

Cultural Competency Audit Of Child Protection Staff and Foster Care and Adoption Manual



indigenous
PSYCHOLOGICAL SERVICES

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Cultural Glossary

Aboriginal: Refers to peoples who are considered as the original inhabitants of mainland Australia. There are significant differences in social, cultural and linguistic customs between various Aboriginal groups in Australia and the distinction between Aboriginal people and Torres Strait Islander peoples is important in recognition of the diversity and distinct cultural history of Torres Strait Islander peoples from that of Aboriginal Australians (refer to definition of Torres Strait Islander). Please refer also to the definition of "Indigenous Australians."

The broad term Aboriginal Australians includes many regional groups that often identify under names from local Indigenous languages. These very broadly include:

- Koori (or Koorie) in New South Wales and Victoria (Victorian Aboriginal people)
- Ngunnawal in the Australian Capital Territory and surrounding areas of New South Wales
- Murri in Queensland
- Murrdi Southwest and Central Queensland
- Nyungar/Noongar in Southern Western Australia
- Yamatji in central Western Australia
- Wangai/Wongai in the Western Australian Goldfields
- Nunga in southern South Australia
- Anangu in northern South Australia, and neighbouring parts of Western Australia and Northern Territory
- Yapa in western central Northern Territory
- Yolngu in eastern Arnhem Land (NT)
- Tiwi on Tiwi Islands off Arnhem Land. They number around 2,500.
- Anindilyakwa on Groote Eylandt off Arnhem Land
- Palawah (or Pallawah) in Tasmania

These larger groups may be further subdivided; for example, Anangu (meaning a person from Australia's central desert region) recognises localised subdivisions such as Pitjantjatjara, Yankunytjatjara, Ngaanyatjarra, Luritja and Antikirinya. It is estimated that prior to the arrival of British settlers, the population of Indigenous Australians was approximately 750,000 to 1 million to approximately 500,000 in the current day (source: <http://www.abs.gov.au/ausstats/abs@.nsf/0/68AE74ED632E17A6CA2573D200110075?opendocument>).

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing: Aboriginal and/or Torres Strait Islander Social and Emotions Wellbeing (SEWB) refers to a broad and holistic concept that reflects the Aboriginal and Torres Strait Islander holistic understanding of life and health. It includes mental health, but also considers other factors such as cultural, spiritual and social wellbeing. It encompasses not just the wellbeing of the individual, but also the wellbeing of their family and community. The definition of SEWB is that it ensures the accurate assessment of Aboriginal people who are experiencing mental ill health by ensuring that all contributors to mental ill health are understood and explored for their relevance.

Avoidance relationships: Refer to those relationships in traditional Aboriginal society where certain people were required to avoid others in their family or clan. These customs are still active in many parts of Australia, to a greater or lesser extent. Avoidance relationships are a mark of respect. There are also strong protocols around avoiding, or averting, eye contact, as well as around speaking the name of the dead. In general, across most language groups, the two most common avoidance relationships include:

Brother—sister: Both these avoidance relationships have their grounding in the Australian Aboriginal kinship system. There may be other avoidance relationships, including same-sex relationships, but these are the main two. These relationships require a social distance, such that they may not be able to be in the same room or car. Be sensitive to the signals that alert one to this situation, for example being told that there is 'no rooms' in a car or a building when there appears to be sufficient 'space'. Aspects of this system of social organisation differ between regions.

Son-in-law, Daughter-in law — Mother-in-law: Aboriginal custom throughout Australia bans a person from talking directly to their mother in law. The relationship is one of respect, but avoidance. A mother-in-law also eats apart from her son-in-law or daughter-in-law and their spouse. They will still communicate via the wife/husband, who remains the main conduit for communication in this relationship. Often there are language customs surrounding these relationships. This relationship extends to avoiding all women of the same skin group as the mother-in-law, and, for the mother-in-law, men of the same skin group as the son-in-law. It has been suggested that the custom developed to overcome a common cause of friction in families.

Avoidance language: Traditionally refers to the use of language as a sign of respect or as a result of 'power' or hierarchy differences. For instance, referring to a deceased person by name directly after their death as a mark of respect and to ensure that, spiritually they are not 'called back' before grieving has occurred in its finality. Today the practice continues in many communities, but has also come to encompass avoiding the publication or dissemination of photography or film footage of the deceased person as well (for example, many Australian television programs, includes a title card warning Aboriginal and Torres Strait Islanders to 'use caution viewing this film, as it may contain images or voices of dead persons,' presumably out of respect for the cultural beliefs of said viewers). Refer to Guiding Cultural Principle 8 in relation to Grief and Loss in Aboriginal communities for further detail.

Aboriginal Mental Health: Refers to the understanding that for Aboriginal people, assessment, treatment and intervention must cover additional components that may be risk or causative factors for diagnosis. This should include genetic, biological, environmental, cultural, spiritual and specific generational, trauma based components of risk. This includes issues of identity, inter-generational trauma and historical impacts of removal policies. It is vital that through and rigorous assessment incorporate factors are that unique to Indigenous people in terms of both accounting for risk for disorder as well as the focus of sustained treatment and intervention.

Black Identity Formation: Black racial identity development (BRID) theory explains the processes by which Black people (the term Black is used here, rather than Aboriginal people, to reflect the terminology in models of identity development) develop a healthy sense of themselves as racial beings and of their Blackness in a toxic socio-political environment in which 'blackness' is the minority position and worldview. Black racial identity development has often been conceptualised in models that describe linear stages through which Black individuals move from a negative to a positive self-identity in the context of their racial group membership. This is more fully defined and described in Guiding Cultural Principle 12.

Carer: Refers to a person who has been assessed as suitable to provide care for a child in contact with, or in the statutory care of, the Department and who provides a substantial amount of care on a regular basis. In Aboriginal culture a 'carer' needs to be considered within the context of kinship and skin relationships which often determine responsibility and obligation relationships that exist with and between individuals. This often means that an awareness of how relationships are constructed is essential to ensuring that the process of identifying an appropriate carer is identified as per Guiding Cultural Principle 11, Cultural Mapping.

Cultural accountability: The ability to be open, transparent and accountable in all of our interactions and consultations with the Aboriginal community. This means that practitioners should be fully conscious of the need to culturally validate (refer to definition in this Glossary) information obtained from the community to ensure that it is culturally accurate as well as appropriate to use in written or other forms to external parties as part of the practice of quality assurance.

Cultural Attachment Theory: The conceptual framework underpinning Cultural Attachment Theory does not discredit or minimise Attachment Theory; it recognises the limitations of mainstream Attachment Theory for Aboriginal people in that as a standalone approach it often does not work for Aboriginal people. Cultural attachment theory is built upon an existing framework, which supports Aboriginal cultural structure and reinforces cultural structure processes in the healthy development of Aboriginal children. Cultural attachment theory seeks to secure knowledge of family, extended family, community, and Country and their relationship to each other and the world. Cultural attachment theory provides an Aboriginal child with the ability to have a secure base in which he or she can explore the world by providing cultural support, and in practice is the systematic embracing of Aboriginal culture and the matching of services to meet the cultural needs of Aboriginal children.

Source: adapted from <http://cultural attachmenttheory.blogspot.com/>

Cultural competence: Can be defined as a distinct, but cumulative relationship between cultural awareness (knowing), cultural sensitivity (appreciating), cultural competence (practising, demonstrating) and cultural proficiency (embedding as organisational practice). As such it can be viewed as a developmental process underpinned by the ability to acknowledge issues and experiences from another's perspective, and within a cultural context (ACT Department of Training and Education, 2010). Cultural competence in practice must be attained at both the individual and organisational levels to ensure effective practice with Aboriginal people. At the individual level, practitioners must first be able to consider their own potential for prejudice and the extent to which mainstream training may create a mono-cultural view of their approach to service delivery. Following this self-reflective process, planning must then occur around increasing cultural knowledge, specific counselling, therapy and assessment skills, attitudes and beliefs shifts as well as access to culturally specific resources. This will ensure that movement towards true cultural competence is able to be realised. At the Organisational level it is essential that organisations provide their staff with policies, procedures, programs and systems which have been developed within and validated by the culture for which services are being delivered. Ensuring that the Aboriginal community is incorporated within the delivery, design, development and ongoing evaluation of services is an essential aspect of culturally competence.

Cultural Confidentiality: Refers to the fact that there is a different interpretation of what is 'confidential information' when working with Aboriginal people. This is largely due to the cultural sensitivity of certain topics as well as the sacrosanct nature of many topics within the Aboriginal culture. This requires that firstly, the service provider must be fully aware of the sensitivities that exist in the Aboriginal community in which they are working (this is also an important aspect of cultural competence) and then to make the patient aware that you are cognisant of the sensitivities. Following this, the service provider must then seek permission to proceed with the topic which is of sensitivity. This should normally occur through a process of Informed Cultural Consent (see definition in this Glossary as well as an overview of the process provided in Guiding Cultural Principle 3 which specifically addresses Informed Clinical and Cultural Consent). The Informed Cultural and Clinical Consent Policy also relates to this point.

Cultural Consultant: Is a person who can act as a 'guide' to the Aboriginal culture. It is essential that they are 'vouched' for by the community (see definition of 'vouching'). The cultural consultant provides culturally relevant information to (primarily) non-Aboriginal work. Due to the complexity of the culture in having many topics that are taboo to discuss or even have information about, cultural consultants should be utilised in instances in which: there is a gender difference between the worker and the client (e.g. Aboriginal

males talking with Aboriginal females will often use an Aboriginal female cultural consultant to minimise the impact of gender differences); cultural difference between client and practitioner; hierarchical difference (i.e., counselling or working with an elder) and many other instances in which culturally it is not appropriate to engage directly with an Aboriginal client. The different types of cultural consultant are;

- a) personal friends to the client;
- b) professionals within an organisation who can be accessed by a practitioner;
- c) integrated network of cultural consultants within a region, including elders, healers etc, and;
- d) formalised cultural consultant / co-therapist relationship. The cultural consultant provides cultural information to the worker, however, it is important that the worker recognises that Aboriginal culture operates with reciprocity and therefore is conscious that there will be an expectation that the worker will 'give something' back to the cultural consultant. This will likely be through simply sharing of their knowledge as well as spending time with the cultural consultant. Refer to Guiding Cultural Principle 7 for a full definition and procedures for the use of cultural consultants and guides.

Cultural Governance: Refers to structures that are developed within service delivery models that allow for the Aboriginal community to have an ongoing role in the development, refinement and evaluation of service delivery models into their communities. For models to be effective in terms of cultural governance it is essential that those involved in the governance structure are; (a) representative of the target population in which services are being delivered; (b) continue to live within the community in which the services are being delivered; (c) are vouched for from within that community as holding appropriate regard, and (d) are clearly aligned with the values and philosophies with those of the organisation.

Cultural Hierarchy: Refers to an understanding of the fact that Aboriginal culture is 'hierarchical' in that Aboriginal people actively 'look after' knowledge of behalf of the community. This ensures that knowledge is protected and only shared with those who have attained specific 'hierarchical power'. Examples are that Lore men would only share information with other Lore men, Healers with other Healers, etc. It also demonstrates that knowledge is secret or sacred and certain information is sacrosanct to be freely available to others.

Cultural Parenting Differences: Recognises differences in parenting styles between Aboriginal and non-Aboriginal people in accordance with Guiding Cultural Principle 13. Recognition of difference is essential to working in a culturally secure manner with Aboriginal families. The broad differences are that Aboriginal parenting styles fit within a collaborative or natural growth parenting style, whereas mainstream styles are more within 'concerted cultivation' styles.

Cultural reputation: Refers to how the practitioner is viewed by key people (normally vouched for elders) about their work practice and particularly their competency (ability) to work effectively with Aboriginal people. Cultural reputation is particularly useful when recruiting personnel in which their *cultural reputation* should be an important aspect of determining an appropriate service provided. Cultural reputation is able to be determined based upon cultural vouching (refer to the Definition in this Glossary as well as Guiding Cultural Principle 6).

Cultural safety: Involves understanding, learning, respecting the diversity that exists between different Aboriginal groups and not assuming absolute knowledge based on a common cultural background or interactions with select Indigenous groups. For practitioners to operate in a culturally safe manner they must have a full understanding of and ability to apply cultural validation and respect the need for cultural accountability. It is also essential that practitioners attain cultural competency in practice to ensure their

cultural safety in practice. The process of “vouching” is also a key element in ensuring cultural safety and security. Additionally, it involves appreciating that information that may be relevant to referral, treatment and assessment may be also culturally taboo. The clinician therefore needs to be sufficiently culturally competent to ensure that cultural transgressions do not occur and therefore potentially put the client at risk within their community. Cultural safety can only occur when differences in culture are recognised and respected and these differences are incorporated into health service delivery. Cultural safety importantly requires the health practitioner to explore their own cultural make up.

Cultural supervision: Is a formal relationship between members of the same culture or different cultures for ensuring that the supervisee is practicing according to the values, beliefs, protocols and practices of that particular culture. Cultural supervision focuses on cultural accountability and safety and must occur specific to the area in which the supervisee is providing services. This is due to the extreme differences within the Aboriginal culture. Cultural supervision does not replace clinical supervision.

Cultural validation: Refers to the need to specifically check with the Aboriginal community whether information gathered from that community has been obtained accurately (in instances in which information has been gathered from multiple cultural sources and then interpreted or summarised) and that it is appropriate for that information to be distributed in different forms and beyond the community in question. This is to ensure that information that has been gathered does not infringe on any cultural taboos and the need for information within the culture to remain secretive.

Cultural vouching: As a process ensures there are no cultural or family conflicts, or alliances that may impact upon the clinician’s capacity to provide services to or consultation\supervision about a particular Aboriginal client. The cultural vouching process is described in detail in Guiding Cultural Principle 6. The process can be used effectively for the following:

- (a) increasing levels of engagement and service uptake;
- (b) to ensure that the correct cultural consultant and/or cultural supervisor are used by the organisation/individual worker.

Elders: Elders are highly respected Aboriginal people held in the highest regard by the Aboriginal community for their wisdom, cultural knowledge and commitment to community. Elders are responsible for making important community decisions and are the traditional custodians of knowledge and Lore/Law (see definition below). Elders hold the knowledge and beliefs of their tribal group and have permission to disclose their traditional Aboriginal knowledge and beliefs in circumstances only they are aware of. In some communities, older people refer to themselves as Elders, however it is important to acknowledge the difference that *may* exist between a traditional Elder and an Elder based on age.

Family care: An out of home care arrangement with a person (s) who is a ‘relative’ as defined in the *Children and Community Services Act 2004*. For Aboriginal children, family will include community members who may be Kin but who, through the Legislation, are not legally defined as family. In these instances Departmental staff will need to be aware of the family connection and consider this within the broader context of a family carer assessment.

Foster care (carer’s residence): Is where a family or an individual cares for other people’s children in their own home. Children will need either temporary or permanent care depending on where they are on their permanency journey. The type of carer that will be most suitable for a child will depend on the child’s individual needs. Children generally keep in touch with their birth parent(s) and other family members.

Gratuitous concurrence: Refers to the situation where a person appears to assent (say yes) to every proposition put to them even when they do not agree. For many Aboriginal people, using gratuitous concurrence during a conversation is a cultural phenomenon, and

is used to build or define the relationship between the people who are speaking. Gratuitous concurrence is also referred to as the 'yes syndrome'.

Informed cultural consent: Refers to the need for practitioners to be aware that for Aboriginal people there is a strong aspect of the culture that requires that information is kept secret or sacred and is therefore not able to be discussed openly. The practitioner must therefore be able to undertake a process of informed cultural consent as described in Guiding Cultural Principle 3 to ensure that Aboriginal clients are not unwittingly asked to provide information to a third party that they are not culturally allowed to provide.

Kinship Ties: Recognises the extent of connection and the ties that Aboriginal children have to their extended family. That these ties dictate differences in Attachment Theory (see Cultural Attachment Theory) and within that the limitations of mainstream assessments of Attachment through the use of a nuclear family approach or through the use of 'Genograms' as opposed to Cultural Mapping as defined in Guiding Cultural Principle 11.

Lore (Law): Aboriginal Lore (Law) includes the accepted and traditionally patterned ways of behaving and shared understandings relating to land, language, way of living/being, kinship, relationships and identity. It is important to recognise the diverse range of Aboriginal peoples throughout Australia and that each language group has their own unique spirituality, beliefs and Lore (Law). Traditional Lore/Law has rules regarding every aspect of life from homicide, assault, swearing, etc. and includes rules that make *not* doing things an offence; like not sharing food for example. Traditionally, through traditional Lore/Law Aboriginal peoples always had a clear guide as to appropriate and inappropriate behavior. Lore exists to maintain the sanctity of the Aboriginal culture. There are certain aspects of Lore that remain secret only to those who have undertaken specific rites of passage to have access to its sacred teachings.

Lore Mentor: Defines individuals who have a responsibility relationship to 'teach' or guide young Aboriginal men or women through their rite of passage or 'traditional lore. 'Lore Mentor' is used to describe the Kinship relationships that dictate the individuals who have such responsibility and authority.

Payback: Refers to the form of customary law that exists in Aboriginal communities in which there is a form of payment for wrongdoing. As Toohey suggests 'the idea is to give the family of the injured person satisfaction and thereby bring the matter to an end' and because it occurs in public everyone knows that the matter has been finalised. There are many different types of payback that are on a continuum between shaming and spearing in the leg. The continuing use of physical punishments in contemporary Aboriginal society is a major source of conflict with Australian law as often Aboriginal people have to "pay twice" for the same crime. Payback impacts on health and wellbeing in that conflict remains unresolved for the Aboriginal person. Often as a result an Aboriginal person may choose or desire to have payback occur. Refer to Guiding Principle 8 –Culture Bound Syndromes in Practice.

Responsibility relationships: Refers to the way relationships are constructed within Aboriginal communities and the recognition that this is different to the manner in which non-Aboriginal people construct relationships; relations are decided not only by blood and marriage - people from the same language groups are also often referred to as family. The system of kinship and skin relationships (refer to definition in Cultural Glossary), which determines an Aboriginal person's extended family and land, is also central to how relationships are constructed within groups of Aboriginal people. In particular, kinship and skin defines the roles and responsibilities for raising and educating children in the community. The family also plays an important role in traditional cultural practices and ceremonies. Depending upon the specific needs of the child there are certain individuals who have what can be referred to as a 'responsibility or obligation relationship' to an Aboriginal child. This can dictate care of infants and parenting responsibilities, assisting with rites of passage and so forth. The roles and systems of families may vary between each Aboriginal community, but all serve a similar function.

Skin relationships: Refers to the 'skin system' refers to the Aboriginal kinship system. The kinship system is a feature of Aboriginal social organisation and family relationships across Australia. It is a complex system that determines how people relate to each other and their roles, responsibilities and obligations in relation to one another, ceremonial business and land. The kinship system determines who marries who, ceremonial relationships, funeral roles and behaviour patterns with other kin. Today the number of 'wrong skin' marriages is increasing, and families are attempting to accommodate the contradictions.

However, there are some rules which are adhered to, certain 'avoidance relationships', especially that between a mother-in-law and a son-in-law (please refer to definition of **avoidance relationships** in this Glossary). The table below illustrates the skin terms and relationships for the Martu people and their language groups. This is intended as an example only of how a skin system works. Clearly skin systems differ from one region to the next. Martu society is divided into four skin groups, or subsections. There are very strict rules as to who may marry whom, as outlined in the table below.

Male skin name	Can only marry female skin name	Children will be
Panaka (<i>Banaga</i>)	Karimarra (<i>Garimara</i>)	Milangka (<i>Milangga</i>)
Purungu (<i>Burunggu</i>)	Milangka (<i>Milangga</i>)	Karimarra (<i>Garimara</i>)
Karimarra (<i>Garimara</i>)	Panaka (<i>Banaga</i>)	Purungu (<i>Burunggu</i>)
Milangka (<i>Milangga</i>)	Purungu (<i>Burunggu</i>)	Panaka (<i>Banaga</i>)

Source: https://en.wikipedia.org/wiki/Martu_people

This can also be represented in the following way:

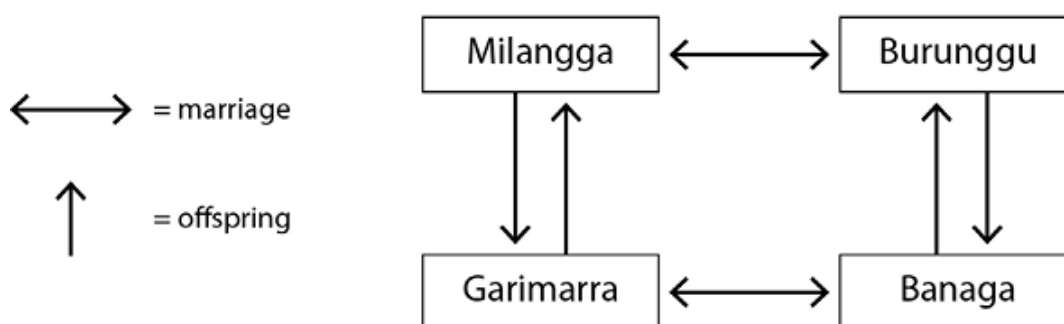


Figure 1: Martu skin relationships

Source: <http://press>

files.anu.edu.au/downloads/press/p223641/html/ch05.html?referer=311&page=11

As per Figure 1 above, each person has a patrimoiety (a male line) and a matrimoiety (a female line). It can also be the case the outsiders who have a significant interaction with traditional Aboriginal groups, such as the Martu, may be given a 'skin name', commonly based on the people they have interacted with and the types of interaction. The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) produces a map of Aboriginal Australia which provides the best overview of all the language, tribal or nation groups of Aboriginal Australia as provided at Figure 2.

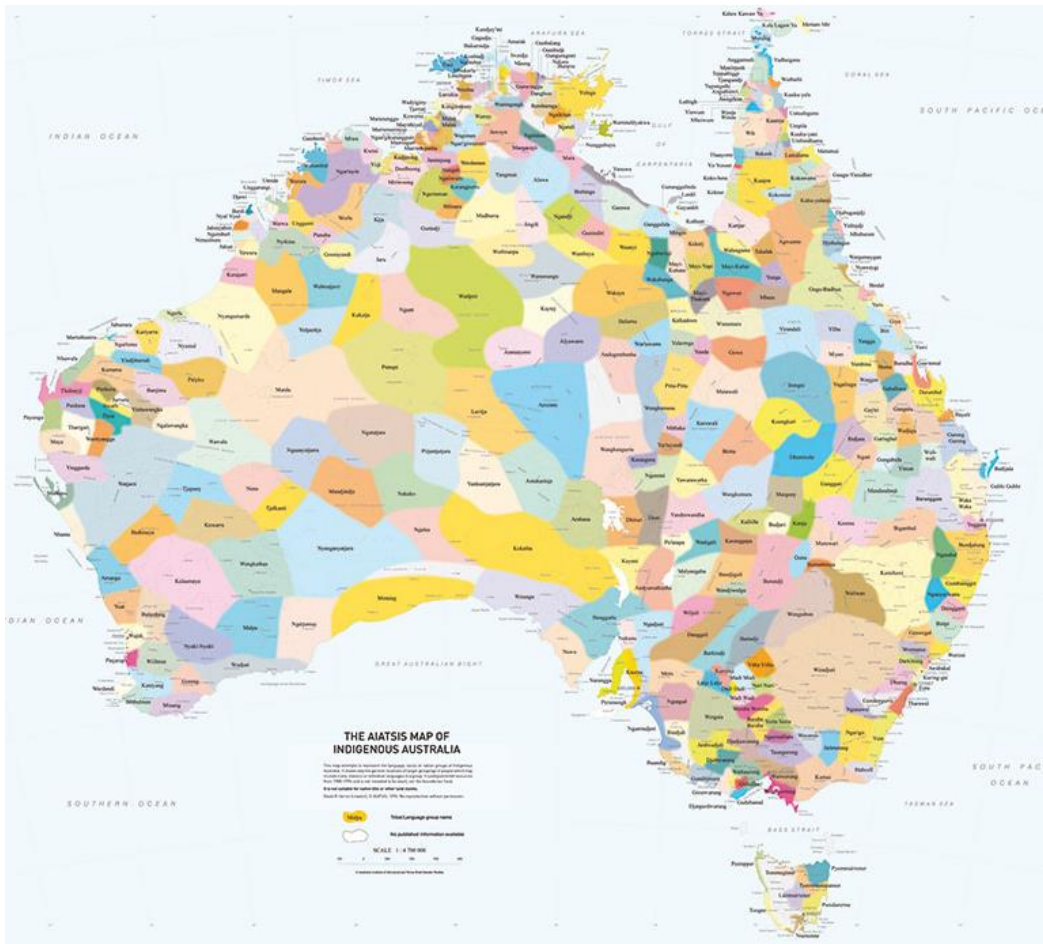


Figure 2: Aboriginal Language Map

Source: <https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia>

Social and emotional wellbeing: Refer to a broad and holistic concept that reflects the Aboriginal and Torres Strait Islander holistic understanding of life and health. It includes mental health, but also considers other factors such as cultural, spiritual and social wellbeing. It encompasses not just the wellbeing of the individual, but also the wellbeing of their family and community.

Sorry time or sorry business: Refers to the ceremony or ritual that occurs in Aboriginal communities to pay respects to someone who has passed away. Sorry time involves specific rituals that involve key individuals depending upon their relationship with the deceased. Funerals can involve entire communities, and the expression of grief can include self-injury (sometimes known as sorry cutting). The grieving relatives may live in a specially designated area, the sorry camp, for a period of time. The relatives may also cut off their hair or wear white pigment on their faces. There are often distinct grieving behaviours within sorry time that differ from one region and community to the next. It is also a common practice that the community refrains from using the name of the deceased as already discussed. This is explained further in Guiding Cultural Principle 8.

Torres Strait Islander: Refers to those peoples who are Indigenous to the Torres Strait Islands. The eastern Torres Strait Islanders are related to the Papuan peoples of New Guinea and speak a Papuan language. The Torres Strait Islanders possess a heritage and cultural history distinct from Aboriginal traditions. Accordingly, they are not generally included under the designation "Aboriginal Australians." This has been another factor in the promotion of the more inclusive term "Indigenous Australians". Six percent of Indigenous Australians identify themselves fully as Torres Strait Islanders, with four percent identifying as having both Torres Strait Islander and Aboriginal heritage. The Torres Strait Islands comprise over 100 islands. Many Indigenous organisations incorporate the phrase "Aboriginal and Torres Strait Islander" to highlight the distinctiveness and importance of Torres Strait Islanders in Australia's Indigenous population.



Guiding Cultural Principles

This document outlines the 10 key Guiding Cultural Principles developed by IPS specific to the operationalisation of the cultural audit undertaken on the Department of Communities – Child Protection and Family Support (the Department) Foster Care and Adoption Assessment Manual 2017.

These Guiding Principles remain the intellectual property of Indigenous Psychological Services (IPS) and can only be used by the Department. They cannot be distributed or used for any other purpose without the expressed consent of an authorised representative of IPS.

The Guiding Cultural Principles, for the Department of Communities – Child Protection and Family Support, in addition to the overarching Aboriginal and Torres Strait Islander Child Placement Principle that must be applied for every Aboriginal child in care, include:

Guiding Principle 1	Commitment to Staff and Organisational Cultural Competence
Guiding Principle 2	Understanding the Impacts of the Stolen Generations
Guiding Principle 3	Informed Cultural and Clinical Consent
Guiding Principle 4	Cultural Confidentiality with Aboriginal Clients
Guiding Principle 5	Culturally Secure Record Keeping and Exchange of Information
Guiding Principle 6	The use of Cultural Vouching
Guiding Principle 7	The use of Cultural Consultants
Guiding Principle 8	The Use of Mainstream Assessment and Testing with Aboriginal People including Culture Bound Syndromes in Practice
Guiding Principle 9	Differences in the Assessment of Attachment (Cultural Attachment Theory)
Guiding Principle 10	Effective Engagement of Aboriginal Clients and Families
Guiding Principle 11	Cultural Mapping
Guiding Principle 12	Black (Aboriginal) Identity Formation
Guiding Principle 13	Differences in Parenting Styles of Aboriginal People and Child Development
Guiding Principle 14	Differences in Communication Styles including Aboriginal English

Guiding Cultural Principle 1: Commitment to Staff Cultural Competence

The Department acknowledges their responsibility to provide opportunities for staff to meet minimum standards of cultural competence so that they are able to provide a 'culturally competent' service to the children, families and communities they are responsible for. This is of particular significance given both the over-representation of Aboriginal children and families in the child protection system and the Department's historical role in the removal of Aboriginal children from their families, which has led to generational trauma and attachment issues that can only be addressed through prioritising the cultural competencies of staff.

This Guiding Cultural Principle provides detail on the mechanisms through which the Department can commit to cultural competence in and through practice:

1. Cultural Governance.

Ongoing cultural guidance and governance will support the Department to develop and move closer towards culturally competent practice through policy development, practice guidelines, training and development and service delivery. This includes the cultural competency of the assessment of Foster Carers to ensure their suitability for the fostering of Aboriginal children. This is further highlighted by the utilisation of the Cultural Competency Profile – Foster Carers (CCP-FC: Westerman, 2019 in preparation).

2. Staff Processes.

Cultural competency is a complex set of skills which are essential to many of the roles within the Department. Specific strategies to recruit, place, train and manage employees who have recognised cultural competencies must be a focus and should include:

- a) Minimum standards of Cultural Competence as indicated through the *Cultural Competency Profile – Child Protection (CCP-CP: Westerman, 2019, in preparation)*. Whilst employees must have a clear understanding of the requirements of culturally competent practitioners the Department accepts that this standard should be set and supported organisationally. There is a requirement that the Department takes a proactive approach to the development of employee cultural competence through a range of development initiatives including (but not limited to):
 - i) Completion of the Cultural Competency Profile – Child Protection (CCP-CP: Westerman, 2019, in preparation). Cultural Supervision as indicated through the personalised cultural supervision plan following completion of the CCP-CP
 - ii) Access to written literature on Aboriginal history, wellbeing, and cultural practices.
 - iii) Training workshops (focussing on both awareness and behavioural action) on Aboriginal culture which are able to be delivered on a range of topics relevant to the Department's work. That this commitment should be specifically focused on the areas of need as determined by the CCP-CP assessment of staff cultural competencies and analysed annually
- b) The Department will commit itself to including Cultural Foundation Training in employee induction training so that all employees are clear about their responsibilities to culturally competent practice. This necessitates the development and delivery of ongoing Cultural Foundation Training as described in this section.

Each of these strategies will now be described in greater detail.

A CULTURAL GOVERNANCE

The role of cultural governance is to provide high level support and mentoring to employees in order that they are assisted to deal with complex ethical dilemmas as related to working with Aboriginal children, families and communities.

B STAFF PROCESSES

In recognising that cultural competence is an essential component of effective service delivery for Aboriginal clients the Department must seek to incorporate a number of processes and assessments in the recruitment of potential employees that factors in the requirement for employees to be culturally competent or able to commit to a journey to grow their cultural competence. This can include:

1. 'Head hunting' of candidates based on *cultural reputation* (refer to Cultural Glossary for definition of cultural reputation). Organisations will have optimum success if they recruit on the basis of the following:
 - a) That potential recruits have demonstrated cultural competence, can be culturally vouched for and have a positive cultural reputation, especially where the role is forward facing to Aboriginal and/or Torres Strait Islander clients and employees.
 - b) That they have a commitment to cultural competency through demonstration of this during the recruitment process and through cultural vouching/referees.
 - c) That a mix of genders is provided to the community in recognition of the fact that gender is a sub-culture in Aboriginal communities. Effective engagement is optimum if service models allow for a mix of genders in personnel.
 - d) Recruit teams that provide a mix of clinical and cultural skills in their personnel. Models that have maximum impact are those which are based on a clinical and cultural competency mix. This means that service delivery teams have either one or both of the workers who have professional qualifications and one or both of the workers have strong cultural competency as vouched for by a recognised Elder from the community in which the employee is working.
2. Cultural vouching of candidates (refer to Cultural Glossary for *cultural vouching* definition). IPS have found that exploring cultural skills of candidates via a highly regarded Indigenous person who knows of the candidates work has a good outcome with regard to the cultural skills of the worker. The cultural vouching requests that information on the candidate is provided which confirms some aspects of their application and responses presented within the interview process. Specifically:
 - a) On what basis is the person able to vouch for the candidate culturally? What direct experience have they had of the candidates work with Aboriginal and/or Torres Strait Islander people and communities?
 - b) What particular cultural skills did they witness and in what environment/s?
 - c) Do they have any direct experience of their ability to work culturally in a child protection context?
 - d) Do they see the candidate as being able to provide the type of service that the position requires – focusing particularly on working within an Aboriginal and/or Torres Strait Islander child protection context, including liaising with key organisations and individuals throughout the region.

- e) Do they view the candidate as having a genuine commitment to Aboriginal and/or Torres Strait Islander peoples? On what basis have they been able to assess this?
3. Culture specific interviews which focus upon staff being able to demonstrate cultural competency in practice and commitment to cultural competency via the following methods:
- a) That they have undertaken some formalised training in Aboriginal cultural awareness; Aboriginal mental health, child protection, etc.
 - b) Undertake cultural supervision or consult regularly with Elders and *cultural consultants* (see Glossary for definition) specifically to improve their practice with Aboriginal clients.
 - c) Have access to appropriate cultural resources to assist in their work with Aboriginal clients including literature, web-based information or other.
 - d) Are fluent in describing cultural processes in engagement, cultural assessment/intervention processes with Aboriginal clients and how they differ from working with non-Aboriginal clients, etc.
4. Departmental employees must be able to demonstrate a level of Cultural Competency as defined in this Guiding Cultural Principle that is commensurate with the level of service delivery they will be providing. Should there be areas requiring further training or development additional Cultural Foundation Training should be sought. Employees must be proactive about bringing this to the attention of their line managers. Cultural Foundation Training should include:

Specific content relative to the Department's Case work practice manual and other areas of service delivery. Cultural Foundation Training should ideally be generic across the Department and basically involve the implementation and understanding of the Guiding Cultural Principles as a focus of the training. The Department should determine the makeup and look of Cultural Foundation Training based on specific need and resource limitations.

The Department's success will come down to the staff that are engaged and how they are supported and developed. It is essential that the Department present to its personnel that it has a strong focus on cultural competency from the very beginning of their contact with the Department at the recruitment phase and continuing on once they commence employment. As outlined above, this can be done through cultural governance, recruitment processes, and cultural foundation training during the first year of employment.

Guiding Cultural Principle 2: Understanding the Impacts of the Stolen Generation

The forcible removal of Aboriginal children from their families and communities since the very first few days of the European occupation of Australia in 1788, and the continuation of this policy until 1972 (in Western Australia) has been implicated in the development of many mental health issues amongst Aboriginal people. Whilst the effect of this practice is mediated by an individual's response to this experience, the centrality of trauma and grief has been repeatedly identified by Aboriginal people as one of the most critical issues affecting them. It is essential that a full understanding of the impacts of this policy, the resultant intergenerational trauma which continues to this day is fully understood by those working within the child protection system. It is critical that staff at the very least are able to have a working understanding of these impacts through a reading of the *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* which was released in 1997 (*"The Bringing Them Home Report"*) and also have a fuller understanding of these impacts via this current Guiding Principle and ensuring that ongoing trauma is best understood via Guiding Cultural Principle 9.

This major report pertaining to the impacts of the Stolen Generations, and from which both State and Commonwealth Governments should continue to formulate policy direction is the *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* which was released in 1997. The report titled *"Bringing Them Home"* was originally commissioned in 1995 by the then Labor Government Attorney-General Michael Lavarch, MP, in response to lobbying by key Indigenous groups and communities who were concerned about the lack of response by government to the past removal policies as well as ongoing impacts upon those removed from their families and communities. The Terms of Reference for the Inquiry were far reaching and included examining;

- 1) The past and continuing effects of removal practices and policies which led to the separation of Aboriginal and Torres Strait Islander children from families and the effects of those laws
- 2) The need for change to current laws governing services and procedures relating to services to Aboriginal peoples including access to records and reunification processes
- 3) The justification and nature of compensation for those affected
- 4) Current placement policies and procedures with respect to Indigenous children

The Commission consulted widely, taking submissions from 777 people, the majority of which (69%, N=555) were Indigenous people who had experienced removal from their family of origin, and was damning of past forced removal policies of previous governments and of the ongoing impact that this continued to have on Aboriginal people, their families and communities. According to Sir Ronald Wilson in a speech made upon the release of the *Bringing Them Home Report* (1977)

"Children were removed because the Aboriginal race was seen as an embarrassment to white Australia. The aim was to strip the children of their Aboriginality, and accustom them to live in a white Australia. The tragedy was compounded when the children, as they grew up, encountered the racism which shaped the policy, and found themselves rejected by the very society for which they were being prepared"

In essence the Inquiry estimated that past removal policies impacted on between ten (10) and thirty-three (33) percent of all Aboriginal people; that far from being 'for their own good', the effects of removal were mostly negative and severely disabling for the majority of Aboriginal people, and that the impacts of removal continue to effect subsequent generations of Aboriginal people. This is consistent with the literature which indicates that families of people who experienced significant trauma of the type reported by Stolen Generations people have a significant likelihood of 'inheriting' trauma responses (Zubrick,

2005). However, perhaps the most important conclusion reached by the Inquiry was that the past removal policies were

"Racially discriminatory and genocidal in their intent, breached the fiduciary duty and duty of care towards Indigenous children and was a gross violation of basic human rights" (Bringing Them Home, 1997; pg. 264).

The 54 recommendations applied principles of international human rights law¹ and given that "between one in three and one in ten Indigenous children were forcibly removed from their families and communities between 1910 and 1970", there followed National Estimates that indicated that the number of Indigenous people directly affected by forced removal policies include approximately 100,000 peoples. However, the estimation of the impacts of forced removal has in and of itself created a level of distress for people and led to a question of "how do we define Stolen Generations people?" Certainly, the evidence regarding the intergenerational impacts of trauma provides a substance to the argument that the great majority of Indigenous people have in some way been impacted upon by the forced removal policies of the past (Jonas, 2001).

Children forcibly removed from their families and subsequently abused, institutionalised and raised to believe in their own cultural inferiority will frequently lack attachment, have low self-esteem, and have difficulties relating to others. The inter-generational effects of this experience have been profound and much of the research, indicates that many 'Stolen Generations' children are more likely to have 'problem' children, with 25% of boys and 33% of girls (of parents) having 'substantial behaviour problems', such as delinquency (Aboriginal Legal Service, 1995); substance usage (Reser, 1989a); self-harm (Hunter, 1991b) and suicidal behaviours (Raphael, 1994; Swan & Raphael, 1995) difficulty with school (Gross, 1989) and in relating to their peers (Silverman & Felner, 1995). Further the Aboriginal Legal Service of WA's report into the Stolen Generations "Telling Their Story" involved a survey of some 483 clients who had been forcibly removed and found that more than 33% reported that their children had in turn been removed from their families.

As quoted by the Australian Institute of Family Studies
(<https://aifs.gov.au/cfca/publications/children-care>):

"Australian Bureau of Statistics (ABS) population projection data for 30 June 2017 indicate that Aboriginal and Torres Strait Islander children would comprise 5.5% of all children aged 0–17 years in Australia (AIHW, 2018b); yet of all children placed in OOHC in 2016/17, Aboriginal and Torres Strait Islander children made up 36.9%. In all jurisdictions, the proportion of Aboriginal and Torres Strait Islander children on OOHC placement orders was higher than that for other children.

As of 30 June 2017, there were 17,664 Aboriginal and Torres Strait Islander children in OOHC in Australia – a placement rate of 58.7 per 1,000 children. In contrast, the rate for non-Indigenous children was 5.8 per 1,000. In other words, the national rate of Aboriginal and Torres Strait Islander children in out-of-home care was almost 10 times the rate for non-Indigenous children (AIHW, 2018a, 2018b). Indigenous children were over-represented in OOHC across all age groups. Indigenous children aged 5–9 were 12 times more likely than non-Indigenous children of the same age group to be in OOHC (AIHW, 2018a)."

"Between 1 July 2016 and 30 June 2017, the rate of substantiations of abuse, neglect or risk of harm was 46 per 1,000 Aboriginal and Torres Strait Islander children in Australia. This means that Aboriginal and Torres Strait Islander children were almost seven times

¹ Recommendations based on international instruments: The Van Boven Principles (Basic Principles and Guidelines on the Right to Reparation for Victims of Gross Violations of Human Rights and Humanitarian Law) are the basis of the recommendations relating to reparation. Bringing Them Home states that gross violations of human rights were committed against indigenous people (see Bringing Them Home, pp. 266ff.) and cover recommendations 3-41. Recommendations 44-53 are based on the Convention on the Rights of the Child. There is also an influence in these recommendations from the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Racial Discrimination, and the Genocide Convention (Success Works, 2003).

more likely than non-Indigenous children to be the subject of substantiated reports of harm/risk of harm.” (<https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>).

This appalling statistic compels us to deconstruct not just individual and family-level contributing factors, but also the multiple contemporary and historical causes of trauma and attachment disruption in Aboriginal communities.

How Chronic Collective Trauma impacts on Trauma and Attachment

Although traumatic events invariably cause both physical, cognitive, behavioural and psychological reactions, the term chronic collective trauma is more commonly applied to the psychological effects shared by a group of people of any size, and must be distinguished from individual trauma as in PTSD. Such patterns of psychological distress occur predominantly in those unique instances in which multiple traumas have occurred and is associated with experiences of marginalisation, oppression and living with suffering over extended periods of time. In these cases communities are overwhelmed, feel existentially unsafe, and find the world profoundly and imminently dangerous. This is often accompanied by such feelings as terror, hopelessness, helplessness, worthlessness, despair, distrust, rage, and guilt.

Some of the noted impacts of chronic collective trauma (according to Ratnavale, 2007) include:

- Deep mistrust of self, others, even family
- Fear and anticipation of betrayal
- Shame and humiliation
- Cultural genocide, losing traditional values, desecrating land and institutions
- Violence against women
- Self-directed violence- suicide, risk-taking behaviour
- Substance abuse
- Unremitting grief
- Intergenerational conflict, role diffusion, sexual abuse, other boundary violations
- Dependency- hostile or pathological
- Leadership vacuum
- A Conspiracy of silence - overall attitude of secrecy

What is known is that there is an extensive history of officially mandated institutions of help, especially arms of the state, contributing extensively to trauma in the Aboriginal population (Burstow, 2003). Governments or governing councils might provide maximum or minimum help. Insofar as people are not helped or helped inadequately, the trauma takes on whole new dimensions.

Magnification of trauma by others and by society at large occurs in many ways, including denying the impact of the critical incident, minimising its severity and impacts, failing to accommodate, and failing to help. The failure to acknowledge the impacts of removal policies and deny to existence of the stolen generations for many years contributed significantly to the ongoing trauma response for many Aboriginal peoples across Australia. Where trauma is magnified exponentially in the name of help, especially by those helping institutions that occupy central locations around ruling, it can manifest as a collective disorganised attachment – which as we have learnt, results at an individual level when the person who is supposed to be your protector becomes the abuser. At a collective level for

Aboriginal people the experience of government, police and our political leadership is to continue to institute behaviours towards Aboriginal people which mostly continue the cycle of racism and trauma. This is perpetuated through a multitude of ways including bias in psychometric assessments, whole of government responses such as the Northern Territory Intervention, alcohol restrictions and other programs. When racial identity is cited as a sole reason for an assumption that underpins an assessment, service, program or intervention it necessarily removes human rights and understandably continues the cycle of mistrust.

Guiding Cultural Principle 3: Informed Cultural and Clinical Consent

The Department must recognise the sanctity of Aboriginal and/or Torres Strait Islander culture and within this the understanding that there are many aspects of the practices that remain secret and sacred only to those within the Aboriginal community who have been given this information.

The Department must have in place policy and practice that supports Aboriginal and/or Torres Strait Islander clients to feel safe in the knowledge that the concept of cultural security of information is paramount within all of interactions.

Examples of cultural information that requires cultural security will be external parties (non-Aboriginal people, Aboriginal females, and males who have not gone through traditional lore) having details of 'men's business' – this is knowledge that is taught to traditional Aboriginal men during their 'lore time' (male rites of passage). There are many other types of information that needs to remain sacred and ensuring the cultural and clinical consent of Aboriginal clients can therefore be a complex process.

A model that has been validated for use with Aboriginal people has been developed by Westerman (2003) and is provided at the conclusion of this Guiding Cultural Principle. Information of relevance to this issue is based upon Westerman and should be referred to in all instances in which initial consent is require of Aboriginal clients. Information contained in this section is vital to ensuring that Aboriginal clients are fully informed – clinically and culturally of their rights and particularly the disclosure of culturally privileged information, potential use of it, and within this, potential harm to Aboriginal clients should this information be communicated to a third party.

1. When discussing issues of Informed Cultural Consent the clinician/practitioner must be fully aware of the differences that exist in effective engagement with Aboriginal Clients as outlined in Guiding Cultural Principle 10.
2. To ensure cultural security of all information the practitioner must engage an appropriate Cultural Consultant(s) to ensure the cultural integrity of information gathered and that the client is able to ensure that the use of cultural consultant is done so with due regard to any cultural considerations that can result in the most effective level of engagement (refer to Guiding Cultural Principle 7 for an overview of the effective use of cultural consultants).
3. General information that has been collected from Aboriginal clients should be checked for its cultural sensitivity and only information that is considered to be appropriate (by the Elders and vouched community leaders) for wider distribution should be presented to others.
4. The worker is aware and respects the way in which Aboriginal communities organise and disclose information. This is based upon the different types of 'power' or hierarchy that exist in the community. The different types of power that are known to exist in Aboriginal communities and which result in information being shared or not shared include:
 - a) The power of lore. This means that information will only be provided to those individuals within the community who have gone through a rite of passage or traditional lore.
 - b) Skin groups. Information cannot be shared with those who have inappropriate skin relationships with the client. Refer to the Cultural Glossary for a definition of skin groups and a model of how skin relationships work. It is very important that Guiding Cultural Principle 11 is undertaken with all Aboriginal clients at

Intake to ensure that cultural relationships are understood including the taboo nature of skin groups for Aboriginal people.

- c) Gender is considered to be a sub-culture within the Aboriginal community. This means that discussion of personal and private matters does not occur in groups of males and females. Often discussion of issues occurs in distinct gender groups. If you have a gender difference to your Aboriginal client it is strongly recommended that the practitioner adhere to the Individual Engagement Model as described in Guiding Cultural Principle 10 which then leads to enacting a cultural consultant as described fully in Guiding Cultural Principle 7.
5. Culturally safe practices need to be developed during the initial engagement of Aboriginal clients. The first part of this for practitioners is that they recognise the potential of these issues at the first stage of engagement.
 6. There needs to be recognition that an Aboriginal client may have information that can be of assistance to assessment, intervention and problem resolution but may not have the appropriate 'power' to either disclose this information to a third party.
 7. Where there is a dilemma between the client's (individual and family) perception of the cultural security of the disclosure, this needs to be discussed with the client in the first instance as there can be implications for them within the community as a result of any process of disclosure. For example, the practitioner may need to ask the client specifically if the information to be disclosed is likely to have any cultural ramifications for themselves, family or community.
 8. Traditional ceremonial practices related to healing rituals, grieving rituals, rites of passage (lore business) that may be mentioned during counselling are not for disclosure or documentation and only referred to in the context of the client's issues or dilemmas, as brought-up by the client themselves.
 9. In instances where cultural information shared with a practitioner is considered to be taboo, it is strongly advised that a cultural consultant at the correct hierarchy (refer to Guiding Cultural Principle 7) is engaged to ensure that this disclosure does not compromise the clients cultural wellbeing as well as that of the practitioner and the Department's reputation.
 10. The informed clinical and cultural consent of the client should always be sought prior to carrying out any consultation, advice or supervision from a third party for any client specific issues, particularly this which have cultural origins.
 11. Where the client is judged to be too young or not have the emotional or cultural maturity to understand the clinical and cultural implications of giving consent, such consent should be sought from the client's parent, guardian or vouched for spokesperson.

When taking on a new case and/or referral and seeking to undertake or negotiate informed cultural consent with Aboriginal clients the following Model, developed by Westerman (2003;2010) is recommended for use.

INFORMED CULTURAL CONSENT MODEL (WESTERMAN, 2003;2010)

Stage 1: The practitioner undertakes cultural vouching process. This means that the following information should be provided to their clients about themselves:

- Their full name.
- Details of Departmental Directorate, and type of work conducted.
- Their Country/area of origin (e.g. Darwin, Port Hedland, Albany, Perth area, etc.).
- Their traditional people (e.g. Yamaji, Murri, Yolgnu etc.).

Stage 2: If the worker consults with a supervisor then clinical and /or cultural vouching needs to occur. The following information should also be provided to their client:

- The name of the supervisor.
- The supervisors qualifications.
- If Aboriginal then state their Country/area of origin.
- Their traditional people.
- The purpose and reasons for the consult or supervision needs to be explained to the client and this is the responsibility of the Counsellor.

Stage 3: The informed clinical and cultural consent of the client should always be sought prior to carrying out any consultation. Discussion should cover:

- What information will be discussed.
- The purpose of disclosing the information.
- How information of a culturally sensitive nature will be treated – i.e. that the client has the right to not disclose information that is culturally sanctioned.

Stage 4: Informed cultural consent should also cover any advice or supervision from a third party such as a supervisor, manager or cultural consultant and should disclose:

- What information will be discussed.
- The purpose of disclosing the information.
- How information of a culturally sensitive nature will be treated – i.e. that the client has the right to not disclose information that is culturally sanctioned.

Stage 5: The client must be informed of their right to withdraw their consent at any stage during the counselling relationship.

Guiding Cultural Principle 4: Cultural Confidentiality with Aboriginal Clients

1. IPS strongly advocates that the Department operates in keeping with all confidentiality codes/requirements they are subject to, including profession specific codes.
2. There are many processes that require practitioners to engage with the Aboriginal community to gather relevant information pertaining to their client. Due to this, there is a greater level of requirement that practitioners operate within both clinical and cultural spheres; it can sometimes be the case that constraints associated with confidentiality are not as important when working with Aboriginal clients and communities.
3. The conversation around confidentiality needs to be frank, honest, clear and culturally respectful. Often this means that communication styles need to alter relative to the clients understanding of confidentiality. Here are some pointers on what needs to be covered and how this should be covered:
 - a) The purpose of the worker seeing the client so that a mutual understanding between the client and the worker about their relationship can be established.
 - b) Explanation of what confidentiality means – suggest that the explanation that “things will be kept private” be substituted for the term confidentiality. Communication should also be narrative as opposed to didactic (i.e. “When I say that things will be kept private, do you know what that means” as opposed to “You know what keeping things private means, don’t you?”). This can lead to a common miscommunication with Aboriginal clients, referred to by Eades as “gratuitous concurrence” (see Glossary for definition) – i.e. agreeing with negative phrased questions – otherwise known as the ‘yes syndrome’.
 - c) Ask that the client repeat back to you what they understand “confidentiality” or “keeping things private” actually means. This type of checking back is to ensure that communication has been effective. Again, use of a narrative style of questioning is most effective.
 - d) Limits to confidentiality – practical examples of when confidentiality may be broken must be provided to ensure that there is an understanding of this and that it is able to be understood between yourself and your client. For example, confidentiality cannot be maintained if the client discloses illegal activity or criminal behaviours. In terms of the cultural security of information, the worker is best advised to inform their client of the fact that their obligation is primarily to the mainstream law to disclose information of any potential harm or damage to a third party.
 - e) Explanation of the limits to confidentiality including that information cannot be kept private if the client discloses that they plan to hurt themselves or another person. It is essential that the Departmental practitioner is able to have full understanding of the concept of “harm” from the perspective of Aboriginal people. For instance, Aboriginal belief systems are such that there is a belief in the need to pay for wrongdoing – this can be via some form of payback (refer to Cultural Glossary) for definition of payback. If practitioners have a lack of understanding of payback as a process and what it means it is vital that they undertake consultation with an appropriate cultural consultant with due regard to Guiding Cultural Principle 2, 5 and 6. This requires that the practitioner is able to understand the beliefs associated with payback for Aboriginal people compared with how non-Aboriginal people view this.
 - f) The client’s rights to participate in the process and withdraw at any time should be articulated (this is the case with non-statutory involvement only). Any potential consequences that may occur if the client decides not continue with

the process should also be explained; this is particularly the case in court mandated or compensation cases.

- g) The client needs to be informed of any potential cultural issues that may result in a compromised service being provided by the Department. This must include:
 - a. Culturally privileged information that can only be discussed within genders.
 - b. Information that is only discussed within particular tribal groups.
 - c. Information that can only be discussed within hierarchies (e.g. Elders, Healers, men who have undergone men's ceremony, etc.).
 - d.
- h) What information they will pass onto a third party (eg. Supervisor) and undertake a process of Cultural Vouching (refer to Cultural Glossary and Guiding Cultural Principle 5 for how this should occur).
 - a. Information that will not be passed onto a third party within the Department or another agency.
 - b. Rationale for including a third party (e.g. another agency or counsellor) in the counselling process.
- i) Information that will be discussed with cultural consultants in the community. It is advised that the worker articulate what they will discuss with a third party and what they will not in instances in which they have permission from the client to discuss relevant issues with other individuals in the community. The worker must assure the client that they understand the need to keep things "private" and be clear to the client about what will be discussed with the third party and what will not.
- j) No family or community members will be included without a frank discussion about the purpose of involving them and this must be only for the purpose of progressing intervention to succession. If the family or community becomes involved then it is critical that the level of confidentiality be re-explained and strategies developed to establish and maintain the process.
- k) Information, clinical and cultural can be subpoenaed for court and the given Departmental employees can be called as a witness; this must be explained to clients.
- l) Should Departmental employees be privy to information that is related to traditional and often secret cultural practices it must be treated in the strictest confidence. If it is essential for this information to be passed onto others and/or recorded, the client should be encouraged to discuss this with the appropriate Elder and an agreed way forward negotiated.

Guiding Cultural Principle 5: Culturally Secure Record Keeping and Exchange of Information

There are a number of policies that refer to the release of information in written or verbal form to external services, or internal to the Department and as such employees require additional guidance in relation to the management and release of information, specifically pertaining to Aboriginal clients.

This Guiding Cultural Principle provides specific guidance for record keeping and the exchange of information for Departmental employees and should also be read in conjunction with Guiding Cultural Principles 3 and 4 as the core principles for obtaining and managing culturally sensitive information. Strict control should be maintained over the availability of client information, assessment materials and protocols to employees who should not be privy to the information due to family connectedness or cultural reasons. It is important that cultural vouching occurs as described in Guiding Cultural Principle 5 with all employees who have direct involvement with Aboriginal clients (this is particularly the case with Aboriginal people engaged to assist with an Aboriginal client). This ensures that any cultural issues that can impact upon the person's ability to be impartial and to provide relevant cultural information are fully addressed prior to their utilisation as a cultural advisor or consultant. The following points should be noted:

1. The term 'Exchange of Information' is utilised rather than the standard term "Release of Information" in recognition that when clients provide their consent for information to be shared with an internal or external party that this information is exchanged rather than released. It is therefore important that the client is aware of this and that informed cultural consent is documented relative to those who are party to this exchange.
2. Prior to the exchange of information occurring, the Departmental worker must enact a process of *cultural vouching* with their client as described in Guiding Cultural Principle 6. This process involves ensuring that the client has been informed of the following information about the Departmental practitioner, and referral agency to ensure that there are no cultural conflicts pertaining to this exchange of information. This also ensures the full informed cultural consent of the client regarding cultural security.
3. It is essential that Departmental practitioners inform their client/s of the reasons they are seeking support, advice or supervision from a third party and that these reasons be clearly documented for future cases review if that occurs.
4. The release or exchange of information will not occur without the written or other valid cultural consent of the client. For consent to be valid, clients must have an appropriate understanding of the nature, the implications and possible outcomes of the proposed release or exchange of information. The Departmental practitioner should refer to Guiding Cultural Principle 3 in relation to Informed Cultural Consent to ensure that the implications of the information exchange are fully understood by the client and that the client is fully cognisant of the way information is going to be exchanged.
5. Verbal consent may be provided by the client, but this is considered temporary and it is the responsibility of the Departmental practitioner to gain written consent. In instances in which the client does not have English as a primary language, where there exist instances of cultural and / or language barriers between practitioner and client the following options should be enacted.
 - a. Engagement of a translator for the client.
 - b. Engagement of an appropriate Cultural Consultant as per Guiding Cultural Principle 7 who can communicate directly to your client the issues of informed cultural consent and confidentiality.

- c. Consent should be sought from the client's parent, guardian or advocate if relevant.
6. The client should be informed of the types of information that will be stored, released and exchanged between the Department as well as any internal staff or external consultants/agencies.
7. Information considered being 'women's' or 'men's' business is stored in such a way that only women or men, respectively, can have access to this in instances in which this information has been obtained from the client. Importantly, Departmental employees should ensure that they enact the Informed Cultural and Clinical Consent model provided at Guiding Cultural Principle 3, to ensure that the Aboriginal client does not disclose information that is of a sensitive cultural nature. This can be considered to be a transgression of culture for which an Aboriginal person can be held accountable culturally. It is therefore important that Departmental employees are fully aware of the need to ensure cultural consent and also be aware of the broad areas that are considered to be transgressions or that can create cultural distress for clients. Some of these include:
 - a) Information obtained as part of ceremonial law by men is strictly off limits for discussion and documentation. This includes any detail of men's ceremonies and lore time (when young Aboriginal men go through a rite of passage).
 - b) Any documentation of issues of a sexualised nature – e.g. disclosures of sexual abuse; sexualised behaviours of young people can be documented but not discussed across genders. In instances in which this information has been documented on client files the worker should refer to the fact that discussion cannot occur with Aboriginal people who are of the opposing gender without engaging an appropriate cultural consultant as per Guiding Cultural Principle 7.
 - c) Healing ceremonies.
 - d) Payback – traditional customs associated with tribal punishment (refer to definition in Cultural Glossary)
 - e) Death of a relative or client. It is customary for Aboriginal clients to no longer be referred to by their first names. Documentation must therefore reflect this cultural practice to ensure that grief protocols are followed.
 - f) There also needs to be some written notification on file about how the information can be shared (i.e. with an appropriate, culturally vouched for cultural consultant) and whether the information can be shared with women or men.
8. The content and type of information that will be contained on their file and the content of any reports, letters or other forms of written correspondence. This may include the worker showing the report to the client and discussing its content with them or an appropriate cultural consultant. This is referred to as *cultural validation* of client information and ensures that information is documented on file consistent with cultural security.

Guiding Cultural Principle 6: The use of Cultural Vouching

Cultural vouching refers to a process of checking cultural credentials with the Aboriginal community. It is a two-way process that allows employees to check out the cultural credentials of a cultural consultant as well as clients in instances in which cultural identity or exposure is vital to the accuracy of assessment undertaken. Employees are also able to use cultural vouching as a method of enabling the community and client to 'check out' their cultural credentials to increase the likelihood of effective engagement and service uptake with Aboriginal clients and community. Cultural vouching has been described extensively by Westerman (2003) and has been demonstrated to be extremely effective across several areas including (1) increasing the likelihood of client engagement and referral uptake; (2) ensuring the correct cultural consultant is being used, and (3) recruitment of culturally competent workers which has already been described in Guiding Cultural Principle 1. Cultural vouching will now be described based upon the first two issues that often present themselves to practitioners in relation to their work with Aboriginal clients.

1. Increasing client engagement and referral uptake

The cultural vouching process to ensure effective engagement and referral uptake involves the employees to use their cultural, rather than clinical reputation within the Aboriginal community to allow the client to 'check out' whether they are of good cultural standing. This occurs at the stage of initial client referral (it can occur with the referral agency or with the client themselves). The Departmental worker provides the following information at the point of referral of the client:

- Provide your full name and identify the names of communities you have previously visited
- If you are Aboriginal, or been 'claimed' by an Aboriginal community, provide detail on your community of origin (including your dreaming if relevant) and who your traditional people are (e.g. Arrente, Badjalang, Yamatji). This information enables Aboriginal people to not only place you culturally (enables them to know how to refer to you, and relate to you) as well as check you out culturally.
- If you have permission to do so, provide names of key Elders who may vouch for your cultural reputation.
- If you have permission to do so, provide names of key individuals (of high cultural standing) who may be able to vouch for your cultural reputation in the Aboriginal community.
- Give the client time to check you out and decide whether you are okay to work with.

2. Ensuring the cultural credentials of cultural consultants and others

Cultural vouching is vital to ensuring that the correct cultural consultant is used in instances in which the consultant is within the Department's organisation. This should be read in conjunction with Guiding Cultural Principle 7 which describes the effective use of cultural consultants. In a similar fashion to point 1 above, the use of cultural vouching ensures that the Aboriginal client is able to check out the cultural credentials of the cultural consultant within the Aboriginal community. This occurs at the stage of initial client referral (it can occur with the referral agency or with the client themselves). The Department provides the following information at the point of referral of the client:

The full name of the Cultural Consultant.

- The cultural consultants community of origin (e.g. Pilbara, Riverland, Far North Queensland, etc.).
- The cultural consultant's traditional people (e.g. Arrente, Badjalang, Yamatji). This information enables Aboriginal people to not only place your cultural consultant but also increases the likelihood of service uptake (if your cultural consultant has a good cultural reputation). It also lessens any likelihood of cultural conflicts that might exist between your cultural consultant and the client.
- Give the client time to check out your cultural consultant and make a decision about their appropriateness.
- Names of key elders and relations who can vouch for the cultural consultant's cultural reputation.

Guiding Cultural Principle 7: The Use of Cultural Consultants

The following should be understood in relation to 'cultural consultants' in the Department's practice.

1. That there are FIVE different levels of cultural consultant. The level of consultant used depends upon the nature of the presenting problem, access to appropriate consultants as well as intention behind the use of a cultural consultant. The different levels of consultant as described by Westerman (2003) include:
 - a) The client themselves. In cases in which the Departmental worker cannot locate an appropriate cultural consultant, or in instances in which the client refuses to engage with a cultural consultant, the client themselves can act as a cultural consultant. The focus here is to make culture a focus of all interaction. The Departmental practitioner specifically discusses the cultural differences between themselves and the client and invites the client to 'guide' them if they ask them questions that they shouldn't (culturally) or operate in a way that may be seen as culturally disrespectful.
 - b) Personal friendships. An important aspect of cultural competency is the extent of integration (exposure) with the Aboriginal culture and community. Departmental personnel may call upon personal friendships to discuss cultural issues, however, specific discussion about a client cannot occur without the Informed Cultural Consent of the client as described in Guiding Cultural Principle 3.
 - c) Professional relationship. This relates to the use of cultural consultants who have either been employed within the Department (for example Aboriginal Practice Leaders) or with the use of cultural consultants employed within external services.
 - d) Integrated network of cultural consultants. Refers to the existence of a number of different cultural consultants on whom the Departmental worker is able to 'call upon' if required.
 - e) Formalised cultural consultant/co-therapist relationship. This refers to the cultural consultant relationship which is formalised and involves the cultural consultant 'sitting in' on therapy to assist with cultural issues pertaining to the effectiveness of the therapeutic process.

The level of cultural consultant that is used can often depend upon the type of problem and complexity attached to it. Guiding Cultural Principle 6 provides an overview of the traditional treatment hierarchy which is useful in providing relevant context to the different levels of cultural consultant that may be relevant for Aboriginal people.

How to ensure that the correct cultural consultant is used:

A few points to ensure that the correct cultural consultant is used:

- The cultural consultant must be nominated by client themselves.
- Optimally, it is also important that the community validate the choice of Cultural Consultant where possible. This is referred to as 'cultural vouching' and has been described in detail in Guiding Cultural Principle 6. Cultural vouching decreases the chances that the wrong cultural consultant will be used. Sometimes this can be difficult and thus it will be important for the Department itself to engage in appropriate consultancy with Aboriginal agencies or workers to determine who the key community stakeholders are and who holds 'power' or regard within a community.

It is therefore an essential part of cultural competency (Guiding Cultural Principle 1) that practitioners are able to 'call on' a range of cultural consultants in practice depending upon the client specific (male, female, Elder, etc.) nature of the problem and competency of the practitioner.

A basic cultural consultant model (Westerman, 2003)

1. The client acts as their own cultural consultant.
2. The client nominates someone to act as a cultural consultant.
3. The worker prepares the cultural consultant for their role. This includes:
 - a. discussing the requirements of their role – i.e. to guide me culturally.
 - b. discusses issues of informed cultural and clinical consent and cultural confidentiality as described in Guiding Cultural Principles 3 and 4 respectively.
4. The "cultural consultant" is used during the client session by:
 - a. entering into a two-way conversation between yourself and your client.
 - b. acting as a co-therapist during counselling.
 - c. providing commentary regarding culturally appropriate practice during sessions.
 - d. providing cultural supervision / debriefing immediately after the counselling session regarding appropriateness of practice.
5. The practitioner is eventually able to work solely with the client – this is directed by the client's level of comfort in doing so.

REMEMBER: The cultural consultant is used at all times during the work with your client, not just during times of crisis.

Common mistakes made with the use of the cultural consultant model:

- engaging the wrong level of cultural consultant for the presenting problem.
- engaging a cultural consultant of the opposite gender to the client.
- engaging a cultural consultant who had an avoidance relationship with the client.
- engaging a cultural consultant from a different tribal or language group to the client and who did not have an understanding of each other's culture.
- Engaging a cultural consultant who was feuding with the client's family.
- Engaging a cultural consultant only during crisis.

Added to these concerns is that Aboriginal and/or Torres Strait Islander people who are approached to act as cultural consultants would not necessarily volunteer information of a cultural nature that precluded them from being engaged as cultural consultants. To avoid this, counsellors must ask the question "Is there any cultural reason why you can't be involved?" **(Providing practical examples – e.g. are there family conflicts; avoidance issues etc.)**

Guiding Cultural Principle 8: The use of Mainstream Assessment and Testing with Aboriginal People Including Culture Bound Syndromes in Practice

This Guiding Cultural Principle is the subject of recommendations for the department to consider a review of their psychological testing guidelines for use with Aboriginal people. this section refers to the limitations of mainstream psychological testing, with Aboriginal and/or Torres Strait Islander children, families, carers and communities.

There has been strong criticism of the use of mainstream assessments and psychological tests with Aboriginal clients as they fail to recognise the role of culture in client presentation (Okazaki, 1998; Hunter, 1994; Westerman, 2010; Westerman & Sheldon in preparation). A number of confounds have been shown to *significantly* bias psychological tests in favour of western, middle-class, schooled individuals. However, the Australian literature has focused primarily on the issue of test bias in the cognitive assessment of Aboriginal people. In addition to this, the literature on personality assessment has been conducted primarily within indigenous cultures internationally. This Guiding Cultural Principle will therefore provide an overview of the literature for the purpose of providing a conceptual basis of the origin of test bias with Aboriginal and other minority populations. These factors include:

- a) the normative populations for the thousands of psychological tests in existence are predominantly Caucasian Americans – in many instances college students, men and/or middle class (Jones, 1991; Williams, 1991). As a result these tests are “emic psychometric derivatives of a Eurocentric worldview” (Dana, 2000). Therefore, when minority populations are assessed using these norms, questions are raised regarding whether these norms are relevant for indigenous people. Concerns are therefore raised regarding the possibility of misdiagnosis (Epstein, March, Conners & Jackson, 1998).
- b) the validity of diagnoses, which are conducted by a tester who is operating from a perspective diametrically opposed to that of the testee (in this case, the Aboriginal client (Kearins, 1990). This is referred to as interpretation bias, and this affects the validity of assessments in psychometric testing as well as clinical assessment.
- c) the testee’s emotional, spiritual and behavioural presentation is driven by a cultural context, which is often not incorporated in the construction of psychometric tests (DeShon, Smith & Chan, 1998; Cuellar, 1998).
- d) the representativeness of a test performance to everyday life knowledge and ability, particularly in terms of cultural value are of primary concern (Cross, 1995).
- e) the fact that instruments has not been translated for indigenous people who often have English as a second language, or dual language. Translation of tests provides construct equivalence or validity of constructs through valid language, format and content (Dana, 2000; 1998).
- f) the suspiciousness held by Aboriginal Australians of the (mental) tests (Davidson, 1996). This factor alone is considered to contribute to the test outcomes i.e. extraneous factors.

ASSESSMENT WITH ABORIGINAL CLIENTS

When working with Aboriginal clients and particularly when conducting assessments of Aboriginal clients, it is important that Departmental workers can appreciate the extent to which culture can impact upon the assessments undertaken. This is particularly given that assessments are conducted primarily from a mainstream or Eurocentric view of mental illness. There are several cultural illnesses that can often confound the accuracy of assessment and the basis of this lies in the differential aspects of symptoms – that is, that

cultural illnesses often share symptoms in common with clinical illness. The following definitions are provided to assist

Westerman (2003) has conducted the only empirically based research into the nature and type of culture-bound disorders in Aboriginal populations. An interesting aspect of culture-specific syndromes is the extent to which they are "real". Characterising them as "imaginary" is as inaccurate as characterising them as malingering. Given that diagnostic criteria for the range of mental illnesses via the DSM-5 is essentially Eurocentric, this makes it difficult to fully appreciate and understand the distinction between culture bound syndromes from a Western scientific perspective. Additionally, determining the difference between culture-specific syndromes and mainstream mental illnesses can be further complicated by how society (western and Aboriginal) define a known "disease".

Culture bound syndromes were first acknowledged by the inclusion in the DSM-IV in an Outline for Cultural Formulation and expanded in the DSM-5 and has been adapted for the Aboriginal Australian context in this section – refer to the Aboriginal Mental Health Cultural Formulation Model (Westerman, 2013). The recent DSM-5 has been lauded by cross-cultural psychologists and psychiatrists as being significant to our understanding of the evidence for Culture-Bound Syndromes by including cultural phenomena within the actual diagnostic criteria. Whilst this is significant there are two factors that continue to plague the validity of assessments in Australia. First, that the research into culture bound syndromes is limited to the work of Westerman (2003, 2019 in preparation), and therefore not included in the DSM-5. In addition, the DSM-5 only allows for 70 of the 400+ mental illnesses to make mention of cultural considerations within the diagnostic criteria. Nonetheless with each DSM progress is being made to be inclusive of culture bound phenomena and this will no doubt increase as evidence is forthcoming and more become interested in producing it and empirically establishing it.

There is a plethora of evidence to support the existence of culture-bound phenomena. Imagine experiencing **pibloktoq** or **Arctic hysteria**: (Greenland Eskimos) an abrupt dissociative episode accompanied by extreme excitement of up to 30 minutes' duration and frequently followed by convulsive seizures and coma lasting up to 12 hours. The individual may be withdrawn or mildly irritable for a period of hours or days before the attack and will typically report complete amnesia for the attack. During the attack, the individual may tear off his or her clothing, break furniture, shout obscenities, eat faeces, flee from protective shelters, or perform other irrational or dangerous acts. In Greenland, Eskimo people suffer from this condition.

In Japan, *taijin kyofusho* is not an uncommon problem. It's a deep fear that one's body is offensive to others in appearance, expression or odour. In Australia, Aboriginal people believe that spirits of deceased loved ones visit them. In many other parts of the world, skeletal young women defiantly continue to starve themselves because they think they're too fat. Their condition is well known as *anorexia nervosa*.

Pibloktoq, *taijin kyofusho*, *spiritual visits* and *anorexia nervosa* have all been described by various commentators as "culture-bound syndromes". Anthropologists and psychiatrists alike have long been fascinated by such curious behaviours, apparently unique to different cultures and locales. But how are we to make sense of conditions like these? The label of 'culture-bound' has itself attracted considerable controversy. Some argue that it imperialistically establishes a divide between the exotic and the familiar, between 'us' and 'them'. Are "syndromes" like Pibloktoq, *taijin kyofusho* a sign of real illness or pathology? Or are they simply idiosyncratic behaviours and beliefs, validated by the culture in which they're experienced? Could they even serve particular social functions in this context?

As it turns out, traditional Western psychiatry may not offer us the most suitable lens through which to look for answers to these complex the questions about culture, medicine and mental health.

For an overview of culture-bound syndromes refer to Table 1 (below) (Paniagua 2000). This section will provide an overview of culture-bound syndromes in Aboriginal Australia.

Basic information about the types of culture bound syndromes found in Aboriginal populations are provided in this section. Westerman (2003) has also developed an Aboriginal Mental Health Cultural Formulation Model for practitioners to be able to determine the difference between cultural and clinical disorders in practice.

Name	Group	Description
Ataques ei nervios	Hispanics	<i>Out-of-consciousness state resulting from evil spirits. Symptoms include attacks of crying, trembling, uncontrollable shouting, physical or verbal aggression and intense heat in the chest moving to the head. These ataques are often associated with stressful events (e.g. death of a loved one, divorce or separation, or witnessing an accident including a family member)</i>
Amok, Mal de pelca	Malaysia, Laos, Philippines, Polynesia, Papua New Guinea, Puerto Rico	<i>A dissociative disorder involving outburst of violent and aggression or homicidal behaviour at people and objects. A minor insult would precipitate this condition. Amnesia, exhaustion, and persecutory ideas are often associated with this syndrome</i>
Brain fog	African Americans	<i>Problems with concentration and thinking among high school and university students experiencing the challenges of schooling. Symptoms include head and neck pain, blurring of vision, burning and heat resembling Somatoform, Depressive and Anxiety Disorders</i>
Boufee deliranic	Haitians	<i>Sudden outburst of aggression, agitation associated with confusion, psychomotor excitement and symptoms resembling Brief Psychotic Disorder (including visual and auditory hallucinations, paranoid ideation)</i>
Colera	Hispanics	<i>Anger and rage disturbing body balances leading to headache, screaming, stomach pain, loss of consciousness and fatigue</i>
Dhat	India, China, Sri Lanka	<i>Extreme anxiety associated with a sense of weakness, exhaustion and the discharge of semen</i>
Falling out	African Americans	<i>Seizure like symptoms resulting from traumatic events such as robberies</i>
Ghost sickness	American Indians	<i>Weakness, dizziness, fainting, anxiety, hallucinations, confusion and loss of appetite resulting from the action of witches and evil forces</i>
Hiva-byang	Asians	<i>Pain in the upper abdomen, fear of death, tiredness resulting from the imbalance between reality and anger</i>
Koro	Asians	<i>A man's desire to grasp his penis (in a woman, the vulva and nipples) resulting from the feat that it will retract into his body and cause death</i>
Latah	Asians	<i>A sudden fright resulting in imitative behaviours that appears beyond control including imitation of movements and speech: the individual often follow commands to do things outside his or her wish (e.g. verbal repetition of obscenities)</i>
Mal de ojo	Hispanics	<i>Medical problems such as vomiting, fever, diarrhoea and mental problems (e.g. anxiety, depression) could result from the mal de ojo (evil eye) the individual experienced from another person. This condition is common among infants and children, adults might also experience similar symptoms resulting from this mal de ojo</i>
Ode-ori	Nigeria	<i>Sensations of parasites crawling in the head, feelings of heat to the head, paranoid fears of malevolent attacks by evil spirits</i>
Piblokiog	Arctic, Subarctic Eskimos	<i>Excitement, coma and convulsive seizures resembling an abrupt dissociative episode, often associated with amnesia, withdrawal, irritability and irrational behaviours such as breaking furniture, eating faeces and verbalization of obscenities</i>
Kyofusho	Asians	<i>Guilt about embarrassing others, timidity resulting from the feeling that the appearance, odour and facial expressions are offensive to other people.</i>

Name	Group	Description
Mal puesto, hex root work, voodoo death	African Americans, Hispanics	<i>Unnatural diseases and death resulting from the power of people who use evil spirits</i>
Susio espanicm miedo, pasimo	Hispanics	<i>Tiredness and weakness resulting from frightening and startling experiences.</i>
Wacino	American Indians	<i>Feelings of anger, withdrawal, mutism, suicide from reaction to disappointment and interpersonal problems</i>
Wind/cold illness	Hispanics, Asians	<i>A fear of the cold and the wind, feeling weakness and susceptibility to illness resulting from the belief that natural and supernatural elements are not balanced</i>

Table 1: Summary of Cultural-Bound Syndromes

Paniagua, F.A (2000). Culture Bound Syndromes, Cultural Variations, and Psychopathology. In Handbook of Multicultural Mental Health. Cuellar, I & Paniagua, F.A., (Eds).

AN INTRODUCTION TO CULTURE-BOUND SYNDROMES FOR ABORIGINAL AUSTRALIANS

The following is an extract from the PhD research of Adjunct Professor Tracy Westerman and exists as the only known validation study dedicated to Aboriginal Australian culture-bound syndromes. Reference to "participants" reflects this study and is reproduced to inform practitioners of the cultural factors implicated in the valid assessment of Aboriginal clients.

LONGING FOR COUNTRY

The phenomena of "Longing for Country" (also referred to as "being sick for country", "Crying for Country") involves:

Individuals who are away from their country (place of birth/Dreaming) for extended periods of time will experience symptomology that conforms to mainstream (DSM-5 defined) depression (including major and minor depression as well as dissociative fugue) as well as general anxiety (see Westerman, 2003, Vicary, 2003, Westerman and Vicary, 2005) due to their weakened spiritual link with country and community. Not being able to go home to settle these feelings often lead to a deterioration of an individual's mental state. Country is central to many Aboriginal people and often related to issues of mental health.

Participants spoke of the strong relationship that exists between Aboriginal people and their traditional lands or 'country'. There was a consistent view expressed that the complexity of this relationship was often related to mental unwellness. Participants linked this with the spiritual disconnection that Aboriginal people experienced when removed from traditional land. Examples were cited from knowledge of this occurring as well as direct experiences in which short-term removal from traditional land had lead primarily to symptoms of depression. Whether this removal was through choice or through 'being on the run' from payback or from the law didn't appear to make a difference to the end result. It was agreed that absence or periods of disconnection from land can have an adverse affect on many levels of functioning which included, (1) physical health, including feelings of weakness, nausea and general 'sickness', (2) spiritual health, particularly given that this affects mental health presentation, intervention, as well as diagnostic processes, and (3) mental health, which often manifests as symptoms consistent with a depressive or anxiety disorder. Participants described this as having 'stress' or bad nerves.

Appropriate interventions included returning to country to rejuvenate or reconnect with land, culture and spirit. Participants spoke of knowing when they needed to return home, and this was often precipitated by feelings of sadness, despondency, moodiness, frequent crying, wanting to be alone, and arguing with loved ones for no apparent reason. Participants described going home as feeling like "complete wellness and rejuvenation". Therefore, participants felt that not being able to return home (due to being on the run from payback, financial constraints, being imprisoned) has resulted in increasing levels of depression (not being able to get out of bed, communicate, or make any sense to those around them) and in some cases, suicidal behaviours, self-harm and suicide.

GRIEVING AND COUNTRY

Bereavement, known as sorry business, is a very important part of Aboriginal culture. Funerals can involve entire communities, and the expression of grief can include self-injury. The grieving relatives may live in a specially designated area, the "Sorry Camp", for a period of time. The relatives may also cut off their hair or wear white pigment on their faces.

The community refrains from using the name of the deceased, and will refer to them by a different cultural name. People who have the same name as the deceased will also then take on this cultural name.

Photographs or videos of the deceased have to be destroyed. It is important for the interviewer to realise that asking about the self-injury (sorry cuts), or other physical manifestations of the grieving, will cause embarrassment. Mentioning the name of the deceased or asking 'Who has died?' will also cause distress - perhaps even a renewal of the wailing.

Departmental policy and practice guidance needs to incorporate issues regarding culturally specific grief processes for Aboriginal clients. This should consider that for Aboriginal clients there are a number of cultural grief processes that need to occur for the individual patient as well as within the community. The appropriate cultural consultant should be asked specific questions regarding cultural grief processes as follows:

- a) What needs to happen for the person to be 'okay' culturally? This may require that certain behaviors are enacted within the community and by the individual. This differs dramatically from one community to the next, so a determination of what is appropriate for the individual Aboriginal patient is essential.
- b) A determination of whether it is appropriate/possible for the Aboriginal patient to return back home (to 'country') to pass away. It is a core belief for most Aboriginal people and communities that a person should pass away on 'country' where the person's spirit is housed. If this is not possible.

Who is culturally responsible for the patient? This person will take responsibility for making arrangements for the transportation of the person back home and alerting of family members.

Sorry Time as resolution of grief

Participants identified that the passing of loved ones placed a considerable obligation on relatives to return home to 'pay respects' which meant returning home for 'sorry time'. It was explained that deaths within Aboriginal communities always follow a period of mourning, which was referred to by all participants as 'sorry time'. This involves all relatives deemed as important (involving community members, immediate and extended family) meeting at a central location (usually the home or traditional lands of the deceased) for a period of communal mourning. This often necessitates waiting for periods of time (up to a week or two) for all relatives to travel to pay respects in this way. Sorry time has a number of very important rituals associated with it, and for Aboriginal people, absence from this process holds important ramifications for mental health. These will be discussed.

Absence from sorry time versus pathological grief

First, participants agreed that absences from sorry time, particularly of those who are of importance (through having a close relationship with the deceased, or being an important cultural person) were always noticed by relatives. Participants spoke of individuals not attending sorry time coming into 'bad luck' (which was often sung or paid to them through spiritual means) or being 'growled' at by other relatives for not paying their respects. Second, should individuals not come home to pay respects to the deceased loved one, feelings of distress would typically increase in intensity, with participants describing instances of catatonic and clinical forms of depression.

Appropriate interventions included returning home to country to pay respects, or in some instances, sending a family member as a representative at sorry time. It is important that this representative clearly articulates who they are representing, and this usually occurs by directly telling grieving immediate family of their sorrow for their 'bad news' as well as whose respects have been sent with them.

Pathological Grief and Hysteria versus culturally 'normal grief practices'

According to participants, sorry time involves a very specific and ritualised process, which often involves entire communities, extended families and immediate families of the deceased. This means that it is often not uncommon for a few hundred people to attend funerals and be involved in sorry time. Participants agreed that Sorry Time is a process that encourages the outward and intense expression of grief by loved ones for the deceased. This can often appear as hysterical and histrionic in nature. Participants spoke of intense and prolonged periods of 'wailing' by female elders, and that this developed eventually into displays of hysterical crying and screaming. In addition, people would often cut themselves with bottles, rocks or even harm themselves as a direct result of the hysteria encouraged as part of the grieving process. The fact that this was conducted in such large groups of people appeared to increase the intensity of these behaviours, as well as the experience itself. Participants spoke of these processes in a mix of sadness for the many deaths they had all experienced, but also respect for the fact that the Aboriginal culture allowed and encouraged such open and communal expressions of grieving for loved ones. Most of the participants agreed that through encouraging such open and intense expressions of sorrow this enabled resolution of death to occur within the context of community support, and respect.

Participants also spoke of specific rituals which Aboriginal people are expected to observe with the passing of loved ones, and that this was often misinterpreted as *pathological* grief. As is the case with histrionic-like displays of grief, these rituals are encouraged as well as reinforced within Aboriginal culture as appropriate displays of respect for the deceased. For instance, participants agreed that time was not a consideration in the expression of hysteria and open expressions of grief in the passing of loved ones. It is therefore not uncommon or 'pathological' for relatives (immediate and distant) to cry at the mention of the name of a deceased person who may have passed away years previously. Other common behaviours cited by participants include the bowing of heads at the mention of a deceased person, particularly when the name of the deceased is mentioned in company.

Psychosis versus 'culturally appropriate grieving'

Finally, participants also spoke of many personal examples of Aboriginal people (particularly youth) who would experience, 'visits' from loved ones following their passing. Participants noted examples in which these visits could be of an auditory, visual or tactile nature. Whilst all participants agreed that spiritual visits were not uncommon for Aboriginal people, the role of these visits in mental health was considered as two-fold.

First, participants expressed concern that many Aboriginal youth reported these visits as being distressing in nature rather than comforting or a natural part of the grieving process. Participants felt that 'visits' from loved ones had become increasingly sensationalised and distorted as a result of 'yarn telling' but most importantly, the inappropriate use of the spiritual realm by youth themselves, and on occasion by elders or community members. Examples of this included parents and elders putting fear into youth by using culture and the threat of conjuring up a 'bad spirit' to do harm to them. Participants also expressed a belief that youth were confused by 'true' culture and often used the spiritual realm to put fear into each other. Participants noted that this often occurred during times when youth were quite psychologically vulnerable (i.e., when using substances or during grieving). The problem that was highlighted by participants was that for youth who were particularly vulnerable to these fears, the combination of these events was sufficient to create a heightened risk for legitimate mental health problems, most notably psychosis, depression, self-harm and suicide. Participants all noted that they had direct experiences of such cases.

Second, that it was often difficult for non-Aboriginal practitioners in particular to ascertain the cultural meaning and appropriateness of such 'visits' from deceased persons. The obvious problem is that any acknowledgment by individuals regarding seeing and hearing entities that were not within the experience of others meets the criteria for

psychosis as defined by westernised standards. Given that there is no requirement for practitioners to determine the cultural appropriateness of such behaviours, participants cited numerous examples of misdiagnoses occurring with youth regarding psychosis. The result is that Aboriginal people have learnt not to admit to visits from loved ones for fear that a diagnosis of mental illness will result.

The **third** and final point relates to the second point above in regard to the difficulty of determining the cultural appropriateness (or not) of sensory and perceptual hallucinations. This can often mean that for those Aboriginal people who are experiencing psychosis of an organic aetiology, there has been a resistance by NA practitioners to diagnose at all. Often, genuine psychoses can therefore be considered to be 'culturally appropriate' or normal, when the behaviours fall outside of the parameters of what is normal within the Aboriginal culture. Again, these assessment and diagnostic issues will be discussed later.

Self-harm versus culturally appropriate 'sorry cutting'

Participants spoke of a number of cultural activities within their communities that involved engaging in self-harmful behaviours, but which were considered as appropriate. There are three primary examples of self-harm that participants noted. First, 'cutting' or hurting oneself as an expression of sorrow and grief during funerals and sorry time. This process still occurs in most regions of Western Australia, and involves the spilling of blood as an expression of grief. In the Pilbara region participants spoke of certain individuals hitting themselves with a rock and breaking the skin. In the metropolitan region, participants spoke of similar experiences, although noted that people would "grab anything" to cut themselves with.

Second, participants also noted that the cutting of skin (usually on the chest or back) is associated with tribal markings that occur during law business). This process occurs during law time, and is demonstrative of the initiation process. Third, participants agreed that the process of payback often involves some form of physical retribution, which can involve spearing in the upper thighs or leg. This process is again, sanctioned culturally.

The obvious problem is that there exist mental health assessments which query whether clients engage or have engaged in deliberate self-harm. The cultural appropriateness of these behaviours is reliant upon (usually NA) practitioners to gauge. Participants noted that in Aboriginal culture, the cutting of skin either by one's own hands or the hands of others, can be a process of resolving some form of pain. In a similar way to the function of self-harm, the *intention* of these three events is not to *create* pain, but to resolve pain of some description. The cutting of skin through sorry time is to resolve the pain of loss, and to demonstrate respect for the deceased. The payback process represents a process of resolving conflict through cutting and physical retribution, and finally, the cutting of skin in the initiation of young Aboriginal men into the law is representative of the conflict that exists when boys become men. Most importantly, however, in terms of syndromes which are culture bound, is the potential for such behaviours to be misinterpreted as intentions to harm either oneself or others. This is the case with harming associated with grieving, and physical cutting associated with payback and law rituals. Participants were adamant that the failure by clinicians to determine the cultural relevance of these behaviours had resulted in examples of misdiagnosis, which were known to them. Being able to determine the difference between behaviours which represented deliberate self-harm as opposed to those which represented a culturally appropriate expression of grief, respect or problem resolution was considered of primary importance by participants.

Ritualistic and Obsessional Behaviours

Participants spoke of a number of ritualistic behaviours that occurred during traditional ceremonies such as law time and sorry time within their communities. Whilst many of these processes could not be discussed directly by participants as they represented secret business, it was agreed that a number of these behaviours could be obsessional in nature.

Some participants cited the example that during law time there was a need to demonstrate the ability to perfect certain behaviours such as hunting and spearing. Ritualised and obsessional practice was often paramount to this 'perfection'. Beyond this example, participants were not prepared to disclose any further examples of these behaviours. However, participants all agreed that there was a need for practitioners to be aware that the origin of obsessional or ritualistic behaviours may be cultural, and that this must be determined.

A full overview as well as training in the assessment of Culture-Bound Syndromes is available at www.indigenouspsychservices.com.au and it is recommended that **The Aboriginal Mental Health Cultural Formulation Model – FOUR STAGES** (Westerman, 2003) is referred to – as outlined below in summary:

STAGE 1: Practitioner Factors

1. Minimum standards of cultural competency (CCT: Westerman, 2003). Practitioner must examine potential for bias /prejudice in self,

2. Explore the need to address the impact of ethnicity, gender, age, hierarchy issues. Do any of these factors impact on client presentation, cultural validity of assessment, engagement and cultural safety of information

3. Explore the need to address the impact of cultural differences during assessment and testing via

- a) Assessment across environments. Use ethnographic triangulation to ensure accuracy of client presentation,
- b) Is there evidence of symptom variation – explore the literature (see Westerman, 2003)
- c) Can the symptoms be interpreted differently based on cultural differences in how symptoms manifest themselves
- d) Minimising the impact of cultural differences via the use of cultural consultants

4. Role of Aboriginal English, questioning style, culture in interpreting assessment questions

- a) Allowing for cultural differences during testing via
- b) Role of socioeconomic status
- c) Culture-reduced (low inference) or unique tests
- d) Modify testing ("testing the limits"; triangulation of test results)
- e) Qualitative interpretation of test items
- f) Culture-specific report identifying elements of bias

STAGE 2: Individual Client Factors

1. *Assess status in community* i.e., elder, healer etc.,
2. *Obtain sense of normal and differential functioning.* Does the client have forms of perceptual disturbances which are culture specific?
3. *They have the belief system* – the Australian Aboriginal Acculturation Interview Schedule (Westerman, 2003)
4. *The description of the illness is clinically and culturally convincing and consistent including:*

- a) The client uses language which is specific to their culture of origin to describe the illness (e.g. being sung; having bad or good spirit),
 - b) If client is experiencing visits, they perceive themselves as being separate to the entity,
 - c) Do the beliefs (delusions) cause distress
 - d) Client's perception of the cause of the problem. Does the client see the behaviour as being culturally related or triggered? Assess how this manifests itself - culturally? Spiritually? Mentally? Physically? Treatment must address all areas affected
5. *Spiritual connectedness to land, country and dreaming which is able to be articulated by the client*
6. *Does the client see the illness as needing:*
- a) cultural solution,
 - b) mainstream intervention,
 - c) mix of mainstream and cultural interventions
 - d) mainstream interventions adapted to treat cultural illnesses

STAGE 3: Cultural Nuances

Hallucinations

1. Culture-bound spiritual visits (perceptual disturbances) do not have an end point. Intervention is not focused on eliminating the visits*,
2. Culture-bound spiritual visits should not be experienced as troubling to the individual. Culture-bound visits should be experienced as comforting particularly if related to grief experiences.
3. If spiritual visits of deceased loved ones are not comforting in their nature, this suggests cultural grief processes have not been enacted. **THE FOCUS IS ON THE VISITS BEING COMFORTING, NOT *Stopping the Visits* (clinically it can be viewed as addressing the degree of impairment)**
4. Visits will be gender specific and need to be considered within that particular context Delusions
5. The beliefs (delusions) attached to the spiritual visits are consistent with cultural practices (e.g. visits occurring to eldest son)
6. The beliefs (delusion) do not extend beyond the particular event
7. The context of the belief (delusion) differs
8. Thought sharing, passivity phenomena, possession by outside forces, 'thinking backwards', tangentiality, loose associations, word salad
9. The culture views the delusion as a delusion
10. Variability in language, style of emotional expression, body language and eye contact should be considered differently. Catatonic behaviour is more common in mainstream cultures, but can occur when one has been 'sung' or cursed.

** This is not the case with the culture bound illness of 'being sung' in which the focus of any cultural treatment is the cessation of the manifestation of being sung. This includes the cessation of command hallucinations or spiritual visits or other alterations to one's perceptions. This is what distinguishes being sung from psychosis from being sung – compliance with command hallucinations does not result in the voice ceasing – it does when an individual has been sung. 8*

STAGE 4: Community Factors

1. Abhorrent behaviours are often appropriate and sanctioned
2. Does the community see the behaviour as normal?
3. The community, elders, key stakeholders can relate the behaviours to a culturally relevant experience including
 - a) An experience of grief
 - b) Retribution
 - c) Removal from land
 - d) Failure to resolve grief culturally
 - e) Traumatic event (cultural transgression, family distress)
4. Role of historical, cultural, political and social factors as triggers and capacity to heal
5. Severity of problem in relation to cultural norms
6. Cultural factors related to psychosocial environment and levels of functioning
7. Conclude with a formulation which incorporates practitioner, individual, cultural and community factors and their impact upon assessment

Guiding Cultural Principle 9: Differences in the Assessment of Attachment (Cultural Attachment Theory)

Given the multiple pathways in which negative emotions and stress impact health, healthy attachment relationships during childhood offer substantial protection. The regulation of emotions during infancy and childhood sets the stage for experiencing less stress over the entire lifetime, gives children the foundation to develop coping skills and emotion regulation abilities, and reduces the likelihood that the child will engage in health threatening behaviours during adolescence and adulthood. The Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009:4) sum up the situation as follows:

“many of the problems prevalent in Aboriginal and Torres Strait Islander communities today - alcohol abuse, mental illness and family violence... have their roots in the failure of Australian governments and society to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities.”

At a theoretical level there is a good argument for the reconfiguration of attachment classification within an Aboriginal context and whilst the research supporting this is limited, this exploration is an essential starting point to understanding attachment within an Aboriginal context. The ability to treat attachment disorders represents a very real opportunity to stop the progression of transmission of intergenerational trauma. It is argued that this is a research concept which has failed to permeate through the Indigenous trauma field to the extent to which it should have. Early intervention and preventative efforts around such transmission will continue to be limited in their focus until this is able to occur. If attachment theory becomes questionable and programs which have demonstrated their efficacy in addressing attachment disorders become unavailable to an entire cohort who demonstrate clear risk factors for trauma then quality research needs to address this.

Cultural Parenting Differences

The research tells us that traditional Aboriginal Australian approaches to child-rearing create ideal conditions for secure attachment outcomes (e.g., Kearins, 1984; Goodnow, 1988; Ryan, 2011; Lohoar, Butera & Kennedy, 2014; Yeo, 2003). Aboriginal children traditionally have access to a greater number of primary attachment figures who persist throughout their lives and increase the likelihood that all of their emotional needs are able to be responded to in a manner that ensures secure attachment. The concept of a ‘whole community raising a child’ is consistent with Aboriginal parenting styles. It increases the likelihood of secure attachment, as there is an expectation that the emotional needs and therefore attachment bonds that develop are a shared community responsibility (Kearins; Westerman, 2003). In addition to this, there is a greater focus on what has been termed ‘attachment parenting’ or, more accurately, ‘cultural attachment parenting’, in which the closeness between children and multiple carers occurs throughout their lives.

Desired attachment outcomes can differ across cultures.

In looking more closely at the strengths that are evident in Aboriginal parenting practices, we need to better understand how these differ compared with more Westernised styles of parenting. Broadly speaking, in Western societies development of the self is dependent on being individually- and task-oriented. These cultures value adults who display autonomy, independence and competence. On the other hand, many Aboriginal Australian cultures emphasise experiential learning, interdependent relationships, the honouring of spiritual and cultural connections in the community and group cohesion (Ryan, 2011; Lohoar et al., 2014; Yeo, 2003). Prior to two years of age, children from a mainstream Western background are likely to be comforted by caregivers after they become distressed. Aboriginal caregivers, however, more often aim to prevent their child’s distress before it

occurs. Older children in Aboriginal societies tend to be more self-reliant and may play a significant role in the upbringing of other children in the family (Ryan).

These cultural differences present a challenge to typical assessment of attachment and bonding in Aboriginal clients (Yeo, 2003). For example, infants or young children may be observed to seek out multiple caregivers and be capable of organising a complex array of attachment figure/s depending upon the emotional and/or practical needs they fulfil. An Aboriginal parent will not be directive or autocratic (concertive) in their parenting behaviour with a child as the expectation is that the child needs to learn skills by group and not through a sole focus on an individual parent. Further, children are taught from a young age to look more to siblings and same aged peers than adults to learn and provide emotional regulation to them (Harris & Harris, 1971; Kearins, 1984; Westerman, 2003). While culturally appropriate for an Aboriginal family, these behaviours could be perceived through a Western lens as representing disrupted attachment patterns (Ryan, 2011). In addition, culturally there are significant problems with the classification of attachment disorders which will be discussed later in this Guiding Principle.

Measures such as the Adult Attachment Interview and the Strange Situation Test have been developed around Western populations and their observed attachment patterns. More culturally appropriate assessment tools are needed to better account for the dynamics in Aboriginal Australian communities. Further investigation is also required to understand the specific manifestations of attachment disruption in Aboriginal populations. This includes assessment of caregivers' early attachment experiences and descriptions of current caregiver-child bonding (Yeo, 2003). There is a danger of seeing cultural differences in parenting as a deficit. The reality of looking at cultural parenting through a mainstream lens increases the likelihood of misdiagnosis of attachment disorders and therefore limits the capacity to determine appropriate treatments and interventions.

A great risk in uncritically applying non-Indigenous paradigms such as attachment is that we colonise the knowledge systems around child-rearing already present within Aboriginal cultures. When working from our own cultural reference points, both personal and professional, we can easily fail to understand that there are multiple constructions of child rearing, some aspects of which are similar to ours and some which are not. This highlights our need to scrutinise the fundamental design of child protection systems, their decision-making frameworks and their position within a broader set of colonising structures. Further, we are challenged to genuinely situate conventional Western and Indigenous knowledge together. In this, each system seeks to understand the other, traversing often foreign conceptual territory and unpacking hidden assumptions about the worlds in which we and the other live.

Differential cultural diagnosis issues: Cultural differences presenting as 'attachment disorders'

Many aspects of Aboriginal kinship systems have significant potential to be viewed as attachment disorders when referencing the DSM criteria of inhibited and disinhibited outcomes. The nature of attachment assessment is a combination of assessment protocols and direct observation of the caregiver-child bond. The structure of kinship, gender relationships, skin relationships and hierarchies within Aboriginal communities all affect individuals' social behaviour. The rules governing these relationships may be invisible to those unfamiliar with it; as such, a person's social behaviour can be viewed out of its context and attributed to attachment outcomes.

First, kinship relationships are structured very differently in Aboriginal Australian societies compared with Westernised ones. Relationships are based on this unique structure rather than a subjective sense of 'bond'. For example, gender is a 'subculture' in Aboriginal communities and gender-directed relationships strongly influence the nature of individuals' interactions with each other. This separation ensures that the cultural decision making specific to 'men's and women's business' remains secret or sacrosanct. The natural separations between people created by this structure could be misinterpreted as 'inhibited

attachment', as children may indiscriminately attach to those individuals who are an accepted source of affection and support. On the other side of the coin, to make up for this separation of the genders, Aboriginal children are established into hierarchies very early. They look more to peers for direction as opposed to looking to adult 'authority' figures. In school-age years this can be misinterpreted as behavioural issues and, due to the encouragement of close, often more tactile relationships within the same gender, can also look like disinhibited attachment (Westerman, 2003).

A further complicating factor is the formulation of skin groups and associated relationships in many Aboriginal communities. Skin relationships (or 'skin system') refers to the complex system that determines how people relate to each other. It encompasses their societal roles, responsibilities and obligations. The kinship system determines who marries who, ceremonial relationships, funeral roles and behaviour patterns with other kin.

The behavioural outcomes of skin relationships could lead to a differential diagnosis of attachment disorder. For example, a child may eschew direct contact with various people in his or her community due to skin relationships which forbid close or direct contact between individuals. These are known as *avoidance relationships*. As these interactions can appear similar to attachment dynamics, observation must occur either by or with a cultural consultant who is 'vouched' for by the community as having essential cultural knowledge of these dynamics. This is essential in order to ascertain whether or not behaviours are culturally appropriate. Unfortunately, what further complicates this picture is that not all communities continue to operate within a 'skin system'. The assessor must then have the capacity to undertake a comprehensive and objective *cultural map* of the kinship structure operating within the community and the extent to which individuals have chosen to live within this structure. There may be many instances in which an individual has 'unwittingly' married someone for whom they are 'wrong way' (i.e., the 'wrong skin group') and may not have an awareness of this. The previous generation, who are aware of this 'taboo', may in turn have views about the relationship and particularly 'shun' the children of these relationships. Again, it is important to consult with a vouched-for consultant to determine if wrong way skin may be implicated in attachment assessment.

Finally, Aboriginal culture is hierarchical. Power and knowledge are not something that everyone simply has a 'right' to. Knowledge is looked after by certain people, which includes maintaining the secret nature of many ceremonial and other practices. It is taboo for someone of a lower level of power to approach a person of a higher hierarchy or attempt to question or converse with particular individuals who hold more knowledge and/or power. To attempt to do so often elicits 'avoidance language', which can persist within communities and give an impression of a disordered or avoidant attachment style. For example, an Aboriginal male who has gone through initiation will have a greater level of 'power' than a non-initiated male and this dictates relationship dynamics, including those between young people and classroom teachers. In the second edition of *Jilya* we will explore the concept of cultural mapping, the use of cultural consultants and acculturation as mechanisms by which assessment is able to ensure that these factors are excluded as differential diagnosis of attachment disorders.

What value does exploring attachment specific to Aboriginal people provide?

The need for empirical testing of an Attachment Model and developing and testing of an attachment program specific to Aboriginal people is vital for a multitude of reasons. For professionals who provide programs (e.g., counselling, family support, parent education, childcare) for families with children under the age of three from many cultures and contexts, and promote care-giving practices that encourage positive parent-infant relationships there is a need to understand different cultural views of attachment and bonding to ensure that misdiagnosis of attachment disorders do not occur. In addition understanding the focus of attachment treatment intervention should be free of cultural bias. Importantly though there is a very clear ethical consideration in being able to adopt a culturally inclusive set of attitudes, knowledge and skills when promoting culturally appropriate attachment-based parenting behaviours (i.e., best

practices) in research and intervention (Bowlby, 1969). It is essential that infant mental health professionals provide culturally sensitive services by learning how different care-giving practices fit into the cultural contexts that they work in (Barrera & Corso, 2003). Promoting practices based on one culture may lead to under- or over-referrals based on diagnoses of inhibited and disinhibited attachment, due to a number of cultural issues (i.e. skin relationships; gender issues; hierarchy issues) which can result in differential diagnosis.

In addition, if parenting practices are only understood from one cultural viewpoint there is a risk of under-serving populations that have different cultural backgrounds over-identifying parents as having poor attachment relationships with their children and/or castigating them for their cultural beliefs and practices (Yeo, 2003). This has certainly been the case in Australia with policies of assimilation specifically focusing on parenting of Aboriginal children and removing them specifically for these parenting differences and creating the stolen generations of Aboriginal people, as outlined more fully in Guiding Cultural Principle 2. These impacts continue until this day, whereby Aboriginal children continue to be grossly over-represented in the out of home care and child protection system.

Securely attached children have better health, education, employment and mental health outcomes than children with disrupted attachment. Placement instability has significant adverse effects on children. A number of studies have found associations between continued instability and adverse psychosocial outcomes, such as emotional difficulties, behaviour problems and poor academic performance. What is clear is that within Australia there has been a virtual absence of 'testing' of conventional Attachment Theory and its relevance for Aboriginal Australian families. There is, however some emerging research which both challenges and supports a Cross Cultural Model of attachment which provides an important basis for program development and which will be explored here.

Classic Attachment Theory: Bowlby and Ainsworth and strange situation review

John Bowlby (1969, 1973, 1980) is credited with developing attachment theory. He argued that attachment was primarily biological in its basis and the instinct a reliable, predictable relationship with the primary caregiver. His early research noted a number of attachment based behaviours in infants which included crying, clinging, following and smiling which he argued were a by-product of trying to keep the primary caregiver close by. He further observed that these behaviours became more evident when distance from the mother or attachment figure exceeded a certain time and space threshold. The caregivers reaction to these attachment behaviours therefore resulted in the foundation of attachment or what Bowlby referred to as "internal working model" which were seen as relatively fixed and lasting. It therefore impacts on the development of healthy attachment to one's own children and in the development of healthy, robust adult relationships into the future.

Following Bowlby's research, Mary Ainsworth and her colleagues (Ainsworth et al., 1991) began observing infant exchange with the primary caregiver (mostly the mother) and developed the Strange Situation Procedure (SSP) to classify attachment. These included three main attachment styles, including secure (type B), insecure avoidant (type A) and insecure ambivalent/resistant (type C). She concluded that these attachment styles were the result of early interactions with the mother. A fourth attachment style known as disorganized was later identified by Main, & Solomon (1990). These attachment categories have been defined as follows:

A: Insecure Avoidant

Insecure avoidant children do not orientate to their attachment figure while investigating the environment. They are very independent of the attachment figure both physically and emotionally (Main & Cassidy, 1988). They do not seek contact with the attachment figure when distressed. Such children are likely to have a caregiver who is insensitive

and rejecting of their needs (Ainsworth, 1978). The attachment figure may withdraw from helping during difficult tasks (Stevenson-Hinde, & Verschueren, 2002) and is often unavailable during times of emotional distress.

