child Welfare in Canada*. Manitoba, Canada: First Nations Child & Family Caring Society of Canada Inc.
- Berg, B.L. (2001). *Qualitative Research Methods for the Social Sciences*. (4th ed.). Boston Mass London Allyn & Bacon
- Berlyn, C. & Bromfield, L. (2009). Child Protection and Aboriginal and Torres Strait Islander Children, National Child Protection Clearinghouse – Resource Sheet No.10, AIFS, Melbourne.
- Blair, E.M., Zubrick, S.R., & Cox, A.H. (2005). The Western Australian Aboriginal child health survey: Findings to date on adolescents. *eMedical Journal of Australia*, 183(8), 433–435.
- Bloom, S.L. (1999). *Trauma theory abbreviated. Final action plan: A coordinated community-based response to family violence*, Attorney General of Pennsylvania’s Family Violence Task Force, Pennsylvania.
- Boehnlein, J.K. & Kinzie, J. D. (1997). Cultural perspectives on Posttraumatic Stress Disorder” In T.W. Miller (Ed.) *Clinical Disorders and Stressful Life Events* (pp. 19–43). Madison: International Universities Press.
- Borg, T. (2004). *Research Priorities for Indigenous Children and Youth: SNAICC*.
- Bourke, E. (1993). The first Australians: kinship, family and identity. *Family Matters*, 35, 4–6.
- Boustany, J.D. (2000). Cultural Awareness Workbook for GPs. [Electronic version] *Medicine Australia*. Retrieved March 8, 2007 from <http://www.medicineau.net.au/clinical/abhealth/abhealt3506.html>
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC)*. Lutz, FL: Psychological Assessment Resources.
- Briere, J. (2005). *Trauma Symptom Checklist for Young Children: Professional manual*. FL: Psychological Assessment Resources Inc.
- Bromfield, L., Higgins, D., Osborn, A., Panozzo, S., & Richardson, N. (2005). *Out-of-home care in Australia: Messages from research*. Melbourne, VIC: Australian Institute of Family Studies – Commonwealth of Australia.
- Bronfenbrenner, U. (1979) *The ecology of human development: Experiments by nature & design*. Cambridge MA: Harvard University Press.
- Broome, R. (2002). *Aboriginal Australians: Black responses to white dominance 1788–2001* (3rd ed.). Crows Nest, NSW: Allen & Unwin.
- Budgell, R., Clare, M., Noonan, J., & Robertson, L. (Eds.). (2005). *Promoting the Health and Well-Being of Indigenous Minority Children in Canada and Australia*. London: Jessica Kingsley Publishers.
- Cassidy, J. (1999). The Nature of the Child’s Ties. In J. Cassidy & P.R. Shaver (Eds.) *Handbook of Attachment: Theory, Research, and Clinical Applications*. (pp. 3–20). New York: The Guilford Press.
- Central Land Council (CLC). (2006). Introduction to the CLC Protocols. Aboriginal initiated research.
- Children, Youth and Families Act (2005). State Government of Victoria, Melbourne. Retrieved April 8, 2008 from <http://www.childrenscourt.vic.gov.au/CA256CA800011129/page/Resources-Papers-New+Act?OpenDocument&1=50-Resources~&2=5-Papers~&3=30-New+Act~>
- Cicchetti, D. & Lynch, M. (1995). Failures in the Expectable Environment and Their Impact on Individual Development: The Case of Child Maltreatment. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology* (Vol. 2, pp. 32–71). New York: John Wiley & Sons.

