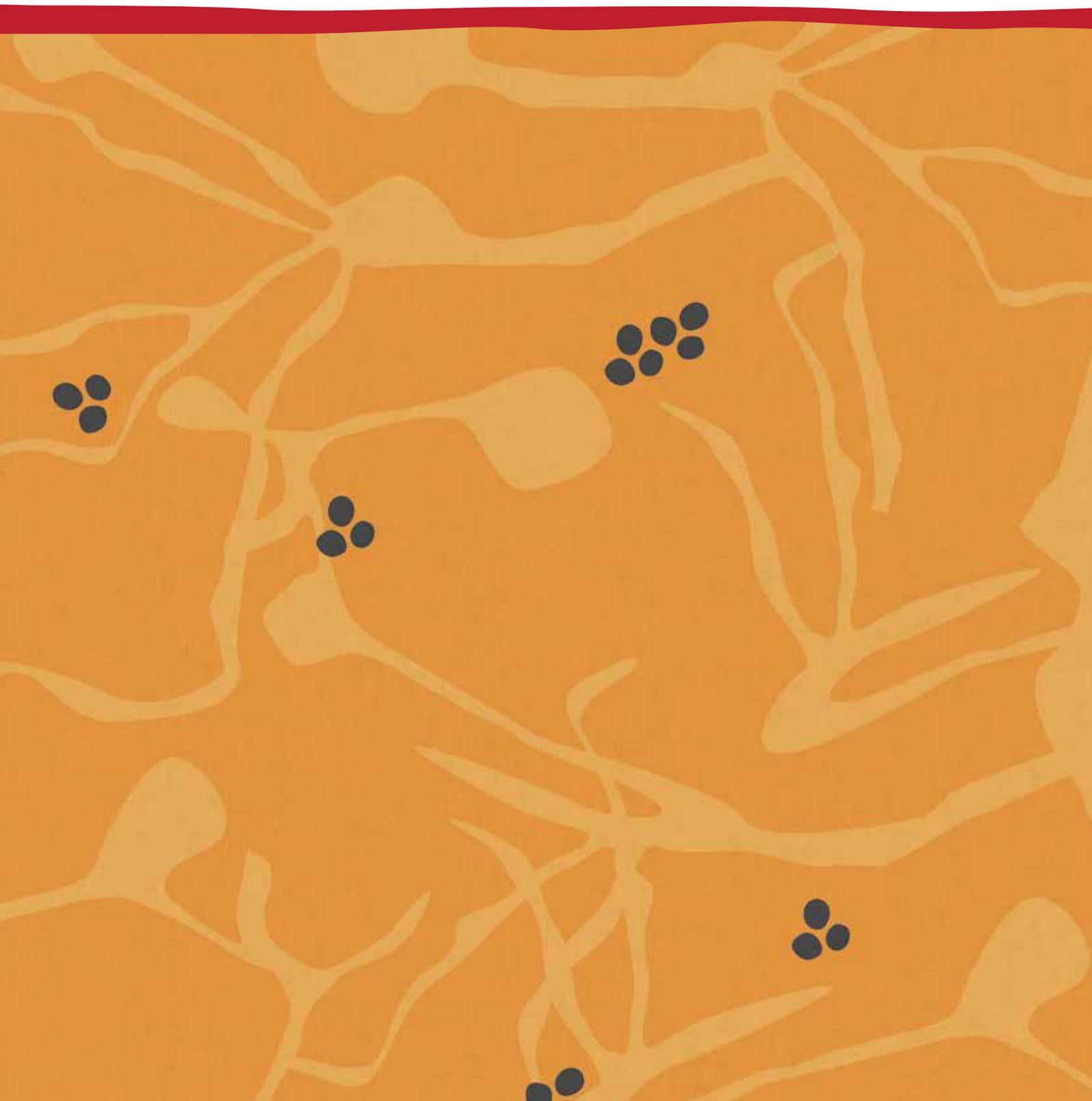


STRONGER SAFER TOGETHER

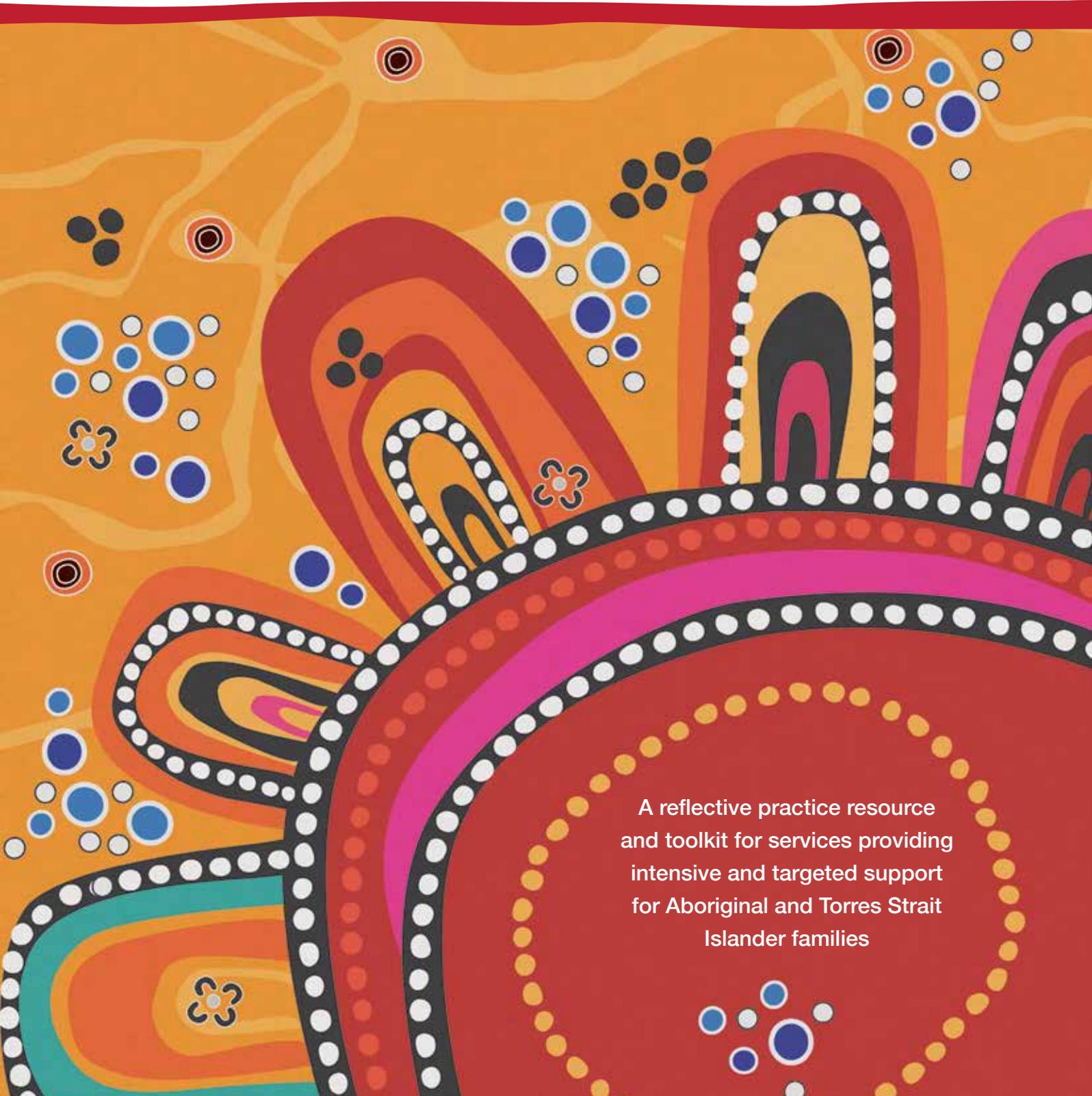
A reflective practice resource and
toolkit for services providing intensive
and targeted support for Aboriginal
and Torres Strait Islander families



SNAICC
Secretariat of National
Aboriginal and Islander Child Care



STRONGER SAFER TOGETHER



A reflective practice resource
and toolkit for services providing
intensive and targeted support
for Aboriginal and Torres Strait
Islander families

This practice resource was developed with input from: SNAICC staff, Joanne Borg, John Burton, Hannah Donnelly, and David Ellis; Dr Paul Harnett, School of Psychology, University of Queensland and Professor Sharon Dawe, School of Applied Psychology, Griffith University, and Capacity to Change; and Cox, Inall, Ridgeway.

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The photographs in this publication are intended for illustrative purposes only. No inference is intended or implied that the children or adults depicted are the subject of any issue of interest to any child welfare authority in Australia.

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www.mazartdesignstudio.com



ABOUT SNAICC

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is the national peak body representing the interests of Aboriginal and Torres Strait Islander children and their families.