B: Secure Attachment

Interestingly, those children who were classified as securely attached comprised the majority of the sample in Ainsworth's (1971, 1978) studies. As it sounds, these children feel confident that the attachment figure will be available to meet their physical and emotional needs. They therefore learn to use the attachment figure as a safe base from which to explore the environment and are confident in seeking the attachment figure in times of distress or emotional need (Main, & Cassidy, 1988).

Importantly, as securely attached are easily soothed by the attachment figure when upset or distressed they then resultantly to self soothe and regulate emotions in a consistent manner. According to Bowlby (1980) an individual who has experienced a secure attachment 'is likely to possess a representational model of attachment figures(s) as being available, responsive, and helpful' (Bowlby, 1980, p. 242).

C: Insecure Ambivalent / Resistant

The third attachment style identified by Ainsworth (1970) was insecure ambivalent (also called insecure resistant). Here children adopt an ambivalent behavioural style towards the attachment figure. This means that the child will exhibit clingy and dependent behaviour, but will also be rejecting of the attachment figure when they engage in interaction. This means that the child does not develop feelings of security from the attachment figure. Accordingly, they exhibit difficulty moving away from the attachment figure to exploring novel surroundings. When distressed they are difficult to soothe and are not comforted by interaction with the attachment figure. This behaviour results from an inconsistent level of response to their needs from the primary caregiver.

D. Disorganised Attachment.

Subsequent to these classifications, Main and Solomon (1990) identified a fourth attachment classification which they argued is defined by having a distinct lack of organized approach to meeting their attachment needs. This characterises the attachment behaviour of the child who has not had sufficient consistency in caregiving to be able to develop a coherent (organised) attachment representation. A child with disorganised attachment may be afraid to directly approach their caregiver because they cannot predict what the caregiver will do. This lack of a predictable, coherent attachment behaviour was reflected in inconsistent attachment behaviour in the Strange Situation (Main & Solomon, 1990).

The failure to develop an organised attachment expectation (internal working model) results from a relationship with a caregiver that is simultaneously a source of both comfort and fear; leaving the child in an impossible bind. Because of this experience, a child seeks proximity and yet avoids it; exhibiting contradictory behaviour such as freezing and fearful apprehensive approaches toward their caregiver (Main & Solomon, 1990; Zilberstein, 2006). Children exhibiting disorganised attachment are thought to be at an increased risk of developing psychopathology over time—possibly due to an internalised representation of behaviour and emotions that remains dis-integrated and lacks coherence (Zilberstein, 2006) and an inability to meet their need for comfort and security.

The rates of disorganised attachment are also much higher in high risk populations generally (between 25–50%, compared with 15% in low risk populations) (Bakermans-Kranenburg & van Ijzendoorn, 2007; Hesse & Main, 2006; Rutter, 2008; Shemmings & Shemmings, 2011; van Ijzendoorn, Schuengel & Bakermans-Kranenburg, 1999). Unfortunately we are seeing this as a predisposition in Aboriginal children with data continuing to support the concept of abuse occurring within Aboriginal families

though generations. The origins of this being in assimilation, removal from parents and communities and the resultant research evidence that provides strong evidence for the parental and environmental modelling of trauma as intergenerational trauma.

Theoretical Evaluation of Attachment Theory

Whilst attachment theory has mostly stood up to empirical validation and testing, there are of course, protagonists of this approach. For instance Kagan (1995) argues that the relationship between parental sensitivity and the resultant attachment style of the child is only weak and that this focus on maternal sensitivity is only part of the picture. Fox (1989) argued that children with different innate (inborn) temperaments will have different attachment types. Fox (1989) classified these temperaments as 'Easy' (those who eat a sleep regularly and accept new experiences) are more likely to develop secure attachments. Babies with a 'slow to warm up' temperament (those who took a while to get used to new experiences) are likely to have insecure-avoidant attachments, and babies with a 'Difficult' temperament (those who eat and sleep irregularly and who reject new experiences) are likely to have insecure- ambivalent attachments.

In conclusion, the most complete explanation of why children develop different attachment types would be an interactionist theory. This would argue that a child's attachment type is a result of a combination of factors – both the child's innate temperament and their parent's sensitivity towards their needs.

Belsky and Rovine (1987) propose an interesting interactionist theory to explain the different attachment types. They argue that the child's attachment type is a result of both the child's innate temperament and also how the parent responds to them (i.e. the parents' sensitivity level).

Additionally, the child's innate temperament may in fact influence the way their parent responds to them (i.e. the infants' temperament influences the parental sensitivity shown to them). To develop a secure attachment, a 'difficult' child would need a caregiver who is sensitive and patient for a secure attachment to develop. There have unfortunately been limited studies on the temperaments of Aboriginal children or the common parental responses to the child's need and these studies are clearly needed.

It is of note that a recent study by Little, Sanson & Zubrick (2012) noted that there was evidence that Indigenous children, experienced higher levels of emotional and behavioural problems. It would certainly be interesting to explore the origins of this. Those communities that remain relatively culturally 'intact' in comparison to those communities who have experienced higher levels of acculturation and acculturative stress may have more resilience to the development of emotional and behavioural disorders to the intactness of parental bonds and security that this offers both the child and the parent.

Attachment Assessments

Attachment research has primarily utilised Eurocentric approaches to assessment of attachment and have mostly utilised Ainsworth Strange Situation Procedure or the Attachment Q-sort (Waters & Deane, 1985). These methods seek to explore the quality of attachment between primary carer and infant. Both of these attachment assessments have limitations for use with non-Western and Indigenous populations (Nakagawa, Teti and Lamb, 1992).

Relevance of Attachment to Cultural differences in parenting

The term "Aboriginal" refers to all original peoples in Australia. Three separate groups are recognized within this context including those who identify as Aboriginal Australian, Torres Strait Islanders and South Sea Islanders. It is important to note that these groups are made up of diverse peoples, each with their own unique histories, spiritual beliefs,

languages and cultural practices. Further, parenting practices and parenting styles among different Aboriginal groups, communities or families should not be considered to be homogeneous. It is also clear that culture changes over time and parenting practices within each culture also change slightly over each generation. However, there is good evidence that the biological function of the attachment relationship is the same across cultures and generations and serves to provide safety, comfort and stress reduction to the infant. For example, evidence shows that the quality of the infant's attachment relationship influences the level of cortisol secretion in response to stress (Repetti, Taylor, & Seeman, 2002). Infants who are in reliable healthy relationships show lower increases in cortisol in response to a stressful situation compared to infants in less healthy relationships (Luijk, et al., 2009).

Culture and Attachment

While research on the appropriateness of attachment theory outside of Western cultural parenting practices has been limited (Christensen & Manson, 2001; Neckoway, Brownlee, & Castellan, 2007), attachment is not about parenting styles, values, or even about different parenting behaviours. Attachment behaviours may look different across different cultures but they achieve the same function.

Based upon the available literature (all of which is international), there are some aspects of attachment which are considered to be consistent or universal between cultures while some appear to be more culture specific. Although there is sufficient evidence that the distribution of attachment classifications is consistent between cultures (i.e., 60% secure, 40% insecure), it is perhaps more worthwhile to the culture specificity argument that it is the expression of attachment in terms of parent and child behaviour is the most likely to vary between cultures and the quality of the different expressions of attachment styles. There is evidence that secure infant attachment is the most adaptive and prevalent form of attachment but the variability in the rates of insecure classifications in diverse contexts suggests a closer look at both infant and maternal behaviours in diverse contexts warrants exploration.

For example, the expression of sensitive and responsive parenting can vary (van Ijzendoorn & Sagi-Schwartz, 2008) with some cultures promoting independence and some inter-dependence (van Ijzendoorn & Sagi-Schwartz, 2008). Similarly, there are cultural differences in the way a child's behaviour is evaluated. In Western culture, attachment security and social competence is viewed in terms of the child's initiative and capacity for self-expression. In Aboriginal cultures inter-dependence, rather than independence, may be more valued and the expression of some strong feelings may be discouraged. Therefore, it is important to recognise that "successful" child rearing is determined by cultural and social values.

Factors shown to impact on attachment

Low socio-economic status has been associated with higher rates of insecure attachment in children due to the risk factors associated with poverty which have been shown to negatively impact on the parent-infant relationship (Belsky & Fearon, 2002). These factors include racism which will be considered here as a number of different components. These include acculturation, identity formation and acculturative stress as variants in the parental bond and parenting style. These factors will be explored in terms of the individual, the collective as well as external variables. It is argued that there is a significant role in the realities of cultural change and adaptation to external factors such as policies of removal and assimilation. The question then becomes – are current 'Aboriginal parenting practices' a representation of traditional parenting practices or the result of loss of primary attachment figures and parental models? The section on acculturation discusses this issue.

The group versus the individual in attachment theory

Attachment theory is often criticised for its emphasis on the independence for the purpose of achieving the future goal of separation and autonomy. However, those in collectivist societies may actually have different parenting goals.

In addition, most research has explored attachment between a child and one parent; there has been very little exploration of the child's ability to form multiple attachments from a very early age. Although early attachment writing emphasised an infant's preference for a primary caregiver, subsequent reviews have challenged this idea (e.g., Lamb (2012)). This research suggests that very young children can form attachment bonds to multiple caregivers simultaneously. The literature on cultural expression of attachment (Ryan, 2011), on shared caregiving (Howes & Spieker, 2008), and on attachment in middle childhood (Kobak, Rosenthal, Zajac, & Madsen, 2007; Laible, 2005) also questions the notion of a primary attachment figure.

When considering the attachment needs of Aboriginal and Torres Strait Islander children and their caregivers, it is important to look beyond the dyadic model of attachment and consider the broader importance of multiple attachment relationships for children, and the significant importance of extended family and kinship networks for children. Therefore, it is important to be aware of cultural values and ideals regarding parenting when considering if a child's attachment experience has been compromised.

Amongst Indigenous groups generally, there are a complex system of relationships that exist and which are specific to the attachment needs of the child. It is often then the case that the child is taught to organise a whole range of attachment figures specific to emotional needs and this is consistently reinforced throughout the life of the child via the kinship structures. The commonality amongst Indigenous groups lies in the importance of the extended family and the unity of the relationship to the land and to kin. Relationships with people are considered to be structured and based in Aboriginal Law and the Dreaming. Children are taught about mutual co-operation, about special duties to some extended family group, about taboos and about relationships which have special ritual significance. Behaving properly within the cultural context, to other people is an important aspect of Aboriginality and importantly, to the development of 'cultural attachment behaviours'.

In terms of attachment classification then these cultural differences can be the source of misdiagnosis of the different attachment types. For example, skin relationships which also determine avoidance relationships amongst Aboriginal people and dictate contact due to cultural issues can be misclassified as Insecure Ambivalent/Resistant. It can also be the source of misunderstanding and misrepresentation (ie. behaviour considered to be inappropriate in one culture but appropriate in another). For example, the family home may be the scene of many comings and goings where people move around, and numerous people may pick up a child from school/ day-care etc. Collectivist cultures such as Aboriginal cultures in which parenting is a 'shared' or community responsibility understandably increases the likelihood that secure attachment will be developed in the child.

For example, part of growing up in a collectivist culture means that Aboriginal infants may be breastfed and cared for by several women interchangeably. Under bonding and attachment theory, the practice can be viewed negatively as indiscriminate attachment (Yeo, 2003). Skin and avoidance relationships can be seen as inhibited attachment. Similarly, issues of child neglect can often be considered as a matter of parental culpability, rather than as a shared responsibility between parents, families, community and society (Scott, Higgins, & Franklin, 2012; Yeo, 2003).

Maternal sensitivity

In relation to attachment type, however, the emotional responsiveness of the mother to the child's specific needs (attachment type) is a further area of cultural

difference that has been demonstrated to impact upon attachment expression. The main difference that has been seen in maternal sensitivity in non-Western studies seems to be the issue of maternal control. This refers to the extent to which a parent either directs ('interferes' with) or allows the infant to control his or her own actions (i.e. cooperation). Aboriginal parenting styles allow for 'natural growth' – which is specific to allowing independence in learning, or less boundaries and control on behalf of the parent.

In families, it is often assumed that babies and children are best able to express their own needs and that adults are there to attend to those needs. Among traditionally oriented and some suburban families there is group care of babies and young children. This means that a baby is likely to be held by someone nearly all of the time. A child may relate to several aunts as 'Mum' and be fed or put to bed in several different households as a normal experience (Scheppers, 1991).

Independence, interdependence care and autonomy

One of the strengths of a collective community approach to raising children is that parents and carers have the security and confidence to allow their children the freedom to explore the world on their own terms. For Australian Aboriginal families, the risks associated with children's activities are accepted as a natural part of growing up (SNAICC, 2011). Aboriginal carers actively encourage independent play so that children can learn a range of important life skills, including the capacity to learn responsibilities to care for and protect one another (Yeo, 2003). To deny a child this independence would be considered a breach of parental responsibility under traditional Aboriginal culture and Law (Lore/The Dreaming/Dreamtime) (SNAICC, 2011; Yeo, 2003).

One of the more notable differences between Aboriginal and White Australian reared children but interdependence on other caregivers. The focus of this type of parenting is on the future competence of the child around self-expression and social interaction as well as autonomy. The group harmony and cohesion becomes more essential to individual caregiver bonds.

Kinship attachment and hierarchical organisation of attachment

The peer group then becomes the most important source of attachment development for the child as soon as they are 'capable' or independence, generally around 18 months to 2 years of age. Hierarchies are established early to ensure that there is independence in learning but safety in the group providing a secure base. The infant caregivers then naturally anticipate infant's needs by what seems to be a biologically based inclination to respond in accordance with kinship but importantly emotionally simpatico between caregivers and infant. Aboriginal communities believe that it takes a whole community to raise a child and this means that it is commonplace for different caregivers to respond to the different emotional needs of the child – the collective arguably making it more likely that the child's innate temperament and personality style which is of biological and genetic origin can then be 'assisted' or responded to by a range of external caregivers. This arguably increases the likelihood that temperaments that are difficult or hard to warm up will be managed or 'altered' by the environments increased capacity to respond to their entire range of emotional needs of the child.

Since the child does not attach exclusively to the mother, nor equally to each member of the group, a kind of balance then starts to emerge between the child as a separate individual in relation to its mother and as a member of a group.

Ways of passing the spirit of Aboriginal culture to children

Evidence suggests that engaging in spiritual practices is associated with improved physical and mental health. Improvements in immune system function, lower blood pressure and lower rates of heart disease, stroke and kidney failure are just some of the physical

benefits from engaging in spiritual practice. Mental health benefits include a greater sense of responsibility, increased self-control and greater tolerance (McEwan et al., 2009). Spiritual engagement is also shown to be a protective factor against adolescents' risky behaviours (Rostosky, Danner, & Riggle, 2007).

For Aboriginal families, spirituality is a key cultural characteristic that embodies the interconnectedness of life's dimensions. The sacred connection to the Dreaming provides guidance for families and communities in raising children and helps to instil the shared values of interdependence, group cohesion and community loyalty. These qualities help to provide a safe environment for raising children and help both adults and children to understand the importance of caring for and protecting one another.

Guiding Cultural Principle 10: Engagement of Aboriginal Clients and Families

Engagement of Aboriginal families

For this Guiding Cultural Principle to be suitably applied to working with Aboriginal families the Department employees require the capacity to engage at the most effective level with Aboriginal clients. Specifically, models that focus on building relationships with Aboriginal families and key community stakeholders need to be integrated into practice from the process of referral to the first interactions.

Aboriginal people are more likely to engage with practitioners who are highly visible in communities as this provides the opportunity for Aboriginal people to determine the appropriateness of the practitioner through being able to see and judge them. A sense of the person's strength and goodness of spirit is often the basis under which engagement will occur. This occurs for three major reasons. First, it is partly the result of the stigma and shame that Aboriginal people will often feel when accessing a mainstream service and particularly if the service has been court mandated and perceived as having a punitive capacity. Second, it matches the strong sense of spirituality that Aboriginal people have within themselves and are able to see in others. Thirdly, it is attributed to the comfort of a familiar location as well as the fact that foreign and sterile settings (such as offices) are known to impact on the behavioural presentation of Aboriginal clients.

Recognition of traditional referrals

Referrals may need to be accepted on behalf of a significant family or community member. These referrals are often referred to as "non-traditional" referrals in recognition of the fact Aboriginal clients do not tend to self-refer to services. Given this reality, services and programs that can take referrals from the person themselves are operating in a way that is inconsistent with how most Aboriginal people tend to engage in programs and services.

Westerman (2003;2009) developed and tested a model of engagement that focuses on teaching service providers how to engage with Aboriginal families and communities in culturally appropriate and respectful ways. This model has been empirically validated and is considered to be an inclusive Model that looks at the location of the interaction, communication styles, appropriate introductions, discussions on gender and cultural differences, engagement of cultural consultants, of gender, confidentiality and reporting responsibilities and retributions, bicultural competence, and intervention planning. The full paper is available at Attachment 1.

The Model of Engagement has been used since its inception in 2003 across Australia and provides practitioners and clinicians with an engagement process that may be used sequentially, however, it is by no means prescriptive, and some steps may not be seen as relevant to the process, or may need to occur in a different order. The engagement Model is described as:

Step One: Consider the location of the interaction – this must be natural and incidental and preferably within the client's own home or community to reduce the potential for bias associated with being assessed outside of cultural context. Ask client to select the meeting location.

Step Two: Sit or stand 'side by side' with clients, looking down at the ground in front of you and 'checking in' with your client occasionally. This addresses any cultural concerns regarding level of eye contact (assess relative to non-verbal cues regarding comfort with this). It also aims to reduce anxiety Aboriginal youth may experience about being 'put on the spot' or highlighted to provide a direct answer to a direct question.

Step Three: Introduce self 'Aboriginal way'. This means contextualise yourself in relation to your land / country as well as cultural background or origin. Ask the person/people you

are meeting with to contextualise themselves in relation to their land and country. Ask questions such as “Who are your mob / people?”; “Who are your tribal group or people?”, and “Where is your country?”

Step Four: Make a statement about any cultural or gender differences between yourself and the person you are meeting with by making comment on this difference and invite the person to make comment on whether this is an issue or how they feel about this.

Step Five: If these differences are seen as an issue, ask client to nominate cultural consultant (aims to minimise extent of cultural bias in assessment process). Engagement of cultural consultant must occur with regard to the cultural appropriateness of the person. Assess whether there are cultural factors operating for the cultural consultant. Ask the question: “Is there any cultural reason why you can’t be involved with this client?” including:

- a. Men’s versus women’s business.
- b. Avoidance relationships.
- c. Different tribal grouping.
- d. Community infighting.

Step Six: Negotiate limits to confidentiality. That is, that things will remain private, however if the client states that they will harm themselves or someone else you will have to breach that confidentiality. This will occur in negotiation with the client. The focus is on the absolute transparency of practice. This means you have to discuss (a) who you will tell through prior negotiation with your client, and (b) exactly what will be told – that is, “Only the information regarding your risk to self and others”. This addresses issues of trust that is often a concern for Aboriginal people working or interacting with the Department.

Step Seven: Discuss or negotiate issues regarding possible payback² or retribution with community or people you are working with, particularly in the case of ‘at risk’ or interactions where child and family safety concerns are high. This needs to occur prior to your involvement with the child and/or family and may also need to occur on behalf of the cultural consultant.

Step Eight: Engage at the cultural level with client. Discussion should occur around the belief system of client and the extent to which this impacts on assessment and therapeutic process using the Westerman Acculturation Scale for Aboriginal Australians – Youth and the Westerman Acculturation Scale for Aboriginal Australians – Adult (as appropriate).

Step Nine: If the client/s has/have strong connections with their Aboriginal belief system, offer the option of resolving the problem through traditional or westernised methods of therapy (or both). However, the practitioner must have the cultural competence to be able to facilitate this process through engagement with an appropriate cultural consultant to determine whether the community deems this to be appropriate.

Step Ten: Assess level (or hierarchy) of intervention that has already occurred within the community.

Guiding Cultural Principle 11: Cultural Mapping

Cultural Mapping is the process whereby comprehensive histories of Aboriginal clients, to ensure that all factors related to the development of client intervention and engagement, are fully understood by practitioners and clinicians and incorporated into all treatment and other planning. The extent to which practitioners are able to develop an extensive cultural map is obviously linked with all of the Guiding Cultural Principles – the pre-requisite of cultural competence; understanding issues of informed cultural consent and confidentiality; the use of cultural consultants; parenting style differences and impacts on learning and effective engagement strategies.

To facilitate this process, this Guiding Cultural Principle provides detail of the key elements that need to be considered when using or developing any Departmental proformas.

ENGAGING AT THE LEVEL OF CULTURAL BELIEF SYSTEM

There is now an extensive evidence base to support the value of exploring cultural identity as a starting point to service delivery with Aboriginal clients within the child protection domain. There is significant value in such an approach including the fact that accuracy in assessment requires that practitioners are able to gauge to what extent cultural beliefs are implicated. This has become a challenging endeavour given that there is little guidance around exploration of cultural beliefs of Aboriginal clients in mainstream service delivery.

Knowing what is relevant is an obvious issue and knowing how to explore these issues even more of an issue for practitioners. The Acculturation Scale for Aboriginal Australians (ASAA: Westerman, 2003) has been developed to enable practitioners to engage at the level of cultural identity with Aboriginal clients. It is considered to be the second stage to culturally valid assessment of Aboriginal clients (the first stage being that practitioners have a pre-requisite of cultural competence as explored in the previous section).

The ASAA is particularly useful in the following ways:

- Explains within group differences. The extent to which an Aboriginal client is integrated with their culture is able to be gauged.
- Enables effective engagement – refer to Engagement Model provided in this section.
- Provide Cultural matching of client with practitioner/clinician – the greater the cultural differences between client and counsellor the greater the capacity for disengagement; error in assessment; misinterpretation of cultural differences, etc.
- Enables an accurate assessment of Aboriginal clients. Information gathered by the ASAA is able to provide information that is of relevance to the assessment of Aboriginal clients including but not limited to:
 - Providing evidence supporting the likelihood of Culture Bound Syndromes in diagnostic formulations. The less acculturation with mainstream the greater the likelihood that Aboriginal clients will experience Culture Bound Syndromes phenomena.
 - For Forensic Assessments - Determines the extent of the 'belief system' that Aboriginal people have and therefore whether they are behaving within the rules of their culture.
 - For Cognitive assessments – the less acculturation into mainstream, the greater the degree of test bias that will be experienced by an Aboriginal client. This also justifies the selection of 'culture-fair' tests, and adaptation of how mainstream tests are interpreted.

DETERMINATION OF THE STRUCTURE OF RELATIONSHIPS

Information gathered by the ASAA is an important starting point in gathering information regarding the client's cultural identity, beliefs and background. Important information that should be gathered includes:

BRIEF CULTURAL MAPPING QUESTIONS

1. Do they know their skin group? Do they operate within skin relationships? If so, how many skin groups do they have?
2. Who are their key Elders based on this skin group configuration (refer to the cultural glossary for definition of skin relationships as well as example of a skin relationships structure.
3. Who are their skin relations based upon the skin groups that exist in their community?
4. Who are the key people who have obligation relationships to them?
5. Do they have access to traditional healers? Do they believe in traditional healing methods for times when they are unwell?
6. Do they have lore men in the community? Do they believe in traditional lore and the role of Aboriginal men in this process?
7. Do they have a desire to continue to practice their culture and customs? Does this mean that they will want to learn men's and/or women's business? Who will be the person who will assist in this process in their community?
8. Aboriginal dialects spoken? Mainstream education?
9. What contact have they had with non-Aboriginal culture?
10. How do they feel about the contact that they have with non-Aboriginal culture?

EXPLORE OPPORTUNITIES TO DEVELOP A FULLER CULTURAL MAP

In instances in which any of the above information is missing or unknown by the client it is important to be able to explore any opportunities to "fill in" their cultural map. A strong sense of identity is consistently associated with positive outcomes and an important aspect of this is having access to information/training/learning. The first starting point to this is to facilitate access to historical documents. This can be achieved via a number of sources:

1. Referring Aboriginal people to information about the historical treatment of Aboriginal people. Often, especially for youth, understanding why Aboriginal people experience such high rates of violence, mental ill health etc., is often better understood when couched within a historical framework. This can be achieved through referring them to age appropriate information or even activities such as journey of healing days as well as participating in cultural activities in their communities and even events such as the National Aboriginal and Islander Day of Celebration (NAIDOC).
2. Access to Family Records and Information. This is also a vital aspect of developing identity for Aboriginal people and again is strongly linked with good mental health. Access to information about family can occur through informal mechanisms (link with the mother and fathers community of origin and get information through key cultural consultants on the community about the clients background). There are also other more formal methods at the State and National level, however most records available to Aboriginal people are restricted in some way. This doesn't mean that records cannot be accessed, rather that they have restrictions to ensure that the privacy of individuals who can often be the subject of family tracing searches is protected. For Aboriginal people wanting to research their family history the

National Archives is able to provide detail regarding the process to do so. Additionally, State and Church records can also be accessed

Guiding Cultural Principle 12: Black (Aboriginal) Identity Formation

Black Identity Formation – a model of identity development adapted from Cross (1991) by Westerman, 2018.

The interest in the relationship between attachment and identity formation has been studied for some time. However, studies were hampered by the lack of a comprehensive measure of identity, and one of the goals of psychology has been to establish a model that can conveniently describe human identity development. Cross' (1971, 1978, 1991) model of Black Identity Formation offers a similar opportunity for treatments to be culturally focused in the sense that it articulates an empirical model of robust cultural identity. This has been adapted by Westerman for the Aboriginal Australian context (refer to Westerman, 2015) and offers an opportunity to address factors implicated in the development of robust cultural identity by articulating 'phases' of cultural identity formation. These phases have been articulated as follows (adapted from Cross, 1991):

Stage 1: Pre-encounter

The Aboriginal person has absorbed many of the beliefs and values of the dominant White culture, including the notion that "White is right" and "Black is wrong." Though the internalisation of negative Black Stereotypes may be outside of his or her conscious awareness, the individual seeks to assimilate and be accepted by Whites, and actively or passively distances him/herself from other Blacks. It is not uncommon with Aboriginal Australian culture therefore to deny the impacts of racism on the developing self. In addition, there is an interesting aspect to this phase in which there can be manifestations of racism as trauma in that there is a repetition compulsion to repeat the patterns of ones' own trauma background. For example, those who experienced forcible removal 'willingly' taking their own children back to the missions in which they were taken following forcible removal from families. This is consistent with the post trauma response in which there is often a need to 'control' when trauma occurs. In terms of the neurobiological aspects of trauma, it is also the case that individuals are often 'drawn to what is familiar' and that is what has been embedded within their behaviour at a biological, innate level.

Early Black racial identity research conducted by Ruth Horwitz (1938), suggested the existence of Black self-hatred manifested in a preference for White over Black among African-American children (Horwitz 1938). Until the early 1970s, researchers corroborated these findings, producing data that seemingly indicated a swell of empirical support for the Black self-hatred hypothesis. Individuals show a strong preference for the values, beliefs, and features of the dominant culture over their own as a phase of development. Westerman (2015) compares this to the development that occurs in non-Aboriginal kids which is known as 'gender constancy' – that being that there is a realisation within children at around six to eight years of age that gender is fixed (Kohlberg, 1984) and then becomes more inclined towards adopting certain gender specific roles but also importantly wanting a model of what they act like, think like and look like through the same sex role model. There is also a parental reinforcement and social constructionism role to play in the development of gender constancy. It is also evident that for those who experience gender confusion, gender identity disorder or transsexualism then the internal working model would arguably follow the same path it is just that the orientation will be to the opposite gender. Taking this theory and applying it to the concept of racial identity and specifically the phase of black self-loathing it would follow that hatred becomes internalised prior to the establishment of 'cultural constancy', that being, that until the child is able to understand that their cultural identity is 'fixed' then it becomes more likely that internalising of hateful messaging about Aboriginal culture (via media etc.) will become a more dominant working model. It is argued that this occurs around the same age as awareness around gender permanency occurs. It has some support from research which indicates that Aboriginal children below eight years of age tend to have more of a negative sense of self construct.

Stage 2: Encounter

This phase is typically precipitated by an event or series of events that forces the individual to acknowledge the impact of racism in one's life. For example, instances of social rejection by White friends or colleagues (or reading new personally relevant information about racism) may lead the individual to the conclusion that many Whites will not view him or her as an equal. Faced with the reality that he or she cannot truly be White, the individual is forced to focus on his or her identity as a member of a group targeted by racism. Unfortunately, at this stage there is keen awareness of the dominance of the dominant culture. This often results in complete compliance with the dominant culture as a result of internal oppression as the extent of racism becomes overwhelming for the individual. It is common therefore for the bystander effect to be a common feature of this stage and one we see examples of with black minority populations world-wide. The bystander effect talks to a social psychological phenomenon that refers to cases in which individuals do not offer any means of response or help to a victim or victimisation. The probability of intervening is inversely related to the number of bystanders. In the case of black minorities examples include Apartheid in South Africa; the Northern Territory Intervention and a raft of other human rights violations that seem to occur whilst people 'stand by'. Other behaviours are that these individuals may also subconsciously reject work and academic achievement as a self-fulfilling prophecy - 'fit the expected stereotype' and 'prove identity'(believing historically Aboriginal people don't do well in these areas). This stage can often be characterised by racism towards the dominant society.

Stage 3: Immersion/Emersion

This stage is characterised by the simultaneous desire to surround oneself with visible symbols of one's racial identity and an active avoidance of symbols of Whiteness. As Thomas Parham describes, "At this stage, everything of value in life must be Black or relevant to Blackness. This stage is also characterised by a tendency to denigrate white people, simultaneously glorifying Black people..." (1989, p. 190). As individuals enter the Immersion stage, they actively seek out opportunities to explore aspects of their own history and culture with the support of peers from their own racial background. Typically, White focused anger dissipates during this phase because so much of the person's energy is directed toward his or her own group and self-exploration. The result of this exploration is an emerging security in a newly defined and affirmed sense of self.

Stage 4: Internalisation- Commitment

While still maintaining his or her connections with Black peers, the internalised individual is willing to establish meaningful relationships with Whites who acknowledge and are respectful of his or her self-definition. The individual is also ready to build coalitions with members of other oppressed groups. Those at the fifth stage have found ways to translate their "personal sense of Blackness into a plan of action or a general sense of commitment" to the concerns of Blacks as a group, which is sustained over time (Cross, 1991, p. 22). Whether at the fourth or fifth stage, the process of Internalisation allows the individual, anchored in a positive sense of racial identity, both to perceive and transcend race proactively.

Most models present a linear progression through the stages, meaning that individuals start at the beginning then move to the final stage. These are much more fluid (a person may reach the final stage of internalisation in Cross's model but might experience something that results in regressing back to the encounter or immersion/emersion stage (Parham, 1989). Helms (1995) uses the term "statuses" instead of "stages" is because more recent research indicates that racial identity is actually multi-dimensional rather than one-dimensional with many factors contributing to one's sense of identity.

Guiding Principle 13: Differences in Parenting Styles of Aboriginal People and Child Development

Certain culturally specific behaviours and skills are ascribed greater importance than others within Aboriginal cultures due to the importance of these abilities to survival (Kearins, 1981). The influence of environment and cultural learning (rather than genetics) on behaviour means that Aboriginal Australians are likely to develop different types of behaviours than non-Aboriginal people (Clark & Halford, 1983). These differences exist for a reason – they ensure the survival of the culture. The behaviours that are encouraged and actively cultivated within the Aboriginal culture to ensure this survival are as follows:

The research tells us that traditional Aboriginal Australian approaches to child-rearing create ideal conditions for secure attachment outcomes (e.g., Kearins, 1984; Goodnow, 1988; Ryan, 2011; Lohar, Butera & Kennedy, 2014; Yeo, 2003). Aboriginal children traditionally have access to a greater number of primary attachment figures who persist throughout their lives and increase the likelihood that all of their emotional needs are able to be responded to in a manner that ensures secure attachment. The concept of a 'whole community raising a child' is consistent with Aboriginal parenting styles. It increases the likelihood of secure attachment, as there is an expectation that the emotional needs and therefore attachment bonds that develop are a shared community responsibility (Kearins; Westerman, 2003). In addition to this, there is a greater focus on what has been termed 'attachment parenting' or, more accurately, 'cultural attachment parenting', in which the closeness between children and multiple carers occurs throughout their lives.

Autonomy and Independence in learning

Aboriginal families' attitudes and child-rearing practices of infants and toddlers differ most from Western attitudes in relation to autonomy and independence in learning. This means, among other things, that children are free from verbal restraint or direction and have greater freedom to develop non-verbal skills (including capacity to observe) of information processing (Kearins, 1976) and also independence in learning. Much learning for Aboriginal children, particularly for new tasks, is via observational and visual encoding rather than through listening, verbal instruction and description (Harris, 1977; Malin, 1997). Hence, interactions and communications that are primarily based on developing an initial framework of understanding through sitting in a room and listening to verbal instructions compromises Aboriginal people's ways of learning and processing information. To address this, services may need to consider alternative teaching strategies that capitalise on imitation, observation, visual and modelling cues.

How relationships are constructed

There is a consistent view within the literature that children will look more to each other for guidance regarding appropriate behaviours as opposed to parents or authority figures. The implications of this are many. First, rather than staying close to parents, Aboriginal children will be provided with greater latitude to venture 'out-of-sight' and in the company of their peers who are then obligated to assume a level of responsibility for role modelling appropriate behaviours, and observing (and intervening) in dangerous behaviours and situations. This freedom to explore is encouraged within Aboriginal culture as it allows experimentation with developing skills without obvious verbal and physical restraints by adults, and thus the freedom to hurt themselves, make decisions on own activities, and learn by following the examples of others whom the child respects, likes and admires (Kearins, 1984). The result is that Aboriginal children have greater capacity in practical competence, gross and fine motor skills development at an early age (Kearins, 1984). Children, as well as adults, will respect what they believe to be the wishes of 'liked and admired' others – and authority status (e.g. Welfare, Law, Police etc) has very little to do with this other than elicit a complex set of problems that would need to be addressed for any program to be successful. The essential difference seems to lie in westernised need for overt adult control of children (and the belief that this is necessary to proper development of the child) that is often at odds with the Aboriginal belief that the relative autonomy of children is a necessary aspect of child development (Kearins, 2000).

In working with Aboriginal families it is important to consider the degree to which the extended family may have input into any decisions affecting children. For most families, Aunties, grandparents and cousins have a level of parenting responsibility. Older siblings also have responsibilities for looking after the younger children. This consideration suggests that the extended family should be included in the decision-making processes and parenting arrangements around children. In youth, it would also appear appropriate to consider their peer group that may include cousins, older relatives and so forth. Hence, a program that is based on the parent being in an autonomous position with their child is unlikely to be successful with an Aboriginal family as it is likely to miss important support and influential groups that could assist in modifying the child's behaviours. For instance, the communication practices of most Aboriginal cultures involve hierarchical communications. That is, the worker may need to talk to other family members, community leaders or Elders prior to or as well as the parents and significant carers. The inclusion of peers in behaviour modification programs is also an appropriate strategy which recognises the pivotal role that peers have in the development and maintenance (and therefore modification) of maladaptive behaviours. This implies that the respect and practices of the Lore, the authority of Elders, the role of peers in parenting and behaviour reinforcement, and traditional family practices are of prime importance and need to be considered in any program development.

Further examples lie in the westernised approach to placing rules, boundaries and consequences on a child's behaviour and socialisations and expect immediate behavioural change due to these consequences. These types of strategies are again at odds with Aboriginal parenting styles that allow children the time and space to understand a task prior to enacting it. The result is that there is often a significant gap between the demonstration (and learning) of a new task and the Aboriginal children then enacting this task 'to the best of their ability'. This is very clearly at odds with westernised methods of learning by trial and error and has often led to Aboriginal children being labelled as 'lacking respect for authority', poor concentration, not understanding the task, and/or learning problems.

Beliefs in Parenting

Malin, Campbell and Agius (1996) in a study of Aboriginal and non-Aboriginal parenting practices concluded that it was important to understand the values and aspirations of Aboriginal parents. They asserted that this helped to gain a true appreciation of the parents' parenting style and effectiveness of this style in delivering the outcomes that Aboriginal parents seek in the 'growing up' of their children (Ralph, 2000). This would need to be incorporated into service delivery from referral to assessment and the content of intervention services. This would comply with the underlying principles of programs empowering the client and developing client specific therapeutic services.

Differences in communication styles

This leads onto the issue of varying communication styles and practices. In similar ways to the varying learning differences between Aboriginal and non-Aboriginal cultures, there are differences in communication styles and thus their interpretations. There is much information and research that highlights differences such as the implications of silences, communication between the genders, questioning styles, listening practices, Kriol and its uses, and so forth. For example, a significant feature of communication style of Aboriginal people is the use of silence in conversation and prolonged waiting for a reply to a question. In many circumstances these silences in conversation are interpreted as discomfort, embarrassment, not understanding, failure to participate or as a communication breakdown. In most instances this delay refers to Aboriginal people learning to understand the whole task before enacting it or making 'trial by error' attempts. This learning style implies a slower reaction time with higher level accuracy when compared with non-Aboriginal task completion. The client is likely to be thinking about the question, carefully considering the 'best answer to give and characteristically, Aboriginal people do not just talk to fill the gap in conversation.

In line with this, in learning by observation there is a large gap between when the learning begins and the skill is exercised, suggesting a great capacity for visual memory. For example, the strategy of ASK, SAY, DO that is focused on developing new skills is based on verbal descriptors with some assistance. For an Aboriginal child, the learning of new skills would be better focused on DO, DESCRIBE, DEVELOP (Wettinger, client communications 2001, not in print), that involves the parent DOing the whole task (alongside the child and allowing the child to observe the whole task in action), using minimal descriptors (DESCRIBE) and then the child mirrors the whole task as it is repeated by the parent until the skill is DEVELOPED.

These and numerous other known strategies that will need to be considered in (a) developing a culturally appropriate parenting package, (b) assessing the clients' issues and (c) delivery of information. Hence, a program developed on these communication styles and/or training of staff in being flexible and culturally sensitive communicators and comfortable listeners will assist in (a) a better understanding of Aboriginal behaviour patterns (Davidson, Hansford & Moriarty, 1983) and thus a more informed assessment of the parent/child issues and (b) successful program outcomes for Aboriginal families and communities.

What this results in

Cultural differences in child-rearing practice (Kearins, 1981; Clark & Halford, 1983) impact at many levels of interaction with Aboriginal clients. The preceding information provides some practical examples of these differences. It is also important to understand that these differences impact across many other levels of intervention. As a general statement, cultural differences in parenting will result in different skills and abilities being cultivated in Aboriginal children which impact upon the following:

1. **The application of effective Behavioural Management Strategies for Aboriginal people.** So, when presenting new information to Aboriginal patients it will be more effective to present this information in a manner that capitalises on these known differences (strengths) in cultural learning styles (for a review see Westerman, 2005).
2. **Learning by imitation.** Modelling/mirroring of behavioural management strategies.
3. **Visual memory.** All strategies are best taught via visual mediation (see next point).
4. **Learning by observation.** In line with this, in learning by observation there is a large gap between when the learning begins and the skill is exercised, suggesting a great capacity for visual memory. For example, the strategy of ASK, SAY, DO that is focused on developing new skills is based on verbal descriptors with some assistance. For an Aboriginal person, the learning of new skills would be better focused on DO, DESCRIBE, DEVELOP (Wettinger, client communications 2001, not in print), that involves the clinician doing the whole task (alongside the client and allowing the client to observe the whole task in action), using minimal descriptors (DESCRIBE) and then the client mirrors the whole task as it is repeated by the parent until the skill is developed.
5. **There are differences in how emotions are expressed for Aboriginal people** (see Reser, 1989; Westerman, 2003). Emotions are more likely to be expressed outwards which means that Aboriginal children in particular are more likely than their non-Aboriginal counterparts to be rated high on externalising behaviours, particularly by non-Aboriginal observers,
6. **The use and understanding of numbers** (i.e. how many days, how often). This area is often problematic for Aboriginal people who may not have been exposed to these concepts. In these instances, a visually-mediated assessment is often a better way to go (i.e. seeing frequency in terms of a strength of agreement through colours or other visual means to determine subjective distress),

7. **Communication Styles.** There will be extreme cultural differences in communication styles and practices which also need to be taken into account in engagement of individuals as well as families as per Guiding Cultural Principle 10 (see Westerman, 2005). Examples include:
- a. Tendency to agree with negatively phrased questions.
 - b. Understanding of emotions occurs through practical, narratively based questioning (e.g. "Tell me what was happening the last time you weren't feeling too good in yourself", as opposed to the abstract emotional concept of "Tell me about your depression").
 - c. That gender is a sub-culture. Communication across genders of Aboriginal people is taboo and should be avoided in most instances (refer to Guiding Cultural Principle 7, the use of Cultural Consultants).
 - d. Discussion of sexual issues are generally sacrosanct with Aboriginal patients, Guiding Cultural Principle 7 should be enacted when this is necessary, particularly across genders.
 - e. Communication is generally hierarchical within Aboriginal communities. This often impacts on traditional Aboriginal males in particular this can only often occur within 'hierarchies' i.e., those who have been through 'lore business' or their rite of passage.
 - f. That avoidance relationships often exist between Aboriginal patients, which means that it is culturally taboo to communicate with, be close to or have any relationship with between Aboriginal people who have avoidance relationships. It is strongly advised that this information is gathered as part of the admission process (refer to Guiding Cultural Principle 11 that refers to Cultural Mapping with Aboriginal clients).
 - g. That "responsibility relationships" also exist for Aboriginal people – this is a relationship that is formed during 'lore time' or the rite of passage time for Aboriginal people. These individuals have obligations to protect and guide Aboriginal patients. This should be included within the initial admission (refer to Guiding Cultural Principle 11 and definition provided in the Cultural Glossary).
 - h. Staff should also be informed that in many instances in which there has been a death of an Aboriginal person, the Christian name of the deceased is no longer used, or if it is in use the prefix of 'no-name' is added (for example the deceased person's name may be John, other persons called John may be referred to as "no-name John").
 - i. Staff also need to be aware that upon the death of an Aboriginal person there are a number of culturally specific grief processes that need to be enacted by Aboriginal people. Further information is provided in Guiding Cultural Principle 8.
 - j. Aboriginal people will often be known by a number of different surnames. A surname from the mother's side and the surname from the father's side. It is suggested that surnames from both sides are gathered as part of cultural mapping as per Guiding Cultural Principle 11.

Family Assessment - Attachment and Bonding Issues (please refer to Guiding Cultural Principle 9 for a full overview of Attachment with Aboriginal People)

- As stated by Scheppers (1991), Aboriginal children, whether they are residing in the city or the country will, to some extent, have a cultural background that has taught them:
- A strong attachment to their 'country' or 'land'.
- A deep knowledge about the natural environment, for examples, plan uses, local geography, economic skills and conservation practices.

- A love of the outdoor environment.
- That material goods are of little importance and replaceable.
- The values of sharing, so that they will not have to hoard items from other children.
- That demands of religious observance and traditions (eg. funeral attendances, going through "The Law" etc.) outweigh other demands such as going to school.
- The notion of 'family' sometimes means your entire people and usually refers to an extended family group.

One of the more notable differences between Aboriginal and White Australian reared children is the Aboriginal children's high levels of independence (Kearins, 1984). In families, it is often assumed that babies and children are best able to express their own needs and that adults are there to attend to those needs. Among traditionally oriented and some suburban families there is group care of babies and young children. This means that a baby is likely to be held by someone nearly all of the time. A child may relate to several aunts as 'Mum' and be fed or put to bed in several different households as a normal experience (Scheppers, 1991).

The importance of the extended family is consistent with cultural values and the unity of the relationship to the land and to kin. Relationships with people are considered to be structured and based in Aboriginal Law and the Dreaming. Children are taught about mutual co-operation, about special duties to some extended family group, about taboos and about relationships which have special ritual significance. Behaving properly within the cultural context, to other people is an important aspect of Aboriginality. It can also be the source of misunderstanding and misrepresentation (i.e. behaviour considered to be inappropriate in one culture but appropriate in another). For example, the family home may be the scene of many comings and goings where people move around, and numerous people may pick up a child from school/day-care etc. This does not mean that the mother is negligent. Knowledge of the child's community is invaluable as is the advice of Aboriginal staff as to the safety of the child and/or their family and ritual obligations.

When parents separate arrangements for children are worked out by the families involved, but generally children are cared for by the mother and her relatives. It is not uncommon for children to be reared for long periods of time by extended family rather than their parents. Among Torres Strait Islanders, whose culture is basically Melanesian, customary adoptions involving the permanent transfer of a child from one extended family member to another is widely practiced (Ban, 1993).

Issues of racism and backlash from Aboriginal land and other claims need to be considered. For example, Aboriginal people have been the target of special laws and rules about where they could live and work, about the removal of their children, voting rights and even where they could sit in a public bar or cinema. Aboriginal people, today, are continually faced with taunting remarks of a derogatory nature. These attitudes and behaviours reflect other people's experiences and learning in their own family groups. Hence, it is pivotal that the worker present a positive model of welcoming, respecting and learning from racial and cultural variety.

Table 4 provides an overview of differences in Aboriginal and White Australian child rearing practices. This table represents a summary of information from various texts about Aboriginal women's roles in their community and child-rearing practices.

Areas of Development	Aboriginal Australian Children	White Australian Children
Child care responsibilities	<p>Shared usually by the large, extended family group.</p> <p>Babies are treated with extreme indulgence by everyone in the family. In the extended family there are often others to relieve the pressure on the mother.</p> <p>Young children are seen as having the capacity to demand what they want. eg "She will cry if she is hungry"</p>	<p>Is usually taken by the child's mother and input from the father. In the nuclear family the mother is often has to cope on her own</p> <p>Babies are encouraged to adopt a regular routine which is endorsed by the main carer.</p> <p>Young children are seen as helpless and all decisions are made for them, "Mum knows best".</p>
Self-care	Children are allowed to be as independent as they wish to be.	Children are not expected to be independent in eating, dressing or washing until the caregiver says so or feels it is OK.
Oral Development	Little oral obedience training.	Oral obedience training begins early. e.g.: understanding words such as "no", "stop" and "naughty".
The first steps to independence	<p><u>Physical interaction</u> - children are more often held in an upright position and are part of the family group.</p> <p>Sleeping - in any room or place.</p> <p>Young children are allowed to move away from adults. Usually in the care of older children.</p> <p>Older siblings and other children mix together out of mother's sight.</p> <p>Children accept responsibility for each other with no adults present.</p>	<p>Physical interaction - when the child is awake.</p> <p>Sleeping - often put to sleep in a room away from the family or lying in a basinet or bouncer.</p> <p>Young children are expected to stay close to adults.</p> <p>Children are assumed "lost" if they are out of the mother's sight.</p> <p>Siblings and other young children mix together but everyone knows that Mum is in charge</p>
Physical Skills	<p>Can develop without restraints of adults. There are few verbal commands by adults, even if they are present. Children learn at an early age to judge their capacity to perform feats.</p> <p>Children also have the freedom to hurt themselves</p>	<p>Children are less skilled physically. Adults are expected to warn and to set limits. eg.: "Be careful". "That's high enough". Adults use lots of verbal commands.</p> <p>Children are not expected to cope with hurt or fear by themselves, adults have the expectation that they know best.</p>

Play/Activities Involvement	These are of the child's choosing and continue until the child wishes to stop. Competition is not encouraged by caregivers. There is an idea of doing what is best for the family/group.	These are often chosen or suggested by mother. There is encouragement to do particular jobs eg. putting toys away, washing hands etc. Competition is often encouraged by caregivers, between siblings and peers. There is an idea of "doing what is best of the individual"
Areas of Development	Aboriginal Australian Children	White Australian Children
Possessions/ Toys	Children have few valued possessions and what they do have is available to all who visit the home.	Children often have possessions of their own and they are encouraged to look after them. There are also certain items such as teddy bears, rugs, dolls which have exclusive ownership.
Other	Adults accept children who sulk There is an awareness of the concept of shame which often leads to withdrawal. When children appear in a minority they may be quite shy.	Adults are critical of children who sulk. The concept of shame is not strong, more practical feelings and behaviours are emphasised. When children appear in a minority they may be shy, boisterous, panicky - depending on the nature of the child.

Table 2: Differences in Aboriginal and Western (White) Australian Child-rearing practices

Keeping these characteristics and variations in child-rearing and development in mind, it can be helpful to devise some questions to test out during the clinical interview. It is not uncommon for children to 'miss-out' on some of these practices as a result of the mother's own upbringing, historical involvement of the Government in forcible removal of Aboriginal people and resulting absence of parental figures or Elders in the community, implications of alcohol and drugs etc. Other methods of collecting information on the family and the networks involves using geneogrammes, kinetic drawings and with older children an adapted version of the Family Relations Test (Bene-Anthony). Finally, adaptations to other attachment and bonding assessment tools would also provide valuable information. From a legal perspective, the test scores or factual information of these techniques are not considered reliable or valid but they do provide supplementary information about the child's attachments and networks as seen by the child and/or their carers. They are also a less threatening way of establishing rapport with Aboriginal children/families as there are fewer direct questions and for those with limited English language they can use drawings and family diagrams.

Guiding Cultural Principle 14: Differences in Communication Styles Including Aboriginal English

Language and Respect for Culture

When getting to know your client takes particular notice of the language, they use in every day discussions. It is not necessary to be totally fluent in the particular dialect. Sometimes all it takes is one word in the client's language to be able to put them at ease. Try making up a game whereby the client gets to tell you what they call certain things in their language. A book of pictures may be helpful. Other approaches that are recommended include:

- Always use plain language avoiding professional jargon and explanations. It is also important to check the client's understanding of what you have said. It is very easy to retreat into professional mode when trying to talk with someone from a different culture, but at the end of the day that little bit of time that you have spent can be rewarded in the knowledge that your client will at least understand most of what you have said.
- Be prepared to listen to the client and to put yourself on the side of the novice. Ask them to explain to you how it is for them living in their particular community/group. What does a normal day look like? Who do they closely associate with? Find out what their cultural obligations and expectations are, as they may prevent them from participating in certain tasks which you may assign to them. Eco-maps and family trees are very useful tools in getting to know these things.
- Most importantly, find out what the person likes to be called, or indeed what they are called in their communities. Never use Christian names unless you have checked that is alright to do so. This is due to the fact that when there is a death in an Aboriginal community, the name of the deceased person is no longer used out of respect for that person. You may have heard a deceased person being referred to as "X's brother, sister" etc, or even the "dead one." Each person on the community who shares the same Christian name as the deceased person, is also no longer called by their Christian name. Instead, another name is used from the particular dialect, for instance, in Wongi language, these people are referred to as Mr, Miss or Mrs. This is also the case for non-Aboriginal people who live on the community and this process may continue for a couple of years at least until it is considered that respect has been paid. The safest tact to take is to address people, particularly in remote communities is using Mr, Miss or Mrs or asking them directly what they would like you to call them.
- Trips may need to be delayed as a result of tribal rituals and ceremonies. It is particularly important to respect "sorry time" for the death of a community member. This will mean that people cannot usually be contacted for weeks at a time. Similarly for boys going through the Law, they will be "bush boys" for a couple of months. This process cannot be disturbed by any urgency, but, community people will sometimes attempt to get extremely important messages through or pass on information if required.
- To avoid misunderstandings and tokenism, it is sensible to encourage consultation with the local Aboriginal community on a regular basis. Regular consultation rather than responding mainly to the crises, will assist in establishing rapport and trust and thus in time lead to the more respectful relationship between yourself and the community.

Communication styles

Be alert of communication styles/taboo within the community. Some tips that will assist you in how you go about communicating include:

- As a general rule never ask a man questions about his mother-in-law and vice versa as this is considered taboo. Find out who is allowed to talk to who and about whom. This is particularly important in relation to skin groupings which dictate communication lines within and between Aboriginal communities.
- Avoid planning visits for pension days as it is likely that no-one will be home.
- In some communities young boys and girls are treated as though they are adults. It is very demeaning to refer to a 12 -13 year old who has gone through the Law as a "boy." as they are considered to be adults within their communities and are treated as such.
- Never approach small groups of men or women talking amongst themselves. Wait to be invited over as approaching the group may shame them and isolate you from the community. Stand near your car in clear vision of the group or person you wish to see and wait to be motioned over.
- Never enter the person's home without first being invited. Be prepared to do your business on front door steps or out on the porch if full view of others. If the business is of a sensitive nature it sometimes helps, begin to walk to an isolated place (out of others earshot) and encourage the person to follow.
- Don't take yourself too seriously. Although our work is serious and involves a lot of traumatic issues for our clients, be prepared to laugh at yourself if you mispronounce a word. Humour is a most valued commodity in Aboriginal communities and it cannot be underestimated as a way to establish immediate rapport.
- Avoid too much direct eye contact wherever possible.
- In communicating with your client, avoid starting with a barrage of questions that they may not be prepared to answer. Be prepared to put up with long silences and try to avoid answering questions on your client's behalf. Try to be creative in your approach if your client is having difficulty sharing something with you. Take note of the following suggestions:
 1. Give your client permission to nod for yes/no
 2. Give your client permission to write down what they are afraid to say
 3. Make use of drawings or pictures to try to help client to tell their story
 4. Give the client permission to invite a significant third person who may either act as an interpreter or a support for that person.
 5. When discussing issues of a sexual nature, keep in mind that it is not appropriate for Aboriginal males to discuss such things with females, nor is it appropriate for Aboriginal females to discuss these issues with males. Networking with local Aboriginal agencies, may be able to offer a same-sexed objective third person, who will be able to assist with the interview process In line with Departmental policy, this person should not be involved in conducting the interview, but simply acting as a support.
 6. Keep in mind the concept of shame within Aboriginal communities particularly when talking to a perpetrator of abuse. The perpetrator not making eye contact, or shrugging shoulders and/or answering "I don't know" to questions about their feelings regarding the assault, does not necessarily mean that they have no remorse for their actions. Within Aboriginal communities, perpetrators are dealt with quite harshly and the result is extreme shame for the offender, and sometimes ostracism from the community. It is important to have a cultural perspective particularly and to make recommendations to Courts. Ask the person how his family, and other community people have treated him since

the offence; find out whether there has been any punishment handed down (without having to know the details, as this is culturally privileged); find out how the person felt about this punishment and if they feel as though they deserved it etc.

7. Make use of colours or drawn faces when asking the person to express their feelings. Ask them to pick a colour or a face which best describes how they are feeling.
- Avoid making promises that you cannot keep or are likely to forget. Cynicism within Aboriginal communities towards Government agencies is strong and based on a history of many broken promises. Not following through with something may not seem important to you or other (non-Aboriginal) clients but is likely to be judged harshly by Aboriginal people. You have to put this into historical perspective and always endeavour to do what is promised.

The Time Concept

Don't expect to get things done within one meeting. Aboriginal and mainstream society in Australia often have varying concepts of time. In Aboriginal communities, there is no urgency to do anything and this is based on the notion that things get done when that person is ready to do them. If you push for a response, you may get a "Yes" answer which is likely to mean that they have heard you not that they agree with what was asked. As counsellors we always implore our clients to take their time in their decision-making to ensure that they have made the right choice. Becoming comfortable with silences and topic changes may be required. Initially, it is not unusual to experience discomfort with having to go to an Aboriginal community two or three times to speak to a person about the same issue. The pressure of working within a Department that demands decisions to be made as quickly as possible may also place pressure on the therapist thus inadvertently challenging the time concept. A useful way of getting around this, is to go and see the person for a quick visit and explain to them, and any other relevant family members that a certain decision has to be made. Then tell them that you will come back the next afternoon or in two days time to give them time to think about it. Invariably a decision has been made by the family in this time. This also allows the family privacy to make important decisions appropriate for the individual/family and community.

Whenever possible try to be as flexible as possible about appointment times. The keeping appointments is not the most highly valued in Aboriginal communities. This is due to the concept of time issues mentioned above. It is also important to remember that although an appointment is not kept it does not necessarily mean that the person does not want to see you. Try to respect this as much as possible, by keeping time spare either side of your appointments. It is not a good idea to try and make someone commit to a specific time for an appointment. Try instead as an example, "I will come and see you on Wednesday, (morning or afternoon time), just before/after lunch, when the kids get home from school etc."

It may also be useful when needing to pinpoint events to time frames to relate these events to certain occurrences within that person's environment. For instance, when it was hot, rain time, moon calendars around the time of the Shinju festival, before the start of cyclone season and so on.

Establishing Rapport in Aboriginal Communities

The most important lesson in establishing rapport with Aboriginal people living in regional and/or remote communities is to spend a considerable amount of time becoming familiar with the community. Find out who is the Chairperson, the community adviser, and who is on the committee; who are the Community Health Nurse, the teachers, and project officers employed by the community that need to be met. If possible offer to meet with all of these people, either as one group, or a number of groups and clearly to explain your role within the Department. You may need to spend several days listening and talking to

establish trust and demonstrate that you can maintain confidentiality about any culturally privileged information that may be shared with you and to find out what the expectations of the community are. Don't be surprised if it takes at least three visits to get to talk to every one before you actually get to work with clients. The importance of initial contact cannot be stressed strongly enough and thus it is important to plan and study prior to visiting the community. Take note of the following important check points prior to visiting any remote community:

1. Always make visits known to the Community at least two weeks prior to arrival via email and a follow-up telephone call to the Community Adviser, Chairman, Community Health Nurse, and the individual whom you wish to see. The reason for this is threefold:
 - a) Communities see a continuous stream of Government officials coming and going on a daily basis, often not knowing what is the purpose of the visit. Unless you make yourself and your business known to the community, they will not be able to recognise you or help you with your work, in terms of networking with relevant people.
 - b) If a funeral or ritual is occurring, most of the community people will not be there making your visit pointless. Community advisers will be able to tell you if the people you wish to see are going to be at the community at the time of your intended visit. Knowing about rituals and funerals is also a matter of personal safety as these events occur in secrecy and are not open for public scrutiny. It is easy to find yourself in trouble by offending customs particularly when you don't understand the rules.
 - c) Due to the remoteness of many communities it is important to acquire first hand knowledge of the road conditions and precautions you may need to take (i.e. water shortage, lack of fuel/AV gas etc).
2. Make sure that you inform someone at your office when you are leaving and your expected time of arrival, telephoning them when you arrive. Similarly, telephone when you are about to leave and when you anticipate arriving home.
3. Upon arriving at the community, it is important to first visit the community office, or Nursing Station to check if your client is on the community, and to obtain directions. Do not disappear into the office for long discussions - your client should be your first priority. Once your business is complete explain to your party that you will need to go and see the Community Nurse or whoever, in order to discuss any issues that may have arose within your discussion with your client, which requires that person's input. Verbal permission should be obtained and when possible written permission.

Texts such as "Jalindari Ways" by Fran Crawford and "Working with Aboriginal in Remote Areas" by DeHoog/Forrest and Sherwood are useful to consult prior to visiting Aboriginal community or becoming involved in therapy with an Aboriginal family and/or groups.

Aboriginal English

Many Aboriginal people still speak varieties of English, based on a combination of standard English and their Traditional language; this distinct dialect of English spoken in Australia known as Aboriginal English. Understanding and respecting the importance of Aboriginal English is fundamental to understanding the lived experiences of Aboriginal peoples, highlights the diversity amongst Aboriginal peoples, and speaks to the strength and resilience of many peoples who were forbidden to speak their Traditional languages, particularly those impacted through the Stolen Generations.

Many Aboriginal peoples are bicultural, meaning that some people can switch between Aboriginal ways of living, thinking and talking, and mainstream non-Aboriginal ways. This is also referred to by many Aboriginal peoples as living and walking in 'two worlds'. Whilst many Aboriginal peoples consider this a part of their day to day lives, it is something that

staff working with Aboriginal peoples in urban, regional and remote settings need to consider in their day to day work and communications (both written and verbal). This bicultural way of living, and the speaking of Aboriginal English is still an area where workers in systems where there are often power imbalances, like the courts, statutory government agencies like child protection, and law enforcement, must always be kept in mind to ensure Aboriginal peoples are not discriminated against- whether it be intentional or unintentional.

Aboriginal English is not 'bad English', and by recognising it as it ought to be recognised it is an important part of identity formation for Aboriginal peoples which is significant in terms of mental health and resilience. Another way of looking at or defining Aboriginal English is to refer to it as 'Aboriginal ways' of using English. Given the hundreds of dialects across Australia, these 'Aboriginal ways' of using and speaking English can be highly variable and is unique from group to group.

Adjunct Professor Diana Eades, at the University of New England has worked in the field of critical sociolinguistics, language in the legal process, and intercultural communication, particularly involving Australian Aboriginal people who speak varieties of English for over 30 years and is a well-known and respected specialist in this area. In her book, *Aboriginal Ways of Using English*, Adjunct Professor Eades presents a significant contribution to cross-cultural understandings and examines a significant subset of Australian English that is often ignored. IPS would recommend this book for anyone working with Aboriginal peoples across a range of settings, including child protection.



Methodology for the Adaptation of the Cultural Competency Profile (CCP: Westerman) for the Child Protection Context

ADAPTATION OF CULTURAL COMPETENCY PROFILE (CCP: Westerman) FOR THE CHILD PROTECTION CONTEXT

The objectives of this review is extensive and will result in the first time that cultural competencies in child protection are defined and determined via the adaptation of the first measure that has determined the ability to both measure and improve cultural competencies. This tool, the Aboriginal Mental Health Cultural Competency Profile (Westerman, 2003) has undergone extensive validation, norming and psychometric determination. It exists as the first objective measure of cultural competence that has demonstrated the ability to improve cultural competency (Westerman & Sheldon, 2019 in preparation). The Competency in Child Protection (CCP-CP: Westerman, 2019) is an adaptation of this existing tool for the child protection context. It will exist as the first culturally determined and psychometrically validated measure of cultural competency in the world, to the knowledge of the authors. It provides a very real opportunity for the following:

- 1) To determine the pre-requisite skills required of the child protection workforce to work in the most culturally effective manner with Aboriginal clients and their families;
- 2) To determine the nature of the child protection workforce in relation to these pre requisite skills for the first time,
- 3) To provide an opportunity to determine which factors best predict cultural competence in child protection for the first time (known as predictor variables – i.e. location, Aboriginality, gender, etc),
- 4) To provide an opportunity for the Department to set benchmarks as part of their Key Performance Indicators to improve over time
- 5) To provide an opportunity for the Department to ensure that training is targeted in accordance with those factors determined (empirically) to impact directly on the cultural competence of staff
- 6) To provide critical information to the child protection field globally regarding those factors that are linked with lower rates of child removal. It provides an opportunity to track continuous data (cultural competencies) against categorical data (child removal rates) to determine factors that result in lower removal rates.

Methodology

Literature Search of existing cultural competency inventories

An attempt was made to provide a comprehensive literature search through the *PsychLit* database as well as *Psychological Abstracts* to identify existing cultural competency measures. The purpose of this search was to add to the theoretical framework for the adaptation of the CCP for the child protection context. Whilst the CCP research determined the predictors of Aboriginal mental health cultural competency for the first time and provided a necessary framework for the development of items specific to child protection cultural competency, this search ensured that:

New and emerging research into cultural competency was incorporated within the theoretical framework to be tested,

That any child protection specific work around cultural competency was understood and informed the theoretical basis for question development,

Use of empirical information in design of inventory

The literature search resulted in important information regarding the most effective, theory-driven approach to the adaptation of the CCP for the child protection context. The first of these was to further inform several of the existing CCP dimensions to further allow for child protection specific skills to be incorporated within these psychometrically and culturally determined constructs. For the purposes of clarity, Table 3 provides an overview of the Aboriginal Mental Health Cultural Competency (CCP: Westerman, 2003) domains based upon the existing psychometrics of this tool.

<u>SUB-DOMAINS</u>	Item Number
Local Knowledge	Items 12 - 18
General Cultural Knowledge	items 19 - 25
Application of Knowledge	items 26 - 30
Child Protection & Well Being Specific Knowledge	Items 31 -39
Training Access	Items 40 - 44
Counselling Skills	Item 45
Parenting Styles	Item 46
Assessment & Intervention	Items 47 - 52
Engagement & Contact	Items 53 - 59
<i>Cultural Empathy</i>	items 60 - 70
Emotional Stability	items 71 - 82
Personal Identity	items 83 - 89
Personal Contact	Items 90 -93
Personal Resources and Links	items 94 - 107
Commitment & Support	items 108 - 117
Retention & Recruitment of Aboriginal staff	items 118 - 121

Table 3: Domains and Subdomains of Aboriginal Mental Health Cultural Competency (CCP: Westerman, 2003)

In addition, a number of tools were identified that specifically 'tested' cultural competencies as reviewed by David Matsumoto^{1,2} and Hysisung C. Hwang (2013) as follows:

1. Cross-Cultural Adaptability Inventory (CCAI) Kelley and Meyers (1987)
2. Cross-Cultural Sensitivity Scale (CCSS) (Pruegger & Rogers, 1993).
3. CQ Ang, Van Dyne, and Koh (2006)
4. IBA & BASIC Ruben (1976; Koester and Olebe (1988)
5. Intercultural Adjustment Potential Scale (ICAPS) Matsumoto and colleagues (2001)
6. Intercultural Communication Competence (ICC)
7. ICSI Bhawuk and Brislin (1992)
8. IDI Hammer, Bennett, and Wiseman (2003)
9. ISS G.-M. Chen and Starosta (2000)
10. Mpq van der Zee and van Oudenhoven (2000)

The limitations of these tools were outlined by Matsumoto & Hwang (2013) and found broadly that the CQ, MPQ and ICAPS to have the best psychometric properties of all available tools, However, it is clear that these tools focused solely on attitudes, beliefs and awareness as predictors of cultural competency so had little relevance to the work already undertaken using the existing CCP which expanded cultural competencies beyond this important dimension. In addition, the review failed to identify any child protection specific cultural competency tools hence the need for focus groups to determine those factors specific to child protection cultural competence.

However, where the inspection of these tools was useful to the current study is that it further informed the expansion (in terms of focus group questions and thematic analysis of raw data from these focus groups into additional areas previous developed by the CCP

but which provided a greater opportunity for theoretical and psychometric determination for the CCP-CP). Mostly, this included expansion of the existing Attitudes and Beliefs subdomain to explore further factors of (a) cultural empathy; (b) low need for control, (c) emotional stability; (d) personal and cultural identity factors.

In addition, the following dimensions were required to be explored in relation to child protection specific skills:

1. Cultural Knowledge – and specifically knowledge peculiar to working in child protection with Aboriginal people
2. Skills and Abilities specific to Indigenous parenting and adjustment of mainstream skills to Indigenous people
3. Resources and links – specific to child protection
4. Organisational cultural competencies specific to child protection contexts

Table 4 provides the final list of focus group questions that were developed to ensure exploration and gathering of raw data from participants:

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?
2. What do you think would help? What is needed?
3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?
4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

BELIEFS AND ATTITUDES

6. What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

CHILD PROTECTION SPECIFIC KNOWLEDGE

7. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?
8. Do you think these differences are understood on the ground and in child protection generally?
9. Do you have a good understanding of attachment theory? Is this different when considering Aboriginal people? Why?

SKILLS & ABILITIES

10. What do you find most lacking in your skills when trying to work with Aboriginal people?
11. Do you provide counselling? How effective do you feel that this is?
12. Would a specific type of training assist?
13. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?
14. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not
15. What would help?

DISTRICT/REGIONAL CULTURAL CAPACITY

16. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?
17. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

BELIEFS AND ATTITUDES

18. What are some of the things that are a genuine struggle for Aboriginal workers who are working in child protection
19. What about non-Aboriginal workers

Table 4: Table of Focus Group Questions from attachment provided

Focus Groups Participants:

The selection of focus group participants attempted to ensure adequate representation from key interest groups. Perusal of the existing out of home care data provided by the Department was crudely analysed in relation to the percentage of child removal and rates of Aboriginal children who were removed in each major district. Based upon this, regions were categorised as "high" or "low" risk crudely based upon the percentage of Indigenous children in out of home care relative to non-total numbers of children in out of home care. This was important as it resulted in the determination of focus group participants to investigate more fully whether those regions who had high rates of Indigenous child removal (relative to non-indigenous) were qualitatively different to those regions who had relatively low rates of removal. Generally speaking, the more remote and higher indigenous population the higher the rates of overall percentage of child removal. However, this definition is clearly 'crude' and not based upon the age-standardised or per capita of population. The accurate determination of high and low risk regions is crucial to a clear and empirical understanding of the predictors of child protection cultural competence and forms an essential part of the Recommendations provided (refer to Recommendations 44 & 45(3)) for the Department, however, in the context of this review this crude determination is considered to be arguably defensible based upon the child protection data as well as the available mental health and suicide morbidity data.

A total of ten (10) focus groups involving 74 participants were conducted for this stage. All groups occurred in Perth with remote groups using the video conference facilities at the Departments head office in Royal Street. Individuals were identified by the Departments employee data and were selected based upon (a) high or low risk location; (b) fulfilling a child protection based role; and (c) Aboriginal or non-Aboriginal. Groups were categorized on the basis of regions and Aboriginality. The argument being that the focus group format results in a richness of information and external validity of that information based upon the extent to which the demographics of the focus groups best represent the needs of the existing workforce in terms of cultural competence. These individuals were all currently working employed by the Department of Communities, Child Protection and Family Services. Table 5 represents the demographics of the focus group participants:

	Indigenous	Non-Indigenous
High Risk	22	12
Low Risk	25	15
Total	47 (64%)	27 (36%)

Table 5: Broad description of participants in focus groups

Procedure:

Informed consent forms were emailed to participants prior to the focus groups and emailed back (refer to Attachment 1 for the informed consent proforma signed by each participant. Groups commenced with a full explanation of the confidentiality of the process and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not new themes.

Guiding Principles of Focus Groups:

Previous research on the development of scales for indigenous groups in Australia and internationally have primarily chosen to adapt existing measures to make them more 'culturally appropriate' (National Aboriginal and Torres Strait Islander Health Council, 2002; Silburn & McCaulay, 2002). With this in mind, it is important that the list of questions developed for the focus groups are open-ended, non-directive and lacking in

suggestibility towards the definition of mental health constructs. Such questions will address two primary issues identified within the literature as impacting the most on the validity of psychometric test development, that being *acquiescence* (the tendency to agree rather than disagree when in doubt) and *providing socially acceptable responses to questions* (Kline, 2000).

Based on practical experience of child protection cultural competence:

Research supports the notion that practical competence or understanding of concepts through experiential learning is a recognised strength within Aboriginal culture (Harris, 1977; Kearins, 1981). It was therefore important that focus group questions must therefore be constructed to take advantage of this recognised strength. Questions were therefore developed to query participants about their own worldview, or experience of mental health issues.

Results - Analysis of common themes:

The focus groups were written up in a manner that common themes from group discussions were organised under each question. Please refer to Attachment 2 which is the focus group 'raw data' in de-identified form. This data has been identified as "high risk" or "low risk" for the purpose of understanding some of the distinct themes but without identifying regions or potential subjects who participated in the focus groups.

Development of Cultural Competency Profile – Child Protection:

Following the analysis of common themes items were developed from within the existing CCP. The pool of focus groups resulted in a large amount of raw data being collected. A thematic analysis was conducted on the raw data for the purpose of identifying common themes identified within each group. Raw data from the focus groups were initially organised under the CCP subdomains as per Table 6.

A thematic analysis was then conducted on the raw data. This involved identifying common themes in information reported by participants and organising these under each of the above domains.

In addition to information generated from focus groups there was a need to incorporate identified theoretical information based upon the review of cultural competency profiles described in this section as well as child protection specific items as noted within the focus groups.

The items, once finalised totalled 126 items representing the following domains and subdomains which was then used for the final pilot study:

<u>SUB-DOMAINS</u>	Item Number
Local Knowledge	Items 12 - 18
General Cultural Knowledge	items 19 - 25
Application of Knowledge	items 26 - 30
Child Protection & Well Being Specific Knowledge	Items 31 -39
Training Access	Items 40 - 44
Counselling Skills	Item 45
Parenting Styles	Item 46
Assessment & Intervention	Items 47 - 52
Engagement & Contact	Items 53 - 59
<i>Cultural Empathy</i>	items 60 - 70
Emotional Stability	items 71 - 82
Personal Identity	items 83 - 89
Personal Contact	Items 90 -93
Personal Resources and Links	items 94 - 107
Commitment & Support	items 108 - 117
Retention & Recruitment of Aboriginal staff	items 118 - 121

Table 6: Domains and Subdomains of the CCP-CP

The Pilot Study:

Following the development of the questions, a pilot study was then conducted on the draft CCP-CP measure for the purpose of identifying any questions that appeared to be ambiguous or difficult to understand. Any such questions were either removed or amended to a more appropriate form.

Participants:

Given that the CCP-CP has been developed specifically for the purpose of determining or measuring cultural competence in child protection the Pilot Study was run solely with Aboriginal staff of the Department and who fulfilled a direct service delivery and/or child protection role. The pilot study involved ALL Aboriginal staff who had participated in the focus groups as informed participants – final numbers involved a total of 45 Aboriginal staff.

Procedure:

Copies of the draft questionnaire were emailed to all pilot study participants just prior to the Pilot Study. Participants were instructed to print off copies of the questionnaire and bring it to the meeting (remote areas video conferenced in). The piloting occurred by way of staff working through each question and then providing a direct discussion which specifically asked for feedback on (1) perceived item relevance; and (2) perceived understanding or ambiguity of any items. This was solely for the purpose of eliminating items. Generally speaking questionnaires tend to eliminate 20% of items through pilot studies, which was the clear expectation in this Pilot study, however, the net result was the NO items were eliminated from the pilot groups. The feedback was consistently positive with many comments as follows;

"We are so proud that this is being done, thank you"

"This is so important, I just can't wait to see what happens and what results you get"

There was also some concern that the questions were a bit 'biting' in terms of 'confronting' for people and that there would be a need to explain the purpose etc., of the questionnaire.

This resulted in a FINAL, 126 item CCP-CP which can be found at Attachment 2.

Development of Cultural Supervision Plans:

This involved the development of 'scripts' for the automation of cultural supervision plans for the purposes of each participant being provided with a comprehensive feedback report. This process involved writing scripts based upon the potential results of participants across each dimension of cultural competence. It was extensive and exhaustive.

The scripts were then automated via IPS' programming consultant who uploaded the scripts into PHP programming and automated the whole process online.

A sample of the reports received by all 295 participants can be found at Attachment 3.



Results of Cultural Competency Profile – Child Protection (CCP) Audit of Department Staff

1. Introduction

Aboriginal and Torres Strait Islander children are over-represented in child protection and out-of-home care services compared to non-Indigenous children. For example, the prevalence of Aboriginal children in out-of-home care in Western Australia in 2016-2017 was estimated at 61.4 per 1000 children, compared to 3.4 per 1000 non-Aboriginal children (<https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>). The reasons for this are complex and are connected to past policies and the legacy of colonisation. Poverty, assimilation policies, intergenerational trauma and discrimination, and forced child removals have all contributed to the over-representation of Aboriginal and Torres Strait Islander children in care, as have cultural differences in child-rearing practices and family structure (Human Rights and Equal Opportunity Commission [HREOC], 1997; SNAICC, 2016a; Titterton, 2017).

In Australia there is a growing interest in cultural competence consistent with the increasing awareness of social justice, health and economic disparities between Aboriginal and Non-Aboriginal Australians. While the unique historical and socio-cultural experiences and contemporary circumstances of Aboriginal Australians is well recognised (e.g. Walker & Sonn, 2010), existing services have not substantially improved the health and well-being of this group (Australian Health Minister's Advisory Council - Standing Committee for Aboriginal and Torres Strait Islander Health Working Party, 2004).

For example, Aboriginal Australians have less access to mental health services and are more likely to underutilise services (Vicary & Andrews, 2001). Indeed, the access to and use of mental health services presents many challenges for Aboriginal Australians. A lack of cultural fit between the consumer and the available services has been identified as one of the main reasons for underuse of mental health services by Aboriginal people in Australia (Downing et al., 2011; Memmott, Stacy, Chambers, & Keys, 2000) and other minority populations (Betancourt et al., 2002). It has been observed that a lack of fit leads to misunderstanding and miscommunication that hinders productive and effective service delivery and leads to negative outcomes for practitioner and patient alike (Eley et al., 2006). Consequently, a significant challenge for mental health practitioners who engage with Aboriginal people in Australia is developing and applying culturally competent service delivery.

One of the main explanations for this current situation is potentially the cultural inappropriateness of services, and their failure to accommodate Aboriginal conceptualisations of health and well-being (Dudgeon, 2000). In response, educational, professional and health care organisations alike have been determined to deliver culturally competent services to improve cultural fit (Anderson, Scrimshaw, Fullilove, Fielding, & Normund, 2003; Bolton, 2007).

It has been argued that culturally competent services will foster beneficial interactions between people of different cultural backgrounds and serve as an effective medium to improve patient outcomes (Betancourt et al., 2002; Walker & Sonn, 2010). Indeed, a number of authors observe that culturally competent approaches have many benefits including improved access and equity, cost-effectiveness and efficiency, and better service quality (Betancourt, Green, & Carillo, 2003; Brach & Fraserirector, 2000). In Australia, there is initial evidence to support cultural competence initiatives (Casey, 2000; Downing et al., 2011; Vicary & Andrews, 2001; Victorian Aboriginal Child Care Agency, 2010). However, despite undertakings to improve cultural competence, cultural competence itself has not been consistently operationalized and defined. There are many explanations of cultural competence and therefore how it is measured and evaluated. The inability to define the construct impacts the ability to appropriately evaluate its validity, utility and empirical basis (S. Sue, Zane, Hall, & Berger, 2009). This presents a significant concern in terms of developing an evidence base around training interventions to improve individual and organisational service practices.

1.1. What is Cultural Competence?

Significant work on the meaning and practice of cultural competence has been undertaken in a number of fields including education, medicine, nursing, psychology and social work (see Suh, 2004 for further review). This is reflected in the array of interchangeable terms used to describe cultural competence (e.g. cultural proficiency, cross-cultural competence, cultural awareness, cultural safety, cultural security, cultural respect) (Connecticut Mental Health Center, 2003; Walker & Sonn, 2010). There is considerable overlap among these terms and the definitions for cultural competence in the literature (Whaley & Davis, 2007). They tend to emphasize either a) the kind of person one is, b) skills that a practitioner uses, or c) processes involved (S. Sue et al., 2009). Importantly all definitions share a collective assumption that practitioners' cultural competence can be changed.

The definition of cultural competence provided by Cross, Barzon, Dennis, & Isaacs (1989) is commonly accepted in health and educational settings (Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009). Cross et al. (1989) define cultural competence as a set of congruent behaviours, attitudes and policies that come together in a system, agency or amongst professionals and enables effective cross-cultural work. A key element to this definition is the belief that cultural competence is multi-tiered and comprises integrated dimensions including the individual, professional, organisational, and systemic (Bean, 2006; Betancourt et al., 2003; Betancourt et al., 2002; Bryson & Hosken, 2005). In other words, an individual practitioner's culture competence reflects that of the organisations, professions and systems in which they are positioned (Arrendondo et al. 1996; Chrobot-Mason & Ferdman, 2001; Darnell & Kuperminc, 2006; Hernandez et al., 2009; Lu & Prim, 2006).

1.2 Cultural Competency Profile – Child Protection (CPP-CP)

The Cultural Competence Profile – Child Protection (CCP-CP) was developed by Dr Tracy Westerman (2019 in preparation) and adapted from the Aboriginal Mental Health Cultural Competency Profile (CCP; Westerman, 2003) to assist those who work specifically with Aboriginal people in the child protection context. The aim is to help individuals identify personal strengths and limitations in providing culturally-appropriate child protection services to Aboriginal people. The CPP-CP is designed to facilitate and ensure ongoing "critical self-reflection" or insight to ultimately ensure skills, knowledge, attitudinal and organisational improvement. That is, the tool seeks to promote a process whereby those who work with Aboriginal people are encouraged to look closely at how they interact with Aboriginal people and to think about how they might improve their ability to be culturally appropriate. The CPP-CP incorporates five areas of cultural competency which have been supported in previous literature. They include;

1. Cultural Knowledge: Gauges individual's local, general, applied, and child development specific knowledge in working with Aboriginal clients.
2. Skills & Abilities: Determines your culturally relevant training, counselling, assessment and general practice skills.
3. Beliefs and Attitudes: Provides an indication of the extent to which your prevailing beliefs are consistent with working effectively with Aboriginal people in the child protection context.
4. Resources and Linkages: Examines the extent to which your networks, community and agency links as well as culture-specific resources are sufficient across child protection notifications, assessments child removal and interventions.
5. Organisational Cultural Competencies: Gauges your views on how your Organisation supports the cultural competencies of its staff through organisational and staff development.

This is the first time in which cultural competencies have been empirically determined for the child protection workforce and so has not only departmental, but also national and international implications and interest. This analysis represents a first 'look' at what cultural competencies are able to tell us about the nature of the CP workforce but also

what cultural competencies are best addressed in order to ensure that CPWs have appropriate cultural skills to work in a more effective manner with Aboriginal children and their families.

2. Sample Demographics

A total of 295 Child Protection employees completed the CPP-CP. The sample was comprised of 138 Child Protection workers (46.8%), 111 Senior Child Protection workers (37.6%), 33 Field workers (11.2%) and 13 Senior Field workers (4.4%). 53.6% of the sample worked in urban or metropolitan offices, whilst 46.4% worked in rural offices. Overall, participants working in rural offices appeared to hold more senior positions than those in urban offices. A summary of positions held for rural and urban offices is presented in Figure 3.

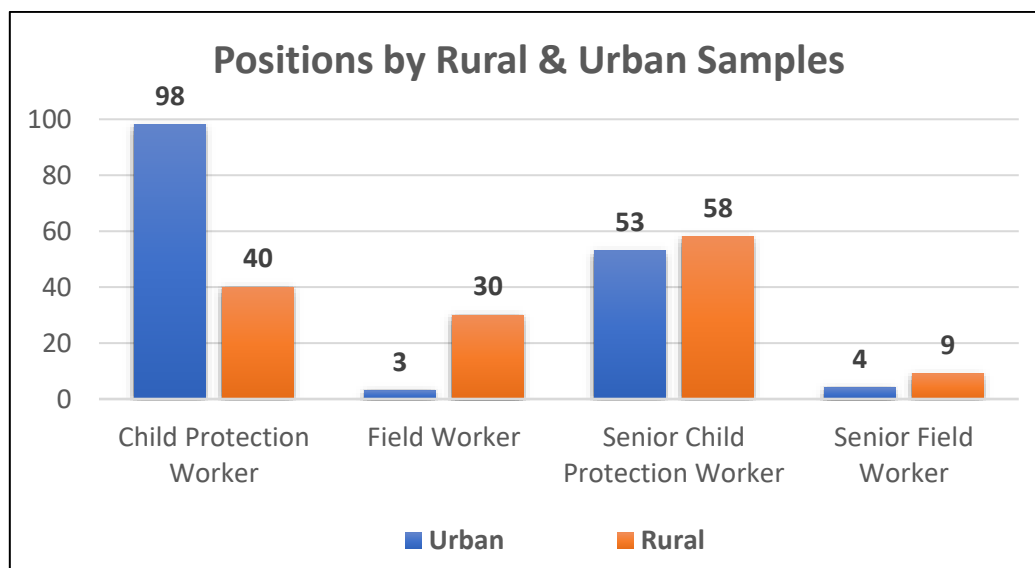


Figure 3: Positions within Child Protection for Urban and Rural Offices

Additionally, Aboriginal participants were more likely to be field workers than non-Aboriginal participants, who were more likely to be Child Protection workers. A breakdown of positions for Aboriginal and non-Aboriginal samples are presented in Figure 4 and 5 respectively.

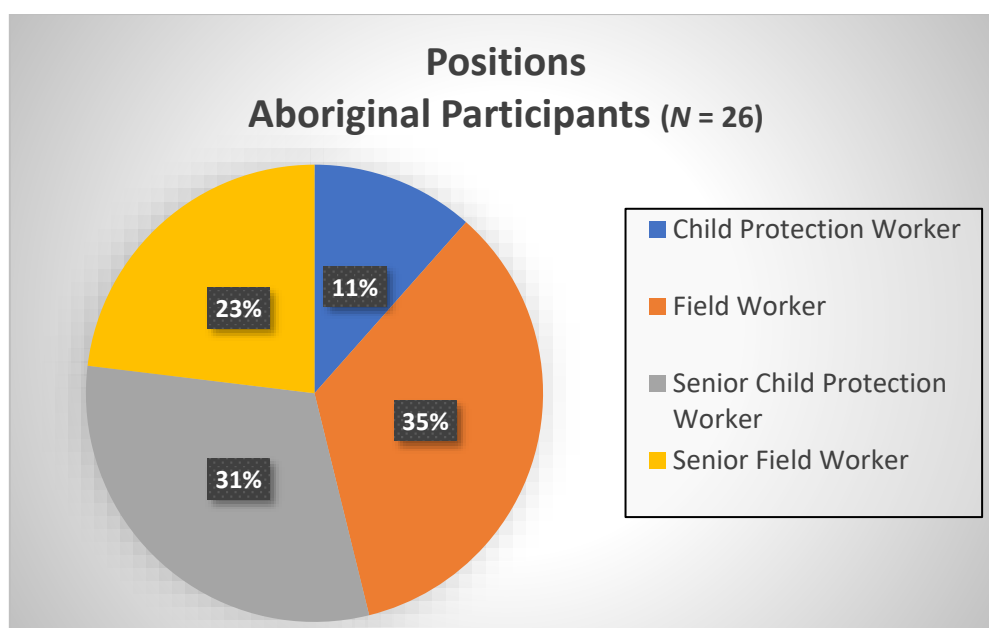


Figure 4: Positions within Child Protection for Aboriginal Employees

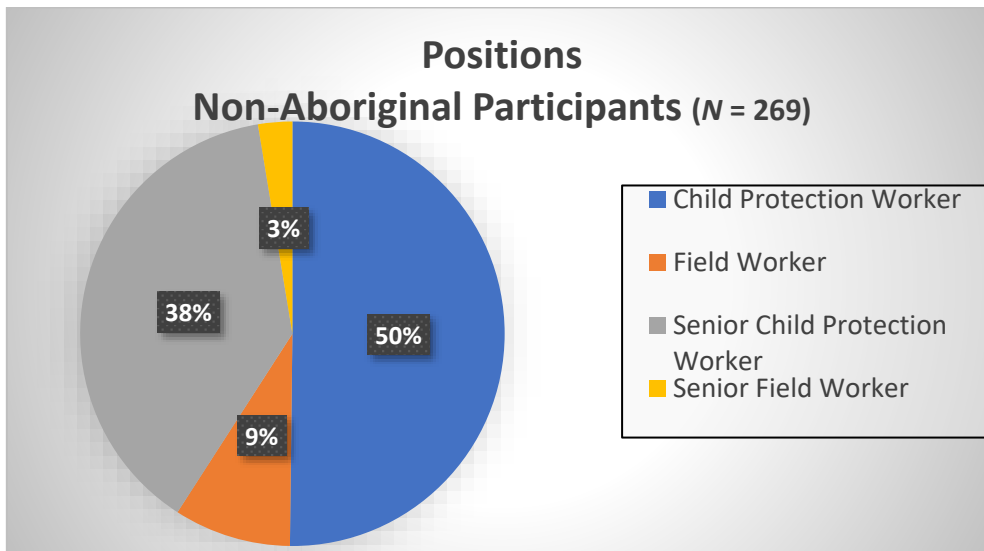


Figure 5: Positions within Child Protection for Non-Aboriginal Employees

The large majority of the sample identified as non-Aboriginal (91.2%), and female (82.4%), whilst 26 participants (8.8%) identified as Aboriginal and 52 identified as male (17.6%). Participants' age ranged from 20 - 65 + years. A summary of age range frequencies is presented in Figure 4.

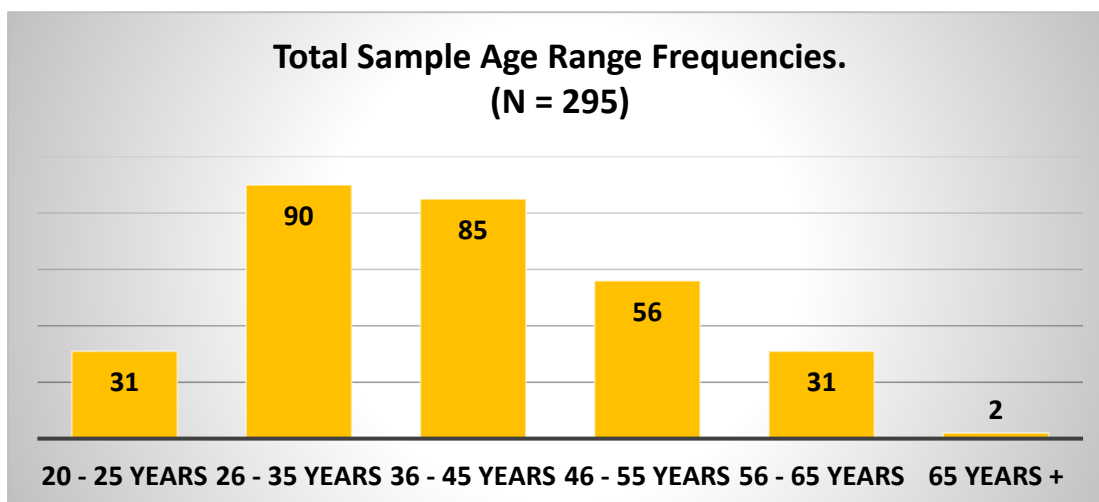


Figure 6: A summary of participant age range frequencies

In terms of background and upbringing, the majority of the total sample reported being raised in an urban city (47.10%) and being from middle income families (64%). However, when looking at rural vs urban office samples, participants in rural offices tended to have more diversity in regard to childhood upbringing location outside of a metropolitan city. There were also more Aboriginal workers in rural offices than urban offices. Similarly, Aboriginal participants reported being primarily raised in remote or rural areas more so than non-Aboriginal participants.

There was no significant difference between urban and rural offices in regard to socio-economic upbringing, with the majority reportedly being from middle income families (64%). However, the majority of Aboriginal participants reported coming from low income families (58%), no Aboriginal participants reported coming from high income families. Comparatively, 67% of non-Aboriginal participants reported coming from middle income families and 3% from high income families. This indicates that overall, Aboriginal participants were from poorer family backgrounds than non-Aboriginal participants. A summary of participant demographics for the total, rural and urban samples is presented in Table 7.

		Total Sample (N = 295)	Urban Offices (N = 158)	Rural Offices (N = 137)
<i>Demographic Variable</i>		%	N	N
Geographical Upbringing	Raised in Remote Community	1.0	0	3
	Raised in a Rural Town	18.6	29	26
	Raised in a Regional Centre	10.8	10	22
	Raised in an Urban City	47.1	84	55
	Raised Overseas	22.4	35	31
Socio-Economic Background	High Income Family	2.7	4	4
	Middle Income Family	64.4	110	80
	Low Income Family	32.9	44	53
Aboriginality	Aboriginal	8.8	8	18
	Non-Aboriginal	91.2	150	119
Gender	Male	17.6	28	24
	Female	82.4	130	113

Table 7: Summary of Participant Demographics by Urban and Rural Offices

2.1 Time with Child Protection

Regarding experience in Child Protection work, the sample consisted of both seasoned and relatively new Child Protection employees, with nearly a third (29.2%) of participants reporting to have worked directly in Child Protection for ten years. However, 23.8% also reported having one year or less experience in Child Protection work. No one in the sample reported having more than 10 years' experience working in Child Protection. The median experience for the total sample was 6 years working in Child Protection. There was no difference in median experience between Aboriginal and non-Aboriginal samples or Urban and Rural samples.

2.2 Time with Current Organisation

Overall, the total sample had been working for their current organisation an average of 5 years. 53.1% of the total sample reported being with their current organisation five years or less, whilst 22% reported being with their current organisation ten years or more. No one in the sample reported having more than 10 years' experience in their current organisation. Additionally, on average, Aboriginal participants and participants in urban offices had been working at their current organisation longer than non-Aboriginal participants and participants working in rural offices. A graphical summary of participants' time with their current organisation is presented in Figure 5.

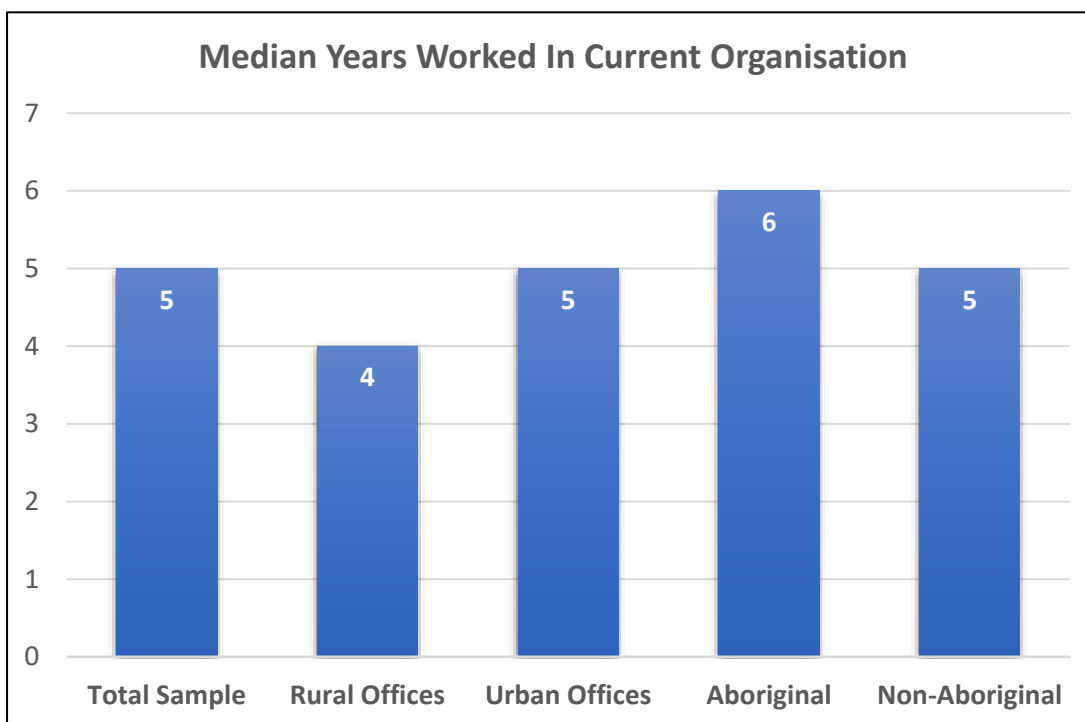


Figure 7: Median Years' Experience Working at Current Organisation

2.3 Time with Local Office

Overall, the total sample had been working for their local office an average of 3.5 years. Over half of the total sample reported working with their local office two years or less (51.9%), whilst 29.1% reported being with their local office more than five years. No one in the sample reported having more than 10 years' experience in their local office. Additionally, similarly to time worked in current organisation, Aboriginal participants and those in rural offices had spent less time working in their local office than non-Aboriginal participants and participants working in urban offices. A graphical summary of participants' time with their local office is presented in Figure 6.

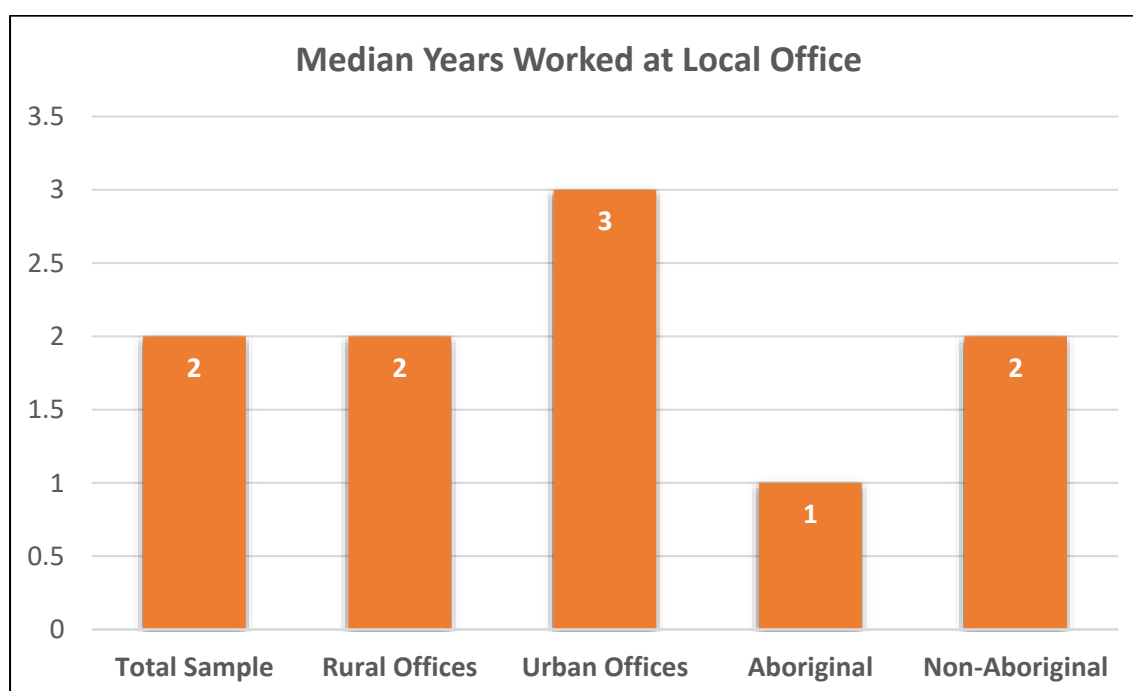


Figure 8: Median Years' Experience Working at Local Office

2.4 Time with Aboriginal people & Communities

Overall, the total sample had been working directly with Aboriginal people and/or communities for an average of 6 years. 33.9% of the total sample having 10 years' experience working directly with Aboriginal people and/or communities. However, no one in the sample reported having more than 10 years' experience working directly with aboriginal people. Interestingly, there was no significant difference between urban and rural office employees' experience working with Aboriginal people/communities. As may be expected, Aboriginal participants reported having spent significantly longer than non-Aboriginal participants working directly with Aboriginal people and/or communities. A graphical summary of experience by sample groups is presented in Figure 7.



Figure 9: Median Years' Experience Working Directly with Aboriginal People and Communities

2.5 Level of Education

The large majority of the total sample reported having obtained a formal degree or qualification (85%). A summary of the level of education for the total sample is presented in Figure 8.

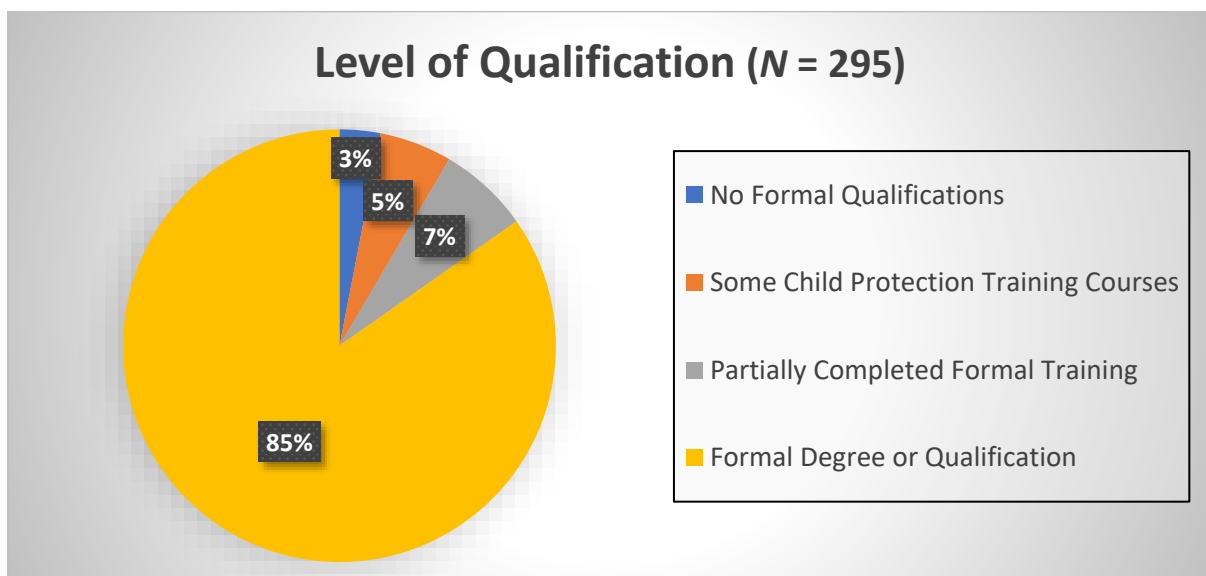


Figure 10: Graphical Summary of the Total Sample's Level of Education

Significantly less rural workers had obtained a formal university degree or qualification than workers in urban offices, suggesting that Child Protection workers in rural offices were, on average, less qualified than Child Protection workers in urban offices. A summary of this is presented below in Figure 9.

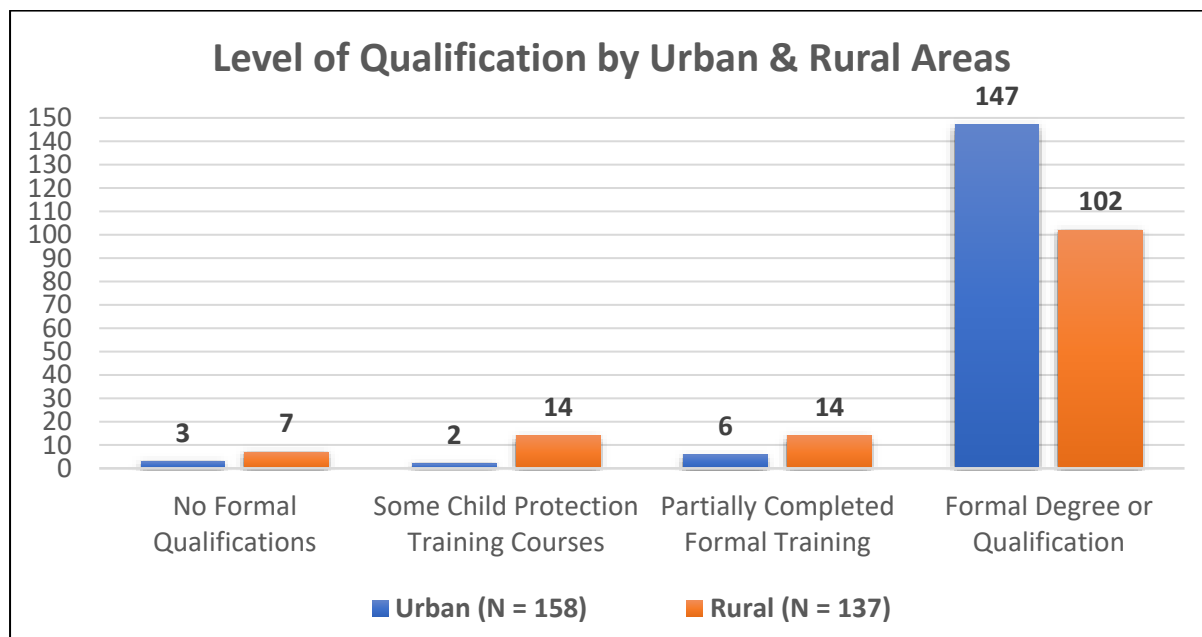


Figure 11: Level of Education for Urban and Rural Samples

The majority of Aboriginal participants had obtained a formal degree or qualification (46%), as had the majority of non-Aboriginal participants (88%). A summary of Aboriginal and non-Aboriginal participants' level of education is displayed in Figure 10.

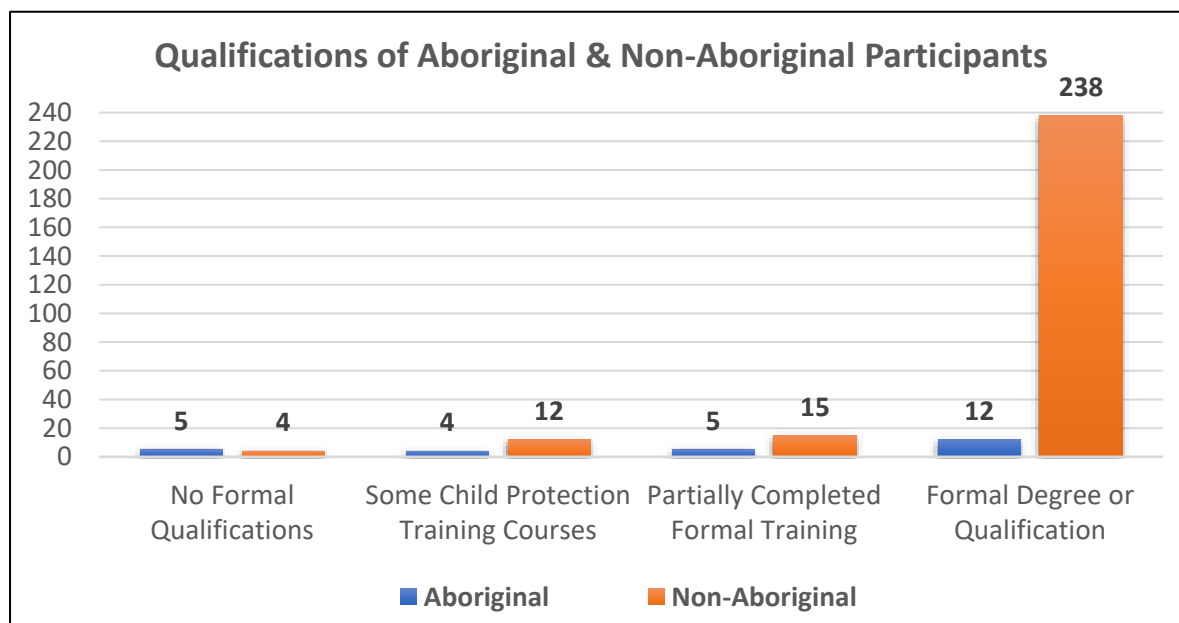


Figure 12: Level of Education for Aboriginal and Non-Aboriginal Samples

3. Analysis

Statistical analysis was conducted using SPSS for Windows Version 24. The SPSS software package is an appropriate analysis tool as it is able to provide the levels of multivariate analysis required for this study.