- Coade, S. & Corlett, L. (2005) Aboriginal and Torres Strait Islander (ATSI) assessment tool — Take Two. Melbourne, VIC: Berry Street (unpublished paper).
- Coade, S. & Corlett, L. (2008) Aboriginal and Torres Strait Islander (ATSI) assessment tool — Take Two. Melbourne, VIC: Berry Street (unpublished paper).
- Coade, S., Downey, L., & McLung, L. (2008). *Yarning up on Trauma: Healing Ourselves, Healing our Children and Families, Healing our Communities*. Take Two Berry Street, Melbourne.
- Cohler, B.J., Stott, F.M., & Musick, J.S. (1995). "Adversity, vulnerability, and resilience: Cultural and developmental perspectives" in D. Cicchetti, & D.J. Cohen (Eds) *Developmental psychopathology: Volume 2, Risk, disorder and adaptation*. New York: John Wiley & Sons.
- CRCAH. (2006a). *Social and emotional wellbeing Aboriginal health industry roundtable*. Cairns, QLD: CRCAH.
- CRCAH. (2006b). *CRC for Aboriginal health annual report 2005 - 2006*. Darwin, NT: CRCAH.
- CRCAH. (2006c). *Social Determinants of Aboriginal Health Research Program: Report from the Industry Roundtable*. West Lakes, Adelaide: CRCAH.
- Coyne, I. (2006). Editorial- The 'good' family syndrome: Social and cultural issues in community and family health [Electronic version]. *Contemporary Nurse* 23(2) Retrieved February 12, 2006 from <http://www.contemporarynurse.com/23.2/23.2.1a.html>
- Cross, T.L. (1997). *Relational Worldview Model*. http://www.nicwa.org/Relational_Worldview/ Retrieved May 12, 2007.
- Cunneen, C. & Libesman, T. (2001). *Report into Substantiated Cases of Emotional Abuse and Neglect against Indigenous Children in NSW*. Sydney: Indigenous Law Resources. Accessed at 29 June, 2008. <http://www.austlii.edu.au/au/other/IndigLRes/2001/1.html>
- Curtis, S., Pegg, D., & Curtis, O. (2004). *Listening to the Voices of the Elders to Create an Aboriginal Chronic and Complex Care program*. Illawarra: Illawarra Health.
- Daly, A.E. & Smith, D.E. (2003). *Reproducing Exclusion or Inclusion? Implications for the Wellbeing of Indigenous Australian Children* (No. 253/2003). Canberra: The Australian National University.
- Darlington, Y. & Scott, D. (2002). *Qualitative Research in Practice: Stories from the Field*. Crows Nest: Allen & Unwin.
- Department of Education and Early Childhood Development (DEECD) (2009). *The State of Victoria's Children 2009: Aboriginal Children and Young People in Victoria*, DEECD, Melbourne.
- Department of Education and Early Childhood Development (DEECD) (2010). *Balart Boorron: The Victorian Plan for Aboriginal Children and Young People (2010-2020)*, DEECD, Melbourne.
- Department of Health and Ageing. (2003). *Mental Health National Outcomes and Casemix Collection: Overview of clinician rated and consumer self-report measures and data items*. Canberra: Department of Health and Ageing.
- Department of Health, South Australia (2000). *Social and emotional wellbeing inaugural state Aboriginal youth conference: 2000 conference report, Inaugural State Aboriginal Youth Social and Emotional Wellbeing Conference*. Port Augusta: Government of South Australia.
- DHS. (2001). *The Audit of Children & Young People in Home-based Care Services*. Melbourne: Community Care Division, DHS.
- DHS. (2004). *Aboriginal Best Start Status Report 2004*. Melbourne: Community Care Division, DHS.
- DHS. (2005a). *Aboriginal and Torres Strait Islander Cultural Support Plan*. Melbourne: DHS. (www.dhs.vic.gov.au)
- DHS. (2005b). *Aboriginal and Torres Strait Islander Cultural Support Plan: Guide*. Melbourne: DHS. (www.dhs.vic.gov.au)
- DHS. (2006). *The State of Victoria's Children Report 2006*. Melbourne: DHS.
- DHS. (2007a). *The Best Interests Framework for Vulnerable Children and Youth*. Melbourne: DHS.
- DHS. (2007b). *Technical Report: Development of the Best Start Catalogue of Early Intervention Strategies for Children's Health and Wellbeing*. Melbourne: DHS.
- DHS, Oregon. (2007). *Operational Definition for Evidence-based Practices: Addictions and Mental Health Division: September 11, 2007*: Oregon Addictions and Mental Health Division (AMH). Salem, OR: DHS.
- de Heer, R. (Writer) (2006). *Ten Canoes*. [Motion Picture]. Australia: Palace Films.
- deVries, M.W. (1996). Trauma in cultural perspective. In B.A. van der Kolk, A.C. McFarlane & L. Weisaeth (Eds.), *Traumatic Stress* (pp. 398–413). New York: The Guilford Press.
- Dobson, I. & Darling, K. (2003). *Aboriginal Youth Mental Health Partnership Project: Evaluation Report*. Adelaide: Department of Human Services Mental Health Unit & Aboriginal Services Division.
- Dodson, M. (1999). Indigenous children in care. *Children Australia*, 24(4), 7–12.
- Dodson, M. (2003). The end in the beginning: Re(de)finding Aboriginality. In M. Grossman (Ed.), *Blacklines: Contemporary Critical Writing by Indigenous Australians* (pp. 25–42). Carlton: Melbourne University Press.
- Downey, L. (2004). *The Take Two Practice Framework*. Melbourne: Berry Street Victoria, Take Two.
- Downey, L. (2007) Revised discussion paper on the Take Two Practice Framework (unpublished report).
- Drew, N., Adams, Y., & Walker, R. (2010). Issues in mental health assessment with Indigenous Australians, in N. Purdie, P. Dudgeon, & R. Walker (eds). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Council for Educational Research, the Kulunga Research Network and Telethon Institute for Child Health Research, Canberra. pp. 191–210.
- Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2010). The social, cultural and historical context of Aboriginal and Torres Strait Islander Australians, in N. Purdie, P. Dudgeon, & R. Walker (eds). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Council for Educational Research, the Kulunga Research Network and Telethon Institute for Child Health Research, Canberra.
- Duncan, B.L., Miller, S.D., & Sparks, J. (2007). Common factors and the uncommon heroism of youth. *Psychotherapy in Australia*, 13(2), 34–43.
- Duran, E., Duran, B., Brave Heart, M.Y., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 341–354). New York: Plenum.
- Dwyer, J., Silburn, K., & Wilson, G. (2004). *National Strategies for Improving Indigenous Health and Health Care*. Canberra: Commonwealth of Australia.
- Eldridge, A. (2005). To the NHMRC Prevention Working Group: The Australian Indigenous Doctors' Association Yaga Bugaul Dungun.
- Ermine, W., Sinclair, R. & Jeffery, B. (2004). *The ethics of research involving Indigenous people. Report of the Indigenous Peoples' Health Research Centre to the Interagency Panel on Research Ethics (PRE)*. Saskatoon, SK, IPHRC.
- Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002). *What Works for Whom? A Critical Review of Treatments for Children and Adolescents*. New York: Guilford Press.
- Frederico, M. (2004). Introduction to Research Circles. Take Two Berry Street (unpublished paper).
- Frederico, M., Jackson, A., & Black, C. (2010). *"More than Words" — The Language of Relationships: Take Two Third Evaluation*. Bundoora: La Trobe University.
- Frederico, M., Jackson, A., & Black, C. (2005). *Reflections on Complexity — Take Two First Evaluation Report*. Bundoora: La Trobe University.