SNAICC represents a core membership of Aboriginal and Torres Strait Islander community-controlled organisations providing child and family welfare and early childhood education and care services. SNAICC advocates for the rights and needs of Aboriginal and Torres Strait Islander children and families, and provides resources and training to support the capacity of communities and organisations working with our families.

WHAT IS THIS PRACTICE RESOURCE AND WHO IS IT FOR?

This resource is primarily designed to support good practice learning and reflection for workers providing intensive or targeted family support services to Aboriginal and Torres Strait Islander families with multiple and complex needs. There are many different models of intensive support provided across Australia. Many of these services are provided on referral from statutory child protection services, though there is increasing recognition that they should be available through other and earlier referral pathways. The primary goals of these services are to strengthen family functioning to care for children and prevent child harm that may lead to child protection intervention, or to support family reunification where children have been placed in out-of-home care.

Across Australia, a number of Aboriginal and Torres Strait Islander agencies offer intensive support for families to ensure children are safe, healthy, nurtured and loved. These agencies share a will to keep Aboriginal and Torres Strait Islander families and communities together, and put a stop to the damaging effects of separation that have continued from the experiences of the Stolen Generations. The expert knowledge and experience of a number of these agencies strongly informs this resource. A separate report on the strengths of their practice is available in the SNAICC (2015) report, *Moving to Prevention research report: Intensive family support for Aboriginal and Torres Strait Islander children*.

The agencies that offered their expertise operate in very different contexts, from urban to remote locations, and with families from diverse Aboriginal and Torres Strait Islander cultural groups and traditions. They each emphasised the need for local adaptations of ways of working to recognise diversity of cultures and environments. However, they also identified common elements that define the essence of effective practice to provide intensive support to Aboriginal and Torres Strait Islander families. These elements are addressed in this resource within the following seven practice focus areas:

1. Working differently with Aboriginal and Torres Strait Islander families
2. Building trusting relationships and partnerships with families
3. Identifying the needs of children and their families
4. Providing an appropriate mix of practical, therapeutic, educational and advocacy supports
5. Including families in case planning and decision making
6. Working effectively with statutory child protection agencies, and
7. Ensuring worker safety, self care, boundaries and supervision.

The resource also includes a supplementary learning chapter on using child and family assessment tools.

This resource is designed for use by Aboriginal and Torres Strait Islander and non-Indigenous agencies and practitioners to support their practice. However, SNAICC notes that a core component of effective practice is Aboriginal and Torres Strait Islander community leadership in service design and delivery. SNAICC has developed a number of resources to support mainstream agencies to explore and develop genuine partnerships with Aboriginal and Torres Strait Islander communities and their organisations that are available for download from the SNAICC website, www.snaicc.org.au

HOW TO USE THIS RESOURCE

The Aboriginal and Torres Strait Islander agencies that contributed to inform this guide had existing high-levels of cultural and other professional expertise, knowledge and practice experience. They were clear in their direction that this resource would not be useful to their sector if it provided a narrowly instructive guide on how to support Aboriginal and Torres Strait Islander families. Such a resource would be neither culturally appropriate, nor adequately respectful of the knowledge and expertise of practitioners. Rather, this resource aims to provide practitioners and service managers with a range of practice ideas, reflection activities, and links to tools and resources that can support processes of professional reflection and development.

This practice resource can be used flexibly to suit the needs of your service and workers. It can be used in a number of suggested ways, including as:

1. A guide for reflection and discussion amongst family support staff teams in professional development sessions
2. A toolkit of ideas for good practice for individual practitioners to explore and draw upon, and
3. An information source to inform the development of locally adapted practice resources and service manuals.

SNAICC trainers are also skilled in the facilitation of workshops for practitioners to explore good practice using this resource. Contact SNAICC if you would like further information about SNAICC training opportunities, www.snaicc.org.au



PRACTICE FOCUS AREAS





PRACTICE FOCUS AREA 1

WORKING DIFFERENTLY WITH ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

1

PRACTICE
FOCUS AREA

The first practice focus area is the most critically important for practice that effectively engages and supports Aboriginal and Torres Strait Islander families. To be effective, practice must be aware of and adapted to the unique cultures, histories and lived experiences of the families that the service is seeking to support.