3.1 Missing Data

The raw data from the CPP-CP were initially checked for any missing values. There were 16 cases of missing data (0.035%), however, Little's MCAR test was non-significant for each of the 5 CPP-CP domains, indicating data was missing completely at random. Expectation Maximisation was then used to replace the missing cases. Expectation Maximisation is a missing values analysis which provides an estimate of what participants' answers would have most likely been, based on their responses to other items. Additionally, data entry errors were checked via a frequency distribution generated for each of the variables for the purpose of checking out-of-range values. However, none were observed.

3.2 Raw Score Transformations

Raw scores for each of the five CPP-CP domains and subdomains were calculated, as well as an overall total cultural competency score. However, as each domain contains a different number of items, participants' raw domain scores cannot be directly compared against one another. In order to fix this problem, the raw scores were transformed into 'Standardized' scores or 'T-scores'. Transforming raw scores into T-scores gives meaning to the numbers and allows for direct comparison of the CPP-CP domains. In order to interpret the CPP-CP domain and subdomain scores in the context of cultural competency, the T-score ranges for each domain were divided across each level of cultural competency, which are detailed below. A summary of CPP-CP domain and total T-score ranges for each level of cultural competency is presented in Table 8. T-score ranges were also calculated for each CPP-CP subdomain. A full list of these ranges is presented in Appendix A.

1. Culturally Aversive: This includes attitudes, beliefs and behaviours that are damaging to a culture, such as espousing racism.
2. Culturally Incompetent: This includes those who do not intentionally seek to discriminate in a destructive manner (e.g. expecting poor performances by Aboriginal kids).
3. Culturally Blind: This includes those who do not intentionally seek to discriminate but are less destructive than cultural incompetence. This well-meaning individual or group does not appreciate the importance of culture, ethnicity, traditions or language, seeking to ignore differences that exist between groups.
4. Culturally Pre-Competent: Includes those who are aware of their own personal limitations regarding cross-cultural communication. Whilst the intention to provide a quality service exists, this group is often frustrated at a lack of knowledge as to the most appropriate manner to deliver these services. They are often sensitive to their understandings and limitations.
5. Culturally Competent: These individuals have a willingness to embrace cultural diversity, value it, and respect the differences that exist. They have a base of a number of different interactions with a number of different cultures to draw from and seek to continue to increase that through knowledge and skill acquisition. This is considered to be a minimum standard for working with cultural minority populations.

Domain	Cultural Competency	T-Score Range
Cultural Knowledge	Culturally Aversive	20 - 32
	Culturally Incompetent	33 - 45
	Culturally Blind	46 - 58
	Culturally Pre-Competent	59 - 71
	Culturally Competent	72 - 84
Skills and Abilities	Culturally Aversive	25 - 36
	Culturally Incompetent	37 - 48
	Culturally Blind	49 - 60
	Culturally Pre-Competent	61 - 72
	Culturally Competent	73 - 82
Attitudes & Beliefs	Culturally Aversive	17 - 28
	Culturally Incompetent	29 - 40
	Culturally Blind	41 - 52
	Culturally Pre-Competent	53 - 64
	Culturally Competent	65 - 76
Resources & Links	Culturally Aversive	26 - 37
	Culturally Incompetent	38 - 49
	Culturally Blind	50 - 61
	Culturally Pre-Competent	62 - 73
	Culturally Competent	74 - 85
Organisational Structure/ Procedures	Culturally Aversive	17 - 28
	Culturally Incompetent	29 - 40
	Culturally Blind	41 - 52
	Culturally Pre-Competent	53 - 64
	Culturally Competent	65 - 76
Total Cultural Competence Score	Culturally Aversive	23 - 35
	Culturally Incompetent	36 - 48
	Culturally Blind	49 - 61
	Culturally Pre-Competent	62 - 74
	Culturally Competent	75 - 87

Table 8: CPP-CP Domain and Total T-Score Ranges for each Level of Cultural Competency

3.3 Descriptives – Whole Sample

The majority of participants' T-scores for Total Cultural Competency as well as for each of the 5 domains fell within the 'Cultural Blindness' level of competency, indicating that the majority of Child Protection workers are currently operating at a level of cultural blindness across a multitude of domains. This category includes those who do not intentionally seek to discriminate but are less destructive than cultural incompetence. This well-meaning individual or group does not appreciate the importance of culture, ethnicity, traditions or language, seeking to ignore differences that exist between groups. A summary of Total Cultural Competency levels can be seen in Figure 11. Interestingly, only 3 participants (1.01%) achieved an Overall level of Cultural Competence.

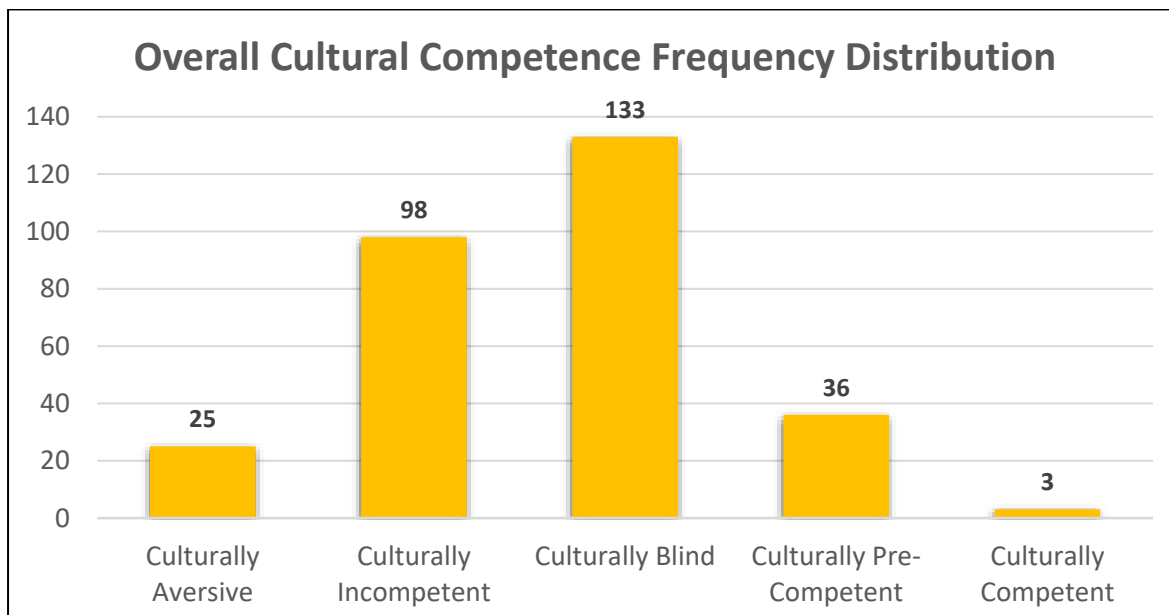


Figure 13: Levels of Total Cultural Competency for Total Sample.

3.4 Descriptives – Aboriginality

Independent sample T-tests were conducted in order to determine whether Aboriginal and non-Aboriginal participants significantly differed in CPP-CP domain and subdomain scores. The results of this analysis are included in Table 9.

Domain/Subdomain	Total (N = 295)	Aboriginal (N = 26)	Non- Aboriginal (N = 269)	t	g
	Median	M (SD)	M (SD)		
Cultural Knowledge	49.98	59.19 (9.33)	49.11 (9.62)	-5.11*	1.05
Skills & Abilities	50.68	55.67 (11.90)	49.45 (9.65)	-3.07*	0.57
Attitudes & Beliefs	50.87	57.25 (10.39)	49.30 (9.69)	-3.97*	0.81
Resources & Linkages	49.76	62.26 (12.40)	48.82 (8.91)	-5.39*	1.45
Organisational CC	50.26	40.63 (13.95)	50.91 (9.07)	3.68*	0.87
Total Cultural Competency	49.90	55.98 (11.24)	49.42 (9.70)	-3.25*	0.66
Local Cultural Knowledge	49.08	56.95 (8.12)	49.33 (5.07)	-4.70*	1.41
Child Protection Knowledge	51.11	51.10 (4.39)	49.89 (4.78)	-1.24	0.25
Application of Knowledge	50.19	54.00 (5.63)	49.61 (7.25)	-3.68*	0.61
Cultural Parenting & Child Development Knowledge	50.90	51.06 (4.99)	49.90 (4.54)	-1.23	0.25
Training Access	50.46	53.51 (8.12)	49.66 (7.00)	-2.64	0.54
Cultural Counselling Skills	52.29	46.10 (9.74)	50.38 (9.96)	2.09	0.43
Culturally Specific Parenting	49.09	52.42 (10.16)	49.77 (9.97)	- 1.29	0.26
Assessment & Intervention	49.81	54.08 (7.19)	49.61 (5.77)	-3.08*	0.75
Engagement & Contact	49.82	50.22 (3.80)	49.98 (3.74)	-0.31	0.06
Cultural Empathy	88.18	90.03 (4.69)	86.73 (5.62)	-2.90*	0.59
Emotional Stability & Flexibility	49.41	49.20 (5.43)	50.08 (5.19)	0.82	0.16
Personal Identity	79.23	83.34 (4.81)	79.53 (3.91)	-4.64*	0.95
Interaction & Awareness	48.30	61.86 (8.82)	48.85 (5.72)	-7.37*	2.15

Links & Referrals	50.06	49.60 (4.38)	50.04 (3.75)	0.56	0.11
Implementation	49.99	45.46 (9.28)	50.44 (6.09)	2.68*	0.77
Capacity & Commitment	50.36	44.57 (5.60)	50.52 (4.30)	5.27*	1.34

Table 9: CPP-PP domain, subdomain and total T-Score mean and standard deviations of total sample and by Aboriginality

Note. * = $p < .002$ (adjusted for multiple comparisons). Organisational CC = Organisational Cultural Competency Domain

The results of the T-test indicate which variables Aboriginal and non-Aboriginal participants significantly differ on, however, in order to comprehend the magnitude of the differences, a measure of effect size needs to be calculated. Effect size is a simple way of quantifying the difference between two groups and emphasizes the size of the difference, rather than confounding this with the population sample size. For this reason, calculating effect sizes is particularly advantageous over the use of tests of statistical significance alone (like the T-test), when groups have unequal sample sizes.

Cohen's d is a commonly used measure of effect size and a scale-free measure of separation between two sample means. Cohen's d provides a measure of the difference between the two group means in terms of their common standard deviation. So, for example, a d of 0.5 indicates that one-half of a standard deviation separates the two means. However, Cohen's d is the appropriate effect size measure only if two groups have similar standard deviations and are of the same size. Due to the unequal sample sizes of Aboriginal and non-Aboriginal participants, Hedges' g was employed as a measure of effect size. Hedges' g conventions are similar to Cohen's d , however Hedges' g provides a measure of effect size weighted according to the relative size of each sample, and is appropriate when there are different sample sizes in each group. It is generally accepted in social sciences that a Hedges' g (or Cohen's d) of 0.20 is considered small, $d = 0.50$ is medium and $d = 0.80$ is large.

Based upon the findings in Table 9, Aboriginal and non-Aboriginal participants significantly differed on the following CPP-CP domains and subdomains, with medium to large effect sizes;

- Cultural Knowledge
 - Local Cultural Knowledge
 - Application of Knowledge
- Skills & Abilities
 - Assessment & Intervention
- Attitudes & Beliefs
 - Cultural Empathy
 - Personal Identity
- Resources & Linkages
 - Interactions & Awareness
- Organisational Cultural Competency
 - Implementation
 - Capacity & Commitment
- Total Cultural Competency

Aboriginal participants scored significantly higher than their non-Aboriginal counterparts in each of these domains and subdomains, with the exception of Organisational Cultural Competency. This suggests, perhaps unsurprisingly, that Aboriginal Child Protection workers were more culturally competent overall, compared to their non-Aboriginal colleagues. In regard to levels of cultural competency, Aboriginal participants differed from non-Aboriginal participants on Cultural Knowledge, Attitudes & Beliefs, Resources & Linkages, and Organisational Cultural Competency. A summary of the average levels of

cultural competency for Aboriginal and non-Aboriginal participants for each CPP-CP domain and Total Cultural Competency is presented in Table 10. A summary of total cultural competency levels for Aboriginal and non-Aboriginal samples is presented in Figure 12, followed by a further break down of some key findings, with a focus on particular subdomains.

3.5 Total Cultural Competency by Aboriginality

There was a statistically significant (medium effect size) difference in total cultural competency scores between Aboriginal (M= 55.98, SD= 11.24) and non-Aboriginal (M= 49.42, SD= 9.70) samples; $t(293) = -3.25, p < .002$.

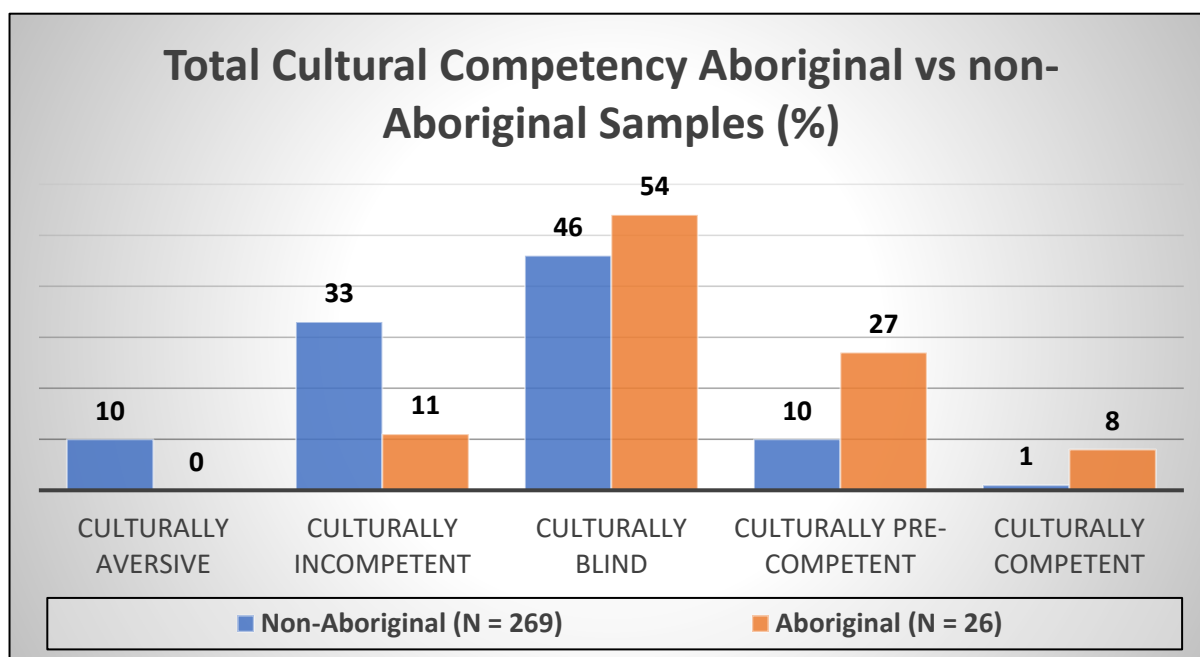


Figure 14: Total Cultural Competency Scores for Aboriginal and non-Aboriginal samples

As can be seen in Figure 12, overall, Aboriginal participants were more culturally competent than their non-Aboriginal colleagues. Only 11% of the non-Aboriginal sample achieved a pre-competent or competent level, whilst 35% of the Aboriginal sample achieved a level of competence on the total CPP-CP cultural competency profile. However, for both Aboriginal and non-Aboriginal samples, cultural blindness was the most frequent level of total cultural competence. This level of competency encompasses those who not intentionally seek to discriminate, however Blindness is less destructive than Cultural Incompetence. According to the CPP-CP measure of cultural competency, the findings highlight the gaps in service delivery and quality of cultural competence training in Child Protection.

Domain	Aboriginal	Non-Aboriginal
<i>Cultural Knowledge</i>	Pre-Competent	Blind
<i>Skills</i>	Blind	Blind
<i>Attitudes & Beliefs</i>	Pre-Competent	Blind
<i>Resources & Linkages</i>	Pre-Competent	Incompetent
<i>Organisational Cultural Competency</i>	Incompetent	Blind
<i>Total Cultural Competency</i>	Blind	Blind

Table 10: CPP-CP Domain and Total Cultural Competency Levels for Aboriginal and non-Aboriginal participants

3.6 Cultural Knowledge Domain by Aboriginality

There was a statistically significant (large effect size) difference in Cultural Knowledge domain scores between Aboriginal (M= 59.19, SD= 9.33) and non-Aboriginal (M= 49.11, SD= 9.62) samples; $t(293) = -5.11, p < .001$. The Cultural Knowledge domain is designed to gauge the participants' local, general, applied, and child development specific knowledge in working with Aboriginal clients. A summary of competence levels for both Aboriginal and non-Aboriginal samples is presented in Figure 13.

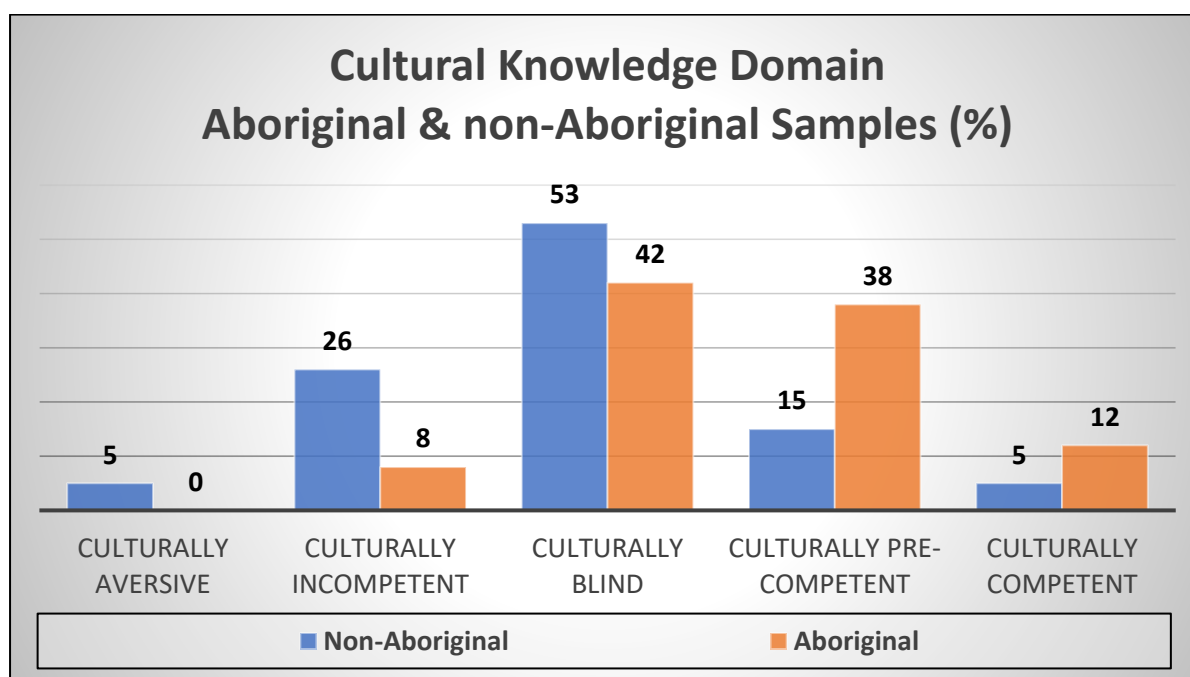


Figure 15: Cultural Knowledge domain competency percentages for Aboriginal and non-Aboriginal samples

Findings indicated that on average, the Aboriginal sample scored within the culturally pre-competent range of competency, whilst the non-Aboriginal sample tended to score within the culturally blind range of competency. Half (50%) of the Aboriginal sample scored within the culturally pre-competent or culturally competent range of competency and only 8% scored within the incompetent range. This indicates that the Aboriginal sample was particularly competent in their local, general, applied, and child development specific knowledge in working with Aboriginal clients. In stark contrast, 31% of the non-Aboriginal sample scored within the culturally aversive and culturally incompetent range of competency, with only 20% scoring within the culturally pre-competent or culturally competent range of competency.

3.6.1 Local Cultural Knowledge by Aboriginality

There was a statistically significant (large effect size) difference in local cultural knowledge subdomain scores between Aboriginal (M= 56.95, SD= 8.12) and non-Aboriginal (M=

49.33, SD= 5.07) samples; $t(26.91) = -4.70, p < .001$. A summary of Aboriginal and non-Aboriginal sample scores is presented in Figure 14.

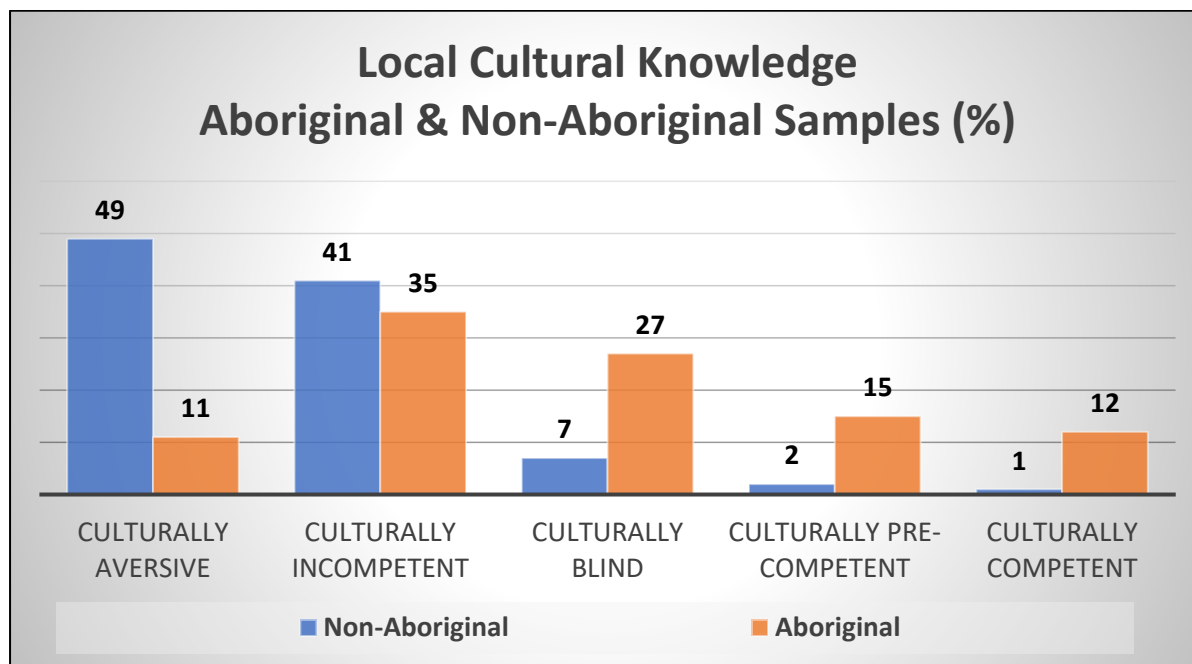


Figure 16: Local Cultural Knowledge subdomain competency percentages for Aboriginal and non-Aboriginal samples

On average, the non-Aboriginal sample scored within the culturally incompetent level of competency whilst the Aboriginal sample tended to score within the culturally blind level. As indicated in Figure 14, the majority of the non-Aboriginal sample (90%) scored within the culturally aversive and culturally incompetent levels of competency. Additionally, only 3% of this sample scored within a pre-competent or competent range for the local cultural knowledge subdomain. Comparatively, 46% of the Aboriginal sample scored within the culturally aversive or incompetent ranges of competence whilst 27% achieved a level of cultural competence and pre-competence. These findings suggest that Aboriginal Child Protection workers on average, are more knowledgeable than their non-Aboriginal counterparts regarding the local Aboriginal tribal groups, languages/dialects, skin groups and families in their local area.

3.6.2 Application of Knowledge by Aboriginality

There was a statistically significant (medium effect size) difference in Application of Knowledge subdomain scores between Aboriginal ($M = 54.00, SD = 5.63$) and non-Aboriginal ($M = 49.61, SD = 7.25$) samples; $t(33.58) = -3.68, p < .002$. A summary of Aboriginal and non-Aboriginal sample scores is presented in Figure 15.

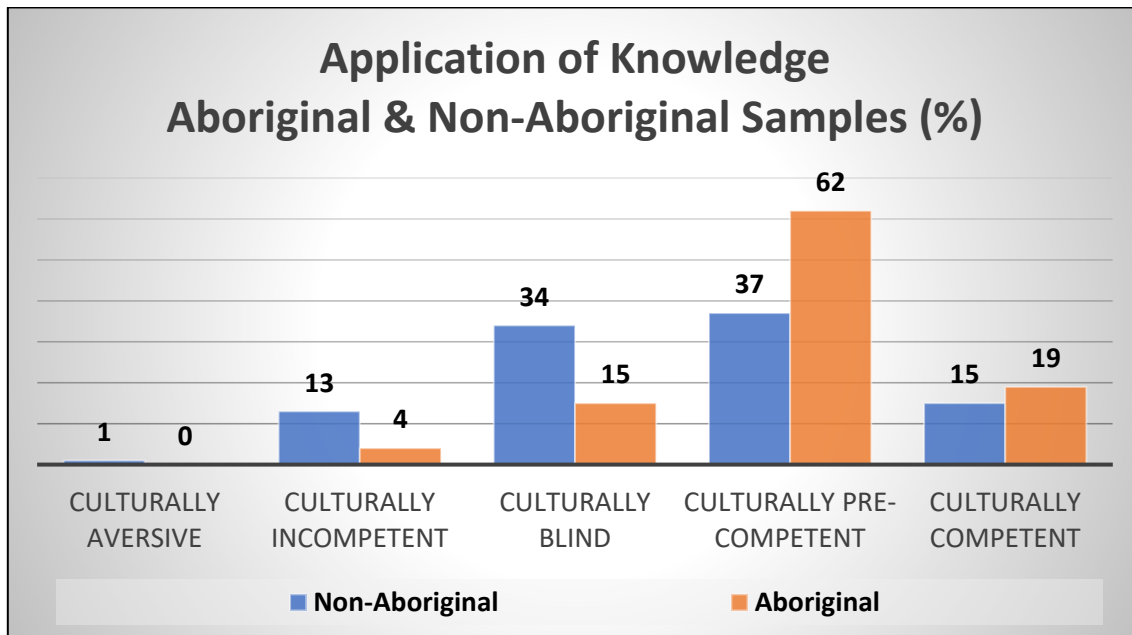


Figure 16: Application of Knowledge subdomain competency percentages for Aboriginal and non-Aboriginal samples

Findings suggest that Aboriginal participants scored significantly higher than non-Aboriginal participants on the application of knowledge subdomain. On average, the Aboriginal sample scored within the culturally pre-competent range, whilst the non-Aboriginal sample tended to score within the culturally blind range of competency. Encouragingly, only 1% of the non-Aboriginal sample and none of the Aboriginal sample scored within the culturally aversive range of competency, indicating hardly any Child Protection workers are applying their cultural knowledge in a culturally damaging way.

3.7 Skills Domain by Aboriginality

There was a statistically significant (medium effect size) difference in the Skills domain scores between Aboriginal (M= 55.67, SD= 11.90) and non-Aboriginal (M= 49.45, SD= 9.65) samples; $t(293) = -3.07, p = .002$. The skills domain is designed to examine any culturally relevant training, counselling, assessment and general practice skills. A summary of competence levels for both Aboriginal and non-Aboriginal samples is presented in Figure 16.

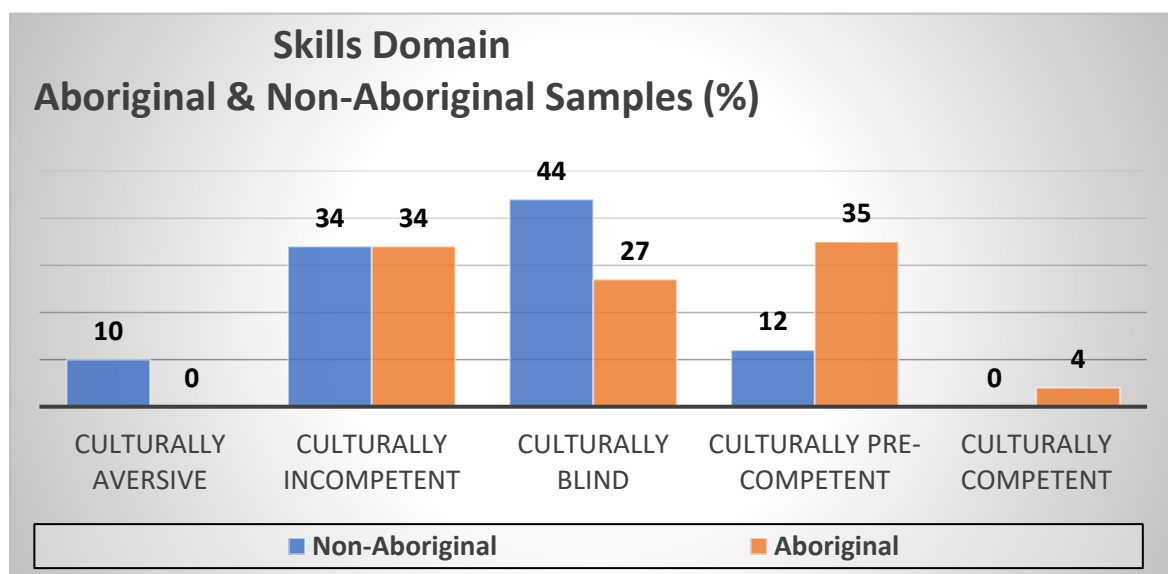


Figure 17: Skills Domain competency percentages for Aboriginal and non-Aboriginal samples

Findings indicated that overall, Aboriginal participants tended to score higher than non-Aboriginal participants in this domain. However, despite this, both groups scored within the culturally blind category for the skills domain on average. These results suggest that the Child Protection workers, regardless of cultural background, do not appear to appreciate the importance of culture, ethnicity, traditions or language in their assessment and general practice. People at the cultural blindness level of competence often overlook or ignore cultural differences that exist between Aboriginal people and communities.

3.8 Attitudes & Beliefs Competency by Aboriginality

The Attitudes and Beliefs domain provides an indication of the extent to which an individual's prevailing beliefs are consistent with working effectively with Aboriginal people in the context of Child Protection. There was a statistically significant (large effect size) difference in Attitudes & Beliefs domain scores between Aboriginal (M= 57.25, SD= 10.39) and non-Aboriginal (M= 49.30, SD= 9.69) samples; $t(293) = -3.97, p < .001$. A summary of competence levels for both Aboriginal and non-Aboriginal samples is presented in Figure 18.

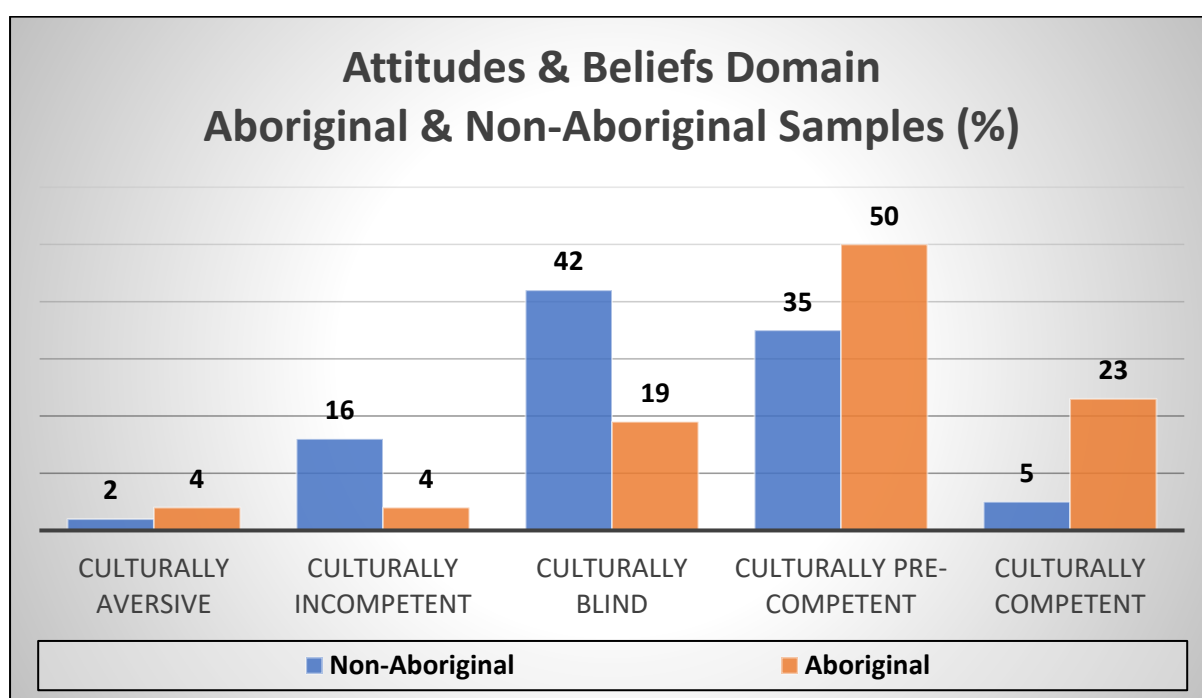


Figure 18: Attitudes & Beliefs domain Aboriginal & non-Aboriginal samples

As shown in Figure 18, Aboriginal participants tended to score higher than non-Aboriginal participants. Specifically, 73% of the Aboriginal sample achieved a level of either cultural competence or pre-competence compared to only 40% of the non-Aboriginal sample. On average, Aboriginal participants tended to score within the pre-competence range for this domain, whilst non-Aboriginal participants were more likely to score within the culturally blind range of competency. These findings suggest that at present, non-Aboriginal Child Protection workers tend to hold beliefs which either overlook or ignore the importance of culture, ethnicity, traditions or language, specifically in the context of Child Protection. Subsequently, these beliefs may hinder this group in working effectively with Aboriginal people and families in Child Protection.

3.8.1 Cultural Empathy by Aboriginality

There was a significant difference (medium effect size) in cultural empathy subdomain scores between Aboriginal (M= 90.03, SD= 4.69) and non-Aboriginal (M= 86.73, SD= 5.62) samples; $t(293) = -2.90, p = .002$. A summary of Aboriginal and non-Aboriginal sample competencies is presented below in Figure 18.

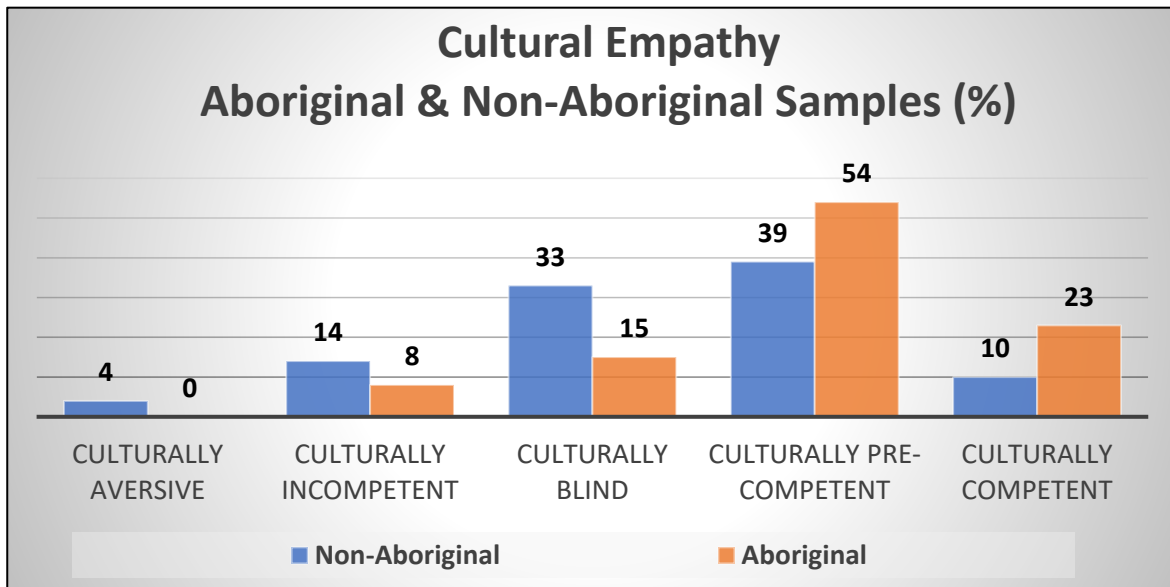


Figure 19: Cultural Empathy subdomain competencies for Aboriginal and non-Aboriginal samples

Findings suggest that on average, the Aboriginal sample scored within the culturally pre-competent range for the cultural empathy subdomain, whilst the non-Aboriginal sample scored within the culturally blind range of competency. Whilst the finding for the Aboriginal sample may be unsurprising, the findings from the non-Aboriginal sample suggest that non-Aboriginal Child Protection workers are mostly oblivious to the unique experiences of Aboriginal people and how these differ from that of non-Aboriginal populations.

3.8.2 Personal Identity by Aboriginality

There was a statistically significant (very large effect size) difference in the personal identity subdomain scores between Aboriginal ($M= 83.34, SD= 4.81$) and non-Aboriginal ($M= 79.53, SD= 3.91$) samples; $t(293) = -4.64, p<.001$. A summary of Aboriginal and non-Aboriginal sample scores is presented in Figure 19.

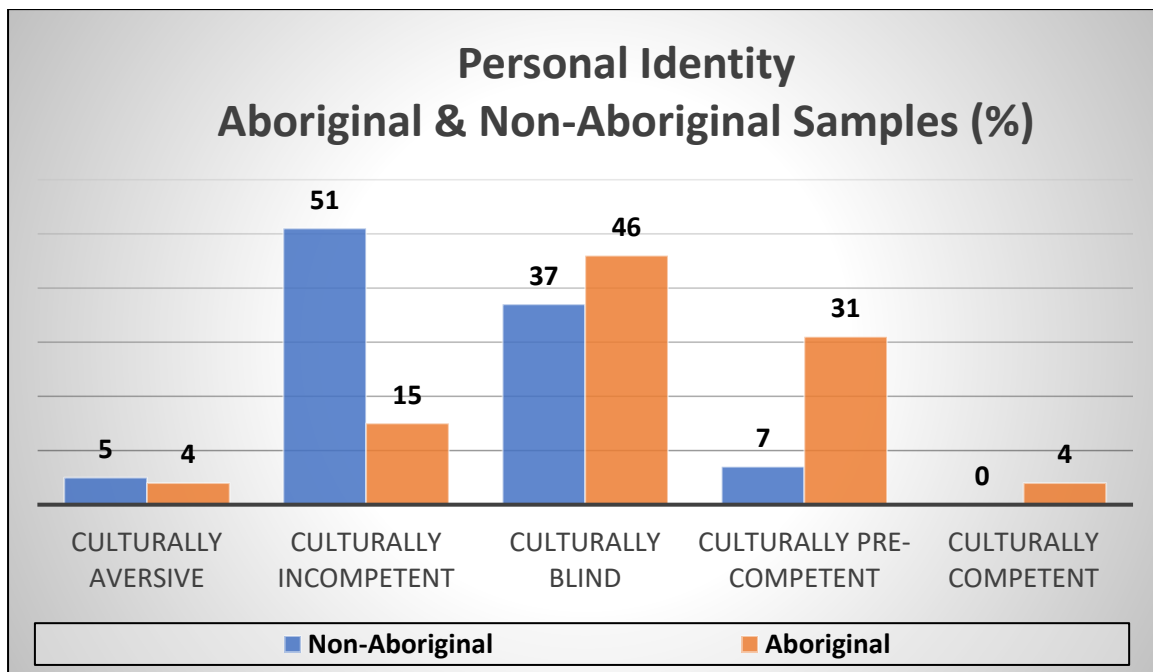


Figure 20: Personal Identity subdomain competencies for Aboriginal and non-Aboriginal samples

Findings suggest that for the personal identity subdomain, Aboriginal participants tended to score within the culturally blind level of competency, whilst the non-Aboriginal participants tended to score within the culturally incompetent range. However, as seen in Figure 19, only 7% of the non-Aboriginal sample scored within a range of cultural competence (culturally pre-competent), compared to 35% of the Aboriginal sample. Perhaps surprisingly, a significant portion of both groups scored within the culturally blind range of competency, suggesting a disconnect between participants' own personal identity and Aboriginal culture.

3.9 Resources & Linkages Competency by Aboriginality

The Resources & Linkages CPP-CP domain was observed to have the largest significant difference, with Aboriginal participants scoring higher than non-Aboriginal participants [$t(27.55) = -5.39, p < .001$]. The Resources and Linkages domain is designed to measure the extent to which participants' networks, community and agency links as well as culture-specific resources are sufficient across child protection notifications, assessments child removal and interventions. A summary of Aboriginal and non-Aboriginal Resources and Linkages domain scores is presented in Figure 20.

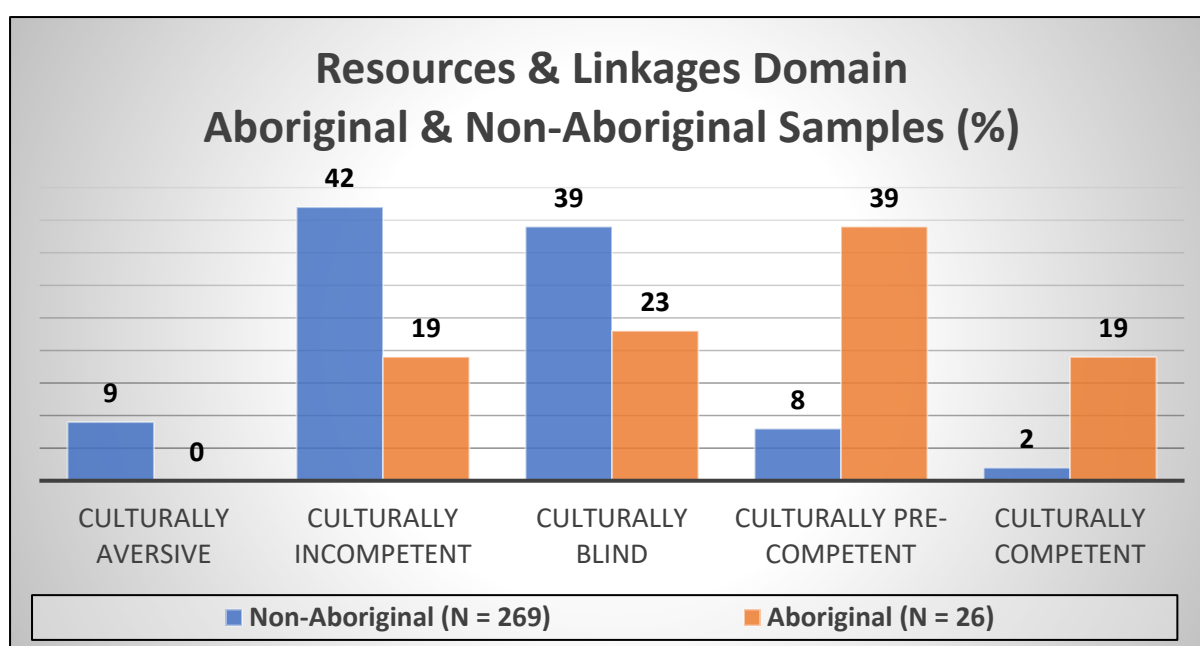


Figure 21: Resources & Linkages domain competencies for Aboriginal and Non-Aboriginal samples

Findings suggest that Aboriginal employees tended to be 'Culturally Pre-Competent' for the Resources & Linkages domain. This domain is designed to category of cultural competence includes people who are aware of their own personal limitations regarding cross-cultural communication. Culturally Pre-Competent employees hold intentions to provide a quality service, however, tend to get frustrated with a lack of knowledge as to the most appropriate manner to deliver these services. Additionally, they are often sensitive to their understandings and limitations. Comparatively, non-Aboriginal employees on average scored within the 'Culturally Incompetent' range of competency. This includes those who do not intentionally seek to discriminate in a destructive manner (e.g. expecting poor performances by Aboriginal kids).

3.9.1 Interactions & Awareness by Aboriginality

There was a statistically significant (very large effect size) difference in interactions and awareness subdomain scores between Aboriginal ($M = 61.86, SD = 8.82$) and non-Aboriginal ($M = 48.85, SD = 5.72$) samples; $t(27.04) = -7.37, p < .001$. A summary is presented in Figure 21.

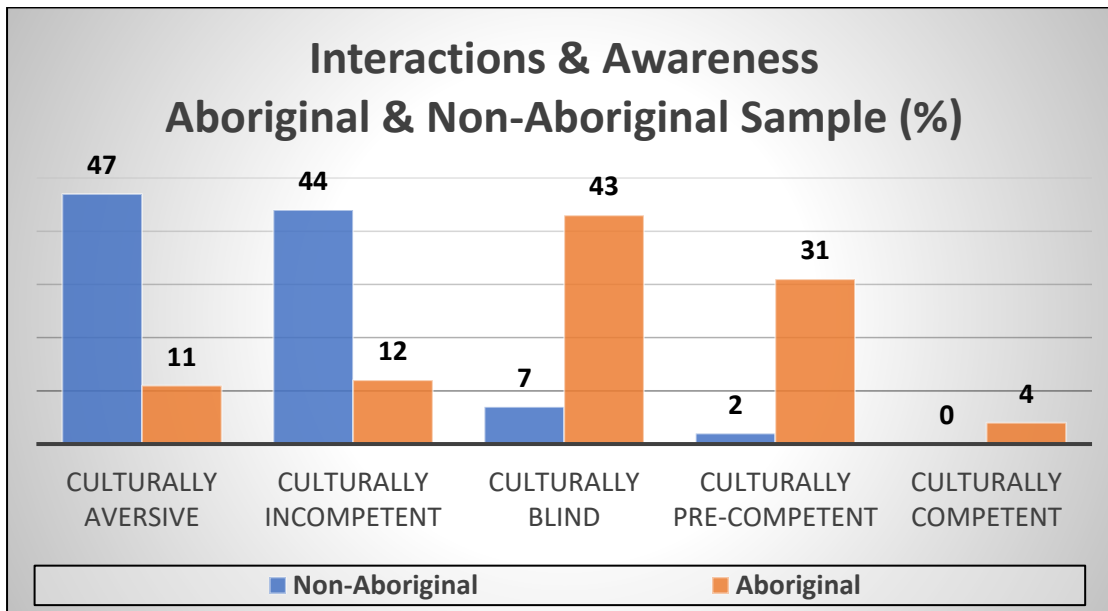


Figure 21: Interactions & Awareness subdomain competency percentages for Aboriginal and non-Aboriginal samples

As can be seen in Figure 21, there is significant contrast between the Aboriginal and non-Aboriginal samples cultural competency levels. Specifically, 91% of the non-Aboriginal sample scored within the culturally aversive and culturally incompetent levels of competency, suggesting that the non-Aboriginal sample had relatively little knowledge of or, experience interacting with, Aboriginal people and communities in their local area. Interestingly, 43% of the Aboriginal sample scored within the culturally blind level of competence. This finding suggests that although Aboriginal sample tended to have more experience interacting with Aboriginal people (outside of a work capacity) and awareness of their local Aboriginal communities/supports, there is still a significant gap in knowledge within this subdomain regardless of cultural background.

3.10 Organisational Cultural Competency by Aboriginality

Results indicate that there was a statistically significant (large effect size) difference in Organisational cultural competency scores between Aboriginal (M= 40.63, SD= 13.95) and non-Aboriginal (M= 50.91, SD= 9.07) samples; $t(27.08) = 3.68, p < .002$. A summary of this can be seen in Figure 22.

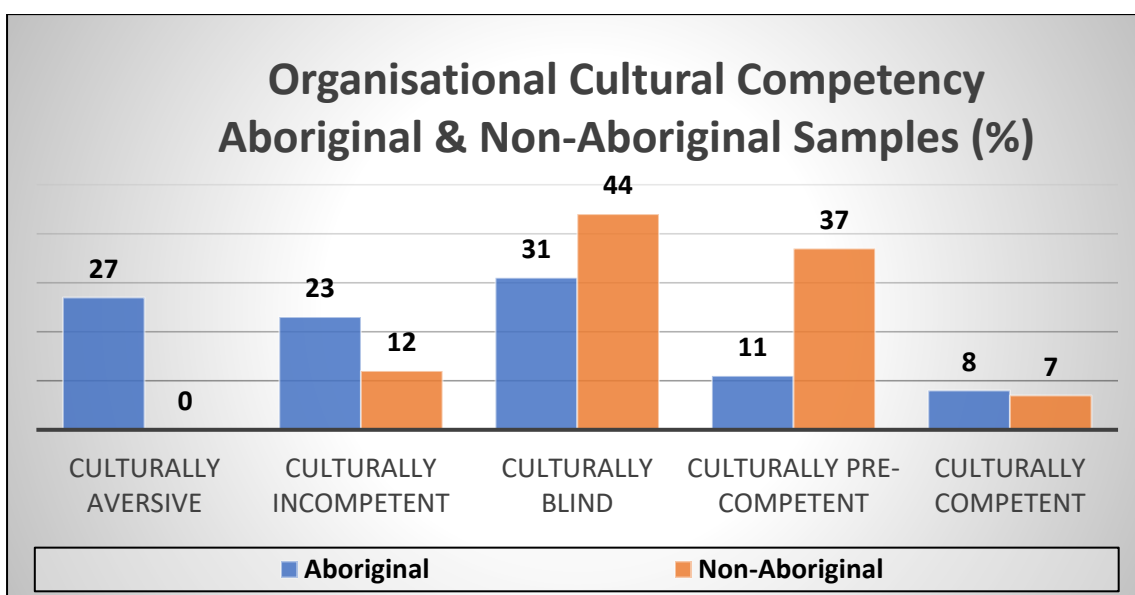


Figure 22: Organisational Cultural Competency Domain Scores for Aboriginal and Non-Aboriginal samples

Findings suggest that on average, non-Aboriginal participants scored within the Culturally Blind level of competence, whilst Aboriginal participant's scores indicated a level of Cultural Incompetence. This domain is designed to assess participant's views on how their organisation supports the cultural competencies of its staff through organisational and staff development. Therefore, this finding indicates that Aboriginal participants believe their organisations do not intentionally seek to discriminate in a destructive manner, however, overall tend to be incompetent in supporting the ongoing development of cultural competencies of its staff. Comparatively, overall non-Aboriginal participants expressed a view consistent with Cultural Blindness, which also includes those who not intentionally seek to discriminate, however Blindness is less destructive than Cultural Incompetence.

4. Descriptives – Urban & Rural Offices.

Independent sample T-tests were then conducted in order to determine whether Child Protection workers in Urban offices and Child Protection workers in Rural offices significantly differed in CPP-CP domain and subdomain scores. The results of this analysis are included in Table 11. As the sample sizes and standard deviations for urban and rural offices were similar, Cohen's *d* was used as a measure of effect size, or the magnitude of the differences between the two groups.

Domain/Subdomain	Total (<i>N</i> = 295)	Urban (<i>N</i> = 158)	Rural (<i>N</i> = 137)	<i>t</i>	<i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		
Cultural Knowledge	49.98	47.68 (8.95)	52.68 (10.49)	- 4.37**	0.51
Skills & Abilities	50.68	48.17 (10.14)	52.11 (9.43)	- 3.44**	0.40
Attitudes & Beliefs	50.87	49.45 (9.66)	50.64 (10.38)	- 1.02	0.11
Resources & Linkages	49.76	47.40 (8.77)	53.00 (10.51)	- 4.92**	0.58
Organisational CC	50.26	50.61 (9.87)	49.30 (10.14)	1.13	0.13
Total Cultural Competency	49.90	48.16 (10.40)	52.12 (9.10)	- 3.46**	0.40
Local Cultural Knowledge	49.08	47.96 (4.64)	52.35 (6.13)	- 6.85*	0.81
Child Protection Knowledge	51.11	49.63 (4.80)	50.43 (4.68)	- 1.45	0.17
Application of Knowledge	50.19	49.21 (7.05)	50.91 (7.34)	- 2.02	0.23
Parenting & Child Development Knowledge	50.90	49.93 (4.60)	50.08 (4.58)	- 1.23	0.03
Training Access	50.46	49.15 (7.31)	50.98 (6.92)	- 2.20	0.26
Cultural Counselling Skills	52.29	50.05 (9.39)	49.94 (10.69)	0.09	0.01
Culturally Specific Parenting	49.09	49.33 (9.89)	50.77 (10.10)	- 1.24	0.14
Assessment & Intervention	49.81	49.12 (6.05)	51.01 (5.86)	- 2.71	0.32
Engagement & Contact	49.82	49.59 (3.79)	50.48 (3.64)	- 2.04	0.24
Cultural Empathy	88.18	86.82 (5.38)	87.25 (5.89)	- 0.64	0.07
Emotional Stability & Flexibility	49.41	51.07 (5.16)	48.76 (4.99)	3.88*	0.45
Personal Identity	79.23	79.10 (4.11)	80.75 (4.00)	- 3.48*	0.41
Interaction & Awareness	48.30	47.51 (5.61)	52.87 (7.51)	- 6.86*	0.81
Links & Referrals	50.06	50.06 (3.56)	49.94 (4.08)	0.28	0.03
Implementation	49.99	50.23 (6.57)	49.73 (6.58)	0.65	0.07
Capacity & Commitment	50.36	50.49 (4.67)	49.44 (4.76)	1.90	0.22

Table 11: CPP-PP domain, subdomain and total T-score mean and standard deviations of total sample and by Rural and Urban offices

Note. * = $p < .002$ (adjusted for multiple comparisons). Organisational CC = Organisational Cultural Competency Domain.

Based upon the findings in Table 5, the Urban and Rural samples significantly differed on the following CPP-CP domains & subdomains, with medium to large effect sizes;

- Cultural Knowledge
 - Local Cultural Knowledge
- Skills & Abilities
- Resources & Linkages
 - Interactions & Awareness
- Total Cultural Competency
 - Emotional Stability & Flexibility

- Personal Identity

Workers based in Rural offices tended to score significantly higher than their Urban based colleagues, with the exception of the Emotional Stability & Flexibility subdomain, where Urban participants tended to score higher than Rural participants. Generally speaking, this finding suggests that Child Protection employees who are based in Rural offices tend to be more culturally competent overall compared to Child Protection employees who are based in Urban offices. A summary of the average levels of cultural competency for Urban and Rural participants for each CPP-CP domain and Total Cultural Competency is presented in Table 12, followed by a further break down of some key findings, with a focus on particular subdomains.

Domain	Urban	Rural
<i>Cultural Knowledge</i>	Blind	Blind
<i>Skills</i>	Incompetent	Blind
<i>Attitudes & Beliefs</i>	Blind	Blind
<i>Resources & Linkages</i>	Incompetent	Blind
<i>Organisational Cultural Competency</i>	Blind	Blind
<i>Total Cultural Competency</i>	Incompetent	Blind

Table 12: CPP-CP Domain and Total Cultural Competency Levels for Urban and Rural Participants

4.1 Local Cultural Knowledge by Rural & Urban Offices

There was a statistically significant (large effect size) difference in local cultural knowledge subdomain scores between Urban (M= 47.96, SD= 4.64) and Rural (M= 52.35, SD= 6.13) samples; $t(251.19) = -6.85, p < .001$. A summary of Urban and Rural sample scores is presented in Figure 29.

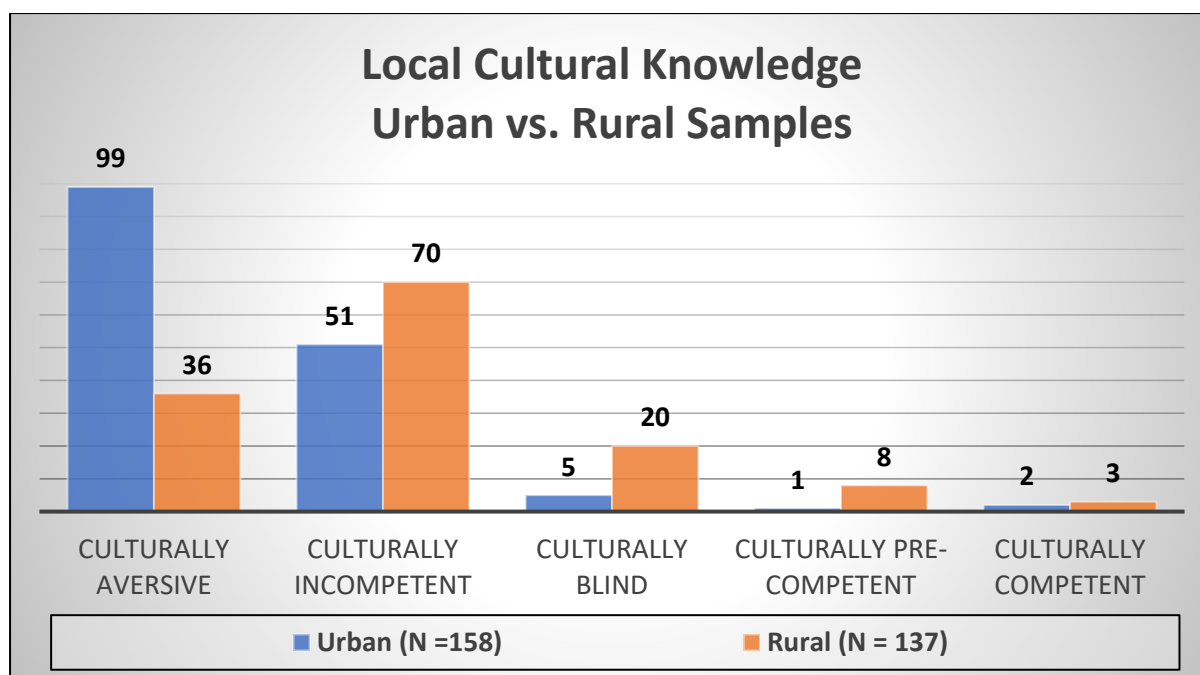


Figure 23: Local Cultural Knowledge competency levels for Urban & Rural samples

As shown in Figure 23, on average workers in Rural offices scored within the culturally incompetent level of competency, whilst their Urban office-based counterparts scored

significantly lower, in the culturally aversive level of competency. A possible explanation for this finding is that Child Protection Workers working in more remote areas would presumably be in closer proximity to Aboriginal communities which could provide a source of local cultural knowledge. Comparatively, Child Protection workers in Urban based offices would unlikely have access to such a rich cultural knowledge source in their day-to-day duties.

4.2 Skills Domain by Rural & Urban Offices

4.3 Personal Identity by Rural & Urban Offices

The personal identity subdomain falls under the attitudes and beliefs domain. The Attitudes & Beliefs domain is designed to provide an indication of the extent to which prevailing beliefs are consistent with working effectively with Aboriginal people in the context of Child Protection. There was a statistically significant (medium effect size) difference in personal identity subdomain scores between Urban (M= 79.10, SD= 4.11) and Rural (M= 80.75, SD= 4.00) samples; $t(293) = -3.48, p < .001$. A summary of Urban and Rural sample scores is presented in Figure 30.

On average Child Protection workers based in Urban offices scored within the culturally incompetent range of competency, whilst workers in rural offices scored slightly higher, being in the culturally blind range of competency. Only 1 participant from each group achieved a score within the cultural competence range. These findings suggest a significant divide between Child Protection workers' current internal beliefs and experiences and those required to work with Aboriginal people and communities in a culturally competent manner.

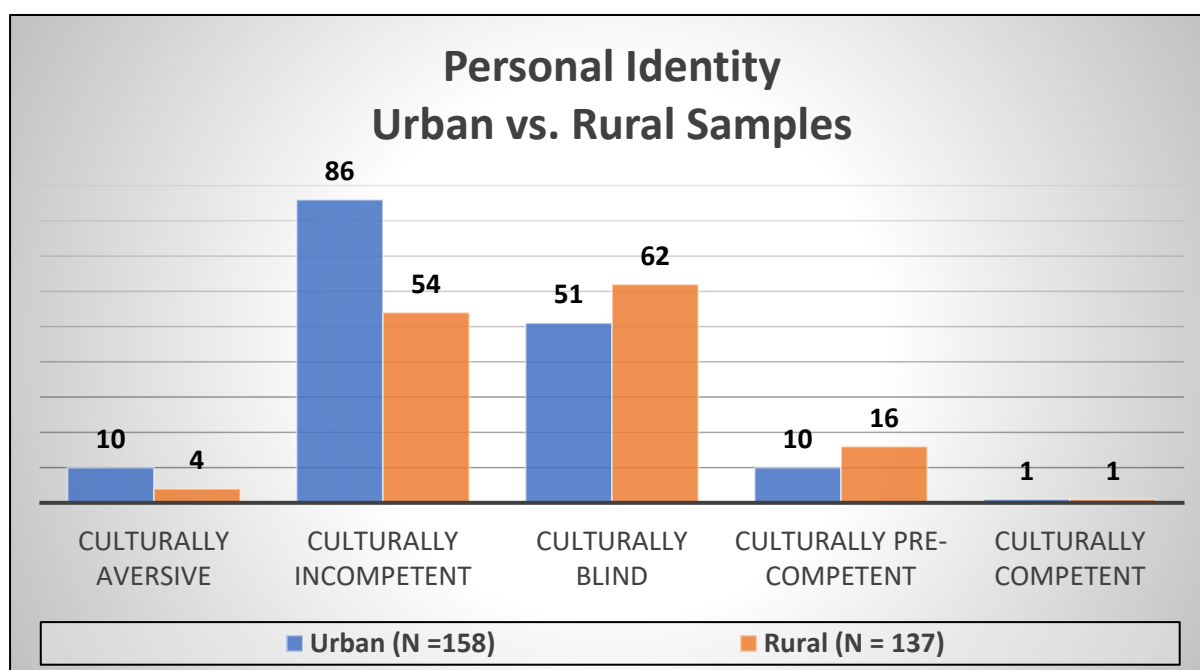


Figure 24: Personal Identity subdomain competency levels for Urban & Rural samples

4.4 Resources & Linkage Domain by Rural & Urban Offices

4.4.1 Interactions & Awareness by Rural & Urban Offices

There was a statistically significant (large effect size) difference in the Interactions & Awareness subdomain scores between Urban (M= 47.51, SD= 5.61) and Rural (M= 52.87, SD= 7.51) samples; $t(293) = -3.48, p < .001$. A summary of Urban and Rural sample scores is presented in Figure 31.

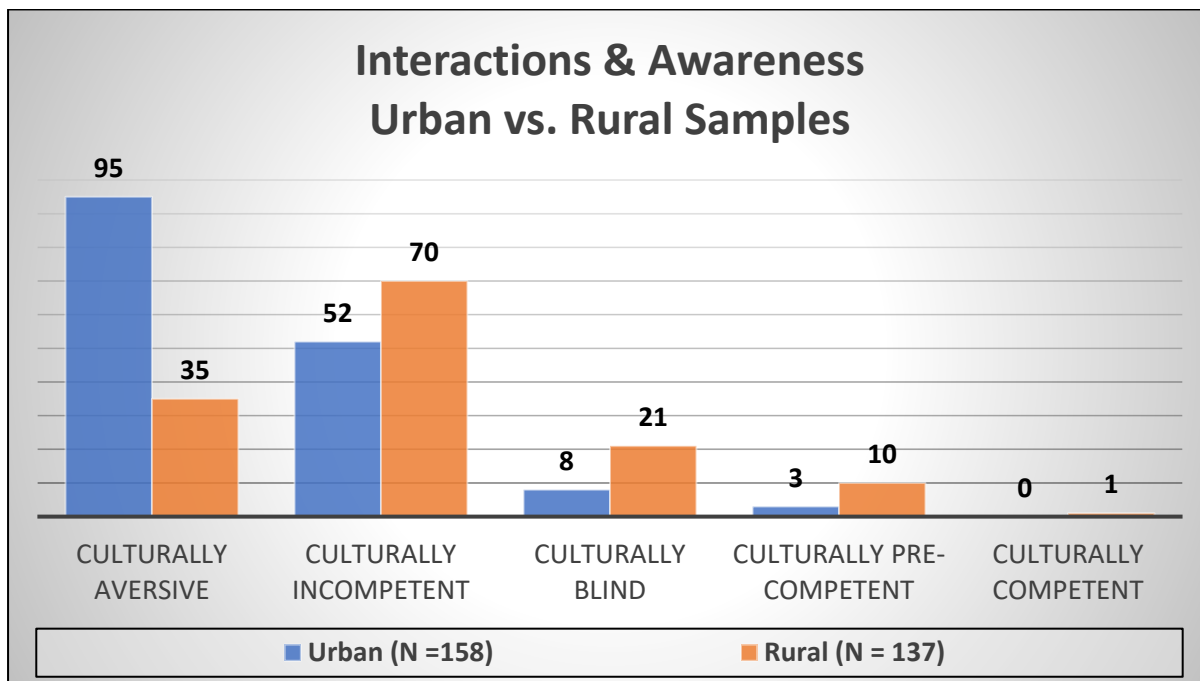


Figure 25: Interactions & Awareness subdomain competency levels for Urban & Rural samples

Figure 25 shows that 93% of Child Protection employees working in Urban offices scored within the culturally aversive (60%) and culturally incompetent range of competency. Comparatively, 77% of Child Protection employees based in Rural offices scored within the culturally aversive (25%) and culturally incompetent (52%) range of competency. This indicates that on average, workers in Rural offices scored within the culturally incompetent range of competency, whilst their Urban-based colleagues scored within the culturally aversive range. This finding is similar to that of the local cultural knowledge subdomain results.

The Local Cultural Knowledge and Interactions & Awareness subdomains were observed to have the largest significant difference between urban and rural participants, with participants based in Rural offices scoring higher than participants based in Urban offices by 0.81 standard deviations. Results suggest that Rural participants tended to be in the 'Culturally Incompetent' category for these subdomains, whilst Urban participants were more likely to score within the 'Culturally Aversive' category. This indicates that Urban participants were more likely to hold beliefs, attitudes and behaviours that are damaging to culture (e.g. espousing racism), whereas Rural participants were less likely to intentionally seek to discriminate in a destructive manner, however still remained culturally incompetent when it came to these subdomains. Additionally, the local cultural knowledge and interactions & awareness subdomains were the ones which both Urban and Rural samples performed the poorest in, highlighting an area of much needed intervention in regard to cultural competency development. A comparative summary of levels of cultural competency for each CPP-CP domain and subdomain is presented in Appendix B.

5. Correlations

A correlation coefficient is a measure of how closely two variables are to have a linear relationship with each other, or how closely related they are. Examining correlations or associations between variables is useful as they can indicate a predictive relationship which can then be exploited in practice. Whilst, in general, the presence of a correlation is not sufficient to infer the presence of a causal relationship, it is often considered the 'first step' in doing so, as it allows for identification of significantly correlated variables. These variables are treated as possible predictor variables which can then be further analysed with regression models to determine significant predictive variables.

In order to identify variables significantly related to cultural competence, Pearson's correlation coefficients (Pearson's r) for each of the demographic variables, CPP-CP domains and total cultural competency scores were calculated and are presented in Table 13. Pearson's r is the most common correlation coefficient, often denoted simply as ' r ' measuring the degree of the correlation. Pearson's r is sensitive only to a linear relationship between two variables and is obtained by dividing the covariance of the two variables by the product of their standard deviations. Since correlation can be considered a measure of effect size, the strength of the correlations can be described using the following suggested absolute values for r ;

- .00 - .19 = "Very Weak"
- .20 - .39 = "Weak"
- .40 - .59 = "Moderate"
- .60 - .79 = "Strong"
- .80 - 1.0 = "Very Strong"

Total Cultural Competence was significantly positively correlated with several demographic variables including; Aboriginality ($r = .19$), Location of Office (Urban/Rural $r = .20$), Length of time spent working with Aboriginal people and communities ($r = .14$) and Current position within Child Protection ($r = .14$). This indicates that higher cultural competence scores were associated with being Aboriginal, working in a rurally based office, and working directly with Aboriginal people and communities for a longer period of time. Additionally, Total Cultural Competence was significantly negatively correlated with participant's socio-economic background ($r = -.14$) and upbringing region ($r = .15$), indicating that participants from low income families and those who were raised in remote or rural areas tended to achieve higher cultural competency than participants from high income family backgrounds and those raised primarily in metropolitan cities or overseas. As these correlation coefficients were all fairly weak, it suggests that the demographic variables are measuring different things.

Interestingly, each of the CPP-CP domains were found to significantly and positively correlate with each other, with the exception of the Organisational Cultural Competency domain, which was found to significantly correlate only with Total Cultural Competency score ($r = .52$) and the Skills & Abilities CPP-CP domain ($r = .36$). This suggests that this domain is not as strongly associated to the other CPP-CP domains and Total Cultural Competency.

6. Multiple Regression Analysis – Total Cultural Competency

In order to determine what characteristics best explain cultural competence in Child Protection, a series of hierarchical multiple regression analyses were used to examine the linear relationship between Total Cultural Competency score and significantly correlated predictor/independent variables. Findings from Table 13. supported the inclusion of Aboriginality, Location, Length of time spent working directly with Aboriginal people/communities, position within Child Protection, Socio-economic background and area of upbringing as predictor variables in the regression model. Aboriginality and Location were entered into step 1 of the regression as they had the strongest correlations with Cultural Competency, indicating they would likely be the strongest predictors. Position within Child Protection, length of time spent working directly with Aboriginal people and communities, socio-economic background and geographical upbringing were entered into step 2. Results are summarised in Table 14.

	a	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Gender		-.08	-.01	.03	-.04	-.04	-.01	-.04	-.06	.09	-.01	.14*	-.04	-.01	-.16**	-.05	.05	-.06
2. Aboriginality			.14*	.08	.02	.03	-.02	.14*	.20**	-.36**	-.17**	-.22**	.29**	.18**	.23**	.38**	-.29**	.19**
3. Location				.08	-.07	-.10	-.05	-.02	.24**	-.26**	-.10	-.08	.25**	.20**	.06	.28**	-.07	.20**
4. Age Range					.50**	.41**	.52**	.56**	.36**	.06	-.20**	.05	.06	.15**	.05	.18**	-.12*	.07
5. Current Organisation						.75**	.88**	.74**	.44**	.06	.04	.05	.07	.14*	-.07	.14*	-.06	.05
6. Local Office							.67**	.55**	.30**	.04	.02	.06	-.02	.01	-.15*	.06	-.09	-.07
7. Child Protection								.73**	.50**	.08	.04	.07	.08	.14*	-.06	.12*	-.08	.05
8. Work with Aboriginal pop ⁿ									.52**	-.08	-.11	-.10	.16**	.23**	.04	.28**	-.16**	.14*
9. Position										-.11	-.15**	-.05	.18**	.24**	.06	.23**	-.17**	.14*
10. Qualifications											.06	.25**	-.15**	-.02	-.02	-.17**	.06	-.07
11. SES												-.01	-.14*	-.12*	-.12*	-.13*	.02	-.14*
12. Upbringing Region													-.17**	-.15**	-.09	-.19**	.05	-.15**
13. Cultural Knowledge														.44**	.24**	.44**	.01	.63**
14. Skills & Abilities															.34**	.59**	.36**	.85**
15. Attitudes & Beliefs																.26**	-.07	.53**
16. Resources & Linkages																	.06	.67**
17. Organisational CC																		.52**
18. Total CC																		

Table 13: Coefficients for Predictors of Cultural Competence; Gender, Aboriginality, Age Range, Current Organisation, Time with Local Office, Time with Child Protection, Time with Aboriginal people/communities, Position, Qualification Level, Socio-Economic Status, Upbringing Region, and Criterion of CPP-CP domains

Note. Gender coded as 0 = Female, 1 = Male. Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal. CC= Cultural Competency. * = Correlation is significant at 0.05 level (two-tailed), ** = Correlation is significant at .01 level (two-tailed). Bold = CPP-CP Domains and total scores.

On Step 1 of the hierarchical regression, Aboriginality and office Location in combination accounted for a significant 5.8% of variance in Total Cultural Competency scores, $F(2, 292) = 10.11, p < .001, f^2 = 0.07$. On Step 2, the length of time spent working directly with Aboriginal people/communities, position held within Child Protection, Socio-economic background and geographical area of upbringing were added to the regression equation, and accounted for an additional 3.3% of variance, indicating that the 6 predictor variables in model 2 accounted for a significant 9.8% of variance in Total Cultural Competency scores, $F(4, 288) = 5.22, p < .001, f^2 = 0.11$. By Cohen's (1988) conventions, a combined effect of this magnitude can be considered 'small' ($f^2 = 0.11$).

When all 6 predictor variables were combined in Model 2, the location of office (Rural or Urban) emerged as the only predictor capable of explaining a significant proportion of variance in Total Cultural Competency, indicating that working in a rural office was predictive of higher Total Cultural Competency score. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 8.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	47.87	0.78	46.34	49.40		61.48**
Aboriginality	5.69	2.01	1.72	9.65	.16	2.82**
Location	3.50	1.14	1.25	5.76	.17	3.06**
<i>Step 2</i>						
Constant	53.20	3.40	46.52	59.89		15.66**
Aboriginality	3.77	2.09	- 0.34	7.89	.11	1.80
Location	3.33	1.19	0.99	5.66	.17	2.81**
Time with Aboriginal People	0.30	0.19	- 0.07	0.68	.11	1.59
Position	.002	0.68	-1.35	1.35	.00	0.01
Socio-Economic Status	- 1.89	1.11	-4.08	0.30	-.09	-1.69
Area of Upbringing	- 1.02	0.55	-2.11	0.07	-.11	-1.84

Table 14: Coefficients for Demographic Variables Predicting Total Cultural Competency Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; ** $p < .01$.

6.1 Total Cultural Competency - Aboriginality

Given the significance of Aboriginality and Location as predictor variables of Cultural Competency, multiple regression analyses were conducted separately for Aboriginals and Non-Aboriginals and Urban and Rural participants. For the Aboriginality regression, Location was entered into step 1 of the model whilst time spent working directly with Aboriginal people/communities, position within Child Protection, Socio-economic background and geographical upbringing were entered into step 2 of the regression. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis for Aboriginal participants and non-Aboriginal participants are reported in Table 15.

Predictors	Aboriginal Participants				Non-Aboriginal Participants			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	60.82	3.88		15.68	47.48	0.77		61.41
Location	-6.99	4.66	-0.29	-1.50	4.38	1.16	0.22	3.77**
<i>Step 2</i>								
Constant	65.52	14.38		4.56	51.53	5.21		9.89
Location	-6.63	4.46	-0.28	-1.49	4.48	1.23	0.23	3.52**
Time with Aboriginal People	1.12	0.72	0.35	1.15	0.28	0.12	0.10	1.42
Position	0.05	2.68	0.01	0.02	-0.39	0.71	-0.04	-0.55
Qualifications					0.14	1.06	0.01	0.13
Socio-Economic Status	-3.49	4.64	-0.16	-0.75	-1.42	1.1	-0.07	-1.24
Area of Upbringing	-3.04	2.04	-0.27	-1.49	-0.82	0.57	-0.09	-1.44

Table 15: Aboriginal and Non-Aboriginal participant's Coefficients for Demographic Variables Predicting Cultural Competency Scores

Note: * $p < .05$. ** $p < .01$

On Step 1 of the hierarchical regression for non-Aboriginal participants, office location accounted for a significant 5.0% of variance in total cultural competency scores, $F(1, 267) = 14.19$, $p < .001$, $f^2 = 0.05$. On step 2 of the regression, the addition of socio-economic background, area of upbringing, length of time spent working directly with Aboriginal people/communities, and current position within Child Protection added an additional 2.2% of variance in Cultural Competency, $F(4, 263) = 4.09$, $p < .001$. When all five predictor variables were combined in Step 2, the location of the office (Rural or Urban) emerged as the only predictor capable of explaining a significant proportion of variance in Total Cultural Competency, indicating that working in rural offices was predictive of higher cultural competency for non-Aboriginal participants.

Comparatively, none of the variables included in the Aboriginal sample regression predicted a significant amount of variance in Total Cultural Competency scores, $F(5, 20) = 1.64$, $p = .196$. It is likely that the sample size of this group was too small to reliably detect relationships between the predictor variables and cultural competency.

6.2 Total Cultural Competency – Location

For the Urban vs. Rural office location hierarchical multiple regression, Aboriginality was entered into step 1 of the model, whilst the remaining four predictors were entered into step 2. A summary of coefficients is presented below in Table 16.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	47.48	0.82		58.10	51.86	0.83		62.09
Aboriginality	13.48	3.63	0.28	3.67**	1.97	2.30	0.73	0.85
<i>Step 2</i>								
Constant	37.48	8.08		4.64	50.98	3.93		12.96
Aboriginality	14.35	4.10	0.30	3.50**	1.91	2.46	0.07	0.78
Position	0.64	0.83	0.62	0.77	0.32	0.83	0.34	0.39
Qualifications	2.26	2.00	0.09	1.14	0.04	0.95	0.01	0.04

Table 16: Urban and Rurally located participant's Coefficients for Demographic Variables Predicting Total Cultural Competency Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; ** $p < .01$.

On Step 1 of the Urban sample regression, Aboriginality accounted for a significant 8.0% of the variance in Total Cultural Competency scores, $F(1,156) = 13.49$, $p < .01$. Further,

when all demographic variables which significantly correlated with location (Aboriginality, position within Child Protection and level of qualification/education) were added into the regression at step 2, the location of the office (Rural or Urban) emerged as the only predictor capable of explaining a significant proportion of unique variance in Total Cultural Competency scores. This finding indicates that being Aboriginal is a positive predictor of Total Cultural Competency for Child Protection employees working in Urban offices. Comparatively, none of the variables included in the Rural sample regression predicted a significant amount of variance in Total Cultural Competency scores, $F(2, 133) = 0.73$, $p = .394$.

6.3 Cultural Knowledge Domain

Cultural knowledge refers to an individual's understanding of the specific cultural practices of Aboriginal people. Due to the considerable diversity within and across Aboriginal communities, proficiency in cultural knowledge necessitates that this knowledge is specific to the local communities in which the practitioner is currently working. Overall the Cultural Knowledge domain looks at how consistently (and comfortably) knowledge and awareness are applied in your day-to-day work with Aboriginal people who are in the child protection system.

The CPP-CP Cultural Knowledge domain was significantly positively correlated with Aboriginality ($r = .29$), Location ($r = .24$), number of years spent working directly with Aboriginal people/communities ($r = .16$) and participants' position within Child Protection ($r = .18$). This indicates that higher Cultural Knowledge domain scores are associated with identifying as Aboriginal, working in a rural office, spending a larger number of years working directly with Aboriginal people and occupying a senior position within Child Protection. Of note is that Cultural Knowledge domain was also significantly negatively correlated with participants' level of qualification ($r = -.15$), Socio-economic background ($r = -.14$), and region of upbringing ($r = -.17$). This indicates that Cultural Knowledge scores were lower in participants who were from high income family backgrounds and raised overseas or in urban cities compared to those who were from low income families and raised in remote communities or rural towns.

Multiple regression analysis was conducted in order to determine what demographic variables are predictive of Cultural Knowledge domain scores. Aboriginality and Location were entered into step 1 of the regression whilst time spent working directly with Aboriginal people/communities, position within Child Protection, qualification level, socio-economic status and area of childhood upbringing were all entered into step 2 of the analysis. At step 1 of the regression, Aboriginality and office location in combination predicted a significant 12.1% of variance in Cultural Knowledge scores, $F(2, 292) = 21.16$, $p < .001$. At step 2, the length of time spent working directly with Aboriginal people/communities, position held within Child Protection, participants' level of qualifications, socio-economic background and area of upbringing were added to the regression equation and accounted for an additional 3.2% of variance. This indicates that the combination of predictor variables in model 2 accounted for a significant 15.9% of variance in Cultural Knowledge scores, $F(5, 287) = 7.75$, $p = .05$.

However, when all predictor variables were combined in model 2, Aboriginality and office location (Rural or Urban) emerged as the only predictors capable of explaining a significant proportion of variance in Cultural Knowledge domain scores, indicating that working from rural offices was predictive of higher Cultural Knowledge competency. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 17.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	47.22	0.75	45.74	48.70		62.75
Aboriginality	9.01	1.95	5.19	12.84	.26	4.63**
Location	4.27	1.10	2.09	6.45	.21	3.86**
<i>Step 2</i>						
Constant	50.38	4.51	41.51	59.25		11.18
Aboriginality	7.29	2.12	3.12	11.46	.21	3.44**
Location	4.11	1.18	1.80	6.42	.29	3.45**
Time with Aboriginal People	0.31	0.18	-0.05	0.67	.11	1.68
Position in Child Protection	0.21	0.66	-1.10	1.51	.02	0.31
Qualifications	0.23	0.86	-1.47	1.94	.02	0.27
Socio-Economic Status	-1.45	1.08	-3.57	0.67	-.07	-1.35
Area of Upbringing	-1.00	0.54	-2.07	0.07	-.11	-1.85

Table 17: Coefficients for Demographic Variables Predicting Cultural Knowledge Domain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$.

The Cultural Knowledge domain has four subdomains all of which are essential to being able to work at a competent cultural level with Aboriginal people in the child protection context. These subdomains include; (1) Local Cultural Knowledge; (2) General Child Protection Knowledge; (3) Application of Knowledge; (4) Cultural Parenting & Child Development Knowledge. Findings suggested that Urban and Rural office employees significantly differed on the local cultural knowledge and application of knowledge subdomains, with employees in rural offices tending to be more culturally competent in this domain and subdomains. These relevant differences will be further explored below.

6.3.1 Local Cultural Knowledge Subdomain

The local cultural knowledge subdomain was significantly positively correlated with Aboriginality ($r = .42$), length of time spent working directly with Aboriginal people ($r = .18$), and position within Child Protection ($r = .24$). This indicates that competency in this subdomain is associated with being Aboriginal, having spent time working directly with Aboriginal people and communities and holding a more senior position within Child Protection. Local cultural knowledge was also significantly negatively correlated with area of upbringing, suggesting that participants raised in more rural or remote areas of Australia were more culturally competent in this subdomain than participants raised in cities or overseas.

Local Cultural Knowledge scores significantly differed between Rural and Urban samples, with Rural participants scoring more competently than urban participants. In order to examine whether different predictor variables might be present for urban and rural samples, a multiple regression was conducted, using the demographic variables which significantly correlated with the local cultural knowledge subdomain. Aboriginality was entered in step 1 of the regression and length of time worked with Aboriginal people, position within Child Protection and area of upbringing were entered into step 2 of the regression.

At step 1 of the regression for the Urban sample, Aboriginality predicted a significant 17.3% of variance in Local Cultural Knowledge subdomain scores, indicating being Aboriginal was predictive of cultural competence in this subdomain, $F(1, 156) = 32.67$, $p < .01$. However, this model improved significantly with the addition of time spent working directly with Aboriginal people, position within Child Protection and area of upbringing in step 2 of the regression, $F(3, 153) = 11.43$, $p < .01$. Findings indicated that the combination of Aboriginality, time spent working directly with Aboriginal people, position within Child Protection and area of childhood upbringing in model 2 accounted for a significant 23% of variance in Local Cultural Knowledge subdomain scores. However, Aboriginality and area of upbringing were the only predictor variables capable of explaining

a significant proportion of the unique variance in Local Cultural Knowledge subdomain scores. This finding indicates that Aboriginality (being Aboriginal) is a positive predictor of Local Cultural Knowledge competency for Child Protection employees working in Urban offices. Additionally, it suggests that geographical area of childhood upbringing is a significant negative predictor of local cultural knowledge, indicating that people from more rural or remote towns in Australia are more competent on this subdomain than people raised in metropolitan cities or overseas. A summary of coefficients is presented below in

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	47.51	0.35		137.36	51.61	0.54		96.29
Aboriginality	8.80	1.54	0.42	5.72**	5.63	1.48	0.31	3.80**
<i>Step 2</i>								
Constant	49.61	1.52		32.67	52.03	2.16		24.05
Aboriginality	7.34	1.59	0.35	4.62**	4.44	1.50	0.25	2.95**
Time with Aboriginal People	0.11	0.12	0.08	0.94	0.32	0.16	0.19	2.00*
Position	0.38	0.42	0.08	0.91	0.13	0.60	0.02	0.22
Area of Upbringing	-0.90	0.34	-0.19	-2.65**	-0.70	0.47	-0.13	-1.51

Table 18: Urban and Rurally located participant's Coefficients for Demographic Variables Predicting Local Cultural Competency Subdomain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.

Findings from the Rural sample regression suggest that at step 1 of the model Aboriginality significantly predicted 9.7% of the total variance in Local cultural competency scores, $F(1, 135) = 14.48, p < .001$. Aboriginality, time spent working directly with Aboriginal people, position and area of upbringing were combined in model 2, which explained a significant 15.7% of variance in local cultural knowledge scores, $F(3, 132) = 6.12, p < .05$. However, findings suggest that Aboriginality and area of upbringing were the only predictor variables capable of explaining a significant proportion of unique variance in local cultural knowledge. This finding suggests that being Aboriginal and from a rural or remote area of Australia is predictive of higher cultural competence in this subdomain comparative to non-Aboriginal participants and those raised in cities or overseas.

6.3.2 Application of Knowledge Subdomain

The Application of Knowledge Subdomain of the Cultural Knowledge domain explores several areas of your day to day work with Aboriginal families. Generally, it explores the extent to which you use or apply the cultural knowledge that you have to your day-to-day work with Aboriginal people. The more you apply this work the greater the likelihood of cultural competence and importantly, that the community will also 'vouch' for you as being culturally competent.

Findings from correlation analyses indicated that the Application of Knowledge subdomain was significantly positively correlated with Aboriginality ($r = .27$), time spent working directly with Aboriginal people/communities ($r = .18$) and position within Child Protection ($r = .19$), indicating that higher competency was associated with being Aboriginal, having significant experience working directly with Aboriginal people and occupying either a Senior Child Protection Worker or Senior Field Worker position. Comparatively, this subdomain also significantly negatively correlated with area of upbringing ($r = -.019$), indicating that higher cultural competency was associated with participants from low family income backgrounds.

Aboriginality was entered into step 1 of the Urban regression for Application of knowledge and the remainder of relevant demographic predictor variables were entered on step 2. Aboriginality on its own as a predictor variable accounted for a significant 7.1% of total variance in application of knowledge competency scores, $F(1, 156) = 11.92, p < .001$. Model 2 indicated that all the variables in step 2 of the regression accounted for a

significant 11,6% of the total variance in application of knowledge scores, $F(3, 153) = 5.01$, $p < .001$. However, Aboriginality was the only variable capable of explaining a significant proportion of the unique variance in application of knowledge subdomain scores. This suggests that Aboriginality (Being Aboriginal) is the only positive predictor of Application of Knowledge competency for Child Protection employees working in Urban settings. A summary of coefficients is presented below in Table 19.

Predictors	Urban Offices				Rural Offices			
	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>B</i>	<i>SE</i>	β	<i>t</i>
<i>Step 1</i>								
Constant	48.78	0.56		87.59	50.66	0.67		75.27
Aboriginality	8.54	2.47	0.27	3.45**	1.85	1.86	0.09	1.00
<i>Step 2</i>								
Constant	50.59	2.47		20.47	47.22	2.74		17.21
Aboriginality	6.78	2.59	0.21	2.61	1.10	1.91	0.05	0.58
Time with Aboriginal People	0.25	0.19	0.12	1.29	0.18	0.20	0.09	0.90
Position	0.35	0.68	0.05	0.52	1.22	0.76	0.16	1.61
Area of Upbringing	-1.04	0.55	-0.15	-1.88	-0.09	0.59	-0.01	-0.16

Table 19: Urban and Rurally located participant's Coefficients for Demographic Variables Predicting Application of Knowledge Subdomain Scores

*Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.*

Comparatively, none of the variables included in the rural sample regression predicted a significant amount of variance in Application of knowledge scores, $F(3, 132) = 1.91$, $p = .11$. This could be suggestive of different factors being predictive of cultural competence in Urban settings and Rural settings.

7. Skills & Abilities Domain

The Skills domain looks at three major skill areas including; (1) Training Access; (2) Culturally Appropriate Counselling & Assessment; (3) Culturally Specific Parenting Knowledge; (4) Assessment & Intervention and (5) Engagement & Contact. Having skills in each of these areas has been shown to be vital to be able to work at a culturally competent level with Aboriginal people in the child protection environment. This aspect of the CCP-CP required that you demonstrate that you have skills in each of these areas. The first area, which is Training Access looks at whether you see training as an ongoing and important need and how much energy you put into further education and skills development. This can be through formal training, accessing cultural supervision or simply being interested in Aboriginal culture through being in communities or talking with Aboriginal people about their culture.

The Skills and Abilities domain was found to significantly positively correlate with Aboriginality ($r = .18$), office location ($r = .20$), age range ($r = .15$), length of time spent working within the participants' current organisation ($r = .14$), length of time working within Child Protection ($r = .14$), length of time spent working directly with Aboriginal people/communities ($r = .23$) & participants' position within Child Protection ($r = .24$). This suggests that higher competency scores in this domain were associated with being Aboriginal; working from a rural office; older age ranges, having spent more time working directly with Aboriginal people, in Child Protection and within the participants' current organisation. The Skills and Abilities domain was also observed to negatively correlate with socio-economic background ($r = -.12$) and geographical area of childhood upbringing ($r = -.15$), suggesting that participants from lower income family backgrounds who were raised in more rural or remote areas of Australia tended to score more competently on this domain than those participants from high income family backgrounds who were raised in urban cities or overseas.

Multiple regression analysis was conducted in order to determine what demographic variables are predictive of Cultural Skills & Abilities domain scores. Aboriginality and Location were entered into step 1 of the regression, while the remaining predictor variables were all entered together in step 2. At step 1 of the regression, Aboriginality and office location in combination predicted a significant 6.1% of variance in Skills & Abilities domain scores, $F(2, 292) = 9.55, p < .001$. After the addition of age range, time spent working in the current organisation, time spent working in child protection, time spent working directly with Aboriginal people, position within Child Protection, socio-economic background and area of upbringing, model 2 was statistically significant. This indicates that the combination of predictor variables in model 2 accounted for a significant 12.5% of variance in Skills and Abilities domain scores, $F(7, 285) = 4.53, p < .001$.

Interestingly, in model 2, office location (Rural or Urban) emerged as the only predictor capable of explaining a significant proportion of variance in Skills & Abilities domain scores. This finding suggests that working from a rural office was predictive of higher cultural competence in the Skills & Abilities domain. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 20.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	47.89	0.78	46.36	49.43		61.40
Aboriginality	5.34	2.02	1.37	9.31	0.15	2.65**
Location	3.51	1.15	1.26	5.77	0.18	3.06**
<i>Step 2</i>						
Constant	49.12	3.65	41.94	56.31		13.46
Aboriginality	2.83	2.10	-1.31	6.96	0.80	1.34
Location	3.06	1.19	0.72	5.40	0.15	2.58**
Age Range	0.10	0.60	-1.07	1.28	0.01	0.17
Time with Organisation	0.06	0.32	-0.57	0.69	0.02	0.19
Time with CP	-0.07	0.33	-0.73	0.59	-0.03	-0.21
Time with Aboriginal people	0.45	0.27	-0.08	0.99	0.16	1.67
Position	0.84	0.71	-0.55	2.23	0.08	1.19
Socio-Economic Status	-1.17	1.15	-3.43	1.08	-0.06	-1.02
Area of Upbringing	-0.95	0.56	-2.06	-0.15	-0.10	-1.70

Table 20: Coefficients for Demographic Variables Predicting Skills & Abilities Domain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$

7.1 Training Access Subdomain

Aboriginality was the only predictive demographic variable which was significantly correlated with the Training Access subdomain ($r = .24$), indicating that cultural competence on this subdomain is associated with being Aboriginal. Additionally, Urban and Rural participants significantly differed in their Training access subdomain scores ($d = .24$). Separate multiple regression analyses were therefore carried out for urban and rural samples in order to examine possible differences in predictive characteristics of cultural competency. As Aboriginality was the only significant predictor variable, this was entered into step 1 and only 1 regression model was computed. A summary of coefficients for urban and rural samples is presented in Table 21.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	48.75	0.58		83.79	50.81	0.63		79.97
Aboriginality	7.84	2.59	0.24	3.03**	1.33	1.75	0.06	0.76

Table 21: Coefficients for Demographic Variables Predicting Training Access Subdomain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.

Results in Table 21. indicate that Aboriginality explained a significant 5.6% of total variance in Training Access subdomain scores for Urban based employees, with being Aboriginal being predictive of higher cultural competency, $F(1, 156) = 9.20$, $p < .001$. Comparatively, Aboriginality was not a significant predictor for participants based in rural offices, $F(1, 135) = 0.58$, $p = .45$.

7.2 Assessment & Intervention Subdomain

The Assessment and Intervention subdomain of the Skills and Abilities domain was found to have significant positive correlations with Aboriginality ($r = .33$) and the participants' position within Child Protection ($r = .18$). Additionally, the Assessment & Intervention subdomain was significantly negatively correlated with socio-economic background ($r = -.17$). Findings suggest that cultural competence in this subdomain is associated with being

Aboriginal, holding a more senior position within Child Protection, and coming from a low-income family background.

Urban and Rural samples again significantly differed on Assessment and Intervention subdomain scores, with participants working in rural offices tending to be more competent than those working in urban offices. Separate multiple regression analyses were therefore carried out for urban and rural samples in order to examine possible differences in predictive characteristics of cultural competency. Aboriginality was entered at step 1 of the regression and length of time worked in Child Protection and socio-economic background were entered at step 2. A summary of coefficients for urban and rural samples on the Assessment & Intervention subdomain is presented in Table 22.

Predictors	Urban Offices				Rural Offices			
	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>B</i>	<i>SE</i>	β	<i>t</i>
<i>Step 1</i>								
Constant	48.66	0.47		104.0	50.80	0.54		94.53
Aboriginality	9.16	2.08	0.33	4.41**	1.62	1.48	0.09	1.09
<i>Step 2</i>								
Constant	50.25	1.86		27.05	50.61	1.77		28.63
Aboriginality	8.82	2.10	0.32	4.19**	1.40	1.49	0.08	0.93
Time with Child Protection	0.16	0.12	0.10	1.31	0.24	0.13	0.16	1.84
Socio-economic status	-1.43	0.94	-0.12	-1.52	-0.66	0.94	-0.06	-0.70

Table 22: Coefficients for Demographic Variables Predicting Assessment & Intervention Subdomain Scores for Urban & Rural Samples

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.

Results indicated that for the Urban sample regression, Aboriginality accounted for a significant 11.1% of total variance in Assessment & Intervention subdomain scores at step 1 of the regression, $F(1, 156) = 19.41, p < .001$. When the other predictor variables were added to the equation at step 2, the combination of Aboriginality, time worked with Child Protection and socio-economic background accounted for a significant 13.3% of total variance in Assessment & Intervention subdomain scores, $F(2, 154) = 7.89, p < .001$. This finding indicates that for employees based at Urban offices, being Aboriginal, coming from a low-income family background and having more experience working in Child Protection is predictive of cultural competency within the Assessment and Intervention subdomain. Comparatively, none of the associated demographic predictor variables were found to be significant predictors of cultural competence in Assessment & Intervention for employees based in Rural areas, $F(2, 133) = 1.66, p = .18$. This is again suggestive of distinct differences between the cultural competencies of Child Protection employees in Rural settings and Urban offices.

8. Awareness & Beliefs Domain

The Awareness & Beliefs domain is made up of three subdomains which are arguably the most crucial components of cultural competence. These include (1) Cultural Empathy; (2) Flexibility & Emotional Stability; and (3) Personal Identity. Results indicated that Awareness & Beliefs domain scores were significantly positively correlated with Aboriginality ($r = .23$), suggesting that higher cultural competence in this domain is associated with being Aboriginal. Awareness & Beliefs also significantly negatively correlated with gender ($r = -.16$), length of time spent working in local office ($r = -.15$), and socio-economic background ($r = -.12$). This finding indicates that females, those who had spent less time working in their local office and who came from lower income families tended to score higher in this domain than males, those who had been with their local office longer and who came from higher income families.

Multiple regression analysis was conducted to determine what demographic variables are predictive of Cultural Awareness & Beliefs competence. Aboriginality was entered into step 1 of the regression and gender, length of time spent working in local office and socio-economic background were all entered into step 2. At step 1 of the regression, Aboriginality predicted a significant 5.1% of variance in the Awareness & Beliefs domain scores, $F(1, 293) = 15.74, p < .001$. Model 2 was also significant, indicating that the combination of Aboriginality, gender, time at local office, and socio-economic status accounted for a significant 10.4% of variance in the Attitudes and Belief domain scores, $F(3, 290) = 8.39, p < .001$. In model 2, Aboriginality, Gender and Time spent working at local office emerged as the only predictor variables capable of explaining a significant proportion of cultural competence variance in the Awareness & Beliefs domain. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 23.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	42.30	0.59	48.13	50.47		82.86
Aboriginality	7.95	2.00	4.00	11.89	0.23	3.97**
<i>Step 2</i>						
Constant	54.46	2.06	50.40	58.52		26.40
Aboriginality	7.19	1.99	3.27	11.11	0.20	3.61**
Gender	3.88	1.46	-6.76	-1.00	-0.15	-2.65**
Time at Local Office	-0.46	0.16	-0.77	-0.14	-0.16	-2.86**
Socio-Economic Status	-1.67	1.09	-3.82	0.48	-0.08	-1.52

Table 23: Coefficients for Demographic Variables Predicting Attitudes & Beliefs Domain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$

Findings from Table 23 can be interpreted as gender, Aboriginality and time worked at local office being significant predictors of cultural competence within the Awareness & Beliefs domain, with higher competency associated with being female, Aboriginal and relatively new to the current local office.

8.1 Emotional Stability/Flexibility Subdomain

The Emotional stability & flexibility subdomain was found to significantly negatively correlate with age range ($r = -.20$), time spent working at local office ($r = -.23$), and time spent working directly with Aboriginal people & communities ($r = -.20$). This suggests that higher cultural competency in the emotional stability & flexibility subdomain is associated with older age ranges, less time spent working at local office and less time working directly with Aboriginal people & communities.

Urban and Rural samples were again observed to significantly differ on the emotional stability & flexibility subdomain scores. All predictor variables were entered into the model at step 1, as there were no directional hypotheses proposed. Results of the multiple

regression to determine differences in predictive variables for urban & rural samples is presented in Table 24.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	53.53	1.07		50.12	51.18	1.17		43.78
Age	-0.32	0.44	-0.07	-0.74	-0.05	0.42	-0.01	-0.11
Time with Local Office	-0.23	0.14	-0.16	-1.61	0.08	0.15	0.04	0.53
Time with Aboriginal People	-0.11	0.16	-0.07	-0.68	-0.40	0.15	-0.30	-2.71**

Table 24: Coefficients for Demographic Variables Predicting Emotional Stability & Flexibility Subdomain Scores for Urban & Rural Samples

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.

For the Urban sample regression, Age, time spent working at local office, and time spent working directly with Aboriginal people and communities in combination accounted for a significant 6.6% of the total variance in Emotional stability subdomain scores, $F(3, 154) = 3.64$, $p = .014$. However, none of the predictor variables were large enough to explain a significant proportion of unique variance in Emotional stability subdomain scores.

For the Rural sample regression, the combination of age, time spent working at local office and time spent working directly with Aboriginal people/communities explained a significant 7.7% of total variance in emotional stability subdomain scores, $F(3, 133) = 3.72$, $p = .013$. However, unlike the urban sample, findings from the rural sample regression indicated that the length of time someone had worked directly with Aboriginal people and communities was a significantly negatively predictive of cultural competence in the Emotional stability subdomain scores. This suggests that the longer someone has been working directly with Aboriginal people and communities, the less competent they become in this subdomain. A possible reason for this could related to complacency coupled with increased caseloads.

8.2 Personal Identity Subdomain

Personal Identity subdomain was found to significantly positively correlate with Aboriginality ($r = .30$) and, to a lesser extent, length of time spent working directly with Aboriginal people/communities ($r = .16$).

In order to examine possible differences in cultural competency predictive characteristics between rural and urban settings, multiple regression analyses were run for both rural and urban samples. Aboriginality was entered into step 1 of the regression and length of time spent working directly with Aboriginal people/communities was entered into step 2. A summary of coefficients for Rural and Urban samples can be seen below in Table 25.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	78.81	0.32		245.8	80.44	0.36		223.1
Aboriginality	5.70	1.42	0.30	4.00**	2.38	0.99	0.20	2.39*
<i>Step 2</i>								
Constant	77.83	0.66		117.13	79.04	0.65		121.36
Aboriginality	5.42	1.43	0.29	3.80**	1.94	0.99	0.16	1.96
Time with Aboriginal People	0.16	0.09	0.13	1.69	0.23	0.09	0.21	2.55*

Table 25: Coefficients for Demographic Variables Predicting Personal Identity Subdomain Scores for Urban & Rural Samples

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$; ** $p < .01$.

Findings suggest that for the Urban regression at step 1, Aboriginality explained a significant 9.3% of the total variance in Personal Identity subdomain scores, $F(1, 156) = 16.02$, $p < .001$. When Aboriginality was combined with the length of time participants had spent working directly with Aboriginal people and communities at step 2, the two predictor variables together explained a significant 10.9% of the total variance in Personal Identity subdomain scores, $F(1, 155) = 9.53$, $p < .001$. However, Aboriginality was found to be the only predictor variable capable of explaining a significant proportion of unique variance in Personal Identity subdomain scores, with being Aboriginal predictive of higher cultural competency on this subdomain for participants in urban settings.

Interestingly, in the rural sample regression at step 1, Aboriginality explained a significant 4.1% of the total variance of Personal Identity subdomain scores, $F(1, 135) = 5.73$, $p = .018$, with being Aboriginal predictive of higher cultural competency on this domain for participants in rural settings. However, Aboriginality and time worked directly with Aboriginal people combined in step 2 accounted for a significant 8.5% of total variance in personal identity subdomain scores, with findings suggesting that length of time spent working directly with Aboriginal people was the only predictor variable capable of explaining a significant amount of unique variance in personal identity subdomain scores. These findings indicate that for Urban participants, being Aboriginal is predictive of cultural competence in personal identity subdomain, however for rural participants, the length of time spent working directly with Aboriginal people is a positive predictor of cultural competence within the personal identity subdomain.

9. Resources & Linkages Domain

Resources and linkages form an essential component of culturally-appropriate service provision. Resources are the technologies, information and social assistance that a person has available as support in working with Aboriginal people. This can range from educational and informational resources such as access to the academic and clinical literatures through to access to culturally appropriate assessment tools and protocols. Human resources include a diverse range of peer support networks that operate to provide information as well as social and emotional support to service providers and workers in the area of Indigenous Mental Health. The Resources and Linkages Domain is made up of two separate subdomains. This includes (1) Interactions & Awareness; (2) Links and Referrals.

The Resources and Linkages domain was found to significantly positively correlate with Aboriginality ($r = .38$), office location ($r = .28$), age range ($r = .18$), time spent working with current organisation ($r = .14$), time spent working in Child Protection ($r = .12$), time spent working directly with Aboriginal people and communities ($r = .28$) and current position within Child Protection ($r = .23$). This suggests that higher cultural competency scores in the Resources and Linkages domain were associated with being Aboriginal, working at a Rural office, older age brackets, and more experience working with current organisation/Child Protection/Aboriginal people and communities. Significant negative correlations were also observed in Resources and Linkages with participants' level of qualifications ($r = -.17$), socio-economic upbringing ($r = -.13$), and area of childhood upbringing ($r = -.19$). This finding is particularly interesting as it suggests that higher cultural competency in this domain is associated with lower levels of formal qualification or training, being from a low-income family background and being raised in more rural or remote parts of Australia as opposed to being raised overseas or in an urban city.