- Frederico, M., Jackson, A., & Jones, S. (2006). *Child Death Group Analysis: Effective Responses to Chronic Neglect*. Melbourne: Office of the Child Safety Commissioner.
- Frederico, M., Jackson, A., & Black, C. (2006). "Give Sorrow Words" — A Language for Healing: Take Two Second Evaluation Report 2004—2005. Bundoora: La Trobe University.
- Gagne, M. (1998). The role of dependency and colonialism in generating trauma in First Nations citizens. In Y. Danieli (Ed.) *International Handbook of Multigenerational Legacies of Trauma* (pp.355—372). New York: Plenum Press.
- Garbarino, J. (1982). *Children and Families in the Social Environment*. New York: Aldine Publishing.
- Garbarino, J. (1995). *Raising Children in a Socially Toxic Environment*. San Francisco: Jossey-Bass.
- Garbarino, J. (1999). *Lost Boys: Why our Sons turn Violent and how we can Save them*. New York: Anchor Books.
- Garbarino, J. (2006). *See Jane Hit: Why Girls are Growing more Violent and what we can do about it*. New York: Penguin Books.
- Gilligan, R. (1999). Enhancing the resilience of children and young people in public care by mentoring their talents and interests. *Child & Family Social Work*, 4(3), 187—196.
- Gilligan, R. (2000). Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children & Society*, 14, 37—47.
- Gilray, B. (2001). *An Old Theme / A New Concept. Improved Outcomes for Children and Young People in State Care*. Wellington: Department of Child, Youth and Family Services.
- Goodman, R.S. (1999). The extended version of the Strengths and Difficulties Questionnaire. *Journal American Academy of Child and Adolescence Psychiatry*, 40(11), 1337—1345.
- Gray, D.E. (2004). *Doing Research in the Real World*. London: Sage.
- Gray, M. & McDonald, C. (2006). Pursuing good practice? The limits of evidence-based practice. *Journal of Social Work* 6(1) 7—20.
- Haig-Brown, C. & Archibald, J. (1996). Transforming First Nation's research with respect and power. *Qualitative Studies in Education*, 9(2), 245—267.
- Harms, L. & McDermott, F. (2003). Trauma: A concept and practice across borders. *Psychotherapy in Australia*, 10(1), 32—37.
- Harrison, J. (in draft). *Cultural Yarn Tool*. Original version developed by Jane Harrison who was employed by and worked collaboratively with La Trobe University, VACCA and Take Two.
- Hawes, D.J. & Dadds, M.R. (2004). Australian data and psychometric properties of the Strengths and Difficulties Questionnaire. *Australian and New Zealand Journal of Psychiatry*, 38(8), 644—651.
- Hayes, L. (2007). Problem behaviours in early primary school children: Australian normative data using the Strengths and Difficulties Questionnaire. *Australian and New Zealand Journal of Psychiatry*, 41, 231—238.
- Herman, J. (1992/1997). *Trauma and Recovery: The Aftermath of Violence — From Domestic Abuse to Political Terror*. New York: Basic Books.
- Higgins, J.R. & Butler, N. (2007). Characteristics of promising Indigenous out-of-home care programs and services. Melbourne: AIFS.
- Higginbotham, N., Albrecht, G., & Connor, L. (2001). *Health social science. A transdisciplinary and complexity perspective*. Melbourne: Oxford University Press.
- Hill, D.L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing*, 20(5), 210—216.
- Hoagwood, K. & Rodriguez, J. (2005). *The Child and Adolescent Trauma Treatment and Services Consortium — Introduction to symposium*. Paper presented at the International Society for Traumatic Stress Studies 21st Annual Meeting — Dissemination: Transforming Lives Through Transforming Care, November 2—5, 2005. Toronto, Ontario, Canada.
- Holmes, W., Stewart, P., Garrow, A., Anderson, I., & Thorpe, L. (2002). Researching Aboriginal health: Experience from a study of urban young people's health and well-being. *Social Science & Medicine*, 54(8), 1267—1279.
- Holt, L. (2002). Unfinished Business: Texts and Addresses from the Unfinished Business Conference. In J. Rickard & V. Ross (Eds.), *Unfinished Business: Texts and addresses from the Unfinished Business Conference* (pp. 123—131). Thornbury, Victoria: Desbooks.
- Howze, D.C. & Kotch, J.B. (1984). Disentangling life events, stress and social support: Implications for the primary prevention of child abuse and neglect. *Child Abuse & Neglect*, 8(4), 401—409.
- Humphery, K. (2001). Dirty questions: Indigenous health and 'Western research'. *Australian and New Zealand Journal of Public Health*, 25(3), 197—202.
- Jackson, A. in collaboration with Cadd, M., Brickell, M., Rogers, G., & Harrison, G. (2001). "Child Protection — Working more effectively with Aboriginal families: Ideas and Processes" Paper at the *Eighth Australasian Conference on Child Abuse and Neglect*, November.
- Jackson, A. (2004). Discussion re ethics involving Aboriginal and Torres Strait Islanders in evaluation and research strategy for Take Two (Unpublished paper).
- Jackson, A. (2006). Take Two — Research & evaluation strategy, 17th *International Association for Child and Adolescent Psychiatry and Allied Professions Congress 2006*. Melbourne.
- Kellehear, A. (1993). *The Unobtrusive Researcher*. Sydney: Allen & Unwin.
- Kessler, R.C. & Mroczek, D.K. (1994). Kessler psychological distress scale (K10). School of Survey Research Center of the Institute for Social Research: University of Michigan.
- Kickett-Tucker, C.S. (2005). *I RISE: Indigenous Racial Identity and Self Esteem. Statement on Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, Perth: Koya Indigenous Research Group.
- Kiresuk, T.J. & Sherman, R.E. (1968). Goal attainment scaling: A general method for evaluating community mental health programs. *Community Mental Health Journal*, 4, 89—95.
- Kufeldt, K., Simard, M., & Vachon, J. (2003). Improving outcomes for children in care: giving youth a voice. *Adoption & Fostering Journal*, 27(2), 8—19.
- Lawrence, R. (2007). *Research on Strong Indigenous Communities—Brief 1, April 2007*.
- Layton, R.Q. (2003). *Our Best Investment: A State Plan to Protect and Advance the Interests of Children*. Department of Health, Government of South Australia.
- Leslie, L.K., Hurlburt, M.S., Landsverk, J., Barth, R., & Slymen, D.J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse & Neglect* 28: 697—712.
- Lewis, M. & Ghosh Ippen, C. (2004). *Rainbows of tears, souls full of hope: Cultural issues related to young children and trauma* in J.D. Osofsky (Ed.). *Young Children and Trauma: Intervention and Treatment*. (pp. 11—46). New York: The Guilford Press.
- Libesman, T. & Cunneen, C. (2002). A review of international models for Indigenous child protection: Australasian Legal Information Institute.
- Malin, M., Campbell, K., & Agius, L. (1996). Raising children in the Nunga Aboriginal way. *Family Matters* 43 (Autumn). Australian Institute of Family Studies.
- Maluccio, A.N., Fein, E., & Olmstead, K. (1986). *Permanency Planning for Children: Concepts and Methods*. New York: Tavistock Publications.
- Martin, P.G. (2004). Editorial — On social justice. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 3(3), 62.

- Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, July, 370–396.
- Mathai, J., Anderson, P., & Bourne, A. (2002). The Strengths and Difficulties Questionnaire (SDQ) as a screening measure prior to admission to a Child and Adolescent Mental Health Service (CAMHS). *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 1(3), 1–12.
- Mathai J., Anderson, P., & Bourne, A. (2003). Use of the Strengths and Difficulties Questionnaire as an outcome measure in a child and adolescent mental health service. *Australasian Psychiatry*, 11(3), 334–337.
- Mathai, J., Anderson, P., & Bourne, A. (2004). Comparing psychiatric diagnoses generated by the Strengths and Difficulties Questionnaire with diagnoses made by clinicians. *Australian and New Zealand Journal of Psychiatry*, 38, 639–643.
- McClung, L. (2006). *Therapeutic Foster Care: Integrating Mental Health and Child Welfare to Provide Care for Traumatized Children*. Melbourne: Berry Street Victoria.
- McDermott, D. (2006). Unknown family at the taxi stand. *Medical Journal of Australia*, 184(10), 519–520. <http://www.vtpu.org.au/pastactivities/seminars/06dec05.php>
- McMahon, A. & Reck, L. (2003). Well-being for Indigenous foster children: Alternative considerations for practice research. *Children Australia*, 28(2), 19–24.
- McMahon, A., Reck, L., & Walker, M. (2003). A fork in the road: Redefining and counting the well-being of Indigenous children in foster care, *Protecting Children – What Counts Conference*. Mackay, Whitsunday.
- McNamara, P. & Neve, E. (2009) Engaging Italian and Australian social workers in evaluation. *International Social Work*, 52, 22–35.
- Mellor, D. (2005). Normative data for the Strengths and Difficulties Questionnaire in Australia. *Australian Psychologist*, 40(3), 215–222.
- Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). *The Mental Health of Children and Adolescents in Great Britain*. London: Office for National Statistics.
- Milburn, N. (2004). *Protected and Respected: Addressing the Needs of the Child in Out of Home Care. The Stargate Early Intervention Program for Children and Young People in Out-of-Home Care*. Melbourne: Royal Children's Hospital.
- Miller, R. (2007). *The Best Interests Principles: A Conceptual Overview. Best Interests Series*. Melbourne: DHS.
- Milroy, H. (2005). High stress levels among Indigenous children. On AM: ABC.
- Minas, H. & Klimidis, S. (1994). Chapter 9: Cultural Issues in Posttraumatic Stress Disorder, eds. . Brisbane, Qld: Australian Academic Press, 1994. In R. Watts & D.J. D. L. Horne (Eds.), *Coping with Trauma: The Victim and the Helper*. Bowen Hills, Qld: Australian Academic Press.
- Moreton-Robinson, A. (2000). *Takin' up to the White Woman: Indigenous Women and Feminism*. St Lucia: University of Queensland Press.
- Mount, J., Lister, A., & Bennun, I. (2004). Identifying the mental health needs of looked after young people. *Clinical Child Psychology and Psychiatry*, 9(3), 363–382.
- Nader, K.O. (1997). Assessing traumatic experiences in children. In J.P. Wilson & T.M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp.291–348). New York: The Guildford Press.
- National Aboriginal Health Strategy (NAHS). (1989). *A report of the National Aboriginal Health Strategy Working Party*. Canberra: Department of Aboriginal Affairs, Australian Government Publishing Service.
- National Health & Medical Research Council. (2003). *Values and Ethics – Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*. Canberra: Commonwealth of Australia.
- http://www.nhmrc.gov.au/health_ethics/human/conduct/guidelines/_files/e52.pdf
- National Aboriginal Community Controlled Health Organisation (NACCHO). (1993). *NACCHO Manifesto on Aboriginal Well-being*. Canberra.
- National Aboriginal Community Controlled Health Organisation (NACCHO) / Winnunga Nimmityjah Aboriginal Health Service ACT Inc SEWB workshop. (2003). *Consultation Paper: National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social Well Being 2004–09*.
- National Indigenous Youth Leadership Group. (2005). *Having Our voices heard. Department of Family and Community Service*. Canberra: Australian Government.
- National Mental Health Education and Training Advisory Group (2002). *National Practice Standards for the Mental Health Workforce*. Publications Production unit, Canberra.
- Nelson, A. & Allison, H. (2000). Values of urban Aboriginal parents: Food before thought. *Australian Occupational Therapy Journal*, 47(1), 28–40.
- Northern Territory Aboriginal Health Forum (NTAHF). (2003). *Northern Territory Aboriginal Emotional and Social Wellbeing Strategic Plan*. Northern Territory Aboriginal Health Forum Emotional and Social Wellbeing Working Party.
- Ohan, J.L., Myers, K., & Collett, B.R. (2002). Ten-Year review of rating scales. IV: Scales assessing trauma and its effects. *Journal of American Academy Child and Adolescent Psychiatry*, 41(12), 1401–1422.
- Palmer, D. & Collard, L. (1994). Aboriginal young people and youth subcultures. *Family Matters*, 38, August, 26–31.
- Palmer, S. (2004). Homai Te Waiora Ki Ahau: A tool for the measurement of wellbeing among Maori – The evidence of construct validity. *New Zealand Journal of Psychology*, 33(2), 50–60.
- Pare, D.A. (1996). Culture and meaning: Expanding the metaphorical repertoire of family therapy. *Family Process*, 35, 21–42.
- Parker, R.M., Ward, H., Jackson, S., Aldgate, J., & Wedge, P. (Eds.) (1991) *Looking After Children: Assessing Outcomes in Child Care*. London: HMSO.
- Parker, R. (2010). Australian Aboriginal and Torres Strait Islander Mental Health: An Overview, in N. Purdie, P. Dudgeon, & R. Walker (eds). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Council for Educational Research, the Kulunga Research Network and Telethon Institute for Child Health Research, Canberra. pp. 3-11.
- Payne, M. (2005). *Modern Social Work Theory* (3rd ed.). New York: Palgrave Macmillan.
- Pearson, L. & Cadd, M. (2004). Koorie FACES (Koorie Families and Young Fella Connecting and Sharing) – An ABCD program aimed at Strengthening Aboriginal Families Paper 10, Victorian Aboriginal Community Child Abuse Conference Report *Families are Forever – Build them Strong*. Melbourne: VACCA.
- Penman, R. (2006a) *The 'Growing Up' of Aboriginal and Torres Strait Islander Children: A Literature Review*. Footprints in Time: The Longitudinal Study of Indigenous Children. (Occasional Paper No. 15). Canberra: Department of Families, Community Services and Indigenous Affairs (FaCSIA).
- Penman, R. (2006b). *Aboriginal and Torres Strait Islander Views on Research in their Communities* (Occasional Paper No. 16). Canberra: Department of Families Community Services and Indigenous Affairs (FaCSIA) (Ed.): Australian Government.
- Perry, B.D. (1999). *Stress, trauma and post-traumatic stress disorders in children*. Available from <http://www.childtrauma.org/ctamaterials/interdis.asp> on 14 April 2008.
- Perry, B.D. (2006). The neurosequential model of therapeutics: Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. Boyd Webb (Ed.) *Working*