To work differently and effectively requires understandings and practice adaptations that recognise:

- the innate value and continuing strengths of Aboriginal and Torres Strait Islander cultures that have provided love, nurturance and care for children in Australia for tens of thousands of years
- that many issues affecting Aboriginal and Torres Strait Islander families, including poverty, substance misuse and domestic violence, are connected to the legacy of inter-generational trauma caused by experiences of colonisation, including forced child removal. Responses must engage deeply with processes of individual and community healing, and
- that Aboriginal and Torres Strait Islander peoples have a wealth of cultural knowledge and connection that makes them best placed to lead and inform responses to the child and family welfare issues that are impacting their communities.

The term often used to describe this way of working differently is 'cultural competence'. Aboriginal and Torres Strait Islander people and agencies often question this term because of the implied assumption that anyone could become 'competent' in a culture that is not their own. Cultural competence when understood in a more meaningful way is not about reaching a particular standard of knowledge or practice that can be ticked off as competent. Rather, it is about the continuous journey of cross-cultural learning that can only happen through deep and genuine relationships with Aboriginal and Torres Strait Islander people.

Culturally aware and respectful practice needs to be embedded throughout all services for Aboriginal and Torres Strait Islander families – it is not an 'add on'. A major focus of this resource is to provide guidance to practitioners on applying a cultural lens, a focus that is integrated throughout all sections of this resource. This section addresses three specific areas that are identified as important for working differently with Aboriginal and Torres Strait Islander children and families in intensive family support services.

CORE REFLECTION AND LEARNING AREAS

1. Cultural awareness, understanding and connection
(this area will be most useful for non-Indigenous agencies and professionals)
2. Working together: Relationships between Aboriginal and Torres Strait Islander and non-Indigenous professionals
3. Understanding historical and inter-generational impacts on the situation and needs of Aboriginal and Torres Strait Islander families

CULTURAL AWARENESS, UNDERSTANDING AND CONNECTIONS

The information in this section will be most relevant for non-Indigenous agencies and professionals to develop initial understanding and relationships for working respectfully and appropriately with Aboriginal and Torres Strait Islander peoples.

ACCESS RESOURCES FOR BACKGROUND KNOWLEDGE AND UNDERSTANDING

There are a number of quality resources available that can help to facilitate initial cultural awareness and respect for individuals and organisations. It is important to note that reviewing these resources does not replace the need for developing strong local relationships and cross-cultural understanding through those relationships. Available resources include:

SNAICC's *Working and Walking Together* guide provides an introduction to Aboriginal and Torres Strait Islander cultures for family support workers to support their work with Aboriginal and Torres Strait Islander families and organisations. It can be accessed at: www.snaicc.org.au

The *Share our Pride* website developed by Reconciliation Australia provides a wealth of information and resources on Aboriginal and Torres Strait Islander history and culture. It can be accessed at: www.shareourpride.reconciliation.org.au

The Victorian Aboriginal Child Care Agency's *Building Respectful Partnerships* guide has been developed to support the journey towards cultural competence for non-Indigenous child and family welfare services. It can be accessed at: www.vacca.org

INFORMATION RESOURCE 1: CULTURAL PROTOCOLS

Extracted from SNAICC (2010) *Working and Walking Together*

Cultural protocols refer to the customs, lore and codes of behaviour of a particular cultural group and a way of conducting business. Cultural protocols also refer to the protocols and procedures used to guide the observance of traditional knowledge and practices, including how traditional knowledge is used, recorded and disseminated.

*'Indigenous knowledge is the local knowledge that is unique to a culture or society and is passed from generation to generation, usually by word of mouth and cultural rituals.'*¹¹

Ceremonies and protocols are an important part of Aboriginal and Torres Strait Islander culture. Ceremonies such as 'Welcome to Country' and 'Acknowledgment of Country' recognise the unique position of Aboriginal and Torres Strait Islander people in Australian culture and history. Incorporating Aboriginal and Torres Strait Islander cultural practices and ceremonies into official events held by your service demonstrates respect for the cultural traditions, history and diversity of communities where events are held.

By incorporating Aboriginal and Torres Strait Islander cultural practices or ceremonies into official events we are able to:

- recognise and pay respect to Aboriginal and Torres Strait Islander people, culture and heritage; and
- demonstrate recognition of Aboriginal and Torres Strait Islander people's unique status as First Peoples, which can assist in building respectful relationships and partnerships.