Multiple regression analysis was then conducted in order to determine which variables are predictive of cultural competency in the Resources & Linkages domain. Aboriginality and office location were entered into the regression at step 1 and age, time spent with current organisation, time spent working with Child Protection, time spent working directly with Aboriginal people and communities, current position within child protection, qualifications, socio-economic background and area of childhood upbringing were all entered into step 2 of the regression model. At step 1 of the model, Aboriginality and office location combined predicted a significant 19.8% of variance in Resources & Linkages domain scores, $F(2,292) = 35.93, p < .001$. At step 2, with the addition of the other relevant predictor variables, the model improved to predict a significant 26.6% of variance in the Resources & Linkages domain, $F(8,284) = 10.32, p < .001$. However, in model 2, only Aboriginality, office location and length of time spent working directly with Aboriginal people and communities emerged as predictor variables capable of explaining a significant proportion of cultural competence variance in the CPP-CP Resources & Linkages domain. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 26.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	46.78	0.72	45.36	48.20		64.85
Aboriginality	12.29	1.86	8.62	15.96	0.35	6.59**
Location	4.60	1.06	2.52	6.69	0.23	4.34**
<i>Step 2</i>						
Constant	43.46	4.44	34.73	52.20		9.79
Aboriginality	10.62	2.01	6.67	14.57	0.30	5.29**
Location	4.89	1.12	2.69	7.09	0.24	4.38**
Age	0.15	0.55	-0.94	1.23	0.02	0.26
Time with Organisation	0.01	0.55	-0.58	0.58	0.01	0.01
Time with Child Protection	-0.17	0.31	-0.78	0.44	-0.06	-0.55
Time with Aboriginal people	0.79	0.25	0.30	1.29	0.28	3.16**
Position	-0.10	0.65	-1.38	1.18	-0.01	-0.15

Qualifications	0.76	0.82	-0.86	2.38	0.05	0.92
Socio-Economic Status	-3.81	1.05	-2.45	1.69	-0.02	-0.36
Area of Upbringing	-0.85	0.52	-1.87	0.17	-0.09	-1.64

Table 26: Coefficients for Demographic Variables Predicting Resources & Linkages Domain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$. ** $p < .01$.

Aboriginality and number of years working directly with Aboriginal people and/or communities were the only predictor variables found to explain a significant amount of unique variance, with participants who identified as Aboriginal and those who had spent more time working directly with Aboriginal people/communities tending to score higher than non-Aboriginal participants and those who did not have much experience working directly with Aboriginal people/communities.

9.1 Interactions & Awareness Subdomain

The Interactions & Awareness subdomain of the Resources & Linkages domain significantly positively correlated with Aboriginality ($r = .55$), number of years spent working directly with Aboriginal people/communities ($r = .23$) and participants' position within Child Protection ($r = .24$). Additionally, Interactions and Awareness was significantly negatively correlated with participants' level of qualifications ($r = -.31$) and area of upbringing ($r = -.30$). Findings indicated that high cultural competency in the Interactions & Awareness subdomain was associated with being Aboriginal, spending more years working directly with Aboriginal people/communities & holding a more senior position within Child Protection. Additionally, findings suggest that highly qualified participants and those who were raised in urban cities or overseas tended to be less culturally competent in this subdomain compared to participants with no formal qualifications who were raised in more rural or remote parts of Australia.

In order to examine predictive factors of cultural competency for both rural and urban samples, a multiple regression was conducted using the variables which significantly correlated with cultural competency. Aboriginality was entered at step 1 of the regression and all other predictor variables were entered together at step 2. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 27.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	46.80	0.38		121.78	51.44	0.60		85.45
Aboriginality	13.98	1.71	0.55	8.19**	10.89	1.66	0.49	6.56**
<i>Step 2</i>								
Constant	52.55	3.77		13.92	49.42	3.01		16.39
Aboriginality	12.02	1.86	0.47	6.45**	9.34	1.66	0.42	5.63**
Time with Aboriginal People	0.29	0.13	0.17	2.22*	0.69	0.17	0.34	4.15**
Position	-0.11	0.46	-0.02	-0.24	-0.25	0.63	-0.03	-0.39
Qualifications	-0.83	0.91	-0.06	-0.91	0.50	0.64	0.06	0.78
Area of Upbringing	-1.08	0.38	-0.19	-2.86**	-0.92	0.50	-0.13	-1.83

Table 27: Coefficients for Demographic Variables Predicting Interactions & Awareness Subdomain Scores for Urban & Rural Samples

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$. ** $p < .01$.

At step 1 of the regression for the urban sample Aboriginality accounted for a significant 30% of the total variance in the Interactions & Awareness subdomain scores, $F(1, 156) = 67.05$, $p < .001$. Number of years worked directly with Aboriginal people/communities, participants' position within child protection, level of qualifications and area of upbringing combined with Aboriginality in step 2 of the regression accounted for a significant 37.2% of total variance in the Interactions and Awareness subdomain scores, $F(4, 152) = 18.00$,

$p < .001$. However, results indicated that Aboriginality, number of years spent working directly with Aboriginal people/communities and area of upbringing were the only predictor variables capable of explaining a significant proportion of the unique variance in cultural competency for the Interactions and Awareness subdomain. Findings suggest that for participants working in Urban offices, being Aboriginal, having spent a larger number of years working directly with Aboriginal people/communities and being raised in a rural or remote town/community were all predictive of higher cultural competency in the Interactions & Awareness subdomain.

Comparatively, for the rural sample regression, Aboriginality was found to account for a significant 24.2% of variance in Interactions and Awareness scores, $F(1, 135) = 43.04$, $p < .001$. At step 2, results indicated that the predictor variables together with Aboriginality accounted for a significant 37.2% of total variance in subdomain scores, $F(4, 131) = 15.52$, $p < .001$; with Aboriginality and number of years spent working directly with Aboriginal people/communities being the only predictive variables able to explain a significant amount of variance in the interactions and awareness subdomain scores. Findings suggest that for both urban and rural samples, being Aboriginal or having significant experience working directly with Aboriginal people/communities were predictive of higher cultural competence in this subdomain.

10. Organisational Cultural Competency Domain

The Organisational Influences domain includes two major subdomains of cultural competency recognising that organisations need (a) implementation of culturally appropriate policies, procedures and support mechanisms, and (b) capacity and commitment to develop a culturally appropriate workplace. It is essential for practitioners to have an environment in which their desire to be culturally appropriate is supported and translates into actual change by their organisation. The organisation itself can create many opportunities for people to develop a greater level of awareness and therefore desire to be culturally competent.

Organisational Cultural Competency domain was not found to be positively correlated with any of the predictor variables. However, significant negative correlations were observed between organisational cultural competency and Aboriginality ($r = -.29$), age range ($r = -.12$), time spent working directly with Aboriginal people/communities ($r = -.16$) and participants' position within Child Protection ($r = -.17$). This finding suggests that higher cultural competency for this domain was associated with being non-Aboriginal, being within a younger age range, holding a less senior position within Child Protection and having little experience working directly with Aboriginal people and communities. Multiple regression analysis was conducted to determine the predictive factors of Organisational Cultural Competency. Aboriginality was entered into step 1 of the regression, whilst age, time spent working directly with Aboriginal people/communities and participants' position within Child Protection were entered into the model at step 2.

At step 1 of the regression, Aboriginality predicted a significant 8.5% of total variance in Organisational Cultural Competency domain scores, $F(1, 293) = 27.27, p < .001$. The addition of age, time worked with Aboriginal people and position within Child Protection at step 2 improved this model significantly, suggesting that these variables in combination predict a significant 10.4% of total variance in Organisational Cultural Competency. However, in both models, Aboriginality emerged as the only predictor variable capable of explaining a significant proportion of cultural competence variance in the Organisation Cultural Competence domain, indicating that being Aboriginal is inversely associated with cultural competence for this domain. Unstandardized (B) and standardised (β) regression coefficients for each predictor on each step of the hierarchical multiple regression analysis are reported in Table 28.

Predictors	B	SE	95% CI		β	t
			Lower	Upper		
<i>Step 1</i>						
Constant	50.91	0.58	49.76	52.05		87.14
Aboriginality	-10.28	1.96	-14.15	-6.40	-0.29	-5.22**
<i>Step 2</i>						
Constant	54.33	1.62	51.15	57.51		33.63
Aboriginality	-9.38	2.00	-13.32	-5.44	-0.27	-4.69**
Age	-0.39	0.57	-1.52	0.73	-0.05	-0.70
Time with Aboriginal People	-0.17	0.21	-0.58	0.25	-0.06	-0.79
Position	-0.65	0.65	-1.94	0.63	-0.07	-1.00

Table 28: Coefficients for Demographic Variables Predicting Organisational Cultural Competency Domain Scores

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$. ** $p < .01$.

At a subdomain level, implementation was not found to be significantly associated with any of the predictor variables and so no regression was conducted.

10.1 Capacity & Commitment Subdomain

The capacity & commitment subdomain was found to be significantly and positively correlated with participants' level of qualifications ($r = .21$) and their area of upbringing ($r = .22$). It was also found to be negatively correlated with Aboriginality ($r = -.12$). This

suggests that non-Aboriginal participants, participants with formal qualifications/degrees, and participants who grew up in cities or overseas tended to score higher in this subdomain than Aboriginal participants, participants with no formal qualifications and those who were raised in rural and remote areas of Australia. Multiple regression analysis was conducted to determine the predictive factors of cultural competency within the capacity and commitment subdomain. Aboriginality was entered into step 1 of the regression whilst qualifications and area of upbringing were entered into the regression at step 2. A summary of the regression coefficients is presented in Table 29.

Predictors	Urban Offices				Rural Offices			
	B	SE	β	t	B	SE	β	t
<i>Step 1</i>								
Constant	50.25	0.54		93.31	50.68	0.56		90.16
Aboriginality	-0.33	2.39	-0.01	-0.14	-7.21	1.55	-0.37	-4.65**
<i>Step 2</i>								
Constant	44.54	5.33		8.35	55.27	2.76		20.03
Aboriginality	0.84	2.64	0.03	0.32	-8.21	1.65	-0.42	-4.96**
Qualifications	1.73	1.33	0.12	1.30	-0.84	0.64	-0.11	-1.31
Area of Upbringing	-0.29	0.55	-0.04	-0.53	-0.40	0.50	-0.07	-0.81

Table 29: Coefficients for Demographic Variables Predicting Capacity & Commitment Subdomain Scores for Urban & Rural Samples

Note: Aboriginality coded as 0 = Non-Aboriginal, 1 = Aboriginal; * $p < .05$. ** $p < .01$

Results indicated that none of the variables included in the urban sample regression were able to predict a significant amount of variance in Capacity & Commitment subdomain scores, $F(2, 154) = 0.02$, $p = .89$. Comparatively, at step 1 of the rural regression, Aboriginality was found to account for a significant 13.2% of variance in capacity and commitment subdomain scores, $F(1, 135) = 21.61$, $p < .001$. When Aboriginality was combined with participants' level of qualification and area of upbringing at step 2 of the regression the predictor variables in combination accounted for a significant 13.7% of variance. However, Aboriginality was the only predictor variable that emerged capable of explaining a significant amount of unique variance in capacity & commitment subdomain scores, with non-Aboriginal participants scoring higher than Aboriginal participants. This suggests that non-Aboriginal participants believed their organisation did a better job of implementing culturally appropriate policies, procedures and support mechanisms than Aboriginal participants.

Appendix A: CPP-CP Domain and Subdomain T-score Ranges for Each Level of Cultural Competency.

Subdomain	Cultural Competency	T-Score Range
Local Cultural Knowledge	Culturally Aversive	42 - 48
	Culturally Incompetent	49 - 55
	Culturally Blind	56 - 62
	Culturally Pre-Competent	63 - 69
	Culturally Competent	70 - 76
General Child Protection Knowledge	Culturally Aversive	31 - 36
	Culturally Incompetent	37 - 42
	Culturally Blind	43 - 48
	Culturally Pre-Competent	49 - 54
	Culturally Competent	55 - 60
Application of Knowledge	Culturally Aversive	26 - 33
	Culturally Incompetent	34 - 41
	Culturally Blind	42 - 49
	Culturally Pre-Competent	50 - 57
	Culturally Competent	58 - 65
Cultural Parenting Knowledge	Culturally Aversive	32 - 37
	Culturally Incompetent	38 - 43
	Culturally Blind	44 - 49
	Culturally Pre-Competent	50 - 55
	Culturally Competent	56 - 61
Training Access	Culturally Aversive	30 - 38
	Culturally Incompetent	39 - 47
	Culturally Blind	48 - 56
	Culturally Pre-Competent	57 - 65
	Culturally Competent	66 - 74
Cultural Counselling	Culturally Aversive	36 - 44
	Culturally Incompetent	45 - 53
	Culturally Blind	54 - 62
	Culturally Pre-Competent	63 - 71
	Culturally Competent	72 - 80
Culturally Specific Parenting	Culturally Aversive	30 - 37
	Culturally Incompetent	38 - 45
	Culturally Blind	46 - 53
	Culturally Pre-Competent	54 - 61
	Culturally Competent	62 - 69

Assessment & Intervention	Culturally Aversive	33 - 40
	Culturally Incompetent	41 - 48
	Culturally Blind	49 - 56
	Culturally Pre-Competent	57 - 64
	Culturally Competent	65 - 72
Engagement & Contact	Culturally Aversive	40 - 44
	Culturally Incompetent	45 - 49
	Culturally Blind	50 - 54
	Culturally Pre-Competent	55 - 59
	Culturally Competent	60 - 64
Cultural Empathy	Culturally Aversive	70 - 75
	Culturally Incompetent	76 - 81
	Culturally Blind	82 - 87
	Culturally Pre-Competent	88 - 93
	Culturally Competent	94 - 99
Emotional Stability	Culturally Aversive	36 - 41
	Culturally Incompetent	42 - 47
	Culturally Blind	48 - 53
	Culturally Pre-Competent	54 - 59
	Culturally Competent	60 - 65
Personal Identity	Culturally Aversive	68 - 73
	Culturally Incompetent	74 - 79
	Culturally Blind	80 - 85
	Culturally Pre-Competent	86 - 91
	Culturally Competent	92 - 97
Interactions & Awareness	Culturally Aversive	39 - 47
	Culturally Incompetent	48 - 56
	Culturally Blind	57 - 65
	Culturally Pre-Competent	66 - 74
	Culturally Competent	75 - 83
Links & Referrals	Culturally Aversive	40 - 45
	Culturally Incompetent	46 - 51
	Culturally Blind	52 - 57
	Culturally Pre-Competent	58 - 63
	Culturally Competent	64 - 69
Implementation	Culturally Aversive	30 - 37
	Culturally Incompetent	38 - 45
	Culturally Blind	46 - 53
	Culturally Pre-Competent	54 - 61
	Culturally Competent	62 - 69

Capacity & Commitment	Culturally Aversive	35 - 41
	Culturally Incompetent	42 - 48
	Culturally Blind	49 - 55
	Culturally Pre-Competent	56 - 62
	Culturally Competent	63 - 69

Appendix B.

Cultural Competency Levels for Each CPP-CP Domain and Subdomain

Domain	Total Sample	Aboriginal	Non-Aboriginal	Urban	Rural
<i>Cultural Knowledge</i>	Blind	Pre-Competent	Blind	Blind	Blind
<i>Skills</i>	Blind	Blind	Blind	Incompetent	Blind
<i>Attitudes & Beliefs</i>	Blind	Pre-Competent	Blind	Blind	Blind
<i>Resources & Linkages</i>	Incompetent	Pre-Competent	Incompetent	Incompetent	Blind
<i>Organisational Cultural Competency</i>	Blind	Incompetent	Blind	Blind	Blind
<i>Total Cultural Competency</i>	Blind	Blind	Blind	Incompetent	Blind
<i>Subdomain</i>					
<i>Local Cultural Knowledge</i>	Aversive	Blind	Incompetent	Aversive	Incompetent
<i>General CP Knowledge</i>	Pre-Competent	Pre-Competent	Pre-Competent	Pre-Competent	Pre-Competent
<i>Application of Knowledge</i>	Pre-competent	Pre-Competent	Blind	Blind	Pre-Competent
<i>Parenting Knowledge</i>	Pre-Competent	Pre-Competent	Blind	Pre-Competent	Pre-Competent
<i>Training Access</i>	Blind	Blind	Blind	Blind	Blind
<i>Cultural Counselling</i>	Aversive	Incompetent	Incompetent	Incompetent	Incompetent
<i>Cultural Parenting</i>	Pre-Competent	Blind	Blind	Blind	Blind
<i>Assessment & Intervention</i>	Blind	Blind	Blind	Blind	Blind
<i>Engagement & Contact</i>	Blind	Blind	Incompetent	Incompetent	Blind
<i>Cultural Empathy</i>	Pre-Competent	Pre-Competent	Blind	Blind	Pre-Competent
<i>Emotional Stability</i>	Blind	Blind	Blind	Blind	Blind
<i>Personal Identity</i>	Incompetent	Blind	Incompetent	Incompetent	Blind
<i>Interactions & Awareness</i>	Aversive	Blind	Incompetent	Aversive	Incompetent
<i>Links & Referrals</i>	Incompetent	Incompetent	Incompetent	Incompetent	Incompetent
<i>Implementation</i>	Blind	Incompetent	Blind	Blind	Blind
<i>Capacity & Commitment</i>	Blind	Incompetent	Blind	Blind	Blind



A Review of Evidence-Based Parenting and Family Support Programs in the Child Protection System

1. Aims

The key aims of this review were as follows:

1. Review programs currently being delivered in the child protection system that address attachment or the broader concept of the parent-child relationship.
2. Examine the current evidence-base for the programs identified in (1).
3. Identify whether the programs identified in (1) & (2) have been used with Aboriginal and Torres Strait Islander parents, children and families.
4. Identify best practice regarding intervention vs removal of children in the child protection system with particular attention to programs that acknowledge and incorporate culture as part of treatment.

2. Context

Child protection: A snapshot (AIWH, 2017)

A profile of the current recipients of child protection services in Australia provides a focus for who, how and when to provide services. Key demographics, together with an understanding of historical data and stakeholders' perspectives, will allow a more considered approach to supporting Aboriginal and Torres Strait Islander families and subsequently working towards better outcomes for children.

- In 2016, 1 in 33 children (162,175) were the recipients of child protection services, with 73% being repeat clients.
- Aboriginal and Torres Strait Islander children were 7 times as likely as non-Indigenous children to have received child protection services. This represented an increase from 2012-2013 figures of 126.7 to 157.6 per 1,000 for Indigenous children compared to 18.5 to 22.0 per 1,000 for non-Indigenous children.
- Emotional abuse and neglect were the most common primary and combined forms of substantiated notifications with the relative split for Aboriginal and Torres Strait Islander children being 39% and 36%, respectively compared to 47% and 20%, respectively, for non-Indigenous children.
- Indigenous children receiving child protection services were slightly younger (Mean 7 years) than non-Indigenous children (Mean 8 years), with 61% of Indigenous children under 10 years compared to 59% of non-Indigenous children. This represented an increase from 13.1 per thousand in 2011-2012 to 16.1 per thousand 2015-2016.
- Aboriginal and Torres Strait Islander children were more likely to have been continuously on an order for 2 to less than 4 years (24%), and non-Indigenous children were most likely to have been continuously on an order for 1 to less than 2 years (25%) at the time of discharge.
- Indigenous children were more likely (47%) to be from the lowest socioeconomic areas (32%).
- The rates of substantiated cases for Indigenous and non-Indigenous children have both increased since 2011 from 35.1 to 43.6 per 1,000 for Indigenous children and from 5.4 to 6.4 per 1,000 for non-Indigenous children.
- Across all Australian states, the rate of Indigenous children in out-of-home care was 10 times the rate for non-Indigenous children, with rates ranging from 3.4 in Tasmania to 17.5 in Western Australia. Indigenous children aged 1-9 were over-represented, being 11 times as likely as non-Indigenous children to be in out-of-home care. Indigenous children living in remote or very remote locations were also more likely to be in out-of-home care.

- The Aboriginal and Torres Strait Islander Child Placement Principle outlines a preference for Indigenous children to be placed: i) with the child's extended family; ii) within the child's Indigenous community; or iii) with other Indigenous people. When these options are not optimal for the child's safety and wellbeing, alternate care arrangements are made with extensive consultation with Aboriginal and Torres Strait Islander individuals and/or organisations.

Summary

Child protection services seek to engage parents in programs that will both improve outcomes for children and also increase the likelihood that children will ultimately be able to exit the system. As is evident in the preceding data, there is an over-representation of Aboriginal and Torres Strait Islander children involved with the child protection system. The reasons for this relate to a number of interacting factors. Myer and Westerman (2016) highlighted the ongoing effects of policies of integration that resulted in the forced removal of children from their families (the Stolen Generations). These policies have resulted in ongoing issues with parent-child attachment and subsequent historical and intergenerational trauma as major contributing factors (Myer & Westerman, 2016). Westerman and Atkinson (2016) also noted that experiencing or witnessing harassment and discrimination (racism) results in acculturative stress, which can impact the development of responsive relationships between and children and their caregivers.

It has been advanced that the wellbeing of Aboriginal and Torres Strait Islander children that has been impacted by cultural, historical and intergenerational trauma is best addressed via developing a healthy parent-child attachment (Westerman & Atkinson, 2016). However, conventional definitions of attachment might not be best suited to understanding or assessing caregiver-child relationships in Indigenous communities. The Harvard Centre on the Developing Child's: three Principles to Improve Outcomes for Children and Families provides a pragmatic framework, based on scientific research, through which to view attachment and core life skills (Center on the Developing Child at Harvard University, 2017).

3. Framework for the current review

There are recent reviews of attachment-focused interventions (e.g., Barlow et al., 2016; Chaffin, et al., 2006) which detail diverse approaches to enhancing parent sensitive responsivity (particularly with infants) with the aim of increasing the likelihood of secure attachment. However, many of these have no evidence (e.g., infant massage) or little empirical evidence (can be considered promising until further evaluation is conducted). Some methods have growing evidence from mixed parent and child outcomes (e.g., video feedback, parent-infant/toddler psychotherapy) and moderate outcomes (e.g., home visiting). Some are noted as inappropriate for certain populations, and broadly focused and more extensive interventions sometimes produced negative effects. The difficulty also lies in the conception of attachment issues and parenting, limited age range targets, and differing outcomes measured. The consensus appears to be that shorter term, focused, goal-directed behavioural programs targeted at increasing sensitive parental behaviours, and including fathers and mothers in the intervention, were the optimal approach and tended to produce better outcomes (Chaffin et al., 2006).

The Centre on the Developing Child's Science to Policy and Practice guidelines: Three Principles to Improve Outcomes for Children and Families represents the translation of recent scientific advances about the development of a child's brain architecture and the influential nature of children's early experiences. As such, these principles may provide a useful framework through which to assess the utility of parenting programs for children accessing services in the child protection system and specifically for Aboriginal and Torres Strait Islander families. The Centre on the Developing Child (2017) notes that using these principles may assist in deciding among alternative policies and practices.

The Centre on the Developing Child principles and their importance to child and family wellbeing

Principle 1: Support responsive relationships (attachment)

Attachment is one aspect of the relationship between a child and their caregiver(s) that is thought to influence feelings of security and safety, and which has been shown to be a powerful predictor of a child's brain development and their subsequent social, emotional and cognitive outcomes (Benoit, 2004; Centre on the Developing Child at Harvard, 2017). While a child's attachment to caregivers is clearly influential, it has been advanced that the quality of the evidence is not proportionate to the popularity of attachment theory (Barth et al., 2005; McLean, Riggs, Kettler, & Delfabbro, 2013; McLean, 2016). Practitioners and researchers alike are urged to consider the importance of extended family and kinship networks with multiple caregivers, and to bear in mind the influence of cultural variations when making decisions regarding what might initially be perceived as compromised attachment.

The Centre on the Developing Child's (2017) broader conceptualisation of attachment emphasises secure, responsive relationships with supportive caregivers as essential for the development of children's healthy brain function and to buffer against challenging experiences. The Centre on the Developing Child notes that when caregivers are responsive to infants and young children across multiple settings, the brain's neural connections are built and strengthened. Responsive relationships characterised by serve-and-return interactions between adults (e.g., case workers and parents) buffer against stress and help build self-regulation. Such relationships also provide a healthy model for children and also strengthen adult's life skills that will ultimately benefit children. Serve-and-return interactions are described as the main active ingredient (Centre on the Developing Child at Harvard, 2017, p3) in responsive relationships, and involve appropriate adult responses to a child's gestures, cries or attempts at communication. This represents a shift from the traditional view of attachment or attachment deficits, towards a broader acknowledgment of the importance of relationship between caregiver and child that extends beyond situations involving distress or fear, towards an awareness of responding to a child's early attempts at communication.

Principle 2: Strengthen core life skills (parenting)

The Centre on the Developing Child notes that everyone needs a basic set of core life skills that allow them to do well in life and to care appropriately for children. These skills should assist in the identification of and in meeting valued goals. The Centre on the Developing Child describes these skills as those of executive function and self-regulation, and emphasises that poverty and ongoing adversity can disrupt the development of these important skills. It is further emphasised that children's skill development can be negatively impacted if they do not develop strong serve-and return relationships with caregivers, or worse, if these relationships and environments are themselves sources of toxic stress (e.g., in the case of abuse and neglect). It is further noted that while these skills can be learned, that they must be taught via scaffolding and strengthened via coaching and practice. The focus of this review will be in the core skills required by parents to promote children's development and to help them develop their self-regulatory capacity.

Principle 3: Reduce sources of stress (trauma-informed practice)

The severe and unrelenting stress present in families who experience poverty, community and domestic violence, substance abuse and mental health issues has an enduring impact on adults, and on the children who are dependent on their care. Children need secure, predictable environments to develop into healthy adults who can contribute to their communities and to society in general. Current and historical trauma as experienced by many Aboriginal and Torres Strait families can result in chronic and extreme activation of a stress response, which can result in feelings of lack of control over one's life circumstances (Myer & Westerman, 2013; Westerman & Atkinson, 2016). When the stress response system is repeatedly activated in the early years, particularly in the absence of responsive relationships, a child's brain development is affected. This can impact learning, health and behaviour throughout the lifespan, ultimately resulting in the intergenerational

transmission of trauma (epigenetics). Services can assist by: carefully assessing current and historical sources of stress; providing easy access to parenting programs in welcoming environments; working with parents to develop responsive relationships with their children and to develop predictable routines in safe, secure and responsive home environments (Centre on the Developing Child at Harvard, 2017).

4. Search strategy

A rapid review was conducted of a range of databases (PsycInfo and PsycArticles, Proquest, ERIC using the following key search terms and Boolean String sequences AND/OR:

- **Parenting:** parenting programs, parenting support, parenting training
- **Attachment:** attachment, attachment-based interventions, parent-child relationships, serve-and-return relationship, responsive parenting
- **Child protection:** child protection, child maltreatment, child abuse and neglect
- **Aboriginal and Torres Strait Islander:** Australia, Indigenous, Aboriginal, Aboriginal and Torres Strait Islander

Evidence-based programs were also reviewed through clearing houses such as:

- The Australian Parenting Website (<http://raisingchildren.net.au/>)
- National Institute for Health and Care Excellence (<https://www.nice.org.uk/Guidance>)
- The California Evidence-Based Clearing House (<http://www.cebc4cw.org/home/>)

The identified programs represent those that: i) are evidence-based; ii) are adaptations of evidence-based programs for Indigenous families; or iii) represent an early opportunity to engage with vulnerable families whose children may be at risk of coming into contact with child protection services. There are many other programs that have either: i) not been used in an Australian context or with Indigenous families; or ii) do not have any current published evidence to support their use; or iii) have a very narrow focus. These programs have not been included.

A broad conceptualisation of attachment was taken (i.e. the Centre on the Developing Child definition), however, additional aspects of child development were considered (e.g., recent research including First 1,000 Days), and therefore programs that addressed parenting skills to foster a child's social, emotional and cognitive development and their self-regulatory capacity were examined. Given the likely impact of trauma on attachment, programs that contained cultural adaptations and/or specifically addressed the impact of trauma were included.

Programs outlined in the document in many instances represent existing evidence-based programs that have been adapted for Indigenous families (e.g., Australian Nurse Family Partnerships Program, Baby Baskets, Boomerangs, Let's Start, Triple P – Positive Parenting Program). The Abecedarian Program, while focused on educational outcomes, represents an opportunity for the early identification of vulnerable children and families, to engage with parents and connect them to schools and services whilst promoting school readiness. These programs represent non-stigmatising opportunities to engage with vulnerable families, which increases the likelihood of connecting them to services and exposing them to parenting skills and appropriate modelling.

As tertiary programs (i.e. family preservation, re-unification) are not the option of choice, prevention/early intervention programs currently being used with Aboriginal and Torres Strait Islander families were the key focus. However, one tertiary program included, CARE, strongly acknowledges the importance of relationships and connections to family and

culture and Aboriginal and Torres Strait Islander employees are consulted, trained and deliver the program.

Many named 'programs' and 'frameworks' are actually intervention approaches or campaigns that involve delivery of the programs reviewed here as their parenting component, often with adaptations for Aboriginal and Torres Strait Islander families (e.g., Berry Street Take Two appears to utilise Circle of Security; First 1000 Days cites trials of the Abecedarian Program, Family Nurse Partnerships and Baby Baskets). Other programs such as HIPPY and Social Emotional Wellbeing have been used successfully in Indigenous communities but with a focus on education and development rather than parenting or child maltreatment, and have therefore not been detailed.

Programs such as the initiative by Victoria Legal Aid that aims to support Aboriginal and Torres Strait Islander families maintain contact with children in out-of-home placements, focus on a specific aspect of supporting parents involved with the child protection system. While these programs are an important part of the bigger picture, as they do not focus on parenting and child development, they have not been reviewed here.

5. Brief overview of identified programs

- **Abecedarian Program** (Arabena et al, 2015): used as part of the Northern Territory Research Project acknowledges the critical importance of a child's first three years in relationship to their educational development. While the primary focus was to improve school readiness in vulnerable children, the Abecedarian approach also provided opportunities for engaging parents in their child's learning, socialising parents to educational contexts, and for modelling supportive relationships. The Abecedarian approach, delivered via playgroups, is based on three linked domains: learning games, conversational reading and enriched care giving.
- **Australian Nurse Family Partnerships Program** (ANFPP, 2014): adapted for Aboriginal and Torres Strait Islander families from the Nurse Home Partnership Program. The ANFPP provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing to the child's second birthday. Sessions focus on six domains: personal health, environmental health, life course development, maternal role, family and friends, health and human services.
- **Baby Baskets Program** (McCalman et al., 2014): aimed to address poor maternal and child health in the Cape York region by engaging encouraging early and regular attendance at antenatal and clinics and regular postnatal check-ups. Engagement of Indigenous women was achieved by the delivery of three Baby Baskets in the first trimester, immediately prior to birth and post birth. Contact with maternal and child health care workers provided a non-stigmatising opportunity to engage expectant and new mothers thus providing an opportunity to improve knowledge about issues that affect the growing baby and parenting knowledge.
- **Boomerangs Parenting Program** (Lee et al., 2010): a camp-based intervention based on the Circle of Security attachment framework and tailored to traditional Indigenous culture.
- **Children in Residential Care: Creating Conditions for Change** (CARE; Holden et al., 2010; 2014): designed to support safe environments, strong programmatic elements and a wide-variety of treatment programs and interventions that are trauma-sensitive and developmentally appropriate. Based on six guiding principles: Family involved, relationship based, developmentally focused, competence centred, trauma informed and ecologically oriented, the CARE model is aligned with CDC (2017) guidelines and designed to influence the way residential childcare professionals think about working with children.
- **Circle of Security – P; HV4** (COS; Cassidy et al, 2017): based on the premise that the caregiver serves as a secure base from which the child can explore and provides

a connection in times of stress. The program aims to increase secure attachment of the child to the parent by increasing the parent's ability to read the child's cues and thereby developing empathy in the parent for the child. Parental capacity to provide comfort when their child is in distress is also a focus of the program.

- **Family Home Visiting Program** (Sivak, Arney & Lewig, 2008): This program was adapted from a model of Family Home Visiting from the USA, using nurse home visitors and Indigenous Cultural Consultants. Families received a visit in the first week of their child's life and those identified as vulnerable were eligible to receive further sessions focused on building a responsive maternal-child relationship and strategies to support child health and development until the child was 2 years old. As with Baby Baskets and ANFPP, FHV provides an opportunity to make early contact with families who may need additional support, to develop trusting relationships with families, to facilitate access to services and to work involve the extended family as recipients of parenting support.
- **Indigenous Triple P – Positive Parenting Program** (Indigenous Triple P; Turner et al., 2007): involves the use of print and video materials to promote positive, caring relationships between parents and their children, and to help parents develop effective strategies for promoting their child's development and for developing their self-regulatory capacity. Community consultation resulted in the adaptation of program content, resources and delivery format. Subsequently changes were made to the language and images used in program resources, and the video, workbook and presentation aids were culturally tailored. A slower pace of presentation and opportunities to share personal stories and discuss the social and political context for parenting aimed to foster trust.
- **Let's Start** (Robinson et al., 2009; 2012): an adaptation of the Exploring Together Preschool Program. This structured program aims to improve parenting and children's social-emotional development. Referred to the program by teachers, family members or others, the child attends with their parents. A considerable part of the program involves parent-child interaction.
- **Multi-systemic Therapy – Child Abuse and Neglect** (Swensin et al., 2009; 2011): multiple targets are defined for both parents and children, including those related to past and current trauma (e.g., difficulty managing anger and difficulties maintaining housing or employment). Treatment is provided to all adults and children in the family with services provided in the family's home or other convenient location. Extensive safety protocols are geared towards preventing re-abuse and the team works to foster a close working relationship between child protective services and the family. Empirically-based treatments are used including functional analysis of the use of force, family communication and problem solving.
- **Parent-Child Interaction Therapy** (PCIT; Hood & Eyberg, 2003): focuses on decreasing externalising child behaviour problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. PCIT teaches parents traditional play-therapy skills to use as social reinforcers of positive child behaviour and traditional behaviour management skills to decrease negative child behaviour. Parents are taught and practise these skills with their child in a playroom while coached by a therapist
- **Parents under Pressure** (PuP; Harnett & Dawe, 2008): focuses on developing a secure and supportive relationship between caregiver and child. Parents are supported to practise skills during the program and crises are viewed as opportunities to practise parenting and problem-solving skills and emotion regulation while still maintaining basic tasks required to meet the family's needs. PuP acknowledges the effects of trauma and the limitations of assessment for removal, instead focusing on a strengths-based approach (i.e. parents' capacity to change).
- **Strengthening Families Program** (Kumpfer, Magalhães, & Ahearn Greene, 2015): a parenting and family skills training program for high-risk and general population families, where the whole family attends and practices new relationship skills together. It is designed to significantly improve parenting skills and family

relationships, reduce child maltreatment, children's problem behaviors, delinquency and alcohol and drug abuse; and to improve social competencies and school performance.

- **Triple P System** (Sanders, 2012): as a populations approach, implementing a multilevel system of Triple P can engage diverse families and tailor service delivery format and intensity according to families' needs and preferences. This system includes intensive family intervention options (add on modules – Enhanced Triple P for parent mood and stress management and relationship skills, and Pathways Triple P for anger management). Throughout all programs, parents are introduced to positive parenting and personal coping skills and encouraged to develop their own goals and solutions. Practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills and parent-child relationship, and personal and family wellbeing.
- **The Incredible Years** (Reid & Webster-Stratton, 2001): aims to improve parent-child interactions, build positive relationships and attachment, improve parental functioning, encourage less harsh and more nurturing parenting, and increase parental social support and problem solving. It was designed for prevention, reduction, and treatment of early onset conduct behaviors and emotional problems.
- **1-2-3 Magic** (Bradley et al., 2003): developed in Canada, this brief 3-session group format program divides parenting responsibilities into three straightforward tasks: controlling negative behaviour, encouraging good behaviour, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline.

6. Delivery context and target populations

Delivery contexts and target populations were classified for identified programs as defined below (Bromfield & Holzer, 2008). Table 29 details identified programs according to their delivery context.

Prevention and early intervention

Programs and strategies are made available to whole communities with the goal of preventing child maltreatment. Making programs available via maternal and child health clinics, pre-schools, child-care centres, schools, churches and home visiting programs all represent opportunities for engaging families (soft entry), prevention and early intervention. These contexts represent non-stigmatising opportunities to develop responsive relationships between parents and support workers, caregivers and children and to model and support the development of parenting strategies.

Family and intensive support

Programs are made available for families who have been identified as already experiencing difficulties. Typically, screening to identify factors related to maltreatment is undertaken and families encouraged to attend or referred to programs. Programs may be conducted in a group or an individual format. Content typically includes parent education and personal education for the management of challenges with mental health or emotion regulation. Pre-schools, child-care centres, schools, churches, home visiting programs, in-home support, drug and alcohol services, correctional facilities, safe houses and child protection agencies are all contexts for the delivery of family support programs.

Family preservation

Programs are offered when child maltreatment has already occurred. Programs including parenting and additional wrap-around services involving the child and the school may be offered to parents and foster and kinships carers with the ultimate aim of reunification.

Level of intervention	Program	Delivery context
Prevention/early intervention	<ul style="list-style-type: none"> • Abecedarian Program • Australian Nurse Family Partnerships Program • Baby Baskets Program (Baby One) • Family Home Visiting Program • Incredible Years • Indigenous Triple P – Positive Parenting Program • 1-2-3 Magic 	<ul style="list-style-type: none"> • Maternal-child health/welfare centres • Birth home • Early education settings (child care, pre-school, school) • Community centres (library, park, hall)
Family support and intensive support	<ul style="list-style-type: none"> • Abecedarian Program • Australian Nurse Family Partnerships Program • Boomerangs Parenting Program • Circle of Security – P; HV4 • Family Home Visiting Program • Incredible Years • Indigenous Triple P • Let's Start • Parent-Child Interaction Therapy • Parents under Pressure • Strengthening Families Program • Triple P System (specifically Enhanced Triple P, Pathways Triple P) 	<ul style="list-style-type: none"> • Maternal-child health/welfare centres • Birth home, kinship/foster care • Early education settings (child care, pre-school, school) • Community centres (library, park, hall) • Camp environment • Community services (clinic, agency) • Drug and alcohol services • Correctional facilities
Family preservation	<ul style="list-style-type: none"> • Children in Residential Care • Multi-systemic Therapy – Child Abuse and Neglect • Parents under Pressure 	<ul style="list-style-type: none"> • Birth home, kinship/foster care • Community services (clinic, agency)

Table 29: Summary of programs, intervention levels and suggested delivery contexts

As these programs have varying degrees of research evidence (i.e. quality of studies, outcomes) targeting different populations, more detail is provided in Table 30. Programs are divided according to evidence for: i) use with Aboriginal and Torres Strait Islander families in the child protection system; ii) use with vulnerable, at-risk families and/or the child protection system in Australia; and iii) use with Aboriginal and Torres Strait Islander families in general. The programs with the strongest evidence are detailed further in Appendix A.

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
Programs used with Aboriginal and Torres Strait Islander families in the child protection system			
Children and Residential Experiences: Creating Conditions for Change Holden & Izzo (2016)	<ol style="list-style-type: none"> 1. Focus on the capacity to form relationships associated with healthy development; primary task is to develop skills for building healthy attachments; staff protect the relationship between child and caregiver 2. Competence-centred practice of problem solving skills, critical thinking, emotional regulation, and insight as essential life skills; focus on child’s personal strengths and resources 3. Trauma informed practice implications include providing a consistent, predictable environment, building relationships that are based on trust and respect 	RCT: 16 agencies (7 start now, 9 start later); 13 staff/agency; 24 young people per agency; data collected at 12, 24, 36 months Agencies working with child protection system See Appendix A for content	<ul style="list-style-type: none"> • Cohort 1: Increase in relationship quality scores in year 2, maintained in year 3 • Cohort 2 (start later) scores high in second and third years of implementation • Significant decrease in behavioural incidents (aggression towards staff, property destruction and running away) pre to follow-up
Indigenous Triple P – Positive Parenting Program Turner at al. (2007; 2018 in prep)	<ol style="list-style-type: none"> 1. Focus on modelling and promotion of responsive parenting and building strong relationships with children 2. Personal goal setting and skills-based development and rehearsal of positive parenting strategies 3. Cultural tailoring and flexible delivery of professional training and parent sessions; focus on empowerment and development of self-regulatory capacity 	2007 RCT: intervention (52) vs WL (50); pre, post and follow-up; 2018 Service evaluation (312 parents); pre and post High risk, disadvantages urban suburbs; urban, rural and remote Indigenous agencies in child protection system See Appendix A for content	<ul style="list-style-type: none"> • Decreases in child behavioural and emotional problems and improvements in prosocial behaviour • Improved parent confidence • Reduced coercive parenting practices • Reduced parent adjustment problems • Reduced family relationship problems • Cultural acceptability and high satisfaction

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
Parents under Pressure Harnett & Dawe (2008)	<ol style="list-style-type: none"> Focus on developing a secure and supportive relationship between child and caregiver Underpinned by Integrated Theoretical Framework that allows assessment of functioning and goal identification; skill practice with crises seen as opportunities to practice emotion-regulation Cultural consultation and acknowledgment of effects of trauma; focus on parent emotion regulation 	10 families involved, 2 Indigenous families Child protection system See Appendix A for content	<ul style="list-style-type: none"> Variable pattern of change across families, however, significant changes noted pre to post: <ul style="list-style-type: none"> Decreased abuse potential and distress Decreased daily hassles Decreased problems with others Increased perceptions of support
Programs used with vulnerable, at-risk families and/or the child protection system			
Circle of Security – Parenting Intervention Cassidy et al. (2017)	<ol style="list-style-type: none"> Caregivers provide a secure base with an emphasis on responsiveness to child distress; reflect on own attachment experiences to address intergenerational cycles of insecure attachment Parenting strategies included Decreasing negative attribution about child behaviour and increasing emotion regulation may assist in stress reduction 	RCT: 141 mother-child dyads (75 intervention; 66 WL); child 3-5 years; baseline and post assessment Low-income sample of Head Start enrolled children See Appendix A for content	<ul style="list-style-type: none"> Reduced mothers' unsupportive responses (but no increase in supportive responses) Children exhibited better inhibitory responses No effect on child behaviour or attachment
Parent-Child Interaction Therapy Thomas & Zimmer-Gembeck (2012)	<ol style="list-style-type: none"> Child-directed interaction component aims to restructure the parent-child relationship Subsequent parent-directed interaction builds parenting skills 	RCT: 151 Australian female caregivers (PCIT vs WL); pre-post assessment Caregivers from child protection due to high-risk or engaged in child maltreatment 12 coaching sessions; see Appendix A for content	<ul style="list-style-type: none"> Increased parent sensitivity Reduction in child internalising and externalising symptoms Increased praise decreased negative talk Reduction in parent stress

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
		Recommended delivery via wireless coaching and observation via one-way mirror may present a barrier.	
Strengthening Families Program Brook, McDonald & Yan (2012).	<ol style="list-style-type: none"> 1. Positive one-on-one play time with children to increase bonding and attachment 2. Positive parenting, family communication and discipline 3. Stress and anger management; cultural adaptations 	Quasi-experimental study: Strengthening Families participants (214) and matched non-participants (423) Children in foster care with a goal of reunification 14 2-hour group sessions covering behavioural parent training, child/teen social skills, family skills training	<ul style="list-style-type: none"> • Delivered in Australia but no published evaluation • US data: 71% achieved reunification after 1080 days compared to 35% non-SFP group • First Nations culturally-specific adaptations produced results no better than the core version so culturally sensitive rather than culturally specific approach is recommended
The Incredible Years Letarte, M.J., Normaneau, S. & Allard, J. (2010)	<ol style="list-style-type: none"> 1. Build positive relationships and attachment and improved parent-child interactions 2. Parenting strategies to promote development and manage problem behaviour 3. Assist parents to manage stress and negative affect 	Quasi-experimental study: Incredible Years participants (26) and wait list (9); pre-post Families involved with child protection services See Appendix A for content	<ul style="list-style-type: none"> • Delivered in Australia but no published evaluation • US data: Decreased harsh discipline, physical punishment • Increased praise and appropriate discipline practices • Improved perceptions of child behaviour • No change in parent self-efficacy
Triple P System Sanders et al. (2008) Prinz, Sanders, Shapiro, Whittaker & Lutzker (2009)	<ol style="list-style-type: none"> 1. Focus on modelling and promotion of responsive parenting and building strong relationships with children 	AUS Quasi experimental: 10 QLD catchment areas vs 10 matched in NSW/VIC; Random telephone survey of 3000	<ul style="list-style-type: none"> • Greater reductions in the number of children with clinically elevated and borderline behavioral and emotional problems

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
	2. Personal goal setting and skills-based development and rehearsal of positive parenting strategies 3. Local tailoring and flexible delivery of parent sessions; focus on empowerment and development of self-regulatory capacity	households pre and 2 years post US RCT: 18 counties randomised to multilevel Triple P System of interventions or care-as-usual; 600 service providers Community health, welfare and mental health See Appendix A for content	<ul style="list-style-type: none"> • Greater reduction in the prevalence of depression, stress and coercive parenting. • US administrative data found decreased: <ul style="list-style-type: none"> – substantiated child maltreatment – out-of-home placements – child maltreatment
1-2-3 Magic Flaherty & Cooper (2010)	1. Increased emotion-supporting behaviour, and strengthening parent-child relationship 2. Tactics to stop problem behaviour and encourage routines for positive behaviour 3. Improved parent emotion regulation and psychosocial adjustment	Service evaluation in Sydney with no control; 38 participants Physical Abuse and Neglect of Children (PANOC) counselling service in NSW Three session parenting program to stop problem behaviour, encourage good behaviour and strengthen relationships	<ul style="list-style-type: none"> • Improvements in parent mental health • Improved discipline practices • Reduction in child problem behaviour
Parenting programs used with Aboriginal and Torres Strait Islander families			
Abecedarian Program Cited in First 1,000 days Arabena et al (2015)	1. Opportunity for parent-engagement and improved parent-child interaction 2. Develop parents' capacity to support their child's learning and develop a shared language between home and school	Quasi-experimental study: Abecedarian program participants (40) vs control (40) Delivered in parent-child playgroups	<ul style="list-style-type: none"> • Early findings indicate language development scores for under-stimulated children were enhanced by increased exposure to reading conversational sessions

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
	Develop an understanding of parents' perspective and challenges	Intensive daily program for 7 weeks to increase school preparedness and participation	
Australian Nurse Family Partnerships (2013)	<ol style="list-style-type: none"> 1. Develop responsive relationships with 'serve-and-return' interactions 2. Build parental self-efficacy ; improve parents' life course by assisting with life planning 3. Culturally informed; facilitates safe environments and developmental outcomes for infants and toddlers 	Home-based visiting program Family Partnership Workers and Nurse Home Visitors share delivery of the program See Appendix A for content	<ul style="list-style-type: none"> • Adaptation of materials addressed the differences between the US environment and Australian Indigenous culture, language, health systems and environment • Acceptable to Indigenous communities • Family Partnership Workers were essential to engendering and maintaining community interest and trust in the program
Boomerangs Parenting Program Lee (2010)	<ol style="list-style-type: none"> 1. Based on COS, focus is on development of secure attachment 2. Aims to facilitate healthy parent-child relationships and parenting skills 3. Culturally appropriate for Indigenous families 	Non-controlled; pre, post, follow-up N=3; child < 6 years 20 sessions over 2 camps (3 days, 2 nights) Individual and group-based	<ul style="list-style-type: none"> • Qualitative accounts of increased awareness of their own actions; more confident in parenting
Baby Baskets Program (McCalman et al (2015))	<ol style="list-style-type: none"> 1. Models and builds responsive relationships 2. Opportunity for modelling and teaching parenting strategies during antenatal visits Promotes more empowered health consumer 	170 pregnant women (pre and post-natal) Delivered by maternal and child welfare worker Provided with Baby Baskets containing baby essentials plus health care information	<ul style="list-style-type: none"> • More than 98% of Baby Baskets were distributed with health information on smoking, alcohol, nutrition and SIDS • High proportion of women (79%) rated 'very useful' • Increased time and frequency of early antenatal presentations

Program	CDC Principles: 1.Responsive relationships (attachment); 2. Core life skills (parenting); 3. Reduce stress (trauma)	Key evaluation participants; context; content	Outcomes, initiatives, opportunities
		Opportunity for extended home-visiting program Baby One	<ul style="list-style-type: none"> Reduced low iron levels in pregnancy Declining trend of infants and children who are not thriving
Family Home Visiting Program Sivak, Arney & Lewig (2008)	<ol style="list-style-type: none"> Develop and model supportive responsive relationships Life skills: problem solving, decision-making, connection to community supports Culturally informed; empowerment of whole family 	Non-controlled trial : mid and post measures 60 Indigenous families from South Australia	Qualitative outcomes: <ul style="list-style-type: none"> Practical assistance, information, referrals, feeling supported Program convenient, response and delivery empowering and culturally respectful
Let's Start Robinson et al (2012)	<ol style="list-style-type: none"> Development of supportive relationships Modelling strategies; connection with education context via venue and teachers Culturally relevant and acceptable activities to promote cultural identity (e.g., drawing, art) 	Non-randomised controlled trial: 225 children, caregiver numbers not indicated (caregivers from three disadvantaged Tiwi communities); WL; pre, post, follow-up School, pre-school, child-care, women's centre 10 x 60-70 minute sessions	<ul style="list-style-type: none"> 60-80% caregivers reported improved communication with their child Significant teacher rated decline in child behaviour problems maintained at 6 month follow-up High levels of program satisfaction

Table 30: Characteristics of parenting programs with supporting evidence

7. Conclusions

Policy recommendations

The recommendations from the 2006 APSAC Task Force report on attachment therapy remain relevant in light of the limited evidence for some approaches. That is, that services should be supported to offer evidence-based programs and evaluate outcomes routinely (Chaffin, et al., 2006).

The traditional approach, to concentrate parenting support only for families identified at-risk or when there are well-established problems with maltreatment or neglect, is highly unlikely to reduce the prevalence rates of these problems at a population level. There is increasing attention paid to universal population based approaches to the provision of services to prevent and treat child maltreatment (Sanders, Higgins & Prinz, 2018). The principle of "proportionate universalism" as articulated by Marmot et al. (2010), where services are made universally available and delivered proportionate to need, remains an appealing framework for the provision of parenting support. Such an approach stands the best chance of making parenting support (suited to need and individual preferences) available to all families, including the most vulnerable families. Adoption of a population approach, in which services are more widely available, does not require all families to receive in-person services in order for a prevalence rate reduction to occur in child abuse and social and emotional problems in a community (Prinz et al., 2009).

In general, policy changes are needed so that agencies delivering family services can be supported and reimbursed for delivering universal, selective and targeted prevention programs as well as tertiary programs to reach a wider range of parents. To ensure adequate reach of evidence-based programs, and access for all families, funding models need to be altered to include prevention and early intervention services. Policy and funding models should also prioritise effective implementation practices to ensure that evidence-based programs can be funded and implemented effectively and in a sustained way.

Funding recommendations include:

- supporting child maltreatment prevention initiatives that use existing evidence-based parenting programs and report on key clinical outcomes for each family;
- providing dedicated funding to adapt and deliver evidence-based and culturally informed parenting programs to address the needs of diverse families, including Indigenous families;
- building funding opportunities for rigorous evaluations of ground up programs and services.

Best practice guidelines

Cultural accommodation

The development of an evidence base for a program takes time, requiring rigorous scientific and service evaluations producing clinically meaningful outcomes. Therefore, selecting an evidence-based program and culturally adapting it as required to match local family and community needs is the most cost-effective route to achieving population reach, rather than creating a new unproven program, training system, and materials for each culturally diverse community (Kumpfer, Magalhaes, & Xie, 2016). Cultural adaptation or accommodation involves sensitivity and responsiveness to language barriers, cultural factors that influence receptivity to the program, and practical concerns in the local setting (e.g., working with extended family structures and acknowledging multiple caregiver attachment relationships). Collaborating closely with elders, practitioners as end-users, and parents as consumers through a participatory process can help identify appropriate

content and delivery processes that are explicitly linked to traditional cultural values (Keown, et al., 2018). Such adaptations can result in better engagement and retention of families.

Community engagement

Efforts should be directed to involving community in the planning and implementation of parenting support to ensure that cultural knowledge underpins the content and the delivery of programs. Rather than trying to export unique cultural aspects into evidence-based programs, program implementation strategies should involve importing programs into the local cultural environment, to be incorporated with local traditions and wisdom, and ownership of program delivery (Turner, et al., 2018). There is also a focus on community capacity building and increasing the Indigenous workforce so that programs better reflect local culture and offer the best chance of building trusting relationships with Aboriginal and Torres Strait Islander families (Turner, et al., in press). It is also important to adapt professional training and post-training support. Partnership support from program developers and the availability of supportive clinical coaching and supervision for Indigenous practitioners have been shown to be important in real world implementation models to improve the likelihood of program implementation and sustainment in Indigenous communities (Hodge, Turner Sanders, & Forster, 2017). The ideal implementation scenario is for Indigenous practitioners to deliver services to their communities, however, where this workforce does not yet exist, it is possible to support non-Indigenous practitioners to deliver programs in a culturally sensitive and safe way. In either case, community engagement, appropriate skills training, ongoing implementation support, and an organisational context with true commitment to self-determination and community control are important (Turner, et al., 2018).

Trauma-informed approach

Consideration of program content, assessment processes and delivery must acknowledge the effects of both historical and current trauma. This recognition involves the acknowledgement the impact of trauma on the extended families and multiple caregivers who 'parent' the child (Atkinson & Westerman, 2016). Due to the current stressors and the epigenetic transfer of intergenerational experiences, parents and children may be dealing with neurological and mental health issues which impact on their capacity for attachment, responsive interactions and relationships, and self-regulation of behavior and emotions. These are all key foci for effective interventions in the child protection system.

Intervention methods

The key finding from reviews and meta-analyses is that interventions should focus on "caregiver and environmental stability, child safety, patience, sensitivity, consistency, and nurturance. Shorter term, goal-directed, focused, behavioral interventions targeted at increasing parent sensitivity should be considered as a first-line treatment' (Chaffin, et al., 2006). Most of the evidence-based programs involve a combination of psychoeducation, specific goal setting, video or live modelling, skill rehearsal and feedback to shape skills.

Prevention and early intervention

Prevention and early intervention provides the best opportunity for preventing a family's involvement with child protection services. Prevention/early intervention involves the identification of vulnerable/at risk children and families and their subsequent engagement in non-stigmatising ways (e.g., through regular touch points such as post-natal care, play groups, child health and early education settings). Early engagement allows an organic connection to services and to parenting support which can begin as incidental modelling or provide brief contact and early guidance and support. This normalises contact with agencies that can be extended as needed when trusting relationships have been established (Arabena et al, 2015; Bromfield & Holzer, 2008; Center for the Developing Child at Harvard, 2017).

Appendix A: Detailed summaries of evidence-based parenting programs

- Australian Nurse Family Partnership Program (ANFPP)
- Children and Residential Experiences: Creating Conditions for Change (CARE)
- Circle of Security
- Indigenous Triple P – Positive Parenting Program
- Multisystemic Therapy for Child Abuse and Neglect
- Parent-Child Interaction Therapy
- Parents under Pressure
- The Incredible Years
- Triple P- Positive Parenting Program System

Program Name	Australian Nurse Family Partnership Program (ANFPP)
Focus	To promote health-related behaviours; improve child health, development and safety by promoting competent care-giving; To enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment
Evidence	Yes, for Nurse Family Partnership well supported
Used in Child Welfare	Yes
Used with ATSI families	Yes, designed for use with Aboriginal and Torres Strait Islander mothers following investigation of available evidence-based options, Office of Aboriginal and Torres Strait Islander Health (OATSIH) implemented the ANFPP in selected Indigenous communities across Australia
Target population	First-time, low-income mothers (no previous live births)
Brief description	The ANFPP program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Six domains: Personal Health, Environmental Health, Life Course Development, Maternal Role, Family and Friends, Health and Human Services
CDC Principle 1. Support responsive relationships	The partnership relationship between the Nurse Home Visitor and the mother is fundamental to the program's successful outcomes for the mother, child and family.
CDC Principle 2. Strengthen core life (parenting) skills	The Nurse Home Visitor (NHV) provides information and education to mothers using a strengths-based approach which builds the mothers' capacity to identify solutions to problems. The mothers are thus empowered as they learn how to work with their strengths, realise the power of their own actions and gain a greater sense of control over their lives. Mothers are assisted to develop the parenting knowledge, they are empowered to take action to address their own particular health, social and environmental needs.
CDC Principle 3. Reduce stress	The program emphasises life course development which could involve looking at options for further education, seeking paid employment, finding stable housing or making decisions about the timing of future pregnancies.
Cultural consultation and/or competence	Cultural adaptations: <ul style="list-style-type: none"> the inclusion of an Indigenous worker (Family Partnership Worker) in the home visiting team, who introduces the program to the client, family and community and reinforces cultural safety; inclusion of multiparous mothers in the client group where sites consider this to be suitable; and the adaptation of promotional, teaching and client materials and the creation of new documentation to suit the Australian Indigenous culture and context.
Recommended format	Regular home visits are undertaken with mothers from enrolment into the program until 24 months. The interval between visits varies from weekly to monthly, depending on what is required at particular points during pregnancy and early parenting. Topics are designed to improve the knowledge and skills of mothers as mothers but also to build their own sense of mastery and increase their sense of themselves as confident and competent.
Delivery context	This program is typically conducted in a(n): Birth Family Home, Community Agency
Resources needed	Indigenous Nurse Home Visitor; capacity to travel; computer and phone access
Provider qualities and education and training	Training involves: 40 hours of orientation self-study; 25 hours over 3 ¾ days plus approximately 10 hours of additional distance education and a series of team-based, supervisor-led topical professional development modules
Research and references	<ul style="list-style-type: none"> ANFPP (Australian Nurse Family Partnership Program) 2015. ANFPP national annual data report 2013–2014. Milton, Queensland: ANFPP. Dawley, K., Loch, J., & Bindrich, I. (2007). The Nurse-Family Partnership. <i>American Journal of Nursing</i>, 107(11):60-67. Silburn SR, Nutton G, Arney F, Moss B, 2011. <i>The First 5 Years: Starting Early</i>. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government. Olds, D., <i>The Nurse-Family Partnership: an evidence based preventive intervention</i>, <i>Infant Mental Health Journal</i>, 2006, Vol. 27(1), 5–25 published online in Wiley InterScience (www.interscience.wiley.com).DOI: 10.1002/imhj.20077

Program Name	Children And Residential Experiences: Creating Conditions for Change (CARE)
Focus	CARE is a multi-level program model for improving services for children in out-of-home care
Evidence	Yes in USA and is being used within Life Without Barriers
Used in Child Welfare	Yes
Used with ATSI families	Yes
Target population	Residential child care agencies and organizations providing services to children and families Plans to use the CARE Model in foster/kinship care
Brief description	CARE is designed to support safe environments, strong programmatic elements and a wide-variety of treatment programs and interventions that are trauma-sensitive and developmentally appropriate. CARE is a multi-level program model for improving services for children in out-of-home care. The model enables child caring agencies to organize and deliver quality care of children according to research-informed principles based on the best interest of the child. The aim of CARE is to bring agencies' current practices closer to well-researched best practices in residential care and to help them achieve congruence between all levels of staff in order to improve how the agency works as a whole. Based on six guiding principles, the CARE model is designed to profoundly influence the way residential childcare professionals think about working with children.
CDC Principle 1. Support responsive relationships	Family involved and relationship based. Focus is on the capacity to form relationships associated with healthy development; primary task is to take time to develop skills for building healthy attachments; staff need to protect the relationship between child and caregiver.
CDC Principle 2. Strengthen core life (parenting) skills	Developmentally focused, competence centred practice involves the development of problem solving skills, critical thinking, emotional regulation, and insight as essential life skills. A focus on a child's personal strengths and resources is the major factor contributing to positive change, which in turn requires matching a child's activities and expectations to the individual child's strengths and capacity to succeed. Life skills are taught by ensuring that all interactions and activities are goal oriented and focused on teaching skills, and setting high expectation messages and then helping them meet expectations.
CDC Principle 3. Reduce stress	Trauma informed, ecologically oriented practice implications include providing a consistent, predictable environment, building relationships that are based on trust and respect, providing activities that are future oriented and allow children to contribute, and avoiding events and environmental factors that might trigger a stress response. Given that children learn by interacting with their environment it is important that the environmental factors that protect children i.e. caring relationships, high expectations and opportunities for contribution and participation are in place.
Cultural consultation and/or competence	Consultation with and training and employment of Aboriginal and Torres Strait islander people.
Recommended format	Not stated
Delivery context	Currently residential care, plans for use in foster/kinship care (Life Without Barriers)
Resources needed	Not stated
Provider qualities and education and training	Leadership and ITs are trained in the CARE principles through a five-day manualized program and a group of agency based trainers are prepared to deliver the same 5-day training to remaining staff. The training is focused on changing a mindset, not about simply adding new information or developing new technical skills.
Research and references	Anglin, J.P. (2012). <i>The process of implementation of the care program model</i> . Paper presented at the EUSARF / CELCIS Looking After Children Conference, Glasgow, Scotland. September 6, 2012. Anglin, J. (2011). Translating the Cornell CARE program model into practice: From the pioneer agencies on changing agency cultures and care practice. (unpublished paper). Holden, M.J., Anglin, J., Nunno, M., & Izzo, C. (2014). Engaging the total therapeutic residential care program in a process of quality improvement: Learning from the CARE model. In J. Whittaker, F. del Valle, & I. Holmes (Eds.), <i>Therapeutic residential care for</i>

	<p><i>children and youth: Developing evidence-based international practice</i>. London, UK: Jessica Kingsley Publishers.</p> <p>Holden, M.J., Izzo, C., Nunno, M., Smith, E.G., Endres, T., Holden, J.C., & Kuhn, I.F. (2010). Children and residential experiences: A comprehensive strategy for implementing a research-informed program model for residential care. <i>Child Welfare</i>, 89(2), 131-149.</p> <p>Izzo, C., Anglin, J., & Holden, M. (2012). <i>Assessing organizational change: Preliminary findings from a multi-method and multi-site evaluation of the care program model</i>. Paper presented at the EUSARF / CELCIS Looking After Children conference, Glasgow, Scotland. September 6, 2012.</p> <p>Holden, J., & Izzo, C. (2016). The CARE program model: Theory to practice in residential child care.</p>
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Program Name	Circle of Security – Parenting intervention (CoS-P) Circle of Security – Home Visiting 4 (CoS-HV4)
Focus	Build a secure attachment with the child’s caregiver(s)
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	Not reported
Target population	Families with children younger than 6 years old in high-risk populations such as those receiving child protection services, teen mothers, or parents with babies with difficult temperaments.
Brief description	COS-P is based on the premise that the caregiver serves as a secure base from which the child can explore and a connection in times of stress. The program aims to Increase: Secure attachment of the child to the parent; the parent’s ability to read child’s cues and empathy in the parent for the child; parent’s capacity to pause, reflect, and choose security-promoting caregiving behaviours; parent’s capacity to regulate stressful emotional states; parent’s ability to recognize ruptures in the relationship and facilitate repairs; parent’s capacity to provide comfort when their child is in distress. COS-HV4 is a version of Circle of Security that includes a mandatory home visiting component consisting of 4 home visits.
CDC Principle 1. Support responsive relationships	Focus of the program is to improve the primary caregivers response to child’s needs and to develop their emotion regulation.
CDC Principle 2. Strengthen core life (parenting) skills	Parenting strategies covered
CDC Principle 3. Reduce stress	The goal of decreasing negative attribution for a child’s behaviour and increase their emotion regulation may assist in stress reduction.
Cultural consultation and/or competence	Traditional conceptualisation and assessment of attachment e.g ‘Strange Situation’ may not be best suited to Aboriginal and Torres Strait Islander families.
Recommended format	COS-P: The program includes: eight treatment modules delivered in weekly 90-min sessions for 10 weeks; each module contains archival video clips that are viewed and discussed during the session. Previous COS-P, child–parent interactions testimonials are used as models of attachment. Modules 1&2: Attachment; parent-child interactions; secure base: 3&4: Providing an emotional safe haven; 5: Reflecting on caregiving struggles; 6&7: Disorganised attachment; 8: rupture and repair, summary COS-HV4: Four home visits (after an out-of-home assessment) over a period of three months One 3-hour assessment session followed by a 1.5-hour session every two to three weeks.
Delivery context	COS-P can be conducted in the Family Home, Adoptive Home, Community Agency, Foster/Kinship Care, Outpatient Clinic or Residential Care Facility COS – HV4 is designed as a home-visiting program. It can also be delivered in a hospital setting.
Resources needed	Program manual and program video clips.
Provider qualities and education and training	Suggested qualifications: Undergraduate degree and in the field of parent education. Supervisors are qualified mental health providers who have completed the basic 10-day intensive training, and received at least one year of supervision from one of the Circle of Security originators.
Research and references	Marvin, R., Cooper, G., Hoffman, K., & Powell. (2002). The circle of security project: Attachment-based intervention with caregiver-preschool child dyads. <i>Attachment and Human Development</i> , 4(1), 107-124. Coyne, J. (2013). Parenting from the outside-in: Reflections on parent training during a potential paradigm shift. <i>Australian Psychologist</i> , 48, 379–387. doi: 10.1111/ap.12010 Cassidy, J., Woodhouse, S.S., Sherman, L.J., Stupica, B., & Lejuez, C.W. (2011). Enhancing infant attachment security: An examination of treatment efficacy and differential susceptibility. <i>Journal of Development and Psychopathology</i> , 23, 131-148. Cassidy, J., Brett, B., Gross, J., Stern, J., Martin, D., Mohr, J., & Woodhouse, S. (2017). Circle of Security – Parenting: A randomised controlled trial. <i>Development and Psychopathology</i> , 29, 651-673.

Program Name	Building parenting competence and confidence via a self-regulatory process that promotes parental empowerment
Focus	Building parenting competence and confidence via a self-regulatory process that promotes parental empowerment
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	Yes: Queensland Aboriginal and Torres Strait Islander Child Protection Peak urban rural and remote agencies across Queensland; Cape York Partnership Communities (Hopevale, Coen, Mossman Gorge, Aurukun); Fitzroy Crossing WA; and others
Target population	Parents of children 0-12 years; at-risk or vulnerable parents
Brief description	<p>A variant of Level 4 Triple P - Positive Parenting Program developed for Indigenous families.</p> <p>The focus is on the development of a positive parent-child relationship, creating a safe, responsive, engaging environment for children, with consistent boundaries, realistic expectations and parents also taking care of their own needs.</p> <p>In collaboration with the facilitator, parents are encouraged to set their own personal goals, to choose strategies to try out with their child(ren) and to develop their own parenting plans.</p> <p>Indigenous Triple P can be used: i) in a prevention or early intervention context for all families; ii) as intensive family support for at-risk families; or iii) for family preservation (i.e. for kinship carers in a child protection context).</p> <p>Indigenous Triple P can be offered by those in a community who are in regular contact with families and may include such settings as health care clinics, schools or early childhood education programs, childcare facilities, community services (e.g. health and mental health services, drug and alcohol services), prisons, and/or by providers in family-serving community agencies.</p> <p>Also adopted by First Nations communities in New Zealand, Canada and USA.</p>
CDC Principle 1. Support responsive relationships	Focus on developing positive relationships between parent and facilitator as a model for serve-and-return relationships between parents and their children. The strategies to develop strong serve-and-return interactions are also taught explicitly as strategies for 'developing positive relationships with children' as well as taking care of their own needs and working as a team with other caregivers. Via a self-regulatory framework, caregivers are encouraged to tailor the strategies to their family and to generalise strategies to other children and situations.
CDC Principle 2. Strengthen core life (parenting) skills	A range of core parenting strategies are introduced to parents as a toolkit for them to develop their own parenting plans to encourage children's development (encourage positive behaviour, teach new skills and behaviours) and use consistent approaches to manage challenging behaviour and to teach children to self-regulate their own emotions and behaviour. Parents set personal goals, practise the skills, and self-evaluate their efforts, which promotes self-management and self-efficacy.
CDC Principle 3. Reduce stress	Current stressors and historical and current trauma are acknowledged and accommodations made during program delivery. Input from local elders and community members is sought to help tailor delivery to local circumstances. There is an emphasis on the development of responsive relationships and creation of safe, secure and predictable environments for children, and managing challenging behaviour in non-hurtful ways. These skills are important for interrupting intergenerational cycles caused by trauma and promoting children's social, emotional and cognitive development.
Cultural consultation and/or competence	Consultation with Aboriginal and Torres Strait Islander elders, practitioners and parents led to the development of this culturally sensitive and flexibly tailored version of Triple P. Community consultation about program adoption, delivery and sustainment are ongoing.
Recommended format	Indigenous Triple P is typically delivered as 6 group sessions with 2 individual sessions aimed at to help caregivers tailor the program to their specific circumstances (NB: a 'group' might be made up of one extended family and other caregivers involved with a child). It may also be delivered as an individual program, or as intensive group workshops based on community availability and preference.

Delivery context	Indigenous Triple P can be delivered anywhere that is perceived to be a point of engagement for parents (e.g., home, community hall/shelter, library, park, pre-school, school, child care facility, residential care, foster home, hospital).
Resources needed	Parents may receive a parent workbook or handouts. Practitioners have access to a facilitator manual (including assessment measures, session outlines and fidelity checklists, PowerPoint presentation slides, culturally tailored DVD / video clips that demonstrate parenting strategies, a provider network website including assessment scoring database.
Provider qualities and education and training	Training courses are offered to practitioners working directly with families. These particular providers have knowledge of child/adolescent development and/or have experience working with Aboriginal and Torres Strait Islander families. Training is delivered by an Indigenous and non-Indigenous trainer over 3-4 days, with a pre-accreditation workshop for skill rehearsal. A supported accreditation session assesses provider knowledge and competence, with the overarching aim of building confidence and competence in program delivery. Ongoing mentoring and implementation support are available and local peer supervision networks are fostered.
Research and references	Hodge, L. M., Turner, K. M. T., Sanders, M. R., & Filus, A. (2016). Sustained Implementation Support Scale: Validation of a measure of program characteristics and workplace functioning for sustained program implementation. <i>Journal of Behavioral Health Services and Research</i> . Available online 5 April, 2016. doi:10.1007/s11414-016-9505-z. Hodge, L. M., Turner, K. M. T., Sanders, M. R., & Forster, M. (2017). Factors that influence evidence-based program sustainment for family support providers in child protection services in disadvantaged communities. <i>Child Abuse and Neglect</i> , 70,134-145. doi:10.1016/j.chiabu.2017.05.017 Turner, K. M. T., Day, J. J., Hodge, L. M., Forster, M., Sanders, M. R. (in prep). Program effectiveness and predictors of family outcomes for the Triple P – Positive Parenting Program delivered through Indigenous family support services. Turner, K. M. T., Hodge, L. M., Forster, M., & McIlduff, C. (2018). Working effectively with indigenous families. In M. R. Sanders & T. G. Mazzucchelli (Eds.), <i>The power of positive parenting: Transforming the lives of children, parents, and communities using the Triple P system</i> . New York, NY: Oxford University Press. Turner, K. M. T., Richards, M., & Sanders, M. R. (2007). Randomised clinical trial of a group parent education programme for Australian Indigenous families. <i>Journal of Paediatrics & Child Health</i> , 43(4), 243–251. Keown, L., Sanders, M.R., Franke, N. & Shepherd, M. (2018). Te Whanau Pou Toru: a randomized controlled trial (RCT) of a culturally adapted low-intensity variant of the Triple P Positive Parenting Program for Indigenous families in New Zealand. <i>Prevention Science</i> , 1-12. doi.:10.1007/s11121-018-0886-5

Program Name	Multisystemic Therapy for Child Abuse and Neglect
Focus	This program involves the family or other support systems in the individual's treatment: Direct treatment services provided to family. Collaboration with other supportive individuals, including them as part of the treatment team
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	Not stated but likely
Target population	Child 6-17 years who has come to the attention of Child Protection Services (CPS) in the past 180 days due to physical abuse or neglect. While the child may be living with the parents or in foster care, the goal is to preserve the family unit and to reunify child and parents.
Brief description	MST-CAN clinicians work on a team of 3 therapists, a crisis caseworker, a part-time psychiatrist who treat both children and adults, and a full-time supervisor. Treatment is provided to all adults and children in the family. Services are provided in the family's home or other convenient places. Extensive safety protocols are geared towards preventing re-abuse and the team works to foster a close working relationship between CPS and the family. Empirically-based treatments are used including functional analysis of the use of force, family communication and problem solving, Cognitive Behavioral Therapy for anger management and posttraumatic stress disorder (PTSD), clarification of the abuse or neglect, and therapy for adult substance abuse.
CDC Principle 1. Support responsive relationships	A focus of MST-CAN is parent training. Family communication that will allow the development of serve-and-return interactions.
CDC Principle 2. Strengthen core life (parenting) skills	Problem solving, communication, non-hurtful ways of managing challenging behaviours, challenge parent attributions
CDC Principle 3. Reduce stress	Multiple targets are defined for both parents and children, including those related to both past and current trauma e.g. difficulty managing anger and difficulties maintaining housing or jobs
Cultural consultation and/or competence	Not stated, however, as each family undergoes a functional assessment and therapists are trained in adult and child trauma treatment, there is capacity for cultural accommodation related to trauma. The family is also viewed as a unit and treatment would likely involve the therapy for extended family.
Recommended format	Intensive services, with intervention sessions being conducted from three times per week to daily. There is no expectation of a specific number of contact hours. Staff contact relates to the needs of the family. Session length ranges from 50 minutes to 2 hours with multiple session-types possible in one day (e.g., parental drug screening and session; family communication and problem solving). A 24/7 on-call roster provides round-the-clock services for families and treatment is provided to multiple children in the family and one or both parents, with an emphasis on parent treatment.
Delivery context	Services can be delivered in the family or adoptive home, foster or kinship care, or in the school setting.
Resources needed	Therapy space plus resources for scheduled specific therapy e.g. parent training.
Provider qualities and education and training	Post-graduate qualifications. Completion of 5-day MST orientation training, a 4-day MST-CAN training, and 4 days of training in adult and child trauma treatment.
Research and references	Swenson, C. C., & Schaeffer, C. M. (2011). Multisystemic Therapy for Child Abuse and Neglect. In A. Rubin & D. Springer (Eds.), <i>Programs and Interventions for Maltreated Children and Families at Risk</i> (pp. 31-42). Hoboken, NJ: Wiley. Swenson, C. C., Schaeffer, C. M., Tuerk, E. H., Henggeler, S. W., Tuten, M., Panzarella, P., ... Guillorn, A. (2009). Adapting Multisystemic Therapy for co-occurring child maltreatment and parental substance abuse: The building stronger families project. <i>Emotional and Behavioral Disorders in Youth</i> , 3-8. Swenson, C. C., Penman, J. E., Henggeler, S. W., & Rowland, M. D. (2011). <i>Multisystemic Therapy for Child Abuse and Neglect</i> , revised edition. Charleston, SC: Family Services Research Center, National Institute of Mental Health, and Connecticut Department of Children and Families.

Program Name	Parent-Child Interaction Therapy
Focus	Build close relationships between parents and their children using positive attention strategies
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	No
Target population	Children ages 2.0 - 7.0 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers
Brief description	PCIT focuses on decreasing externalizing child behaviour problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behaviour and traditional behaviour management skills to decrease negative child behaviour. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly.
CDC Principle 1. Support responsive relationships	Parents are initially taught and coached in child directed interactions before progressing to parent-directed interactions.
CDC Principle 2. Strengthen core life (parenting) skills	Parents are taught and coached to paraphrase a child's positive talk, give descriptive praise following positive child behaviour, use effective instructions, to follow through using a time-out procedure.
CDC Principle 3. Reduce stress	Not explicitly addressed
Cultural consultation and/or competence	Not indicated. Resources are available in Spanish.
Recommended format	Time unlimited, but generally around 14 weeks, home-based sessions for individual parent-child dyads and clinic-based sessions for groups of parents. 14 to 24 weekly sessions delivered by professionals. Didactic presentation to parents followed by direct coaching of parents while they are interacting with the children.
Delivery context	Delivered in the home or clinic, medical, health setting. Community agency or outpatient clinic. The parent is observed and coached through at each treatment session with at least half of each session being spent coaching the parent in child-directed interaction. The parent wears an ear receiver and the therapist wears a wireless headset that the parent wears.
Resources needed	Two connected rooms with a one-way mirror; a wireless communication system; capacity to record and view sessions. A facilitator manual.
Provider qualities and education and training	The equivalent of a Master's degree and or qualification as a mental health provider is recommended plus 40 hours of intensive skills training be followed by completion of two supervised cases prior to independent practice.
Research and references	Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A combined motivation and Parent-Child Interaction Therapy package reduces child welfare recidivism in a randomized dismantling field trial. <i>Journal of Consulting and Clinical Psychology, 79</i> , 84-95. Eyberg, S. M., Funderburk, B. W., Hembree-Kigin, T., McNeil, C. B., Querido, J., & Hood, K .K. (2001). Parent-child interaction therapy with behavior problem children: One- and two-year maintenance of treatment effects in the family. <i>Child & Family Behavior Therapy, 23</i> , 1-20. Hood, K. K., & Eyberg, S. M. (2003). Outcomes of parent-child interaction therapy: Mothers' reports on maintenance three to six years after treatment. <i>Journal of Clinical Child and Adolescent Psychology, 32</i> , 419-429.

Program Name	Parents under Pressure
Focus	Parent training program targeted at parents with child protection concerns
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	Yes
Target population	Parents of children 0-12 years; at-risk or vulnerable parents
Brief description	10 modules each addressing a different domain of family ecology: the order and treatment modules are tailored to the needs of each family. Modules 1-2 assessment to identify therapeutic goals; module 3 challenges negative view of self and identify competence; module 4 emotion regulation, positive thinking and self-soothing skills; modules 5-6 teaching and practice of child management skills; module 7 relapse prevention; modules 8-10 extending life skills, social supports and relationship problems.
CDC Principle 1. Support responsive relationships	Focuses on developing a secure and supportive relationship between caregiver and child. PuP is underpinned by the Integrated Theoretical Framework which is a dynamic model of assessing key areas of child and family functioning to identify clear, objective and collaborative goals for change.
CDC Principle 2. Strengthen core life (parenting) skills	Parents are supported to practise skills during the program; crises are viewed as therapeutic opportunities to practice parenting and problem-solving skills and to practice emotion regulation while still maintaining basic tasks required to meet the family's needs.
CDC Principle 3. Reduce stress	Managing parental dysregulated affect and impulsive behaviour, in relation both to parenting and to other lifestyle issues such as substance abuse, are addressed through the use of mindfulness exercises and a focus on recognising and managing negative emotional states. PuP acknowledges the effects of trauma and the limitations of assessment for removal, instead focusing on a strengths-based approach i.e. parents' capacity to change.
Cultural consultation and/or competence	Consultation with elders and community
Recommended format	10 modules delivered over 12 sessions of approximately 1.5 hrs duration.
Delivery context	PuP sessions are generally delivered in the family home or foster home but can also be delivered in community living settings or the clinic setting.
Resources needed	<ul style="list-style-type: none"> • Parents receive a parent workbook. • Practitioners have access to an Online Tool Kit that provides: i) standardised measures, scoring and feedback/interpretation to guide use the use of PuP; and ii) goal setting and goal attainment forms; iii) resources and links to other relevant websites.
Provider qualities and education and training	Practitioners must undergo training and supervision with an accredited PuP practitioner. This involves a combination of training/instruction on PuP theoretical principles and 30 hours of clinical supervision in which practitioners are required to take on cases with a minimum of 3 families
Research and references	<p>Barlow, J., Dawe, S., Coe, C. & Harnett, P. (2016). An evidence-based pre-birth assessment pathway for vulnerable pregnant women. <i>British Journal of Social Work</i>, 46, 960-973.</p> <p>Dawe, S., Harnett, P., Rendalls, V., and Staiger, P. (2003). Improving family functioning and child outcome in methadone maintained families: the Parents under Pressure program. <i>Drug and Alcohol Review</i>, 22(3), 299-307.</p> <p>Dawe S., & Harnett, P. (2007). Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial, <i>Journal of Substance Abuse and Treatment</i>, 32(4), 226-235.</p> <p>Dalziel, K., Dawe, S., Harnett, H., & Segal, L. (2015). Cost effectiveness analysis of the parents under pressure program for methadone-maintained parents. <i>Child Abuse Review</i>. DOI:10.1002/car.2371</p> <p>Harnett, P. (2007). A procedure for assessing parents' capacity for change in child protection cases. <i>Child and Youth. Services Review</i>, 29, 1179-1188.</p> <p>Harnett, P. & Dawe, S. (2008). Reducing child abuse potential in families identified by social services: Implications for assessment and treatment. <i>Brief Treatment and Crisis Intervention</i>, 8, 3.</p>

Program Name	The Incredible Years
Focus	Improve parent-child interactions, building positive relationships and improve parental functioning
Evidence	Yes
Used in Child Welfare	Yes
Used with ATSI families	Not reported, Pilot evidence of cultural acceptability and outcomes in New Zealand
Target population	Parents and caregivers of children 0-12 years
Brief description	The Incredible Years is a comprised of three curricula: for parents, teachers, and children. The 16 week program is designed to promote emotional and social competence; and to prevent and treat behaviour and emotional problems in young children. The programs can be used separately or in combination and there is a prevention version for high-risk populations.
CDC Principle 1. Support responsive relationships	Build positive relationships and attachment and improved parent-child interactions
CDC Principle 2. Strengthen core life (parenting) skills	Parenting strategies to promote development and manage problem behaviour
CDC Principle 3. Reduce stress	Assist parents to manage stress and negative affect
Cultural consultation and/or competence	Translated into 10 languages other than English
Recommended format	Basic Parent Training Program is 14 weeks for prevention populations, and 18 - 20 weeks for treatment.
Delivery context	Home, community agency, foster/kinship care, hospital, outpatient clinic, school, workplace, primary care settings
Resources needed	Manual; TV/DVD, computer, projector; group space
Provider qualities and education and training	Suggested qualifications: Masters level or equivalent
Research and references	Reid, M. J., & Webster-Stratton, C. (2001). The Incredible Years parent, teacher, and child intervention: Targeting multiple areas of risk for a young child with pervasive conduct problems using a flexible, manualized, treatment program. <i>Journal of Cognitive and Behavior Practice, 8</i> , 377-386. Webster-Stratton, C., & Reid, M. J. (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success Incredible Years classroom social skills and problem-solving curriculum. <i>Infants and Young Children, 17</i> (2), 96-113. Webster-Stratton, C. & Reid, M. J. (2003). Treating conduct problems and strengthening social and emotional competence in young children: The Dina Dinosaur treatment program. <i>Journal of Emotional and Behavioral Disorders, 1</i> (3), 130-143.

Program Name	Triple P- Positive Parenting Program System
Focus	Developing parents' confidence, competence and self-regulatory capacity to promote children's social, emotional and cognitive development and manage their challenging behaviour by developing their self-regulatory capacity
Evidence	Large evidence base ranging from supported (Level 3) to well supported (Level 4)
Used in Child Welfare	Yes
Used with ATSI families	Yes
Target population	Parents of children and adolescents aged 0–16 years
Brief description	<p>Triple P incorporates a multi-tiered system of 5 levels of education and support for parents and caregivers of children and adolescents. Although Triple P can be used in parts (e.g., using only one level of the five or a group version versus standard), as a system, it is rated as Supported by Evidence for Parent Training Programs that Prevent and Address Child Abuse and Neglect.</p> <p>As a prevention program, the Triple P System helps parents learn strategies that promote social competence and self-regulation in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to respond positively to individual developmental challenges.</p> <p>As an early intervention, the Triple P System can assist families in greater distress by working with parents of children who are experiencing moderate to severe behaviour problems. Throughout the program, parents are encouraged to develop a parenting plan that makes use of a variety of positive parenting strategies and tools. Practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills.</p>
CDC Principle 1. Support responsive relationships	All levels of Triple P focus on developing positive relationships between parent and practitioner as a model for serve-and-return relationships between parents and their children. The strategies to develop strong serve-and-return interactions are also taught explicitly as strategies for 'developing positive relationships'. Via a self-regulatory framework, caregivers are encouraged to tailor the strategies to their family and to generalise strategies to other children and situations.
CDC Principle 2. Strengthen core life (parenting) skills	A range of core parenting strategies are introduced to parents to encourage children's development (i.e. focus on positive behaviours, teach new skills and behaviours such as independence skills) as well non-hurtful ways to manage challenging behaviours and to teach children to self-regulate. Following teaching of the strategies, parents practise the skills then self-evaluate their efforts, which promotes their sense of self-management and self-efficacy.
CDC Principle 3. Reduce stress	All levels address the need to attend to parents' own needs. Level 5 specifically addresses parent' stressors: <ul style="list-style-type: none"> Enhanced Triple P focuses on mental health concerns; addresses coping with parent's own emotions and partner conflict Pathways Triple P focuses on parents a risk of hurting their child; addresses parental attributions and managing anger
Cultural consultation and/or competence	Cultural consultation in defined communities; variants translated into 18 languages other than English; used in 26 countries
Recommended format	<ul style="list-style-type: none"> Level 1 Media and communications campaign Level 2 Seminars: Small (10) to large (100+) group format Level 3 Brief individual; small discussion group Level 4 individual; small parent groups; self-help; online Level 5 individual; small group format
Delivery context	<ul style="list-style-type: none"> Level 1 Mass media, social media, community settings (e.g., billboards) Level 2: School, pre-school, child care, library, public hall, shopping centre Level 3: Community health settings, school, pre-school, child care centre Level 4: Home (foster home), clinic, school, pre-school, child care centre Level 5: Clinic, community health and mental health settings
Resources needed	Practitioners can use accompanying parent resources (workbooks, tip sheets) for a given intervention and need space to talk with the parent that is comfortable for the parent (e.g. appropriate level of privacy, etc.). Practitioners may also use visual aids (DVD, PowerPoint presentations). Level 2-5 interventions require a single practitioner/consultant to provide the direct service.

Provider qualities and education and training	<p>Provider training courses are usually offered to practitioners in health, education, child care, or social services, or “hands-on” roles dealing with the targeted parents, children, and teenagers. These practitioners have knowledge of child/adolescent development and/or have experience working with families.</p> <p>Depending on the program variant, professional training is 2-5 days, plus 1 full-day of pre-accreditation 4-6 weeks following training, and a 1/2 day accreditation (per trainee) held 6-8 weeks post-training.</p>
Research and references	<p>Sanders, M., Pidgeon, A., Gravestock, F., Connors, M., Brown, S. & Young, R. (2004). Does parental attributional retraining and anger management enhance the effects of Triple P Positive Parenting Program enhance the effects of parents at risk of child maltreatment? <i>Behavior Therapy</i>, 35(3), 513-535. https://doi.org/10.1016/S0005-7894(04)80030-3</p> <p>De Graaf, I., Speetjens, P., Smit, F., de Woiff, M., & Tavecchio, L (2008). Effectiveness of the Triple P Positive Parenting System in parenting: A meta-analysis. <i>Family Relations</i>, 57(5), 553-566.</p> <p>Shapiro, C., Prinz, R. J., & Sanders, M. R. (2012). Facilitators and barriers to implementation of an evidence-based parenting intervention to prevent child maltreatment: The Triple P-Positive Parenting Program. <i>Child Maltreatment</i>, 17(1), 84-93. doi:10.1177/1077559511424774</p> <p>Mazzucchelli, T. G., & Sanders, M. R. (2010). Facilitating practitioner flexibility within an empirically supported intervention: Lessons from a system of parenting support. <i>Clinical Psychology: Science and Practice</i>, 17, 238-252. doi:10.1111/j.1468-2850.2010.01215.x</p> <p>Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. <i>Annual Review of Clinical Psychology</i>, 8, 345-379. doi:10.1146/annurev-clinpsy-032511-143104</p> <p>Sanders, M. R, Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every family: a population approach to reducing behavioral and emotional problems in children making the transition to school. <i>Journal of Primary Prevention</i>, 29(3), 197-222.</p>



Cultural & Clinical Audit of the Foster Care and Adoption Assessment Manual - 2017

Cultural Audit of Foster Care and Adoption Assessment Manual 2017

A core part of this consultancy was for IPS to conduct a cultural audit of the Department of Communities- Child Protection and Family Support's (the Department) existing Foster Care and Assessment Manual (2017) (the Manual) in order to embed Aboriginal specific cultural and clinical guidance to support rigorous assessment for potential foster carers. The specific outcomes of this component of the consultancy was as follows:

1. Desktop review of current client policies, procedures and proformas guiding the application of the foster care manual
2. Ascertain the cultural appropriateness of current foster assessment procedures and theory against Aboriginal best practice frameworks and research.
3. Determination of any gaps in essential cultural procedural guidelines, client proformas and research theory in the culturally specific assessment of foster carers.
4. Focus group discussions with key stakeholders involved in foster care and out of home care of Aboriginal children to ensure that issues of current relevance to the assessment of appropriate foster carers is developed and incorporated within the Manual.
5. Changes to existing guidelines, procedures and instructional material in the Manual. Undertake and make any changes to the existing manual to ensure that it is culturally relevant, appropriate and consistent with best cultural and clinical practice. This involves adapting what is already in existence within the manual.
 - a) This will include some piloting and focus group work with an existing sample of foster carers or key stakeholders who deliver foster care and adoption services
6. Recommendations for the development of new assessment protocols and processes based upon the current assessment protocols in the existing Foster Care Assessment Manual
7. Recommendations for the incorporation of existing culturally specific assessments for inclusion in the foster care assessment manual.
8. Review to identify any absence of essential, culturally specific procedures and guidelines which are essential for appropriate levels of quality assurance and duty of care in the assessment of foster carers.
9. If the review identifies there is an absence of essential policies and procedures, develop these for embedding into the new manual.
10. Identification of new Assessment Protocols for inclusion in the Foster Care manual, if necessary, based upon a review of best practice assessment tools in existence.
11. Review and changes to pre-existing assessment process contained in the existing Foster Care Manual to ensure their cultural specificity.
12. Recommendations for changes to existing data base management system or development of data base system capable of capturing research data from new and adapted tools.

Whilst the assessment of potential foster carers is regulated through Western Australian (WA) State Legislation and policy that stems from the Legislation, this review has potential national as well as international significance given the limited cultural competency frameworks that exist within the child protection context. As such, and given that the Department provides services into remote, rural and urban based Aboriginal communities, existing assessments need to be in line with the best clinical and cultural practice available.

This build culturally based quality assurance into services provided and importantly support child protection workers to operate with a degree of confidence when providing assessment of potential carers for Aboriginal children at risk and in need of safe homes.

The analysis of the Manual has resulted in the identification of a number of areas which require significant change or addition relative to the standards of best (cultural) practice. Indigenous Psychological Services (IPS) has made these suggested amendments in each chapter throughout the Manual. Additionally, there are a number of client proformas within the Manual which need to be adapted for use with Aboriginal clients. IPS has noted the need for these to be developed specifically for working with Aboriginal people in this chapter as well as within the Recommendations Chapter. The effectiveness and quality assurance of service delivery is linked directly to having proformas accessible to staff to ensure that essential client information is gathered and quality assurance of service delivery is able to be monitored.

Implementation of Recommended Assessment Changes

The recommended changes to the Department's Manual may require the development of new policies and procedures, as well as adaptations to a number of current ones. In order to see these changes realised the Department will need to put in place strategies and processes that will ensure that these changes are both practical and implementable. IPS would recommend that the Department do this in the following way:

- That staff inductions incorporate all changes to ensure strong focus on culturally guided policy and practice implementation;
- That staff have good grounding in culturally guided and responsive service delivery, including opportunity to have this reviewed as part of ongoing supervisory practice;
- That cultural practice is linked with the amended Manual and any related policies and procedures; and
- That mechanisms are developed to incorporate an Aboriginal specific cultural lens that can provide ongoing input into the review and additional development of policies and procedures.

Whilst some of these issues are addressed in this consultancy, it is also evident that additional work is required in this area that is beyond this consultancy. The Recommendations Chapter provides specific guidance as to how this is best achieved.

Preface

This section essentially introduces the Department's workforce to the philosophy that governs the delivery of its programs and services. In addition to the Statement of Cultural Security (below) the introduction section needs to incorporate a statement which introduces the Department's need to focus on culturally appropriate service delivery including how this has been achieved throughout the Manual by providing practitioners with:

- a) Specific reference to issues which impact directly upon Aboriginal and Torres Strait Islander Clients throughout the assessment process; and
- b) Specific Clinical and Cultural Guidelines which govern the provision of services to Aboriginal clients as provided in the Recommendations Chapter.

This section of the document will need to be altered to incorporate specific statements relative to the cultural underpinnings of the organisation and to refer practitioners to new sections of the Manual that govern the cultural philosophy of the organisation. Statement should be to the effect of:

- 1.1 **Statement of Cultural Security:** The Department recognises Aboriginal Australians as the traditional custodians of the land in which the Department's services are delivered. In respect of this, this Manual has undergone extensive cultural and clinical review, which refers to the need for foster care assessors to incorporate specific cultural context in the assessment of foster carers and for foster carers to demonstrate appropriate standards of cultural competency as a pivotal aspect of the assessment process.
- 1.2 Reference should be made immediately following this statement to the inclusive cultural focus of the Manual and rationale for the same (i.e. in recognition of the diversity of the cultural groups to which the Department provides its services and most particularly to Aboriginal people as a key focus of this organisation this manual has been written with due regard to the specific cultural matters that need consideration across all aspects of service delivery. In addition, this manual provides Guiding Cultural Principles which should be referred to in instances where Aboriginal peoples and communities are subject to any service delivery.
- 1.3 The Department recognises the impacts of past government policies of removal of Aboriginal children from their parents as part of the Assimilation Policy by ensuring that the cultural security of placement for Aboriginal children are paramount. It recognises that specific care must be taken to ensure that for those Aboriginal children who are in need of care and protection that their cultural identity and attachment is a primary focus of their ongoing care and protection, enacted through the Legislated Aboriginal and Torres Strait Islander Child Placement Principle (Section 12 of the *Children and Community Services Act 2004* (the CCS Act).
- 1.4 A statement with regard to the Department's focus on addressing the over-representation of Aboriginal children in care.

Introduction

As a follow, on from the Statement of Cultural Security – the introduction should incorporate the following additions:

- 1.1 *End of First paragraph:* It is also intended to ensure that the cultural security of assessment is paramount when determining appropriate foster carers for Aboriginal children consistent with the Departments Aboriginal and Torres Strait Islander Child Placement Principle as well as in accordance with the Guiding Cultural Principle 9 regarding Cultural Attachment Theory.
- 1.2 *End of second paragraph* – assessment should be undertaken with:
 - a). Foster care assessors having a full understanding of Guiding Cultural Principles 8 and 13, the limitations of assessment with Aboriginal and marginalised populations; and
 - b). With due regard to the culturally specific assessment processes incorporated within this manual when undertaking the assessment of potential foster carers of Aboriginal children.
- 1.3 *Paragraph three, end of third sentence (add).* In addition the manual provides guidance with regard to culturally specific assessment for those who are specifically to have Aboriginal children placed in their care. In addition, the Department is committed to ensuring that Foster care assessors demonstrate minimum standards of cultural competence as per Guiding Principle 1 as well as the application of Guiding Principles 8 and 13.
- 1.4 *Consideration of an additional paragraph as follows:* The models of assessment are considered inclusive of the particular cultural needs of Aboriginal people as per in relation to relationship between culture and wellbeing from an assessment perspective. Reference should also be made to the definitions of both Aboriginal Social and Emotional Wellbeing, cultural attachment theory and Black Identity Formation provided in the Cultural Glossary, along with Guiding Cultural Principles 9 and 12.
- 1.5 Consideration of an additional paragraphs as follows:

With reference to the Department’s Aboriginal Services and Practice Framework 2016-2018, IPS recommends that the following section be included in the Manual; “The Aboriginal historical legacy in Western Australia (WA) has its clearest expression in the stated purpose of the Aborigines Act 1905 (WA), which was the ‘protection, control and segregation of Aboriginal people’.

The Aborigines Act established an administrative regime under the control of a ‘Chief Protector’ that covered every aspect of Aboriginal peoples’ lives. The Aborigines Act assumed that Aboriginal peoples were a ‘dying race’ in its objective of forced assimilation of future generations.

The subsequent Native Administration Act 1936 (WA) provided the ‘Chief Protector’ with total control of all Aboriginal children aged twenty-one years and under, including the legal right to remove some children from their families and place them in institutions, or to allow their adoption by non-Aboriginal families. The Native Administration Act consequently impacted Aboriginal peoples’ enduring connection to country, family and community and their right to continue to practice and pass on their language and culture to future generations, resulting in its suppression and loss.

Administration of the *Aborigines Act* and the *Native Administration Act* fell to the WA *Native Welfare Department*. This department was only abolished in 1972, although its oppressive functions had been eliminated in the 1960s.

In 1972, the welfare functions of the *Native Welfare Department* were combined with the *Child Welfare Department* to form the *Department of Community Welfare*; the predecessor to the *Department for Child Protection*, and the current *Department for Child Protection and Family Support*.

Consequently, the Department shares the historical legacy of the suppression of Aboriginal culture and language, the separation of children from families and communities, and the ensuing cultural dislocation, intergenerational trauma, grief and loss. It is remembered by many Aboriginal community members as '*the welfare*' partially for this reason (as well as keeping it simple in the face of constant name changes).

This history bestows a special responsibility and an equally special privilege in the present for the Department to be part of the solution for Aboriginal children's safety, family well-being and community healing, and to exercise this in a respectful, collaborative, open and responsive way". (Department for Child Protection and Family Support (2016). *Aboriginal Services and Practice Framework 2016-2018*. Perth, Western Australia: Western Australian Government; pages 4-5).

This last section to the introduction will provide some cultural context to the organisation and ensure that foster care assessors are at all times aware of and cognisant of the significant role that the Department played, over time, in the assimilation policy of past governments.

Legislation

Whilst not able to make any changes specific to the Legislation governing foster care and adoption in Western Australia, the following are relevant considerations to make in this section, including:

- a) Reference to the Legislative requirements at Section 81 of *the CCS Act* whereby an Aboriginal person or community member must be consulted in relation to the placement of Aboriginal children, in conjunction with Section 12 of *the CCS Act* which outlines a hierarchy of placement as per the Aboriginal and Torres Strait Islander Child Placement Principle; and
- b) Noting that all staff are required to take responsibility for their cultural learning and understanding of the specific sections of the Legislation that relate to Aboriginal children, and what this means in terms of practice application.

Assessment Domains

There are no amendments to be made to the six domains listed below that form this section, however IPS would note that assessment domain six will be the subject of significant review, including the development of a child protection cultural competency assessment and profile:

1. Meeting the Children's Needs
2. Providing a Safe Living Environment
3. Working with Families and Professionals
4. Learning and Development
5. Character and Repute
6. Cultural Responsiveness

The Assessment

IPS recommends a number of additions to the introductory paragraph of this section, including:

- **ADD** to the end of the first sentence 'extended family, community, kinship, skin groups and the full definition of family as understood by Aboriginal people'.
- **ADD** to the end of first paragraph 'There are a number of specific protocols that must be observed in the engagement and assessment of Aboriginal children which have been specified in Guiding Cultural Principles 6, 8, 10, 11 and 13. Specifically attention must be paid to:
 - i. The Engagement of Aboriginal clients in services must ensure that methods of establishing rapport will differ specific to Guiding Cultural Principle 10.
 - ii. The determination of kinship, community and cultural connection must ensure that an extensive Cultural Map be undertaken as a starting point to determining a complete genogram (refer to Cultural Glossary for Cultural Map definition) as outlined in Guiding Cultural Principle 11.
 - iii. Any assessment of Aboriginal children and carers is undertaken with reference to Guiding Cultural Principles 8 and 13 which specifies the limitations of assessment with Aboriginal people.
 - iv. In response to the issues of cultural validity and reliability as it relates to Aboriginal children and foster carers, a number of adjustments have been made to the standard assessment processes in this Manual, all of which are added in as 'red text'.
 - v. A number of unique assessment tools have been included within this Manual to ensure the cultural reliability and validity of assessments undertaken as per recommendations outlined in the Recommendations Chapter.
 - vi. The Department must commit, as per Guiding Cultural Principle 1 to the ongoing and tracking of cultural competency of their staff, and the ongoing development of cultural competency as per recommendations made to ensure the cultural competency of its workforce with priority to foster care assessors as previously raised.
 - vii. The need to add in an outline of specific cultural issues such as skin and avoidance relationships and the myriad of cultural issues which can impact upon placement of Aboriginal children that do not follow a mainstream protocol of placement.

Considerations for Foster Care Applicants

The following recommendations for inclusion in this section include:

- **ADD** that assessors should be specifically trained in the assessment needs of Aboriginal people to ensure that the cultural needs of foster carers and Aboriginal children are fully addressed. The Department should have a list of individuals in the State who are specialised in the assessment of Aboriginal people and who either need to be involved or who will need to supervise aspects of the assessment. This is provided as a Recommendation.
- Training for carers should also include cultural understanding training including in instances in which an Aboriginal child is placed with an Aboriginal family who are not from the same cultural area as them to ensure that all cultural information pertaining to the child is understood. Examples of grieving and cultural practices relevant to the

young person should be explained by a vouched for cultural consultant from the Aboriginal child's particular culture. Examples of differences in cultural grieving practices is provided in Guiding Cultural Principles 6 and 6.

- It is also strongly suggested that a Child Cultural Map to complement the Department's currently required Cultural Plan, is developed using the framework provided in Guiding Cultural Principle 11 and that this is provided to prospective carers to ensure that they are informed of all aspects of the child's cultural identity, affiliation and key cultural stakeholders that need to be involved in a child's life at different stages of development (e.g. lore mentors who need to be involved at the stage of rite of passage for an Aboriginal young male – refer to Cultural Glossary for definitions of these terms and concepts).
- Specific mention should be made of the fact that cultural identity is a particular focus of all Care Plans; that cultural factors that impact upon the development of healthy attachments are addressed relative to Guiding Cultural Principle 9.
- Include that there is a responsibility to regularly update cultural aspects of the child's care and cultural plan. Refer to Guiding Cultural Principle 10 and 11. This should be achieved with the inclusion of family and an Aboriginal staff member who knows the child and their family, for example with inclusion of and guidance from the Aboriginal Practice Leader.

In the section that states the theoretical base of the Manual is broad, IPS recommends that the following additions be made to each section that provides an example of one of the theoretical underpinnings drawn on ;specifically:

Attachment Theory:

- Specific attention must be paid to the concept of cultural attachment theory as defined in the Cultural Glossary and in accordance with the assessment guidelines provided in Guiding Cultural Principle 9. Reference needs to be made to a number of fundamental differences in the manner in which Aboriginal children and people formulate attachments as per Guiding Cultural Principle 13, which discusses differences in Aboriginal versus mainstream parenting styles and 9 which discusses differences in the assessment of Attachment, along with Recommendations provided in the Recommendations Chapter. In addition the following Guiding Cultural Principles need to be linked as related foundation policy:
 - Guiding Cultural Principle 1 – Commitment to Staff Cultural Competence which requires that all Guiding Principles are understood and able to be implemented specifically to the placement and attachment needs of Aboriginal children.
 - Guiding Cultural Principle 11 - Cultural Mapping and genealogy to ensure the cultural appropriateness of placements of Aboriginal children and also in line with the relevant Aboriginal Child Placement Policy specific to each state
 - Guiding Cultural Principle 8 – The use of mainstream assessment and testing Psychological Assessment Guidelines

Ecological Assessment:

- **ADD** to the end of the sentence... as well as Cultural Mapping for Aboriginal children as defined and provided for in Guiding Cultural Principle 11.

Systems Theory:

- **ADD** as an additional sentence: Cultural Mapping must be undertaken with Aboriginal children and families to ensure that the definition of 'systems' extends beyond Eurocentric concepts of a nuclear family.

Theories of Child Development:

- **ADD** as an additional sentence: Child Development theory must be understood relative to cultural differences in Child Development for Aboriginal Children as provided in Guiding Cultural Principle 13.

The final paragraph should refer to Foster Carer responsibility for ensuring the cultural needs of Aboriginal children are understood through a number of mechanisms including but not limited to:

- Exposure to Aboriginal cultural activities and community to ensure that cultural connection and understanding is inherent within an Aboriginal child's upbringing, as is intended through the Aboriginal and Torres Strait Islander Child Placement Principle.
- Ongoing exposure, discussions and reflections about their feelings about Aboriginal culture, communities and the kinship of Aboriginal children placed in their care.
- That there is a responsibility to have specific understanding of **Acculturation** in full light of Guiding Cultural Principle 12 - Black (Aboriginal) Identity Formation.
- That there is a responsibility or onus on the Department to ensure that foster carers are secure in their cultural knowledge and have the opportunity to undertake cultural competency training as well as have supported access to Aboriginal community networks and functions.

Considerations for Prospective Adoptive Parents

There are no recommended changes in this section.

Principles for Assessment of Foster Carers and/or Prospective Adoptive Parents

IPS recommends the following additions to this section:

- **ADD to the end of the first sentence:** Assessment should place particular emphasis on the limitations of mainstream assessment and testing with minority and Aboriginal peoples. As such, there is a requirement that assessors undertake appropriate cultural assessments in instances where Aboriginal children and people are a focus of assessment as per Guiding Cultural Principle 8. In addition assessment with prospective adoptive parents should make particular assessment of the cultural competencies of their parents in full consideration of Guiding Cultural Principle 1.