- with *Traumatized Youth in Child Welfare* (pp. 27–52). New York: Guilford Press.
- Phillips, F.B. (Ed.). (1998). *Spirit-Energy and NTU Psychotherapy*. Hampton, VA: Cobb & Henry Publishers.
- Putnam, F.W. (1997). *Dissociation in Children and Adolescents: A Developmental Perspective*. New York: The Guilford Press.
- Ranasinghe, D. (2010). The current state of Australia's indigenous children, Accessed on 24 June 2010, http://www.un.org/wcm/content/site/chronicle/home/archive/webarticles2010/current_state_of_australias_indigenous_children
- Raphael, B., Swan, P., & Martinek, N. (1998). Intergenerational aspects of trauma for Australian Aboriginal people. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 327–339). New York: Plenum.
- Richardson, J. & Joughin, C. (Eds.) (2000). *The Mental Health Needs of Looked After Children*. London: Gaskell Publications.
- Roland, B. & Toumbourou, P.J.W. (2004). *Preventing Drug Related Harm in Indigenous Australian Communities*. Melbourne: Drug Info Clearinghouse.
- Ryan, F. (2011). Kanyininpa (Holding): A way of nurturing children in Aboriginal Australia, *Australian Social Work*, 64(2), 183–197.
- Sack, W.H., Clarke, G.N., & Seeley, J. (1995). Posttraumatic Stress Disorder across two generations of Cambodian refugees. *Journal of the American Academy of Child and Adolescent Psychiatry* September, 34(9) 1160–1167.
- Saggese, M.L. (2005). Maximizing treatment effectiveness in clinical practice: An outcome-informed, collaborative approach. *Families in Society: The Journal of Contemporary Social Services*, 86(4), 558–564.
- Sam, M. (1991). *Through Black Eyes*. Melbourne: SNAICC.
- Sarantakos, S. (1993). *Social Research*. Melbourne: Macmillan Publications.
- Sawyer, M.G., Carbone, J.A., Searle, A.K., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care, *eMedical Journal of Australia* 186, 181–184.
- Schalock, R.L. (1995). *Outcome Based Evaluation*. New York: Plenum Press.
- SNAICC (2005). *Foster and Kinship Carers — Keeping Kids Connected to Community, Family and Culture*. Melbourne: SNAICC.
- SNAICC. (2005). *Achieving Stable and Culturally Strong Out of Home Care for Aboriginal and Torres Strait Islander Children*. North Fitzroy, Victoria: SNAICC.
- SNAICC (2006a). *National Action Plan for Indigenous Community Responses to Child Abuse*. Melbourne, SNAICC.
- SNAICC (2006b). *SNAICC Strategic Plan 2007–2009*. North Fitzroy, Victoria: SNAICC.
- SNAICC. (2007). Principles for justice in child well-being and protection — An effective child well-being and protection system. Melbourne: SNAICC.
- Shankar, J. & Collyer, F. (2002). Support needs of people with mental illness in vocational rehabilitation programs – the role of the social network. *International Journal of Psychosocial Rehabilitation*, 7, 15–28. [On-line]. Available at: http://www.psychosocial.com/IJPR_7/vocare.html
- Slattery, G. (1987). Transcultural therapy with Aboriginal families: Working with the belief system. *Australian and New Zealand Journal of Family Therapy*, 8(2), 61–70.
- Smallwood, G. (1995). Child abuse and neglect from the Indigenous Australian's perspective. *Child Abuse & Neglect*, 19(3), 281–289.
- Smith, A. (1994). Introduction and overview. In T.J. Kiresuk, A. Smith, & J.E. Cardillo (Eds.), *Goal Attainment Scaling: Applications, theory, and measurement*. (pp.1–14). New Jersey: Lawrence Erlbaum Associates.
- Social Health Reference Group (SHRG). (2004). *Social and Emotional Well Being Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being: 2004–2009*. Canberra, NSW: Department of Health and Ageing.
- Somerville, M. & Rapport, D. (eds.) (2000). *Transdisciplinarity: Recreating integrated knowledge*. Oxford: EOLSS.
- South Australia Health (2010). *Summary Report: Statewide Aboriginal Mental Health Consultation*, Government of South Australia, Adelaide.
- Spence, S. H., Donald, M., Dower, J., Woodward, R., & Lacherez, P. (2002). *Outcomes and Indicators, Measurement Tools and Databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. Canberra, NSW: Department of Health and Ageing.
- Stanley, F. (2005). *National Day of Healing*. Retrieved from August 25, 2007 <http://www.sgalliance.org.au/stanley1.htm>.
- Steering Committee for the Review of Government Service Provision (SCRGP). (2005). *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Canberra: Productivity Commission.
- Strauss, A. (1987). *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press.
- Strauss, A. & Corbin J. (1997). (Eds.). *Grounded Theory in Practice*. London: Sage Publications.
- Swan, P. & Raphael, B. (1995a). *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy. Part 1*. Canberra: The Australian Government Publishing Service.
- Swan, P. & Raphael, B. (1995b). *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy. Part 2*. Canberra: The Australian Government Publishing Service.
- Tarren-Sweeney, M. & Hazell, P. (2006). Mental health of children in foster and kinship care in New South Wales, Australia. *Journal of Paediatrics and Child Health* 42(3): 89–97.
- Tatz, C. (2001). *Aboriginal Suicide is Different: A Portrait of Life and Self-destruction*. Canberra, ACT: Aboriginal Studies Press.
- Terr, L.C. (1990). *Too Scared to Cry: How Trauma Affects Children and Ultimately Us All*. New York: Basic Books.
- Tomison, A.M. & Stanley, J. (2001). Brief No. 10 Alternative Care: Methods for Monitoring Health and Well being. Strategic Directions in Child Protection: Informing Policy and Practice. Unpublished report for the South Australian Department of Human Services.
- Tracy, E. (1990). Identifying social support resources of at-risk families. *Social Work*, 35(3), 252–258.
- Tracy, E. & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society: The Journal of Contemporary Human Services*, 171(8), 461–470.
- Trocme, N., Fallon, B., Nutter, B., McLaurin, B., & Thompson, J. (1999). *Outcomes for Child Welfare Services in Ontario*. Ontario: Bell Canada Child Welfare Research Unit of University of Toronto.
- Trocme, N., Nutter, B., MacLaurin, B., & Fallon, B. (1999). Child Welfare Outcome Indicator Matrix. Toronto: Bell Canada Child Welfare Research Unit, University of Toronto.
- Urbis Keys Young. (2001). *Evaluation of the Emotional and Social Well Being (mental health) Action Plan*. Canberra: Commonwealth of Australia. Australian Government Publishing Service
- van der Kolk, B.A. (1989). The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism. *Psychiatric Clinics of North America*, 12(2) 389–411.
- van der Kolk, B.A. & McFarlane, A.C. (1996) The black hole of trauma. In B.A. van der Kolk, A. McFarlane & L. Weisaeth (Eds.). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*. (pp.3–23). New York: The Guilford Press.
- VACCA (2005). *Caring for Aboriginal and Torres Strait Islander children in out of home care*. Melbourne.