Evidence

This should include that ethnographic assessment requires that there is external validation of any assessment that occurs for Aboriginal children and potential adoptive parents. This ensures that assessment is accurate and with due regard to the limitations of mainstream assessment. A full definition of ethnographic assessment is in the Cultural Glossary.

Direct

Very specific comments need to be made here in relation to the cultural elements of observation and potential cultural bias which needs to take into account the following factors (both of which need to be added to this section):

- a. The interaction between assessor and assessee; and
- b. Observation impacts

Indirect

No additions to this section.

Written Evidence

ADD to the end of the first paragraph: In instances where English is a second or third language and numeracy and literacy is limited in the case of Aboriginal and Culturally and Linguistically Diverse (CaLD applicants), the Department recognises that written evidence may not always be possible. In these instances the Department will assist with either appropriate translating services where possible or the oral provision of transcription of

evidence from these applicants. This ensures equity in the application process but importantly ensures that numeracy and literacy does not exclude appropriate carers from becoming adoptive parents.

Oral Evidence (referees)

This needs to comment that referees must be selected who are able to make comment on the cultural security or competency of the carer. It must be heavily weighted that a culturally vouched for referee is identified as a priority in which there are Aboriginal carers and / or Aboriginal foster children to be placed in care – refer Guiding Cultural Principle 6. IPS recommends a number of additions to this section, specifically:

- **ADD** to the end of the first sentence, second paragraph. The *Form 707 – Referee Report for Foster Carer or Adoption Applicants* will need to be completed for Aboriginal applicants in line with the Guiding Cultural Principles. Note: This Form will need to be modified in line with the Guiding Cultural Principles as outlined at Recommendation 5.6.
- **ADD** at the end of the second paragraph. Within the limits of confidentiality assessors must refer to Guiding Cultural Principles 3, 5 and 5 – which specify issues related to informed cultural consent, confidentiality and record keeping respectively.
- **ADD** a reference to Guiding Cultural Principles 3 and 6 – informed cultural consent and cultural vouching to ensure that the client is fully aware of who is going to receive their personal information and that they are assured that any cultural information of a sensitive nature will not be disclosed. The vouching process as stipulated in Guiding Cultural Principle 6 must be adhered to in its entirety in instances in which referrals of Aboriginal clients are to be made into a related service.
- **ADD** to the end of the third paragraph that the department at all times will ensure that a culturally competent and/or Aboriginal person undertakes interviews with Aboriginal applicants
- **ADD** to the end of the fourth paragraph. The assessor will make these decisions based upon consultation with the (Aboriginal Practice Leader and / or another identified cultural advisor) and based upon the cultural mapping of the foster child's biological family. Priority will be given to those who have kinship ties of relevance. For example, those who fulfil a kinship relationship equivalent of a mother, father or other kinship connection. NOTE: Refer Recommendation 5.6 in relation to Form 707.
- **ADD** to fifth paragraph: It is essential that *cultural vouching* of foster carers, to ensure their cultural suitability as a carer for Aboriginal foster children, is undertaken as per Guiding Cultural Principle 6 and as fully described in the Cultural Glossary. NOTE: Refer Recommendation 5.6 in relation to Form 707.
- **ADD** to sixth paragraph. It should be noted that previous reports are able to be reviewed by an appropriate cultural consultant for its cultural context, security and inclusion (or exclusion) of factors specific to the care of Aboriginal children. This is particularly the case if foster carers or adoptive parents have previously not had the care of an Aboriginal child and/or are of non-Aboriginal descent and have not undertaken an appropriate cultural competency in caring for Aboriginal children program.

Referee Summary Example

IPS recommends a number of additions to this section, specifically:

- **ADD** to first sentence ... "relationship and/or 'kinship' relationship"...
- **ADD** to the end of the first sentence. In the case of Aboriginal carers, the length of time the potential carer has been known to the foster child's family and kinship

network. In addition the extent to which the foster carer has had cultural vouching undertaken which represents their care capacity. It is this type of information that is unique and particular to Aboriginal parenting and the assessment of potential foster carers and adoptive parents should reflect this.

- **ADD** For example: Aunty Joy and Uncle Bill are Elders in the local community and have been known to the Department for some time. They have been foster carers themselves over many decades with Aboriginal children who have needed short and medium term respite. They have known John for most of his life. They know him to be a strong cultural man who has raised a number of children from the community. He has a reputation of being very good with 'troubled kids' on the community, although he has not had any children of his own. Whilst not 'directly' related to the foster child he has often looked after him at times when his parents are not capable. He has a neat and tidy home and is well respected by the community.
- **ADD** For example: Jill has worked in the local Aboriginal community for around five years with her husband. They are both non-Aboriginal but have spent most of their working life in Aboriginal communities. Uncle Jo and Aunty Gladys who are Elders in the local community and who are related to the foster child state that they would provide a loving home and are very interested in Aboriginal culture. They are often seen out with the local 'mob' fishing and are always very respectful of the Elders in the community. Uncle Jo and Aunty Gladys are not known to the Department but cultural vouching from known community leaders indicate them to be of significant reputation having raised five children themselves who have never been known to the Department.
- **ADD** to the following points were noted:
 - No significant issues related to cultural safety were raised by either applicant.
 - Regardless of cultural background of the applicant the referees were both Aboriginal.
 - Whilst one referee was known to the Department and the other was not, they were both the subject of cultural vouching as defined in Guiding Cultural Principle 6.
 - Both applicants were noted to have specific qualities around cultural understanding, security and interest.
 - The applicants have a strong kinship network and / or kinship ties to assist when they are in need of respect or parenting support.
 - Both applicants have experience as carers for Aboriginal children.

Assessment Report Template

NOTE: This review has made recommendations to the Suitability to Foster and/or Adopt Assessment Report Template (the Report) in this report. In addition to changes required to the Assessment Report Template IPS recommends a number of additions to this section, specifically:

- **ADD** to paragraph three, end of second sentence: In cases in which an Aboriginal child is the subject of the foster and/or adoption assessment additional cultural elements that must be included may result in the report length being extended.

Applicant details

This section should include kinship relationships.

Screening checks

Cultural vouching should be included as a mandatory check for Aboriginal children.

Employment and Education

This section should include cultural hierarchy attained and relevance of this to the care of the child. For example, whether the applicant/s is an Elder, Healer (Ngangkari) or Lore man etc. Refer to definition of Cultural Hierarchy in the Cultural Glossary

Other Interview Participants

This section needs to ensure that cultural mapping is referred to in order to accurately portray the relationship. This may be skin relationships, kinship or biological etc., Refer to definition of skin relationships in Cultural Glossary

Training

This needs to include reference to a culturally appropriate cultural competency program that will be required of all foster carers and adoptions applicants following this cultural audit. Refer to Recommendations that relate to this.

Description of Applicant (s)

This section would ideally provide a template or list of dot points to ensure that descriptions include issues of cultural relevance for example:

- The applicant has strong cultural ties within the community being considered a skin 'aunty' to the foster child.
- The husband has strong cultural connections also having undertaken Lore Business and having a strong background as a mentor to Aboriginal children.
- The parents have demonstrated their commitment to raising the child in a culturally secure and inclusive environment, demonstrated by (name specifics).

Environment / Residence

This section needs to be conscious of the different environments which Aboriginal people often reside in and assessors must differentiate between safety and issues of poverty.

Vehicle and Driver's License

Check that access to transport is possible as it is the case that many Aboriginal people do not have access to vehicles or transport due to socio economic issues. Transport has consistently been identified as a barrier to child care and foster care by Aboriginal people. Whilst not having personal access, assessors should explore whether there is access via community (family, extended family) support.

Finances

There are significant and multiple changes that are required in this section. Financial barriers have consistently been cited as a significant factor in acting as a deterrent for Aboriginal people to both foster and adopt. Numerous reports have cited financial realities as being a significant barrier to Aboriginal carers identified to foster Aboriginal children in need of loving homes. Factors which must be considered in this section include:

- According to Higgins, Bromfield and Richardson (2005) the primary factor preventing Aboriginal peoples from becoming carers was the material disadvantage experienced by a disproportionate number of Aboriginal and Torres Strait Islander peoples. Estimates using the Henderson poverty line suggest that the poverty line in Australia is approximately \$25,000 (for a single parent with two children) (Brotherhood of St Laurence 2005). Aboriginal peoples are disproportionately represented among low-income earners (ABS 2004). Research has shown that many foster carers are also low-income earners (McHugh 2002; McHugh, McNab, Smyth, Chalmers, Siminski and Saunders 2004). Carers and service providers in this study observed that a large proportion of the foster carers were living in low-income households and that a disproportionate number of these carers were Aboriginal. It was highlighted that material disadvantages and lower health standards that characterised Aboriginal peoples act as strong structural barriers to families providing care for children, particularly of a generalist (non-kinship) nature. Aboriginal carers too voiced their frustration over the inadequate funding provided and the process entailed in seeking funding,
- Material disadvantage is compounded in remote areas where the availability of fresh foods, services and transport is often limited. Given that the greatest area of need for foster carers are consistently in remote areas (Kimberley, Pilbara, Goldfields) there is a significant barrier for Aboriginal people to become foster carers in those regions. The cost of living is very high for many Aboriginal families, particularly in remote communities. It is essential that a loading occur to reflect this lived reality for remote Aboriginal foster carers - this must be based upon lived not artificial geographic boundaries were artificial, to ensure that the loading is sufficient for remote foster carers (for example, if it costs \$4.50 for a loaf of frozen bread or fruit is considerably more expensive than the foster care assessor needs to reflect this reality in the expenditure and be able to offer a loading that is realistic to the circumstances of the foster child's additional load on the household.
- Overcrowding in the house is also a difficulty, meaning that current or potential new carers have limited housing capacity to take on other children. Departmental and agency workers have noted that quite often families take on additional children, although barely making ends meet themselves, because they feel that if they do not, that the children will go out of the community. Rather than risk having a child from their community placed with a non-Indigenous carer, or having to move to another area, Aboriginal carers take on the care of multiple children. Consequently, Aboriginal

carers are likely to be struggling financially to begin with, and then have the added financial burden of caring for another child, as well as their own children – or supporting their extended families.

- Additional mental health and emotional wellbeing needs of Aboriginal foster children. Redressing the impacts of trauma experienced by Aboriginal families means that additional support by way of emotional and psychological wellbeing is necessary. Often Aboriginal children have a heightened likelihood of trauma related needs as a direct result of this forcible removal policy. With up to 32% of Aboriginal youth experiencing risk for three or more mental illnesses (Westerman, 2003) and the Kimberley in particularly having the highest rates of child suicide in the world and an almost absence of access to culturally and clinically appropriate therapeutic services intergenerational risk is quite simply not being addressed in high risk regions such as the Kimberley, Goldfields and Pilbara. This means that foster carers not only often require additional support but it also means that there is intergenerational risk and need for the foster children placed with them. This needs to be identified as part of the 'capacity to provide support' to Aboriginal children placed with foster carers.
- Educational Support: In addition, educational support is often additional and the requirements from foster carers is often more intensive to address very real cultural barriers that exist for Aboriginal children and often those who are 'at risk' for poor educational outcomes. The origins of this are multiple including language barriers between child and school (Malin REF). Importantly however, the historical origins lie in the exclusion of Aboriginal people from education until the late 1960s / early 1970s creating a lack of generational advantage in education and employment for Aboriginal people. It is clear that educational attainment is a significant factor in addressing intergenerational risk – only 10% of Aboriginal children currently complete year 12. Completion of Year 12 not only increases employment opportunities by 40% but has demonstrated correlations with more positive health and mental health outcomes for Aboriginal people. These factors need to be specifically noted and addressed in this section to ensure that financial barriers to redressing these historical and government related disadvantage does not continue into future generations. This additional risk and the need for additional support needs to be very specifically highlighted and addressed within the financial support provided to carers of Aboriginal children.

Motivation to Foster and/or Adopt

Significant alterations to this section are needed and focused specifically on the cultural competence of the foster care assessor as per Guiding Cultural Principle 1. The assessor should be capable of undertaking a cultural map of the foster carer and/or adoptive parents to ensure that 'motivation' incorporates kinship ties and the desire to ensure the cultural identity formation (refer to Cultural Glossary for definition and Guiding Cultural Principle 11) of the Aboriginal child. There needs to be very specific weight and questions attached to the additional capacity provided by Aboriginal foster carers/adoptive parents who are Aboriginal (consistent with the Aboriginal and Torres Strait Islander Child Placement Principle).

Note: Refer to Motivation to Foster and/or Adopt section in this Manual for further detailed comments and recommended changes.

Personal, Social and Family History of Applicants

Changes to this section are multiple and include all comments made in the above section 'Motivation to Foster and/or Adopt, in addition to the following comments/suggestions:

- The assessors need to determine parenting style and have a thorough knowledge and ideally training in the differences in the assessment of attachment as at Guiding

Cultural Principle 9 and differences in parenting styles of Aboriginal people and child development as at Guiding Cultural Principle 13. The determination of history of forcible removal (Guiding Cultural Principle 2) in the family specifically for Aboriginal foster carers and adoptees and the impact upon attachment style should occur. It is further recommended that any formal attachment assessment is undertaken with specific regard to Guiding Cultural Principles 2, 9 and 13.

- Referencing legislation needs to make particular reference to relevant government policies such as the Assimilation Policies and reference to the Bringing Them Home report that provides relevant and important background for assessors particularly in relation to out of home care and placements of Aboriginal children. It is essential that this background information is made available to assessors and that the Department make a statement of recognition of the impacts of these policies given that the position statement refers to the requirement that assessors have a role in information provision

Assessment Domains

Recommended changes in this section include all relevant/related comments. It is further recommended that the specific examples noted by the assessor are discussed with an appropriate Cultural Advisor or Cultural Consultant (specific to Guiding Cultural Principle 7 – the use of cultural consultants) to ensure that these examples are culturally appropriate and interpreted in a culturally safe manner.

Conclusion and Recommendations

It is strongly recommended that any conclusion and recommendations be discussed with a Cultural Advisor or Cultural Consultant (specific to Guiding Cultural Principle 7 – the use of cultural consultants)

Checklist

This checklist should incorporate cultural factors including but not limited to Cultural Mapping as opposed to Genogram as per Guiding Cultural Principle 11, as opposed to relying solely on a Genogram

Appendices

Would need to add amendments to this based upon the specific documents that are noted in this section. For example, the 'tools' to guide assessors in gathering information from referees would specifically need to note the procedures for gaining such information for Aboriginal foster carers to ensure cultural appropriateness (relative to Guiding Cultural Principle 10) and Guiding Cultural Principles 2 and 3 (informed Cultural Consent and Cultural Confidentiality). Specific changes will need to be made to the type of questions, procedures and nature of information gathered by referees for Aboriginal foster carers.

Second and Subsequent Adoptions

Changes under the following headings include:

Adjustment and development of the adopted child:

- Degree to which the adopted child has been encouraged to have direct and regular contact with Aboriginal community of origin (if relevant).
- Degree to which cultural attachment has been incorporated within parenting.
- Degree to which cultural factors regarding social, emotional, physical and education development have been understood and incorporated.

The applicant's management of adoption issues:

- Acceptance of child's birth family, ADD: Kinship and cultural ties specific to Guiding Cultural Principle 11 (Cultural Mapping).
- Child's birth name ADD: For Aboriginal children surnames are very specifically tied in with kinship and 'belonging' as certain family names have generations of traditions tied in with their birth names and ownership of Country. It is important that this is understood by adoptive parents to ensure that this aspect of cultural identity is able to be managed and respected as the adoptive child develops and gains a greater sense of cultural connection.
- Cultural continuity ADD: It should be specifically noted that adoptive parents are fully aware and respectful of the specific needs of Aboriginal children for cultural continuity and are fully trained in Guiding Cultural Principles 2 (understanding the impacts of the Stolen Generations), 9 (Cultural Attachment Theory) 11 (Cultural Mapping) and 12 (Black (Aboriginal) Identity Formation), to ensure that the child's development incorporates cultural identity needs at different development phases but also specific to the individual child's understanding of their culture and place within it.

Parenting and Child Management Strategies:

- Include in this particular section the need to increase the recognition of the fact that parenting styles of Aboriginal people differ markedly to those of non-Aboriginal Australians, and that this often results in attachments being formulated in a different way for Aboriginal children.

Family lifestyle and Relationships:

- Financial implications of bringing another child into the family needs to make reference to all suggested changes as per all points incorporated into 'Finances' section above.

Assessment Tasks May Include:

- Reviewing the previous Genogram (CHANGE to reviewing the previous cultural map) for Aboriginal children – including any deaths, grief and loss issues, any movement of extended family, any updated contact or changes in contact
- Dot point 2 - ADD include assessment of changes to parenting style specific to parenting of an Aboriginal child (for non-Aboriginal carers) specific to cultural training and Guiding Cultural Principle 13.
- Dot point 4 – the Circle of Relationships sheet needs to be undertaken specific to cultural activities at any place where community based or other activities are referenced.
- Dot point 6 – needs to incorporate how the child’s developmental needs specific to Guiding Cultural Principle 11
- Dot point 7 – cultural continuity ADD reference to points above all inclusive

Assessment Report

- Changes include specific reference to factors that the carers have incorporated based upon the changing cultural and developmental needs of the individual child and how these have been specifically managed. The assessor should also be able to provide access to cultural support specifically ongoing departmental provided training in the Guiding Cultural Principles as well as exposure to Aboriginal specific events, etc. (NAIDOC week, Sorry Day, etc.) to ensure a fuller understanding of Aboriginal culture and exposure of their adoptive child to culture and cultural events.

Common Problems Facing an Assessor

IPS recommends a number of additions to this section, specifically:

Interviews Take a long time

IPS recommends that the following points should be ADDED and that this section should be undertaken with specific reference to the following Cultural Guiding Principles:

- Guiding Cultural Principle 11 – Cultural Mapping. Kinship needs of Aboriginal children necessitate a full understanding of cultural mapping, community and land connection. It is necessary that the assessor is fully prepared around understanding the child's cultural map and how this is to be addressed relative to the development of strong robust attachment in Aboriginal children with reference to Guiding Cultural Principle 9 (Cultural Attachment Theory).
- It is also essential that assessors have minimum standards of cultural competence as per Guiding Cultural Principle 1 and understand differences in communication styles – as per Guiding Cultural Principles 10 and 14. This is particularly the case in which direct questions may not be appropriate to obtain and gather information from Aboriginal carers and adoptive parents. It is also specific to issues of gratuitous concurrence. There are a range of other differences in communication styles laid out in this principle that assessors should be aware of in their assessment of Aboriginal carers.

Information is conflicting

No changes

The report is very long

IPS recommends that there be a number of additions to this section.

- Dot point 1. ADD: It is essential that a report example for an Aboriginal child is provided specific to the cultural factors that need to be incorporated in the report.
- Dot point 4. ADD: It is essential that a cultural advisor reads through the assessment report for cultural security, consistently and to quality assure the reports outcomes and content. This is specific to Guiding Cultural Principle 6 (the use of cultural consultants) and Recommendation 10 (the specification that the Foster Care and Adoption Panel has cultural and clinical advisors as per Section 50(d) of the WA Equal Employment Opportunity Act 1984 that reflect the number of Aboriginal and/or Torres Strait Islander children in the out of home care system). ADD also that there have been changes to the Assessment Domains (criteria listed in the CCS Regulations and the requirements under the Adoption Act specifically for the assessment of carers and adoptive parents of Aboriginal children).

Ethical, professional and procedural issues

IPS recommends the following changes:

- A statement needs to be made with regard to Departmental staff who have professional ethical guidelines that govern their practice.
- End of paragraph 1 - ADD: Assessors must be aware of the different confidentiality needs that exist for Aboriginal clients as per Guiding Cultural Principle 3; and the need to ensure the cultural security of certain information specific to Guiding Cultural Principle 2, informed cultural consent.

- End of paragraph 2 - ADD: The department has committed to ensuring the cultural security and accuracy of assessments via the following important policies and tools;
 - The department's commitment to the Cultural Competency of Assessors is the overarching support and mechanism under which the assessors 'instinct' incorporates 'cultural instinct' and addresses any unconscious racial bias that exists in the determination of accurate assessments.
 - The extensive cultural and clinical audit of the existing foster care and adoption assessment manual thoroughly guides assessors throughout the assessment process.
 - The commitment to Cultural Governance within the existing Adoption Panel.
 - The commitment to a Cultural and Clinical Advisor to guide and support the cultural security of assessment outcomes.

Assessment Domain 1 – Meeting the Children’s Needs

***Note:** Additions/changes recommended in red

Foster Care: This section covers Regulation 4(1)(a)(i) of the CSS Regulations: Is able to provide care for a child in a way that promotes the wellbeing of the child, promotes the child’s family and interpersonal relationships, and protects the child from harm.

Table of Elements, Performance Criteria and Evidence

<p>1. Ensure the complex needs of the child are addressed</p>	<p>1.1 Strategies are developed and implemented to meet the physical, social, cultural, psychological and emotional needs of the child</p>	<ul style="list-style-type: none"> • Understanding the Child Interview Schedule This has been amended • Case Studies 2a & 2b: Resilience This has been amended • Case Studies: Sexuality and Gender This has been amended • Meeting the Complex Needs of Children Interview Schedule This has been amended • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children. This has been amended • Child Development Handout This has been amended and should make particular reference to Guiding Cultural Principle 11 • Case Study 5: Child Development This has been amended • Vignettes: Child Development This has been amended and should make particular reference to Guiding Cultural Principle 11 • Applicant’s Self-Report Checklist Assessment Domain 1 This has been amended • Case Studies: • Cultural Identity this has been amended • Caring for a Child Who is Disengaged from their Culture this has been amended • Sudanese Siblings • Celebrating Culture this has been amended • Contact with Birth Family Communication and Culture This has been amended and should make particular reference to Guiding Cultural Principle 10 cultural mapping • Transphobic Abuse at Contact • Discovering One’s Sexual Orientation This has been amended • Siblings: Casual Homophobia • Reference from Employer (if transferrable skills) • Foster Care Preparation Training: Module 2 – Trauma and Attachment and Module 3 – Care for the Child: ‘Healing’ Parenting Skills. It is recommended that this be reviewed
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		<p>in line with this Audit and Guiding Cultural Principles.</p> <ul style="list-style-type: none"> Cultural Awareness training (online and face to face). This is to be replaced with the Cultural Competency Profile - Child Protection (Westerman 2019) as per Guiding Cultural Principle 1, as well as the personal commitment to work within the Guiding Cultural Principles provided in their entirety. Also refer to recommendations XX
	1.2 Applicants can plan for the care of the child, from the time of placement, that will enable effective bonding and attachment to occur	<ul style="list-style-type: none"> Motivation to Foster and/or Adopt Interview Schedule and Assessor's Checklist This has been amended Role of Foster Carer and/or Adoptive Parent Handout this has been amended Understanding the Child Interview Schedule This has been amended Adoption Plan Interview Schedule has been amended Understanding Adoption Interview Schedule and Assessor's Checklist has been amended Care Team Approach Interview Schedule and Care Team Approach Practice Framework has been amended Use of Time Activity has been amended Case Studies: <ul style="list-style-type: none"> Working Together to Support Contact has been amended Permanent Out-Of-Home Care Contact has been amended Contact with Birth Family has been amended Communication and Culture has been amended Settling into Permanent Out-Of-Home Care has been amended
	1.3 Applicants demonstrate a commitment to engage in family centred activities and to devote time to this	<ul style="list-style-type: none"> Role of Foster Carer and/or Adoptive Parent Handout has been amended Ecomap (Natural Support Network Map) has been amended and reference should be made to Guiding Cultural Principle 10 (Cultural Mapping) Use of Time Activity Case Study: Celebrating Culture has been amended
	1.4 Applicants demonstrate that the child will be exposed to a range of role models e.g. gender/culture etc.	<ul style="list-style-type: none"> Care Team Approach Interview Schedule and Care Team Approach Practice See specific comment relating to this in relevant section Meeting the Child's Cultural Needs – Aboriginal and Torres Strait Islander Children Handout This has been amended Genogram or Cultural Map as per Guiding Cultural Principle 10 for Aboriginal children

		<ul style="list-style-type: none"> • Circle of Relationships • Ecomap (Natural Support Network Map) has been amended and must make reference to the Guiding Cultural Principles in their entirety • Assessor’s Observation Checklist Assessment Domain 1 has been amended • Case Studies: <ul style="list-style-type: none"> • Cultural Identity amended • Parentified Child amended • Sudanese Siblings • Tough Kid • Fear of Drinking Behaviour • Prison Contact • Transphobic Abuse at Contact amended • Referee Reports amended
	<p>1.5 Applicants demonstrate an understanding and knowledge of separation, grief and loss, attachment theory and age appropriate stages of child development</p>	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Interview Schedule and Assessor’s Checklist this has been amended to incorporate cultural aspects of motivation and barriers which must be addressed regarding capacity to provide care • Case Studies 2a & 2b: Resilience This has been amended • Child Development Handout amended • Case Study 5: Child Development amended • Vignettes: Child Protection amended • Summary of Child Development amended • The Four Goals of Misbehaviour amended • Case Studies: <ul style="list-style-type: none"> • Concern for Sister amended • Parentified Child amended • Comfort Clothing amended • Foster Care Preparation Training: Module 2 – Trauma and Attachment Learning Journal ‘Impact of Trauma on Child Development’ Case Studies See specific amendments
	<p>1.6 Opportunities to improve the quality of life of the child such as access to education, recreation and health care are supported</p>	<ul style="list-style-type: none"> • Case Studies: Sexuality and Gender This has been amended • Care Team Approach Interview Schedule and Care Team Approach Practice Framework has been amended • Meeting the Complex Needs of Children Interview Schedule amended • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout amended • Use of Time Activity • Fostering and/or Adopting Children with Additional Needs Questionnaire amended • Children with Additional Needs Assessor’s Checklist amended • Case Studies: <ul style="list-style-type: none"> • School Refusal amended

		<ul style="list-style-type: none"> • Cultural Identity amended • Caring for a Child who is Disengaged from their Culture amended • Celebrating Culture amended Working Together to Support Contact • Contact with Birth Family amended • Communication and Culture amended • Discovering One's Own Sexual Orientation amended • Foster Care Preparation Training: Module 1 – Provide Foster Care as Part of a Team
	1.7 Meet the needs of children who may have been, physically, emotionally or sexually abused or neglected. Understands the effects of trauma on children, and has the ability to act as an advocate for the child	<ul style="list-style-type: none"> • Case Studies 2a & 2b: Resilience • Case Study 6: Sexualised Behaviour • Summary of Child Development • Foster Care Preparation Training: Module 2 – Trauma and Attachment Learning Journal 'Impact of Trauma on Child Development' Case Studies. amended
	1.8 Applicants are united over child rearing and parenting practices. This includes a full appreciation and commitment to Aboriginal parenting differences	<ul style="list-style-type: none"> • Meeting the Complex Needs of Children Interview Schedule amended • Vignettes: Parenting Beliefs and Capacity amended • Child Development Handout amended • Case Study 5: Child Development amended • Vignettes: Child Development amended • Assessor's Observations Checklist Parenting Skills amended • Summary of Child Development amended • Children with Additional Needs Assessor's Checklist • Case Studies: <ul style="list-style-type: none"> • Cyber Safety • Swearing Toddler • Seeking Affection • Siblings: Shoplifting
2. Caring for a child who has additional medical, behavioural or psychological care needs	2.1 Applicants can cope with the need to devote much time and energy to building a relationship with the child but without the usual expectations of gratification	<ul style="list-style-type: none"> • Role of Foster Carer and/or Adoptive Parent Handout amended • Ecomap (Natural Support Network Map) amended and reference should be made to Guiding Cultural Principle 10 (Cultural Mapping) • Use of Time Activity • Assessor's Observation Checklist Parenting Skills amended and specific comment needs to be made of the issues associated with observer bias with non-Indigenous clinicians • Case Study: Celebrating Culture amended

		<ul style="list-style-type: none"> Foster Care Preparation Training: Module 2 – Trauma and Attachment. amended
	2.2 Applicants recognise the particular vulnerability to abuse and discrimination of children with a disability	<ul style="list-style-type: none"> Fostering and/or Adopting Children with Additional Needs Questionnaire has been amended Children with Additional Needs Assessor’s Checklist has been amended
	2.3 Applicants demonstrate a high degree of perseverance, determination and resilience	<ul style="list-style-type: none"> Case Studies 2a and 2b: Resilience amended Lifeline Infertility, Past Pregnancies and Chosen Non-Pregnancy Questionnaire Anxiety and Depression Checklist Case Studies: <ul style="list-style-type: none"> Potential Allegation Standard of Care Issue Referee Reports
	2.4 Applicants have knowledge of, and are in agreement about, the extent of additional care needs they would be confident to manage	<ul style="list-style-type: none"> Fostering and/or Adopting Children with Additional Needs Questionnaire has been amended Children with Additional Needs Assessor’s Checklist Use of Time Activity Ecomap (Natural Support Network Map including Guiding Cultural Principal 10, Cultural Mapping in the case of Aboriginal Carers or Children) Form 718 Health Questionnaire/Medical Practitioner Report Foster Care Preparation Training: Module 2 – Trauma and Attachment amended
	2.5 Applicants are able to identify specific child management needs of children with a disability and have the skills and ability to access support to meet these needs now and in the future	<ul style="list-style-type: none"> Fostering and/or Adopting Children with Additional Needs Questionnaire has been amended Children with Additional Needs Assessor’s Checklist Use of Time Activity Ecomap (Natural Support Network Map or Cultural Mapping as per Guiding Cultural Principal 10) Related employment Referee Report
3. Promote relationships between the child and significant others	Significant others (e.g. child’s birth and extended family) are identified and opportunities for on-going relationships are supported in the best interests of the child	<ul style="list-style-type: none"> Acceptance of Child’s Family Interview Schedule amended Foster Care Case Study 1: Empathy amended Care Team Approach Interview Schedule and Care Team Approach Practice See comment in specific section Case Studies: <ul style="list-style-type: none"> Impact of Contact Prison Contact Working Together to Support Contact Contact with Birth Family Communication and Culture Distress After Contact Foster Care Preparation Training: Module 1 – Provide Foster Care as

		Part of a Team and Module 6 – Cultural Considerations, Learning Journal Activity on working together for children in care
	3.2 Applicants convey a positive attitude about the birth parents and the need to provide complete information in relation to the birth family and history to assist the child to develop their identity	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule has been amended • Foster Care Case Study 1: Empathy has been amended • Care Team Approach Interview Schedule and Care Team Approach Practice Framework has been amended • Case Studies: <ul style="list-style-type: none"> • Impact of Contact amended • Prison Contact • Working Together to Support Contact amended • Contact with Birth Family Communication and Culture amended • Distress After Contact • Permanent Out-of-Home Care Contact • Foster Care Preparation Training: Module 1 – Provide Foster Care as Part of a Team and Module 6 – Cultural Considerations, Learning Journal Activity on ‘working together for children in care’ amended
	3.3 Applicants demonstrate an openness of attitude towards adoption from the child’s perspective, acknowledge the importance of the birth family to the child’s identity, express sympathy and understanding of the feelings of the birth parents and a willingness to meet and form a relationship (adoption only)	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Interview Schedule and Assessor’s Checklist amended • Role of Foster Carer and/or Adoptive Parent has been amended • Acceptance of Child’s Family Interview Schedule • Foster Care Case Study 1: Empathy has been amended • Understanding the Child Interview Schedule • Understanding Adoption Interview Schedule and Assessor’s Checklist • Child’s Adoption Story Handout • Child’s Adoption Story: Exercise Handout • Case Studies: Understanding Adoption from the Child’s Perspective • Adoption Plan Interview Schedule • Understanding Adoption Assessor’s Checklist • Children’s Understanding of Fostering and/or Adoption Interview Schedule and Assessor’s Checklist
	3.4 Various communication strategies are used to maintain relationships which take into consideration the age, identity, culture, language, skills, psychosocial development, social	<ul style="list-style-type: none"> • Understanding the Child Interview Schedule • Case Studies 2a & 2b: Resilience amended • Case Studies: Sexuality and Gender amended • Meeting the Complex Needs of Children Interview Schedule has been amended

	<p>history and physical location of the child</p>	<ul style="list-style-type: none"> • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children amended • Child Development Handout amended • Case Study 5: Child Development has been amended • Vignettes: Child Development has been amended • Applicant’s Self-Report Checklist Assessment Domain 1 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity amended Caring for a Child Who is Disengaged from their Culture • Sudanese Siblings • Celebrating Culture amended • Contact with Birth Family Communication and Culture amended • Transphobic Abuse at Contact • Discovering One’s Sexual Orientation amended • Siblings: Casual Homophobia • Summary of Child Development has been amended but specific reference should be made to Guiding Cultural Principle 11 (differences in child development) • Reference from Employer (if transferrable skills) • Foster Care Preparation Training: Module 1– Provide Foster Care as Part of a Team, Module 2 – Trauma and Attachment and Module 3 – Care for the Child: ‘Healing’ Parenting Skills. amended • Cultural Awareness training (online and face to face) This is to be replaced with the Cultural Competency Profile - Child Protection (Westerman 2019) as per Guiding Cultural Principle 1, as well as the personal commitment to work within the Guiding Cultural Principles provided in their entirety. Also refer to recommendations XX
<p>4. Ensure the ongoing safety of the child</p>	<p>4.1 Strategies are implemented to prevent and respond to crisis situations in accordance with Department procedures</p>	<ul style="list-style-type: none"> • Case Studies 2a and 2b: Resilience amended • Case Studies 7a and 7b: Crisis Intervention • Case Studies: <ul style="list-style-type: none"> • Potential Allegation • Standard of Care Issue • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Foster Care Preparation Training: Module 1 – Provide Foster Care as Part of a Team amended

	4.2 Where a child has experienced or alleges harm or abuse in care, the policy and procedures for responding to allegations of abuse in care will be implemented to protect the child (foster care only)	<ul style="list-style-type: none"> • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Case Studies: <ul style="list-style-type: none"> ○ Potential Allegation ○ Standard of Care Issue • Foster Care Preparation Training: Module 1 – Provide Foster Care as Part of a Team and Module 6 – Cultural Considerations This has been amended
	1.3 Is physically capable of providing care until the child turns 18 (if required)	<ul style="list-style-type: none"> • Medical Practitioner Report (including Mental Health Practitioner) this has been amended • Form 718 Health questionnaire this has been amended • Referee reports • Medical Panel recommendation (adoption only)

Evidence cited in this Table of Elements (Domain 1) that has been adapted as part of this cultural audit includes:

- Acceptance of Child’s Family Interview Schedule
- Adoption Plan Interview Schedule
- Applicant’s Self-Report Checklist Assessment Domain
- Assessor’s Observation Checklist Assessment Domain 1
- Assessor’s Observations Checklist Parenting Skills
- Care Team Approach Interview Schedule
- Care Team Approach Practice Framework
- Case Studies
 - 2a & 2b: Resilience
 - Caring for a Child Who is Disengaged from their Culture
 - Celebrating Culture
 - Child Development
 - Concern for Sister
 - Contact with Birth Family
 - Comfort Clothing
 - Contact with Birth Family Communication and Culture
 - Cultural Identity
 - Discovering One’s Sexual Orientation
 - Empathy
 - Impact of Contact
 - Parentified Child
 - School Refusal
 - Sexualised Behaviour
 - Sexuality and Gender
 - Working Together to Support Contact
- Children with Additional Needs Assessor’s Checklist
- Child Development Handout
- Child Protection
- Circle of Relationships
- Contact with Birth Family Communication and Culture
- Ecomap (Natural Support Network Map)
- Form 718 Health questionnaire
- Fostering and/or Adopting Children with Additional Needs Questionnaire

- Medical Practitioner Report (including Mental Health Practitioner)
- Meeting the Complex Needs of Children Interview Schedule
- Meeting the Child's Cultural Needs – Aboriginal and Torres Strait Islander Children
- Motivation to Foster and/or Adopt Interview Schedule and Assessor's Checklist
- Permanent Out-Of-Home Care Contact
- Referee Reports
- Role of Foster Carer and/or Adoptive Parent Handout
- Settling into Permanent Out-Of-Home Care
- Summary of Child Development
- The Four Goals of Misbehaviour
- Transphobic Abuse at Contact
- Understanding the Child Interview Schedule
- Understanding Adoption Interview Schedule and Assessor's Checklist
- Use of Time Activity
- Vignettes
 - Child Development
 - Parenting Beliefs and Capacity

Range of Variables

***Note:** Additions recommended in red

The child is defined as:	<ul style="list-style-type: none"> • A child under 18 years of age • A child in the Chief Executive Officer of the Department's care • A child who is unable to live with their birth parents (birth parents will no longer have legal rights over the child including a child who has been relinquished for adoption)
Needs of a child may be considered under the following dimensions:	<ul style="list-style-type: none"> • Safety • Family and social relationships • Health • Recreation and leisure activities • Education • Identity and culture • Care arrangements • Emotional and behavioural development • Legal and financial (note: this refers to any legal claims or issues, and financial issues such as inheritance or a bank accounts for the child – not funding)
Strategies to meet the needs of a child may include:	<ul style="list-style-type: none"> • Advice • Information to care planning meetings • Listening and showing empathy • Advocacy • Practical support • Referral to other services or professionals • Being available to the child • Linking child with other support (i.e. short break support, natural support network etc.) • Ongoing care and support as required • Facilitating contact with a child's birth family where appropriate • Understanding of cultural map, kinship, differences in child attachment and ongoing commitment to the development of cultural competence
Quality of life for a child includes consideration of:	<ul style="list-style-type: none"> • Educational needs • Recreational and entertainment needs • Health (including physical, mental, emotional, and sexual health) • Relationships (i.e. family, friends, school) • Aboriginal Identity Formation (refer Glossary) • Confidence and self-esteem
Indicators of abuse and effects of trauma may include:	<ul style="list-style-type: none"> • Behavioural indicators of abuse • Psychological and emotional indicators of abuse • Physical evidence (e.g. low recording on their percentile charts)
Significant others for a child may include:	<ul style="list-style-type: none"> • Immediate family • Extended family network and kinship network • Community and cultural relationships • Current and previous foster carers (including family carers) • Friends or peers • Local community (i.e. school, recreational or sporting) • Child Protection Worker and other Department workers • Other specialists (i.e. health specialists)
Crisis situations may include:	<ul style="list-style-type: none"> • Child being at risk of emotional, physical, psychological or sexual abuse • Child experiencing neglect in the care arrangement • Care arrangement being at risk of breakdown for various reasons • Child running away from the care arrangement • Child exhibiting self-harm behaviours or attempting suicide • Applicant using inappropriate discipline methods with the child in care • Child facing potential or actual crisis situations in the home, school or other environments (e.g. bullying, abuse at contact visits) • Child facing potential or actual crisis situations in school (e.g. bullying or truanting)

Evidence Guide

Understanding the impact of fostering and/or adoption

Changes:

1. End of paragraph two – **ADD**: Do they fully understand the unique cultural needs of Aboriginal children? Are they committed to ensuring the strong cultural ties of an Aboriginal child are maintained? Are they committed to ensuring that they are culturally knowledgeable to ensure this cultural support to an Aboriginal child?
2. End of paragraph three - **ADD**: Do other family members have a strong grasp and appreciation of Aboriginal culture? Do they understand the impact of raising a child from a different cultural background and the challenges this may bring? How will they manage these challenges and particularly impacts of racism on themselves and any Aboriginal children they may consider fostering or adopting?
3. End of paragraph four – **ADD**: Do they understand the importance of maintain cultural connection and ties and the importance of this for Aboriginal children in relation to identity?

Child Care experience and skills

Changes:

1. End of paragraph one – **ADD**: Can they demonstrate an understanding of an Aboriginal child's specific cultural needs and the importance of this to healthy development? What experience have they had in caring for an Aboriginal child? What mechanisms can they employ to ensure ongoing and positive exposure to Aboriginal culture for themselves and any adopted or fostered Aboriginal children?

Understanding and Development

Changes:

1. End of paragraph one – **ADD**: Does the foster carer or adoptive parent specifically understand the different developmental needs of Aboriginal children as per Guiding Cultural principle 11, as well as have a full understanding of the unique trauma based needs and impacts of the Stolen Generations?

Managing Behaviour

Changes:

1. End of Paragraph two – **ADD**: Does the foster carer or adoptive parent understand the different cultural approaches to parenting of Aboriginal children? Are their own cultural values and philosophies reconcilable with these differences? Does the connection to kinship as part of healthy development challenge these parenting values?

Understanding Attachment and Resilience

Changes:

1. **ADD** as a second Paragraph: Carers must also be fully informed with the differences in Cultural Attachment as per Guiding Cultural Principle 13 and the impacts of the development of secure attachment in Aboriginal children. In addition to a full understanding of Guiding Cultural Principle 2 (Understanding of the Stolen Generations

and Trauma manifestation) and Guiding Cultural Principle 12 (Aboriginal Identity Formation)

2. End of second paragraph – **ADD**: Do they understand the challenges with reconciling Aboriginal identity and how this needs to be facilitated as part of parenting practices? Do they understand the impacts of intergenerational trauma and in particular the impacts of the forcible removal of Aboriginal children from community and parents?

Play and Activities

No changes

Supporting education

Changes:

Conclusion of section – **ADD**: Is the parent aware of the specific and additional challenges with ensuring educational access and support for Aboriginal children they will be caring for as noted in previous sections.

Involving a child's birth family

Changes

1. End of first paragraph – **ADD**: It is essential that carers fully understand Aboriginal kinship ties and connections. Family kinship is very different for Aboriginal children and it is important that this is fully understood in relation to positive cultural identity and development as per Guiding Cultural Principle 12 (Aboriginal Identity Formation).
2. End of second paragraph – **ADD**: Does the carer understand the need Aboriginal children to have ongoing and constant contact with their Aboriginal families and communities? Does the carer have the capacity to manage the realities of Aboriginal Identity Formation in the context that developmentally there is often a 'rejection' of their Aboriginal identity as part of reconciling culture – as per Guiding Cultural Principle 12. What strategies would the carer employ in these instances to maintain the focus on positive and secure cultural identity for the child?

Promotion of Equality and Diversity

Changes:

1. End of first paragraph – **ADD**: This is particularly of vital importance to Aboriginal children who are not only managing the impacts of trauma from family of origin neglect or trauma, but in addition managing the significant impacts of racism. This is represented by the reality that racism accounts for 30% of depression and 50% of chronic stress in Aboriginal Australians. However, capacity to deal with racism is a significant moderator to this stress. It is vital that carers have a full understanding of the need to develop robustness specific to experiences of racism in Aboriginal children and that this is needed to be managed developmentally as children 'make sense' of identity and particularly the different types of racism. Resources such as Paradies, etc. should form an important part of the carers understanding of these issues.
2. End of Paragraph four – **ADD**: Is the carer willing to undergo training to further expand their knowledge of racism, its impacts and how this is best managed?

Assessment Domain 2 – Providing a Safe Living Environment

Foster Care: This section covers Regulation 4(1)(a)(ii) of the CSS Regulations: Is able to provide a safe living environment for a child.

Table of Elements, Performance Criteria and Evidence

1. Maintain a physically and emotionally safe environment for the child	1.1 Appropriate personal boundaries are established, clearly defined and maintained between the child, carer and carer’s family	<ul style="list-style-type: none"> • Applicant’s Self-Report Checklist Assessment Domain 2 • Case Study 6: Sexualised Behaviour • Modification of family behaviour (e.g. bathroom privacy) to accommodate the needs of a sexually abused child • Case Studies: <ul style="list-style-type: none"> • Cyber Safety • Parentified Child • Sudanese Siblings • Sexualised Play • Foster Care Preparation Training: 3 - Healing Parenting Skills and Module 5 - Safe Caring and Self-Care This has been amended
	1.2 Applicants can identify the changes that will be needed in family life style and functioning to adjust to an adopted or fostered child	<ul style="list-style-type: none"> • Support in Times of Stress Handout This has been amended • Circle of Relationships • Natural Support Networks: Assessor’s Interview Schedule • Case Studies: <ul style="list-style-type: none"> • Cyber Safety • Disengaged from Culture This has been amended • Sexualised Play • Supervision of Children • Assessor’s Observation Checklist – Parenting Skills
	Strategies to maximise the physical and emotional safety of the child and carer/adoptive parent in the home are identified and implemented (e.g. swimming pool fencing)	<ul style="list-style-type: none"> • Form 715 Practical Checklist • Applicant’s Self-Report Checklist Assessment Domain 2 • Meeting the Complex Needs of Children: Assessor’s Interview Schedule • Agency Visit to Kidsafe or Booklet • Support in times of Stress Handout • Applicant modifies home environment to minimise or eliminate risk of harm to a child (e.g. Policy for Swimming Pools and Other Bodies of Water, child safety filters on the internet) • Foster Care Preparation Training: Module 3 - Healing Parenting Skills Module 4 - Impact and Considerations of Fostering
	Boundaries are set and maintained without the use of physical discipline or deprivation. Applicants can describe appropriate	<ul style="list-style-type: none"> • Referee Reports • Commitment to work within guidelines of the Department (e.g. Use of Physical Punishment and Other Discipline) • Case Studies:

	behaviour management strategies	<ul style="list-style-type: none"> • Play Station Conflict • Sudanese Siblings • Prison Contact • Siblings: Shoplifting • Foster Care Preparation Training: Module 3 - Healing Parenting Skills
	1.5 Specific needs of sexually abused children are understood and strategies to minimise risk identified and implemented	<ul style="list-style-type: none"> • Case Study 6: Sexualised Behaviour • Case Study 7: Crisis Intervention • Case Studies: <ul style="list-style-type: none"> • Sexualised Behaviours • Protective Behaviour strategies are implemented (e.g. open bedroom doors) • Preparation Training: Module 3 - Healing Parenting Skills
	1.6 Applicants agree on the important aspects of keeping children safe and protected and demonstrate a preparedness to act to protect children even when it may threaten other significant relationships	<ul style="list-style-type: none"> • Applicant's Self-Report Checklist Assessment Domain 2 • Child Protection Questionnaire • Vignettes: Child Protection • Support in times of Stress Handout
2. Implement strategies to prevent crisis situations and to minimise risk to child, family and others	2.1 Appropriate sources of support for the child and carer and strategies for accessing further assistance are identified, including access to professional support	<ul style="list-style-type: none"> • Applicant's Self-Report Checklist Assessment Domain 2 • Ecomap (Natural Support Network Map) or Cultural Map if an Aboriginal child • Meeting the Complex Needs of Children: Assessor's Interview Schedule this has been amended • Foster Care Preparation Training: Module 4 - Impact and Considerations of Fostering and Module 5 - Safe Caring and Self-Care
	2.2 A variety of activities to develop self-worth, self-esteem and resilience are identified and implemented	<ul style="list-style-type: none"> • Use of Time Activity • Meeting the Complex Needs of Children: Assessor's Interview Schedule • Assessor's Observation Checklist - Parenting Skills • Care Team Approach Practice Framework • Foster Care Preparation Training: Module 1 - Trauma and Attachment and Module 3 - Healing Parenting Skills
	2.3 Applicants demonstrate the ability to help children keep themselves safe from harm or abuse and to seek help if their safety is threatened	<ul style="list-style-type: none"> • Child Protection Questionnaire • Vignettes: Child Protection • Case Studies: <ul style="list-style-type: none"> • Seeking Affection this has been amended • Foster Care Preparation Training: Module 5 - Safe Caring and Self-Care
	2.4 Risk assessment of potential crisis situations is an on-going process and due consideration is given to the safety of the child, carer, carer's family and others	<ul style="list-style-type: none"> • Case Studies 2a & 2b: Resilience this has been amended • Case Studies: <ul style="list-style-type: none"> • PlayStation Conflict • Sexualised Play • Supervision of Children

		<ul style="list-style-type: none"> Foster Care Preparation Training: Module 3 - Healing Parenting Skills Module 4 - Impact and Considerations of Fostering and Module 5 - Safe Caring and Self-Care
	2.5 Incidents are documented and reported to the Department	<ul style="list-style-type: none"> Care Team Approach Interview Schedule and Care Team Approach Practice Framework Child Protection Questionnaire Case Studies: <ul style="list-style-type: none"> Siblings: Shoplifting Foster Care Preparation Training: Module 3 - Healing Parenting Skills and Module 5 - Safe Caring and Self-Care

Evidence cited in this Table of Elements (Domain 2) that has been adapted as part of this cultural audit includes:

- Assessor's Observations Checklist Parenting Skills
- Care Team Approach Practice Framework
 - 2a & 2b: Resilience
 - Parentified Child
 - Seeking Affection
 - Sexualised Behaviour
 - Support in Times of Stress Handout
- Circle of Relationships
- Meeting the Complex Needs of Children Assessor's Interview Schedule
- Referee Reports
- Use of Time Activity

Range of Variables

*Note: Additions recommended in red

Appropriate personal boundaries include:	<ul style="list-style-type: none"> • Applicant establishing clear guidelines with the child about acceptable and unacceptable behaviour • Applicant role modelling appropriate adult behaviour to the child • Interaction between the applicant and child is appropriate for their stage of development
Maximising physical safety in the home will include:	<ul style="list-style-type: none"> • Ensuring all poisons, medication etc. are stored appropriately • Completing the Form 715 Practical Checklist with the assessor to identify any physical risks to the child • Ensuring the home meets current legislative requirements and Department policy regarding swimming pool fencing, spa covers etc.
Specific needs of sexually abused children may include:	<ul style="list-style-type: none"> • Clear family rules regarding privacy and nudity in the home • Ensuring the child is linked with appropriate professional support services • Sensitivity to the child's needs, related to their sexual development which needs to be specifically conscious of the gender issues within Aboriginal culture
Sources of support for the child and carer may include:	<ul style="list-style-type: none"> • Support groups • Cultural groups including kinship groups • Government and non-government community services • Individuals with specialist expertise • Other organisations • For intercountry adoptions – linking in with families who have also adopted a child from the same country
Activities which develop self-worth, self-esteem and resilience can include:	<ul style="list-style-type: none"> • Education and learning opportunities • Personal development and life skills programs • Cultural exposure and development including whole family cultural activities • Structured and unstructured sport activities • Music and other performing arts • Camps, school holiday activity programs etc.
Crisis situations requiring ongoing risk assessment include:	<ul style="list-style-type: none"> • Self-harm or suicide risk • Drug and alcohol abuse and related risk issues • Violence and anger management • Involvement in offending behaviour • Abuse of other children in the school, home or community • Risk of homelessness
Minimising risk includes:	<ul style="list-style-type: none"> • Seeking emergency assistance and support in times of crisis • Using communication skills – with specific references to Guiding Cultural Principle 12 • Linking the child with formal counselling and specialist services. • Isolating the child for their protection • Referral to other agencies and support as required • Referral to relevant Department staff for guidance

Evidence Guide

Providing a suitable environment

Changes:

1. First paragraph, end of second sentence – **ADD**: In the case of Aboriginal children, the adjustment may be substantial, particularly if moving from the community of origin. Loss of primary attachment then needs to be reconciled with the loss of substantial kinship carers in addition to the adjustment to different community contexts, parenting, schooling etc.
2. Second paragraph, end of first sentence – **ADD**: It should be noted however, that the additional challenges of Aboriginal families should be understood as impacting upon physical environment. In addition, remote communities have the additional challenge of having access to housing that is commensurate with what would be considered “clean” by mainstream standards due to lack of access to resources, overcrowding and importantly, lack of access appropriate services to assist with maintaining homes often under-funded to provide such access. In these instances the focus should always be on the capacity of the carer to provide love, protection and support to the child. All of these factors should be considered in the assessment of Aboriginal carers in the best interests of the cultural identity and development of the child

Water Safety

No changes

Animal Safety

Changes:

1. Important to add in this section that there is a need to be aware of the specific community regulations or control of ‘camp dogs’ which are often not specifically owned by individuals on communities. Details of how this is managed is important and the extent to which children have previously been endangered. The community council will be able to provide detail on this and it is important that an external source of objective information is obtained by the assessor in instances in which children are being placed in Aboriginal communities that do not have the same bylaws and regulations of local shires. It is important as individual value base can often be at odds with these issues and their management at a local (Aboriginal) community level.

Vehicle Safety

Consideration should be given to the significant issues around access to transport as per previous points raised as a significant financial barrier to fostering and adoption by Aboriginal people. Should vehicles be accessible and not in functional order (particularly in remote communities where the highest need exists for foster carers) consideration should be given to one off financial support to address this issue.

Assessment Domain 3 – Working with Families and Professionals

Foster Care: This section covers Regulation 4(1)(a)(iii) of the CSS Regulations: Is able to work cooperatively with officers, a child’s family and other people when providing care for a child.

Table of Elements, Performance Criteria and Evidence

1. Operate effectively within the foster care context (foster care only)	1.1 Key Department policies and practices that impact on fostering are understood (e.g. Care Team Approach Practice Framework, Birth Parent – Carer Connections)	<ul style="list-style-type: none"> • Policies and Practice Frameworks of the Department in addition the Guiding Cultural Principles need to be fully understood and adhered to • Care Team Approach Interview Schedule and Care Team Approach Practice Framework this has been amended • Case Studies: <ul style="list-style-type: none"> • Siblings: Reunification • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and that the team has a full commitment to the full Guiding Cultural Principles
	1.2 Knowledge of the principles of equality, diversity, access and equity, confidentiality, ethical conduct and duty of care	<ul style="list-style-type: none"> • Letter from Employer (if related employment) • Evidence of an understanding of Aboriginal culture and/or willingness to undertake further research is provided during assessment (e.g. Sorry Day, Aboriginal Flag, NAIDOC Week) and full commitment to attaining the standards of cultural competency • Confidentiality Questionnaire this has been amended • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and Module 6 - Cultural Considerations this has been amended with respect to the full implementation of the Guiding Cultural Principles and cultural review undertaken
	1.3 The rights, responsibilities and roles of carers in the Care Team are understood	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Assessor’s Checklist • Care Team Approach Practice Framework • Case Studies: <ul style="list-style-type: none"> • Supervision of Children • Pre-Adoptive Foster Care: Case Study 1 & 3 this has been amended • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and that the team has a full commitment to the full Guiding Cultural Principles

	1.4 Activities undertaken are consistent with the relevant legislative provisions and Department policies, and carer participates in planning for the child	<ul style="list-style-type: none"> • Applicant’s Self-Report Checklist Assessment Domain 3 • Case Studies: <ul style="list-style-type: none"> • Working Together to Support Contact • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and that the team has a full commitment to the full Guiding Cultural Principles and
2. Establish effective working relationships with each of the parties involved	2.1 Sensitivity to issues such as disability, health, culture, ethnicity, age, and sexuality, socio-economic and social circumstances is reflected in communication with the child and child’s family	<ul style="list-style-type: none"> • Case Studies: <ul style="list-style-type: none"> • Cultural Identity this has been amended • Disengaged from Culture this has been amended • Sudanese Siblings • Contact with Birth Family this has been amended • Communication and Culture: this has been amended and should make reference to Guiding Cultural Principle 12 • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team
	2.2 Applicants convey a positive attitude about the birth parents and the need to provide complete information in relation to the birth family and history to assist the child to develop their identity	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Assessor’s Checklist • Care Team Approach Practice Framework • Case Studies: <ul style="list-style-type: none"> • Concern for Sister • Permanent Out-of-Home Care Contact • Siblings: Reunification • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and that the team has a full commitment to the full Guiding Cultural Principles
	2.3 Consultation with Department workers and others using appropriate communication skills, teamwork and problem-solving skills in demonstrated	<ul style="list-style-type: none"> • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Case Studies: <ul style="list-style-type: none"> • School Refusal • Concern for Sister • Prison Contact • Supervision of Children • Siblings: Reunification • Short Break Care: Case Study 1 • Pre-Adoptive Foster Care: Case Study 3 • Foster Care Preparation Training: Module 1 - Providing Foster Care as Part of a Team and that the team has a full commitment to the full Guiding Cultural Principles
	2.4 Conflict is acknowledged and resolved appropriately	<ul style="list-style-type: none"> • Genogram or Cultural Map in the case of Aboriginal children as per Guiding Cultural Principle 10 • Ecomap (Natural Support Network Map) • Short Break Foster Care Case Studies 1 & 6 this has been amended

		<ul style="list-style-type: none"> • Referee Reports • Relationship Between Partners Handout
	2.5 Applicants communicate openly, honestly and constructively	<ul style="list-style-type: none"> • Assessor’s Observation Checklist – Communication Skills This has been amended and must be understood with the context of assessment bias (with non-Aboriginal assessors) as per Guiding Cultural Principle 7 and differences in communication skills as per Guiding Cultural Principle 12 • Pre-Adoptive Foster Care Case Study 4 • Referee Reports
3. Demonstrate appropriate relationship skills	2.1 Open communication, self-disclosure and intimacy are present in relationship	<ul style="list-style-type: none"> • Relationship Between Partners Handout • Assessor’s Observation Checklist - Communication Skills This has been amended and must be understood with the context of assessment bias (with non-Aboriginal assessors) as per Guiding Cultural Principle 7 and differences in communication skills as per Guiding Cultural Principle 12 • Referee Reports

Evidence cited in this Table of Elements (Domain 3) that has been adapted as part of this cultural audit includes:

- Assessor’s Observation Checklist – Communication Skills
- Care Team Approach Practice Framework
- Case Studies
 - Concern for Sister
 - Contact with Birth Family Communication and Culture
 - Cultural Identity
 - Cyber Safety
 - Disengaged from Culture
 - Reunification
 - Pre-Adoptive Foster Care: Case Study 1 & 3
 - School Refusal
 - Short Break Care (Foster Care): Case Studies 1 & 6
 - Working Together to Support Contact
- Confidentiality Questionnaire
- Genogram
- Motivation to Foster and/or Adopt Interview Schedule and Assessor’s Checklist
- Referee Reports

Range of Variables

***Note:** Additions recommended in red

<p>Key policies and practices the applicant may need to be aware of include:</p>	<ul style="list-style-type: none"> • Procedure for afterhours emergencies (i.e. The Crisis Care Unit) • Incidents requiring documentation • Policies for care arrangement of Aboriginal and CaLD children • Permanency Planning Policy • Aboriginal Identity Formation • Aboriginal and Torres Strait Islander Child Placement Principle? • Contact Guidelines • Relevant legislation applying to the child in care (e.g. approval for a child in care to travel) • Accountability for carers • Guidelines to support foster carers throughout safety and wellbeing concerns or standard of care concerns investigations
<p>Commitment to the principles required of a carer include the following:</p>	<ul style="list-style-type: none"> • A non-judgmental approach to the child and their family • Full commitment to the Guiding Cultural Principles in their entirety • Full commitment to the cultural application of the assessment process relative to the specific factors noted in the foster care and adoption assessment manual • Applicant allows for differences including cultural, physical, social and religious when caring for a child as per the Guiding Cultural Principles • The applicant understands they have a duty of care to a child in their care
<p>The Care Team includes:</p>	<ul style="list-style-type: none"> • The child • The child's birth family • The Aboriginal child's kinship network • The Aboriginal child's community of origin • The applicant and their family • Safety network members • Department workers • Members of the child's community • A cultural representative, Cultural Consultant as per Guiding Cultural Principle 6, or preferably an advocate • Other professionals involved in the care of the child • Any other person deemed important in the child's life, such as a close friend
<p>Legislative provisions and Department policies include:</p>	<ul style="list-style-type: none"> • Carers working under the <i>Children and Community Services Act 2004</i> • Note specifically for Aboriginal and Torres Strait Islander children compliance with S12, the Aboriginal and Torres Strait Islander Child Placement Principle • Care Team Approach Practice Framework
<p>Consultation with Department workers and others may include:</p>	<ul style="list-style-type: none"> • Consultation with Aboriginal Practice Leader • Consultation with Aboriginal Cultural Advisor or Cultural Consultant as per Guiding Cultural Principle 6. • Liaison with the child's Child Protection Worker • Consultation with the Senior Child Protection Placement Services • Consultation with the Education Officer, Psychologist, Team Leader, Senior Practice Development Officer, Aboriginal Practice Leader or Assistant District Director • Consultation with teachers, coaches, youth workers etc. • Liaison with other specialists (experts involved in the care of the child)

Evidence Guide

Working as part of the Care Team (foster care only)

Changes:

1. End of Second Paragraph – **ADD**: The department also recognizes the role that assessors have in ensuring culturally safe and secure relationships and insight at all times for foster carers. In this light assessors have full commitment to the implementation of the Guiding Cultural Principles and the cultural application of the foster care and adoption manual in instances in which cultural factors are implicated. The Department recognizes that the Care Team involves duality and that the overrepresentation of Aboriginal children in foster care places additional onus on the cultural competency of assessors as part of this dual relationship
2. End of paragraph three - **ADD** The assessor must ensure that the carer is familiar with the Guiding Cultural Principles and has undertaken Cultural Competency training.
3. End of Paragraph five – **ADD**: This is in the case of the additional and specific advocacy required for Aboriginal children who are often marginalised in education, health and wellbeing services.
4. End of paragraph six – **ADD**: Do they understand that the child’s cultural development and contact with kinship and family remains paramount consistent with the Aboriginal and Torres Strait Islander Child Placement Principle and specific to the Guiding Cultural Principles.
5. End of paragraph seven – **ADD**: Have they worked specifically with Aboriginal people and/or committees to arrive at mutually beneficial decisions? What was this experience like?

Organised, reliable and dependable

Changes:

1. End of first paragraph – **ADD**: The assessor needs to be cognisant of the different parenting styles of Aboriginal people and that childcare is often shared and that there is capacity to determine these differences in Attachment as per Guiding Cultural Principle 13.
2. End of second paragraph – **ADD**: Can the applicant discuss different kinship carers who are available to assist with all aspects of the child’s wellbeing? This includes provision of transport, provision of recreational support and provision of respite. Is this kinship care predictable and reliable and does the child recognise the different types of attachment based upon these practical and emotional needs consistent with Guiding Cultural Principle 13.

Communication Skills

Changes:

1. End of Paragraph One – **ADD**: Assessors need to be conscious of the differences in communication styles of Aboriginal people and how this may not be consistent with mainstream styles of communication. Reference Guiding Cultural Principle 14.
2. Second paragraph – **ADD**: Does the applicant understand the need to advocate for Aboriginal children who have different communication styles and different learning needs. Does the applicant understand the implications of Aboriginal English in learning

and the need to advocate for adjustment in teaching environments based upon these differences. This is with regard to Guiding Cultural Principle 14.

Confidentiality

Changes:

1. End of paragraph one – ADD: Does the applicant understand the particular sensitivity of information surrounding Aboriginal culture and particularly Lore (refer to Cultural Glossary for definition). The assessor should be familiar with Guiding Cultural Principles 3 (informed cultural consent) and 4 (confidentiality) to ensure that carers are not provided with culturally sensitive information AND that they are able to guide the carer (if needed) around the realities of cultural confidentiality issues.

Assessment Domain 4 – Learning and Development

Foster Care: This section covers Regulation 4(1)(a)(iv) of the CSS Regulations: Is able to take responsibility for the development of his or her competency and skills as a carer.

Table of Elements, Performance Criteria and Evidence

1. Implement strategies for development of personal and professional skills	1.1 Training needs are assessed and strategies for addressing needs identified. This needs to be inclusive of the specific cultural competency needs as identified through the Cultural Competency Profile – Foster Carers (Westerman 2019)	<ul style="list-style-type: none"> • Self-Report Checklist Assessment Domain 4 This has been amended • Letter from Employer (if related employment) • Foster Care Preparation Training: ‘Learning Needs’ are identified and a Learning Plan developed during training and with assessor post training This has been amended • Demonstrated commitment to ongoing learning and ongoing cultural competence for foster carers
	1.2 Applicants are aware of their personal strengths and limitations and acknowledge areas of vulnerability and areas for personal development	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Interview Schedule and Assessor’s Checklist This has been amended • Support in Times of Stress Activity • Role of Foster Carer and/or Adoptive Parent Handout This has been amended • Coping with Stress Handout • Case Studies: <ul style="list-style-type: none"> • Food Hoarding • Sexualised Play • Stinnett Exercise • Cultural competency profile as identified through the Cultural Competency Profile – Foster Carers (Westerman 2019)
	Current personal issues are identified and effective functioning maintained in times of stress	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Interview Schedule and Assessor’s Checklist This has been amended • Support in Time of Stress Activity • Coping with Stress Handout This has been amended • Coping with Stress Assessor’s Checklist • Current Functioning: Family Inventory Handout • Life Stress Test Handout • Current Functioning Handout • Use of Time Activity • Genogram (Family Tree) or in the case of Aboriginal children, Cultural Mapping • Foster Care Preparation Training: Module 5 - Safe Caring and Self-Care This has been amended • Cultural competency profile as identified through the Cultural Competency Profile – Foster Carers (Westerman 2019)
	1.4 Applicants agree on the important aspects of	<ul style="list-style-type: none"> • Role of Foster Carer and/or Adoptive Parent Handout

	<p>family functioning such as routine, family time, child rearing beliefs and maintaining social support systems. This should make reference to the issues surrounding different parenting philosophies of Aboriginal people</p>	<ul style="list-style-type: none"> • Ecomap (Natural Support Network Map) • Use of Time Activity • Case Studies: <ul style="list-style-type: none"> • Fear of Drinking Behaviour • Sexualised Play
	<p>1.5 In couples, there is the ability to perceive the others stress, jointly manage crisis events and significant life changes and move into a care taking role with children</p>	<ul style="list-style-type: none"> • Support in Times of Stress Handout • Coping with Stress Handout • Coping with Stress Assessor's Checklist • Relationship Between Partners Interview Schedule and Assessor's Checklist • Relationship Between Partners (Part 2) Handout • Stinnett Exercise
	<p>1.6 Applicants recognise that each has continuing emotional needs that must be met alongside those of the child</p>	<ul style="list-style-type: none"> • Relationship Between Partners Interview Schedule and Assessor's Checklist • Relationship Between Partners (Part 2) Handout • Stinnett Exercise • Foster Care Preparation Training Module 1 – Trauma and Attachment <p>Specific reference should be made to trauma in Aboriginal populations as well as the commitment to assessors having full knowledge of the impacts of government policies of removal</p>
	<p>1.7 The impact of the applicant's own values and attitudes is acknowledged and reflected on. Specific reference should be made to the cultural competencies of foster carers and link this with the Foster Care Cultural Competency Assessment Framework</p>	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Assessor's Checklist (life experiences impacted on motivation) • Lifeline • Genogram (Family Tree) or Cultural Map in the case of Aboriginal Carers and children • Foster Care Preparation Training: Module 5 - Safe Caring and Self-Care <p>Specific reference should be made to trauma in Aboriginal populations as well as the commitment to assessors having full knowledge of the impacts of government policies of removal</p>
	<p>1.8 Applicants are insightful about their family history in relation to family patterns of interaction, roles, and child rearing and are able to identify how this influences current family life. Reference should be made to a full understanding of the impacts of assimilation policies and in particular the Stolen Generations and intergenerational trauma Applicants must</p>	<ul style="list-style-type: none"> • Lifeline • Understanding Adoption Interview Schedule and Assessor's Checklist • Child's Adoption Story Handout • Beliefs, Values and Attitudes Interview Schedule and Assessor's Checklist • Cultural Awareness Questionnaires I, II, III and IV This has been amended • Cultural competency profile as identified through the Cultural Competency Profile – Foster Carers (Westerman 2019) • Applicant's Childhood Experiences Interview Schedule

	also have an understanding of the impacts of racism on the identity of Aboriginal children in their care	<ul style="list-style-type: none"> Parenting Beliefs and Capacity Assessor's Checklist. This has been amended
	1.9 Applicants have support from within their extended family and/ or social networks	<ul style="list-style-type: none"> Ecomap (Natural Support Network Map) or Cultural Map as per Guiding Cultural Principle 10 Stinnett Exercise Circle of Relationships Relationship Questionnaire
	1.10 Applicants can identify the changes that will be needed in family lifestyle and functioning to adjust to an adopted and/or fostered child	<ul style="list-style-type: none"> Use of Time Activity Meeting the Needs of Own Children Interview Schedule Understanding the Child Interview Schedule Meeting the Child's Cultural Needs – Aboriginal or Torres Strait Islander Children Handout This has been amended Case Studies: <ul style="list-style-type: none"> Fear of Drinking Behaviour Sexualised Play
	1.11 Children in the household are able to provide an age appropriate description of the possible impact of the adoption or foster care arrangement	<ul style="list-style-type: none"> Children's Understanding of Fostering and/or Adoption Interview Schedule and Assessor's Checklist Own Children's Experiences Handout
	1.12 The effect of fostering or adopting on own family and strategies for minimising negative impact are identified by the applicant This should specifically explore the issues surrounding having an Indigenous child potentially placed with a non-Indigenous family and the impacts of this on the family unit. This is both in terms of managing cultural differences, understanding cultural differences, the entire family unit appreciating cultural history and being able to manage racism as a 'bystander' to it	<ul style="list-style-type: none"> Ecomap (Natural Support Network Map) or Cultural Map Relationship with Own Children Interview Schedule Children's Understanding of Fostering and/or Adoption Interview Schedule and Assessor's Checklist Own Children's Experiences Handout Stinnett Exercise Relationship Questionnaire This has been amended Use of Time Activity Foster Care Preparation Training: Module 5 - Safe Caring and Self-Care Learning Journal
2. Develop and use formal and informal networks	2.1 Sources of information, advice and guidance are identified and applicants have demonstrated that they are able to ask for and accept help in times of need	<ul style="list-style-type: none"> Letter from Church, social club, child care centre Ecomap (Natural Support Network Map) Support in Times of Stress Activity Case Studies 2a & 2b: Resilience Genogram (Family Tree) and cultural mapping if appropriate Care Team Approach Interview Schedule and Care Team Approach Practice Framework

		<ul style="list-style-type: none"> • Meeting the Complex Needs of Children interview schedule • Foster Care Preparation Training: training opportunities post Preparatory Training, Learning Journal
	2.2 Applicants demonstrate that seeking support is not perceived as a deficiency	<ul style="list-style-type: none"> • Ecomap (Natural Support Network Map) and cultural mapping • Referee Reports
	2.3 Evidence of an established natural support network in the community is provided	<ul style="list-style-type: none"> • Ecomap (Natural Support Network Map) • Support in Times of Stress Activity • Genogram (Family Tree) • Letter from Church, friend, social club • Foster Care Preparation Training: Module 1 - Provide Foster Care as part of a Team, Module 5 - Safe Caring and Self-Care
	2.4 Applicants demonstrate they have personal relationships with adults to satisfy their need for intimacy without having to rely on the child to satisfy those needs	<ul style="list-style-type: none"> • Ecomap (Natural Support Network Map) • Relationship with Partner Assessor's Checklist • Referee Reports
	2.5 Applicants can identify suitable others who could provide care during times of absence or illness or in the event of the applicant's death	<ul style="list-style-type: none"> • Motivation to Foster and/or Adopt Interview Schedule and Assessor's Checklist • Ecomap (Natural Support Network Map) • Natural Support Networks Interview Schedule

Evidence cited in this Table of Elements (Domain 4) that has been adapted as part of this cultural audit includes:

- Care Team Approach Practice Framework
- Case Studies
 - 2a & 2b: Resilience
- Circle of Relationships
- Coping with Stress Handout
- Cultural Awareness Questionnaires I, II, III and IV
- Ecomap (Natural Support Network Map)
- Genogram
- Meeting the Complex Needs of Children Interview Schedule
- Meeting the Child's Cultural Needs – Aboriginal and Torres Strait Islander Children
- Motivation to Foster and/or Adopt Interview Schedule and Assessor's Checklist
- Referee Reports
- Relationship Questionnaire
- Role of Foster Carer and/or Adoptive Parent Handout
- Self-Report Checklist Assessment Domain 4
- Stinnett Exercise
- Understanding the Child Interview Schedule
- Understanding Adoption Interview Schedule and Assessor's Checklist
- Use of Time Activity

Range of Variables

*Note: Additions recommended in red

Variables	
Strategies for addressing training needs may include the applicant being:	<ul style="list-style-type: none"> • Provided with additional reading, audio, video material, websites • Linked with Department foster carer and adoption training • Linked with cultural advisors, Aboriginal community contacts • Linked with external training opportunities • Linked with experienced foster carers through events, local networks and the Foster Care Association of Western Australia • Linked with Adoption Support for Families and Children (ASFC)
Personal issues that affect the applicant's functioning may include:	<ul style="list-style-type: none"> • Unresolved issues (e.g. childlessness) • Mental health issues (e.g. depression) • Transient living circumstances • Situational stress related to unpredictable events (e.g. accidents) • Stress related to normal development (e.g. death of a family member, birth of a child, employment related stress) • Financial difficulties • Relationship breakdown between applicant and their family
The impact of fostering or adoption on the carer's family can include:	<ul style="list-style-type: none"> • Displacement of the carer's own children • Overcrowding in the home • Financial stress related to increase in family size • Behavioural problems with carer's own children • Emotional and psychological issues for the carer's own children • Cultural issues and values between foster family and foster child • Stress on marital or family relationships
Carers can access information and advice including:	<ul style="list-style-type: none"> • Other non-government organisations (e.g. Ngala, Meerilinga, Parent Help Centres etc.) • Foster Care Association of Western Australia • Adoption Support for Families and Children (ASFC) • Relevant website on child development, behaviour management and foster care • Linked with cultural advisors, Aboriginal community contacts • Books, articles, videos etc. relevant to foster care and adoption

Evidence Guide

Understanding the impact of fostering and/or adoption

Changes:

1. End of first paragraph – ADD: Carers will also not often appreciate the impact of bringing a child into an existing dynamic in which there are cultural differences between the child and the carers family/children. In the case of Aboriginal children it is important that the family and extended family carers are conscious of these issues. It is also that case that Aboriginal foster carers who are from a different region (language or tribal group) will also have cultural differences that will arise. It is important that the carers are able to fully integrate these cultural differences and understand that the child will often come into the new home with a different set of cultural beliefs. Cultural mapping as per Guiding Cultural Principle 11 is the starting point to understanding these differences.
2. End of second paragraph – ADD: Have the immediate and extended family had experience with Aboriginal children being placed in their home before? Do the biological children and extended family have an awareness of the cultural issues that need to be considered based upon the child's culture of origin? Has the family considered the impact of racism and race on their family dynamic and on the child (particularly in instances in which an Aboriginal child is being placed with a non-Aboriginal child). In this instance has the family and extended family considered how to promote and

reinforce positive cultural identity as per Guiding Cultural Principle 12 (Aboriginal Identity Formation)

Providing a positive role model

Changes:

1. End of paragraph one – ADD: This is particularly the case for Aboriginal children who will often struggle more with identity (as per Guiding Cultural Principle 12, Aboriginal Identity Formation). Exposure to diversity and the management of the reconciling of identify is vital for foster care and adoptive parents to understand and to play a pivotal role in. This may mean exposure to the same sex, same culture role models as part of this process. Attendance at Aboriginal community events and positive Aboriginal role models are particularly important for non-Aboriginal carers and families.

Dealing with stress

Changes:

1. End of paragraph one - ADD: Caring for an Aboriginal child who will often struggle with positive cultural identity (as per Guiding Cultural Principle 12, Aboriginal Identity Formation) as well as having to manage the realities of racism will also impact and create a level of stress for the household. For non-Aboriginal carers this means being able to manage this type of stress as well as model how to deal with this type of stress for Aboriginal children placed in their care. The environmental modelling of how to manage racism is a very important aspect of the overall develop of positive adjustment in Aboriginal children into adulthood (Westerman, 2003).
2. End of Paragraph three – ADD: Has the applicant had to deal with the stress associated with racism before? Has this been directed at them personally or at their own children? In the case of Aboriginal children being placed with non-Aboriginal carers what strategies would they use to manage racism directed towards their Aboriginal foster/adoptive children? What strategies would they teach their biological children regarding managing racism directed towards their Aboriginal foster brother/sister?

Professional Development

Changes:

1. Foster carers and prospective adoptive parents must also be willing to commit to understanding the Aboriginal child's cultural context specific to the Guiding Cultural Principles and be willing to continue to explore these issues specific to the child's cultural development (as per Guiding Cultural Principle 12, Aboriginal Identity Formation).

Natural Support Networks

Changes:

1. End of paragraph one – ADD: It is essential that support networks incorporate Aboriginal community and kin as per Guiding Cultural Principle 11, Cultural Mapping) and generic cultural networks to encourage the Aboriginal child's constant exposure to cultural diversity to facilitate positive identity formation

Assessment Domain 5 – Character and Repute

Foster Care: This section covers Regulation 4(1)(a)(v) of the CSS Regulations: Is a person of good character and repute.

Table of Elements, Performance Criteria and Evidence

*Note: Additions recommended in red

Elements	Performance Criteria	Evidence
1. Be of good repute with a high level of interpersonal and relationship skills	1.1 Demonstrates personal warmth to children and adults	<ul style="list-style-type: none"> • Stinnett exercise • Case Study 4 : Other People’s Children – • Referee Reports
	1.2 Demonstrates appropriate self-disclosure by being able to identify and discuss a range of positive and negative feelings	<ul style="list-style-type: none"> • Support in Times of Stress Activity • Coping with Stress Handout • Coping with Stress Assessor’s Checklist • Applicant’s Self-Report Checklist Assessment Domain 5
	1.3 Is motivated to engage in tasks that are required for the wellbeing of the family and relationships	<ul style="list-style-type: none"> • Use of Time Activity • Applicant’s Self-Report Checklist Assessment Domain 5
	1.4 Has appropriate responses to anxiety, frustration, anger, disappointment, disruption and stress	<ul style="list-style-type: none"> • Support in Times of Stress Activity • Coping with Stress Handout • Coping with Stress Assessor’s Checklist • Foster Care Case Study 1: Empathy • Case Studies 2a and 2b: Resilience • Case Study: 6 Sexualised Behaviour • Case Studies 7a and 7b: Crisis Intervention • Referee Reports
	1.5 Is not a risk to the ongoing care and safety of a child due to their criminal record	<ul style="list-style-type: none"> • Client and Child Protection Checks • National Police History Check • Traffic history (adoption only) • Working with Children Check (fostering only) • Referee reports

Evidence cited in this Table of Elements (Domain 5) that has been adapted as part of this cultural audit includes:

- Case Studies
 - 2a & 2b: Resilience
 - Sexualised Behaviour
- Coping with Stress Handout
- Referee Reports
- Stinnet exercise
- Use of Time Activity

Range of Variables

*Note: Additions recommended in red

Variables	
Legislative process / Department requirements	<ul style="list-style-type: none"> • Client and Child Protection Checks • National Police History Check • Traffic history (adoption only) • Working with Children Check (fostering only)
Recruitment and assessment process	<ul style="list-style-type: none"> • Referee checks • Cultural Vouching/ Cultural Check for Aboriginal children as per Guiding Cultural Principle 6 • Assessor’s feedback and report recommendations • Assessor’s observations on family dynamics and interactions • Completion of worksheets relating to interpersonal communication and past experiences
Personal issues that may impact on the individual’s ability to provide care and safety	<ul style="list-style-type: none"> • Unresolved issues (e.g. childlessness, impacts of past government policies like the Stolen Generations, etc.) • Mental health issues (e.g. depression, impacts of racism, intergenerational trauma, etc.) • Transient living circumstances • Situational stress related to unpredictable events (e.g. accidents) • Stress related to normal development (e.g. death of a family member, birth of a child, employment related stress) • Financial difficulties • Relationship breakdown between applicant and their family
Medical history with a particular focus on any mental health issues	<ul style="list-style-type: none"> • Mental health issues (impacts of racism, intergenerational trauma, etc.) • Issues relating to stress, depression and anxiety including any formal diagnosis (including culturally validated assessments) and medication for these matters
Attributes associated with good character and repute	<ul style="list-style-type: none"> • Personal warmth • Appropriate self-disclosure • Appropriate responses to anxiety, frustration, anger, disappointment, disruption, stress (noting that for some Aboriginal people this will be a stressful and often heightened emotional time and that reactions may not meet the threshold of ‘appropriate’ from a Western and culturally devoid perspective- refer Cultural Guiding Principles) • Communication skills • Family History, beliefs and values (cultural vouching is important in this area to establish suitable carers for Aboriginal children; carers who can ensure the Aboriginal and Torres Strait Islander Child Placement Principle can be upheld) • Motivation to foster and/or adopt • Relationship with friends and family including own children

Assessment Domain 6 – Cultural Responsiveness

Table of Elements, Performance Criteria and Evidence

Elements	Performance Criteria	Evidence
1. Ensure that the child develops their ethnic identity and knowledge of their cultural heritage	1.1 Each applicant recognises and positively values the need for cultural and ethnic continuity for the child during their upbringing	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Understanding the Child Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Beliefs, Values and Attitudes Interview Schedule and Assessor’s Checklist • Cultural Awareness Questionnaire I, II, III and IV • Vignettes: Parenting a Child from a Different Cultural Background • Religion Handout • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	1.2 Applicants demonstrate knowledge of the specific cultural practices and customs of the country/ethnic group of the child and can explain achievable actions they will take to maintain the child’s connection with their cultural, ethnic and religious practices and customs	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Cultural Awareness Questionnaire I, II, III and IV • Vignettes: Parenting a Child from a Different Cultural Background • Religion Handout • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	1.3 Each applicant and people in their natural support network demonstrate that they	<ul style="list-style-type: none"> • Ecomap (Natural Support Network Map) • Natural Support Networks Interview Schedule

	<p>recognise the multicultural nature of Australian society, value diversity and affirm the decision to care for a child of a different ethnic background</p>	<ul style="list-style-type: none"> • Support in Times of Stress Handout • Acceptance of Child’s Family Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Beliefs, Values and Attitudes Interview Schedule and Assessor’s Checklist • Cultural Awareness Questionnaire I, II, III and IV • Vignettes: Parenting a Child from a Different Cultural Background • Religion Handout • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	<p>1.4 Applicants demonstrate that they are knowledgeable about the effects of discrimination and racism and have the skills to help a child counter racism and develop good self-esteem</p>	<ul style="list-style-type: none"> • Understanding the Child Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Beliefs, Values and Attitudes Interview Schedule and Assessor’s Checklist • Cultural Awareness Questionnaire I, II, III and IV • Vignettes: Parenting a Child from a Different Cultural Background • Religion Handout • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	<p>1.5 Demonstrates awareness of one’s own cultural worldview and of how this may impact upon their ability to meet the needs of the child (media and social media)</p>	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Understanding the Child Interview Schedule • Beliefs, Values and Attitudes Interview Schedule and Assessor’s Checklist • Cultural Awareness Questionnaire I, II, III and IV • Vignettes: Parenting a Child from a Different Cultural Background

		<ul style="list-style-type: none"> • Religion Handout • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
<p>2. Provide an environment that promotes, supports and maintains an Aboriginal and Torres Strait Islander child’s culture</p>	<p>2.1 Identifies current trends and issues for Aboriginal people</p>	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Understanding the Child Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Cultural Awareness Questionnaire I, II and III • Vignettes: Parenting a Child from a Different Cultural Background • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	<p>2.2 Identifies strategies to minimise the impact of negative representation of the Aboriginal community for children placed</p>	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Cultural Awareness Questionnaire I, II and III • Vignettes: Parenting a Child from a Different Cultural Background • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture

		<ul style="list-style-type: none"> • Foster Care Preparation Training Module 6 – Cultural Considerations
	2.3 Developing relationships with Aboriginal community, services and organisations	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Understanding the Child Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Cultural Awareness Questionnaire I, II and III • Vignettes: Parenting a Child from a Different Cultural Background • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Assessor’s Observation Checklist Communication Skills • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations
	2.4 Learns about Aboriginal culture to share with the child	<ul style="list-style-type: none"> • Acceptance of Child’s Family Interview Schedule • Understanding the Child Interview Schedule • Care Team Approach Interview Schedule and Care Team Approach Practice Framework • Cultural Awareness Questionnaire I, II and III • Vignettes: Parenting a Child from a Different Cultural Background • Meeting the Child’s Cultural Needs – Aboriginal and Torres Strait Islander Children Handout • Applicant’s Self-Report Checklist Assessment Domain 6 • Case Studies: <ul style="list-style-type: none"> • Cultural Identity • Caring for a Child Who is Disengaged from their Culture • Celebrating Culture • Contact with Birth Family Communication and Culture • Foster Care Preparation Training Module 6 – Cultural Considerations

Evidence cited in this Table of Elements (Domain 6) that has been adapted as part of this cultural audit includes:

- Acceptance of Child’s Family Interview Schedule
- Assessor’s Observation Checklist – Communication Skills

- Care Team Approach Interview Schedule
- Care Team Approach Practice Framework
- Case Studies
 - Caring for a Child Who is Disengaged from their Culture
 - Celebrating Culture
 - Contact with Birth Family Communication and Culture
 - Cultural Identity
- Cultural Awareness Questionnaires I, II, III and IV
- Ecomap (Natural Support Network Map)
- Meeting the Child's Cultural Needs – Aboriginal and Torres Strait Islander Children
- Support in Times of Stress Handout
- Understanding the Child Interview Schedule

Range of Variables

*Note: Additions recommended in red

<p>Cultural and ethnic continuity may include understanding that³:</p>	<ul style="list-style-type: none"> • Every child has a right to build racial pride within his or her home, school and community. Let him or her share thoughts and feelings about what is working, what is not and how it feels • Often the carer needs to be able to support and question a child around their feelings regarding racial identity • All children are unique and that every child is entitled to know and learn about his or her birth culture or race. In the case of Aboriginal children, it is vital that carers are well informed and knowledgeable of the issues impacting upon identity formation in Aboriginal children are able to also draw on significant cultural knowledge about the child's background (as per Cultural mapping – Guiding Cultural Principle 10) and of the issues resulting in higher rates of Aboriginal child removal (stolen generations principle etc.) • Every child is entitled to love and acceptance in his or her family and within this for the family to embrace the child's culture of origin and promote a positive, robust sense of cultural identity at different developmental stages and phases • Every child is entitled to parents who know that being in a family does not depend on belonging to the same culture or racial background and to ensure that positive cultural, same sex role models are available to facilitate exposure to diversity and strength in their cultural identity formation • Every child is entitled to opportunities of positive experiences with his or her birth culture as per Guiding Cultural Principles and the Aboriginal and Torres Strait Islander Child Placement Principle • Every child is entitled to parents or carers who seek out resources and opportunities that will continue their lifelong journey to cultural continuity
<p>Helping children to maintain their connection to culture, ethnicity and religious practices may include:</p>	<ul style="list-style-type: none"> • Being aware and offering options to the child to promote cultural enrichment. Identify and offer alternatives to keep the relationship going (e.g. camps, concerts, dance or painting classes) at different developmental phases and stages. It needs to be understood that Aboriginal children often go through a stage of 'rejecting culture' and that this is understood as being temporary rather than static • Staying flexible and open because the options will change as the child grows • Celebrating cultural festival or important dates, e.g. the Mid-Autumn Festival, a harvest festival traditionally held on the 15th day of the eighth month in the Chinese Han calendar or the NAIDOC Week • Promoting conversation at home. Being open and honest. Never lie about a child's life story • Not criticising or belittling the child's birth country or birth family • Making the connections a family event or activity, not just for the child • Promoting cultural connection in a manner that feels empowering and communicates love and acceptance • Encouraging contact between the child and their family, friends and community (where possible) and /or positive Aboriginal role models in the home • Allowing access to relevant information, organisations and resources to the child's culture • Show a willingness, where possible, to visit the child's country of birth at some point (if applicable)

³ Adapted from Plan for Our Children, Adoption Today, Michele Fried (2010)

<p>Demonstrating the recognition of a multicultural Australian society and valuing diversity may include:</p>	<ul style="list-style-type: none"> • Encouraging participation by all people on equal terms, to access opportunities and reduce ethnic separateness from the community at large • Being tolerant of racial, cultural and religious differences and accepting of Australian values such as equality of the sexes and the rule of law • Awareness of important cultural and religious dates (e.g. Harmony Day) • A willingness to understand other cultures including their language, religion, food and customs
<p>Strategies to help a child counter racism and develop good self-esteem may include:</p>	<ul style="list-style-type: none"> • Encouraging conversations about cultural difference and diversity • Talking to children and preparing them for the possibility that they might experience racism (refer to the acculturative stress scale) • Don't tell the child to ignore the racism. Ignoring it may lead to helplessness and avoidance. Teach children to be appropriately assertive, to talk to you or someone they trust, to develop social skills, to not be isolated • Helping the child to navigate the messages given by politicians, the media, social media, friends and family • Encourage children to get involved in group activities such as sports • Don't ignore racism, talk to teachers and school administration. As role models for children, being assertive teaches them to find their voice and to stand up for themselves and others

Evidence Guide

Aboriginal and Torres Strait Islander Children

Change to Aboriginal and/or Torres Strait Islander children. It is important that the child's identity be respected in terms of whether they consider themselves to be Aboriginal, Torres Strait and in some instances Aboriginal AND Torres Strait Islander.

1. 41.1 Paragraph One - **COMMENT** on this rather than ADD. Reluctance to care for an Aboriginal child needs to be assessed as a strong reason for the exclusion of caring for an Aboriginal child. It is essential to the development of a positive sense of cultural identity that the environment (family, carers) are entirely comfortable with the cultural identity and background of an Aboriginal child. The questioning around this needs to be very strongly child focused and foster carers excluded if they have a level of discomfort associated with Aboriginal people and communities generally. The Cultural Competency Assessment Framework for Foster Carers should be utilised to exclude carers on this basis if necessary. At no time should there be any compromise around this criteria; non Aboriginal carers for an Aboriginal and/or Torres Strait Islander child must be assessed as culturally competent, or willing to learn, if they are to be considered as a carer/s for an Aboriginal and/or Torres Strait Islander child.
2. End of paragraph three. **ADD.** The Guiding Cultural Principles will assist with this process and must be adhered to at all times to ensure a sufficient level of cultural knowledge and understanding. In addition to this, **mandatory** cultural competency training must occur with carers who have Aboriginal children placed with them. This training will focus on the Cultural Competency Assessment Framework for Foster Carers and be utilized as a specific framework for ongoing skills development and attitudinal assessments.
3. Paragraph four. **REMOVE** the comment "may have heard that Aboriginal families are violent" REPLACE with "may be concerned that the child will be vulnerable and want to return to their (Aboriginal) family and/or community, and that culturally this may be a strong call; where this is considered an area of risk the district office will manage this accordingly to ensure the child and care/s are not at risk".

4. End of Paragraph five. **ADD.** It is essential that assessors explore all opportunities and barriers to placing an Aboriginal child with an Aboriginal family at all times and consistent with the Aboriginal and Torres Strait Islander Child Placement Principle. This should also occur relative to a comprehensive cultural map being undertaken by the assessor consistent with Guiding Cultural Principle 11
5. End of Paragraph six. **ADD.** Carers need to be comprehensively assessed regarding their capacity to manage racism and teach Aboriginal children in their care how to respond appropriately to ensure strong Aboriginal Identity Formation (as per Guiding Cultural Principle 12). How to manage racism and indicators of culture stress as defined in the Cultural Glossary need to also be highlighted by the assessor to the potential carer.

Caring for Children from a different ethnic or cultural background.

No changes

Religion

1. It is important to note the history of Aboriginal and Torres Strait Islander people and churches during the policy of assimilation as per Guiding Cultural Principle 2 and that this may be an issue for the child in care relative to their family of origin issues
2. It is important to understand whether certain religious beliefs are at odds with Aboriginal cultural beliefs. For example, the spiritual dimension is a very strong part of Aboriginal culture, with many Aboriginal cultures speaking of seeing the spirits of deceased loved ones as part of their 'normal' cultural grieving process. There are some religions who have opposing beliefs to spiritual visions or visits. This will need to be explored during the assessment process

Understanding Fostering and/or Adoption

Motivation to Foster and/or Adopt

Note to Assessor

- End of Paragraph Four. ADD. The Department is committed to ensuring and supporting the ongoing cultural competence of foster carers of Aboriginal children due to their over representation in out of home care. This includes the provision of culturally specific assessments, support, ongoing training and a commitment to the Cultural Guiding Principles provided as part of this audit
- End of Paragraph Five. ADD. In addition carers must be willing to commit to ongoing cultural training and support where necessary. To undergo comprehensive cultural assessment to determine their particular strengths and needs in order to care for an Aboriginal child and to embrace opportunities to learn about the child's specific culture and community.

Assessors Interview Schedule

Adaptation: Motivation to Foster and/or Adopt Changes to this form are provided in red below

1. What are the key reasons you would like to foster and/or adopt? (If interested in both, are the reasons the same?)
2. When did you first begin thinking about the possibility of fostering/adopting a child and what were your initial thoughts and feelings?
3. Have your thoughts and feelings changed since you first considered the possibility of fostering/adopting a child and if so in what ways have they changed? **What are the reasons for these changes?**
4. Who have you discussed the idea of fostering/adopting a child with (including own children if relevant)? What reactions have you had? How did you respond to any concerns or uncertainties raised?
5. What type of child/young person do you feel would fit into your household? What age range or gender do you feel comfortable caring for? Do you feel able to care for a child with disability or special needs? Why?
6. **Have you considered fostering or adoption of an Aboriginal child? If no, why not? If yes, is there a particular reason why you are interested in an Aboriginal child?**
7. What type of child/young person do you feel would *not* fit into your household? Why?
8. Are you prepared to review the type of child/care as you gain experience (foster care only)?
9. What will fostering/adopting a child mean to you? What do you think you will gain from fostering/adopting?
10. What will fostering/adopting a child mean for your immediate family and extended family?
11. What sort of difficulties do you think you could experience?
12. **Has your family considered how they will incorporate a child from a different cultural background into the family? For example, an Aboriginal child? Explore the extent of exposure to Aboriginal culture and children and how this will be incorporated into the care of an Aboriginal child**
13. How do you feel about caring for a child where little is known about his or her background?

14. Describe what you think your life may be like in four years' time if you have adopted/fostered a child (dual applicants - how do you see this as looking different depending on which role you ultimately take on?)
15. Have you considered how a child's cultural needs may change as they grow and develop? For example as a child becomes more aware of the fact that they are from a different culture to others?
16. Describe what you think your life will be like in four years' time if you were *not* approved as a foster carer/adoptive parent.

Adoption / Permanent Foster Care Applicants Only

1. If you were unable to care for the child, who would you choose to be his/her guardian(s) and why? **If you have an Aboriginal child in your care have you considered the cultural aspects of this decision?**
2. Have you discussed this with them and what was their response?

Evidence

MOTIVATION TO FOSTER AND/OR ADOPT TABLE

From the list, choose the appropriate sign for positive (+) or negative (-) motivation which best fits your assessment of the applicants' reasons for wanting to foster and/or adopt. Motivation should be examined in the context of the applicants' lives and evaluated, taking their flexibility and maturity into account.

Additions in red.

Reasons	Sign	Explanation
1. Generally interested e.g. "came from a big family- enjoy children" e.g. "my parents fostered or adopted" To contribute to the development of another human being	+ + + +	Like and understand children Used to children (positive outlook) Familiar with nature of the role A healthy commitment to raising a child
2. Know child Specific child	+ -	Already have a relationship/know about child Can be idealistic (e.g. to rescue child, may feel obliged; specific feelings about 'idealistic 'rescue of an Aboriginal child)
3. Identification with deprived child To compensate for own deprivation as a child (unresolved issues) Understanding due to present emotional maturity – issues worked through Was a child in care or adopted	- +	Using child for own needs Realistic understanding of needs Realistic understanding of needs
4. Childlessness (infertility) Adjusted to infertility Infertility unresolved Fostering second choice to adoption	+ - -	Fostering/adopting by choice Fostering "to get a child". Difficulty relinquishing Alternative to adoption
5. Saving child Saving child from a "bad life" Saving child from a "bad life"	+ -	Genuine humanitarian beliefs Expecting gratitude from child/child under an obligation
6. Replacing child(ren) Replacing a dead child Replacing grown up children Able to continue parenting with children grown up	- - +	Using child for own needs Using child for own needs Have acquired positive skills in child rearing
7. Family reasons Want company for partner or own children Want larger family (e.g. "always wanted four children"/ "always wanted a girl") To save marriage To "cure" mental health issues	- - - -	Using child for own needs Using child for own needs Using child for own needs Using child for own needs
8. Family divided One partner keen, other complies to make the other happy Couple keen but children not so Lack of extended family support	- -	Source of potential conflict over child Source of potential conflict over child (need for whole family involvement in fostering and/or adoption)
9. Religious beliefs One or both partners committed to strict fundamental religious beliefs Do not require strict religious observance on part of child Church community source of support Idealism about the Church 'rescuing' Aboriginal children like they did in the 'Mission Days'	- + +	Possible lack of respect for child as individual Resilience of child as individual Support in times of need Specific ideals about 'rescuing' Aboriginal children and lack of understanding of significance of the Stolen Generation and

		impacts on Aboriginal peoples
10. Compensation Attempted compensation for missed or unsatisfactory relationship Reparation for guilt feelings	- -	Using child for own needs Using child for own needs
11. Financial Increase family income	-	Using child for own needs

Assessor's Checklist

Additions in red

1. Each applicant is committed to the idea of fostering and/or adopting a child. Comment on the level of commitment **and if they are to have an Aboriginal child in their care, have they considered the cultural aspects of this decision?**. Note sources of evidence.
2. Strengths in relation to the reasons given by each applicant for wanting to foster and/or adopt a child, **including understanding of additional requirements for Aboriginal children and the importance of connection with family and Country.**
3. Concerns in relation to the reasons given by each applicant for wanting to foster and/or adopt a child, **including any idealism in relation to 'saving Aboriginal children' (reflective of Missionary thinking).**
4. Each applicant has an understanding of the implications of fostering and/or adoption for their family. Comment on the level of understanding. Note sources of evidence.

Domain 1 - HANDOUT

Additions in red

1. How would you describe your role as a foster carer and/or adoptive parent?
2. **If you are a non Aboriginal person/family with an Aboriginal child/ren in your care as a foster carer how would you respond if asked why you have Aboriginal children in your care?**
3. What will you bring to the role of foster carer and/or adoptive parent and what do you see as your strengths?
4. What similarities and differences do you see between the roles of mother and father **and/or kin** in parenting?
5. How is your support network of extended family and friends, **including broader community**, involved to support you in your child's upbringing? (If you have no children, in what way do you think your natural support network would be involved in the child's upbringing?)
6. How do you, or will you, show approval and disapproval to your child?
7. How do you, or will you, show your child you love him or her?
8. What rules and boundaries do you have for your children, or if you have no children, what rules and boundaries do you think you will have?
9. What other ideas do you have if the disciplinary methods you have previously used seem to be ineffective?
10. How will you respond if the fostered or adopted child is overtly disrespectful or aggressive?
11. How do you (or would you) manage the demands of parenting if you were feeling emotionally and physically exhausted?

12. How will you deal with cultural issues that come up that you are unable to deal with (if you have an Aboriginal child in your care)?

Acceptance of Child's Family

Note to Assessor

- End of Section **ADD**: The Department is committed to ensuring and supporting the ongoing cultural competence of foster carers of Aboriginal children due to their over representation in out of home care. The Cultural Guiding Principles provided as part of this audit provide a solid foundation to the required understandings for carers to have in order to support Aboriginal and Torres Strait Islander children in care. Carers must be willing to commit to ongoing cultural training and support and undergo a comprehensive cultural assessment to determine their particular strengths and needs in order to care for an Aboriginal and/or Torres Strait Islander child and embrace opportunities to learn about the child's specific culture, family and community.

Assessor Interview Schedule

Additions in red

1. Why is it important for a child to maintain contact with their family?
2. What are some of the historical implications for Aboriginal children in the out of home care system?
3. When wouldn't it be appropriate for a child to maintain face to face contact with their family?
4. How would you work with the child's family if you were providing temporary foster care and working towards reunification?
5. How could you help a child to stay connected to his or her family? How would this be different if you were providing permanent care for the child? Are there any additional things to consider for Aboriginal children?
6. How would you help a child to develop their identity if they couldn't see their family for some time? How would you ensure cultural aspects of identity were met for Aboriginal children?
7. What is your understanding of the Aboriginal and Torres Strait Islander Placement Principle and the importance of this for Aboriginal children and the community more broadly?
8. How would you feel about caring for an Aboriginal or Torres Strait Islander child on a temporary basis as per the Aboriginal and Torres Strait Islander Placement Principle, the child must be with the child's family, a member of the child's community or an Aboriginal or Torres Strait Islander person⁴?
9. If you are providing temporary care for a child, what emotions do you expect that you (or your family i.e. children) might experience when the child returns to their birth family?
10. How might this be different if you were in some way uncomfortable with the situation that the child was returning to, for example, differences in parenting standards?

⁴ Section 12 of the *Children and Community Services Act 2004*

Foster Care Case Study 1: Empathy

There are no suggested changes to this case study, however would recommend it be placed with other Case Studies and referenced as appropriate.

Evidence

No suggested changes

Understanding the Child

Assessor Interview Schedule

Additions in red

1. In what ways will a foster or adopted child be *similar* to having your own child?
2. In what ways will a foster or adopted child be *different* from having your own child?
3. What sort of things do you think might make it difficult for a foster or adopted child to bond with you and for you to bond with a foster or adopted child?
4. What do you think the issues would be if the child was in temporary foster care and you were working towards reunification (i.e. difficulty bonding with the child)?
5. Given different life experiences and **cultural** background, how easy or difficult would it be for a foster or adopted child to develop his/her own identity in your family and why, particularly if the child **is** Aboriginal **and/or** Torres Strait Islander or from a CaLD background?
6. What emotions do you think a child might be experiencing when they first come to stay with you? How will you assist and respond to the child?
7. **If an Aboriginal and/or Torres Strait Islander child comes to live with you and has been removed from their traditional Country and community, what additional efforts would you need to make to keep them connected and why is this important?**
8. What additional needs do you think that Aboriginal or Torres Strait Islander or CaLD children have?

Foster Care Case Study 2a and 2b: Resilience

There are no suggested changes to this case study, however would recommend it be placed with other Case Studies and referenced as appropriate.

Evidence

ADD the following dot points to the "different responses could be" section:

- Shows understanding of the importance for Aboriginal children to remain connected with their family and community and participate in cultural activities as per the Aboriginal and Torres Strait Islander Child Placement Principle.
- Doesn't demonstrate any understanding surrounding the cultural needs of Aboriginal children and the historical context within which they sit.

Sexuality and Gender

Note to Assessor

This introductory section needs review and update to reflect Lesbian, Gay, Bisexual, Transgender and Intersex people (LGBTI) and not just "gay and lesbian". In the first sentence of paragraph 2 the wording "sexual or gender minorities" needs to be removed – the dialogue needs to happen irrespective of this point.

CASE STUDIES

There are no suggested changes to any of the case studies and associated checklists, etc. below, specifically:

- Case study # 55 Sexuality and Gender Case Study 1

Understanding Adoption

Note to Assessor

Given that adoption provokes very strong feelings amongst the Aboriginal and/or Torres Strait Islander community IPS recommend adding the below text, from the 2018 SNAICC *Inquiry into Local Adoption - Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs*, into this section as a Note to the Assessor.

“While stability is important for all children, stability for Aboriginal and Torres Strait Islander children is grounded in the permanence of their identity in connection with family, kin, culture and country. SNAICC believes that achieving stability for Aboriginal and Torres Strait Islander children requires recognition and implementation of their unique rights to maintain those connections.”

The position paper, developed in consultation with Aboriginal and Torres Strait Islander leaders from across the country, also by SNAICC titled *Achieving Stability for Aboriginal and Torres Strait Islander Children in Out-of- Home Care* sets out a strategy for improving stability for Aboriginal children in a culturally safe way. The key principles underlying stability and permanency planning set out in this paper, as related to adoption, are below, as supported by all Guiding Cultural Principles established by IPS, with a particular focus through Guiding Cultural Principles 2 (understanding the impacts of the Stolen Generations) and then 9 through to 14; driven through the commitment by the Department to Guiding Cultural Principle 1, commitment to staff and organisational cultural competence.

1. “Aboriginal and Torres Strait Islander children have rights of identity that can only be enjoyed in connection with their kin, communities and cultures.
2. Permanent care for Aboriginal and Torres Strait Islander children should only be considered where the family has been provided with culturally appropriate and ongoing intensive and targeted family support services.
3. Traditional adoption that severs the connection for children to their families and communities of origin is never an appropriate care option for Aboriginal and Torres Strait Islander children, except as it relates to traditional Torres Strait Islander adoption practices.
4. Decisions to place an Aboriginal and/or Torres Strait Islander child in permanent care, including adoption decisions, should only be made with the appropriate and timely review of the child’s individual circumstances, and with informed support for the decision from an appropriate Aboriginal and Torres Strait Islander community-controlled agency.
5. Aboriginal and Torres Strait Islander communities and organisations must be resourced and supported to establish and manage high-quality care and protection-related services, and to make decisions regarding the care and protection of children and young people in their own communities.
6. Permanency and adoption should never be used as a cost saving measure in lieu of providing Aboriginal and Torres Strait Islander families and communities with adequate and appropriate support. The burden of care held by Aboriginal and Torres Strait Islander families and communities should be adequately resourced, whether placements are temporary or permanent.
7. Aboriginal and Torres Strait Islander communities and their organisations must lead the development of legislation and policy for permanent care of their children based on an understanding of their unique kinship systems and culturally-informed theories of attachment and stability.