- VACCA (2008). *Aboriginal Cultural Competence Framework*, Melbourne: DHS.
- Victorian Aboriginal Child Care Agency (VACCA) (2010). *Building Respectful Partnerships: The Commitment to Aboriginal Cultural Competence in Child and Family Services*, VACCA, Northcote.
- Vicary, D. & Andrews, H. (2000). Developing a culturally appropriate psychotherapeutic approach with Indigenous Australians. *Australian Psychologist*, 35(3), 181–185.
- Vicary, D. & Bishop, B.J. (2005). Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist*, 40 (1), 8–19.
- Vicary, D., Tennant, J., Garvie, T., & Adupa, C. (2006). Can you hear me? The active engagement of Aboriginal children in the development of social policy by non-Aboriginals. *Children Australia*, 31(1), 21–26.
- VicHealth Koori Health Research and Community Development Unit. (2000). We don't like research... But in Koori hands it could make a difference. Melbourne: VicHealth Koori Health Research and Community Development Unit.
- Victorian Indigenous Youth Advisory Council (VIYAC) & Youth Affairs Council of Victoria (YACVic). (2006). *Young Aboriginal Victorians on Culture, Identity and Racism*.
- Walker, Y. (1993). Aboriginal concepts of the family. *Children Australia*, 18(1), 26–28.
- Walker, S. (2002). Culturally competent protection of children's mental health. *Child Abuse Review*, 11, 380–393.
- Walker, S. (2003). Social work and child mental health: Psychosocial principles in community practice. *British Journal of Social Work*, 33, 673–687.
- Walker, R. & Shepherd, C. (2008). Strengthening Aboriginal Family Functioning: What Works and Why? Australian Family Relationships Clearinghouse Briefing: Number 7.
- Ware, J.E. & Sherbourne, C.D. (1992). The MOS 36-Item Short-Form Health Survey (SF-36): I. Conceptual framework and item selection. *Medical Care*, 30(6), 473–483.
- Watson, M.R. (2006). A journey of Indigenous identity. *Medical Journal of Australia*, 185(3), 150–151.
- Weber, D. (2005). High stress levels among Indigenous children. On AM [Radio]. Australia: ABC.
- Weiss, C.H. (1972). *Evaluation Research. Methods for Assessing Program Effectiveness*. New Jersey: Prentice-Hall, Inc.
- Westerman, T. (2001). Sense of Culture Yarn — Youth (13–17 years) version. East Victoria Park: Indigenous Psychological Services.
- Westerman, T. (2002). WASC—Y Training Manual. Perth, WA: Indigenous Psychological Services.
- Westerman, T. (2004). Guest Editorial- Engagement of Indigenous clients in mental health services: What role do cultural differences play? [Electronic version] *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 3(3), 2004. Retrieved July 13, 2007 from <http://www.auseinet.com/journal/vol3iss3/westermaneditorial.pdf>
- Williams, R. (1998). *Cultural Safety — What does it Mean for our Work Practice?* Darwin Northern Territory University.
- World Health Organization. (1946). *Preamble to the Constitution of the World Health Organization*. Geneva: WHO.
- World Health Organization. (2007). *The ICD—10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva: World Health Organization.
- Yeo, S.S. (2003). Bonding and attachment of Australian Aboriginal children. *Child Abuse Review*, 12(5), 292–304.
- Yule, W. & Canterbury, R. (1994). The treatment of Post Traumatic Stress Disorder in children and adolescents. *International Review of Psychiatry*, 6, 141–151.
- Zubrick, S.R., Dudgeon, P., Gee, G., Glaskin, B., Kelly, K., Paradies, Y., Scrine, C., & Walker, R. (2010). Social determinants of Aboriginal and Torres Strait Islander social and emotional wellbeing, in N. Purdie, P. Dudgeon, & R. Walker (eds). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Council for Educational Research, the Kulunga Research Network and Telethon Institute for Child Health Research, Canberra. pp 75-90.
- Zubrick, S.R., Lawrence, D., de Maio, J., & Biddle, N. (2006). *Testing the Reliability of a Measure of Aboriginal Children's Mental Health: An Analysis based on the Western Australian Aboriginal Child Health Survey*. Canberra: Australian Bureau of Statistics.
- Zubrick, S.R., Lawrence, D.M., Silburn, S.R., Blair, E., Milroy, H., Wilkes, T., et al. (2004). *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children & Young People*. Perth: Telethon Institute for Child Health Research.
- Zubrick, S.R., Silburn, S.R., Lawrence, D.M., Mitrou, F.G., Dalby, R.B., Blair, E.M., et al. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