8. Where Aboriginal and Torres Strait Islander children are permanently removed from their parents, genuine cultural support plans must be developed and maintained (including with regular review) on an ongoing basis.”

Understanding Adoption

Assessor Interview Schedule

See changes in red

1. What sort of things do you think you could do to help attachment of an adopted child to you?
2. What role or importance do you think the birth parents have in an adopted child's life?
3. What role or importance do you think an adopted child's extended birth family has in his or her life?
4. Why is adoption so contentious for Aboriginal children and how would you address this if you were challenged?
5. What meaning do you think a child's name has for them?
6. What are your thoughts on the saying "blood is thicker than water"?
7. How easy or difficult will it be for an adopted child to develop his/her own identity in your family and why?
8. How will you enable and support the cultural development and belonging for an Aboriginal child if you are a non-Aboriginal family?

Child's Adoption Story

Handout

See changes in red

1. How do you plan to tell your adopted child that he/she is adopted?
2. How do you think you will feel telling your adopted child he/she is adopted?
3. What do you think are the main issues an adopted child will raise in relation to his/her adoption?
4. What do you think your adopted child will call his/her birth parents and how will this decision be made?
5. What do you think it would feel like to be born into one family and raised in another? Do you think this could be different for Aboriginal children? Why?
6. What do you think it would be like to know nothing or very little about your birth family?
7. If you have an Aboriginal child how will you ensure they are connected to their Native Title claimant group and grow up strong and connected to Country and Culture?

Child's Adoption Story

Handout/Exercise

No changes

Understanding Adoption from the Child's Perspective

Handout

- Add a Scenario 4:

Your adopted child finds out that they are Aboriginal when they are in their teen years and get angry and upset because they didn't know. They blame you for keeping this from them and say "now they know why they've always felt like something is missing from their lives". They talk about the impact of the Stolen Generations and past government policies and practices and tell you this shouldn't be happening to them and that you have been a part of it.

How will you respond?

Who will you go to for support for you child and yourselves?

Adoption Plan

Assessor Interview Schedule

No changes.

Understanding Adoption

Evidence - Assessor Checklist

See changes in red

1. Each applicant can express sympathetic understanding of the feelings of birth parents. Comment on the level of understanding and note sources of evidence.
2. Each applicant understands the importance of the birth family to a child's sense of identity, especially where a child is Aboriginal and/or Torres Strait Islander or where there are other cultural differences.
3. Each applicant has an understanding of the benefits of open adoption for the birth parents, the child and themselves, especially for Aboriginal children. Comment on the level of understanding and why this might be especially important for Aboriginal children (reference the Aboriginal and Torres Strait Islander Child Placement Principle and why this was established) and note sources of evidence.
4. Each applicant has an understanding that 'telling' a child about his/her adoption is a continuous process and will require varying levels of explanation depending on the child's age and circumstances. Comment on the level of understanding and note sources of evidence.
5. Will the applicants use the Adoption Plan to support an open adoption process? Note sources of evidence.
6. Each applicant acknowledges that an adopted child will have a range of attributes different to their family and are accepting of this. How will cultural differences be dealt with and why is this of significant, especially for Aboriginal and/or Torres Strait Islander children? Comment on the level of acceptance and note sources of evidence.
7. Strengths in relation to the applicants' acceptance of openness in adoption and their understanding of adoption from the child's perspective, particularly the cultural implications for Aboriginal and/or Torres Strait Islander children.

8. Concerns in relation to the applicants' acceptance of openness in adoption and their understanding of adoption from the child's perspective, particularly the cultural implications for Aboriginal and/or Torres Strait Islander children.

Understanding Adoption

Note to Assessor

No changes, however not sure what the second paragraph is referring to. If it is the *House of Good Things* and *The House of Worries* suggest that paragraph two be expanded to prompt the Assessor to look at other diagrammatic representations for the activity rather than just the house. This is particularly the case for Aboriginal and/or Torres Strait Islander children (for example; could use a river, a turtle, an emu, etc.).

Children's Understanding of Fostering and/or Adoption

Assessor Interview Schedule

No changes other than to include other diagrams as outlined above - for example could use a river, a turtle, an emu, etc.

Children's Understanding of Fostering and/or Adoption

Evidence – Assessor's Checklist

No changes

The Care Team Approach (Foster Care Only)

Assessor Interview Schedule

No changes

Children's Understanding of Fostering and/or Adoption

Confidentiality – Assessor Interview Schedule

No changes

Children's Understanding of Fostering and/or Adoption

Storage of Documents – Assessor Interview Schedule

No Changes

Family History

Lifeline of Applicants

Note to Assessor

No changes

General information section

No changes

Lifeline example

Handout

IPS would note that given many Aboriginal people may experience the death of loved ones at a higher frequency than the mainstream community that this exercise could be quite emotionally charged. As such, it is recommended that there be an Aboriginal consultant available to work with the assessor when this exercise is being undertaken with Aboriginal applicants.

Lifeline of Applicants

Handout

No changes- other than the recommendation as noted above - that there be an Aboriginal consultant available to work with the assessor when this exercise is being undertaken with Aboriginal applicants.

Genogram

Genogram (Family Tree)

Note to Assessor

To be added:

For Aboriginal and/or Torres Strait Islander children this activity should be undertaken with a Cultural Consultant, as per Guiding Cultural Principle 6, and refer to Cultural Mapping as per Guiding Cultural Principle 10.

General information section

No changes, however suggest the following:

At the end of paragraph two the following is added:

- If Aboriginal people are seen to be resisting and/or not giving information freely the assessor must contextualise this in terms of the historical legacy of the Department and the impact that this still has for Aboriginal people. The assessor should sensitively enquire as to whether this process is bringing up some concerns and apprehension and ask the applicant if they would like to have another Aboriginal support person, advocate and/or worker with them as the Genogram process is undertaken.

That the following is added:

- Prior to undertaking the Genogram assessors need to refer to Guiding Cultural Principle 11, Cultural Mapping.

That the following is added to the "some issues to explore" section:

- Cultural mapping (Guiding Cultural Principle 11)
- Cultural connections and if possible noting of skin relationships, etc. as per Guiding Cultural Principle 11

Care Planning Resources and Tools

The resources noted at this section should also refer to the importance of all Guiding

Cultural Principles, with specific reference to the following Guiding Cultural Principles:

- Guiding Principle 2: Understanding the impacts of the Stolen Generations
- Guiding Principle 6: The use of Cultural Vouching
- Guiding Principle 7: The use of Cultural Consultants
- Guiding Principle 8: The use of mainstream assessment and testing with Aboriginal people including Culture bound syndromes in practice
- Guiding Principle 10: Effective Engagement of Aboriginal Clients and Families
- Guiding Principle 11: Cultural Mapping
- Guiding Principle 14: Differences in Communication Styles including Aboriginal English

Lifeline and Genogram

Evidence – Assessor’s Checklist

Given Aboriginal culture is one of the most secretive cultures in the world, there may be times when there are factors that are perceived through a Western child protection lens as being risky that are in fact directly attributable to Aboriginal cultural practice and not able to be discussed. For this reason it is imperative that an Aboriginal consultant be available to give advice and a more holistic cultural interpretation of presenting factors (inclusive of risk factors).

See changes/additions to questions in red

To be discussed with applicant(s):

1. Grief and loss – how they deal with it (e.g. miscarriages, bereavements, separations, divorce, **impacts from the Stolen Generations and other related intergenerational trauma**)
2. The entering and exiting of relationships (what happened and when. Note any positive or negative relationship patterns)
3. Passed on values/beliefs (e.g. work, education, divorce, money, family, religion, **cultural ritual and/or protocols** etc.)
4. **Concept of family and extended family/kinship and the importance of contact and roles within the family structure.**
5. How the family support each other and how much contact they have with their family:
6. Any unresolved conflict between family members **or avoidance relationships (see Glossary)** (how do they deal with them?)
7. Identify any strong or weak relationships:
8. Importance of family (do they maintain contact with children from previous marriages/relationships?) **and understanding of cultural family obligations.**
9. Applicants agree on important aspects of family life. Comment on level of agreement and disagreement.
10. How do they describe individual family members and who do they liken themselves or their siblings to?
11. Describe relationships with their father, mother, siblings, extended family, ex-partners:
12. List any family patterns identified (e.g. careers, illness, names, violence, alcohol etc.) and how these influence their family life. **Refer Guiding Cultural Principle 8 to ensure cultural bias is kept in check here...**

Beliefs, values and attitudes

Note to Assessor

No changes, however the following to be added:

- Aboriginal children have rights of identity that can only be enjoyed in connection with their family, communities and cultures. In accordance with the Aboriginal and Torres Strait Islander Child Placement Principle, their rights to stay connected with family and community must be upheld, and the child, their families and communities enabled to participate in decision-making regarding their care⁵.

Assessor's Interview Schedule

No changes

Evidence – Assessor's Checklist

No changes

Cultural Awareness Questionnaire (I)

Assessor's Interview Schedule OR Handout

For Aboriginal young people the Westerman Acculturation Scale for Aboriginal Youth (13-17) years should be used as an assessment the accompanies this questionnaire.

See changes/additions to questions in red

1. Give a brief description of your ethnicity and culture **and how you identify with it (for example does the young person identify as Italian, Aboriginal, etc?)**
2. How does your ethnic, cultural and religious background affect the way you live **and how you see yourself?**
3. List three aspects of your ethnicity and culture that you value and **if you can, explain why:**
4. Are there any aspects of your ethnicity and culture that you consider are negative and **if you can, explain why?**
5. What do you consider are some of the positive aspects of a multicultural Australian society?
6. Do you consider there are any negative aspects of a multicultural Australian society, and if so, what are they?
7. **Do you think everyone in Australia, irrespective of their cultural background, is treated equally? What makes you say that?**
8. Describe yourself in terms of your **culture and ethnicity/heritage** in four words:
 - One time that I noticed I was one of the four words above was:

⁵ Achieving Stability for Aboriginal and Torres Strait Islander Children in Out of Home Care SNAICC Policy Position Statement (July 2016). [Online] - <http://www.snaicc.org.au/achieving-stability-aboriginal-torres-strait-islander-children-home-care-snaicc-policy-position-statement-july-2016/> p14.

Cultural Awareness Questionnaire (II)

Assessor's Interview Schedule OR Handout

See changes/additions to questions in red

1. What does the term cultural continuity, or keeping culture alive mean to you?
2. Describe activities you would do with your foster or adopted child to learn about his or her culture. Do you feel you are the best placed to do what you think is right here? Or, despite knowing what you should do, would you need support to do it?
3. Describe what you would do to incorporate your foster or adopted child's culture into your family's lifestyle- what would you do if the child's culture was very alien/different to your own?
4. Where would you seek support to assist you to maintain your foster or adopted child's culture or embed it into your own?
5. What links do you have with people from other cultural backgrounds?
6. Describe what you think the term racial discrimination means?
7. Describe what you understand the term white privilege to mean?
8. Have you ever felt discriminated against, and if so, how did you feel and respond?
9. Describe any incidents of racism or discrimination in Australia you have witnessed or seen in the media. How did this make you feel?
10. What actions could you take to counteract and address racism?

Cultural Awareness Questionnaire (III)

Assessor's Interview Schedule OR Handout

See changes/additions to questions in red

- What do you know about the history of Australia and the impact that this has had on Aboriginal people (Delete: and their history (brief dot points))?
- What is your understanding of the impact that historical legislative and policy legacies has had on Aboriginal peoples, including for example (Delete: What do you understand about) the Stolen Generations?
- Have you worked with, lived with or had other interactions with (Delete: What exposure have you had to) Aboriginal people and aspects of their unique culture?
- How will you prepare yourself and your family for caring for an Aboriginal and/or Torres Strait Islander child?
- What would you do to incorporate an Aboriginal and/or Torres Strait Islander child's culture into your family's lifestyle?
- How would you make your home both welcoming and culturally appropriate?
- What specific skills and experiences do you bring to caring for an Aboriginal and/or Torres Strait Islander child?
- Where will you go for help to develop these skills?
- How would you respond to and support an Aboriginal child you were caring for who is experiencing racism?

- How can you challenge and respond to negative stereotypes in the community about Aboriginal people?
- Do you have an awareness of overt and subtle racism?
- **Are you aware of the Aboriginal and Torres Strait Islander Child Protection Principle and why it exists? What do you think about it?**

Cultural Awareness Questionnaire (IV)

Assessor's Interview Schedule OR Handout

No changes

Vignettes: Parenting a Child from a Different Cultural Background

Additional vignette in red

- Vignette 1 - No changes
- Vignette 2 - No changes
- Vignette 3 - No changes
- Vignette 4 - No changes
- Vignette 5 - No changes
- Vignette 6 - No changes
- Vignette 7 - No changes
- Vignette 8 – Vignette 8 missing
- Vignette 9 - No changes
- Vignette 10 - No changes
- Vignette 11 - No changes
- **Vignette 12 – Shelly is an Aboriginal child and you have had her in your care since she was a baby. She is now a teenager and has made some good friends at school, many of whom are Aboriginal. They have been talking about their families, their culture, native title connections, and how they connect within their community. Shelly is upset that when they've asked her "who her mob" is she doesn't know. She has said some of them are calling her a "coconut" and other names and she is upset and angry. What would you do? Who would you ask for assistance? How would you try to reassure Shelly?**

Religion

Assessor's Interview Schedule OR Handout

See changes/additions to questions in red

1. What meaning does religion **and/or culture** have for you?
2. Please outline the main beliefs and/or practices of your faith (e.g. attendance at a weekly service).
3. **What are your views around cultural rituals and protocols and the relationship many mainstream religions in Australia have with Aboriginal people?**

4. Are there any practices that you feel could present an issue with the role of a foster carer and/or adoptive parent?
5. In what ways do your religious beliefs influence your parenting strategies (or would if you are not a parent)?
6. How would you feel about fostering and/or adopting a child with a different religious background to your own?
7. If you were to foster and/or adopt a child with a different religious background, what opportunities would the child have to continue his or her religion **and/or practice their cultural beliefs that form their understanding and connection with ritual/religion?**

Parenting a Child from a Different Cultural Background

Assessor's Checklist

Evidence

See changes/additions to questions in red

1. Applicants understand the importance of maintaining a child's culture, ethnicity and established religious practices. Comment on the level of understanding and commitment. Note sources of evidence.
2. Applicants demonstrate knowledge of the specific ethnic, cultural and religious practices and customs of the country of choice. Comment on the level of knowledge and note sources of evidence.
3. Applicants understand the importance of not being 'tokenistic' when undertaking efforts to connect with Aboriginal **and/or** Torres Strait Islander children and in helping them connect to their culture. For example, the applicant understands that it is not enough to hang a 'dot art' painting in their house or display an Aboriginal flag, **attend one NAIDOC even per year, etc.**
4. **Applicants understand fully the intent behind the Aboriginal and Torres Strait Islander Child Placement Principle and why they must make every effort possible to keep Aboriginal children connected with their family, community and country and have the opportunity to participate in cultural activities wherever possible.**
5. Applicants can **demonstrate their understanding and intention (Delete: explain achievable actions) as well as how they will (Delete: to) maintain the child's connections with his/her ethnicity, cultural and religious practices and customs.** Note sources of evidence.
6. Applicants recognise the multicultural nature of Australian society and value diversity. Comment on the applicant's level of recognition of and degree of value placed on diversity. Note sources of evidence.
7. Applicants demonstrate **understanding of white privilege, as well as** knowledge of the effects of racism and discrimination **and the impact this can have on resilience and mental health.** Comment on level of knowledge and note sources of evidence.
8. Applicants can identify ways of discussing and dealing with the effects of racism and discrimination, **noting culturally validated assessment tools that can assist with this.** Note sources of evidence.
9. **Referring to Westerman Cultural Competency Assessment (could be general, child protection and/or *foster carer specific (when developed), review and discuss the results in relation to cultural competency related to Aboriginal and/or Torres Strait Islander peoples.**

10. **Discuss** strengths in relation to applicants' capacity to foster and/or adopt a child from a different ethnic or cultural background to that of their own.
11. **Discuss** concerns in relation to applicants' capacity to foster and/or adopt a child from a different ethnic or cultural background to that of their own.

Applicant's Childhood Experiences

Note to Assessor

IPS would note that given many Aboriginal and/or Torres Strait Islander foster carer applicants have a heightened likelihood of being directly or indirectly impacted upon through the past government removal policies and practices and be subject to ongoing trauma as a result of this; it is critical that this "assessment" is undertaken in a trauma informed and managed manner. It is understood that this assessment is not 'clinical' in its nature and as such it should be guided by clinical expertise where indicated. It is particularly important that should this discussion elucidate any indications of childhood trauma that is beyond the scope of this discussion that the assessor is able to ensure that the foster care applicant is afforded an opportunity to speak to a trained clinical from the Clinical Psychology Services within the Department and further that this discussion in no way is geared towards the exclusion of Aboriginal and/or Torres Strait Islander foster care applicants on the basis of their own trauma experiences without afforded them the right to trauma informed clinical assessment .

The Bringing them Home report showed that around 15% of the Aboriginal and/or Torres Strait Islander population have been directly impacted as a result of the Stolen Generations, and as such it is included in this Audit as Guiding Cultural Principle 2.

IPS cautions around the ethical issues that may present in this section of the Manual given there is a strong possibility that assessment may be confused and confounded with therapy. Given this, assessors should always be able to ensure therapy or therapeutic and clinical options are available for prospective foster carers that are undergoing assessment via access to the Clinical Psychology Services or referral to an appropriate external service where necessary.

Assessor's Interview schedule

See changes/additions to questions in red

1. Were you raised with your family of origin?
2. If no, do you consider yourself to be part of the Stolen Generations?
3. How would you describe your family of origin and upbringing (in community, away from family, etc.)?
4. How would you describe where you grew up (country, remote community, family home, shared home, social housing, house, caravan, etc.)
5. Who reared you? (what role did each of your parents, carers, extended family play during your childhood?)
6. How have you interacted with people from different cultures and what are your views toward Aboriginal and/or Torres Strait Islander people
7. What were the main rules in your household? (if any)
8. How were the rules set and who set them?
9. What happened when rules were broken?
10. Who disciplined you, and how? (Note: Most people think discipline is punishment)
11. Looking back, how did you feel about how you were disciplined as a child?
12. What happened if you disagreed with something said?
13. What happened if you were successful at something? (or did something that pleased your family?)

14. What happened if you failed at something (or disappointed your family?)
15. To whom did you turn for comfort, advice or support?
16. Where you required to take on responsibility early on in your life because it was the cultural way to do things (shared care-giving with older children in Aboriginal communities, young boys becoming men Lore way and their changed role in the family as a result, etc.)?

Family Events

Handout

The information in this handout is very Western/dominant culture oriented so this is a bias that needs to be noted. Additional points have been added for inclusion, however do not fully mitigate the potential underlying bias.

See changes/additions to questions in red

- Family **and/or** holidays **with others**, e.g. camping
 - Birthday **and/or special event** celebrations
 - Activities with parent(s), **carers, family friends, kin, etc.** e.g. cooking, playing sport
 - Activities with other family members and friends, **kin, etc.**
 - Bedtime stories or songs, **or other bedtime routines**
 - Parent(s), **carers, family friends, kin, etc.** attending school functions e.g. sports day
 - Parent(s), **carers, family friends, kin, etc.** involved in child's recreational clubs
 - Family picnics **and/or other outings (going bush hunting, fishing, etc.)**
 - Comfort after failure at something
 - Special talks with mum or dad, **carers, family friends, kin, etc.**
 - Special time with grandparent(s), **carers, family friends, kin, etc.**
 - Games with brothers or sisters **and extended family**
 - Affection from parent(s), **carers, family friends, kin, etc.** e.g. hugs, cuddles **high fives, etc.**
 - Being allowed privacy e.g. respect for individual needs
 - Any other e.g. household pets
 - **Cultural activities/responsibilities**
1. **(Delete: What did) So** you feel you missed out on **anything**?
 2. What else would you have liked?
 3. Most people remember one or more experiences during childhood that was distressing in some way. Look through the list and tick any event that has been experienced.
 - Arguments between parents, **carers, family friends, kin, etc.**
 - Severe illness during childhood
 - Parents' separation/divorce/sibling separation / **out of home care experience**
 - Victim or witness of accident e.g. car, plane

Family Relationships

Ecomap (Natural Support Network Map)

Note to Assessor

No changes, however suggest that the following points be included in this section:

- The Ecomap should be constructed with reference to the following Guiding Cultural Principles:
 - Guiding Cultural Principle 1: Commitment to staff and organisational cultural competence
 - Guiding Cultural Principle 10: Effective Engagement of Aboriginal Clients and Families
 - Guiding Cultural Principle 11: Cultural Mapping
- Reference should also be made to the *Care Team Approach* Practice Framework, specifically the diagrammatic representations of this through 'Brud the Owl' and the 'Care Team Tree'. Whilst the Eco Map focusses on 'Natural Support Networks' it will be very useful when establishing a child's care team and vice versa.

Eco Map

Procedure and Handout

No changes, however suggest that another line to show a 'cultural connection' should be added to make the Ecomap more culturally holistic.

Circle of Relationships

Note to Assessor

No changes, other than to add in cultural activities at any place where community based or other activities are referenced.

Handout

No changes

Relationship Between Partners

Assessor's Interview Schedule

No changes

Relationship Between Partners

Handout

No changes

Stinnett Exercise

Handout

No changes

Relationship with Partner

Assessor's Checklist

No changes

Relationship Between Partners

Assessor's Interview Schedule

No changes

Single Applicants Only

No changes

**Support in Times of Stress and Natural Support Networks
Note to Assessor**

No changes

Natural Support Networks

Assessor's Interview Schedule

No changes

Support in Times of Stress

Handout

No changes

Coping with Stress and Current Functioning

Note to Assessor

No changes

Coping with Stress

Handout

No changes

Coping with Stress

Evidence - Assessor's Checklist

No changes

Current Functioning: Family Inventory

Handout

No changes

The Stress Scale

Handout

No changes

Current Functioning

Handout

No changes

Parenting Skills

Meeting the Complex Needs of Children

Note to Assessor

No changes, however note that this is a very Western construct of parenting. It is recommended that another domain 'Aboriginal styles of parenting' be added into this section. Guiding Cultural Principles 8-14 should also be referenced here.

Assessor's Interview Schedule

See changes/additions to questions in red

1. How would/have you parented differently to your parents? Why have you chosen to parent this way?
2. In raising children, what would/do you do in the same way as your parents?
3. In the raising of children, what are/were some of the differences you and your partner experienced around different parenting styles and child management?
4. As parents, how do you manage these differences in parenting styles?
5. How would you parent a child from another culture (i.e. Aboriginal and/or Torres Strait Islander child)? Do you think your parenting style would vary depending on the cultural background of the child? Why/why not?
6. What would your role be in supporting the cultural development and identity of a child and why is this important? What would be different if you were providing temporary care versus permanent care for a child?
7. What are some of the biases you have been raised with in relation to Aboriginal and/or Torres Strait Islander people and/or people from other diverse cultural backgrounds? How will you respond and manage these?
8. What are your beliefs and practices regarding food and nutrition. For Aboriginal and/or Torres Strait Islander children you will need to be aware of and reference traditional food and medicine preferences?
9. How would you care for a child with different food preferences (including a child's traditional food and cooking preferences). For Aboriginal and/or Torres Strait Islander children you will need to be aware of and reference traditional food and medicine preferences?
10. What strategies do you have to help a distressed/anxious child to feel secure and when would you know it was time to ask for help?
11. How will you persevere and continue to support a child if a child doesn't seem to be responding to your guidance?

Meeting the Child's Cultural Needs – Aboriginal or Torres Strait Islander Children

Handout

Suggest in the first paragraph the following text related to the Aboriginal and Torres Strait Islander Child Placement Principle be added:

Evidence - Assessor's Checklist

Add in a reference to Guiding Cultural Principles 2, 9, 11, 13, and 14.

Vignettes: Parenting Beliefs and Capacity

Assessor's Interview Schedule

See additions to vignette in red

- Vignette 1 – No changes
- Vignette 2 – No changes
- Vignette 3 – No changes
- Vignette 4 – No changes
- **Vignette 5 – ADD**
- **You recently had a 10 and 12 year old Aboriginal boy and girl come to live with you. They have had multiple placements and seem very withdrawn and overwhelmed. You are not treating them any differently to your own children. What do you think might be going on for these siblings? How do you respond?**

Evidence - Assessor's Checklist

See changes/additions to questions in red

1. Applicants display personality characteristics and shared values and attitudes for effective parenting **and are culturally aware and enquiring**. Comment on applicants' commitment to parenting, flexibility, warmth and reasoning, **ability to meet the needs of Aboriginal and culturally diverse children**, and their degree of authoritarianism. Note sources of evidence.
2. Applicants understand and will use a democratic parenting style that includes elements of rule and boundary setting accompanied by emotional support and commitment to the child's welfare. Comment on the applicants parenting style, rule and boundary setting, capacity to show warmth to and emotionally support the child. **They demonstrate an awareness of different parenting styles based on cultural diversity and have discussed how they would integrate this into their own parenting style in order to be supportive of the child transitioning into their home**. Note sources of evidence.
3. Applicants have a realistic plan for the immediate, short and long term care of the child. Note sources of evidence.
4. Strengths regarding applicants' capacity to provide effective parenting, **that is culturally responsive**, and child management.
5. Concerns regarding applicants' capacity to provide effective parenting, **that is culturally responsive**, and child management.

Applicant's Own Children

Assessor's Interview Schedule

Add in an additional question:

- If you are a non-Aboriginal foster carer with children of your own, how will your children be able to deal with any issues of racism they may encounter given they will have an Aboriginal and/or Torres Strait Islander foster sibling living with them?

Applicant's Own Children's Experiences

Handout

Refer Guiding Cultural Principles and add additional prompts that relate, for example experiences with and understanding of the Stolen Generations (Guiding Cultural Principle 2), Aboriginal grieving practices, (Guiding Cultural Principle 8), etc.

Experience of Other People's Children

Assessor's Interview Schedule

Refer Guiding Cultural Principles and add additional prompts that relate, for example experiences with and understanding of the (Guiding Cultural Principle 2), Aboriginal grieving practices, (Guiding Cultural Principle 8), etc.

Child Development

Handout

No changes

Case Study 4: Child Development

No changes

Vignettes: Child Development

Assessor's Interview Schedule

See additions to vignette in red

- Vignette 1 – No changes
- Vignette 2 – No changes
- Vignette 3 – No changes
- Vignette 4 – No changes
- Vignette 5 – **ADD LGBTQ and ABORIGINAL**
- Vignette 6 – No changes
- Vignette 7 – No changes
- Vignette 8 – No changes
- Vignette 9 – No changes
- Vignette 10 – No changes
- Vignette 11 – No changes
- Vignette 12 – No changes
- Vignette 13 – No changes
- Vignette 14 – No changes
- Vignette 15 – No changes
- Vignette 16 – No changes
- Vignette 17 – No changes

- Vignette 18 – No changes
- Vignette 19 – No changes

Siblings:

- Vignette 1 – No changes
- Vignette 2 – No changes
- Vignette 3 – No changes
- Vignette 4 – No changes

Evidence - Assessor's Checklist

No changes

Child Protection

Note to Assessor

No changes, however add in an additional dot point stating:

- Understanding and importance surrounding the application of the Aboriginal and Torres Strait Islander Child Placement Principle.

Questionnaire

Handout

Suggest the additional two questions:

1. If you had an Aboriginal child in your care, how would you go about trying to ascertain which members of the Aboriginal community and/or your family were safe and/or suitable for the child in your care to have contact with (from a personal and cultural safety perspective)?
2. See Guiding Cultural Principle 6 The use of Cultural Vouching and Guiding Cultural Principle 7 The Use of Cultural Consultants.
3. You have heard that culture is more important than safety for Aboriginal children. What do you think about this?

Vignettes: Child Protection

Assessor's Interview Schedule

No changes or additions

Evidence - Assessor's Checklist

Additional question:

1. Understanding of role of Cultural consultants and Cultural vouching for Aboriginal children.
2. Strength in applicants understanding around the importance of cultural connections for Aboriginal children as per the Aboriginal and Torres Strait Islander Child Placement Principle, however clarity around the need for safety to always be the higher order need.

Inventory of Unwelcome Sexual Experiences

Handout

No changes or additions.

Case Study 5: Sexualised Behaviour

No changes or additions.

Evidence - Assessor's Checklist

See changes/additions to questions in red

1. Response should demonstrate an ability to consider a variety of ways of dealing with the behaviour.
2. Response should offer feedback (**DELETE: on unacceptable behaviour in a non-punitive manner and spell out clearly a more appropriate alternative) to the young person and explain why this behaviour is not the best, giving some reasons whilst at the same time reassuring them that they are not in trouble but that you are concerned around why they might be doing this as it is not appropriate.**

Case Study 6a: Crisis Intervention

No changes or additions

Case Study 6a: Crisis Intervention

Evidence - Assessor's Checklist

No changes or additions

Case Study 6b: Crisis Intervention

No changes or additions

Assessment Checklist

Note to Assessor

No changes

Applicant's Self-Report Checklist

Assessment Domain 1 – meeting the child's needs

See changes in red

Element 1: Ensure the complex needs of the child are addressed

I can:

- Outline the physical, social, cultural, psychological and emotional needs of a child and give examples of each of these.
- Describe why family centred activities are important and how a child would be exposed to a range of role models.
- Briefly detail the effects of child abuse and trauma on children.
- Briefly describe attachment theory (and cultural differences with Aboriginal and/or Torres Strait Islanders attachment to Kin) and age appropriate stages of child development, including some understanding of the differences for Aboriginal and/or Torres Strait Islander children in this area.
- Describe how the quality of life for a child is provided for by ensuring their education, recreation and health care needs
- Describe some of the indicators of physical, emotional, sexual abuse and neglect of children.
- Explain the importance of Guiding Cultural Principles and give examples of how they can be applied.
- Describe an understanding around the importance of the Aboriginal and Torres Strait Islander Child Placement Principle for Aboriginal children.
- Describe cultural resilience factors.

Element 2: Caring for a child who has additional medical, behavioural or psychological care needs

I can:

- Describe the particular vulnerabilities to abuse and discrimination of children with a disability.
- Describe the extent of additional care needs I would be confident to manage.
- Describe the child management needs of a child with a disability.
- Access support to meet the needs of a child with a disability.
- Outline why it is important for Aboriginal and/or Torres Strait Islander Children to have culturally specific psychological assessments, and how you would advocate for this to be made possible.

Element 3: Promote relationships between the child and significant others

I can:

- Access information to help me identify significant relationships for the child in my care (e.g. the Case Manager, Aboriginal Practice Leader and others working with the child).
- Describe a range of strategies that I can use to help the child maintain relationships with significant others, **including why extended kinship networks are important for Aboriginal children.**
- Describe how I would help a child in my care keep in contact with significant others, being mindful of the child's age, language skills, history of the relationship etc.
- Explain how the Aboriginal and Torres Strait Islander Child Placement Principle relates to relationships between the child and significant others and its' importance.**

Element 4: Ensure the ongoing safety of the child

I can:

- Describe a range of strategies that I can use to prevent and respond to crisis situations in accordance with Department procedures.
- Describe how I would implement policy and procedures for responding to allegations of abuse in case if the child experiences or alleges harm or abuse.
- Provide care until the child turns 18 years old (if required).
- Describe your understanding of cultural safety and why this is important for Aboriginal children.**

Assessment Domain 2 – Provide a safe living environment

See changes in red

Element 1: Maintain a physically and emotionally safe environment for the child.

I can:

- Describe the meaning of boundaries and give examples of how I would clearly define and maintain boundaries in my role as a carer.
- List a range of practical strategies that I can implement to ensure the physical safety of a child in my care.
- List some of the strategies that I can implement to ensure the **cultural and** emotional safety of a child in my care.
- Distinguish between sexualised behaviour and normal behaviour of a child and implement strategies to minimise risk to the child in my care.
- List some of the indicators of sexual abuse and describe some specific needs of a sexually abused child.

Element 2: Implement strategies to prevent crisis situations and to minimise risk to the child, foster family and others.

I can:

- Describe support available to myself and a child in my care.

- Describe a range of **cultural and** recreational activities that may be implemented to help a child develop their self-worth, **connections with culture and community**, self-esteem and resilience.
- Briefly describe **acculturation and** resilience and give examples of ways to develop resilience in a child in my care.
- Document and report incidents to the Department that effect the wellbeing of the child in my care.
- Participate appropriately in carer reviews (foster care only).
- Have input to the Care **and cultural** Plan for the child in my care and follow the Care **and cultural** Plan provided by the Department (foster care only).
- Participate in meetings as required (e.g. Permanency Planning Policy i.e. every 30 days) (foster care only).

Assessment Domain 3 – Working with families and professionals

See changes in red

Element 1: Operate effectively within the foster care context (foster care only).

I can:

- Define confidentiality, **the concept of cultural protocols which can involve secrecy for Aboriginal children**, and give examples of when this may be required.
- Briefly describe the meaning of duty of care and understand that I am required to do what a reasonable carer would do in performing my role as a carer.
- Understand the principles of equality, diversity and access and equity as they apply to my role as a carer.
- Understand the Guiding Cultural Principles that underpin effective engagement of Aboriginal clients and families and differences in communication styles and how they apply to my role as a carer of an Aboriginal child.**
- Briefly explain the rights, responsibilities and role of foster carers in a child's care team.
- Understand that the Department works from a legal base.
- Understand the significance of the Aboriginal and Torres Strait Islander Child Placement Principle and the importance of its application if I am the carer of an Aboriginal child.**
- Understand the impact of the Children's Court on the work of the Department i.e. the Department can apply for a long term order, but the Court decides when and whether to grant this.

Element 2: Establish effective working relationships with each of the parties involved

I can:

- Use appropriate written and verbal communication skills to maintain contact with Department workers.
- Understand that Department workers may not always be readily available.
- Describe the importance of teamwork and how this is crucial to meeting the needs of a child in my care, **and how the Care Team Approach impacts on this.**
- Briefly describe some conflict resolution skills that I would use if required.

- Use problem solving skills where appropriate including responding to crisis situations to ensure the safety of a child in my care.
- Convey a positive attitude regarding a child's birth parents and assist the child to gain information about his/her family, particularly for Aboriginal children, making reference to the Aboriginal and Torres Strait Islander Child Placement Principle.

Element 3: Demonstrate appropriate relationship skills

I can:

- Provide examples of good communication in my relationship with my partner or others.
- Provide examples of how I have effectively engaged with Aboriginal children and families with regard to differences in communications styles, including Aboriginal English.

Assessment Domain 4 – Learning and development

See changes in red

Element 1: Implement strategies for development of personal and professional skills.

I can:

- Identify areas of learning and development that will assist me in my role, including areas for development around my Aboriginal cultural competency.
- Describe a range of strategies that I would use to improve my skills, knowledge and ability to care for children, referencing specific ways that I would support Aboriginal children and why this would be important.
- Describe any current personal issues that may affect my functioning and give examples of strategies I would use to ensure my personal needs are met.
- Identify the impact of stress on my functioning and have strategies to cope with stress.
- Say I am aware of my own value base and attitude.
- Understand how my life experiences impact on how I will function in my role.
- Perceive my partner's stress and work together to manage crises (couples).
- Describe how fostering and/or adoption may impact on each of the individuals in my family and have identified strategies to minimise any negative impact.

Element 2: Develop and use formal and informal networks.

I can:

- List sources of information, advice and guidance that I would use in my role.
- Say I am aware of the resources provided by the Department, contact people, other non-government organisations, Aboriginal Community Controlled Organisations, and other sources of support.
- Describe individuals and organisations (mainstream and Aboriginal) that are part of my support network.
- Access people who are able to support me in my role as a carer and/or adoptive parent, including information and support for caring for an Aboriginal and/or Torres Strait Islander child or a child from a CaLD background.

Assessment Domain 5 – Character and repute

See changes in red

Element 1: Be of good repute with a high level of interpersonal and relationship skills.
I can:

- Identify my interpersonal skills and understand how these support my ability to build and maintain relationships
- Provide examples of how I display personal warmth in my relationships with children and adults
- Demonstrate appropriate self-disclosure and communication skills
- Recognise and identify triggers that may evoke negative feelings in me
- Provide examples of ways I have appropriately responded to;
 - Anxiety
 - Frustration
 - Anger
 - Disappointment
 - Disruption
 - Stress
- Identify my personal strengths and weaknesses and be open to discussing how these may impact on relationships in my life
- Provide the details of people well known to me who could verify the above claims, including someone who could culturally vouch for me if I have Aboriginal children (referees)
- Understand the importance of engaging in activities to promote the wellbeing of family and relationships
- Confirm I do not have a criminal record that would indicate I pose a risk to the safety of children

Assessment Domain 6 – Cultural responsiveness

See changes in red

Element 1: Ensure that the child develops their ethnic identity and knowledge of their cultural heritage.

I can:

- Describe strategies for maintaining cultural and ethnic continuity for a child.
- Describe achievable actions I can take to maintain a child's connection to their culture, ethnic and religious practices and customs.
- Describe the purpose of the Aboriginal and Torres Strait Islander Child Placement Principle and how I would support an Aboriginal and/or Torres Strait Islander child in my care to have the needs described in this Principle met.
- Demonstrate that I recognise and value multiculturalism in Australia and that I value diversity.
- Describe the effects of discrimination and racism on a child.

- Discuss openly any unconscious bias that I may have, and/or an understanding of the concept of 'white privilege' and how this might impact on an Aboriginal and/or Torres Strait Islander child/ren I may have in my care.
- Describe strategies to help a child counter racism and develop good self-esteem.

Element 2: Provide an environment that promotes, supports and maintains an Aboriginal and Torres Strait Islander child's culture

I can:

- Demonstrate and awareness and understanding of the impact past policies and practices have had, and continue to have, on Aboriginal and/or Torres Strait Islander children and their families today.
- Describe the purpose of the Aboriginal and Torres Strait Islander Child Placement Principle and how I would support an Aboriginal and/or Torres Strait Islander child in my care to have the needs described in this Principle met.
- Demonstrate an understanding of structural disadvantage and systemic racism and why it is important to be aware of this if I have an Aboriginal and/or Torres Strait Islander child in my care.
- Identify current trends and issues for Aboriginal people and communities.
- Access information and organisations (mainstream and Aboriginal specific) to help me develop and maintain relationships with Aboriginal communities, services and organisations.
- Demonstrate a willingness to learn about Aboriginal culture to share with a child.

Assessor's Observation Checklist - Communication Skills

See changes in red; however also note that all aspects should be viewed through an appropriate cultural lens as provided through the Guiding Cultural Principles in their entirety.

Applicant's Name: _____

The applicant should be assessed Competency Achieved (CA) when they have achieved competency in performing a particular task/action, or Competency Not Yet Achieved (CNA) if they do not meet the requirements at the time of assessment. They may be given the opportunity to attempt any CNA items again by arrangement.

Tick the appropriate column for each performance/task.

Knowledge, Skills & Abilities		CA	CNA
1	The skills to communicate appropriately with other applicants during training sessions, including using communication and engagement techniques that would be culturally transferrable as assessed through Guiding Cultural Principles 10 (Effective Engagement of Aboriginal Clients and Families) and 14 (Differences in Communication styles, including Aboriginal English).		
2	The skills to communicate appropriately during the assessment interviews.		
3	The skills to use empathy in their communication with a child or child's family with an understanding and appreciation for cultural variations and differences as per the Guiding Cultural Principles in their entirety.		
4	The ability to use non-judgmental and appropriate language in their written and verbal communication with the Department, trainer, assessor and others.		
5	The skills to participate in group discussion including accepting group norms or rules.		
6	The skills of active listening including communication with their own children, partners and others.		
7	The ability to respond appropriately to the ideas and contributions of others (e.g. openness to other opinions).		
8	Literacy skills including basic written communication skills, the ability to read and understand Care Plans etc.		
9	The ability to demonstrate understanding by using verbal and non-verbal communication techniques.		
Assessor's comments:			

Assessor's Observation Checklist - Parenting Skills

See changes in red; however also note that all aspects should be viewed through an appropriate cultural lens as provided through the Guiding Cultural Principles in their entirety.

Applicant's Name: _____

The applicant should be assessed Competency Achieved (CA) when they have achieved competency in performing a particular task/action, or Competency Not Yet Achieved (CNA) if they do not meet the requirements at the time of assessment. They may be given the opportunity to attempt any CNA items again by arrangement.

Tick the appropriate column for each performance/task.

Knowledge, Skills & Abilities		CA	CNA
1	The ability to meet the physical, social, psychological, emotional and cultural needs of their own children or other children they have cared for.		
2	Knowledge of normal child development and understanding of cultural differences in child development for Aboriginal children as per Guiding Cultural Principle 13; Differences in Parenting Styles of Aboriginal People and Child Development.		
3	The ability to recognise if a child is experiencing trauma or displaying evidence of physical, emotional, sexual abuse or neglect, with an understanding of historical government policies and practices as they relate to Aboriginal peoples and the intergenerational impact of this in a contemporary and current day setting.		
4	Knowledge of personal boundaries and how to establish boundaries within a family environment including safe physical and emotional environment for all members of the household.		
5	The ability to manage the demands of the role and to balance the child and adult focused activities that are undertaken as a family.		
6	The skills to boost self-worth, self-esteem and resilience in children including teaching safer caring, including an understanding of black identity formation and cultural resilience.		
7	The skills to assess any ongoing risk to any members of the family including risk to their personal safety or emotional safety.		
8	The ability to recognise stress and ensure stress management strategies are implemented and prevent serious stress impacting on family functioning.		
Assessor's comments:			

Case Studies

Note to Assessor

Add to the list of questions:

- If the child is Aboriginal and/or Torres Strait Islander are there any additional considerations or factors you may need to be aware of- both generally and within a specific context?

CASE STUDIES

There are no suggested changes to any of the case studies noted below, specifically:

- Case study # 2 Playstation Conflict
- Case study # 7 Sudanese Siblings
- Case study # 11 Food Hoarding
- Case study # 13 Swearing Toddler
- Case study # 14 Silent Pain
- Case study # 17 Potential Allegation
- Case study # 18 Standard of Care Issues
- Case study # 19 Fear of Drinking Behaviour
- Case study # 20 Comfort Clothing
- Case study # 21 Seeking Affection
- Case study # 23 Prison Contact
- Case study # 25 Permanent Out of Home Care Contact
- Case study # 30 Sexualised Play
- Case study # 33 Casual Homophobia
- Case study # 36 Shoplifting

School Refusal

See changes below in red

George is a 13 year old Aboriginal boy who has been with you for less than a month. When he was placed with you he also moved to a new school. He easily becomes anxious, especially when there is change. Often he refuses to go to his new school in the morning. This Friday morning is one of those occasions. He has only been to school for three days this week. George refuses to get out of bed, puts his head under the pillow and yells at you "I'm not going to school, they all hate me."

Comment:

- Is the carer Aboriginal or non-Aboriginal?
- Is he away from/off Country?
- Has been separated from siblings?
- Did he come with a cultural plan in place?
- Is English his second language?
- Are there other Aboriginal children and/or an Aboriginal and Islander Education Officer at the school?
- Has he got the new school uniform?

Suggest all the factors outlined above be incorporated into this Case Study so that it is not so generic in nature. Carers should have as much specific information as possible to ensure a more realistic and well thought out response.

Why do you think George is behaving this way?

What approach would you take to engage George?

What would you do:
Friday morning?

Long-term?

Cyber Safety

See changes below in red

Melanie, now aged 14, has been in your care for a number of years. You have started to become concerned about her use of social media. Despite agreeing on an appropriate amount of time to spend online, you have to regularly remind her to switch off. There has also been a recent occasion where she has been upset about a member of her family, whom she has not had contact with, attempting to make contact with her via social media.

Comment:

Consider adding the following question:

If Melanie was Aboriginal what additional considerations, if any, would you have?

How would you approach this situation?

What factors would you consider?

Assessor note: you are looking for a balance between accepting that social media is a normal part of life for young people, and often an important social outlet, and acknowledging the potential risks. Discussion may include use of privacy settings, boundaries, transparency and risk management strategies. Applicants unfamiliar with social media may need to do some independent research/learning. The Department of Communities also offers an eSafety training course for carers.

Concern for Sister

See changes below in red

Jack is a 12 year old boy who has been in foster care since he was 10 years old. He has been in your care for four months. Jack often mentions his family problems. He is worried about his sister who still lives with their mother, as Jack knows that his mother hits her on a regular basis. You find Jack's behaviour hard to manage as he is easily angered and when something doesn't go his way he says to you "I hate my family, I hate Child Protection and I hate you".

What action would you take based on Jack's concerns for his sister?

Describe what feelings Jack is likely to be experiencing:

What strategies would you use to manage Jack's behaviour?

Discuss other ways you might help Jack to cope with his feeling at the moment:

What is Jack in need of from his carer at this stage in his life?

If Jack was Aboriginal what additional considerations, if any, would you have?

Cultural Identity

See changes below in red:

You are caring for a **fair skinned** 12- year -old Aboriginal girl named Mia. Mia is constantly being bullied and is the butt of jokes at school because **she is Aboriginal. It seems the students at her new school carry with them negative stereotypes about Aboriginal people, and these stereotypes are constantly reinforced through** the media, including social media. Mia **knows she is Aboriginal and when she came into care was proud of her Aboriginality, however** is struggling to acknowledge her identity lately due to the racism and taunting she is enduring on a daily basis. Mia's last non Aboriginal carers and her non Aboriginal friends *discouraged* her to identify as being Aboriginal and she is very confused and distressed about what she should do.

Is it important for Mia to acknowledge her cultural identity? Why?

How will you help Mia to acknowledge her cultural identity?

How will you give Mia a positive view of herself and present her culture in a positive light so that she can develop pride in who she is and where she comes from?

How will you help Mia overcome prejudice and discrimination at the bullying she is receiving at school?

Do you think you have a role to play in providing additional support for Mia to access positive interactions with her Aboriginal family and/or community? Why?

Disengaged from Culture

See changes below in red:

As a non-Aboriginal carer, you are caring for Jake, a 14-year-old Aboriginal boy who has been in foster care since he was two. During his time in foster care he has had little to do with his family and Aboriginal people generally, and as a result has become disconnected from his family, community, culture and country and has not participated in any Aboriginal community events or activities. Jake is also not living in his home community and has been raised on Country that belongs to a different Aboriginal Traditional Owner group. Jake knows he is Aboriginal and is proud of his heritage but feels very isolated and unsure of how we can go about reconnecting with his culture as this is something he would like to do, but does not know how. Jake feels like a part of him is missing and he has a yearning for something deeper that he can't quite describe to you as his carers. He thinks his Aboriginal family connections are what is missing in his life and that he could benefit from connection with his family and people but he is unsure about how to go about this and has asked for help.

Comment:

I am assuming this is a non-Aboriginal carer given the last sentence in the Case Study- none-the-less, this should be explicit.

Point to note: See Guiding Cultural Principle 10 and 11. Connection and participation with family and in community are what enable culture and cultural connection to evolve- culture and cultural identity are not concepts that just sit out to the side as this Case Study has represented. ALWAYS talk about family and community when you talk about culture and identity.

Jake has grown up off Country- what does this mean and why is it significant?

How can you support Jake to connect with his family and community and have access to his rightful cultural heritage. What are some of the things you think you will need to consider and who could you ask for help and support to do this? (DELETE following text without violating his right to decide when, how, and if he engages with his culture?)

What strategies (including who you will seek support from) could you use to support Jake to develop a strong sense of cultural identity and pride if he has never been engaged with his family or other members of the Aboriginal community?

If members of Jake's family and the Aboriginal community he comes from don't accept him or question why he wants to make contact with them what will you do and who will you seek support from?

Celebrating Culture

See changes below in red:

You have had Noah, a nine-year-old Aboriginal boy, in your care for the past year. Noah is from a Country area in WA and has been re-located to the city (DELETE: but had spent most of his time in country). Living in the city is very different from where Noah is from and he doesn't see many Aboriginal people or children his age anymore where this used to be part of his daily life. He doesn't feel like he is fitting in and he feels very different from everyone in his life at the moment. The importance of strong cultural connections for Aboriginal and Torres Strait Islander children is fundamental to their sense of identity, which is very important when it comes to sense of self and increased (DELETE: ing). their resilience. You are committed to supporting Noah to become more connected with his culture while he is with you in the city and have started to look at an Aboriginal Calendar of events to see if there are activities you can take Noah to. You have discussed this with Noah and he seems to be interested but you feel there is something else you need to do to support him but are not sure what this could be. (DELETE: You would like to teach Noah about his culture and he has expressed an interest in being a part of activities that celebrate Aboriginal and Torres Strait Islander culture such as the National Aboriginal and Islander Children's Day in August every year.)

Comment:

Is this a non-Aboriginal carer? This should be explicit.

Point to note: See Guiding Cultural Principles 2, 11 and 13. Connection and participation with family and in community are what enable culture and cultural connection to evolve- culture and celebrating culture are not concepts that just sit out to the side and that become enacted on significant days within the Aboriginal Calendar of events as this Case Study has represented. Always talk about family and community when you talk about culture and celebrating culture. Furthermore, it is not likely that a nine year old Aboriginal boy who has spent most of his life living in the Country will "express an interest in being a part of activities that celebrate Aboriginal and Torres Strait Islander culture such as the National Aboriginal and Islander Children's Day in August every year".

See additional questions in red:

Noah has recently been relocated and is now living off Country- why do you think this is having such an impact on him?

Why do you think that celebrating Culture is important?

How would you find culturally appropriate activities for Noah to be a part of?

Who do you think you could contact to help Noah connect to his culture? (DELETE:, especially through different activities *connecting to culture is not activity based it is relationship based)

Can you name any events or activities that are held throughout the year in your local area that you can participate in? How would you find local organisations in your area to help with this?

NEW CASE STUDY

Longing for Country/Sick for Country/Crying for Country

You have had Mikayla, a 14 year-old Aboriginal girl in your care for the past six months. Mikayla is from a remote Aboriginal community and whilst she seemed to settle in okay at first she is now quite anxious, has a very low mood and is not sleeping well. When you asked her what was wrong she told you she was sick for Country. You are not sure what this means and think it could be the same as being homesick. You would like to help Mikayla as she is genuinely distressed and this seems to be getting worse as time goes on, not better.

Comment:

This can be used for both non Aboriginal and Aboriginal carers.

Point to note:

See Guiding Cultural Principle 8 (The use of mainstream assessment and testing with Aboriginal people including Culture Bound Syndromes in Practice).

What is your understanding around what could be happening for Mikayla?

Why do you think this is having such an impact on her?

What are some of the things you think you need to do to help her through this?

Who would you ask for help?

NEW CASE STUDYCultural visits

**Point to note: Given this is a case study concerning death an initial has been used in place of a name; this will be important as cultural protocols (as per Guiding Cultural Principle 8) does not allow the name of deceased community members to be spoken until an Elder advises it is ok.*

A is a 13 year old Aboriginal boy who has been temporarily transferred to the city from a regional town in WA. Jamie has a history of contact with the criminal justice system for petty crimes and has not attended school very much. He is very independent and confident in his cultural identity, however lately he has been having troubling nightmares and is scared to go to sleep. He talks about someone being in his room at night. He says to you that this is 'cultural' and that he is being 'called back home'. He recently received some 'bad news' from his community and has been unable to go home for grieving. He says this visit is from his Uncle who passed away. He is sometimes **frightened** but mostly feels sad for not being able to go home for 'sorry time'

Comment:

This can be used for both non Aboriginal and Aboriginal carers.

What is your understanding around what could be happening for Jamie from a cultural norm perspective around grieving?

Why do you think this is having such an impact on him?

What are some of the things you think you need to do to help him with this?

Who would you ask for help?

Parentified Child

See changes below in red:

A sibling group of three children aged four; one and 12 years old are placed in your care. The 12 year old will not let you care for the baby, she changes her nappy, baths and feeds the baby whilst also watching over the four year old. When you ask her for the baby she refuses and states that she will look after her. In the evening the 12 year old gets the beds ready for both children and sleeps in the same bedroom as them, tending to the baby's needs throughout the night. She will not let you care for either child, and does not accept help from you.

Comment:

Can be used for both Aboriginal and non Aboriginal carers

See additional questions in red:

What are your feelings after hearing this?

Why do you think the 12 year old is behaving this way?

How would you manage the situation?

If this is an Aboriginal group of siblings would you respond in the same way?

Are there other factors to consider here?

Tough Kid

See changes below in red:

You are caring for 10 year old Mark. When Mark arrives he is wearing a bandanna and tells you proudly all the bad things he has done **and how all the local people at juvenile Justice know him**. Mark continually listens to rap/gangster music, **uses language like "hey nigger what's up"**, and wears clothes like American gangsters. He tells you that he wants to join a gang one day and anyone standing in his way will be sorry. He also tells you how many uncles he has in jail and that he too will be in there one day. Even though Mark is only 10 you feel somewhat intimidated by him.

On hearing this story, what are you thinking?

Do you consider this to be a form of racism to educate your foster child about?

What are you feeling?

Why do you think the child is behaving this way?

What strategies will you use to help this child?

If Mark were an Aboriginal boy are there any additional factors you feel you would need to consider?

Sad Child

See changes below in red:

Todd is an overweight boy. He is only eight years old but looks and sounds like a tough 14 year old. Because of how he looks, people forget how young he really is. Although he looks tough on the outside, Todd is really very scared and alone on the inside. His mother has deserted him; he has never known his father and his older siblings are in foster care. He has now lost contact with them. It's been really hard for past carers to get close to Todd because every time they do, he pushes them away by behaving badly. **Todd is becoming quite socially isolated.**

On hearing this story, what are you thinking?

What are you feeling?

How do you think the boy is feeling and why do you believe he is acting like this?

What strategies will you use to help this child?

If Todd were an Aboriginal boy what additional factors would you consider?

Impact of Contact

See changes below in red:

Katie is seven years old and in foster care because her mother is unable to care for her as a result of her addiction to drugs. (delete: is addicted to drugs.) Her four year old brother is placed with a different foster carer. Katie sees her mum for contact four times per week as the current plan is to reunify Katie and her brother with their mother (providing her mother is able to resolve her drug issues). When Katie returns from contact, she refuses to do anything she is asked and constantly says "You can't tell me what to do, my mummy has told me I'll be going home to live with her very soon".

Describe your thoughts and feelings on the Departments plan to reunite Katie and her brother when their mother is a known drug user:

Explain what you think is going on for Katie's mum in this situation:

How do you think Katie is feeling?

Describe what strategies and methods you might use to manage Katie's comments and behaviour when she returns from contact:

Working With Parents

See changes below in red:

Joan is seven years old and has been living with you for three weeks. (Delete: She is in care because her mother took drugs for two days and left Joan and her four-year-old brother home alone. The reason she is in care has nothing to do with the case study) Joan's brother is also in care and has been placed with a different carer. It is important for Joan that her mum and carer can create positive connections and that this also includes her brother and his carer. Joan has told you she wants to go home and live with her mother and brother.

What information about you and your family would you want to share with Joan's mum?

In most cases, the Department will work with the birth family to address the dangers that led to the child coming into care so that the child can return home. To progress this plan, the Department meets regularly with the parents and other key people involved in supporting the family. How do you feel about attending regular meetings with Joan's mum?

The child's carer should be involved wherever possible in reunification. How would you support the Departments plan to reunite Joan and her brother with their mum?

When parents are working to address the reasons that led to their child coming into care so that the child can return home, the Department doesn't expect the parent's behaviour to change overnight. How will you continue to support Joan and her mum?

Permanent Out-of-Home Care Contact

See changes in red below:

You are an approved foster carer and are being considered as the permanent carer for a three-year-old boy named Nathan who has been in your care for 18 months. Nathan was taken into care due to physical abuse. The contact with Nathan’s parents has continued to be supervised and the Court granted a Protection Order (Until 18) and both parents agreed. Nathan has had regular contact with his parents since coming into care and enjoys seeing them.

What role do you think Nathan’s family should have in his life and how can the relationship be sustained?

How would you support Nathan to help him to understand what has happened?

How would you support the connection if Nathan’s parent(s) did not want contact?

What would you do if Nathan did not want contact with his parent(s) at any point in time?

If Nathan was an Aboriginal child what additional factors would you consider in relation to contact with his parents and/or family?

Contact with Birth Family Communication & Culture

See changes in red below:

Sam is a 13-year-old **Aboriginal** girl who has only been in your temporary care for a short period of time. She is a very friendly and quiet girl but you find it difficult to talk to her as she doesn't make eye contact or show any signs of attention when you are talking. This makes you frustrated at times, as you feel she is not listening to you.

How would you address this with Sam?

Would your approach to Sam be different if you knew that indirect eye contact strongly relates to Sam's Aboriginal culture and may imply respect?

How would you find out more information about different forms of Aboriginal and/or Torres Strait Islander people's communication styles to help you relate to Sam better?

Distress After Contact

See changes in red below:

Six year old Amy has been in your care for nine months and is having a contact visit with her mother. After the visit, Amy becomes upset at leaving her mother and refuses to get into your car to drive home. After 20 minutes, Amy is still refusing to get into the car and has become hysterical.

What would you do and why?

How do you think Amy is feeling?

Why do you believe she is acting like this?

What could you do to prepare Amy for the next contact visit?

If Amy was Aboriginal are there any additional factors you might need to consider or be aware of?

Impact of Family Domestic Violence

See changes in red below:

You are caring for a five year old boy named Billy. He gets frustrated very quickly when things do not go his way and has lashed out at your children. Your children are now copying his behaviour. On discussion with the Case Manager, you find out that Billy was removed from a very violent domestic situation.

Note: Why wouldn't the Case Manager have disclosed this information prior to placement?

What would be your initial reaction and what would you do?

Who would you go to for assistance?

Why do you think Billy is acting this way?

How can you help Billy to feel safe?

How will you protect your own children and stop them from modelling Billy's behaviour?

Excessive Phone Use

See changes in red below:

Felicity, aged 10 years old, has been placed in your temporary care while her usual carers are in England due to a family emergency. You receive an extremely large mobile phone bill and you realise that Felicity has been stealing your phone to make calls to her family and friends.

Why do you think Felicity is doing this?

What would you do?

Is there someone you could go to for assistance to address the underlying cause for the excessive mobile phone usage?

How do you feel given that the child's family and friends now have your mobile number?

CASE STUDY # 31

Domains 1, 2 &

Discovering One's Sexual Orientation

See changes in red below (minor):

A 13 year old girl named Judith in your care has behaving very secretively and has been appearing distressed and anxious but will not tell you why. You are concerned for **her** (~~delete:~~ their) wellbeing. Upon entering her room you notice her computer is open on a page entitled 'Tips for coming out as gay'

Why do you think Judith was behaving like this?

How would you approach the situation?

Settling into Permanent Out-of-Home Care

See changes in red below:

After coming into care, James, aged four years old, experienced multiple care arrangements before being matched and placed with you in a permanent care/adoption arrangement.

The numerous care arrangement changes have had a detrimental effect on James’s mental health and attachment. He has displayed aggression toward you, and has sleeping and toileting issues. The Case Manager has requested that in order to help address some of the presenting issues, you maintain a predictable routine and do not introduce him to too many people until he has settled.

What might make this difficult for you (e.g. other children, lifestyle, family and friends)?

When you voice concerns about your ability to manage James’s behaviours, you are offered day care to give you a break, however, you do not feel this is what James needs. How might you go about advocating for the supports you feel are needed?

It is often suggested that permanent carers/prospective adoptive parents take an extended period off work in order to transition a child into their care. Are you in a position to do this? Have you discussed this possibility with your employer?

James has a number of siblings also in care and the Department has requested your support in ensuring the children maintain contact. How would you go about doing this? How do you feel about communicating directly with the children’s carers to ensure contact?

If James was Aboriginal are there any additional factors you might need to consider or be aware of?

Siblings: Reunification

See changes below in red:

Two children aged six and eight have been placed with you for two years and have become part of your family. Their parents have been working hard to address the child protection concerns and the children are in the process of being reunited with their parents. The children have been having overnight contact with their parents in the family home building up to being reunited. The youngest child tells you that he doesn't like the overnight visits, doesn't want to live with his parents and wants to stay with your family.

Can you think of some reasons why this child might be responding this way?

How will you work in partnership with the Department to make the transition smoother even if you don't agree with their decision making and planning?

If the children were Aboriginal are there any additional factors you might need to consider or be aware of?

Siblings: Fear of Police

See changes below in red:

You are caring for a sibling group of three children aged six, five and four years of age. They are well behaved children. When walking up the street with them one day you hear a police siren and a police car driving towards you and eventually passing you. You turn around to show the children the police car and they have disappeared behind some bushes. Once the police are out of sight, the children come out of hiding. The children appear to be scared of the police and cannot understand why you didn't hide with them and were genuinely fearful that the police would take you away from them.

Why do you think they are scared of the police?

How will you help them overcome this fear that they have of police?

What strategies will you use to help these children?

If the children were Aboriginal or dark skinned are there any additional factors you might need to consider or be aware of?

What do you know about over-policing of certain people within the community and do you think this may have impacted the children's reaction?

Complex Situations Case Studies

CASE STUDIES

There are no suggested changes to any of the case studies in this section, specifically:

- Case study # 37 Supervision of Children
- Case Study #38 Distress after Contact
- Case Study #39 Harm to Animals
- Case Study #40 Regression
- Case Study #41 Sexualised Behaviours
- Case Study #42 Transphobic Abuse at Contact

Short Break Care (Foster Care) Case Studies

CASE STUDIES

There are no suggested changes to any of the case studies in this section, specifically:

- Case study # 43 Short Break Care, Case Study 1
- Case study # 44 Short Break Care, Case Study 2
- Case study # 45 Short Break Care, Case Study 3
- Case study # 46 Short Break Care, Case Study 4
- Case study # 47 Short Break Care, Case Study 5
- Case study # 48 Short Break Care, Case Study 6

Pre-Adoptive Foster Care Case Studies

CASE STUDIES

There are no suggested changes to any of the case studies below, specifically:

- Case study # 49 Pre-Adoptive Foster Care, Case Study 1
- Case study # 50 Pre-Adoptive Foster Care, Case Study 1
- Case study # 51 Pre-Adoptive Foster Care, Case Study 1

Case study # 52, Pre-Adoptive Foster Care, Case Study 4 does not seem to make any sense given the section it is in; suggest removing it or making more explicit as to why birth family have such an active role given this is a pre-adoptive foster care placement.

Additional Resources

No content to comment on here

The Four Goals of Misbehaviour

Note to assessor:

Changes as per below in red:

One of the major challenges in parenting is responding to children when they misbehave. Often, parents fall into archaic patterns of disciplining their children, without realising that they are doing more harm than good. Yelling, spanking, and harsh consequences do not resolve behavioural problems and many times, these methods can actually increase the negative behaviours.

Psychiatrist Rudolf Dreikurs theorised that all human behaviour is purposeful and if we can understand the purpose of our child's behaviour, we can respond more appropriately to their needs. Children do not misbehave because they are bad children, they misbehave for a reason. Dreikurs found there are four goals of misbehaviour in children.

It should be noted that parenting styles differ cross-culturally and there needs to be reference to the work of cross cultural psychologists such as Kearins (1981 1990); Harris & Harris, 1971 & Westerman (2003). Kearins – see guiding principle 11 provided an important overview of these differences which will be utilised as a framework against the four goals of misbehaviour of Dreikurs.

The summary table below describes the four goals of misbehaviour including a statement of what the child is thinking or believing, how the adult responds, and some guidelines to help the carer change the child's resulting behaviour. Assessors may use this information to further assess parenting skills of applicants. Cultural differences in parenting need to be fully understood in the context of Guiding Cultural Principle 9 (Cultural Attachment Theory) and Guiding Cultural Principle 13 (Differences in parenting styles of Aboriginal people and child development).

The Four Goals of misbehaviour Table (Adapted for the Aboriginal Context):

the Assessor is referred to the Guiding Cultural Principles in order to contextualise some of the emerging misbehaviours further.

GOALS OF MISBEHAVIOUR ⁶				
The goal behind the behaviour	You feel:	The child is:	The child's actions seem to be saying:	Corrective measures
ATTENTION	<u>Annoyed</u> You want to remind, nag or coax. You are delighted with "good child".	Seeking undue attention. Temporarily stop action when given attention.	I belong only if I am receiving attention, and negative attention is better than being ignored.	No eye contact. No words. Nonverbally make the child feel loved. Divert child's attention back to other siblings; the group; or activities; Do this as soon as the child starts to become annoying.
POWER	<u>Angry or Challenged</u> "I'll make you do it!"	Involving you in a power struggle. Actions get bigger when scolded.	I am important when I am boss. I have control.	You may win the argument, but you lose the relationship. Give choices not orders. Don't play tug of war. Don't fight – but don't give in.
REVENGE	<u>Hurt</u> You want to get even. "How could you do this to me?"	Possibly seeking revenge. Makes self disliked.	I can't be liked and I don't have power, but I'll count if I can hurt others as I feel hurt.	DO NOT hurt back! Re-establish the relationship. Use logical consequences. Patience.
HELPLESSNESS	<u>Frustrated and Want to Give Up</u> "What can I do?" You feel both annoyed and pity (sometimes anger).	Discouraged or have given up. Passive.	I can't do anything right so I won't do anything at all.	Don't coax or show pity. Arrange small successes. Avoid doing for the child and find situations for the child to feel valuable.

⁶ Adapted from Dinkmeyer & McKay, Richard Dreikurs

Goals of misbehaviour

See additions to questions in red:

1. How do you think an understanding of the 'four goals of misbehaviour' can help you care for a child? **Do they fit with your 'cultural ideas of parenting'?**
2. What would you do if your discipline methods were not effective? **Or the discipline methods of others who care for your child?**

Emotional Intelligence Questionnaire

Note to Assessor

No Changes, however note the following sentences to be added:

This should be done in reference to Guiding Cultural Principle 8 – the use of standardised psychological tests with Aboriginal peoples; Guiding Cultural Principle 9 - Differences in the assessment of Attachment (Cultural Attachment Theory), and Guiding Cultural Principle 13 – Differences in Parenting Styles of Aboriginal People and Child Development.

In instances in which this protocol is used, optimally an appropriate cultural consultant should be engaged (refer to Guiding Cultural Principle 7 in relation to the use of cultural consultants) to ensure that any issues of assessment error are considered as part of standard assessment

Emotional Intelligence Questionnaire

Note changes in red below:

This questionnaire⁷ is designed to provoke reflection about areas of your emotionality that you might like to expand or develop. They may also help you identify areas that are already well developed.

After you have answered 'yes' or 'no', ask significant people in your life how they see you in terms of these questions – their feedback could be both surprising and valuable. If your friend or partner answered 'no' when you answered 'yes' or vice versa, take the opportunity to reconsider the question. Much can be learned from another's perspective.

Questions need to be asked with due regard to Guiding Cultural Principle 14 – Differences in Communication styles including Aboriginal English. How questions are asked is crucial to obtaining accurate information from Aboriginal people. Narrative approaches are consistently the most effective and Guiding Cultural Principle 8 should also be referred to when using this questionnaire.

Given the above, it is important to note that this questionnaire involves significant insight and this is not always predictive of behaviour where there is cultural bias and a gaps in cultural competence (but obviously can be). There are issues with the meaning of certain items and significant cultural issues in relation to differences in communication styles.

It would be unrealistic to expect perfect answers to all items. Everyone has areas of personal difficulty however, if any of the questions in this questionnaire feel particularly problematic to you, you might benefit from counselling.

Communicating Emotions Question	Applicant 1		Applicant 2	
	Yes	No	Yes	No
<p>If you are sad, grieving or mourning, or having 'sorry time', do you allow yourself to weep? Do you allow trusted others to see your tears? Is sorry time important to you?</p> <p>If Yes, then add the following question:</p> <p>Do you have different types of grief processes that you need to undertake culturally? Is this accessible to you?</p> <p>*Note: Consider in relation to different types of grieving for Aboriginal people. May need to add.</p>				
<p>Can you express anger freely and non-destructively, and then let it go? Tell me what you do when you feel anger?</p> <p>*Note: Emotions are often expressed differently for Aboriginal people.</p>				
<p>Do you quickly let go of grudges and resentment?</p>				
<p>When you are afraid, do you let trusted others see your fear? How do you show you are afraid to others?</p>				
<p>Are you able to recognise when you need help, then ask for help and support? Who would you ask for help when you need it?</p> <p>*Note: External services are often an issue for Aboriginal people given the extent of government</p>				

⁷ www.our-emotional-health.com

mistrust with Aboriginal people so this needs to be considered in line with response				
Can you receive help, as well as give it? *Note: Depending upon the 'hierarchy' that the individual fits within the Aboriginal community (i.e. elder, lore person) it may be that their role or obligation is to support others rather than receive support				
Can you say 'no' without feeling guilty?				
Can you strongly protect against maltreatment? For Aboriginal people this may be a confusing statement- suggest it be re-worded to: 'If you saw a child being treated badly, or 'at risk' of harm what are some of the things you are able to do to ensure their safety?'				
Do you easily express, as well as receive, tenderness, love, and passion?				
Can you enjoy your own company yet gladly and comfortably accept intimacy?				
Do you listen clearly to yourself, and to others?				
Can you communicate in a warm, open and constructive manner?				
Can you empathise with the needs and feelings of others, without judgement or criticism?				
Can you motivate others without resorting to fear tactics or manipulation?				
Can you contribute constructively to decision making and problem solving?				

Emotional Fluency Question	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Do you allow yourself to frequently experience and enjoy pleasure?				
Do you often laugh out loud – a deep belly laugh?				
Do you sometimes feel moved by the courage or the spirit of others?				
Can you ask for what you want?				

Flexibility and Balance Question	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Can you focus your energy on work, yet balance this with fun and rest?				
Can you accept and even enjoy others who have different needs and world views?				
Do you let yourself be spontaneous, play like a child, be silly?				
Are your goals realistic, and does your patience allow you to work towards them steadily?				

Self-Esteem Question	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Can you forgive yourself your mistakes, and take yourself lightly?				
Can you accept your own shortcomings, without feeling ashamed, and remain excited about learning and growing?				
Do you respect your strengths and vulnerabilities, rather than inflate with pride, or fester with shame?				
Can you deal with disappointment, stress, anger or frustration, without succumbing to criticism of self or others?				

Have a look at the questions where you answered 'no'. Your areas for potential growth are signalled by those questions. Areas of difficulty may well represent emotional wounds – possibly sustained early in life – that call for healing and growth. Your answers may also point towards areas of personal vulnerability where you might find your greatest challenges in parenting. For example, parents who have difficulty expressing anger may have the most trouble allowing their children to be angry, parents who find it difficult to express their needs may have the most trouble listening to their children's needs, and so on.

Infertility, past pregnancies and chosen non-pregnancy

Note to Assessor:

No changes but the following additions:

Added in as the lead paragraph

This should be done with due regard to Guiding Cultural Principle 14 and in relation to the separation of genders for sensitive, personal discussions with Aboriginal people. Gender is a sub culture and therefore applicants are best asked these questions with those who are a 'gender match' at the very least. It is strongly advised that the use of cultural consultants as spelt out in Guiding Cultural Principle 7 is adhered to.

Chosen Non-Pregnancy

Add in as the final sentence to the first paragraph:

'This should be discussed in relation to kinship obligations and be done in conjunction with Guiding Cultural Principle 11; Cultural Mapping'.

Infertility, Past Pregnancies and Chosen Non-Pregnancy Questionnaire

See changes in red

This questionnaire is designed to gather some basic information about your experience of infertility and/or chosen non-pregnancy. Your assessor will discuss this with you in more detail.

Name: _____ Date: _____

1. When did you first suspect you were having difficulties conceiving (having a baby)?

Month: _____ Year: _____

2. Have you received a diagnosis? Yes No Inconclusive

Provide details:

3. Are you currently having fertility treatment (treatment to be able to have a baby)?

Yes No

If yes, please advise your assessor if you become pregnant.

If no, have you had fertility treatment in the past? (treatment to have a baby before?)

Yes No

4. If you have ceased fertility treatment, when did you decide to stop?

Month: _____ Year: _____

*The last cycle of treatment must have been completed at least 6 months before the applicant can be assessed as a potential foster carer or prospective adoptive parent. If being assessed for adoption only, the assessment may proceed however, treatment must cease by the time of placement.

5. How many fertility treatments (e.g. IUI/IVF) cycles have you tried? _____

How many times have you tried to have a baby with IVF?

6. Do you have any embryos in storage? Yes No

If yes, what are your plans for them?

7. Are you on any waiting lists for donor ova, sperm or embryos? Yes No

If yes and the opportunity presents itself, will you proceed? Yes No Unsure
Provide reasons for your decision:

8. Have you considered surrogacy? Or have someone carry a baby for you?
 Yes No

If yes, what was your decision/what are your plans?

9. When did you first apply to adopt a child?

Month: _____ Year: _____

10. Are you currently seeking counselling about your childlessness or have you sought counselling in the past? Yes No

Whilst there are no changes to the 'Evidence Table' or 'Evidence Questionnaire', the following paragraph MUST be added to these sections:

'It is crucial this is undertaken with Guiding Cultural Principle 14 and in relation to the separation of genders for sensitive, personal discussions with Aboriginal people. Gender is a sub culture and therefore applicants are best asked these questions with those who are a 'gender match' at the very least. It is strongly advised that the use of cultural consultants as spelt out in Guiding Cultural Principle 7 is adhered to.

Use of Time

Note to Assessor:

Add the following paragraph to this section as the last paragraph:

This needs to be understood within the context of differences in Aboriginal parenting styles as per Guiding Cultural Principle 13 and differences such as natural growth parenting where children look more to peers and siblings than authority and that children are encouraged to learn experientially and without as many restrictions as mainstream 'concerted cultivation parenting styles.

Evidence – Use of Time

Only one change as appears below in red:

What is the balance between adult-oriented (children always have to fit in with adults) and child-oriented (lots of family activities) activities in this family? **Be conscious of Aboriginal parenting style differences as per Guiding Cultural Principle 13**

No other changes to the **Use of Time** section.

Anxiety and Depression Checklist

Note to Assessor:

There are some considerable ethical issues here in relation to assessing these issues in foster carers without the appropriate assessment training. If the purpose of the assessment is to determine mental health issues that may impact upon the foster carers capacity to care for children then it should be undertaken more thoroughly. It is strongly advised that these assessments be undertaken by Clinical Psychologists in the Department. It is further recommended that the purpose of these assessments be considered as it is not entirely clear here. Is this to exclude foster carers from assessments? Or to provide them with any necessary supports to be able to care for foster children.

Either way the assessments need to be more thorough and the purpose of the assessments need to be a lot clearer. It is strongly suggested that those undertaking assessment are fully aware of and trained in culturally competent assessment of Aboriginal people in instances in which the foster carer is of Aboriginal descent.

This entire paragraph is extremely problematic in that whilst it says it is not a clinical assessment it is clearly putting this responsibly to undertaken clinical diagnosis of clinical assessments of anxiety and depression onto assessors who not trained clinicians.

"Some of the questions in the assessment of foster carers and prospective adoptive parents will provoke strong emotional responses from the applicants. The assessor may identify the need to further explore the level of anxiety and/or depression experienced by the applicant in the past or present. Although this checklist is not a clinical assessment, the questions are published on the internet by the [Beyond Blue Foundation](#) to help people identify if they have anxiety and/or depression. The applicant self-reports and through discussion of their responses with the assessor, the assessors concerns may be appeased or the need to refer the applicant to further appropriate medical or psychological support may be identified. \"

See changes in red:

This needs to be considered within the context of Guiding Cultural Principle 8. The use of standardised psychological tests with Aboriginal people- and the limitations of psychological testing with Aboriginal people. It is recommended than more culture fair tests such as the Westerman Aboriginal Symptom Checklist – Youth (WASCY) and Adults (WASCA) should be utilised instead.

- In addition the Acculturative Stress Scale for Aboriginal Australians (Westerman, 2003) be considered as an additional to this component of the assessment. Acculturative stress refers to stressors related to the process of acculturation. Often there are a particular set of stress behaviours that occur during acculturation, such as lowered mental health status (acculturation stress syndrome – i.e. confusion, anxiety and depression) feelings of marginality and alienation, heightened psychosomatic symptom level, and identify confusion (Westerman, 1989)
- Involves a reduction in health status.
- Klonoff, Landrine & Ulmaine (1999) found that racist events accounted for 15% of the variance in psychological symptoms of African Americans
- Has a strong relationship with depression, anxiety and particularly PTSD (Klonoff, Landrine & Ulmaine, 1999; Westerman, 2003)

- Westerman (2003) developed an Acculturative Stress Scale for Aboriginal Australians to enable practitioners to gauge the level of stress experienced by the individual that could be related to feelings of marginalisation, oppression.
- This should be seen as the first step of every interaction with Aboriginal people and should be used with the Acculturation Scale for Aboriginal Australians

Children who have additional medical, behavioural or psychological care needs

Note to Assessor:

The following is recommended to be added:

Culture should be viewed as central and not peripheral to mental health and mental illness. As such, when working with Aboriginal and/or Torres Strait Islander children, clinicians should refer to the eight psychometric Aboriginal mental health screening tests developed by IPS. These screening tests are acknowledged as world firsts and have been developed specifically for Aboriginal and/or Torres Strait Islander peoples. They include:

1. The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y: Westerman, 2003; 2007; 2019 in preparation). The only culturally and scientifically validated screening tool for use with Aboriginal youth worldwide as acknowledged by Canadian Health (2009). The WASCY screens Aboriginal youth for risk of depression, suicide, alcohol and drugs, impulsivity, anxiety (trauma) and the moderating impacts of cultural resilience.
2. The Westerman Aboriginal Symptom Checklist – Adults (WASC-A). Based upon the WASC-Y the WASC-A stands as the only uniquely culturally developed and psychometrically validated scale for screening Aboriginal adults for depression, anxiety, suicidal behaviours, alcohol and drug use, impulse control and for cultural resilience as a moderator of risk
3. The Acculturation Scale for Aboriginal Australians to determine the extent of connection and disconnection with culture for individual Aboriginal clients. The use of an acculturation measure is one of the few approaches that has a fairly sound empirical basis and as such can be used as a general screening tool for practitioners to obtain an idea of the 'general world view' of Aboriginal children and young people they are working with. For example, the use of cultural resilience factors to inform the development of early intervention programs is of greater value to the Aboriginal community.
4. The Aboriginal Mental Health Cultural Competency Profile (CCP): is unique to Australia in that it is the only tool that has been both culturally and psychometrically validated as a measure of Aboriginal mental health cultural competence (see Westerman, 2003).
5. The General Cultural Competency Profile (GCCP) is based upon the CCP and is a test of cultural competence for those in the non-mental health workforce. It is currently undergoing psychometric validation
6. The Cultural Competency Profile – Child Protection (CCP-CP). This tool which has determined the cultural competencies of those in the child protection workforce has just completed validation and is unique globally.
7. The Cultural Needs Scale (CNS) is a test for Aboriginal staff regarding the types of cultural and personal barriers that exist in workforce participation. Once completed each individual is provided with a personal development profile which can be used as a supervision plan or as a pre-test prior to a personal development workshop provided by IPS. It is currently undergoing psychometric validation

Children Who Have Additional Medical, Behavioural or Psychological Care Needs

Handout

See additions in red below:

1. What commitments are most important to you in your life and how might they be affected by fostering and/or adopting a child with additional needs?
2. What changes would you need to make in your life to foster and/or adopt a child with additional needs?
3. How would you see fostering and/or adopting a child with additional needs affecting your relationship with your partner?
4. Describe three occasions where you have felt really frustrated and how you managed these. **in relation to the care of a child or just general 'daily' frustration. This needs to be clearer**
5. Describe the last time you lost your temper, the cause and your actions. **I would suggest that this needs to be a bit clear to determine relationship triggers rather than just generally losing ones' temper**
6. Describe a situation where you have experienced a setback and you have had to persevere to achieve a positive outcome for yourself. **as per comments from question 5**
7. How would you manage anti-social behaviour that could be embarrassing and humiliating? **Should this include how you would react to others who have attitudes or opinions or behavioural reactions to a child from a different cultural background (and specifically an Aboriginal child) in your care. This taps into cultural empathy and awareness**
8. How would you deal with prejudice or rejection directed at your fostered and/or adopted child? **Give me an example of how you have dealt with this yourself or if you have other children, how have you handled this with them?**
9. If you already have children, how will you help them adjust to having a foster and/or adopted sibling with additional needs? **and those who come from a different cultural background? This also taps into empathy and awareness of new foster family, particularly in instances in which they are from a different cultural background to the child being fostered**

Evidence

Children with Additional Needs:

See changes in red below:

1. Applicants have a realistic understanding and expectation of the issues associated with parenting a child with additional needs. Comment on the level of understanding and note sources of evidence. **This includes an understanding of the differing cultural needs of an Aboriginal child?**
2. Applicants have highly developed parenting skills and can identify strategies for managing demanding and difficult behaviours. Note sources of evidence.
3. Applicants demonstrate patience, perseverance, determination and resilience and show calm amidst adversity.
4. Applicants are able to devote the time and financial resources to caring for a child with additional needs. Note sources of evidence.
5. Applicants have a very strong relationship and are equally committed to fostering and/or adopting a child with additional needs. Comment on couple's strength of relationship and commitment to fostering and/or adopting a child with additional needs. Note sources of evidence. **This includes a strong understanding of the different cultural needs of an Aboriginal child in relation to identity and development**

6. Strengths in relation to applicants' capacity to foster and/or adopt a child who has additional needs.
7. Concerns in relation to applicants' capacity to foster and/or adopt a child who has additional needs.

Assessing Gay and Lesbian Applicants

There are no changes to this section, however IPS recommends the following text (in red) be added to the end of paragraph 5:

“With all applicants, they need to be aware that they could potentially be caring for a gay, lesbian or transgender child who may or may not be open about this or a child who has gay, lesbian or transgender birth parents; hence the language and attitudes expressed in the home should be supportive of diversity.” *The literacy around gay, lesbian or transgender children, and people more generally, within the Aboriginal community is limited. It is therefore important to keep this in mind when introducing the conversation around the expression and use of language and attitude when having a gay, lesbian or transgender child, or a child who has gay, lesbian or transgender family members in the home.*

For further information and support, refer to the PFLAG (Parents, Families and Friends of Lesbians and Gays) who provide support, information and resources to the Western Australian gay, lesbian, bisexual, trans and intersex community (from their website <https://www.pflagwa.org.au/>) and Living Proud, who provide essential services to the gay, lesbian, bisexual, trans* and intersex communities, including our peer counselling phone line, health and wellbeing initiatives and community capacity building (<https://www.livingproud.org.au>).*

Considerations for Pet Assessments

No changes

Attachments

Care Team Approach Practice Framework

The Following comments, areas requiring amendment, are made in relation to the Care Team Approach Practice Framework:

GUIDING FRAMEWORKS AND POLICIES

ADD to end of introductory paragraph:

'Whilst the guiding Frameworks and Policies are important to note, there should be an additional section in this introductory area that notes the Guiding Cultural Principles developed as part of the review of the *Fostering and Adoptions Manual* (Westerman) must be referred to and integrated across all of the other noted policies and practices. The application of these Guiding Cultural Principles are central to the ability for the Care Team to support participation by family members and improve/maintain connections for Aboriginal children in care to their family, community and culture, which aligns with the Aboriginal and Torres Strait Islander Child Placement Principle and its five inter-related elements (prevention, partnership, placement, participation and connection). The development of a strong and secure cultural identity is integral to an Aboriginal child's wellbeing, and the care team must promote and support this. An Aboriginal Practice Leader or Cultural Consultant, as per Guiding Cultural Principle 7, must be consulted when identifying care team members for an Aboriginal child, and where possible the majority of people in the child's care team should be Aboriginal.'

Community and culture

ADD to this section:

Aboriginal children in not placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle and as a result have high levels of acculturation with the dominant culture, and at the same time, a low level of contact with their traditional culture are most likely to experience acculturative stress, which can lead to issues of identity, stress, poor resilience and mental ill health.

The need to recognise this difference has long been stated by Aboriginal people and the Aboriginal and Torres Strait Islander Child Placement Principle and its five inter-related elements of prevention, partnership, placement, participation and connection highlight the importance for an Aboriginal child's long term wellbeing in ensuring that the Legislative provisions in place to protect this are upheld.

Summary of Child Development

Whilst there are no changes to the Child Development summary, for Aboriginal children the assessor is referred to Guiding Cultural Principle 13 – Differences in Parenting Styles of Aboriginal People and Child Development.

Definition of Care Needs – Adoption Applicants

There are no changes to this section.

Suitability to Foster and/or Adopt Assessment Report Template

Changes are made in red directly into the form



GOVERNMENT OF
WESTERN AUSTRALIA

Department of Communities

SUITABILITY TO FOSTER AND/OR ADOPT

ASSESSMENT REPORT

ASSESSOR (include title and organisation):

APPLICANT(S):

RESIDENTIAL ADDRESS:

PHONE NUMBERS:

Home:

Mobile:

EMAIL ADDRESS(ES):

PROPOSED CARE ARRANGEMENT:

Foster Care –

Include recommendations for type of care, gender, age, maximum capacity, intellectual disability, physical disability. **Comment should also be made on cultural capability and suitability for the care of Aboriginal children.**

Adoption –

Insert child's birth country: WA, overseas generally, overseas only – nominate specific country, child's ethnicity explicitly, if relevant. Recommended age of child – for example, up to 36 months. Child's psychological, behavioural and medical care needs – normal, moderate, high.

ASSESSMENT REPORT FOR FOSTERING/ADOPTION

COUNTRY	Australia
JURISDICTION	Western Australia

Applicant One Details Add a separate section asking if Aboriginal and/or Torres Strait Islander

Full Name			
Gender		Date of Birth	
Ethnicity		Place of Birth	
Religion		Citizenship/Residency Status	
Language(s) Spoken		Marital Status	

Applicant Two Details Add a separate section asking if Aboriginal and/or Torres Strait Islander

Full Name			
Gender		Date of Birth	
Ethnicity		Place of Birth	
Religion		Citizenship/Residency Status	
Language(s) Spoken		Marital Status	

Child(ren) in Family Add a separate section asking if Aboriginal and/or Torres Strait Islander

Full Name		Date of Birth		Living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name		Date of Birth		Living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Adult Household Members Add a separate section asking if Aboriginal and/or Torres Strait Islander

Full Name		Gender	
Date of Birth		Relationship to Applicant(s)	

Screening Checks

<input type="checkbox"/>	Client and Child Protection Checks <i>Record the Child Protection Check number and the date issued for each applicant and adult household member.</i>
<input type="checkbox"/>	National Police History Checks <i>Record the National Police History Check number and the date issued for each applicant and adult household member. Include a Certified Copy of Traffic Infringements Notification Report (adoption applicants only).</i>
<input type="checkbox"/>	Working with Children Card (foster carer applicant(s) only) <i>Record the Working with Children notice number and the expiry date or the application number for each applicant and adult household member. If applicant(s) have a current WWC Card, this should be verified, and the verification and expiry dates recorded.</i>
<input type="checkbox"/>	Has the applicant previously applied to be a foster carer or prospective adoptive parent? <i>If yes, give details of the date, name and address of the organisation applied to, the type of application made and outcome.</i>

Employment and Education		
	Applicant One	Applicant Two
Education Level Attained		
Employment Status		
Occupation		
Current Employer		
Employed Since		

Assessment Interviews					
Applicant One			Applicant Two		
Dates		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Dates		<input type="checkbox"/> Joint <input type="checkbox"/> Individual
		<input type="checkbox"/> Joint <input type="checkbox"/> Individual			<input type="checkbox"/> Joint <input type="checkbox"/> Individual
		<input type="checkbox"/> Joint <input type="checkbox"/> Individual			<input type="checkbox"/> Joint <input type="checkbox"/> Individual
		<input type="checkbox"/> Joint <input type="checkbox"/> Individual			<input type="checkbox"/> Joint <input type="checkbox"/> Individual

Other Interview Participants <small>Add a section in here that requires an Aboriginal and/or Torres Strait Islander person to be nominated and ask if participant is able to culturally vouch for the applicant/s</small>		
Name		Comments
Relationship to Applicant		
Interview Date		

Name		Comments
Relationship to Applicant		
Interview Date		

Training <small>Add a section in here that requires any culturally specific training to be provided</small>		
Date	Title	Attendees

<p>DESCRIPTION OF APPLICANT(S) <i>(Include a brief description of the applicant(s) and their family to provide a context for those reading the assessment form. This section should be no longer than a page. Although it will be appropriate to involve the applicant(s) in writing this brief description, the assessor is best placed to make sure that the most relevant information is provided. It should include the family members, their ages and employment, and provide a sense of what they can bring to the role of foster carer or adoptive parent). This section should make specific comment as to the applicant (s) suitability to care for an Aboriginal and/or Torres Strait Islander child and their capacity to meet the requirements of the Aboriginal and Torres Strait Islander Child Placement Principle, along with a summary of the cultural vouching reference provided.</i></p>
<p>PRACTICAL CONSIDERATIONS</p> <p>Health (including mental health) doesn't appear to have mental health as a focus, however, assessors should be referred to Guiding Cultural Principle 8 – the use of mainstream assessment and testing with Aboriginal people including culture bound syndromes in practice. <i>Treating doctor (name, address, phone number) Summary of medical report and issues raised Applicant(s) report on their health (Health Questionnaire) For Adoption applicants – include date that Adoptions Medical Officer found applicant fit to adopt, and any health issues identified.</i></p>
<p>Environment/Residence This needs to be considered in relation to the reality of the socio-economic circumstances of Aboriginal people particularly in 'high risk' remote areas; refer to 'Assessment Report Template' section. <i>Describe the home, including the number of bedrooms, proposed sleeping arrangements, play and garden/property space. Briefly describe the neighbourhood, community and access to key services, including schools. Any safety concerns? Is there a swimming pool or other body of water on the premises? Animals/pets?</i></p>
<p>Vehicle(s) This needs to be considered within the financial limitations of reality of the socio-economic circumstances of Aboriginal people particularly in 'high risk' remote areas; refer to 'Assessment Report Template' section. <i>Do/Does the applicant(s) own vehicle(s)? If yes, record type, number of seats, and do they have anchor points for a child's car restraint? Do all child car restraints meet the Australian Safety Standards?</i></p>
<p>Driver's Licence(s) reality of the socio-economic circumstances of Aboriginal people particularly in 'high risk' remote areas; refer to 'Assessment Report Template' section.</p> <p>Applicant One <i>(driver's licence number, state or country of issue, and expiry date):</i></p> <p>Applicant Two <i>(driver's licence number, state or country of issue, and expiry date):</i></p>
<p>Finances <i>Has/Have applicant(s) struggled with finances? Do the applicant(s) intend to change work arrangements to become a foster carer/adoptive parent? Is this financially sustainable?</i></p>

MOTIVATION TO FOSTER and/or ADOPT

Country-Specific Requirements (if applicable)
Include a brief summary about why they are applying to adopt from a particular country, and then adapt the following sentence to suit each application: "At the time that this report was compiled, Adoption Services have advised that the couple/applicant would appear/do not appear to meet the eligibility criteria to adopt from (insert name of country)". On the File Check List, the worker will note whether the applicant(s) appear to meet the country requirements – that is, age restrictions etc. It is not for you as an assessor to know the requirements of any sending country. This is discussed with the intercountry worker and the applicant(s).

PERSONAL, SOCIAL AND FAMILY HISTORY OF APPLICANT(S)
Including family background, employment, relationships, lifestyle and supports. This section should also note any specific time spent in Aboriginal communities, living and working with Aboriginal peoples.

Applicant One:

Applicant Two:

ASSESSMENT DOMAINS
Within this section, please address the assessment criteria ("carer competencies") for foster carers in regulation 4 of the Children and Community Services Regulations 2006 and/or the suitability requirements for adoptive parenthood required in Section 40 of the Adoption Act 1994. Include analysis of evidence presented
This section will need to have the child protection cultural competency assessment results added to it (can be added to the Cultural Responsiveness Domain) as this should be used as a key determinant as to whether applicant(s) become eligible to foster and Aboriginal and/or Torres Strait Islander child.

1 Meeting Children’s Needs (this should be undertaken with reference to Guiding Cultural Principle 9 Differences in the assessment of Attachment (Cultural Attachment Theory))

2 Providing a Safe Living Environment

3 Working with Families and Professionals

4 Learning and Development this should be considered specific to the Guiding Cultural Principle 13- differences in parenting styles of Aboriginal people and child development and issues around Communication including Aboriginal English (Guiding Cultural Principle 14).
5 Character and Repute This needs to be undertaken with reference to cultural vouching – refer to definition in cultural glossary and Guiding Cultural Principle 6.
6 Cultural Responsiveness As per cultural competency assessment (as above) and cultural vouching

<u>CONCLUSIONS AND RECOMMENDATIONS</u> <i>(To include applicant(s) strengths, as well as any concerns and how these can be addressed (for example, training, limiting age range of care arrangement))</i>
From the evidence presented, I recommend: Specifically state if recommended to care for Aboriginal and/or Torres Strait Islander children- if so why and if not why.
Foster Care <i>(include age range and number of children, temporary or permanent care)</i>
I am satisfied that the applicant(s) have met all the competencies required to become a foster carer(s), as set out in the <i>Children and Community Services Regulations 2006</i> .
Adoption <i>(include profile of child)</i>
I am satisfied that the applicant(s) have met all the criteria to adopt, as set out in Section 40 of the <i>Adoption Act 1994</i> .

Assessor Signature	
At the time of signing this document, the facts and information contained in this report were accurate.	
Assessor Signature	
Name	
Qualification	
Date	

Applicant(s) Signature(s)	
I acknowledge that this report has been written for an assessment of suitability for adoptive parenthood and/or foster care and is the property of the (organisation name). I agree that this document is for my personal information only and is not to be used for any other purpose.	
Applicant One Signature	
Name	
Date	
Applicant Two Signature	
Name	
Date	

CHECKLIST

REFERENCES

Item Additional section that shows Cultural Vouching Referee	Attached	If yes, provide names and relationship(s) to applicant(s)
Referees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Household Member/Adult Child References	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employer References	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Psychologist/Counsellor References	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

OTHER MATERIAL

Item	Attached	Notes or comments
Genogram	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ecomap	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lifeline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Practical Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Financial Assessment (adoption only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Traffic History Check (adoption only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ongoing Learning Plan (foster care only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Recommendations

Recommendations

This Cultural Audit has resulted in several significant outcomes including:

1. A literature review of current effective practice programs from an Australian and international context;
2. A comprehensive clinical and cultural audit of the existing Foster Care and Adoption Assessment Manual;
3. the development of Guiding Cultural Foundation Principles underpinning the assessment of Aboriginal children in a foster care and adoption context. This ensures that best available practice is able to drive the assessment and placement of Aboriginal children in Out Of Home Care contexts;
4. The development of the Cultural Competency Profile – Child Protection (CCP-CP: Westerman, 2019)
5. The cultural audit of 295 current child protection staff and analysis of outcomes using the CCP-CP

These activities provide a blueprint for the Department to work towards operating within best cultural and clinical practice in Australia and arguably internationally. The measure of this desire will be borne out in the capacity of the Department to adopt changes across a number of service delivery and particularly, workforce development areas which has as its core is the development of staff cultural and clinical competencies; the proactive recruitment of key cultural personnel; the adoption of cultural policies, frameworks and assessments and importantly, the consolidation of effective links with key Aboriginal organisations to ensure a prevention and early intervention focus becomes a vital aspect of the Department work in these generationally high risk regions. Whilst the implementation of these recommendations are necessarily long term it is crucial that it is measurable both in terms of goals attained but importantly via the objective improvements in organisational cultural competencies. Some of these recommendations can be immediately implemented and others will take time to fully implement. The following recommendations relate to the Implementation of this Audit.

Recommendations are divided into the following sections:

1. Implementation of the Cultural Audit
 - a. System-wide
 - b. Foster Care and Adoption Assessment Manual
 - c. Development of the Cultural Competency Profile – Child Protection
2. Governance and Service Delivery
3. Workforce Development
 - a. Cultural Competency in Practice
 - b. Recruitment and Retention
 - c. Training and development
 - d. Supervision
4. Promotion and prevention activities
5. Research, quality assurance and service data utilisation

1. IMPLEMENTATION OF THE CULTURAL AUDIT

System-wide:

Recommendation 1: Establish a culturally balanced Cultural Audit Working Party (CAWP) with delegation authority to implement and oversee both the short term and longer term implementation of the Cultural Audit, inclusive of the Guiding Cultural Principles. It is strongly advised that membership of the Working Party be confined to those who have expertise in:

- Aboriginal foster care recruitment;
- Aboriginal foster care assessment;
- Aboriginal foster care placement; and
- Direct service delivery with Aboriginal Clients in the child protection system.

Recommendation 2: That an Aboriginal external consultant with child protection and systems reform expertise be engaged to assist the CAWP with the implementation of recommendations coming from this Audit, including:

- Establishing Terms of Reference for the CAWP;
- Developing and implementation plan that looks to integrate the recommendations from the Cultural Audit into Departmental operational plans, key performance indicators, relevant policies and the Department's case work practice manual
- Leading an annual review of the implementation plan until such time that all recommendations have been systemically implemented across the Department.

- Facilitating a process whereby annotated minutes and action plans from CAWP meetings are made available to all staff within the Department to ensure transparency and share with staff progress being made.

Recommendation 3: That all Departmental policies be revisited to include a 'Cultural Statement' and all Guiding Cultural Principles need to be linked as foundation policy across all aspects of the Departments Policy and Practice guidance.

Recommendation 4: That the Department develop specific Clinical and Cultural Guidelines which govern the provision of services to Aboriginal children, families and other client groups.

Foster Care and Adoption Assessment Manual:

Recommendation 5: That the Department commits to the immediate (short-term) recommendations made for enhancements to the Foster Care and Adoption Assessment Manual, inclusive of:

- a. The Aboriginal and Torres Strait Islander Child Placement Principle needs to be added as an attachment to the Manual.
- b. All Case Studies to be numbered.
- c. Additional Case Studies as outlined in the Report to be added to the Manual
- d. All Case Studies and Evidence to assess responses to be compiled in one section of the Manual, not scattered throughout as related to specific sections as is currently the case.
- e. That an Aboriginal Cultural Consultant with clinical and culturally validated therapeutic training be engaged when undertaking the Lifeline Activity with Aboriginal foster care applicants in the event the activity triggers an emotional response.
- f. Form 707 – Referee Report for Foster Carer or Adoption Applicants will need to be adjusted specifically for Aboriginal applicants in line with the Guiding Cultural Principles. *Changes not made as not supplied as part of the Fostering and Adoption Manual.
- g. Changes to the following assessment tools be made:
 - That the Anxiety and depression scales be replaced with the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y) and Westerman Aboriginal Symptom Checklist -Adults (WASC-A), as culturally validated and psychometrically determined tools for Aboriginal people
 - The Acculturation Scale for Aboriginal Australians (Westerman, 2003) be utilised as a method of determining cultural connection and engaging with cultural identity, beliefs and values with Aboriginal foster carers as part of the standard assessment protocols,
 - That the Acculturative Stress Scale for Aboriginal Australians be utilized as a method of understanding and responding better to the impacts of racism, marginalization specific to Aboriginal foster care assessments,
 - That the Cultural Competency Profile for Foster Carers (CCP-FC: Westerman, 2019) be utilised as a standard assessment tool by Foster Care Assessors

Recommendation 6: All consultation regarding Aboriginal and/or Torres Strait Islanders comply with Section 81 of the CCS Act whereby Aboriginal Cultural Advice can be sought from parties external to the Department. Whilst this meets Legislative requirements it is also in line with Guiding Cultural Principle 6.

Recommendation 7: Cultural aspects of all Aboriginal children's care plan (cultural plan) is updated regularly, calling on Cultural Consultants as per Guiding Cultural Principle 7, and with reference to all other Guiding Cultural Principles as required.

Recommendation 8: That a proactive recruitment strategy for Aboriginal foster carers, focusing on the elimination barriers attached to Aboriginal people becoming foster carers, be developed.

Recommendation 9: That the position of 'Key Cultural Advisor', with the responsibility of overseeing assessments for Aboriginal carers be created. This position could:

- a. Advocate for Aboriginal carers,
- b. Drive the proactive recruitment of Aboriginal carers;
- c. Check and vouch for Aboriginal carers, and/or link with an appropriate Aboriginal person who could do this given the cultural and geographic diversity of WA

ONGOING utilisation of the outcomes of the Cultural Competency Profile – Child Protection

See Research, quality assurance and service data utilisation section Recommendations.

2. GOVERNANCE AND SERVICE DELIVERY MODEL

It will be difficult for the Department to commit to the service excellence focus from this review without an ongoing measurable commitment to clinical and cultural development for their staff. This Cultural Audit has provided the Department with guidelines that govern best clinical and cultural practice, however it is imperative that this Audit becomes fluid and can be adapted relative to the context of the Department as it undergoes Machinery of Government reform, as well as the changing needs and contexts of distinct Aboriginal communities in which the Department operates. To enable the Department to confidently 'drive' practice and service development the following recommendations are made.

Recommendation 10: There be identified Aboriginal positions commensurate with the number of Aboriginal children in out of home care (as enabled through Section 50(d) of the Equal Employment Opportunity Act 1987) on the *Foster Care and Adoption Panel* that are qualified to give cultural and clinical advice specific to the care of Aboriginal and/or Torres Strait Islander children. Specifically, this Aboriginal representation should be inclusive of:

- Representation from the Region where the applicants is seeking to foster;
- LGBTQ community;
- Males; and
- People with strong assessment experience and credentials – specifically, psychologists and most specifically an Indigenous psychologist where possible

Recommendation 11: Schedule within the Department's policy register the biennial review of all client policies and procedures as undertaken through this Cultural Audit. This should include the further refinement of the Guiding Cultural Principles as well as the development of specific guidelines pertaining to the unique assessment requirements of Aboriginal children and families who come in contact with the Department.

Recommendation 12: Data obtained via the implementation of Recommendation 6 become part of the yearly 'trend analysis' of data to better inform the Department around service deficits and strengths and to ensure local, district and whole organisation responsiveness to these factors. The gathering of this quantitative data provides an essential evaluative mechanism to inform the impact of staff responses across all of these areas.

3. Workforce Development (Cultural Competency in Practice)

The results of this cultural audit and focus group discussions during the development of the CCP-CP demonstrated wide scale and endemic racism within the organisation and that this led to:

- a. Worker burnout;
- b. A clear and strong perception that there exists a lack of 'respect' generally for the skills of Indigenous workers;
- c. A strong perception that there is a lack of respect for the clinical qualifications of Aboriginal workers to the extent that workers had left the Department; and
- d. The overall perception that Indigenous staff were of 'less value' than non-Indigenous staff.

This was a very consistent and strong theme amongst all Aboriginal participants and it was clearly articulated via the focus groups (refer to Attachment 1 for focus group raw data) that this was both entrenched and endemic throughout most regions, but appeared to be most pronounced at Management levels limiting the promotion of Aboriginal people into these roles and in high risk regions in which Aboriginal workers cultural skills were not being utilized as an essential mechanism for prevention, culturally appropriate assessment and intervention. Given this feedback and the objective validation of this via the CCP-CP results, it is clear that there is an URGENT need for the Department to develop increased cultural competence across the organisation in the following ways:

1. An increased focus on Management roles for improved cultural competence; team leader and above
2. Improved retention, recruitment and workforce development is an area of urgent priority for the Department. This is necessary to grow the workforce and increase the representation of Aboriginal workers into management roles. The key findings of this audit support the fact that there is poor tenure for Aboriginal workers and the current staffing profile does not match the statistics in terms of service delivery to Aboriginal clients.
3. High risk removal areas – this will involve some determination of what constitutes 'high risk' as per Recommendation 44 and 45 (3), however, what is indisputable is that this focus needs to be on the Kimberley, Pilbara, Goldfields and Murchison

The cultural audit is the starting point of a 'gauge' of where the organisation is at in relation to the delivery of culturally competent services. The organisation should be applauded for taking a proactive approach to determining where its strengths and weaknesses lie in an objective, non-judgemental manner and within that embrace an opportunity to do better.

It is vital that the momentum generated from this cultural audit is continued and importantly, skills improvements monitored and facilitated over time.

Based upon the service delivery requirements of the Department in having 54% of Aboriginal children in care across the State the number of Aboriginal staff in general does not match these client statistics. In combination with the low levels of cultural competence and lack of Indigenous specific training provided to staff it is essential that the Department consider all aspects of cultural competence including staff skills development; staff recruitment and most importantly, the strategic career path development for Aboriginal staff across all areas of the organisation. Based upon the cultural competence results, there is a clear cultural issue within the organisation whereby it appears Aboriginal staff are not valued, that not enough is being done to ensure Aboriginal staff are represented across all areas of the organisation, and most importantly that **all** staff who undertook the CCP-CP feel culturally unsafe in their work environments. The most telling outcome was that 0% of the 295 staff sampled viewed that the organisation ensured a 'culturally safe' work environment. As this data represents an across State snapshot it is frankly a damning response from staff who consistently view the organisation as deficit in their training, development and support. **It is essential that the Department prioritise the below recommendations.**

CULTURAL COMPETENCY IN PRACTICE

Recommendation 13: The Department must urgently establish a clear policy to support the ongoing development, measuring and monitoring of child protection cultural competencies as a core aspect of their organisation and workforce development requirements. This is supported in that only one staff member from a sample of 295 undertaking the CCP-CP met the cultural competence benchmark, with all other staff (294) meeting the benchmark of cultural incompetence. This damning result demonstrated this very clear and urgent need for a focused, sustained and measured response to the improvement of cultural competencies across the Department.