Appendix 1: Key terms and acronyms

Term or Acronym	Explanation
Aboriginal	For purposes of this report, this is an inclusive term applying to Australian Aboriginal and Torres Strait Islander peoples, unless otherwise specified
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
ATSI	Aboriginal and/or Torres Strait Islander
Child	Any child from birth up to age of 18 years
CRAH	Cooperative Research Council for Aboriginal Health
Cultural competence	<i>“... integration of attitudes, values, knowledge, understanding and skills that enable effective interventions with people from a culture different to their own”</i> (VACCA, 2008, p.23)
DHS	Department of Human Services
Koori or Koorie	Aboriginal people from south New South Wales and Victoria
NACCHO	National Aboriginal Community Controlled Health Organisation
SNAICC	Secretariat of National Aboriginal and Islander Child Care
VACCA	Victorian Aboriginal Child Care Agency

Appendix 2: Further information on participating organisations

VACCA

VACCA has 11 offices throughout Victoria with its head office in Melbourne. VACCA operates 34 programs across the continuum of care including: family support; the Aboriginal Child and Specialist Advice and Support Service (ACSASS), known as Lakidjeka; foster care; family group homes; and youth homelessness services. VACCA as the largest child and family agency provides services in Victoria and is the key point of policy advice for DHS in Aboriginal child and family welfare matters. For example, VACCA was commissioned by DHS to develop a guide for non-Aboriginal community service organisations to assist their development towards cultural competence (VACCA, 2008).

VACCA highlights its strong commitment to creating a culturally embedded learning and development environment for staff in order to support their wellbeing and deliver effective services to vulnerable Aboriginal children and families. A related but separate initiative regarding the interface between culture and staff support is VACCA's Critical Incident and Stress Debriefing program, which recognises the cultural context of staff members' experiences. This includes an appreciation of their connection to their culture and community, their shared pain and trauma due to past policies and practices, their strong peer support networks and shared knowledge and connections to the children and families the programs work with and care for.

A different example of the way VACCA incorporates culture in its work is evidenced through family strengthening programs such as the Koorie Families and Young Fellas Connecting and Sharing (FACES) program. This is a parenting program developed for Aboriginal families with a focus on building resilience to avoid drug and alcohol misuse. This is a culturally responsive version of the About Better Communication about Drugs (ABCD) program and is managed by VACCA and developed in conjunction with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). This program aims to resource Aboriginal families with communication skills, information and strategies to build positive, trusting relationships with their children. The service delivery approach utilises Aboriginal communication styles, time for self-reflection, involving Elders, story telling, adaptable approaches to teaching and maintaining the cultural uniqueness of the program (Pearson & Cadd, 2004). The FACES program covers the following themes:

- Understanding our past
- Being a strong Koorie
- Being a strong Koorie family
- Connecting with your young fellas
- Managing your young fellas.