Recommendation 14: That the Department undertake a re-evaluation of their cultural competencies annually to determine measurable improvements in cultural competencies over time. This enables not only the tracking of improvements or weaknesses in necessary cultural competencies as determined by the CCP-CP but also the targeting of specific training and skills development based upon research established factors that improve cultural competencies in the child protection workforce.

Recommendation 15: That Recommendation 13 be undertaken specific to the appropriate sampling of staff across the organisation and not be limited to Child Protection Workers as has been the case with this current CCP-CP audit. That an appropriate sample be determined based upon issues of importance across the department, for example:

- a. determining 'high removal rate' versus 'low removal rate regions' (refer to Recommendation 44 & 45(3) in relation to this);
- b. Aboriginal staff and non-Aboriginal staff;
- c. Rural versus urban;
- d. Management and non-management staff;

This approach will determine the different cultural competency needs across the organisation but importantly, from different and necessary perspectives that contribute differently in combination to the same overall outcome, that being a lack of cultural competency.

It will also aim to establish a critical question: does cultural competency predict LOWER removal rates. This provides us with our best opportunity to determine (and therefore reduce) those factors clearly correlated with removal rates for the FIRST TIME. This is spelt out more specifically in Recommendations 44 & 45(3)

Recommendation 16: That the Department consider the utilisation of the cultural supervision plans provided by the CCP-CP as a mandatory aspect of staff supervision and that this occurs on an as needs basis as determined through existing staff supervision requirements.

Recommendation 17: Opportunities to access Aboriginal cultural consultants are created and prioritised in line with Guiding Cultural Principle 7 to ensure that experiential learning is a focus for all new staff in high risk Regions and Districts to ensure a culturally responsive approach.

Recommendation 18: In instances where Districts are not able to attract Aboriginal staff, a key list of Aboriginal cultural consultants, as per Guiding Cultural Principle 7, should be developed to guide culturally informed work practices and to strengthen compliance with the Aboriginal and Torres Strait Islander Child Placement Principle.

Recommendation 19: The Department commit, as per Guiding Principle 1, regarding the ongoing and tracking of cultural competency of their staff, and the ongoing development of cultural competency of its workforce with priority to foster care assessors. All Departmental staff must undertake the Cultural Competency Profile - Child Protection (CCP-CP):

- a. The Cultural Needs Scale (CNS) is a test for Aboriginal staff regarding the types of cultural and personal barriers that exist in workforce participation. Once completed each individual is provided with a personal development profile which can be used as a supervision plan or as a pre-test prior to a personal development workshop provided by IPS. It is currently undergoing psychometric validation.
- b. That the Department ensure all potential and existing Foster Carers undertake the Westerman *Cultural Competency Profile – Foster Carer assessment* when it becomes available and use this assessments to inform overall assessment, training and planning in relation to foster care, adoption and special guardianship.
- c. Foster Care Preparation Training: Module 2 – Trauma and Attachment and Module 3 – Care for the Child: ‘Healing’ Parenting Skills be updated to reflect the Guiding Cultural Principles.

RECRUITMENT AND RETENTION

Recommendation 20: That the Department develops, or strengthens, their Aboriginal Employment Strategy with a focus on retention so that Aboriginal staff are provided with appropriate career pathways, and reduced burnout.

Recommendation 21: That the Department engage in a proactive and targeted recruitment strategy to identify talent and attract Aboriginal people into the service at different levels across the organisation. Proactive recruitment may include:

- a. Increasing current Cadetship opportunities across disciplines and not just at the Specified Callings levels, and working with universities more proactively at the time of student graduation and encouraging graduates to apply for jobs across the organisation;
- b. Increased use of Special Measures for designated positions as recognition of the need to gain more Aboriginal people across a range of roles, especially at the management level given the number of Aboriginal children currently in care;
- c. Implementation of a strong mentoring scheme from an existing pool of managers to mentor Aboriginal staff who have been talent identified.

Recommendation 22: That the Departments 80% scholarship scheme that was based upon increasing the representation of Aboriginal people in skilled and management roles be re-implemented.

Recommendation 23: That the Department set benchmarks for the number of Aboriginal employees within the service across key roles and functional areas, relative to the number of Aboriginal clients receiving departmental services. That this is tracked appropriately by the mapping of client service data,

Recommendation 24: That the Department investigate the value of developing a number of work-based incentives to attract mental health specialists into remote locations. This process should be based on similar successful initiatives such as that undertaken by the Australian Medical Association and Nurses Union of WA whereby scholarships and other incentives were made available to attract well qualified people to rural and remote areas.

Recommendation 25: Appropriate resourcing of the workforce to be achieved through effective and strategic use of mental health, suicide and child removal data to ensure that the workforce diversity in terms of clinical and cultural skills is a focus on high risk areas (focused on the Kimberley, Pilbara, Goldfields and Murchison).

Recommendation 26: That specific supervision and support is provided to Aboriginal staff to develop management skills. That staff be 'talent selected' either through supervision processes capable of identifying specific employees capable of management roles or through formal psychometric testing processes at the commencement of employment. This is also tied in with Key Recommendation 21

Recommendation 27: That the Department consider a contribution to the Dr Tracy Westerman Aboriginal Psychology Scholarship Program in addition to Recommendation 22. This Program, auspiced under Curtin University, provides scholarships for Aboriginal people to study psychology from remote (high risk) areas and be personally mentored by Adjunct Professor Tracy Westerman.

Recommendation 28: The implementation of confidential exit interviews conducted by an outside party in order to gain information on why Aboriginal employees leave the organisation be provided. This is particularly useful given the reported high rates of burnout and turnover in the health related fields with Aboriginal employees. This would also have a knock on effect with regard to the focus of supervision for those working in this field.

Recommendation 29: Development of an effective mentoring system whereby new Aboriginal staff members are teamed with existing Aboriginal staff, preferably in management roles, from the start of their employment period. That this is prioritised in remote areas including the Kimberley, Pilbara, Murchison and Goldfields

Recommendation 30: That all new Aboriginal staff, at the commencement of employment, have a clear career development plan which outlines individual training, support and career pathways available.

TRAINING

Recommendation 31: That formalised District based inductions include a focus on the following areas:

- a. Local cultural induction for all workers, especially in the Kimberley, Pilbara, Murchison and Goldfields Districts.
- b. Links with the local Aboriginal workers, community and organisations to grow local knowledge and understanding;
- c. All new workers must spend the first six months of employment 'partnered' with a local Aboriginal worker (or external consultant) learning by experience all aspects of the local community and culture. A strong focus should be on understanding cultural mapping (as opposed a 'genograms') with respect to Guiding Cultural Principle 11.

Recommendation 32: That the cultural induction developed involves a number of 'phases' that occur every twelve months and that particular cultural competencies provide the framework for the development of this cultural induction. This should be specific to the tracking of cultural competencies using the CCP-CP and within full support of Guiding Cultural Principle 1.

The phases can include learning outcomes such as:

- a. Local cultural awareness;
- b. Advanced cultural awareness;
- c. Community engagement;
- d. Mental health assessment and intervention training which will be dictated by the CCP-CP (with a specific focus on engagement, therapeutic alliance, counselling skills that work with Aboriginal people and the use of traditional healers).
- e. Advanced culturally specific mental health assessment training, which includes developing differential diagnoses of mental ill health and culturally bound syndromes, be incorporated into the Departments Learning and Development program.

Recommendation 33: That evidence based attachment and trauma programs of best current practice be prioritised for service delivery staff and that staff trained in these areas be mentored and supported (most obviously by Psychology Services) to deliver programs to cohorts of Aboriginal people who are at potential risk.

SUPERVISION

Recommendation 34: that the Learning and Development Centre be responsible for identifying appropriate training that meet the benchmarks of being culturally and clinically evidence based. This list be developed and maintained at an ongoing level.

Recommendation 35: That the Department make cultural supervision mandatory in remote, high risk areas with the priority being the Kimberley, Murchison, Pilbara and Goldfields. This is particularly important at team leader and management level.

Recommendation 36: That consideration be given to making mandatory placement of staff from low Aboriginal population regions into high Aboriginal population regions for the purpose of cultural skills development. The current cultural audit determined that local (and time in location in particular) determined higher levels of cultural competence. It is also the case that lived experience is an essential component of the development of cultural competence.

Recommendation 37: That all service delivery staff are trained in the following areas and that this become a mandatory aspect of staff training for these roles:

- a. Understanding attachment with a focus on cultural attachment;
- b. Understanding best practice treatments for trauma and understanding the impacts of intergenerational trauma; and
- c. Aboriginal Mental Health Assessment and Suicide Prevention Training

PROMOTION AND PREVENTION ACTIVITIES

The Audit found that there was considerable difficulty with referring Aboriginal clients into specialist programs and obtaining information on services that were available to Aboriginal people most particularly in the high-risk remote regions. The volume and modes of Aboriginal specific prevention and promotional material was also severely limited. Recommendations for addressing this include:

Recommendation 38: A commitment to the ongoing development of promotional materials and resources which are Aboriginal specific and provide a more culturally appropriate means of communicating the role and services of the Department be adapted across each District. That these resources are identified and facilitated access provided to Departmental staff for use with Aboriginal families.

Recommendation 39: Regular information talks on child protection and child development related topics be provided to local Aboriginal communities and services as part of an awareness raising strategy to improve community capacity for the identification and management of at risk families. The topics to be covered could include, although are not limited to:

1. How the Department assesses risk related to child protection
2. What neglect is
3. Family violence
4. The importance of the community and the Department working together to support at risk children and young people
5. Alcohol and drug awareness

Recommendation 40: that the Department prioritise access to best practice family violence programs (focus on men's violence prevention) into high risk areas such as the Kimberley, Pilbara, Murchison and Goldfields. Models including those from South Australian based KWH Aboriginal Family Violence Program provide an opportunity to ensure access to preventative programs is a focus for at risk families.

Recommendation 41: That the Department consider the further expansion of the current metropolitan Aboriginal In-home Support Service Pilot for high risk, remote communities, with an emphasis on an evidence-based attachment approach. Any such approach would need to ensure that those implementing the program have training in attachment theory as well as cultural competency and parenting differences. It is vital that whilst there is an understanding of the need for 'modelling' of parenting in the homes of at-risk families that this not be plagued with the 'paternalism' that this approach can result in.

Recommendation 42: That the Intensive Family Support program is expanded into regions including the Kimberley, Pilbara, Goldfields and Murchison to ensure appropriate levels of access to this program in these remote regions. It should be a priority to obtain Aboriginal staff who are in these roles commensurate with the service delivery realities (high number of Aboriginal people accessing services).

Recommendation 43: Increasing levels of access to methamphetamine prevention programs into high risk areas and alcohol and other drugs programs that have a track record and specific focus on Aboriginal people,

ONGOING RESEARCH, QUALITY ASSURANCE & DATA UTILISATION

Recommendation 44: That data be provided at a District level that captures the full risk profile of each District comparative to each other; i.e. the Districts with the highest risk profiles in relation to Aboriginal children entering the out of home care system.

Recommendation 45: That the Department commit to a specific research partnership with a University focused upon guiding best clinical and cultural practice in the child protection and related area. This be specifically focused upon the following:

1. Determining an evidence based approach to addressing attachment in Aboriginal families at risk
2. Determining an evidence based early intervention Aboriginal family violence program to ensure that high risk regions are upskilled in the delivery of said program at an ongoing level to address risk groups prior to the entrenchment of violent behaviours
3. Determining the predictors of cultural competency in relation to rates of removal using the CCP-CP and ongoing analysis of this across the department and with the use of local service data to determine what constitutes a 'high and low risk region'

Recommendation 46: An annual staff survey focussing on a range of quantitative data relating to this Cultural Audit be developed to identify progress being made around improved cultural performance across a range of Departmental functions, focussing on the following domains:

- Professional training and outcomes focused on improving working with Aboriginal clients
- Use of cultural consultants/practice leaders
- Risk identification and assessments used
- Cultural planning
- Service delivery themes and issues
- Cultural Supervision
- Therapeutic and educational supports used and outcomes achieved
- Staff profile
- Community/sector development activities and/or initiatives

Recommendation 47: That the Department develop a Client Satisfaction Survey for Aboriginal that measures the success achieved in interfacing with the Aboriginal community and the resultant client satisfaction coming from engagement efforts.

Recommendation 48: The Department is encouraged to consider the recruitment of an Aboriginal Researcher (preference that they are psychology trained) specifically for the purpose of assisting in the development and management of data capturing systems that are capable of capturing and reporting Aboriginal specific data to drive quality improvement activity.

Recommendation 49: The Department consider funding the development of assessment guidelines for clinicians to utilise in the assessment of Aboriginal carers and particularly in relation to the assessment of attachment disorders. Whilst Guiding Cultural Principle 9 provides some guidance in relation to the complexity of the assessment of attachment in Aboriginal children, this is not sufficient to ensure the cultural accuracy and appropriateness of assessments undertaken.



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Attachments



Attachment 1: Engaging Aboriginal Youth In Mental Health Services (Westerman, 2010)



Attachment 2: Consent Form for Focus Group and Pilot Study Participants



Consent Form

Indigenous Psychological Services (IPS) has been contracted by the Department of Communities to undertake a comprehensive cultural audit of their workforce. This involves the adaptation of an existing tool called the Aboriginal Mental Health Cultural Competency Profile (CCP) to make it child protection specific. In order to understand the cultural competencies required to undertake best practice in child protection Dr Westerman, Managing Director of IPS will be undertaking a series of focus groups. Information gathered from these focus groups will be utilised to develop the *Child Protection Cultural Competency Profile (CCCP)*.

As a participant in the focus group you need to be aware that the information that you provide will be analysed in a way that **DOES NOT** identify you personally. It will also be used for **NO OTHER** purpose other than to make sure that the CCCP is the best possible measure of child protection cultural competence that can be developed.

If you consent to IPS using information you can also choose to withdraw your permission at any time. We would also welcome you to contact us to explain the use of your information further, prior to you giving consent for this.

CONSENT SHOULD BE:

- Yes, I agree that IPS is able to use my raw data to adapt the CCP. I understand that my data will remain confidential and that IPS will use this information **ONLY** to help them to develop and modify the CCP. I understand that I may withdraw my consent at any time

SIGNED: _____

NAME: _____



Attachment 3: Focus Group Raw Data in Non-Identifying Form from all TEN (10) focus groups

FOCUS GROUP MEETING – HIGH RISK REGION # 1, ABORIGINAL CHILD PROTECTION WORKERS

ATTENDEES: 5 attendees

CULTURAL KNOWLEDGE QUESTIONS

Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- No, definitely not. Engagement is a big issue and understanding culture is not sufficient when people first come out to the districts. Consent and confidentiality of the process is also a problem.

What do you think would help? What is needed?

- Specifically there was a lack of understanding of kinship ties and the complexity of this in understanding who was caring for children. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and 'yarning' and cultural mapping.
- Fear is sometimes an issue and this is about not knowing enough about Aboriginal culture. They need to be walked through things by an Aboriginal workers

As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities. Often this was interpreted as neglect when in reality there was an aunty or uncle or other who had kinship responsibility who was looking after the child.

Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. They may get training in the city and then think they know it all – a lot of the local information can only be understood by being in the communities and working better with Aboriginal CPWs – by observing and learning by this

GENERAL CULTURAL KNOWLEDGE

Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and its impacts
- We are finding that most of our clients are intergenerational – meaning we are seeing the same families over and over again usually

APPLIED KNOWLEDGE

What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are just able to connect, to yarn and understand Aboriginal people. They don't assume that they know it all and will include Aboriginal workers in discussions and take their opinions seriously. It is just about respect more than anything and being interested in learning.

CHILD PROTECTION SPECIFIC KNOWLEDGE

What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous. Houses don't look neat and tidy and this doesn't mean that a child is neglected but it is often seen this way

Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal and understanding of trauma. We think as a result that people are not able to see strengths – but operate from a place of seeing 'risk' everywhere.

Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training. They need to be mentored into communities by Aboriginal staff.

What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- One of those programs that was around ages ago that worked today was is probably where this sort of flickered in and out again is that old home maker program. It was agreed that this was something that was needed for those 'at risk' families who are often known to the department across generations.

Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities.

What would help?

- I think the old homemaker scheme would be really useful as many of our clients are the same families – intergenerational problems that are about removal policies and not having good parenting models
- The Intensive Family Support Program (IFSP) which is having great impacts on the ground. There is just not enough of this for the need – it is targeted towards the individual family needs and also at what pace the families are at. It is really effective with the families that I have worked with
- They don't think that to the families who are coming into care, they're not getting a start, they're not having the capacity to do that as they only get 6 weeks to get their act together so to speak.
- This is just not enough time. Many of our families have such a massive number of issues going on that they just have too much to deal with on top of trying to deal with caring for their kids. One of my clients has been in and out of DCPs for seven years, got an undiagnosed mental health issue and has got a child protection order to deal with - how do you expect this mum to make these changes when she's got all these diagnosed things, issues.

DISTRICT/REGIONAL CULTURAL CAPACITY

Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- We just don't have the services we need to assist families at risk. We don't have any services really that we can refer at risk families to so removal almost becomes the only option often. I believe that each district needs to have the IFSP – there is just not enough on the ground for all the districts.
- Preventative work is just not happening because of these lack of funds and capacity.

Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- In our area we have definitely don't have enough given the numbers of kids in care. They should do more to make sure they have more Aboriginal people on the ground but also in IFSP and in management as well. Currently we don't have enough decision makers.
- Aboriginal staffing and, staff retention is a real issue but you also not going to group but you get more staff that come along and was taught at the Uni is not how it works in different districts and towns.

What services and programs exist locally for referrals of Aboriginal people?

- We tap into Centrecare and child and Adolescent mental health services. Centrecare do grief and loss counselling and alcohol and drug counselling.
- We tap into Nicole Way? – a child or baby mental health care worker
- People don't like being held accountable and I don't think the workers have enough time to ring around and chase up CentreCare, chase up these services that are meant to be helping us, they think the workers are under the pump and
- Mostly we do struggle to refer people to services

FOCUS GROUP MEETING HIGH RISK REGION # 2

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- This was a clear and unanimous "NO" from all but differed in some regions – there was a cultural awareness once a year in one of the regions which was very helpful. However, the consistent view was that whilst cultural awareness was great, it was still very necessary to have that local information. It was felt that often you were 'thrown into the deep end' and did not understand local context – particularly things like kinship and skin groups etc., which were often very challenging to understand and impacted very strongly on child protection issues. It was felt that as a result of a lack of local information it often took around 12 months to 2 years to really understand the local culture to the point that you had reasonable confidence but even then it wasn't necessarily directed from the Dept. it was more your own interest and ability to develop good local relationships and connections.

2. What do you think would help? What is needed?

- We might be able to practice the skills but there's always something that we don't. So I don't think we always get it right and I think we don't always don't really understand what it's like where we writing our care plans to have that deeper understanding of what it's like and how much impact on colonisation and all of those things have actually had on people.
 - It would be really helpful to have access to someone who would be able to provide a cultural introduction for workers so that they could understand how culture works on the ground in this HIGH RISK REGION
 - So the other thing too of course is that it's when you are a white person driving around
 - in a white government car as soon as you pull up to someone's house straight away you are on the back foot and there's reasons for that. I think we try and be as respectful as possible but don't always hit the mark and the fact that we've got some many Aboriginal kids in care up here maybe we don't I don't know. I am not sure if we really 'get it' or understand the world view of our clients well enough so ongoing learning is really essential rather than a one off process
 - We really need to understand the impacts of colonialization of removal policies and the impacts of these generally but also specific to the High Risk Region and this history
 - We always have a high turnover of staff as well so that has impact on that, we may not get that particular training with the department at all, they might
-

come in and not have that training so that's run more regularly across the districts, that might help.

- I guess getting confidence, in having those types of difficult conversations, - in think more exposure would be a help.
- I think what's great is that Aboriginal people are very gracious, I think they see that you are genuine and being as respectful as you can if you do say the wrong or something, they're not going to crucify you, they'll graze you but its beyond that as well, how do you become confident and competent across what you are doing outside the ones that you are training or once a year training because to me personally that wouldn't be enough to make me feel the skills I need to do my job here.
- I think they should just send us all out in the country for a week and we have to stay out there and we have to understand if we show stuff that is important and so we do have that living experience
- Certainly the cultural awareness training that we do I think is very good but maybe it needs to be done more often or maybe when we do our annual training that needs to be up on the agenda more,
- Language, a lot of Aboriginal people English is probably their second language, that's a big one and perhaps getting through that initial stuff around recognising what the departments history is, recognising what the department has done, historically etc. and maybe just being able to,

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities.
 - We need a better understanding of cultural norms and how these are different for Aboriginal compared with non-Aboriginal to give us that depth of understanding that I believe we need
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4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. There may be some training that you can access around the place but it is not specific to the High Risk Region.
 - We need good cultural knowledge but also need to understand how kinship relationships are different and how they impact on how we go about assessing and doing care plans and even determining risk
 - I think we have a reasonable understanding of some of the historical stuff and really broad cultural understanding but living practice or being a part of that I'm not sure that I can go into an actual community to do work and immediately go that's where that sits.
 - And I think that something that was backed onto that conversation was around start not necessarily having an understanding around cultural punishment for example or how that operates in that space, if someone doesn't actually share that with us that knowledge we don't know. We need to go in start researching it and asking those questions.
 - I think some of the things I've been thinking about is to be able to respectfully challenge things that aren't, I don't even know how to word this right, say for example so domestic violence, we had a situation where as male perpetrators
-

were telling us that was okay in this culture and how do we respectfully and, two issues a non-Indigenous person also a woman, how do you go about that?

- So I guess the reality for us is that we majority of our workforce is females those sorts of complexities too, those challenges that we have to try to navigate because we still have to do the work that we do.
- So that's one of the big things I guess is how to separate culture from risk so that's a great example the domestic violence stuff, what about, do you have examples for – another example would be going into an environment with Aboriginal families where things don't look too flash, looks like neglect, looks like – do you think that's another issue as well, that there's that real confusion in terms of Aboriginal parenting and whether a child's at risk or whether they're not, is that something that you see as well?
- Need to also understand avoidance relationships

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

A strong no as an agreement. Some general themes included:

- There was a feeling that assessment would often be done differently because it's an Aboriginal family which is of course essential, however, there was a lack of guidance regarding how to do this. How to separate culture from risk. As a result there was a view that risk was carried for longer due to not wanting to take a child out of their environment.
- There is often a very strong sense of guilt around past policies which impacts on the ability to assess risk often
- There is a struggle with is this concept of, is being on country by Aboriginal kids are really really big thing that we need to focus on and work the safety into that because a lot of our actually kids are not able to live on their country because we can't find a safe place, or we don't think we can find a safe place for them to be there so we move them out and I think down the track the damage that that does to them as they grow has been probably beyond our ability to understand - so is immediate safety more important than the impact of taking kids away from their families and their country longer terms?
- We need to better understand the role of community and country on child development

CHILD PROTECTION SPECIFIC KNOWLEDGE

6. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous. Houses don't look neat and tidy and this doesn't mean that a child is neglected but it is often seen this way but it is often a really hard call to make

- The problem we have here is that the whole system is not working together well enough to ensure that children are kept out of care. I mean education, police etc., etc.,
- We get all this stuff put on us and other agencies, we've had our leadership meeting a couple of weeks ago and the guy from housing says that housing don't have what we have. We don't have processes and policies around how to best house Aboriginal people what we do is what we do and we tick our boxes but if that system isn't around that supports the whole concept of child safety and dealing with structure and equality and all that sort of stuff we're just going to keep being here and we're just going to keep going through the same sort of stuff.

7. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal and understanding of trauma. We think as a result that people are not able to see strengths – but operate from a place of seeing 'risk' everywhere.

8. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training. They need to be mentored into communities by Aboriginal staff.

9. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- family domestic violence, we utilise our strong families service quite extensively, we we use inter relationship with other agencies to try and put safety plans in place but they're not necessarily culturally specific in terms of the frame works
- the most difficult is obviously where family domestic violence is one of the key factors – obviously though if the perpetrator was out of the picture, we wouldn't even be involved in the first place.
- So one of the things that we constantly struggle is culturally appropriate perpetrator accountability services for Aboriginal men because they don't, there's nothing and then what we end up doing which cuts right across the grain of it is we end up punishing the children and the mother by taking the kids into care but you've got an avoidant father who won't stop being violent
- We keep making referrals for grievance practices, that's not a culturally sensitive process and is out of their country, they are away from their families and they can't make it work for themselves.
- Neglect would be part of the assessment and then we substantiate neglect, so as not a primary reason as to why they come into care, but the main issue that is obvious. It is then that other factors like violence and alcohol are underlying and causing the neglect

10. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities.
- overcrowding is a major issue in being able to get people to manage their individual kids - and then housing coming in and breaching because they've got multiple families living there - it makes it difficult to focus on routines etc.,
- There was a view that things were 'let go' for longer as one of the sole 'methods' of prevention - however, there was clearly risk associated with this.
- We don't sit at our leadership meeting and plan this and say this is a standard it is just that on the ground it is often the reality of not having enough programs to refer families to
- I think as a result of this we don't know how to focus Safety plans with cultural appropriateness around prevention and early intervention. This is particularly when we have families who are very steeped in culture who have come to rely on extended family with their kids. It is not an issue when they are 'on community' but often becomes one when they are in town. For us, it is difficult to navigate our mainstream approach and plans with these differences and we don't always get it right
- We've got the same programs for everybody - it is not culturally appropriate.

11. What would help?

- Clearly culturally appropriate services that focus on men's violence
- It is also unclear (related to the kinship issues) who the strong elders, or elders are in the community as often there can be confusion or infighting. So this makes it difficult to understand how and where to best direct services into those high risk families
- The other thing that would be useful is home based services that could assist with parenting and other issues in the person's homes
- The Intensive Family Support Program (IFSP) which is having great impacts on the ground. There is just not enough of this for the need - it is targeted towards the individual family needs and also at what pace the families are at. It is really effective with the families that I have worked with

DISTRICT/REGIONAL CULTURAL CAPACITY

12. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- Not for anything culturally specific or long term as needed.
- There's obviously some services around that you can refer to but you know say Relationships Australia, Mission Australia and those types I wouldn't imagine are overly culturally competent

- There's limited internal or external programs, for parenting programs, violence programs, attachment programs all those sorts of things that are culturally specific?
- So we are often forced for the geographical solution for kids to keep them safe. We don't have anything intensive that can assist families.
- Yeah it's definitely a whole government and also High Risk Region has a very specific there, a lot of title stuff that people don't even understand unless you've seen it and it's a very specific High Risk Region issues. So other people is that a similar stuff because what I'm trying to do is drill down to the actual capacity to connect and even your main stream training in guess in terms of counselling or whatever, where are the issues or the points that you actually start to struggle with Aboriginal people skills wise?

13. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- In our area we have definitely don't have enough given the numbers of kids in care. They should do more to make sure they have more Aboriginal people on the ground but also in IFSP and in management as well. Currently we don't have enough decision makers.
- Aboriginal staffing and, staff retention is a real issue but you also not going to group but you get more staff that come along and was taught at the Uni is not how it works in different districts and towns.
- Ideally we would have really skilled Aboriginal staff so that every time we went on a home visit we would have one of them with us.
- I don't know what the recruitment strategy is like for attracting and obtaining, I mean we've got quite a high number of Aboriginals people in our office but not in child protection, suicide problems, majority of them are all in ad ministry.
- I've had a couple of conversations with a few of the Aboriginal ladies who are in the child protection space and it's a real challenge for them, have to work the child protection and being an Aboriginal person but it's a really big challenge for them because they are seen as the enemy pretty much
- They are being held accountable as if they were in a powerful department so those challenges as well for them, I think recruitment and retention here in general is difficult and then you've got that added labour as opposed to those complexities in small communities, I don't know if that's why, it's just my observation
- We don't have any Aboriginal staff, we have one Aboriginal staff member here and that's our DV triage worker, so she's been in the field before but she's doesn't do a lot of child protection like case work and we have our case support officer who is Aboriginal but she doesn't really go out with us on visits she does like contact and all that sort of stuff so she doesn't go into that role either so we don't really have a lot of options on the ground.
- Maybe if they had in my experience there's not a, we have as team leaders we has specific things we do as team leaders, we have lines of supervision whatever, it may not be needed if we were able to get recruit Aboriginal people into the workforce that we would have a much clearer process around their self-care, supervision and safety that is outside the normal, case work supervision that you

have, like maybe a culture supervision for people to be able to have that safe space to talk about those things that impact only on them because they are actually people and they are working for this department. The other stuff that might be that around every reaching for, there might be some stuff that is in there more doable like the old Aboriginal engagement people used to do so I think, I don't know whether the department has historically worked really hard to train Aboriginal people over and above other stuff, I don't know whether they have, I haven't seen that necessarily.

- Yeah it's interesting that you've got the High Risk Region and its reasonably high with Aboriginal population yet you don't have very Aboriginal staff so that's an obvious thing to really grill down and have a look at that in relation to supports and obviously if you don't have the Aboriginal staff then cultural competency becomes much more important to you guys because that's become an even greater issue really. One thing I want to ask you in terms, and Ben you might have information on this, around the types of things, the main reasons why Aboriginal kids come into care, are you able to name a couple of things what would they be?

14. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- Domestic violence would be a number one reason why kids come into care, there's also alcohol use and drug abuse, that goes hand in hand with family domestic violence. Since July this year until December there were 1210 incidences of domestic violence that you are going to have reported to the police so that's in five or six month period and about 48% of those included children so they are present for directly present or in a room or something like that.
- That is just a police report, that's just a police report, so police had to attend a family home or a family incident, 48% of those included children there was something it was about 25% of those so we're either doing an investigation of assessment or they were parents or children already in care, something like that, I can't remember the stat it was a really high correlation to a child being present and then coming through to something like 70%, something like that.
- Yeah there is a big number of repeats – i.e. going to the same families again and again

FOCUS GROUP MEETING – LOW RISK REGION # 1

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- This was a clear and unanimous “NO” -
- The consistent view was that whilst cultural awareness was great, it was still very necessary to have that local information. It was felt that often you were ‘thrown into the deep end’ and did not understand local context
- Often people feel as though they did cultural awareness at Uni and therefore they can understand all different Aboriginal cultures and this is not the case. There are so many differences throughout the state that they really need that local knowledge
- There is a very good local training that we run in LOW RISK REGION and once people have done it it really shifts them.
- local initiatives like this area really good because the average worker just doesn’t have the cultural skills and knowledge to be able to do their jobs

2. What do you think would help? What is needed?

- Local knowledge obviously. They need to really understand differences in kinship and family and parenting
- For example even being Aboriginal we still do not understand the complexities of culture up North for example as it is so different. I explained that its different everywhere we go, yes I’m an Aboriginal but there are different cultures within that Aboriginal circles.
- In the LOW RISK REGION what we do is we have learning sessions every Tuesday morning so it’s a two hour learning session So most of the case workers will come and ask about local information and the protocols that work here.
- In 2018 we’ve got a program for the whole year which and which has to have cultural awareness on it and that training is mandatory so it will be bringing in Aboriginal staff, Aboriginal people from outside so community people just so that they flavour of what we do, what we are trying to do and then the case workers can learn from them.
- The problem with some of the case workers, our team leaders that they don’t listen, they listen and then say well we consulted but this is how we are doing it, there’s almost like flip of the lip.
- it’s almost like they tick a box to say this is what we’ve done, we’re satisfied from the department but not from the cultural people.
- The major problem is the tokenism – the practice leader roles are NOT decision making roles so we are only a consultation role and people really have to value that cultural knowledge and intelligence, they really have to value it and use it and I think a lot of people don’t,
- Often the consultation is done and it feels like nobody’s listening to you or they are just ticking that box so what I do is if they don’t use my recommendations or anything from that I actually document that, this is where the case went, this is the direction where it went however this was my recommendation. Sometimes it’s

come back to bite me in the bum and sometimes I feel like saying I told you so but you've been very diplomatic about it and say well this is why when we had the consultation why I recommended this way.

- We all struggle with the fact that the Aboriginal Practice Leader role is not a decision making but consultation role only think we all struggle with that.
- No it's not a decision making role and we would be reminded of that quite often by team leaders etc. I think it should be a decision making role but then how do you, how does the department then differentiate that from a team leader's role?

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- There needs to be more time spent sitting with, relating to community
- people are scared, a lot of our workers are actually scared to just engage with other Aboriginal people especially if we've been working with a long history in our district but those peoples, the perception of those families is just straight around the district so whether its new workers that come in and they hear about this name, they're a bad family, I don't want to work with them but people are just scared.
- They often treat us like we are their bodyguards! They need to be confident to build their own rapport but as soon as they have a contentious case or a well known family the fear takes over
- a lot of our staff do not want to engage with our mob here and secondly they judge them by the name so they're not even given them an opportunity if there was concerns they've made a decision that these kids or these families, we don't want to engage with them.
- We get a lot of consults about how we deal with them as an Aboriginal child protection worker and yeah it is unfair and they don't understand that they're judging

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. There may be some training that you can access around the place but it is not specific to the region
- they are not engaging with Aboriginal families, they are frightened of Aboriginal families
- the consequences we believe are that there is a lot of overreacting, sometimes they could be overreacting too, for example, domestic violence, you go out to the home and then can be swearing and carrying on is that reason enough to bring kids into care? And we've done that, we've gone out and gone well that's domestic violence.
- So they've got to have better judgments - as case workers we don't make those decisions and but we have to bring everything back into evidence a give to the team leader and director and that's when we say we don't have these concerns and they've gone no, no, take these kids now.
- We need to achieve that that a lot of the case workers take things personally and that affects the way they engage so if somebody is there and hardworking with a particularly nasty family and its usually the mother or grandmother in that family than rather than trying to work around that they go nope we are not going to engage, and then when you are talk about placing kids with them, like doing fairly comprehensive genograms and then you have team leaders and case practice workers say are they related like in your way or our way. Well they're not related your way but you know but there 2nd 3rd cousin, they are close family to us and try and get them to understand that and when they talk about good enough parenting and that, good enough for who, good enough for you and your kids, me and my kids?

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- A strong no as an agreement. Some general themes included:
- there is a standard that the department has but their standards it's about white privilege and a lack of understanding of kinship
- they are taking that out, there's going to have a look so I struggle with that can I never doodle across and its always like, I ended up making it seem like our standards are lower but they're not.
- We need to work with the families a lot better and give them a better education on how to be good enough parents to these children, that's what it comes down too. They come from dysfunctional families, the generation trauma and all of that they've got to understand how we can treat them better.

CHILD PROTECTION SPECIFIC KNOWLEDGE

6. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- Say that I can't explain but I still feel that we are being judged by the wrong standard, our families are being judged the wrong standard.
- Often people say things like "they shouldn't be parents", judgements are too often made about what is a 'perfect parent'
- You can't educate parents about how to be a good parent if you don't understand what is culturally okay or normal and that is the basic problem
- Yeah I think so because for instance I'm the eldest girl in my family so I have five siblings but part of my role is to help mum with these ones, with the little ones, today we see that and then straight away, that little girls she's parentafide and that's abuse, they shouldn't be doing that, that's her role in our family system, that's her role to do that and mother didn't even tell her to do that, that's just an instinct.

7. Do you think these differences are understood on the ground and in child protection generally?

- No, there needs to be a shift in culture. Our numbers wouldn't be as high. If we take the children into care it seems like forever and ever that they're actually given an opportunity or contact or opportunities for sleepovers, things like that because a lot of the times instead of just focusing on the children and the parents or the primary care. WE are not so good at maintaining contact between parent and child when the perpetrator (often of violence) is on the scene. We are also not good at getting the men counselling they need.

8. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma
- More training on men's violence and how to address this better. Many of the workers are too scared to address this issue with Aboriginal families

9. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- there are programs for perpetrators so that's mainstream again and we've got some men screaming that and I'm not sure what programs are happening in there

but I feel that we need those Aboriginal programs for our men. It's hard enough getting our men to access programs let alone access mainstream programs.

10. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- We've got changing tracks but that's mainstream but nothing just for our own mob at all.

11. What would help?

- I'm just trying to think about the difference between, there are obviously a lot of issues for a lot of our men in regards to unemployment, drug and alcohol abuse and domestic violence and all of that
- Most of the non-Aboriginal staff here in LOW RISK REGION and around the district their only experience with Aboriginal men is the clients that they are working with. They are not really exposed to success story or being around Aboriginal men and people who are doing well so all they see is the dysfunction. All they are hearing about is domestic violence, drug abuse and lack of parenting skills etc. and their views on Aboriginal men are skewed, we know that and that's what basically what we've been saying generally, so I think as far as the department goes there needs to be more importantly Aboriginal men and I think that's a given but also the more exposure to day to day normal staff members to Aboriginal men who are actually can pull their pants up and put a belt on because I say that because clearly their views of Aboriginal men is lacking.
- We've got this plan for next year to facilitate workshops around this with Aboriginal men. So the focus on what we can do to engage and help to build relationships with the men in our communities

DISTRICT/REGIONAL CULTURAL CAPACITY

12. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- Definitely not, there's been lots of talk for a long time – we need things like traineeships but Government Traineeships, public sector traineeships.
- We need more 50D positions and the best one
- On the job training would be a good thing; you've got enough skills to get into the system so on the job training. Back in the day when I first came in '98 I think it was we had the scholarships, the Indigenous Scholarships.
- Yeah - the 80% scholarship scheme, yeah great initiative!
- I don't know why they got rid of that it was absolutely brilliant.
- A lot of the problem is that Aboriginal people don't have that piece of paper or qualification so it can discount a lot of people from the roles and promotions.
- We can't attract people, good people at the moment because we actually don't have positions for them so if we bring financially a case managers position its overwhelming, the work load is overwhelming, the training our systems are overwhelming and I see that it has some people come through and they haven't been able to study because of the, its full on..
- And it's the most challenging work as an Aboriginal person it's the most challenging work you can do working for the department because of the history.
- I just feel for Aboriginal workers we can't go any further, they want us here but they don't want us to step up here because they think that are going to overpower them or we are going to control our Aboriginal workers but they come to us when they want to know how to be best deal with them but they don't want us to step into their powers.

13. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- Without doubt the main reason for removal now is Amphetamine use – it is just everywhere and not enough services to deal with it
- It's the methamphetamines is huge at the moment which is affecting them on parenting, if we took away the meth these families would be able to keep their children because you would be able to work with them around a domestic violence, you would be able to work with them around values and the you would be able to work with them around their excessive drinking but why these men there's just nobody that can work with them and that's saddest thing for these children.
- Probably 2.5 years this has been going on for
- Alongside the men there's the sexual abuse with violence. Domestic violence increases the sexual abuse.
- t's just not with just the young mums and dads it's affecting the grandmas and the grandads.
- It's not just the indigenous mob either its majority are white fellas but yeah find that our mob are being the ones getting targeted more because yeah they are using meth but their kids are roaming the streets. Yeah our kids might be roaming the street but they are going to other places to be safe. So that's how we've got to look at it but yeah the men are the biggest issue.
- It's very much generational here but what are you saying is we don't look at why people are using, that's forgotten and I say to my people here why are they doing that, got to keep asking why, why, why and get to the bottom of it but yeah we are removing children from grandparents who we've placed them with to be carers and then removing them from them because those issues keep coming back to those families.
- Yeah so that's the stuff around not being able to put people into programs.
- Yeah we actually re-traumatise kids all of the time.
- They are tagged for life once they got that and unfortunately our families are too. One thing I would like to see with our children is to get a base line where that child is at when they come into care and I've spoken to Psych about it that I like see and put that cultural lens over it too because I don't think that the assessments are appropriate either. I've got some good psyches and they do the best that they can but unless you've got an Aboriginal person sitting there and consulting with that person I don't think we give our kids justice by not doing that and I know our kids have got to live in a white society but if we want to give them a good start, the department talks about putting cultural lens over the work we do then it's got to be from the start from the beginning. We don't have a cultural baseline but these children who come into care how is it
- And the other thing is that you see kids that have been placed at a very young age with non-Aboriginal carers and then you hear them, some of the case workers will say, isn't it great she calls them mum and dad.
- The care team approach.
- So when they come into care we should keep the kids in contact with who was important to them whether it's the same school the same teacher whatever that model was. That's in our calendar we are supposed to keep these kids connected to country, to family...
- That care team approach, we have kids who have been out of care for two years that carers are resistant
- but these kids are also missing out on their culture, they're being raised as whites. So it's not stolen generation but they're being raised by whites but they're not learning their culture. So when that child grows up its lost its identity, that's what I say, when its placed with a white family its lost identity because 1, they want to try and adopt it, they want to change its name or don't want them to exist as to be

connected to Aboriginal families. So that child has lost its identity, its placement families that don't want to do that.

FOCUS GROUP MEETING HIGH RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- No, definitely not. Engagement is a big issue and understanding culture is not sufficient when people first come out to the districts. Consent and confidentiality of the process is also a problem.
- The consistent view was that whilst cultural awareness was great, it was still very necessary to have that local information. It was felt that often you were 'thrown into the deep end' and did not understand local context
- Often people feel as though they did cultural awareness at Uni and therefore they can understand all different Aboriginal cultures and this is not the case. There are so many differences throughout the state that they really need that local knowledge

2. What do you think would help? What is needed?

- There was agreement that the basics of cultural understanding just were not there with most child protection workers. Specifically there was a lack of understanding of kinship ties and the complexity of this in understanding who was caring for children. This meant that basic engagement was often difficult for most of the workers. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and 'yarning' and cultural mapping.

CHILD PROTECTION SPECIFIC KNOWLEDGE

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- Mostly there is a lack of understanding of kinship, and who constitutes 'family' – kids are often seen as neglected when they are actually being looked after by extended family.
 - a competent worker will see those strengths and be able to advocate it before it, so bringing a child into care is that absolute last resort because you fought really hard for this family to stay together.
 - I think there is that misuse of power that people are there and there's really rather than building the relationship and engaging with those people and getting alongside them because the minute you start waving your badge there's the power and they write that real well for welfare workers, you aren't doing this, you aren't doing that and you hear them talking to people on the phone and you hear I've got a welfare worker here but if you have that intimacy like a lot of our, we produce a lot of historically stuff with the people we work with and you know what the majority, almost every parent that I am working with
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at the moment includes some of the men have a sexual abuse history as a child because we've got a lot of mental health clients at the moment or parents of these kids that we are trying to help stay with them and I think that it's just having that empathy

- been messy and overcrowded it's just having that understanding and empathy and I think that's what is going to make a huge difference in people and you know the people who are good workers in the office because they're the very socially justice minded people, you know the difference, you can tell straight away from the work practice and the way clients work with them
 - .Often this was interpreted as neglect when in reality there was an aunty or uncle or other who had kinship responsibility who was looking after the child.
-

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- No definitely not – they will do a genogram but not understand the cultural lense or map – that is a real problem getting workers to understand the complexity of relationships in the communities. We have the extra issue around skin groups and lore etc., that makes it even more difficult

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group..
- There needs to be more training for CPWs in trauma and the past policies of removal so that they can understand the impacts of this better.

BELIEFS AND ATTITUDES

6. What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are alternative hippies (laughing) they take an interest in your life and people's lives and they care about the kids they are working with. You can feel the compassion in them.
- They have a real interest in the story, an interest in these families' stories plus they things they don't know so the ones coming home.
- They'll work closely with the workers who will come and say 'can you come, what do you think about that or they'll say I heard you talking about that person on the phone, that was really good I'm going to take something from that' – they see that they can learn from us. We've got workers here who have landed on the ground and are only going out with other new workers, why aren't we going out with experienced workers or Aboriginal workers?
- Aboriginal workers should be travelling to communities together with non-indigenous, not sending out two white people out to these communities. Aboriginal men are not going to talk to two white ladies about personal issues and that is just the way the culture is. Many of the workers who lack cultural understanding don't understand that this is the reality of the culture,
- When we raise these cultural issues we can often get told that we are 'racist'
- When you gave them some cultural input they try and tell you are racist and I think that's the stuff that they are going to have to change.

7. What are the difficulties and struggles as Aboriginal workers?

- There is an extra barrier when you are working in a small location such as the West Kimberly district. A lot of the locals belong to the families, so it is very challenging to know about certain family issues and then try and do your job. That is a constant challenge. Also many of us fulfill a role as carers and we are workers as well. This is the way Aboriginal families work but the department doesn't understand the extra role and how difficult this can be.
- There needs to be discussion and negotiation to manage a lot of these cultural conflicts that workers face as we often don't feel as if we can bring these things up by ourselves.
- the standard of care is not there when it comes to Aboriginal workers who are facing these sorts of issues and conflicts that not only impact on their work life but also their home and community lives.

CHILD PROTECTION SPECIFIC KNOWLEDGE

8. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal and understanding of trauma.
- After a while it just seems inevitable that the child stays in care particularly when a child is placed somewhere – it just becomes a matter of 'out of sight out of mind' and the families do not get the opportunity to address the issues that resulted in the removal
- Most of these families are also intergenerational so we often just see the next generation having the same issues without any real support to address these issues. It can be quite frustrating that families do not have the support they need

9. What are the main issues that you deal with that result in children coming into care?

- some of the families if you look back at all the kids in our care, most of them you could probably do a geographically link them all up in this district. So it is definitely trauma going back a couple of generations or some sort of abuse back then that's gone through the generations.
- The main issues are with neglect. Sexual abuse and suicides are high also
- Ice is being a huge contribution to the domestic violence and there's no longer a lot of alcohol than it used to be years ago it's more the drugs and the abuse.
- It's the self-medicated,

SKILLS & ABILITIES

10. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- Just dealing with families who are struggling with generations of issues and probably trauma
- There's no Aboriginal Male Domestic Violence programs and healing and we know that's Australia wide, there's nothing for men and the women we are taking kids off are victims, women who are mentally ill from being flogged up, mentally ill from the violence they are experiencing because these men can't deal with past traumas.
- We victimise victims, we've been doing that for a long time.

11. Would a specific type of training assist?

- We could always do with training, - understanding trauma better and parenting programs. Anything to do with mental health and suicide is always good also

12. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- There has definitely been a shift in the last 10 years or so - they take their Aboriginal kids into care and we say 'oh hello we could've actually looked at families before you did this'. Years ago we use to be at the forefront and we were involved with families, we use to say to them 'these children are with family you're not allowed to take them so it doesn't have to come into care' we used to do a lot of that before so kids didn't have to come into care and we use to work with families that way a lot better than and telling them now we're involved now so you find the family you make sure that child is safe and don't go drinking and don't go picking the kid up, so we use to pool all that stuff in place and so we prevented a lot of children coming into care.
- The families would have domestic violence drinking and the children probably more visually in a community not go to school and stuff like that, but we used to go out and talk with the families and we used to say to them, you know what now you've got DCP involved in your life, we're not going to go away. So, you need to stop what you are doing or if you want to go drinking you need to make sure you put this baby somewhere where it doesn't actually see you fighting. So we used to get these families to actually do that work for themselves instead of us doing it for them

13. What would help?

- Less than 4 years ago we had 209 kids in care, we are now sitting at 168 so we've actually gone down over this four years.
- We've been more proactive in placing children back with families because we have placement meetings every month.
- WE were involved in the "science of learning gathering", or principal of learning. and we would talk about this saying what you are doing is we had the HIGH RISK REGION Aboriginal placement meeting which was working really good trying to get kids into family placements as soon as possible.
- there needs to be mechanism at the front where it just can't be going to APL all the time for approvals for kids to come into care it's about, okay lets have this consult about what has been tried and have you tried these people? Family carers or family way arrangements are a normal Aboriginal thing that's what families do all the time everyday grow other people's kids up. That is normal, that is cultural they live between houses, we know that but just having that group a tick box at the start actually had the discussion and brainstormed like that think tank straight away, have you ticked that have you actually looked at that genogram, have you, who have you approached, what has that senior person within that family said, who are you looking at to say that the family, we get a lot of all the family groups that this kid needs to come into care, alright well who are those families?
- there's nothing stopping kids from going into a family arrangement as opposed to coming into care, it's a natural sort of, if you are struggling to let your sister look after your kid.

DISTRICT/REGIONAL CULTURAL CAPACITY

14. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- Well there's not a lot of culturally, what would you call it, cultural progress, I mean that's the big thing here we don't have a lot of resources, we've got more than some but it's still...
- The services that are around are also not culturally appropriate often
- we've got nowhere for young mums to sit down with their kids while we try and help their husbands so we are taking kids of people who don't have any chance to increase their capacity because structural disadvantage prevents it - if everyone had a house well great but we also don't have any of the males to work with these men, our offices are predominately female, we do have a couple of men but we don't Aboriginal men in this department.
- If I had to work with another domestic violence couple I would feel like throwing myself under a bus. People are getting big money around and we need to fund our contracts better to culturally competence services.
- We don't want to refer some people because of this.
- Sometimes a lot of these families that I have worked with over the years, some of them actually go back to communities that go back out bush but there's no access to whatever, sometimes that's part of the appeal. We have sent a lot of these families back to communities just to make sure they don't have that access to our file but that's not always safe but it does work to some sense but it doesn't.
- When I was in HIGH RISK REGION we could always send them back in country they are different people, they're not drinking, they're good people, they really do a good job of looking after their kids. It's when they come into town where they get the alcohol and drink that they run amuck but put them on community you can't ask for better parents. If you don't have people who understand that even in the decision making position they're not going to encourage that.
- Do you value the importance of going back to country and then if you do, do you understand that how hard it is and money stretching it is for people to get back there.

15. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- No not nearly enough although we have a good number of Aboriginal staff we don't have enough Aboriginal male workers or enough in management/decision making roles
- There can be a lot of cultural knowledge that can not only prevent kids from going into care but also assist with getting kids places with close family – which is the way that Aboriginal kids are raised in communities

FOCUS GROUP MEETING – LOW RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- This was a clear and unanimous “NO” from all. The view was that often CPWs did not understand cultural differences well enough to do their jobs – that they were ‘blind’ to understanding diversity due to their backgrounds and lack of exposure to Aboriginal culture. The mindset in terms of beliefs, attitudes and values were often wrong and results in an inability to engage well with Aboriginal people and communities
- There needs to be a more holistic view of family rather than the standard ‘white’ view of family – as often the fact that kin are caring for kids was misunderstood by the workers.
- There needs to be a standard – a clear framework to check off culturally prior to any removal and this means that they are seeing the situation correctly in terms of kinship and who is available to care for a child
- The value base is often wrong and people are not aware of these differences so they go in and judge people based upon these cultural differences

2. What do you think would help? What is needed?

- Specifically there was a lack of understanding of kinship ties and the complexity of this in understanding who was caring for children. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and ‘yarning’ and cultural mapping.
- Fear is sometimes an issue and this is about not knowing enough about Aboriginal culture. They need to be walked through things by Aboriginal workers
- It was felt that there was a lack of respect for the role of Aboriginal workers and this was where the problems occurred. That there was not sufficient consultation in the decision making process with Aboriginal workers about Aboriginal families
- The fact that the Aboriginal Practice Leader does not have a decision making role was considered by the majority to be a significant issue and failing. It reduces the position to being seen as ‘tokenistic’ by some – but the culture of the district office impacted on that. If you had a really good (culturally) manager this made a significant difference. They would ensure that the APL was consulted and that their views were heavily waited or taken into account
- Management needs to across the board have some minimum standards as this dictates how the staff view Aboriginal issues generally
- It was clear that individuals made the difference as to whether the individual districts faired better in relation to their work with Aboriginal people

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- It was a common theme that workers failed at the level of basic engagement and understanding the 'world view' of Aboriginal clients.
- Understanding that there needs to be a holistic view of family and kinship were real problems and as a result there was a lack of trust from Aboriginal families when dealing with the department.
- Need to understand how to do a genogram with a cultural lenses over it. There is a lack of understanding of the extensiveness and family and kin and who may be responsible for caring for kids.
- Often this was interpreted as neglect when in reality there was an aunty or uncle or other who had kinship responsibility who was looking after the child.

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. They may get some basic training or more accurately they don't get any training at all. They need to learn and listen and observe when Aboriginal workers go into Aboriginal families – how they connect, how they earn respect etc.,

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and its impacts
- We are finding that most of our clients are intergenerational – meaning we are seeing the same families over and over again usually and there seems to be limited understanding that the origins of the current circumstances are in long term trauma in these families

APPLIED KNOWLEDGE

6. What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are just able to connect, to yarn and understand Aboriginal people. They don't assume that they know it all and will include Aboriginal workers in discussions and take their opinions seriously. It is just about respect more than anything and being interested in learning.
- They often have some 'lived experience' and don't 'fear' Aboriginal people – that is the difference. That there is a comfortableness in discussing cultural issues and they can see strengths in these families

CHILD PROTECTION SPECIFIC KNOWLEDGE

7. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous. Houses don't look neat and tidy and this doesn't mean that a child is neglected but it is often seen this way

8. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a lack of understanding of parenting differences and kinship. There is also a real lack of understanding of the impacts of removal and understanding of trauma. We think as a result that people are not able to see strengths – but operate from a place of seeing 'risk' everywhere.

9. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training. They need to be mentored into communities by Aboriginal staff.

10. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- We need to assist people to build a sense of community that has been lost so that kids feel as if they belong somewhere and the department needs to spend more time building a relationship with their local community – and this needs to be focused on team leaders up as they influence the staff around them
- Team leaders and above rarely go to community meetings and need to
- One of those programs that was around ages ago that worked today was is probably where this sort of flickered in and out again is that old home maker program. It was agreed that this was something that was needed for those 'at risk' families who are often known to the department across generations.

11. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities.
- Many of the programs are very mainstream anyway but we need more of the Intensive Family Support (IFS) across the districts but focused on high risk families

12. What would help?

- I think the old homemaker scheme would be really useful as many of our clients are the same families – intergenerational problems that are about removal policies and not having good parenting models
- The Intensive Family Support Program (IFSP) which is having great impacts on the ground. There is just not enough of this for the need – it is targeted towards the individual family needs and also at what pace the families are at. It is really effective with the families that I have worked with
- They don't think that to the families who are coming into care, they're not getting a start, they're not having the capacity to do that as they only get 6 weeks to get their act together so to speak.
- This is just not enough time. Many of our families have such a massive number of issues going on that they just have too much to deal with on top of trying to deal with caring for their kids. One of my clients has been in and out of DCPs for seven years, got an undiagnosed mental health issue and has got a child protection order to deal with - how do you expect this mum to make these changes when she's got all these diagnosed things, issues.

DISTRICT/REGIONAL CULTURAL CAPACITY

13. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- We just don't have the services we need to assist families at risk. We don't have any services really that we can refer at risk families to so removal almost becomes the only option often. I believe that each district needs to have the IFSP – there is just not enough on the ground for all the districts.
- Preventative work is just not happening because of these lack of funds and capacity.

14. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- In our area we have definitely don't have enough given the numbers of kids in care. They should do more to make sure they have more Aboriginal people on the ground but also in IFSP and in management as well. Currently we don't have enough decision makers.
- Aboriginal staffing and, staff retention is a real issue but you also not going to group but you get more staff that come along and was taught at the Uni is not how it works in different districts and towns.

15. What services and programs exist locally for referrals of Aboriginal people?

- There are services but none of them are culturally appropriate and the ones that are are booked to overflowing.

FOCUS GROUP MEETING – HIGH RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- A consistent and clear 'no' from the group. There was a view that you could never know enough and that the more they learnt, the more this was obvious – the gaps in understanding
- We all need more knowledge of culture across the board
- You can never know enough, you try to learn stuff everyday but mostly it is on the job.
- WE probably all know all the theories and the paperwork and that sort of stuff but going out and speaking to the families is where I guess, practicing it is where you probably learn more and it's different every day.
- One of the main struggles that the group agreed on was when people bring up issues related to the stolen generations. There was a theme that this was particularly difficult to deal with and respond to and this was on a regular basis
- A theme was that it was common that people feel a bit of the guilt that they are made aware creating another generation of removal and that is a constant feeling
- We're trying to reinforce that as we don't do child protection work that way anymore, try to reinforce that to some families but yeah it's still doesn't make it that much easier.
- Yeah and is a lot of that your own feelings when you are going into the community as a child protection worker or working with the department, is that what it's about having that label as the welfare?
- Yeah sometimes we say we are from child protection but some families don't know who we are and then we say welfare then they are like oh.
- This creates a barrier already – as people have a view that you are just there to remove their children from them
- Yeah the initial fear and overcoming that and try and build a relationship when you've got this history behind you is probably quite a big challenge but I think we need to approach it from a place of where people can tell you are being genuine and think that maybe we have it easier up here in a way because the relationship child protection in the communities is actually quite strong I would say, stronger than in other places. I think generally we're not viewed as negatively as possibly other communities but that's seems to be the daily challenge I would say.

2. What do you think would help? What is needed?

- having more Aboriginal staff is a big thing, like having more ways of telling you the stories and things even in meetings we come from and people that can challenge that and bring a bit more history and things into it.
- More male Aboriginal workers as well
- Yeah then we notice that with our Aboriginal staff they get used as like a foot in the door and they get used to do all that and actually come out from the workers own, happy to build a relationship and things and those staff should be used, and then they're differently not, it shouldn't be all their responsibility to take on all the

hard cases or do all that relationship building stuff like we have to do, that work as well as non-Aboriginal staff.

- Aboriginal families have a level of respect, we are really lucky that we have someone that is from High Risk Region who was born and raised here so she knows all the families personally but it's a rarity, like being careful with having to use her for the role she is here for but then not trying to make situations where she's been put in an uncomfortable position with the community
- Without the Aboriginal workers we would struggle to understanding the kinship connections, family ties, history and everything else around culture that is often hidden or not obvious to non-Aboriginal people.

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- There is there's a lot. We utilise our elders a lot and consult with them constantly about things like that so we have a really strong relationship with them and we usually just go to the community if we aren't sure, talk to the elders or talk to the families that we are familiar with and ask them and they usually have a pretty good idea and let us know.
- No pretty much all the staff in the High Risk Region office are really good at, they've been there quite a long time so they have a good idea of all that but it's something you do have to go out of your way to learn and ask those questions.
- In other regions it was considered to be a bit more of a struggle to understand who the elders were etc.,
 - Yes it's not straight forward it's something that is talked to us quite a bit but we sort of struggle to understand the different groups that have been here for a while but I know how important it really is so you can understand the structure of the family and where they are from but yeah it's not straight forward, it is very, very important.
- It is so important to understand this because it is about really understanding the kids themselves – their identities actually tie into all that so that's why for me if that was part of your standard training then that would be open things up a bit more for you wouldn't it?

GENERAL CULTURAL KNOWLEDGE

4. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- A strong no as an agreement. Some general themes included:
- We really need a good understanding of trauma and its ongoing impacts for our local families. I think we do to an extent, but we have relationships with elders but probably not as much as we could it could be better.
- We have an understanding from a broad historical perspective but not really to fully understand the trauma that that brings, what they are dealing with, don't want to be disrespectful but I am so worried that we can get this wrong
- I think we get training but we just need to keep being continually reminded, you might go for a day or two with training, come out take it all this knowledge on but if you don't do a refresher every now and then to remind yourself you need to look at the bigger picture.
- It would be so useful to have training in trauma in Aboriginal communities because we are dealing with this stuff daily and ultimately we want to be better at trying to prevent it from being passed down into future generations. Absolutely

CHILD PROTECTION SPECIFIC KNOWLEDGE

5. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- It is difficult, because sometimes parenting differences can be misinterpreted as kids being at risk
- Yeah at team meetings we often discuss this issue. That families are not meeting the departments standards of care and then the carers actually telling us this is our way of doing things so it was hard,
- I think if there was something universally to say is that cultural is okay. For example there are often its quite normal for a 13, 14 year old girl to be looking after maybe some younger siblings. So just have something a bit more practical, I've found resources on other websites and things but I don't know how much the department knows in terms of that child rearing stuff.
- Other family members would just step up and take leave or whatever and the community would often look after them as well.
- The towns - same concept happens but obviously we have to look a bit differently because there are more dangers in town and it is more visible to other services who may not have the same understanding of these cultural differences. This then means that the department has to respond to something we shouldn't really need to respond to
- We understand that these things don't necessarily fit a mainstream parenting model when you going out into communities.
- We get a lot of pressure from community and high schools or even like local clinics who have been out in communities and seen this and we're not worried because we have a good understanding of the difference in the parenting and the way that the child is raised in an Aboriginal community or family.

6. Do you think these differences are understood on the ground and in child protection generally?

- I feel like we try to explain this difference to other services, but I don't think they always understand.
- If we had something that, there's a lot of signs, a lot of research around the different parenting styles in Aboriginal community if we had that training, that understanding, almost that check list then in many ways we could educate other services around these differences
- We don't want to be alarmist and this results in kids being removed unnecessarily

7. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training. They need to be mentored into communities by Aboriginal staff.

8. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- It would be substance abuse and risk violence, they are top of the agenda in High Risk Region or why the kids come into care.
- So DV, the meth is massive in Hedland, in the last couple of years in particular
- Yeah massive
- Neglect, domestic violence has always been an issue but domestic violence left and alcohol when I first arrived, alcohol abuse and in the last few years there
- I think coming to our attention probably the sexual abuse stuff is a lot of the new workers come in from that and possibly domestic violence is probably always there

and alcohol abuse. I don't think we see a lot of meth used here (in High Risk Region).

- We arrived in the middle of all the sexual abuse disclosures and allegations in High Risk Region, so it's interesting.

9. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities.
- However, the removals are really low in High Risk Region
- We have a good working relationship with the community and we're got a lot of workers who have been here a long time, our seniors been here for five or six years, both our team leaders have been here a while and know the community very well so they know where the pockets of safety are can make assessments with that stuff and same with some of the families they've got.
- So there's always someone available to look after the kids,
- we've taken a few babies into care this year recently a 5 month old for medical neglect so yeah most of its FDV and neglect.

10. What would help?

- Yeah we don't get enough of that early intervention services here we get here and support not family support here but it's still not enough.
- Clearly culturally appropriate services that focus on men's violence and DV generally
- Obviously we need training and support around the sexual abuse and good alcohol and drug programs
- The other thing that would be useful is home based services that could assist with parenting and other issues in the person's homes
- The Intensive Family Support Program (IFSP) which is having great impacts on the ground. There is just not enough of this for the need – it is targeted towards the individual family needs and also at what pace the families are at. It is really effective with the families that I have worked with

DISTRICT/REGIONAL CULTURAL CAPACITY

11. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- Family more than anything are the main 'services' we provide to at risk kids – in terms of finding family members to assist. Most of the time it is a challenger referring Aboriginal families as they don't want anyone to know that we are involved with them.
- After we do take a child into care it can take sometimes too long to give them back once we reunify them, the processes to go through to make sure its settled and tick all boxes and worry about not doing as good as we could in some cases.
- And I think as well the understanding that when children are brought into care and then maybe the parents are processing and grieving in their own way they might start drinking more or using more drugs and stuff then it's like oh well we did the right thing by taking these kids into care because mum and dad aren't doing the right thing and so it's giving parents the hope from day one that it's not necessarily a forever thing like their child being brought into care.
- This is a lack of understanding of trauma and attachment and the impacts of child removal unfortunately. It becomes like 'see we told you that child was at risk' but the behavior is due to the removal.

- And even parents understanding of the reasons for the removal its really overwhelming for a lot of families and they don't have a lot of resources up here to reach out between what our policies are and what they need to do as parents,
- We really need an advocacy service for parents where they can go and sit down with somebody and it's not the department because in their minds we are the ones not letting them have their children. Maybe a case manager or external service can assist with this type of advocacy because often the care and protection stuff is not understood by many of the parents throughout the entire process,
- Yeah so they can understand what it's all about and where its heading and all that sort of stuff, that's a really great idea and a lot of that too is around when people are doing assessments whether they're culturally appropriate assessments as well

12. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- No definitely not. But it is really difficult for Aboriginal people to be in a child protection role. I know that I would value this so much if we had access to more Aboriginal workers
- Aboriginal staffing and, staff retention is a real issue but you also not going to group but you get more staff that come along and was taught at the Uni is not how it works in different districts and towns.
- It needs to be addressed if the Department are truly going to make a difference to the number of kids in care. It is not just about cultural awareness, it is about shifting people attitudes and world view.

FOCUS GROUP MEETING – LOW RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- No, definitely not. Engagement is a big issue and understanding culture is not sufficient.
- Social norms and what you can ask and can't ask is often an issue
- Gender issues and not really understanding what impacts gender has with Aboriginal families and understanding cultural issues such as parenting and kinship

2. What do you think would help? What is needed?

- More understanding of kinship ties and the complexity of this in understanding who was caring for children. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and 'yarning' and cultural mapping.
- Fear is sometimes an issue and this is about not knowing enough about Aboriginal culture. They need to be walked through things by an Aboriginal workers

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities
- In addition there was limited understanding of the historical issues around removal policies of the past and the impacts of trauma and attachment on Aboriginal people
- There was no training on these issues in any of our degrees so we have been left to learn on the job effectively
- There is no real training that the department provides around these issues so we are often left to try and figure it out or find an Aboriginal worker to consult with

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. They may get training but not really understand how to apply it – going into an Aboriginal families home for example and being able to communicate effectively – what can be said and can't be said is a real struggle
- It would be really helpful to have guidance around these sorts of 'basic culture issues'

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear “No” from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and its impacts
- It seems that for those Aboriginal families that come into contact with the department there is some past trauma

APPLIED KNOWLEDGE

6. What tells you that someone is ‘culturally competent’ ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are just able to connect, to yarn and understand Aboriginal people. They don’t assume that they know it all and consult with Aboriginal workers in discussions and take their opinions seriously. It is just about respect more than anything and being interested in learning.

CHILD PROTECTION SPECIFIC KNOWLEDGE

7. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom. Houses don’t look neat and tidy and this doesn’t mean that a child is neglected but it is often seen this way

8. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal and understanding of trauma.

9. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context.
- It would be really helpful to have more mentoring by Aboriginal staff.

10. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- We don’t really see many Aboriginal clients but the issues we deal with mostly are drug use or domestic violence issues
- Male female violence and relationship issues that then lead to neglect

11. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and most of them aren't culturally appropriate
- I have used best beginnings and found this to be really good with a client
- The intensive family support team (service) is really good but just not enough of it.

12. What would help?

- The Intensive Family Support Program (IFSP) is needed more.
- More services that are able to deal with family violence but are really intensive services for these families

FOCUS GROUP MEETING – LOW RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- No, definitely not. Engagement is a big issue and understanding culture is not sufficient when people first come out to the districts. There are a lot of really young workers who have not had a lot of contact with Aboriginal people before so they struggle quite a lot.

2. What do you think would help? What is needed?

- People need to learn how to listen – they see deficits because they don't understand culture properly. Often it is just the lack of understanding of cultural differences
- There is often this feeling that "we know better" which is not the case
- They see neglect, when there isn't neglect
- This is a lack of understanding of kinship ties and the complexity of this in understanding who was caring for children. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and 'yarning' and cultural mapping.
- They try and do their genogram and it makes no sense at all for Aboriginal families for example
- Fear is sometimes an issue and this is about not knowing enough about Aboriginal culture. They need to be walked through things by an Aboriginal workers

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities. Often this was interpreted as neglect when in reality there was an aunty or uncle or other who had kinship responsibility who was looking after the child.
- We believe that as a result there an attitude of looking at removal too quickly. Cultural differences are consistently seen as risk when it often isn't
- Not understanding diversity of cultures – we have so many different Aboriginal groups and cultures and this is not understood well
- They don't really understanding trauma well and the impacts of removal and intergenerational trauma impacts

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs.
- There are too many cultural challenges where they struggle but won't admit it and often we then have to 'clean things up' as best we can
- It is a constant of feeling culturally unsafe with the practices
- There is a lot of paternalistic racism at play in the organization that is getting worse

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and its impacts
- We are finding that most of our clients are intergenerational – meaning we are seeing the same families over and over again usually

APPLIED KNOWLEDGE

6. What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are just able to connect, to yarn and understand Aboriginal people. They don't assume that they know it all and will include Aboriginal workers in discussions and take their opinions seriously. It is just about respect more than anything and being interested in learning.
- The good managers for example will 'back' you and do everything they can to keep kids out of care, even if it means that they have to go 'out on a limb' a bit. The ones that don't get culture tend to jump to removal too quickly

CHILD PROTECTION SPECIFIC KNOWLEDGE

7. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous. Houses don't look neat and tidy and this doesn't mean that a child is neglected but it is often seen this way

8. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not.
- They need ongoing cultural awareness and cultural competency training to ensure that they have the skills that are needed
- This is especially at the management level as this is the most important role – it influences the whole team

9. **Would a specific type of training assist?**

- Training around trauma differences, intergenerational trauma and attachment

10. **What are the key issues you find really difficult to deal with in your role with Aboriginal clients?**

- Just trying to get them to work with the 'system' and understanding it
- Often parents just want assistance but we come in with a big stick and don't give them the support that is needed
- It is also difficult as Aboriginal workers because we may have some relationship with the clients or even be carers ourselves. This makes it a real struggle
- It is also just difficult being in child protection generally as an Aboriginal person because of the history. It makes it really difficult
- It is also hard not having Aboriginal people at management and decision making level in child protection. You often feel like you are the sole cultural voice

11. **Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dept? Why/Why not**

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities.

12. **What would help?**

- The Intensive Family Support Program (IFSP) which is having great impacts on the ground. There is just not enough of this for the need – it is targeted towards the individual family needs and also at what pace the families are at. It is really effective with the families
- This is just not enough time. Many of our families have such a massive number of issues going on that they just have too much to deal with on top of trying to deal with caring for their kids.

DISTRICT/REGIONAL CULTURAL CAPACITY

13. **Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?**

- We just don't have the services we need to assist families at risk. We don't have any services really that we can refer at risk families to so removal almost becomes the only option often.
- Preventative work is just not happening because of the lack of capacity.

14. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- Aboriginal staffing and, staff retention is a real issue and we don't have enough workers compared to the number of kids in care
- The lack of managers and decision makers who are Aboriginal is also an obvious gap

15. What services and programs exist locally for referrals of Aboriginal people?

- Mostly we do struggle to refer people to services especially clients at risk who are in need of the intensive support
- A few programs were mentioned including Wendy's Wicked Ways??/Indigo Junction?

FOCUS GROUP MEETING – HIGH RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- This was a clear and unanimous “NO” from all. The view was that often CPWs did not understand cultural differences well enough to do their jobs – that they were ‘blind’ to understanding diversity due to their backgrounds and lack of exposure to Aboriginal culture. The mindset in terms of beliefs, attitudes and values were often wrong and results in an inability to engage well with Aboriginal people and communities
- Often people feel as though they did cultural awareness at Uni and therefore they can understand all different Aboriginal cultures and this is not the case. There are so many differences throughout the state that they really need that local knowledge

2. What do you think would help? What is needed?

- There was agreement that the basics of cultural understanding just were not there with most child protection workers. Specifically there was a lack of understanding of kinship ties and the complexity of this in understanding who was caring for children. This meant that basic engagement was often difficult for most of the workers. It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and ‘yarning’ and cultural mapping.

-
- There is a strong need to understand skin groups and the complexity of this at a local level as this impacts pretty strongly on work with children and understanding who was responsible for care of that child. There are often too many cultural barriers that impacts upon CPW (e.g. a young white woman trying to work with an Aboriginal male who had been through lore is a good example of this)
-

- Fear is the main issue – they really need to go out to communities and meet with community. This is a real issue especially for workers who come straight from the city into the High Risk Region.
-

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities. Often
-

this was interpreted as neglect when in reality there was an aunty or uncle or other who had kinship responsibility who was looking after the child.

- They don't understand cultural norms well enough to be able to determine whether a child is being neglected or not and this is the main issue
 - Many of the removals can easily be prevented by addressing this issue alone. They don't understand kinship and don't consult and removal often occurs in the absence of these two things.
-

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. They may get training in the city and then think they know it all – a lot of the local information can only be understood by being in the communities and working better with Aboriginal CPWs – by observing and learning by this
 - they are not engaging with Aboriginal families, they are frightened of Aboriginal families
 - the consequences we believe are that there is a lot of overreacting to cultural issues which are about a difference in value base
-

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and it's impacts as there seems to be a lack of empathy or understanding from workers on the impacts of removal and how it devastates families
- there is a standard that the department has but their standards it's about white privilege and a lack of understanding of kinship

BELIEFS AND ATTITUDES

6. What tells you that someone is 'culturally competent' ie. If you had to pick someone who works really well with Aboriginal people what skills and abilities do they have?

- They are just able to connect, to yarn and understand Aboriginal people. They don't assume that they know it all and will include Aboriginal workers in discussions and take their opinions seriously. It is just about respect more than anything and being interested in learning.
- Being prepared to sit back and learn rather than act like you 'know it all' – that is the best quality
- They don't have fear but are not arrogant

CHILD PROTECTION SPECIFIC KNOWLEDGE

7. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous. Houses don't look neat and tidy and this doesn't mean that a child is neglected but it is often seen this way
- I still feel that we are being judged by the wrong standard, our families are being judged the wrong standard

8. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal and understanding of trauma. We think as a result that people are not able to see strengths – but operate from a place of seeing 'risk' everywhere.
- there needs to be a shift in culture. Our numbers wouldn't be as high. If we take the children into care it seems like forever and ever that they're actually given an opportunity to address the issues that led to the removal
- After a while it just seems inevitable that the child stays in care

9. Do you have a good understanding of attachment theory? Is this different when considering Aboriginal people? Why?

- No again, there is just not any training on this. They may have the mainstream training but not a cultural lense on it. The understanding of intergenerational trauma and how to address it is not there so once a child goes into care, they just stay there. We don't focus enough on healing and reunification

SKILLS & ABILITIES

10. What do you find most lacking in your skills when trying to work with Aboriginal people?

- Suicide intervention and prevention skills
- Working with sexual abuse
- Trauma and its impacts across generations – you can't get enough of this type of training given the history of Aboriginal people in the department

11. Do you provide counselling? How effective do you feel that this is?

- Basic connection and engagement skills are the main areas in which we see problems with being effective with Aboriginal people with workers

12. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training. They need to be mentored into communities by Aboriginal staff.
- More training on men's violence and how to address this better. Many of the workers are too scared to address this issue with Aboriginal families

13. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- The main issues are with neglect mostly due to overcrowding. Sexual abuse and suicides are high also. WE can't refer onto many services as they are at capacity so often we can't provide the programs and services that are needed
- Most of the removal is happening due to neglect and it is something that can be prevented but we just don't have the resources in the region to help

14. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, we don't have enough of these programs and we don't have enough training in delivery of programs that may be of benefit to communities. This makes it impossible to refer people who are in desperate need and that we could assist greatly to have their children remain in their care

15. What would help?

- I think the old homemaker scheme would be really useful as many of our clients are the same families – intergenerational problems that are about removal policies and not having good parenting models
- It was a common theme within the group that children were being removed for things that we 'highly preventable' – mostly under the umbrella of 'neglect' and that this was something that was a cultural issue – i.e that often workers were coming in with values that were at odds with Aboriginal kinship and child rearing and that schemes like assisting people in their homes would be of great benefit to prevention and early intervention
- This was particularly as there was a strong view that many of the families were intergenerational – or the same families again and again coming to attention

DISTRICT/REGIONAL CULTURAL CAPACITY

16. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- We just don't have the services we need to assist families at risk. A psychologist ran a few programs but this did not meet the needs. Alcohol and drug services are full and based in High Risk Region. We don't have any services really that we can refer at risk families to so removal almost becomes the only option. There should be capacity to get in early as soon as we see issues. We manage it as best we can but ultimately we have a lack of resources

17. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- In our area we have fairly good numbers but not enough across the board especially in the decision making roles. We experience a lot of racism within the organization and often feel as if our voices aren't heard.
- It needs to be addressed if the Department are truly going to make a difference to the number of kids in care. It is not just about cultural awareness, it is about shifting people attitudes and world view.

BELIEFS AND ATTITUDES

18. What are some of the things that are a genuine struggle for Aboriginal workers who are working in child protection

- Just being in child protection as an Aboriginal person is hard. There is also often a lack of respect for our role and our skills that we find happens in the department and we are often not consulted or there is sometimes limited respect for our opinions when we are consulted. We believe that many of the cultural issues within the organization are the main cause of why there are such high rates of removal
- The areas we see mainly is lack of understanding and fear of not acting because of this so removal almost becomes inevitable. It is something that can be prevented by good local training; understanding of kinship and skin groups and how they work and this means working side by side with the Aboriginal workers or local communities at the very start of their employment until this is best understand
- Care plans are not culturally inclusive and do not guide workers around how to undertake this so it is really left open and up to the individual workers to be interested in how to do this. Often that means that unintentional mistakes are made
- It is the local workers who get this right but are often not consulted

19. What about non-Aboriginal workers

- That they just don't understand the complexity of the culture and often make mistakes without intending to – many of them have never been exposed to Aboriginal culture full stop and then they have to understand an area as complicated as the High Risk Region. This is all done 'on the job' rather than being a specific requirement or having 'cultural supervision or the like' to ensure that they have minimum skills. It is really a lucky dip in terms of who we get. There needs to be more structure, more support and more intensive local training prior to workers going out into communities

FOCUS GROUP MEETING – HIGH RISK REGION

EXPLANATION OF FOCUS GROUP RATIONALE AND FORMAT:

All informed consent forms were provided and emailed back. The confidentiality of the process was explained, and that information would only be reported in non-identifying format. The group was also informed that only common THEMES would be reported and not individual opinions. The group was also informed that they would be provided with the written themes for their approval and for the opportunity for correction. Additional comment could only be limited to expanding on the themes reported not NEW themes.

CULTURAL KNOWLEDGE QUESTIONS

1. Do you feel as if the cultural knowledge of child protection workers are sufficient? If not, why not?

- No, definitely not – it is often very superficial and we don't know if we are making mistakes or not. It is an additional challenge being in the High Risk Region where the culture is another level of complexity
- It is often really hard to define who the families are and who the families are related to. This can be a real issues with the care of children because we often don't understand who may be looking after certain children etc.,
- It would be really helpful to have this information at the start of our employment rather than have to spend a lot of time trying to figure things out and still not being too confident

2. What do you think would help? What is needed?

- It would be really useful to have an deeper understanding of family networks and kinship in the region. This would help to cut through to the deeper issues and to better understand safety of children etc.,
- If we could get a good strong cultural introduction to the region that would be really the most helpful
- Knowing what is appropriate to talk about is definitely a big one – as women for example, what can we talk to men about and should we be talking to men about personal issues. This is really hard to figure out
- Avoidance relationships and men's business is hard to understand particularly as many of the men go through or want to go through lore. What does this mean? And how do we deal with this? Are there things we can ask about. It becomes really hard and complex to understand
- I guess getting confidence, in having those types of difficult conversations, - more exposure would be a help.
- It was clear from the group that workers needed to either be trained better in kinship and cultural mapping or spend time in communities and watching local (Aboriginal workers and community) undertake engagement and 'yarning' and cultural mapping.

3. As a child protection worker, what are the common areas around local cultural knowledge that you see would greatly assist workers to better undertake their work with Aboriginal families?

- As above, mostly the lack of understanding of kinship, ability to connect and understanding how parenting looks different in Aboriginal communities.
- Training needs to be specific to the High Risk Region – this would be really helpful
- We need a better understanding of cultural norms and how these are different for Aboriginal compared with non-Aboriginal to give us that depth of understanding that I believe we need

- There is a massive gap in understanding of the impacts of intergenerational trauma and which families have been impacted and what the impacts have been. It is really difficult to address issues that may have their origins in past generations

4. Is there a good understanding of local kinship. Language groups etc., amongst the workers?

- As above, no there isn't and this is a strong failing in many CPWs. There may be some training that you can access around the place but it is not specific to the High Risk Region – for example you may do some cultural training at uni but it has little to no relevance for the High Risk Region. You just have to try and learn as best you can on the job.
- We need good cultural knowledge but also need to understand how kinship relationships are different and how they impact on how we go about assessing and doing care plans and even determining risk
- So I guess the reality for us is that we majority of our workforce is females those sorts of complexities too, those challenges that we have to try to navigate because we still have to do the work that we do.
- So that's one of the big things I guess is how to separate culture from risk for example going into an environment with Aboriginal families where things don't look too flash, looks like neglect, looks like – there's that real confusion in terms of Aboriginal parenting and whether a child's at risk or whether they're not,

GENERAL CULTURAL KNOWLEDGE

5. Do you think there is sufficient understanding amongst child protection staff of the government policies of the past with Aboriginal people. Why/Why Not?

- Again a clear "No" from the group and there was a view that often there was a lack of understanding of the impacts of ongoing removal and the detrimental and long term effects this has had on whole communities and people.
- There needs to be more training for CPWs in trauma and removal and its impacts
- There is often a very strong sense of guilt around past policies which impacts on the ability to assess risk often
- There was a feeling that assessment would often be done differently because it's an Aboriginal family which is of course essential, however, there was a lack of guidance regarding how to do this. How to separate culture from risk. As a result there was a view that risk was carried for longer due to not wanting to take a child out of their environment.

CHILD PROTECTION SPECIFIC KNOWLEDGE

6. What do you understand as some of the differences between Aboriginal parenting styles compared to non-Aboriginal?

- That difference kin are responsible for the care of children. That children get more freedom because the 'mob' looks out for them. Aboriginal kids are more adventurous.
- These differences are often hard to figure out and it would be helpful to understand this better

7. Do you think these differences are understood on the ground and in child protection generally?

- No, definitely not. There is a real lack of understanding of the impacts of removal, understanding of trauma and how this impacts upon parenting in this generation.
- We need to understand this so we can separate risk from cultural norms

8. Would a specific type of training assist?

- Yes, a lot more specific training around engagement, kinship, parenting differences, intergenerational trauma but also spending more time in communities understanding the local context within their training.
- It would be really helpful to have training on suicide intervention as the suicides are quite high in this region. It is an area where you can't refer someone on and you struggle to know what to do about it
- The other training would be around establishing trust and engagement etc., with Aboriginal people

9. What are the key issues you find really difficult to deal with in your role with Aboriginal clients?

- The most common issues that we face and is the most difficult is domestic violence – and getting the perpetrators to take accountability. This is often so hard due to so many reasons. For example, if you are a white female, are you able to speak to men about these issues and if you do will they pay any attention? The other issue is the lack of people to refer these types of situations to. They may be able to do the basics but we need intensive work with these families as the issues are often very engrained. The final thing is just the cultural appropriateness of the services. This is a big issue
- Sexual abuse and how to deal with this in communities where it is prevalent. You have an extra cultural barrier at play
- Neglect would be part of the assessment and then we substantiate neglect, so as not a primary reason as to why they come into care, but the main issue that is obvious. It is then that other factors like violence and alcohol are underlying and causing the neglect

10. Do you feel that there is a strong enough focus on early intervention and prevention for Aboriginal clients in your dpt? Why/Why not

- No, definitely not. We simply don't have anywhere to refer at risk families or those who have kids that have just come into care or we have concerns about
- We've got the same programs for everybody – it is not culturally appropriate.

11. What would help?

- Clearly culturally appropriate services that focus on men's violence
- It is also unclear (related to the kinship issues) who the strong elders, or elders are in the community as often there can be confusion or infighting. So this makes it difficult to understand how and where to best direct services into those high risk families
- The other thing that would be useful is home based services that could assist with parenting and other issues in the person's homes

DISTRICT/REGIONAL CULTURAL CAPACITY

12. Do you feel that the services you currently provide Aboriginal people are adequate? Are there requests for services that are difficult to meet? If so, what are these issues and what would help?

- We just don't have the services we need to assist families at risk. We don't have any services really that we can refer at risk families to so removal almost becomes the only option often. I believe that each district needs to have the IFSP – there is just not enough on the ground for all the districts.
- Preventative work is just not happening because of these lack of funds and capacity.

13. Do you feel as if the Dept. employs enough Aboriginal people in the child protection role?

- Aboriginal staffing and, staff retention is a real issue in remote areas and definitely an issue here
- We definitely need more Aboriginal staff but mostly male Aboriginal staff

14. What services and programs exist locally for referrals of Aboriginal people?

- We tap into Centrecare and child and Adolescent mental health services.
- Alcohol & Drug Services in Broome
- Psychologist ran some programs
- Other than that, there isn't really a lot we can call on
- Mostly we do struggle to refer people to services



Attachment 4: Final Version of the Cultural Competency Profile – Child Protection (CCP-CP: Westerman, 2019)

Cultural Competency Profile – Child Protection (CCP-CP)

The Cultural Competency Profile – Child Protection was developed by Dr Tracy Westerman (2018 in preparation) and adapted from the Aboriginal Mental Health Cultural Competency Profile (CCP: Westerman, 2003) as a method of determining the cultural competencies required to work effectively in the Child Protection system. The competencies identified as necessary include:

1. Cultural Knowledge. Gauges your local, general, applied, and child development specific knowledge in working with Aboriginal clients,
2. Skills & Abilities. Determines your culturally relevant training, counselling, assessment and general practice skills,
3. Beliefs and Attitudes. Provides an indication of the extent to which your prevailing beliefs are consistent with working effectively with Aboriginal people in the child protection context,
4. Resources and Linkages. Examines the extent to which your networks, community and agency links as well as culture-specific resources are sufficient across child protection notifications, assessments child removal and interventions, and,
5. Organisational Cultural Competencies. Gauges your views on how your Organisation supports the cultural competencies of its staff through organisational and staff development

6.

INSTRUCTIONS:

THE INDIVIDUAL RESULTS OF THESE QUESTIONNAIRES ARE ONLY PROVIDED DIRECTLY TO YOU. YOU WILL NOT BE PERSONALLY IDENTIFIED IN ANY WAY TO YOUR ORGANISATION SO BE AS HONEST AS YOU CAN

- ***Unless indicated please select only one answer per question.***
- ***Please answer the question as indicated. Do NOT write comments, as these are not taken into consideration.***
- ***Do not write n/a. Please select an answer that you think is appropriate.***
- ***You will need to answer EVERY question in order to ensure that you are provided with the most accurate feedback in relation to your individual cultural competencies. Any missed items will directly impact upon the validity of results obtained and feedback provided to you.***

ABOUT YOU:

1. How long have you worked in your current organisation? _____ (yrs)
2. How long have you worked at your local office? _____ (yrs)
3. How long have you worked in child protection? _____ (yrs)
4. How long have you worked directly with Aboriginal people and communities? _____ (yrs)
5. Are you (please tick) Aboriginal Non-Aboriginal
6. Are you Male Female Prefer not to say
7. My age range is:
₁ 20 - 25
₂ 26 - 35
₃ 36 - 45
₄ 46 - 55
₅ 56 - 65
₆ 65+

8. What is your current position (including level)?

- Child Protection Worker
- Field Worker
- Senior Child Protection Worker
- Senior Field Worker
- Aboriginal Practice Leader
- Team Leader
- Senior Practice Development Officer
- Case Support Officer
- Youth and Family Support Officer
- Best Beginnings Plus Worker
- Parent Visitor
- Other (please state) _____

9. How would you describe the qualifications you have (tick which one describes you the best)?

- 1 No formal qualifications (please state what level education you attained)

OR

- 2 Child Protection Worker with no formal (university or TAFE level) qualifications, but have done some training courses and workshops in this area

OR

- 3 Partially completed formal training (eg. University or TAFE equivalent etc)

OR

- 4 Formal degree or qualification

1 Social Worker

2 Psychiatric Nurse

3 Psychologist

4 Youth Worker

5 Other qualification (please state)_____

10. Socio-economically, I would describe my childhood / upbringing as:

- 1 Low income family
- 2 Middle income family
- 3 High income family

11. I was raised in

- 1 Remote Community
- 2 Rural Town
- 3 Regional Centre
- 4 Urban (City / Metropolitan)
- 5 Overseas

CULTURAL KNOWLEDGE DOMAIN

INSTRUCTIONS: QUESTIONS 12 THROUGH to 39 focus on your current knowledge of Aboriginal culture and Aboriginal child development. **It is therefore IMPORTANT that you answer these questions from your PERSONAL knowledge and do not GOOGLE any answers to these questions.** There are FOUR SUBDOMAINS that you will be asked about. These include: **(1)** Local knowledge / awareness; **(2)** General Child Protection Knowledge; **(3)** Application of Knowledge; **(4)** Parenting & Child Development Knowledge

12. Name FIVE major Aboriginal tribal groups in your local region (Please print clearly)

13. I can name the major languages or dialects used by Aboriginal people in my local area

No Some About half Most All

14. I speak an Aboriginal language (dialect)

No Bits Half and Fairly Well Fluent

15. I can name the skin groups in my local area

None Some About half Most All

16. I can name all the elders in my region or district

None Some About half Most All

17. I can name all of the major Aboriginal family groups in my local area or district

No Some About half Most All

18. I can name the major Aboriginal tribal groups in the state

No Some About half Most All

FOR Questions 19 -25 TICK what you believe to be the MOST correct answer

19. in its execution, the government's policy of assimilation for Aboriginal people meant;

- That fair skinned Aboriginal children were forcibly removed from their families. This resulted in many Aboriginal people losing contact with each other and led to the 'Stolen Generations' of Aboriginal people
- I have no idea
- That Aboriginal people were given a chance to live better in 'mainstream' society through having equal access to public services such as education, housing and healthcare
- That Aboriginal people were expected to attain the same manner of living, to live as members of a single Australian community and enjoy the same rights and privileges, but in doing so had to deny their own customs and beliefs
- To make sure that Aboriginal and non-Aboriginal people could mix better

20. The Aboriginal Child Placement Principle was introduced to ensure:

- I have no idea

- That Aboriginal children can maintain a connection with family and culture through a set of hierarchical placement options beginning with placement with immediate family, then extended family, then an Indigenous person and finally with a family who demonstrate capacity to maintain the child's contact with their culture
- The Principle recognises the importance of connections to family, community, culture and country to ensure the five core elements of prevention, partnership, placement, participation and connection are integrated across the child protection system to protect the rights of Aboriginal children, families and communities
- That there is not a repeat of the cultural dislocation that occurred because of the Stolen Generations
- That Aboriginal children could be more easily placed in care

21. *Avoidance relationships refer to:*

- A specific attachment style in which individuals avoid uncomfortable emotions but avoiding contact with each other
- Those Aboriginal people who have to avoid each other because of family infighting
- Usually involve persons of opposite gender who have a specific kin relationship to one another. Formal rules for avoidance are a sign of respect rather than of bad feelings
- That certain taboos exist within the community about who people can speak to and on behalf of
- I have no idea / I am not familiar with this concept

22. *Skin groups refer to*

- I have no idea / I am not familiar with this concept
- The colour of someone's skin and within that, the ties and affinity which that person has to their Aboriginal culture. This can only be determined by the person's skin colour
- A person's skin is determined at birth and dictates the person's social, cultural, spiritual and intimate relationships with other Aboriginal people including how these relationships are structured
- Who can talk to and about whom. Skin relationships are essential to ensure the sanctity of the Aboriginal culture
- The biological relationships between Aboriginal people (which individuals are related to each other)

23. *'Lore time' for Aboriginal young men refers to:*

- When Aboriginal young men get into trouble and do something wrong. Punishment then occurs
- The time when young Aboriginal boys become men by going through initiation or a 'rite of passage' ceremony undertaken by lore men. Once this occurs, this then means that boys are treated as men regardless of their age
- I have no idea / I am not familiar with this concept
- When young men must no longer follow the laws and rules of non-Aboriginal culture

- When young men are taught about kinship ties, avoidance relationships and where they fit in general Aboriginal culture

24. Information is determined by Aboriginal people as being sacred or secret based on;

- Whether people have appropriate levels of 'power' within communities and therefore can have access to cultural information. This is often tied in with initiation, ceremony, skin relationship and lineage
- Whether cultural information needs to remain protected from non-Aboriginal people. Sacred information is determined as such to ensure the sanctity of the Aboriginal culture
- Whether you are male or female. Information is secret based solely on gender – which is why Aboriginal people have men's and women's business
- Whether you are Aboriginal or non-Aboriginal
- I have no idea / I am not familiar with this concept

25. 'Sorry time' in Aboriginal communities is important because:

- It describes 'funeral' or grieving time in Aboriginal communities. It is important as Aboriginal people believe that we become 'reborn' in an infant form if certain spiritual rituals are undertaken. This differs from one community to the next but is essential for grief resolution in Aboriginal people
- It refers to when Aboriginal people mourn for those who have passed on. It involves a number of things that are essential for children to be a part of and partake in to ensure that they understand the finality of death
- It is when people express their sorrow for those who have passed on
- I have no idea / I am not familiar with this concept
- It is when Aboriginal people express their sorrow for the stolen generations and recognise the pain of the past

Indicate to what extent you use the following protocols or approaches when working with Aboriginal people and communities.

26. I engage an Aboriginal person, colleague, family member or other to act as a 'guide' to the culture to assist me to more effectively engage and/or assess an Aboriginal client

- Never Rarely Sometimes Fairly Often Very Often

27. I regularly use Aboriginal people, family members or staff as cultural consultants⁸ when important visits or meetings are conducted with Aboriginal people

- Never Rarely Sometimes Fairly Often Very Often

⁸ A cultural consultant (CC) is a culturally vouched for Aboriginal person who can act as a 'guide' to the culture. They can be (a) personal friends to the client; (b) professionals within an organisation; (c) integrated network of CC's within a region, including elders, healers etc, and;(d) formalised CC / co-therapist relationship. The CC provides culturally relevant information to (primarily) non-Aboriginal workers, however, CC's can also be used in instances in which there is a gender difference between the worker and the client (e.g. Aboriginal males talking with Aboriginal females can often use a Aboriginal female CC to minimise impact of gender differences).

28. I have clear protocols I follow when making visits to Aboriginal people and communities to ensure the cultural security of my process

- Not at all Barely Some Fair Amount Very Comprehensive and clear protocols

29. I have a clear approach when undertaking a cultural map of kinship with Aboriginal clients to better understand attachment and care of a child

- Not at all Barely Some Fair Amount Very Comprehensive and clear protocols

30. I regularly use local elders to 'vouch' for the cultural security of my work in Aboriginal communities as a method of client service uptake

- Never Rarely Sometimes Fairly Often Very Often

FOR Questions 31 – 39 TICK what you believe to be the MOST correct answer

31. The term Social and Emotional Wellbeing is used by Aboriginal people to describe;

- The fact that mental health for Aboriginal people is holistic
- How Aboriginal wellbeing fits with non-Aboriginal views
- How cultural differences impact on how Aboriginal people can function best in non-Aboriginal culture
- Spiritual, cultural, mental and physical factors that impact upon mental wellbeing and the need for them to be considered at all times when working with mental illness
- No idea / not familiar with this

32. Aboriginal parenting styles differ from 'mainstream' parenting in the following general ways;

- Aboriginal children look to many kinship carers for their care and attachment; they are encouraged to look to peers more than adults; to think in terms of the community (group) rather than the 'self' and explore environments with more freedom than non-Aboriginal kids
- Aboriginal parents allow their children to be left alone a lot
- Traditional Aboriginal parenting practices have really been lost through the Stolen Generations and removal policies resulting in very little differences in parenting styles
- Aboriginal parenting allows children to have more freedom. It is expected that the community will 'raise the child' and so parents are not as 'hands on' as mainstream parenting
- I have no idea

33 The "Stolen Generations" of Aboriginal people refer to

- Those Aboriginal people who the government stole from their communities and placed elsewhere
- Those who were forcibly removed from their families during the governments assimilation policy

- Those Aboriginal people who were directly removed from their families during the assimilation policy as well as their families and communities who continue to feel the impacts of this removal through the trauma of this removal
- Those Aboriginal people who have become disconnected from culture and have lost a sense of belonging
- Those Aboriginal people who continue to be adopted and/or fostered by non-Aboriginal people and are therefore 'lost' culturally

34 Black Identity formation is important for Aboriginal child development because;

- It explains how Aboriginal people identify with each other
- It is an important process through which Aboriginal people understand how they 'fit' in mainstream society
- I have no idea / not familiar with this concept
- It describes a process through which Aboriginal people develop a sense of their 'black' identity. It is often developmental and tied in with age but can often be an outcome of being part of a marginalised group
- It describes the development process through which an Aboriginal person makes sense of their cultural identity. Often this means having to 'give up' parts of cultural identity to ensure that they 'fit in' with mainstream society

35 Culture Stress in Aboriginal people refers to;

- Stress that occurs only for Aboriginal people who struggle with 'walking in two worlds'
- The impacts of racism on Aboriginal people
- When someone has cursed you culturally
- Stress behaviours whereby Aboriginal people experience difficulties with managing the impacts of racism and marginalisation.
- I have no idea / not familiar with this concept

36 Cultural Attachment for Aboriginal children refers to;

- How 'attached' they are to their Aboriginal culture
- How much culture they understand
- I have no idea / not familiar with this concept
- Limitations in mainstream attachment theory means that cultural differences must be understood to accurately assess attachment within Aboriginal families
- The differences between mainstream attachment theory and Aboriginal culture

37 Cultural mapping at the individual (client) level refers to;

- A formal assessment process which incorporates a comprehensive understanding of the kinship connections that an Aboriginal child has. This ensures that the different way an Aboriginal child is parented, and forms attachments is clearly understood
- Having an Aboriginal person draw a map
- Ensuring that an Aboriginal person is involved in doing a genogram with an Aboriginal client to understand the differences in parenting
- Understanding where a child is originally from in terms of 'country' and dreaming – determining spiritual ties to land and the impacts on their development
- It is about adapting a genogram to give it a 'cultural lense'

38 The 'Dreaming' for Aboriginal people is important for child development and placement because:

- It explains the child's spiritual and cultural history in terms of how Aboriginal people came here in the first place. The Aboriginal 'dreaming' ties in with the birth of the Aboriginal culture
- I have no idea / I am not familiar with this concept
- It refers to an individual's or group's set of beliefs or spirituality. A person's dreaming is directly tied to their 'country' or place of birth
- It describes how the crow got its feathers
- It describes spiritual travel between traditional 'lands' of distinct Aboriginal groups

39 When Aboriginal families speak of 'Longing for Country' this means;

- They are homesick and want to go home and is similar to how non-Aboriginal people feel when they are also homesick
- They have been removed from their country or place of birth or dreaming and feel a weakened spiritual, physical and / or mental state because of this longing
- I have no idea / not familiar with this concept
- They are spiritually guided to go walkabout to reconnect spiritually with their country
- They want to listen to country music

SKILLS DOMAIN

40) Have you accessed specific training in working with Aboriginal people?

- Yes No

41) What type of training was this?

- Haven't accessed any training
- Basic Cultural Awareness
- Extensive Cultural Awareness Training and/or experience
- Extensive Culture-Specific health and / or mental health training
- Ongoing and regular cultural training

42) I believe the training and skills I have are adequate for me to work effectively with Aboriginal people and communities (Select one)

- Not at all Slightly Average Really Quite Adequate More than Adequate

43) I regularly seek out Aboriginal colleagues or members of the community for the specific purpose of improving my skills in working with Aboriginal people

- Not at all Barely Sometimes Often All of the time

44) I regularly engage in cultural supervision⁹ to improve my cultural skills with Aboriginal clients

Not at all Barely Sometimes Often Very often

45) I use the following culturally appropriate counselling skills and strategies with Aboriginal people (Please tick all that apply)

A <input type="checkbox"/>	Sustained eye contact	F <input type="checkbox"/>	Dismiss clients who are late to meetings
B <input type="checkbox"/>	Direct Question – direct answer framework	G <input type="checkbox"/>	Narrative questioning to gather information on client
C <input type="checkbox"/>	Labelling specific emotions that clients are feeling	H <input type="checkbox"/>	Reflective feedback
D <input type="checkbox"/>	Self-disclosure (sharing some personal information with clients)	I <input type="checkbox"/>	Taking gender differences into account
E <input type="checkbox"/>	Provide outreach services	J <input type="checkbox"/>	Tune into nonverbal more than verbal communication

46) I understand that Aboriginal parenting styles are informed by the following practices:

A <input type="checkbox"/>	Children are taught independence and autonomy from a young age	F <input type="checkbox"/>	Babies are not able to communicate their basic needs (i.e. hunger, sleep etc)
B <input type="checkbox"/>	Children are taught that resources are valuable and therefore not to be freely shared with others	G <input type="checkbox"/>	Genders are separated from a young age
C <input type="checkbox"/>	Children are taught about hierarchies very early (i.e. look to older siblings, elders and those in positions of power)	H <input type="checkbox"/>	Children are taught to focus less on the group and more on the development of the 'self'
D <input type="checkbox"/>	Babies are not indulged or 'spoilt'	I <input type="checkbox"/>	Children explore environments freely and without restrictions
E <input type="checkbox"/>	Children have attachments to many different carers	J <input type="checkbox"/>	Children are taught that environments are dangerous and to look to authority figures for guidance

47) In working with Aboriginal clients, I use the following approaches to take culture into account during direct contact and interventions

	Never	Barely	Fairly often	Very often	Always
a) Ensuring that the client has been able to nominate or 'vouch' for the credentials of cultural consultants when they are used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use of culture-specific resources, materials or approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁹ Cultural supervision is defined as the process of being provided with supervision specific to the cultural manifestations of mental illness. Cultural supervision is able to make sense of the complex relationship between cultural and mental illness across assessment, counseling, testing and intervention services

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c) Cultural mapping of the community history, culture and kinship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Discussion of the impacts of historical trauma as part of standard practice with Aboriginal clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Discussion of black identity formation and impacts on ongoing identity development as part of standard practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Assessment of the client's kinship networks and ties to their community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

48) In case planning and / or intervention, how is Aboriginal culture taken into account?

EVEN IF you do not perform this task, please tick the ONE choice that you believe BEST represents the organisations practices

- I do not feel that this is necessary
- I do not use a specific process or intervention, but try in an informal way to 'take culture into account'
- I am able to use specific treatment or intervention approaches (traditional healers, elders etc), that address cultural concerns
- I receive specific supervision, support and encouragement to explore cultural concerns in case planning and intervention
- I have developed my own links within the community for the purpose of providing Aboriginal people with links to explore culturally appropriate intervention options

49) In assessment, how is Aboriginal culture taken into account? (Select one)

- I have never worried about this
- I often feel that the existing assessments are not appropriate for Aboriginal people
- I try to take culture into account during assessment in an informal way
- I have access to some specific assessments, instruments or guidelines that address cultural issues
- I have comprehensive, culturally specific assessment tools and approaches that are consistently used with Aboriginal clients

50) I have facilitated the use of traditional Aboriginal healing methods with Aboriginal clients (e.g. traditional healers, bush medicine etc).