Take Two

Take Two is funded by DHS and was established in 2004 by the consortium of which the lead agency is Berry Street. Berry Street is a mainstream community service organisation that has been in operation since 1877.

Take Two has over 50 clinical positions in 13 clinical teams. At the time of writing this report there were eight regional teams throughout Victoria, a team located within the DHS Secure Welfare Service, teams working in therapeutic foster care and therapeutic residential care therapists attached to family preservation programs and a statewide Aboriginal team.

Department of Social Work and Social Policy, La Trobe University

La Trobe University has been a teaching and research facility since 1967. La Trobe was the third university established in Victoria. It has grown to accommodate more than 15,000 students at its Bundoora campus and over 7,000 students at campuses in Albury—Wodonga, Beechworth, Bendigo, Mildura, Melbourne city and Shepparton.



Measuring the social & emotional wellbeing of Indigenous children

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) have funded a project, to research emotional wellbeing assessment approaches for Aboriginal and Torres Strait Islander children. The project is being run by the Victorian Aboriginal Child Care Agency (VACCA), Latrobe University and Take Two. The Chief Investigators of the project are:

Associate Professor Margarita Frederico,
School of Social Work and Social Policy,
La Trobe University

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VACCA is the peak agency representing the needs of Aboriginal child and family welfare and has a responsibility to strengthen our families and communities' capacity to raise their children to their full potential. VACCA, through the principle of cultural connectedness, is responsive to the needs of our families and has a holistic and professional approach which promotes Aboriginal ways and values.

Berry Street Victoria Take Two, is a relatively new service set up to deliver a therapeutic response for children who have experienced trauma due to abuse and or neglect. Around 14% of the Take Two clients are of ATSI heritage.

La Trobe University is the research and evaluation partner for Take Two, and has a role in ensuring findings of the project are disseminated back to the community.

The overall aim of this project is to develop a holistic, culturally appropriate and useful measure or framework that

will be used to describe the social and emotional wellbeing of Aboriginal and Torres Strait Islander children (0-18 years) who have experienced trauma due to abuse and/or neglect. For example, Take Two Clinicians are required to regularly assess the emotional wellbeing of their clients, and to measure any changes, but are those measures appropriate and culturally sensitive for use with Aboriginal children? That is what this project will explore.

The project implementation will be guided by the AIATSIS Reference Group, which meets on a monthly basis and is chaired by VACCA. The project has ethical clearance through La Trobe University, VACCA, Department of Human Services and Berry Street Victoria.

The Project has employed an Aboriginal Research Officer, Jane Harrison. An important part of her role will be the oral reviews she undertakes with key people within Aboriginal child, health and welfare organisations in Victoria and in other states. The perspectives of workers working with Aboriginal children are crucial and Jane will make contact via phone, email and through face to face discussions. *You* may be someone whose insights we need!

When the project is completed the document, summing up what currently exists in the way of measures and outlining the suggested frameworks and/or measure/s, will be available to organisations to enhance the engagement of their workers with this important client group.

FOR MORE INFORMATION ON THE PROJECT CONTACT:

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Appendix 4: Examples of cultural activities and events in Victoria

Examples of cultural activities and events include:

- Cultural events; e.g. Sorry Day, NAIDOC, Reconciliation Week, marches, The Long Walk.
- Koori Heritage Trust.
- Bunjulaka at the Melbourne Museum.
- Cultural centres such as Brambuk Cultural Centre and Bangerang Cultural Centre.
- Bangarra Dance Company.
- Ilbjerri Theatre Company productions.
- Art exhibitions.
- Traditional dance.
- Hip hop dance by Aboriginal dancers.
- Aboriginal films and TV series plus regular programs such as *Message Stick* on ABC.
- Websites: such as VIBE at <http://www.vibe.com.au/vibe/corporate/index.asp>
- Message Stick at <http://www.abc.net.au/message/>
- <http://www.abc.net.au/message/tv/>
- <http://www.abc.net.au/message/dustechoes/>
- <http://www2b.abc.net.au/message/diary/index.htm>
- <http://www.abc.net.au/usmob/>
- <http://abc.net.au/messageclub/>
- Listening to Koori radio stations such as KND, plus Aboriginal programs such as *Away* on Radio National, the *Aboriginal Radio Program* on SBS Radio.
- Attending storytelling or poetry reading events.
- Writing poems, stories, plays, films, multimedia.
- Seeing Aboriginal bands and solo performers or listening to their CDs.
- Attending Koori focused schools—KODE, Northland SC, Worowa, Kindergartens, Playgroups.
- Aboriginal tertiary courses at TAFE and universities.
- Working/doing work experience with Aboriginal organisations.
- Using Aboriginal services such as VAHS, VACCA, local co-operatives, etc.
- Playing music, songwriting, Hip Hop, multimedia, didgeridoo, clap sticks.
- Doing art—painting, drawing, basketweaving, egg carving, bark work, ceramics.
- Having artwork, posters, toys and games.
- Reading Aboriginal books.
- Reading the *Koori Mail*, *Deadly Vibe*, *National Indigenous Times*.
- Learning an Aboriginal language or even a few words of lingo.
- Participating in sporting activities with Aboriginal organisations or teams.
- Watching special sporting days such as AFL vs Aboriginal Allstars.
- Being involved with Aboriginal mentors/role models.
- Enjoying Aboriginal cuisine/food.
- Life Book and life story work.
- Using an Aboriginal cultural diary, such as one published by VACCA.
- Flying the Aboriginal and/or Torres Strait Islander flag.
- Indigenous plants/garden.
- Going camping / bush.
- Smoking ceremonies.