- Never Rarely Sometimes Often Very Often

51) I understand the concept of Aboriginal identity formation and use this in my practice with Aboriginal children in care

- Not at all Barely Sometimes Often All of the time

52) I offer Aboriginal clients a mix of mainstream and community based interventions if required

- Not at all Rarely Sometimes Often All of the time

Awareness & Beliefs DOMAIN

60) I feel a strong sense of connection with Aboriginal people and culture

No connection Low Neutral Strong Very Strong

61) I believe that Aboriginal people are often treated unfairly due to race

Not at all Sometimes Neutral Often Very often

62) I feel distressed when I think about the forcible removal of Aboriginal children from their families

Not really Sometimes Neutral Often Very often

63) I believe that many Aboriginal people were wrongly and forcibly removed from their parents as a result of the governments assimilation policy

Not at all Some Neutral Many Very often

64) The over-representation of Aboriginal people in child protection is a direct result of the assimilation policies of the past

Not at all Some Neutral Many Very often

65) I feel angry when I hear racism expressed towards Aboriginal people

Not at all Sometimes Neutral Most of the time Always

66) I believe there is significant racism towards Aboriginal people in Australia

Not at all Sometimes Neutral Most of the time Very often

67) If I hear people say racist things about Aboriginal people I tell them I am offended

Never Sometimes Half and Half Most of the time Always

68) I believe that Aboriginal parenting differences are often confused for child protection risk

Not at all Marginally Neutral Substantially Extremely

69) I believe that there are significant strengths in Aboriginal parenting practices

Not at all Marginally Neutral Substantially Extremely

70) I often feel that Aboriginal children would be much better off raised outside of their communities

Never Rarely Sometimes Often Very often

71) I feel comfortable around Aboriginal people

Not at all Sometimes Moderately Most of the time Always

72) I feel worried about my personal safety when I visit Aboriginal communities (OR the homes of Aboriginal people)

Not at all Barely Neutral Mostly Always

73) I often feel worried about saying or doing the wrong thing when I visit Aboriginal communities or people

Not at all Barely Neutral Mostly Always

74) I feel more stressed doing risk assessments on Aboriginal than non-Aboriginal clients

Not at all Barely Neutral Mostly Always

75) I am uncomfortable adjusting genograms to include kinship and skin relationships with Aboriginal clients

Not at all Barely Neutral Mostly Always

76) I often feel stressed when trying to understand whether something is culturally appropriate or an indicator that a child is at risk of harm

Not at all Barely Neutral Mostly Always

77) I believe in the value of traditional healing methods for Aboriginal clients (e.g. traditional healers, bush medicine etc);

Not at all Marginally Moderately Substantially Extremely

78) I am comfortable with the idea that parenting styles differ substantially in Aboriginal (compared to non-Aboriginal) populations;

Not at all Barely Sometimes Often Very often

79) I am comfortable with asking an elder to 'vouch' for the cultural safety of my work as a method of improving service uptake

Not at all Barely Sometimes Often Very often

80) I am comfortable adjusting my counselling and practice with Aboriginal clients

Not at all Barely Sometimes Often Very often

81) I am confident in being able to adjust risk assessments with Aboriginal clients

Not at all Barely Sometimes Often Very often

82) I often feel stressed by the extreme diversity in Aboriginal cultures

Not at all Marginally Neutral Substantially Extremely

83) I discuss cultural identity¹⁰ with my Aboriginal clients to get a sense of their connectedness with culture

Not at all Barely Sometimes Often Very often

84) I am aware that my cultural identity can often impact upon my work with Aboriginal clients

Not at all Barely Sometimes Often Very often

85) I focus on ensuring the strong cultural identity development of Aboriginal clients as part of my standard practice

Not at all Barely Sometimes Often Very often

86) I believe that child protection workers need to be more aware of the impact of their cultural identity on their work with Aboriginal clients

Strongly Agree Agree Neutral Disagree Strongly Disagree

87) There are significant cultural differences within Aboriginal cultures throughout Australia

Strongly Agree Agree Neutral Disagree Strongly Disagree

88) I had Aboriginal friends as a kid

None Some Around half Most All

89) I have Aboriginal friends as an adult

None Some Around half Most All

¹⁰ **Cultural identity** refers to how the Aboriginal person sees themselves – what their predominant belief system is; how they identify in terms of culture, and the extent to which they actually practice the traditions and beliefs of their self-stated culture

RESOURCES AND LINKS

90) I have attended sorry time at an Aboriginal community

Never Rarely Sometimes Often All the time

91) I have attended Aboriginal celebrations and functions (e.g. National Aboriginal and Islander Day of Celebration: Sorry Day, Reconciliation events etc.);

Never Rarely Sometimes Often All the time

92) I have attended a funeral for an Aboriginal person

Never Rarely Sometimes Often All the time

93) I interact socially with Aboriginal people outside of work hours

Never Rarely Sometimes Often All the time

94) I am aware of the Aboriginal organisations in my local service area

No Some Half Most All

95) I am aware of the traditional healers in my local service area

No Some Half Most All

96) I am aware of the lore men in my local service area

No Some Half Most All

97) I attend work-based meetings with Aboriginal community groups in my service area

Never Seldom Sometimes Often All the time

98) I refer Aboriginal clients to local Aboriginal services

Never Small amount Some A fair amount A large volume

99) I have referred Aboriginal clients to specialist Aboriginal clinicians or professionals

Never Small amount Some A fair amount A large volume

100) I am aware of the Aboriginal organisations in my local service area

No Some Half Most All

101) I have referred Aboriginal clients to specialist programs for assessment or treatment

- Never One or two Some A fair amount
 A large volume

102) I am confident of being able to refer Aboriginal clients to outside services for specialist assistance

- Strongly Agree Agree Neutral Disagree Strongly Disagree

103) I am confident of I am able to refer Aboriginal clients to internal services for specialist assistance

- Strongly Agree Agree Neutral Disagree Strongly Disagree

104) I believe that there are enough specialist programs locally for Aboriginal clients at risk in my region

- Strongly Agree Agree Neutral Disagree Strongly Disagree

105) I have less services available for Aboriginal families at risk compared to non-Aboriginal families

- Strongly Agree Agree Neutral Disagree Strongly Disagree

106) The quality of treatment and / or counselling services is significantly lower quality for Aboriginal compared to Aboriginal clients

- Strongly Agree Agree Neutral Disagree Strongly Disagree

107) I believe that Aboriginal people have their legal rights fully explained to them when they come into contact with the child protection system

- Strongly Agree Agree Neutral Disagree Strongly Disagree

ORGANISATIONAL STRUCTURE AND PROCEDURES

108) As part of usual practice, do you believe that your service

	Not at all	Barely	Sometimes	Most of the time	All the time
a) Uses culture-specific assessments for at risk Aboriginal families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ensures the clients cultural safety by providing clear guidelines for staff so they can understand kinship differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Undertakes case reviews to monitor practice relevance for Aboriginal people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Specifically considers culture in case plans and interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Provides guidance around cultural issues that may be 'confused' with child protection risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ensures that Intake is conducted in a culturally specific / appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Use Aboriginal-specific materials to promote your service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

109) I feel culturally safe in my work with Aboriginal communities due to my organisations support

- Strongly Disagree Disagree Neutral Agree Strongly Agree

110) I am often concerned about the cultural skills of non-Aboriginal staff employed in the organisation

- Strongly Disagree Disagree Neutral Agree Strongly Agree

111) My organisation actively supports me to attend workshops that address cultural issues in service provision

- Strongly Disagree Disagree Neutral Agree Strongly Agree

112) My organisation demonstrates an active interest in the needs of Aboriginal culture by participating in or organising culturally relevant activities and programs

- Strongly Disagree Disagree Neutral Agree Strongly Agree

113) I believe that my service actively encourages staff to learn more about the local Aboriginal culture

Strongly Disagree Disagree Neutral Agree Strongly Agree

114) I believe that effective and strong community links are maintained by my service through regular scheduling of visits to these sites.

Not at all Barely Sometimes Mostly All the time

115) I believe that my service links with elders to maintain relationships with communities and inform them of current work within my service

Not at all Barely Sometimes Mostly All the time

116) My organisation provides access to cultural supervision

Not at all Barely Sometimes Mostly All the time

117) My organisation guides me around cultural mapping, kinship and local customs of Aboriginal groups to assist me in my work

Not at all Barely Sometimes Mostly All the time

118) I believe that my organisation employs enough Aboriginal staff

Strongly Disagree Disagree Neutral Agree Strongly Agree

119) I believe that my organisation proactively tries to attract Aboriginal staff into the organisation

Strongly Disagree Disagree Neutral Agree Strongly Agree

120) I am often concerned about the qualifications of Aboriginal staff employed by our organisation

Strongly Disagree Disagree Neutral Agree Strongly Agree

121) I believe that my organisation actively tries to retain Aboriginal staff

Strongly Disagree Disagree Not sure Agree Strongly Agree

122) I believe my organisation communicates the value of having Aboriginal staff

Strongly Disagree Disagree Not sure Agree Strongly Agree

123) I believe that there are many institutional barriers (e.g. restricted opportunities for job promotion) that discriminate against Aboriginal people in my organisation

Strongly Disagree Disagree Not sure Agree Strongly Agree

124) I believe that my organisation has enough Aboriginal people at management and decision-making levels

Strongly Disagree Disagree Neutral Agree Strongly Agree

125) I believe that my organisation has sufficient strategies in place to ensure the representation of Aboriginal people across all levels of the organisation (management, child protection, skilled, unskilled workforce)

Strongly Disagree Disagree Neutral Agree Strongly Agree

126) I believe Aboriginal staff are essential to more effective service delivery to Aboriginal clients and communities

Strongly Disagree Disagree Neutral Agree Strongly Agree



Attachment 5: Sample of Cultural Competency Feedback Report



CULTURAL COMPETENCY PROFILE – CHILD PROTECTION (CCP-CP)

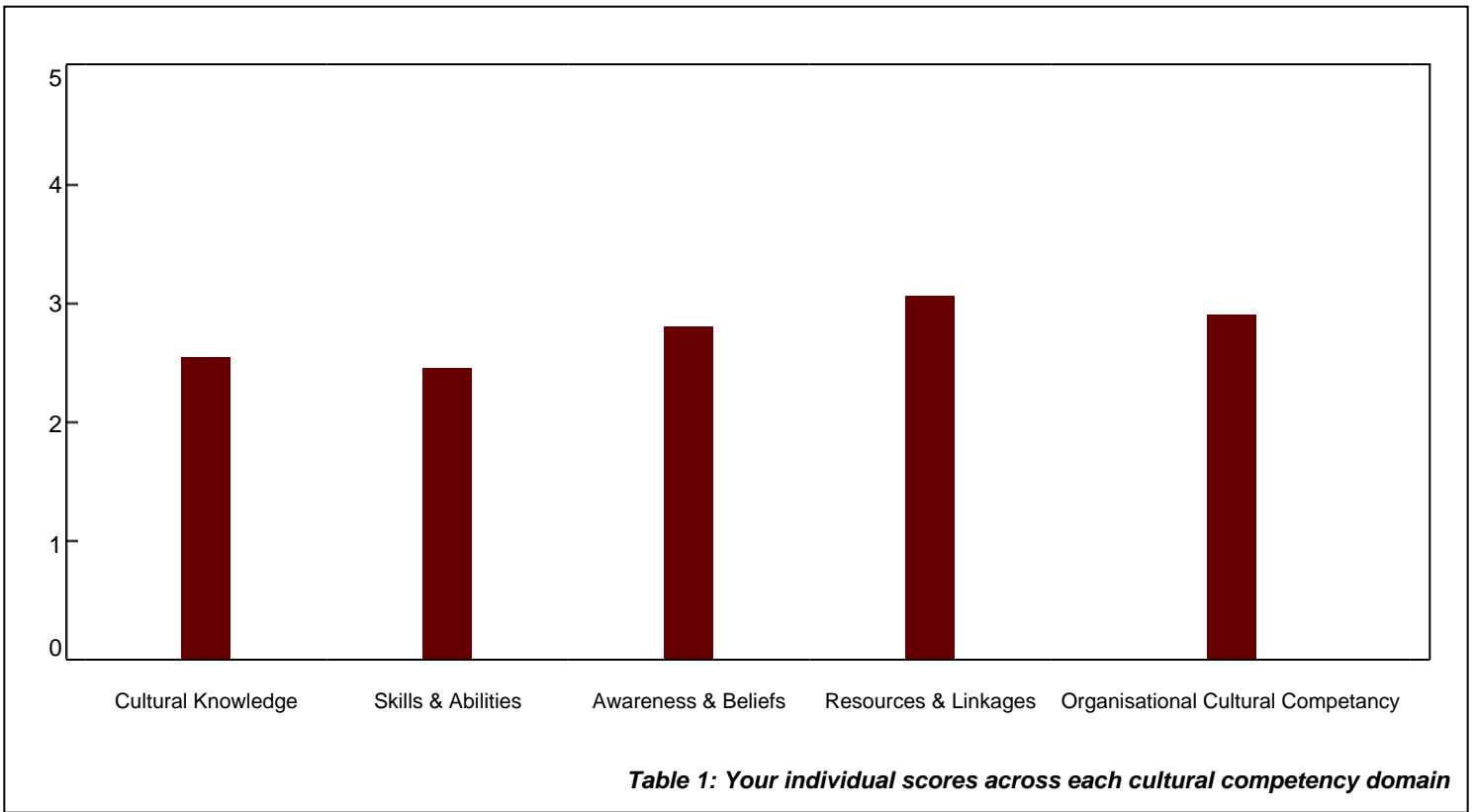
The Cultural Competence Profile – Child Protection (CCP-CP) has been developed to assist those who work specifically with Aboriginal people in the child protection context. The aim is to help individuals identify personal strengths and limitations in providing culturally-appropriate child protection services to Aboriginal people. Indigenous Psychological Services (IPS) would like to emphasise that this report is completely **confidential** and is not designed to compare results with other individuals. It is designed to facilitate and ensure ongoing "critical self-reflection" or insight to ultimately ensure skills, knowledge, attitudinal and organisational improvement. That is, the report seeks to promote a process whereby those who work with Aboriginal people are encouraged to look closely at how they interact with Aboriginal people and to think about how they might improve their ability to be culturally appropriate.

Your profile attached should be used as a cultural supervision plan to direct further learning and specifically to improve your cultural competencies. It is recommended that you undertake further CCP-CPs at later stages to determine skills increases as well as ongoing cultural supervision needs.

The graphs provided in this report are presented only to illustrate where these individual strengths and limitations exist across all areas of cultural competency in child protection. By targeting specific areas of need, it is hoped this will help you to focus your energies effectively (in a professional development capacity, for instance) on specific aspects of cultural competencies most relevant to your own day-to-day work. Gaining full cultural competency is a challenging and long-term commitment.

We appreciate your time in having completed our questionnaire and hope you find this as well as the feedback report to be useful. The attached report can be effectively used as a Cultural Supervision Plan (CSP) against which to focus skills and attitudinal improvements. The CCP-CP can be redone at any future time to compare initial or baseline skills against future improvements.

This report is divided into five sections. These sections correspond to the five areas of cultural competency as determined by Westerman (2003). These areas include; (1) Cultural Knowledge, (2) Skills and Abilities, (3) Awareness & Beliefs (4) Resources and Links and (5) Organisational Cultural Competencies. Your individual responses to each of these five domains of cultural competence will be considered in this report.



The above graph depicts your responses to the five areas (domains) cultural competence. This represents your personal profile of strengths and limitations across each of these areas as by the CCP-CP. Important to note is that this graph serves as a general guide or overview of your skills across these broad areas of cultural competency. The following report is designed to help identify specific reasons for an individual's pattern of responses. To ensure this, each of the five broad domains of cultural competency – child protection will be further divided and analysed by subdomains. This provides more specific feedback to you in relation to areas in which more focus is required for your future cultural learning and development. The subdomains of the CCP-CP are outlined at Table 2 below.

DOMAIN	SUBDOMAIN
Cultural Knowledge	Local Cultural Knowledge General Child Protection Knowledge Application of Knowledge Cultural Parenting & Child Development Knowledge
Skills & Abilities – Child Protection	Training Access Culturally Appropriate Counselling & Assessment Culturally Specific Parenting Knowledge Assessment & Intervention Engagement & Contact
Awareness & Beliefs	Cultural Empathy Emotional Stability & Flexibility Personal Identity
Resources & Linkages	Interactions & Awareness Links & Referrals
Organisational Cultural Competency	Implementation Capacity & Commitment

Table 2: The domains and subdomains of the Cultural Competency – Child Protection Profile (CCP-CP: Westerman, 2019)

Note that the domain scores have been rescaled to a score ranging from 1 to 5 inclusive. The scores correspond to levels of cultural competency across the 16 subdomains identified in Table 1. Higher scores correspond to higher levels of cultural competency with level five (5) considered to be a minimum standard for proficiency in each subdomain identified.

In referring this graph you will notice that there are two columns. The first column provides your AVERAGE score across the five domains of child protection cultural competency. The second column shows the AVERAGE score achieved by those working in the child protection field. This has so far been sampled on 350 individuals who work directly in child protection. This column is useful as it enables you to compare your results to other child protection workers in relation to average cultural competencies.

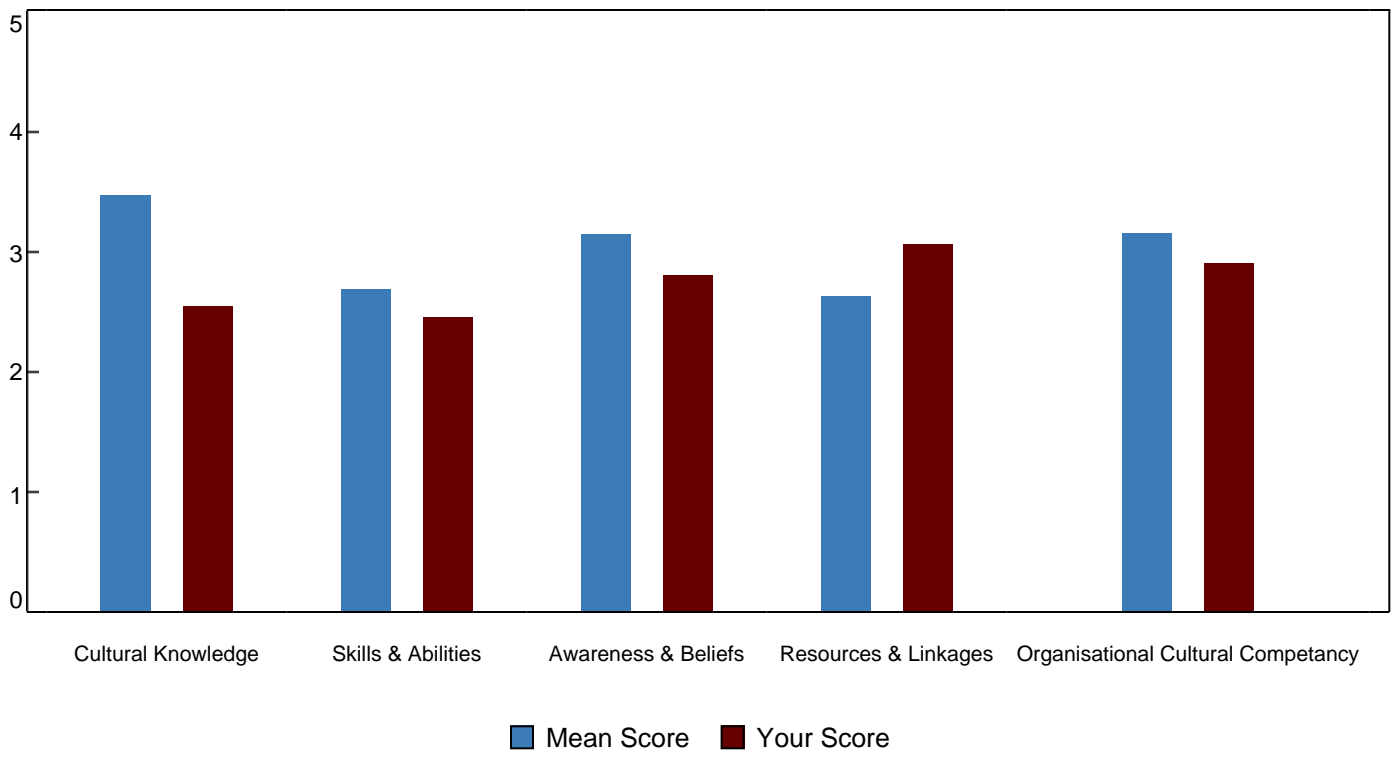


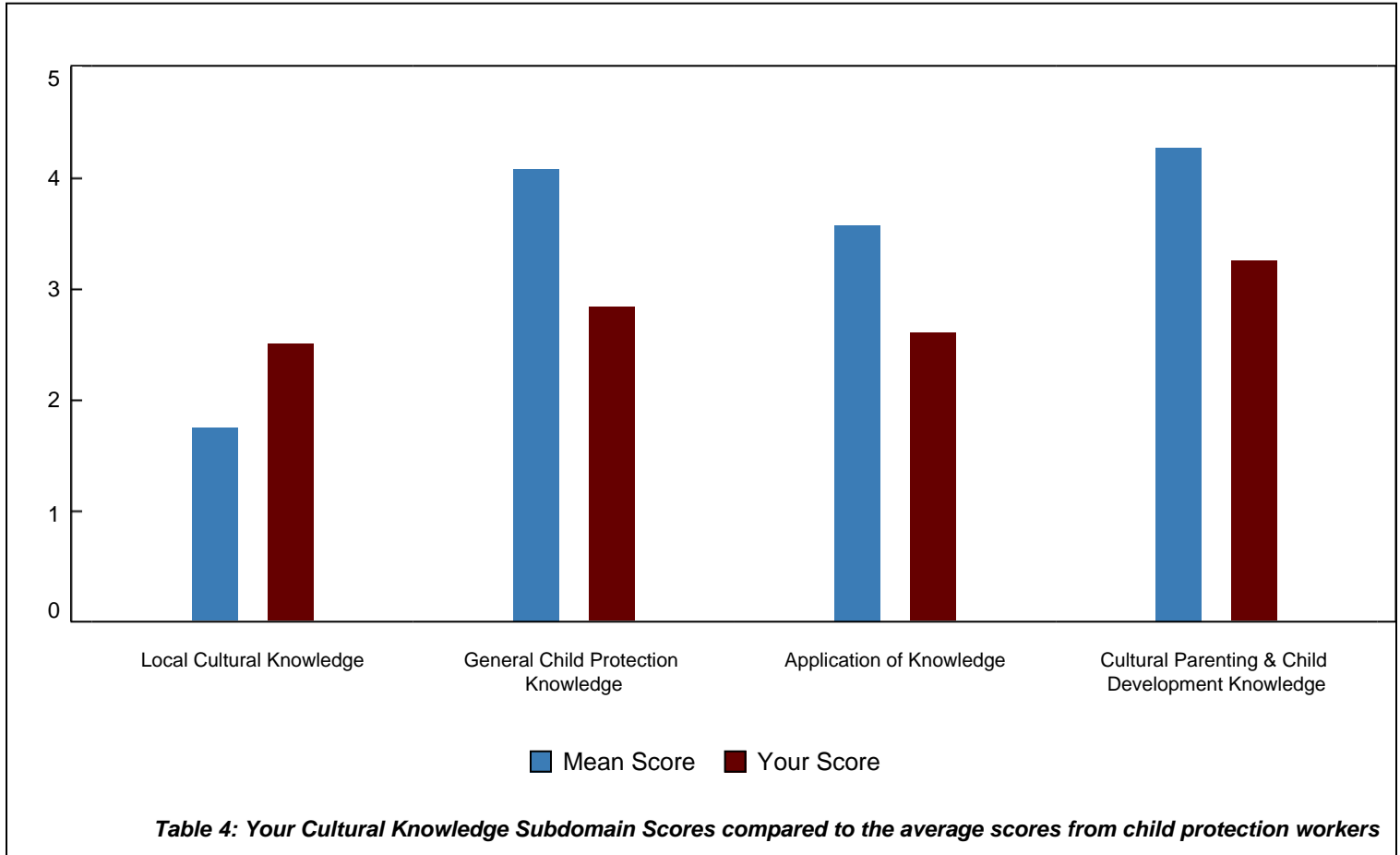
Table 3: Your scores compared to the average scores from child protection workers

CULTURAL KNOWLEDGE DOMAIN

Cultural knowledge refers to an individual's understanding of the specific cultural practices of Aboriginal people. Due to the considerable diversity within and across Aboriginal communities, proficiency in cultural knowledge necessitates that this knowledge is specific to the local communities in which the practitioner is currently working. Overall the Cultural Knowledge domain looks at how consistently (and comfortably) knowledge and awareness are applied in your day-to-day work with Aboriginal people who are in the child protection system.

The Cultural Knowledge domain has four subdomains all of which are essential to being able to work at a competent cultural level with Aboriginal people in the child protection context. These subdomains include; (1) Local Cultural Knowledge; (2) General Child Protection Knowledge; (3) Application of Knowledge; (4) Cultural Parenting & Child Development Knowledge.

Your scores on the Cultural Knowledge domain and four subdomains will now be discussed.



LOCAL CULTURAL KNOWLEDGE SUBDOMAIN

In looking at the local cultural knowledge subdomain, it is important that there is a strong awareness of local cultural issues of relevant to Aboriginal people. The diversity of Aboriginal culture means that what may be relevant for one Aboriginal group may not necessarily be relevant for another. It is essential to effective practice in child protection that there exists a clear understanding of the different cultural groups, the difference language or skin groups if this is relevant. Without this knowledge it makes working to ensure strong cultural identity and cultural attachment with Aboriginal children impossible. In addition, understanding kinship and the different way Aboriginal communities are responsible for the care of a child ensures that children grow up with a full and complete understanding of their history but also of their attachment bonds. From a child protection standpoint understanding local context to a child's development, ties to family and land are essential foundations to effective work in a child protection environment. Understanding the range of 'parents' and family who are available to a child ensures that support is provided where it is needed.

It also ensures that cultural differences around parenting and attachment are not confused for child protection risk and finally, it ensures that in instances in which children need to be placed in out of home care that all efforts have been made to ensure

that children are placed with Aboriginal family where possible and consistent with the Aboriginal Child Placement Policy and Principle.

Local cultural knowledge also gauges your understanding of specific aspects of local culture including the different dialects and languages spoken, the different groups, understanding of elders and links relationships with local groups.

Your score on the Local Cultural Knowledge subdomain indicates that your awareness of local Aboriginal culture is at the upper level of cultural competency. This would mean that you have a strong appreciation of the extreme differences within and across groups of Aboriginal people and you would also have specific knowledge of how this cultural difference impact with Aboriginal people in your local area.

Your scores suggest that you can readily describe the different local cultural practices and beliefs that exist. Your level of comfort and confidence in communicating with, and working with, Aboriginal people is likely to be high. These are the kinds of characteristics and attributes that are required of a good cultural consultant and it may be that you have already been asked by local Aboriginal people to assist in an advocacy role. Having staff that have extensive local cultural knowledge is crucial in the child protection context, with the lack of local cultural understanding having significant impacts on Aboriginal people in the child protection system. This includes, firstly, that there often exists a lack of strong networks and links for child protection workers to be able to prevent children coming into care. Second, understanding the differences in genealogy through undertaking cultural mapping of a child's kinship is often limited for many child protection workers. Third, understanding cultural differences in attachment and the need to ensure from a child protection perspective that a child's family capacity is assessed appropriately is vital. In some circumstances these cultural differences in kinship can be confused for neglect and vulnerability of a child. It is important that you can assist others to obtain a strong level of local cultural knowledge to ensure that these mistakes are limited across the child protection workforce. This may be via teaching colleagues how to undertake cultural mapping; ensuring that less competent staff attend communities and Aboriginal events with you or are able to develop and form strong community links.

Your results indicate that you are likely to have a strong level of understanding or knowledge of the different language groups and dialects spoken and you may even speak a dialect. This is a significant resource for other workers to be able to value add to their own knowledge.

GENERAL CULTURAL KNOWLEDGE SUBDOMAIN

Your scores on the items relating to General Child Protection Knowledge indicate that you are at the lower end of cultural competency in this area. This suggests that you have a limited understanding of the specific kinship, lore and kinship differences that exist in Aboriginal communities. This will greatly impact upon your ability to make sense of cultural relationships as defined by skin groups or clans and will most likely limit your ability to be able to appropriately engage with Aboriginal people at the individual and community levels. This is particularly the case if you assume that all Aboriginal people define their social, cultural, sexual, physical and spiritual relationships in a mainstream, biologically based manner. In a similar sense, if family relationships are consistent with a nuclear family approach would be incorrect. This may in the extreme result in you operating in a way that may be perceived as being culturally inappropriate, particularly if there are instances in which individuals who have avoidance relationship; as defined by skin and clan groups are not taken into consideration when organising meetings or expecting Aboriginal people to be able to communicate openly with and about each other. Skin relationships inform who Aboriginal people are able to talk to and about, as well as be close to and marry et cetera. It also influences who is able to be present during personal and private discussions between individuals and dictate avoidance relationships.

In addition, your understanding of Aboriginal child placement principles and the impact of assimilation as a policy for Aboriginal people is likely to be also at the low average level. It is essential to understand these issues better in order to ensure that Aboriginal children remain connected with kin and family and that this is an essential aspect of your decision-making process when it comes to assessing and determining risk.

Item 19

The failure to understand and appreciate the full meaning and results of assimilation as a policy that has impacted enormously on Aboriginal people indicates you may have had limited exposure to the historical treatment of Aboriginal people. The government policy of assimilation which ceased in most states by 1972 officially was, in its execution, "passive genocide" in which the specific focus of it was to "breed Aboriginality out of children" by "removing Aboriginal children from their parents and communities to be raised as whites"; - the idea being that these fairer skinned children could be "saved"; from an Aboriginal way of life.

It is essential that the focus and application of this policy is better understood as it has had a detrimental and long-term impact upon the lives of Aboriginal people. Better understanding this policy will ensure that your work with Aboriginal people remains focused upon determining its impacts at the individual client level in relation to the impacts on attachment capacity. The impacts at a whole of community level is that there is often whole of community risk that contributes to the high rates of removal of Aboriginal children in the current day.

In terms of how to address this – it is recommended firstly that you access reports into the Stolen Generations (most notably the [Bringing Them Home Report](#)) as well as by attending National Sorry Day events or by watching the short documentary [The Apology](#) to better understand why this moment was so important to many Aboriginal and Torres Strait Islander peoples. The movie “The Rabbit Proof Fence” also provides a very real depiction of this policy in action and is based upon true events.

Item 20

Your score indicates that you are not aware of the intent behind the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) and the importance of its implementation within a statutory child protection context. The Principle was developed in the 1980’s as a result of increased understanding around the forced removal of Aboriginal and Torres Strait Islander children from their families and communities, which created what is now known as the **Stolen Generations**. The Principle has five inter-related elements (prevention, partnership, placement, participation and connection) and establishes the basis for keeping Aboriginal and Torres Strait Islander children connected with and to their families and communities. Actively enacting the intent of the Principle is essential as it ensures an ongoing link between the past and the future and maintains a child’s links with their family, community and culture.

Item 21

Your answer indicates that you do not have a clear understanding of the meaning of avoidance relationships in Aboriginal communities. This is particularly essential for high levels of cultural competence and particularly in those communities who operate from traditional skin groups. The Aboriginal culture in being the most secretive culture in world operates on the basis that knowledge is ‘owned’ or ‘looked after’ by certain people. There is information that can be shared within those who have earned the respect or the right to certain information. This can either be by hierarchy (i.e. lore men, elders, healers); by gender (men and women have information that is not shared across genders which is known as ‘secret business’). This is particularly important to know in the child protection context as it impacts upon communication (who can talk to whom and about whom) and the attachment needs of the child. Bonding and cultural attachment differs markedly and specifically based upon the nature of these relationships.

To further understand avoidance relationships it is suggested that you read [Australian Aboriginal avoidance practices](#) and [Skin, Kin and Clan: The Dynamics of Social Categories in Indigenous Australia](#).

Item 22

In looking at your responses, you indicated do not understand the meaning of ‘skin groups’ as utilised in Aboriginal populations. Whilst this is essential to higher levels of cultural competence it is clear that skin groups only operate in complexity in certain regions. In these regions they can become extremely intricate. It is therefore not always possible to fully understand the application and meaning of the diverse range of skin groups. It is important that you consider firstly whether your local community (service delivery) still operates within the ‘skin group system or classification’. This can only occur via extensive engagement with local Aboriginal workers/organisations and of course communities.

Knowledge of skin groups is essential to be able to fully understand an Aboriginal child’s kinship system and network which is often more extensive and is quite different to a non-Indigenous child’s family system. It is essential that a ‘cultural map’ be undertaken of an Aboriginal family and child at the commencement of work with the child and family. A cultural map (refer to Glossary for definition) is more extensive than a standard genogram.

This ensures that children can be placed in out of home care (when this is being considered) in accordance with the Aboriginal Child Placement Principle and that, importantly parenting differences are best understood and not confused for ‘risk’ or ‘neglect’ which can often occur in instances in which standard genograms as opposed to cultural maps are undertaken.

For example, skin relationships dictate avoidance relationships as well as what information you can have access to culturally. This is the same for genders - men and women have secret or sacred things that only men or women can know about. What this means is that you can offend people culturally or at the most extreme level put them in some danger culturally by placing them in a position where they are forced to listen, talk about, or engage in conversations that they know they are not allowed (culturally) to be involved in.

Learn more about skin groups via these important resources.

- [Australian Aboriginal Avoidance Practices](#)
- [Skin, Kin and Clan: The Dynamics of Social Categories in Indigenous Australia](#)

Item 23

Your responses indicate that you do not have awareness that "lore time" is a rite of passage involving Aboriginal young men. However, it is possible that this may be due to this process of lore time not occurring as extensively in your region as it does in other regions. Regardless, it is still a reasonably common practice throughout Australia and still occurs in most states and regions to differing degrees. It is essential that you are able to explore whether it exists and importantly whether your clients/families feel that this is an important process for their sons to go through. This can be challenging given the secret nature of the culture and particularly of the specific rituals and processes whereby young Aboriginal men will become initiated into the Aboriginal culture through 'lore time'. What is known is that general discussion "do you want to go through lore?" – "is lore important to your son/family" are fine and this is where most discussion should cease. However, beyond this, is where most discussion should cease. The detail of lore time and ceremony and particularly what is involved in this is not for open discussion for non-initiated individuals. It is essential therefore that to ensure cultural security that you engage an Aboriginal Cultural Advisor within your organisation to ensure that you meet the essential needs of cultural mapping (in determining whether lore is a custom and if it is something your client and community find to be important) but do so in a way that is culturally secure.

It is very important that you devote some time and energy into finding this out, particularly given the implications of how you would communicate with an Aboriginal young man who has been through ceremony or traditional lore. Young men who are initiated or been 'through lore' will be treated as adults regardless of their age. A fantastic resource to further your knowledge of these issues is the movie "Yolngu Boy" produced in the Northern Territory.

Item 24

You have a lack of awareness of the reasons for the secretiveness of the Aboriginal culture. You would not be aware that there are different levels of power within Aboriginal communities and that information is only accessible based on whether you have this level of power. Often this is due to gender (men's and women's business) as well as hierarchy - i.e. elders have access to certain information as do initiated men compared to non-initiated men. Not having this knowledge means that you do not appreciate that you cannot force Aboriginal people to provide information to you, particularly of a cultural nature. This is since there is information that is sacred and therefore not openly shared. This makes sure that the culture survives. It is of note that it is also the oldest culture in the world and many people put this down to the secret aspects of the culture.

Item 25

Your response indicates that you do not fully understand the concept of 'sorry time' in Aboriginal communities. Sorry time is a term often used in exchange for funerals (often referred to as 'funeral time') in Aboriginal communities. However, sorry time has very important cultural status and importance for Aboriginal people to ensure that grief is able to be fully expressed for the deceased. Importantly, many cultural protocols and rituals must occur in order to ensure that the spirit of the deceased is laid to rest culturally. Should these protocols not be enacted it is likely that grief will remain unresolved and this often results in pathological grief. This can occur in the form of troubling spiritual visits or other (Westerman, 2003). Roe (2000) also refers to the need for grieving to ensure that the deceased becomes 'reborn in an infant form'. This means that effectively the Aboriginal beliefs around death are that individuals are not lost to us forever, IF certain grief practices undertaken or at times commenced, during sorry time are enacted.

You should also be aware that Aboriginal people have significant cultural obligations to attend funerals and that this is tied in with the belief system. What this means is that Aboriginal people believe that a person's spiritual wellbeing is tied to the land they are from (known as an Aboriginal person's country). This means that upon death, the deceased person's spirit returns to country. If key people are not at the funeral then the deceased person's spirit will not be guided to where it should go.

There are many rituals that often occur that can differ from one community to the next and this is important to understand the respect. Some examples are the cutting of the hair of the deceased and cutting as an expression of grief otherwise known as 'sorry cutting'. These rituals are essential and specific to certain regions and tribes and should be respected as part of the mourning process. These types of behaviours occur as a method of resolving grief and expressing pain for the person who has passed away and is an essential part of the grief process. If you are unaware of why this is done, or importantly, who would have a role to do this during sorry time or grieving time it is important that you dedicate some energy to focusing on these issues.

A good resource to access is "Grieving Aboriginal Way" which can be viewed

[here](#)

APPLICATION OF KNOWLEDGE SUBDOMAIN

The Application of Knowledge subdomain of the Cultural Knowledge domain explores several areas of your day to day work with Aboriginal families. Generally, it explores the extent to which you use or apply the cultural knowledge that you have to your day-to-day work with Aboriginal people. The more you apply this work the greater the likelihood of cultural competence and importantly, that the community will also 'vouch' for you as being culturally competent.

Your responses on the Application of Cultural Knowledge subdomain indicates that you are in the lower range of cultural competency in this area. This means that you are likely to have had limited experience in working in Aboriginal communities and applying models of consultation in those communities in which you have worked have had limited impact. This decreases the likelihood of being you being able to work effectively across different Aboriginal groups, across genders and particularly understand the world view of your Aboriginal clients.

The Use of Cultural Consultants

Your responses indicated that you never or rarely engage an Aboriginal person to act as a cultural consultant when important visits or meetings are conducted with Aboriginal people. This is of great concern particularly if you are operating from a different cultural perspective from your client and the possibility of culturally unsafe practice can increase. It is worth considering what barriers exist for you in using a cultural consultant model. For example, having access to people who can be utilised as cultural consultants may be an issue, or it may be that you do not see any need to use cultural consultants. If it is the latter, this suggests that you may not have a full appreciation of the complexity and particularly the secrecy that is involved in many parts of the Aboriginal culture and therefore why cultural consultants are necessary. Cultural consultants ensure that you are aware of any taboo subjects and that you are protected from making errors that can reflect badly on yourself and others. Whilst it might be likely that you appreciate the need to engage cultural consultants, you may not be aware of some of the ways in which this model can be used most effectively. For example, a cultural consultant should always be 'vouched for' by the community as being of credible standing.

In almost all instances, the client must also nominate the cultural consultant (in one on one situations) to ensure that there are no cultural issues (e.g. avoidance relationships) that will impact on the cultural consultant's role. Cultural consultants are an important part of getting things right.

A good article to read on the use of cultural consultants is [Engaging Australian Aboriginal Youth in Mental Health Services](#).

Protocols to Engage and Perform Cultural Mapping

Finally, you said you had some clear protocols available to guide you when making visits or organising meetings with local Aboriginal people and communities. You would be aware that there is a specific process or structure to organising meetings with communities but are most likely not aware of the fact that due to the hierarchical nature of Aboriginal culture, certain people hold more 'power' than others. This means that there would be a very specific way (process) in which consultation and visits are most effective with Aboriginal people. The first step is always to get permission from key elders to work in the community. This often involves sitting with elders and allowing them to get a sense of who you are and what you are about. Once you have been 'checked out' by the elders you then ask for permission to work in the community. It is also the case that you need to let communities know prior to coming out to the community; have a culturally vouched for, cultural consultant to introduce you, and finally, make sure that nothing is going on at the community of a cultural nature during your visit (e.g sorry time; lore time and other ceremonies). Community protocols are essential because they help guide you in determining what is the best course of action when faced with difficult and unexpected situations. Ideally, appropriate protocols should be defined and mandated at the organisational level. Unfortunately, this is yet to become a common occurrence. As such, culturally-appropriate protocols are usually determined via negotiation with cultural guides and consultants - emphasising again the important role these cultural experts play in the process of providing culturally-appropriate service delivery. It should also be said that protocols are also influenced by your own level of cultural knowledge.

To ensure this, it is highly recommended that you undertake a form of community engagement training to ensure that these issues are addressed to ensure a more effective and consistent engagement strategy with Aboriginal communities. In addition, it is strongly advised that you ensure that you utilise Aboriginal colleagues as consultants in your work in Aboriginal communities so that you better understanding the cultural connections, kinships with the communities in which you work.

A good article to read on the use of cultural consultants is [Engaging Australian Aboriginal Youth in Mental Health Services](#).

Your score indicates that you would be very effective at undertaking cultural mapping of a child's kinship. It is likely that you approach this in a very clear and set manner and one which has been consistently effective. It is likely that you have a formal (or even self developed) model to undertake cultural mapping of a child and their kinship network.

Item 30

Based upon your responses, it is highly likely that Aboriginal elders, community members will 'vouch' for your work to others. It would likely be the case that you have a strong 'cultural reputation' and can then in turn 'vouch' for others. It is strongly advised that you utilise these skills to educate others in your workplace about the need for cultural consultants and the use of these important people and resources in practice. It is clear that vouching for work colleagues enables them to develop better skills, increases service uptake by Aboriginal clients and also ensure that exposure to Aboriginal culture is consistently more positive in its outcome.

CULTURAL PARENTING AND CHILD DEVELOPMENT KNOWLEDGE SUBDOMAIN

Your scores on the Cultural Parenting and Child Development Knowledge subdomain indicates that you have an above average knowledge base of the current health status of Aboriginal people and the strong relationship that culture has with this wellbeing. This is excellent and sets you apart from most people in the general population. What this means is that you are likely to have an excellent knowledge base which enables you to engage at an informed level with Aboriginal people and communities. You are also likely to be able to be a strong advocate for people due to the extent of knowledge that you have. It is also likely that Aboriginal people see you as someone that they can trust with cultural information. Within that, it is also highly likely that you respect that trust by not sharing cultural information randomly or just with anyone, without first making sure that they are respectful enough of the culture that they will not abuse that trust. You are aware that an important part of debunking stereotypes that might exist in the general community is to be armed with accurate knowledge. Knowing that Aboriginal people have strong cultural ties to their land for example, will assist you in knowing about these cultural obligations to attend funerals and to advocate for people in accordance with skin relationships and other obligations that may be operating. With the current knowledge that you have it is highly likely that you will probably feel quite comfortable approaching Aboriginal people and in going out to an Aboriginal community as a representative of your organisation. You see yourself as someone who wants to constantly learn more however and understand that learning about culture never stops. You are likely to take any opportunity to learn from elders and key cultural people as well as attend cultural trainings and be in communities constantly learning. Your individual responses to the items on the Health and Wellbeing Subdomain will now be looked at in turn.

Item 31: Social and Emotional Wellbeing

You do not appear to understand the concept of social and emotional wellbeing and how this relates to mental health. According to the National Aboriginal Health Strategy, health is defined as not just the physical wellbeing of a person but the social, emotional and cultural wellbeing of the whole community. This whole of life view provides the foundation for the term social and emotional wellbeing which refers to the ability of individuals or communities to develop, live in harmony with others and the environment, and to effect change. Today many health services in Australia use the phrase social and emotional wellbeing when they refer to mental health in Indigenous communities as it reflects the holistic philosophy Indigenous people have towards (or about) health: [Australian Indigenous HealthInfoNet - Social and Emotional Wellbeing](#)

Item 32: Aboriginal Parenting Styles Differ

Your response indicates that you do not have an awareness of the differences between Aboriginal and non-Aboriginal people in relation to parenting style differences. This understanding is critical for your role in child protection as difference is often seen as child protection risk. For example, having many 'kin' responsible for raising and caring for a child can often be misinterpreted as 'neglect' as it runs contrary to the westernised concept of mum and dad often being the only and primary care takers.

It may be that you have a broad understanding that there are differences, but not really understand 'what' these differences are.

It is also the case that this can be missed if a cultural map of kinship ties is not undertaken. Importantly, however, it results in the attachment needs of Aboriginal children can differ markedly and this is essential for the ongoing treatment, support and intervention needs of Aboriginal children at risk. It is essential that you understand this better. An article that provides a good overview of these differences is [Psychological Assessment and Intervention of Aboriginal People](#).

Item 33: The Stolen Generations

Your response indicates that you have an awareness of the 'stolen generations' and what is meant by this term. It is the case that between 1910-1970, many Indigenous children were forcibly removed from their families as a result of various government policies. The generations of children removed under these policies became known as the Stolen Generations. Many who work in child protection work in the organisations who were responsible for the forcible removal of Aboriginal children from their families. The removal of a child from their parent increases the likelihood of intergenerational trauma, of trauma being passed down through generations. The over-representation of Aboriginal children in child protection is a direct consequence of these removal policies and your understanding of this increases the likelihood that you will be able to better engage, empathise, assess and provide appropriate intervention and treatments to Aboriginal clients appropriately and with cultural respect.

If you wish to further enhance your understanding of the Stolen Generations, it is recommended that you access reports into the Stolen Generations (most notably the [Bringing Them Home Report](#)) as well as by attending National Sorry Day events or by watching the short documentary [The Apology](#) to better understand why this moment was so important to many Aboriginal and Torres Strait Islander peoples. The movie "The Rabbit Proof Fence" also provides a very real depiction of this policy in action and is based upon true events.

Item 34: Black Identity Formation

Your response indicates that you do not understand the concept of Black Identity Formation as it pertains to Aboriginal people. In a general sense, it describes the process of 'making sense' of being part of a marginalised group and the different stages that occur for those people of 'black' backgrounds encounter and must ultimately work through in order to develop a strong, robust sense of cultural identity. Knowledge of this is essential in your work with Aboriginal people as often clients who struggle with cultural identity end up in systems such as child protection. An important aspect of work with these clients is to ensure that cultural identity development is understood and treatment and intervention directed in a way that assists with this journey to cultural strength and robustness. The model is referred to as 'black identity formation' due to its relevance for all people of 'black' backgrounds, including Aboriginal Australians. The original theory or model came from William Cross who first spoke of African American populations and the impacts of being marginalised. This first work in 1971 was known as the Negro-to-Black Conversion Experience. Cross relates the transition of the Black identity through a five-stage theory of acquisition of Black identification. He called this theory Nigrescence, which is translated as: "the process of becoming Black." The five stages progress as follows:

1. Pre-encounter
2. Encounter
3. Immersion/Emersion
4. Internalization
5. Internalization-Commitment

This model has been adapted by Westerman (2013) for Aboriginal Australian populations and describes four rather than five phases. It places particular focus on the impacts of the stolen generations on identity formation as well as the science of racism and how this impacts on development. It is imperative to your work with Aboriginal people that you understand this concept and consider how you can incorporate this within your work with Aboriginal clients.

Item 35: Culture Stress

Your response indicates that you do not have an understanding of the meaning of Culture stress for Aboriginal people. Knowledge of culture stress is vital to understand in your work with Aboriginal clients. Culture stress refers to the impacts of being part of a marginalised group and having to manage these differences every day. For those Aboriginal people who manage these differences well, they have lower levels of culture stress and better outcomes generally. Often, like any form of stress, there are a set of stress behaviours that occur with contact with mainstream environments (when this is not managed well), such as lowered mental health status (acculturation stress syndrome – i.e. confusion, anxiety and depression) feelings of marginality and alienation, heightened psychosomatic symptom level, and identify confusion (Westermeyer, 1989).

It involves a reduction in health status. Klonoff, Landrine & Ulmaine (1999) found that racist events accounted for 15% of the variance in psychological symptoms of African Americans and a third of the depression and over half of the chronic stress experienced by Aboriginal people (Priest & Paradies, 2010). It has a strong relationship with depression, anxiety and particularly PTSD (Klonoff, Landrine & Ulmaine, 1999; Westerman, 2003).

Westerman (2003) developed an Acculturative Stress Scale for Aboriginal Australians to enable practitioners to gauge the level of stress experienced by the individual that could be related to feelings of marginalisation, oppression. This is a useful paradigm and tool to ensure that culture stress is better understood and more readily addressed in your work with Aboriginal

clients.

Item 36: Cultural Attachment

Your response indicates that you do not understand 'cultural attachment' as a concept for Aboriginal people and the differences in attachment between Aboriginal and non-Aboriginal people. Whilst this is an emerging field, it is based upon the reality that Aboriginal people have different parenting styles, a range of kinship ties who have different types of responsibility to raise children and ultimately this result a different attachment style and attachment needs of children and capacities for carers. Unfortunately, current attachment theory is mostly untested with Aboriginal people (or indigenous people generally) and so it is often the case that Aboriginal clients can not only be assessed in accordance with mainstream attachment theory, based upon Bowlby (1954) & Ainsworth (1971). Crittendon's current work has attempted to provide attachment classifications that are more 'culture fair' however, there is yet to be an established cultural attachment classification.

The best approach is to read [*Psychological Assessment and Intervention of Aboriginal People*](#) by Westerman (2018) and [*Trauma and Attachment in Aboriginal Populations*](#) by Kearins (1981).

Item 37: Cultural Mapping

Your response indicates that you do not have an understanding of the concept of cultural mapping and the need for this to be undertaken with Aboriginal clients. This is an essential starting point to be able to engage in accordance to kinship, parenting, attachment and cultural differences and as such you need to familiarise yourself with the concept of cultural mapping and how this differs from undertaking a standard genogram for example. It also ensures that you have a comprehensive cultural map of the client from the outset of your work with them and their families. There are many differences in relation to kinship ties, beliefs, skin and avoidance relationships and basic worldview that a strong cultural map can identify and avoid problems with a lack of therapeutic focus on cultural connection and ensuring that Aboriginal children are placed, assessed and provided with treatments specific to their cultural needs.

You need to ensure that you have either a formal method of undertaking cultural mapping which is to be congratulated. Westerman (2003) has developed an Acculturation Scale for Aboriginal Australians which enables a comprehensive cultural map to be undertaken.

Item 38: The Dreaming

You have indicated that you understand what 'the dreaming' means as it relates to Aboriginal people. What is unknown is whether you have an awareness of the 'dreaming' of local Aboriginal people. If you do not, it would be worth focusing some energy on learning the stories of the dreaming and how people make sense of this in terms of their cultural origins and ties to the land.

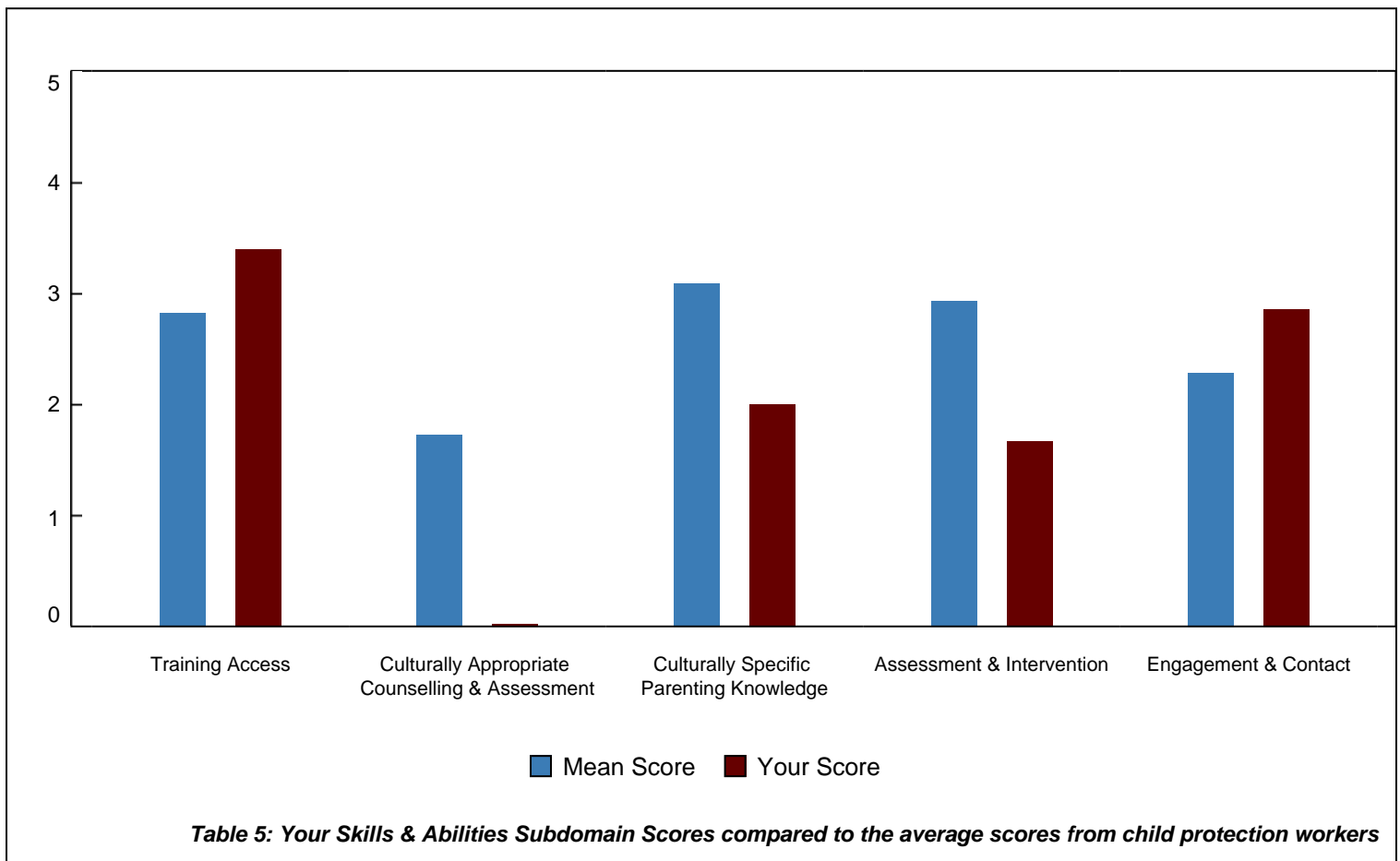
Item 39: Longing for Country

Based on your responses you appear to understand the concept of longing for country. This means that you are aware of the strong meaning of country for Aboriginal people and that there is no distinction made between oneself and the land. Aboriginal people view the land as part of them, not separate. The land in which an Aboriginal person is born, houses their spirit and is tied in with wellness and unwellness. When people are removed from land for a period it is common for a longing for country to occur which can often look like a state of depression. This can explain why Aboriginal people who are away from their land for periods of time (for work, hospital stays, schooling) can become so overwhelmed by the removal from land that they return without notice. It is important to be able to appreciate this as a reality for Aboriginal people.

SKILLS DOMAIN

The Skills domain looks at three major skill areas including; (1) Training Access; (2) Culturally Appropriate Counselling & Assessment; (3) Culturally Specific Parenting Knowledge; (4) Assessment & Intervention and (5) Engagement & Contact. Having skills in each of these areas has been shown to be vital to be able to work at a culturally competent level with Aboriginal people in the child protection environment. This aspect of the CCP-CP required that you demonstrate that you have skills in each of these areas. The first area, which is Training Access looks at whether you see training as an ongoing and important need and how much energy you put into further education and skills development. This can be through formal training, accessing cultural supervision or simply being interested in Aboriginal culture through being in communities or talking with Aboriginal people about their culture.

The second area that will be looked at is Culturally Appropriate Counselling and Assessment Skills. As it sounds this looks at your ability to adjust your mainstream counselling skills and understanding of parenting differences when working with Aboriginal clients. It looks at the extent to which you can use culturally appropriate skills in counselling with Aboriginal clients. This area requires that you have an understanding that Aboriginal people have different learning styles and therefore if communication is to be effective, you need to be aware of the differences and be able to use skills that allow for these differences. Further, you were assessed for your understanding of the need to appraise parenting in a different and very specific way with Aboriginal clients. The final two dimensions were your ability and capacity to provide culturally specific and appropriate assessment and intervention and finally, your ability to engage and extent of contact with Aboriginal clients. Your responses on each of the subdomains of the Skills Domain will now be explored.



TRAINING AND SUPPORT/ACCESS SUBDOMAIN

Your responses indicate that you have an above average level of training and ongoing access to training in working effectively with Aboriginal people. You will likely have great respect for the idea that cultural learning is life long and never ending. You would also likely see that training is beyond simply undertaking formal training or professional development or other activities. Your scores on the questions relating to seeking out cultural training by discussing cultural issues with Aboriginal people or the community indicates that there is great respect for this notion of constant learning.

It is likely that others seek you out for assistance in accessing cultural knowledge and for opportunities to learn. It is important that you provide this where you are able to given the consistent low levels of access to culturally specific training and the obvious need for this.

COMMUNICATION SKILLS SUBDOMAIN

Your scores on the Aboriginal specific communication skills indicate that you are in the lower level of cultural competency in this area. This means that you are likely to have a limited knowledge of how to apply and adapt mainstream communication and counselling skills in a way that is effective with Aboriginal people. Related to this will be the lack of clarity regarding how to apply an effective and consistent communication and teaching framework with Aboriginal people, particularly when trying to make sense of how best to depart from your own cultural communication style comfort zone. For instance, using direct questions and expecting a direct-answers response as a primary communication must be used very rarely due to the tendency for Aboriginal people to agree with questions that force them into a response or that are negatively phrased (Eades, 2003). The use of a narrative or story telling style of questioning is much more effective. For example, "you know how to do that job don't you?" is a direct-question requiring a direct answer. Often Aboriginal people will just agree ("Yes Syndrome") as opposed to genuinely agreeing with your statement. This is called gratuitous concurrence (Eades, 2003). It is much better to ask the same question in a way that requires a story being told in response - such as "That job I asked you to do, tell me how you went with that". As you can see with this style, the person must respond by telling you a story or a yarn.

Additional factors such as sustained eye contact need to be used cautiously due to cultural issues such as the power that certain people such as elders, healers, lore men hold meaning that direct eye contact be disrespectful. Eye contact also often plays into the view that Aboriginal people feel put on the spot for a response which can also be perceived as shame and often an incorrect answer can be given purely to get the spot-light off them. The lack of information about these communication style differences may be a key reason as to why you have responded to these questions in the way you have. The good news is that there are a wide range of resources that you can access depending upon your needs. For communication style differences, you can download a range of information, however, Diane Eades' work on the role of Aboriginal English in leading to miscommunication between Aboriginal and non-Aboriginal people is perhaps the best one-stop resource to understand these differences ([Aboriginal English - Diane Eades](#)).

Additionally, there is a useful resource for anyone involved in training, teaching, supervising and anything interactive with Aboriginal people which helps to make sense of learning style differences. These include the "Deadly Ways to Learn" and "Deadly Ways to Teach" packages developed by the Western Australian Education Department as well as anything written by Judith Kearins (1981) or Harris & Harris (1971) with regard to differences in learning styles and therefore skills that Aboriginal people develop. These are important to understand, given that Aboriginal people learn in a different way. These resources will provide most of the starting information that you need. It is also vital that opportunities to test out basic communication and learning style differences with a range of Aboriginal people is taken as much as possible. This is the only realistic way that a level of comfort, confidence and cultural competency in this vital area can truly be realised. Due to the relatively low score that you have attained, you must also reflect on whether this is due to fact that you may not necessarily see the need to adapt or shift communication and teaching strategies to meet the needs of Aboriginal people. Should this be the case, it is again vital that exposure and testing out of new techniques occurs to create this important ideological shift.

CULTURALLY SPECIFIC PARENTING KNOWLEDGE SUBDOMAIN

Your scores on the Culturally Specific Parenting Knowledge subdomain indicates that you are in the lower level of cultural competency in this area. This means that you are likely to have a limited knowledge of the differences between mainstream (non-Indigenous) and Indigenous parenting styles. Given that the role of child protection is in ensuring the safety and protection of children specific to parenting skills and capacity this is an urgent area for skills development.

For professionals who provide programs (e.g., counselling, family support, parent education, childcare) for families with children from many cultures and contexts and promote care-giving practices that encourage positive parent-infant relationships there is a need to understand different cultural views of parenting and attachment. In addition, if parenting practices are only understood from one cultural viewpoint there is a risk of under-serving populations that have different cultural backgrounds over-identifying parents as having poor attachment relationships with their children and/or castigating them for their cultural beliefs and practices (Yeo, 2003). This has certainly been the case in Australia with policies of assimilation specifically focusing on parenting of Aboriginal children and removing them specifically for these parenting differences and creating the stolen generations of Aboriginal people. These impacts continue until this day. It has also created a situation in which Aboriginal

children currently constitute 35% of children living in out of home care in Australia which is almost 10 times the rate of non-Indigenous children. In Western Australia it is far worse with 53% of Aboriginal kids in foster care.

When considering the attachment needs of Aboriginal and Torres Strait Islander children and their caregivers, it is important to look beyond the dyadic model of attachment and consider the broader importance of multiple attachment relationships for children, and the significant importance of extended family and kinship networks for children. Therefore, it is important to be aware of cultural values and ideals regarding parenting when considering if a child's attachment experience has been compromised.

Amongst Indigenous groups generally, there are a common system of relationships that exist and which are specific to the attachment needs of the child. It is often then the case that the child is taught to organise a whole range of attachment figures specific to emotional needs and this is consistently reinforced throughout the life of the child via the kinship structures. The commonality amongst Indigenous groups lies in the importance of the extended family and the unity of the relationship to the land and to kin. Children are taught independence from a young age; hierarchies are established early and children learn that the group is more important than the self.

Two essential articles to read which will provide a starting point to this necessary understanding can be downloaded here.

- [Psychological Assessment of Aboriginal People](#)
- [Trauma and Attachment in Australian Populations](#)

ASSESSMENT AND INTERVENTION SKILLS SUBDOMAIN

Your score on the Assessment and Intervention subdomain indicates that you are in the lower level of cultural competency in this area. This means that you would struggle considerably to understand how best to provide culturally appropriate and informed assessments of Aboriginal clients. Alternatively, your response may also mean that you do not have contact with a lot of Aboriginal clients and so your assessments and interventions would be predominately mainstream. It can also mean that your department does not fully support your desire to work in a more culturally informed manner. Regardless, of the reasons for this low score you would struggle to assess from a culturally informed perspective with Aboriginal clients and provide culturally specific counselling, and interventions. The first focus should be on understanding more about the concept of cultural identity and what the importance of this as a construct when working with Aboriginal people. This is particularly important given that you are working with Aboriginal clients at risk. A good article to commence with is able to be viewed here. This discusses the concept of 'black identity formation' and a model which informs you of the struggles to achieve a strong sense of identity. It is possible to use this as a foundation to understand the clients world view but also understand that black identity formation can progress through developmental phases that can be assessed and 'treated' as part of treatment planning with your client. A good article that describes this more fully is [Trauma and Attachment in Aboriginal Populations](#).

You will have had limited, or no exposure to traditional treatments or therapies, or Aboriginal culture in general. Literature regarding the appropriateness and effectiveness of traditional treatments, such as bush medicines, the use of traditional healers or the role of elders is an essential focus of future learning. It is recommended that you refer to the website [Ngangkari – Traditional Healers](#) for good information on traditional healers to assist with this ongoing learning. Additionally, understanding of how to adapt mainstream counselling and therapeutic interventions in ways that are meaningful for Aboriginal clients should also be a focus.

In practical terms your scores indicate that your ability to be able to enter productive discussions with Aboriginal clients and to find a common perspective to be able to work from is very limited. It is likely that you will have limited or no understanding of what cultural factors that ensure the foundation of differences in assessment of Aboriginal clients who are at risk and particularly in understanding cultural mapping, kinship and cultural differences in attachment and parenting.

ENGAGEMENT AND CONTACT SUBDOMAIN

Your score on the Engagement & Contact Skills subdomain indicates that you are in the lower level of cultural competency in this area. This means that you are most likely to struggle to engage Aboriginal people effectively in general discussion and not have any real direction in terms of starting and sustaining effective conversation. You will also have limited understanding of the cultural differences in communication and cultural factors (such as gender and hierarchy) that need to be taken into account to effectively engage with Aboriginal clients.

Your score may be the result of not having a sufficient level of exposure to Aboriginal clients and therefore not being able to appreciate and experience these differences. Alternatively this may be due to a lack of desire, or ability to see differences in behaviours as being the result of cultural issues. Engagement of Aboriginal people in mental health services has long been associated with many of the ongoing problems associated with negative health outcomes that we continue to see. For instance there is strong evidence that there is a good relationship with engagement in services, employment, and education in particular to better outcomes in all aspects of life (health, mental health etc). The skills that you have indicate that learning effective engagement strategies needs to be an area of focus. Without effective engagement skills, your ability to be effective at a cultural level will be limited.

As your scores also indicate that you have a low level of contact with Aboriginal people it is highly unlikely that you are going to have opportunities to improve your competency in working with Aboriginal people. Therefore an important question you may ask yourself (in relation to the low scoring response) is whether this is a personal desire to be proactive about establishing and maintaining good lines of communication and links within the Aboriginal community. The development of cultural competence involves exposure to Aboriginal people as this is the only way that you are able to test out certain strategies and importantly, develop a level of confidence and comfortableness with the culture. This can only come through exposure to the culture.

The preference is that you aim to increase the number of Aboriginal people who you are currently exposed to both personally and through your work environment and gauge the level of comfort that you feel talking with Aboriginal people or being on Aboriginal communities as these links are developed. Generally the more direct exposure you have to the Aboriginal culture, the greater the likelihood that any reservations, fear of doing or saying the wrong thing etc., will decrease.

A good gauge is also how the Aboriginal community respond to your presence. For example - are you invited to key cultural events and activities or invited to the community at all. The more the relationship is two way the greater the likelihood that your competence will increase over time. Forging strong links in the community takes considerable time so don't expect this to happen immediately. The obstacles are often many and varied. There are two aspects worth considering in attempting to identify where the main obstacles lie; the personal and the organisational. By personal aspects we refer to a range of related factors including the degree of motivation one must engage with Aboriginal people and the culture. The organisational aspects are related to a personal desire to work effectively with Aboriginal people within a structure created by the agency you work with.

So, in sum, strategies to improve this area include; (1) observe Aboriginal people (colleagues etc.) in how they introduce each other as cultural introductions ("who are your mob?"); (2) make slow attempts to discussion cultural background/identity with Aboriginal people to build confidence in this area; (3) request more Aboriginal clients to gain confidence in applying these skills; (4) Articles that will assist can be downloaded here.

- [*Engaging Australian Aboriginal Youth in Mental Health Services*](#)
- [*Trauma and Attachment in Australian Populations*](#)

AWARENESS AND BELIEFS DOMAIN

The Awareness and Beliefs domain is made up of THREE subdomains which are arguably the most crucial components of cultural competence. These include (1) Cultural Empathy; (2) Flexibility & Emotional Stability; and (3) Personal Identity.

Before looking more specifically at the interpretation of your results on each of these subdomains we will consider your overall 'score' on the Awareness and Beliefs domain and what this means broadly in your work with Aboriginal people. Cultural Competence has been seen by Cross et al (1989) as a journey through 6 stages or level. Westerman (2002) since adapted this for the Aboriginal Australian context and specific to the health/mental health workforce. These five levels include the following:

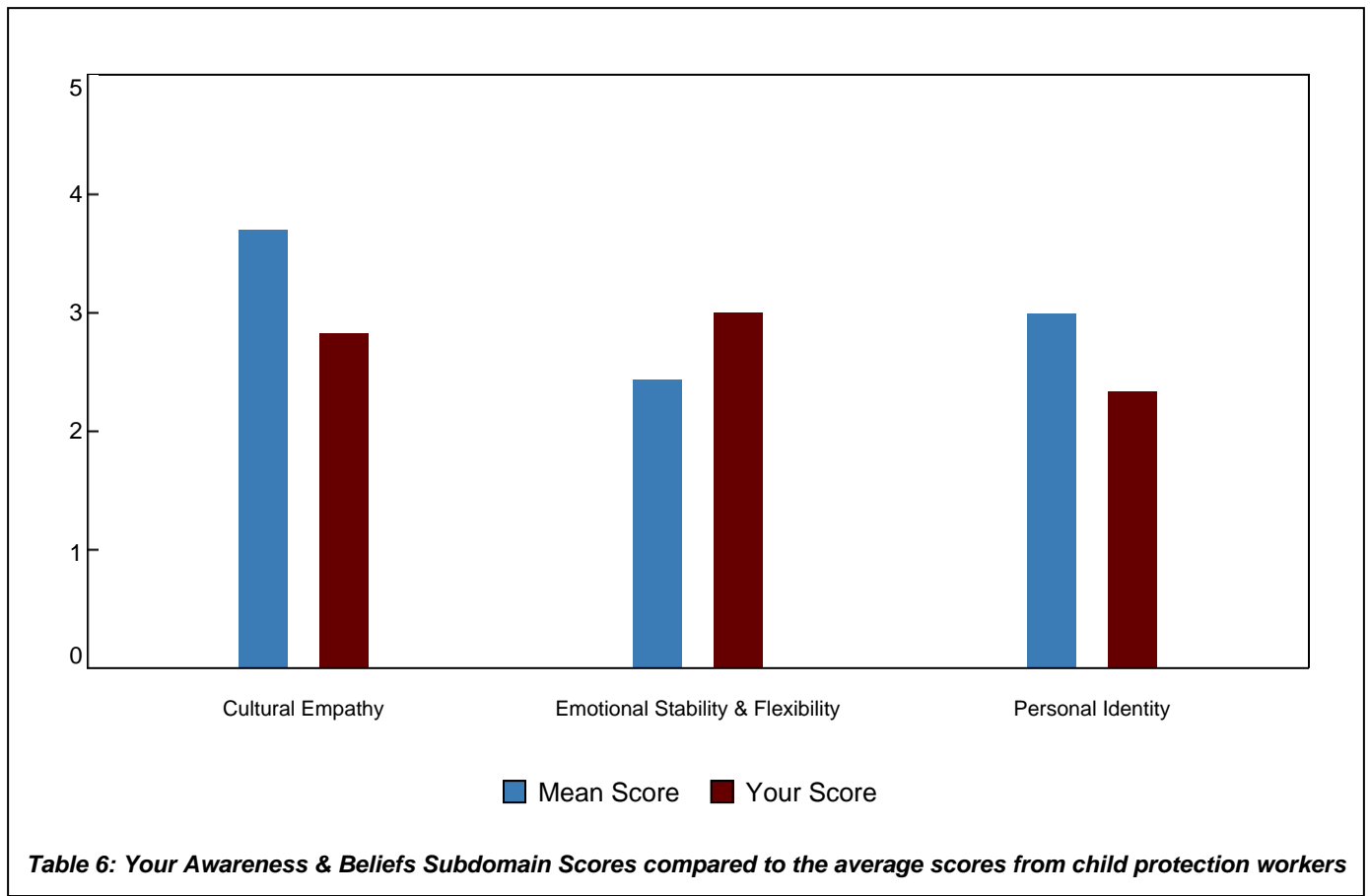
(1) cultural aversion which are those who have very engrained feelings of negativity towards Aboriginal people and have no interest in learning or knowing about the culture;

(2) cultural incompetence, which includes those people who believe that Aboriginal people are not capable of being functional members of society and as such need to be helped or managed - e.g. taking alcohol rights away because they cannot be expected to control alcohol use;

(3) cultural blindness, include those who do not see any reason for cultural differences to be acknowledged and that everyone should have the same service regardless of cultural background;

(4) cultural Pre-competence, and (5) Cultural Competence. Your responses to the Beliefs and Attitudes subscale have been used to estimate your position on this continuum.

We will now consider your profile specific to the THREE subdomains of cultural competence.



CULTURAL EMPATHY SUBDOMAIN

Your responses indicate that you are the lower level of cultural competency on the Cultural Empathy subdomain. about Aboriginal people. Cultural empathy is simply having an appreciation and consideration of the differences and similarities of

another culture in comparison to one's own. People with cultural empathy are more tolerant and therefore likely to be more inclusive of the differences of those from other cultures. From a client perspective the first stage of healing is to be heard. It is in this area that, given your results you will struggle from time to time with your Aboriginal clients.

For example, a culturally empathetic person who sees an Aboriginal child living with many different kinship carers will not automatically come to the conclusion that this child is neglected or unloved by their family. This culturally empathetic person will first consider the idea that there are many different types of parenting and that Aboriginal cultural parenting is different rather than less appropriate or worthy than a more westernised style of parenting. You will struggle to separate this out given that you will struggle to relate to the Indigenous systems, ways of working and cultural difference that presents.

Your scores indicate that you have a very low level of cultural empathy for Aboriginal people and this will impact across multiple levels of your practice. The starting point to effectiveness is to have to understand the world view of your client. From there you are able to ensure that there is a 'therapeutic joining' with a client at a basic human level. It is important that you explore further the reasons for this low level of empathy as it will continue to create significant barriers in your work with Aboriginal people. It is the case that you have a very low level of awareness of the differences and strengths of Aboriginal culture and little empathy for the disadvantage experienced by Aboriginal people. It may be that you simply do not fully understand the history and plight of Aboriginal Australians but this in itself is of great concern particularly in your role in child protection.

The more exposure you have to Aboriginal people, clients and communities the higher the cultural competencies. However, it is vital that you spend time developing insight into your own prevailing beliefs about Aboriginal people generally. As it stands, you will have little to no impact in your counselling or support of Aboriginal people without this strong self reflection.

FLEXIBILITY SUBDOMAIN

Your results indicate that you are in the average range of cultural competency in the Flexibility subdomain of the Awareness and Beliefs domain. Those who fall into this category will tend to have anxiety and at times 'panic' when it comes to figuring out how to apply mainstream skills with Aboriginal clients. It is also the case that there will often be a sense of feeling unsafe and anxious around Aboriginal people generally and in Aboriginal communities. This clearly is going to impact significantly on your capacity to work effectively with Aboriginal people and it is vital that sustained focus occur on the cause of this unease. It may be that there are family of origin issues or negative experiences with Aboriginal people which are at the core of this unconscious bias.

A good strategy is to tune into the self-talk that occurs for you during contact with Aboriginal people. This is the starting point. The next is to have more exposure to Aboriginal people to enable you to challenge this self-talk from a place of experience. It is likely that most of your information about Aboriginal people comes from the media or indirect sources. This is often inherently negative and may be acting to further firm up your own negative views of Aboriginal people.

It is likely that this negative view will impact significantly on your ability to separate cultural differences from child protection risk and you will struggle to be able to translate genograms to incorporate differences in kinship. It is important that you spend time with either Aboriginal co-worker and observe their practice or simply spend more time in communities generally. Remember, try to meet people as people first and this will assist greatly in fully understanding Aboriginal culture.

PERSONAL IDENTITY SUBDOMAIN

Your results indicate that you are below average in the personal identity subdomain of the Awareness & Beliefs Domain. This means that you are very uncomfortable discussing identity issues with Aboriginal people and will likely avoid this type of discussion with your clients. You struggle to understand the diversity of Aboriginal culture how best to respond when clients require identity to be incorporated within counselling, therapy or intervention. It is likely that you struggle with your own issues of cultural identity and what this may mean for you. It is clear that having a strong sense of personal and cultural identity are essential components to cultural competence. The CCP-CP would have no doubt provided you with some opportunity to self reflect and tune into any areas of discomfort further and this needs to be ongoing for you.

It is highly likely that you had limited exposure to Aboriginal people as a child and this may be where the origin of this discomfort stems from.

Finally, and not surprisingly you will struggle substantially to understand the value of traditional treatments, to understand that

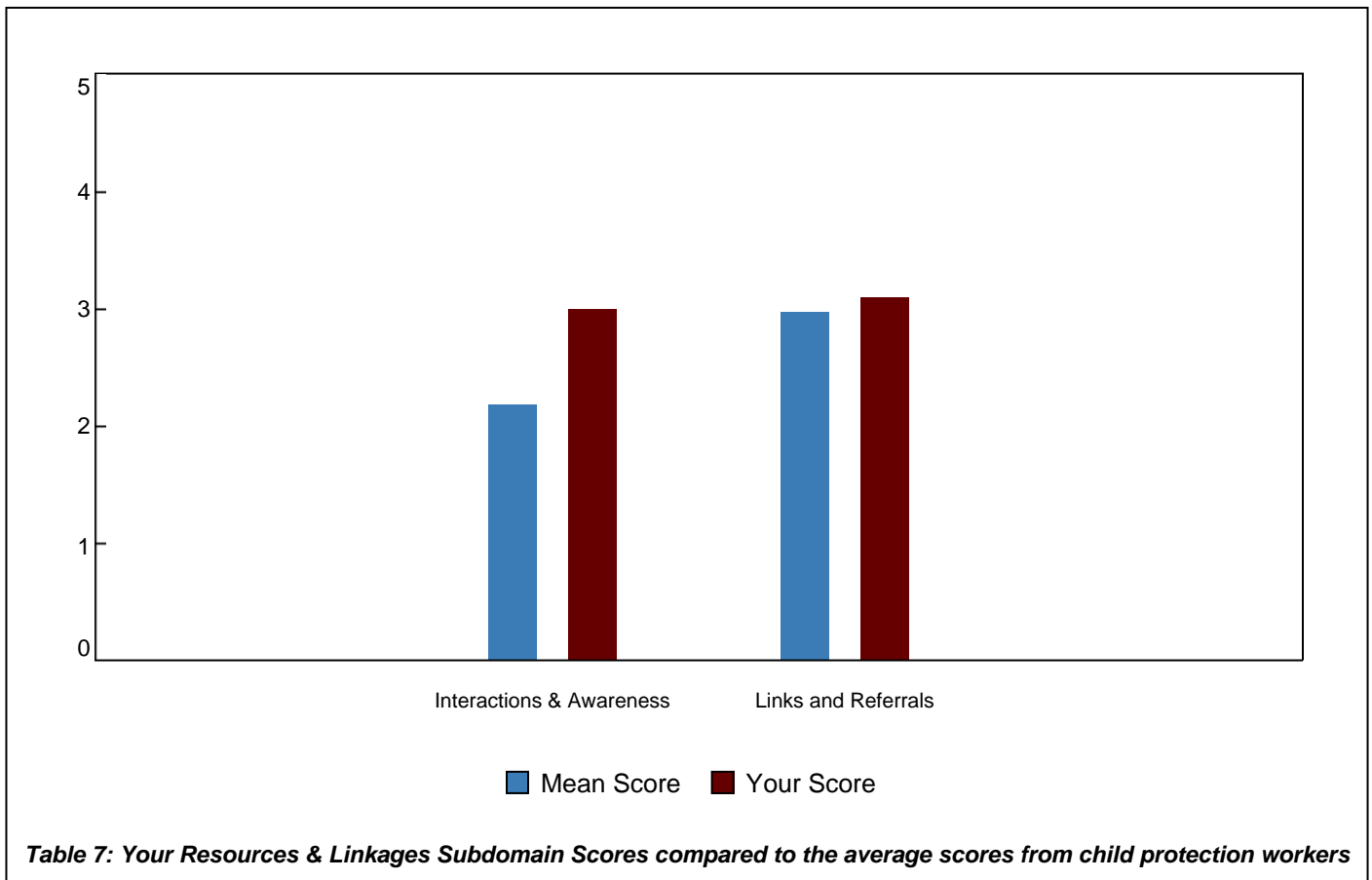
parenting styles differ in Aboriginal communities and in adjusting risk assessments to take these differences into account. It is essential that you read [*Psychological Assessment of Aboriginal People*](#) to begin to consider differences in parenting as part of your standard assessment.

The next step would be to ensure that you are able to fully explore cultural identity as an essential construct for Aboriginal children and people. A good starting point is to read [*Trauma and Attachment in Australian Populations*](#). The next step is to consider how to incorporate cultural identity within your practice. Initially it may just be that you need to open up the conversation broadly with a view to not only becoming more comfortable but also learning from Aboriginal people with regard to the importance of cultural identity.

RESOURCES AND LINKAGES DOMAIN

Resources and linkages form an essential component of culturally-appropriate service provision. Resources are the technologies, information and social assistance that a person has available as support in working with Aboriginal people. This can range from educational and informational resources such as access to the academic and clinical literatures through to access to culturally appropriate assessment tools and protocols. Human resources include a diverse range of peer support networks that operate to provide information as well as social and emotional support to service providers and workers in the area of Indigenous Mental Health. The Resources and Linkages Domain is made up of two separate subdomains. This includes (1) Interactions & Awareness; (2) Links and Referrals.

The diverse nature of Aboriginal culture emphasises the necessity of building solid ties with local community. The achievement of virtually all core cultural competencies relies on the quality of the connection that is forged with communities residing in the relevant service area. For instance, the communication channels that are established between the service provider and community will affect the degree and quality of local knowledge available to (and gained by) local service providers. This subscale assesses the extent to which service providers can effectively utilise culturally appropriate resources and linkages for the benefit of their Aboriginal clients.



INTERACTIONS AND AWARENESS SUBDOMAIN

Your responses on the Interactions & Awareness subdomain indicate that interactions between yourself (as a professional representative of your organisation) and the local community are average but require and further development. This is important because there is a fundamental need for effective community awareness and interactions to be able to develop connections, awareness and a cultural understanding of your client group. This awareness needs to be about who elders are and a general map of the links between key family groups. It also means that there needs to be a stronger awareness of the extent of 'hierarchy' specific to the local Aboriginal community. You currently are unaware of who the elders are, traditional healers or lore men. This is either that there may be limited individuals in your region who fulfil these important functions, or that you are just unaware of them. However, this needs to be explored to ensure that this is the case rather than a lack of awareness. It is crucial to understanding client identity, being able to understand the connections that are required to be either re-established, established or reinforced as an important aspect of the cultural development of Aboriginal children.

It is also likely that you have limited interactions with Aboriginal community personally and most of your interactions are likely to be confined purely to the work environment. Those who are culturally competent tend to interact with Aboriginal people in personal context and have personal relationships with Aboriginal people. This is worth reflecting upon. It is the genuinely culturally competent who value diversity in their personal lives. So I encourage you to reflect upon what level of personal contact you have with Aboriginal people and communities. It is unlikely you understand or have been to 'sorry time' or funeral time or any other Indigenous cultural or national celebrations for example.

There are two aspects worth considering in attempting to identify where the main obstacles lie; the personal and the organisational. By personal aspects we refer to a range of related factors including the degree of motivation one has to engage with Aboriginal people and the culture. The organisational aspects are related to a personal desire to work effectively with Aboriginal people within a structure created by the agency you would work with.

Therefore an important question you may ask yourself (in relation to the low scoring response) is whether this is a personal desire to be proactive about establishing and maintaining good lines of communication and links within the Aboriginal community. Additional to this is whether you believe that it is possible to work in a culturally appropriate manner within the confines of the organisation you are employed in. By organisational aspects we refer to the level of support and encouragement to develop and enrich links with community provided to the service provider by the organisation.

Finally and in addition to your average of interactions and awareness with the local community you are also likely to have a limited awareness and interactions with local Aboriginal services. This should be the 'starting' point as local services often know the local community well. It is then possible after establishing positive links that you will be able to fully understand the local community better and ultimately form your own relationships and links.

Your responses indicate that the linkages between yourself (as a professional representative of your organisation) and the local community have been established but have not yet . This is important because of the fundamental role of community links in establishing and ensuring culturally appropriate service delivery. While forging effective links with community is perhaps the single most important factor in service delivery it is also one of the most difficult to achieve. The obstacles are often many and varied. There are two main factors worth considering in attempting to identify where the main obstacles lie in further developing community links; the personal and the organisational.

LINKAGES AND REFERRALS SUBDOMAIN

Your scores on the Linkages and Referrals subdomain of the Resources and Linkages domain indicate that you are in the upper level of cultural competency in this area. This means that you are likely to have very strong links with local services to be able to confidently refer Aboriginal clients to these services. Ultimately this is what being client focused requires. Being aware of local capacity and forming very strong and respectful links to ensure that appropriate referrals are made when possible.

It is the case that you have good confidence in referring clients onto local Aboriginal services and again, most likely meet regularly with these services about clients and for the purpose of consolidating these strong networks and links. It also ensures that you are case managing a client in the most efficient manner possible rather than duplicating services that are being provided. Finally, you believe that you sufficient specialist services for your Aboriginal families locally. It would be a valuable resource for your knowledge to be translated into procedures or policy documents for other staff to ensure that they are also able to develop and consolidate similar relationships. Ultimately the beneficiaries will clearly be Aboriginal families.

ORGANISATIONAL INFLUENCES DOMAIN

The Organisational Influences domain includes two major subdomains of cultural competency recognising that organisations need (a) implementation of culturally appropriate policies, procedures and support mechanisms, and (b) capacity and commitment to develop a culturally appropriate workplace. It is essential for practitioners to have an environment in which their desire to be culturally appropriate is supported and translates into actual change by their organisation. The organisation itself can create many opportunities for people to develop a greater level of awareness and therefore desire to be culturally competent.

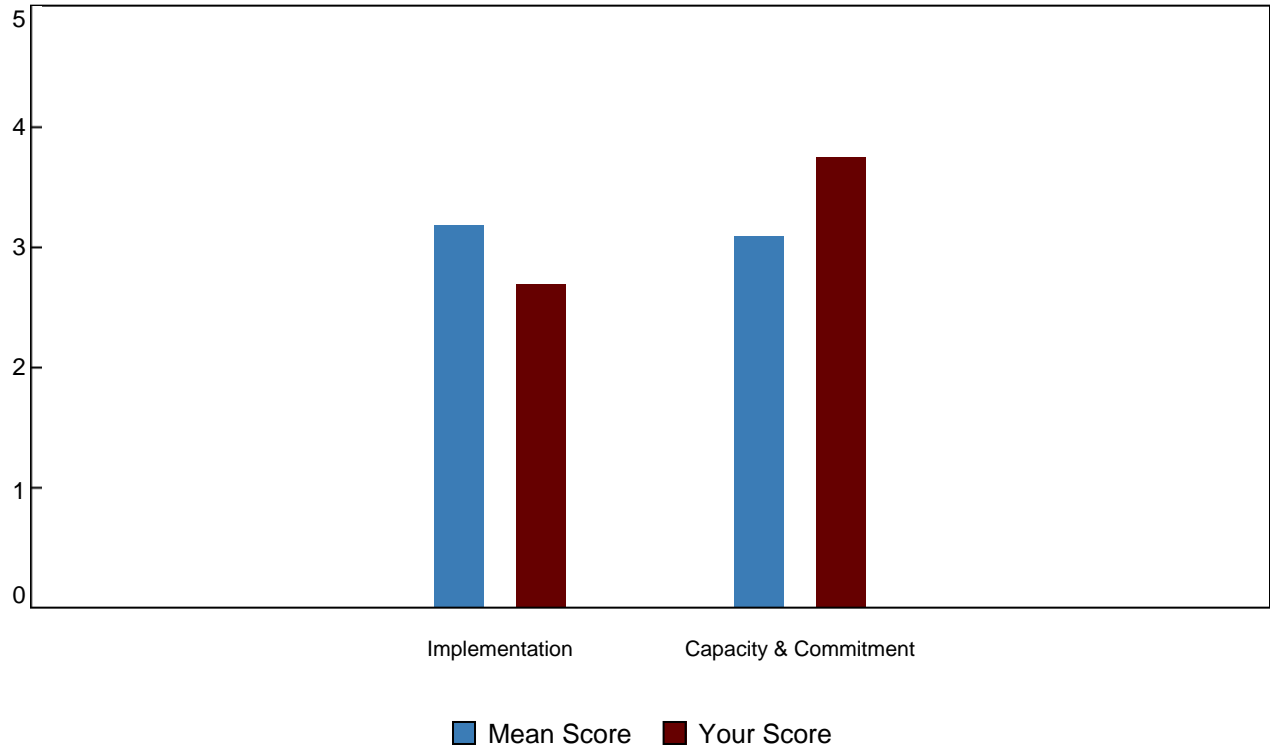


Table 7: Your Organisational Cultural Competency Subdomain Mean Scores compared to the average scores from child protection workers

IMPLEMENTATION SUBDOMAIN

Your score on the Implementation subdomain indicates that you see your agency as being at the lower level of cultural competency in this particular area. Implementation basically refers to the idea that organisations have made actual changes to the way in which employees go about their business to ensure that cultural competency is everyone's business. Examples may include having very distinct policies and procedures which govern working with Aboriginal people or managing Aboriginal employees (e.g. cultural leave; client/cultural policies - for those who work directly with Aboriginal people). They are also very good at communicating the value of having culturally diverse workplaces and why different strategies must be used in relation to working more effectively with Aboriginal people. Your scores indicate that you generally feel that your agency does not support your desire to work in a culturally appropriate manner with Aboriginal people and you may even perceive your organisation as being disrespectful of cultural differences.

Policies and procedures from your perception have been developed with mainstream people in mind and there is little to no recognition of the need to use different assessments and strategies for Aboriginal people. You are likely to see that your organisation mostly operates in a one size fits all mentality most of the time and does not appreciate cultural differences. This means that your organisation would have no cultural resources for staff to access and most likely have not seen any need to have these in place. This would be related to the fact that the resources are most likely seen by Aboriginal people themselves as not necessarily being of great relevance to them, and you are often acutely aware of this perception. You would therefore have limited material to provide to Aboriginal people regarding your service.

Related to this is the fact that your organisation does not have a strong presence within the Aboriginal community through attendance at important community events, or simply by encouraging Aboriginal people to attend at your office or be seen within the organisation generally. An additional element of this is the fact that you believe that your organisation does not communicate the value of cultural diversity to staff within your organisation. There is very little discussion about cultural issues and little to no requirement that staff become more culturally aware.

COMMITMENT SUBDOMAIN

Your score on the Capacity and Commitment subdomain indicates that you see your agency as being at the above average or upper level of cultural competency in this area. Capacity and commitment refers to the extent to which the organisation demonstrates active commitment in the creation of a culturally appropriate workplace and that there are actual strategies that demonstrate this to all. Examples include having an Aboriginal employment initiative and specific cultural awareness or training initiatives in place that they organisation makes available to all staff. In addition to this, staff probably value the learning experience - this speaks of the positive cultural environment that the organisation has created. You feel strongly that your organisation achieves this for the majority of the time. This means that the organisation not only proactively attempts to employ more Aboriginal people but also communicates that the value of having a diverse workforce and that the reasons for this is understood across the whole organisation. This means that cultural skills and contacts are highly valued. Aboriginal staff are seen as capable as anyone and there is no discomfort between Aboriginal and non-Aboriginal employees related to these very different strategies that exist. There are also likely to be a number of Aboriginal people employed at the skilled and management levels which presents to the rest of the workforce that Aboriginal people are capable of any role in the organisation and not just unskilled roles. Cultural skills are therefore highly valued by all.

CONCLUSION

Thank you for being proactive in your desire to improve your skills in working with Aboriginal people in the child protection area. We hope that this profile was useful for you in identifying areas of strength and areas that require further focus. It is strongly advised that you use your profile report as a Cultural Supervision Plan and ultimately do a re-test when you feel you have attained additional skills. If you have any questions about the CCP-CP please do not hesitate to contact IPS on ips@ips.iinet.net.au

Again, thank you for your time and energy!

ONLINE RESOURCES

- AIATSIS map of Indigenous Australia (<https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia>)
- The Bringing Them Home Report (https://www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf)
- The Apology (https://www.youtube.com/watch?v=_Dild-xAzJ0&feature=youtu.be)
- Australian Aboriginal avoidance practices (<http://enacademic.com/dic.nsf/enwiki/3991855>)
- Skin, Kin and Clan: The Dynamics of Social Categories in Indigenous Australia (https://indigenouspsychservices.com.au/wp-content/uploads/attachments/a1_avoidance_and_skin.pdf)
- Grieving Aboriginal Way (https://indigenouspsychservices.com.au/wp-content/uploads/attachments/a2_grieving_aboriginal_way.pdf)
- Engaging Australian Aboriginal Youth in Mental Health Services (https://indigenouspsychservices.com.au/wp-content/uploads/attachments/a3_engagement_of_aboriginal_youth.pdf)
- Psychological Assessment and Intervention of Aboriginal People (https://indigenouspsychservices.com.au/wp-content/uploads/attachments/a4_psychological_assessment_of_aboriginal_people.pdf)
- Trauma and Attachment in Australian Populations (https://indigenouspsychservices.com.au/wp-content/uploads/attachments/a5_trauma_and_attachment.pdf)
- Australian Indigenous HealthInfoNet - Social and Emotional Wellbeing (<http://www.healthinfonet.ecu.edu.au/other-health-conditions/mental-health/reviews/background-information>)
- Creative Spirits (<https://www.creativespirits.info>)
- Aboriginal English - Diane Eades (http://www.naalc.org.au/cb_pages/files/Aboriginal%20English%20in%20the%20Legal%20System%20-%20Diane%20Eades.pdf)
- Ngangkari – Traditional Healers (<https://www.npywc.org.au/what-we-do/ngangkari-traditional-healers/>)

GLOSSARY OF TERMS

Aboriginal refers to peoples who are considered as the original inhabitants of mainland Australia. The term has been used as early as 1789. AMHC recognises that there are significant differences in social, cultural and linguistic customs between various Aboriginal groups in Australia. AMHC makes the distinction between Aboriginal people and Torres Strait Islander peoples in recognition, of the diversity and distinct cultural history of Torres Strait Islander peoples from that of Aboriginal Australians (refer to definition of Torres Strait Islander). Please refer also to the definition of “Indigenous Australians.”

The broad term Aboriginal Australians includes many regional groups that often identify under names from local Indigenous languages. These very broadly include:

- Koori (or Koorie) in New South Wales and Victoria (Victorian Aboriginal people)
- Ngannawal in the Australian Capital Territory and surrounding areas of New South Wales
- Murri in Queensland
- Murrdi Southwest and Central Queensland
- Nyungar in southern Western Australia
- Yamatji in central Western Australia
- Wangai in the Western Australian Goldfields
- Nunga in southern South Australia
- Anangu in northern South Australia, and neighbouring parts of Western Australia and Northern Territory
- Yapa in western central Northern Territory
- Yolngu in eastern Arnhem Land (NT)
- Tiwi on Tiwi Islands off Arnhem Land. They number around 2,500
- Anindilyakwa on Groote Eylandt off Arnhem Land
- Palawah (or Pallawah) in Tasmania

These larger groups may be further subdivided; for example, Anangu (meaning a person from Australia's central desert region) recognises localised subdivisions such as Pitjantjatjara, Yankunytjatjara, Ngaanyatjarra, Luritja and Antikirinya. It is estimated that prior to the arrival of British settlers, the population of Indigenous Australians was approximately 750,000 to 1 million to approximately 500,000 in the current day (source: <http://www.abs.gov.au/ausstats/abs@.nsf/0/68AE74ED632E17A6CA2573D200110075?opendocument>)

Avoidance Relationships refer to those relationships in traditional Aboriginal society where certain people were required to avoid others in their family or clan. These customs are still active in many parts of Australia, to a greater or lesser extent. Avoidance relationships are a mark of respect. There are also strong protocols around avoiding, or averting, eye contact, as well as around speaking the name of the dead. In general, across most language groups, the two most common avoidance relationships include:

Brother—Sister - Both these avoidance relationships have their grounding in the Australian Aboriginal kinship system. There may be other avoidance relationships, including same-sex relationships, but these are the main two. These relationships require a social distance, such that they may not be able to be in the same room or car. Be sensitive to the signals that alert one to this situation, for example being told that there is ‘no rooms’ in a car or a building when there appears to be sufficient ‘space’. Aspects of this system of social organisation differ between regions.

Son-in-law/Daughter-in-law — Mother-in-law - Aboriginal custom throughout Australia bans a person from talking directly to their mother in law. The relationship is one of respect, but avoidance. A mother-in-law also eats apart from her son-in-law or daughter-in-law and their spouse. They will still communicate via the wife/husband, who remains the main conduit for communication in this relationship. Often there are language customs surrounding these relationships. This relationship extends to avoiding all women of the same skin group as the mother-in-law, and, for the mother-in-law, men of the same skin group as the son-in-law. It has been suggested that the custom developed to overcome a common cause of friction in families.

Avoidance Language traditionally refers to the use of language as a sign of respect or as a result of ‘power’ or hierarchy differences. For instance, referring to a deceased person by name directly after their death as a mark of respect and to ensure that, spiritually they are not ‘called back’ before grieving has occurred in its finality. Today the practice continues in many

communities, but has also come to encompass avoiding the publication or dissemination of photography or film footage of the deceased person as well (for example, many Australian television programs, includes a title card warning Aboriginal and Torres Strait Islanders to 'use caution viewing this film, as it may contain images or voices of dead persons,' presumably out of respect for the cultural beliefs of said viewers).

Cultural Competence can be defined as a distinct, but cumulative relationship between cultural awareness (knowing), cultural sensitivity (appreciating), cultural competence (practising, demonstrating) and cultural proficiency (embedding as organisational practice). As such it can be viewed as a developmental process underpinned by the ability to acknowledge issues and experiences from another's perspective, and within a cultural context (ACT Department of Training and Education, 2010). Cultural competence in practice must be attained at both the individual and organisational levels in order to ensure effective practice with Aboriginal people. At the individual level, practitioners must first be able to consider their own potential for prejudice and the extent to which mainstream training may create a mono-cultural view of their approach to service delivery. Following this self-reflective process, planning must then occur around increasing cultural knowledge, specific counselling, therapy and assessment skills, attitudes and beliefs shifts as well as access to culturally specific resources. This will ensure that movement towards true cultural competence is able to be realised. At the Organisational level it is essential that organisations provide their staff with policies, procedures, programs and systems which have been developed within and validated by the culture for which services are being delivered. Ensuring that the Aboriginal community is incorporated within the delivery, design, development and ongoing evaluation of services is an essential aspect of culturally competence.

Cultural Confidentiality refers to the fact that there is a different interpretation of what is considered to be 'confidential information' when working with Aboriginal people. This is largely due to the cultural sensitivity of certain topics as well as the sacrosanct nature of many topics within the Aboriginal culture. This requires that firstly, the service provider must be fully aware of the sensitivities that exist in the Aboriginal community in which they are working (this is also an important aspect of cultural competence) and then to make the patient aware that you are cognisant of the sensitivities. Following this, the service provider must then seek permission to proceed with the topic which is of sensitivity.

Cultural Consultant is a person who can act as a 'guide' to the Aboriginal culture. It is essential that they are 'vouched' for by the community (see definition of 'vouching'). The cultural consultant provides culturally relevant information to (primarily) non-Aboriginal work. Due to the complexity of the culture in having many topics that are taboo to discuss or even have information about, cultural consultants should be utilised in instances in which: there is a gender difference between the worker and the client (e.g. Aboriginal males talking with Aboriginal females will often use an Aboriginal female cultural consultant to minimise the impact of gender differences); cultural difference between client and practitioner; hierarchical difference (i.e., counselling or working with an elder) and many other instances in which culturally it is not appropriate to engage directly with an Aboriginal client. The different types of cultural consultant are;

- a. personal friends to the client;
- b. professionals within an organisation who can be accessed by a practitioner;
- c. integrated network of cultural consultants within a region, including elders, healers etc, and;
- d. formalised cultural consultant / co-therapist relationship. The cultural consultant provides cultural information to the worker, however, it is important that the worker recognises that Aboriginal culture operates with reciprocity and therefore is conscious that there will be an expectation that the worker will 'give something' back to the cultural consultant. This will likely be through simply sharing of their knowledge as well as spending time with the cultural consultant.

Cultural Safety involves understanding, learning, respecting the diversity that exists between different Aboriginal groups and not assuming absolute knowledge based on a common cultural background or interactions with select Indigenous groups. For practitioners to operate in a culturally safe manner they must have a full understanding of and ability to apply cultural validation and respect the need for cultural accountability. It is also essential that practitioners attain cultural competency in practice in order to ensure their cultural safety in practice. The process of "vouching" is also a key element in ensuring cultural safety and security. Additionally, it involves appreciating that information that may be relevant to referral, treatment and assessment may be also culturally taboo. The clinician therefore needs to be sufficiently culturally competent to ensure that cultural transgressions do not occur and therefore potentially put the client at risk within their community. Cultural safety can only occur when differences in culture are recognised and respected and these differences are incorporated into health service delivery. Cultural safety importantly requires the health practitioner to explore their own cultural make up.

Cultural Supervision is a formal relationship between members of the same culture or different cultures for the purpose of ensuring that the supervisee is practicing according to the values, beliefs, protocols and practices of that particular culture. Cultural supervision focuses on cultural accountability and safety and must occur specific to the area in which the supervisee is providing services. This is due to the extreme differences within the Aboriginal culture. Cultural supervision does not replace

clinical supervision.

Cultural Validation refers to the need to specifically check with the Aboriginal community whether information gathered from that particular community has been obtained accurately (in instances in which information has been gathered from multiple cultural sources and then interpreted or summarised) and that it is appropriate for that information to be distributed in different forms and beyond the community in question. This is to ensure that information that has been gathered does not infringe on any cultural taboos and the need for information within the culture to remain secretive.

Cultural Vouching as a process ensures there are no cultural or family conflicts, or alliances that may impact upon the clinician's capacity to provide services to or consultation\supervision about a particular Aboriginal client. The process can be used effectively for the following: (a) increasing levels of engagement and service uptake; (b) to ensure that the correct cultural consultant and/or cultural supervisor are used by the organisation/individual worker.

Payback refers to the form of customary law that exists in Aboriginal communities in which there is a form of payment for wrongdoing. As Toohey suggests 'the idea is to give the family of the injured person satisfaction and thereby bring the matter to an end' and because it occurs in public everyone knows that the matter has been finalised. There are many different types of payback that are on a continuum between shaming and spearing in the leg. The continuing use of physical punishments in contemporary Aboriginal society is a major source of conflict with Australian law as often Aboriginal people have to "pay twice" for the same crime. Payback impacts on health and wellbeing in that conflict remains unresolved for the Aboriginal person. Often as a result an Aboriginal person may choose or desire to have payback occur.

Skin Relationships or the 'skin system' refers to the Aboriginal kinship system. The kinship system is a feature of Aboriginal social organisation and family relationships across Australia. It is a complex system that determines how people relate to each other and their roles, responsibilities and obligations in relation to one another, ceremonial business and land.

The kinship system determines who marries who, ceremonial relationships, funeral roles and behaviour patterns with other kin.

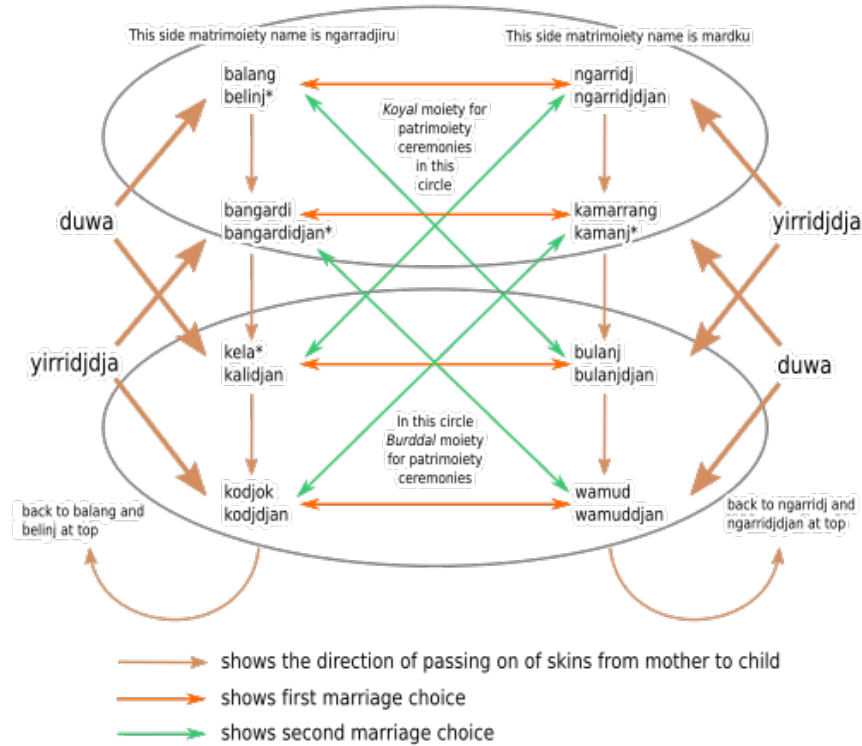
Today the number of 'wrong skin' marriages is increasing, and families are attempting to accommodate the contradictions.

However, there are some rules which are adhered to, in particular certain 'avoidance relationships', especially that between a mother-in-law and a son-in-law (please refer to definition of **avoidance relationships** in this Glossary). The diagram below (Figure 1) illustrates the skin terms and relationships for several of the language groups in the Maningrida region in the Northern Territory. This is intended as an example only of how a skin system works. Clearly skin systems differ from one region to the next. This skin system chart was produced in 1993 by Murray Garde, Research Office, Maningrida Arts and Culture (<http://www.maningrida.com/mac/bwc/culture.html>).

Sorry Time or **Sorry Business** refers to the ceremony or ritual that occurs in Aboriginal communities to pay respects to someone who has passed away. Sorry time involves specific rituals that involve key individuals depending upon their relationship with the deceased. Funerals can involve entire communities, and the expression of grief can include self-injury (sometimes known as sorry cutting). The grieving relatives may live in a specially designated area, the sorry camp, for a period of time. The relatives may also cut off their hair or wear white pigment on their faces. There are often distinct grieving behaviours within sorry time that differ from one region and community to the next. It is also a common practice that the community refrains from using the name of the deceased.

Eastern Subsection (Skin) Patrimoiety Terms

Also showing matrimoieties, ceremonial moiety and conversion to Western and Kunibidji terms.



A few differences in the eastern terms →

- belinj* = *belinyjan* in Burarra language
- kamanj* = *gamanyjan* in Burarra language
- kala* = *burralang* in Burarra language
- bangardidjan* = *bangun* in Kune language

Subsection Conversion Table

Western Terms		Eastern Terms	
Western Kuriwinjku	Kunibidji/Nakkara Terms	Burarra spelling	Kuninjku spelling
na-/ngal- ngarridj	ngarridj/njangarridj	balang/belinyjan	balang/belinj
na-/ngal- kamarrang	kamarrang/njakamarrang	bangardi/bangardijan	bangardi/bangardidjan
na-/ngal- bulanj	bulanj/njabulanj	gela/burralang/galijan	kela/kalidjan
na-/ngal- wamud	wamud/njawamud	gojok/gochan	kodjok/kodjdjan
na-/ngal- wakadj	wakadj/njawakadj	ngarrich/ngarrichan	ngarridj/ngarridjdjan
na-/ngal- bangardi	nabangarda/njabangarda	gamarrang/gamanyjan	kamarrang/kamanj
na-/ngal- kangila	kangila/njangila	bulany/bulanyjian	bulanj/bulanjdjan
na-/ngal- kodjok	koyok/njakoyok	warmut/wamuchan	warmud/wamuddjan

Western Kuriwinjku use na- prefix for males and ngal- for females. Note that the same skin names are spelt differently depending on the language used e.g. Kuninjku/Ndjébbana 'ngarridj' - Burarra 'ngarrich'. Also note the reversal in usage in some languages ie. the skin name 'balang' in Burarra is called 'ngarridj' in the Kunibidji system. This is really a reversal of eastern and western terms. The various languages have different alphabets or orthographies (in the same way that English, French and Italian do for example).

Produced by Murray Garde, Research Office, Maningrida Arts and Culture 1993. Diagram adapted from Evans N. *Mayal Grammar* Unpublished Consultancy for ANPWS, p.30.

Figure 1: Skin relationships as they exist in the Maningrida region

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