Remember – there are no hard and fast rules when interacting with Aboriginal and Torres Strait Islander people. Every community is unique, and different communities will have their own protocols that should be followed. The approach you will take will be different depending on the community's location; there are remote communities, communities in regional towns and major cities, and each must be recognised as culturally distinct.

Working across cultures is not always easy and requires the patience, understanding and commitment of both parties. While mistakes may be made, sincere attempts to observe the protocols of Aboriginal and Torres Strait Islander communities are appreciated and demonstrate your genuine commitment to and respect for Aboriginal and Torres Strait Islander culture and heritage. It also helps if your observance of such cultural protocols comes from your heart — not from a script or some sense of obligation.

BUILD LOCAL RELATIONSHIPS AND DEVELOP KNOWLEDGE OF LOCAL CULTURES

Developing meaningful relationships with Aboriginal and Torres Strait Islander people and communities will require your genuine commitment to work alongside, listen to and learn from Aboriginal and Torres Strait Islander people and organisations.

An important first step is to learn about, understand and respect local cultural protocols. The boxed text below provides some information about cultural protocols and why they are important. SNAICC's resource *Working and Walking Together* provides examples of common protocols, but as the text below describes, protocols will vary significantly between different cultures and communities, and your genuine interest to ask about, learn and respect local protocols is what will be most important.

For non-Indigenous family support practitioners and organisations, local Aboriginal and Torres Strait Islander people will be your strongest source of information about cultural differences and the needs of the local community. However, Aboriginal and Torres Strait Islander people are regularly called on to provide advice and support

to non-Indigenous agencies and professionals, and often without remuneration. Gaining their trust and commitment to work together will require your genuine commitment to respect their knowledge, as well as to support capacity development and employment for the local community.

It is also important to remember that the Aboriginal and Torres Strait Islander families you work with may come from a different community and identify with a different cultural group to people you speak to locally. Establishing the cultural background and connections for the family themselves will also be important to inform how you work with them.

The following reflective exercise provides an opportunity for non-Indigenous professionals and agencies to consider and reflect on their commitment to working in genuine partnership with Aboriginal and Torres Strait Islander communities to deliver intensive family support services. It is drawn from a series of SNAICC resources to support genuine relationship development called *Creating Change through Partnerships*, which are available from the SNAICC website.



REFLECTIVE EXERCISE 1

COMMITMENT TO GENUINE PARTNERSHIP FOR NON-INDIGENOUS ORGANISATIONS AND PROFESSIONALS

The following principles for genuine partnership are extracted from SNAICC (2014) *Creating Change through Partnerships*. They are drawn from consultation with Aboriginal and Torres Strait Islander and non-Indigenous agencies engaged in partnerships about what they believe is most important to the success of their relationships.

Read the statement below and reflect on the following questions:

1. Are these principles that I believe I should enact as an individual, or that we should enact as an organisation?
2. How could I/we reflect these principles in family support services for Aboriginal and Torres Strait Islander families?

Commitment to long-term sustainable relationships based on trust	Significant time spent building relationships between staff, organisations and community. Partners commit to ongoing relationship, not only an activity or project.
Respect for Aboriginal and Torres Strait Islander culture and history	Commitment to build cultural understanding, to consult and listen to the local community, and to value Aboriginal and Torres Strait Islander knowledge and professionalism.
Commitment to self-determination for Aboriginal and Torres Strait Islander peoples	Empowering Aboriginal and Torres Strait Islander communities to lead response to child and family needs. Building Aboriginal and Torres Strait Islander community, organisation and workforce capacity
Aim to improve long-term well-being for Aboriginal and Torres Strait Islander children, families and communities	Identifying and sharing respective strengths in supporting children and families. Partnership resources viewed as community resources and shared for the benefit of children and families.
Shared responsibility and accountability for shared objectives and activities	Negotiated and shared vision is developed. Partners jointly develop indicators of success and work together to monitor and evaluate progress.
Valuing process elements as integral to support and enable partnership	Agreements clarify commitments, roles and accountability. Time and resources allocated to joint planning, review, and partnership development.
Redressing unequal or discriminatory relationships, structures and outcomes	Recognising that Aboriginal and Torres Strait Islander disadvantage reflects historical and continuing discrimination, and working to correct resulting power and resource imbalances.
Working differently with Aboriginal and Torres Strait Islander children and families	Developing cultural competence in service delivery. Recognising mainstream approaches are often not the best way to engage and support Aboriginal and Torres Strait Islander families.

WORKING TOGETHER: RELATIONSHIPS BETWEEN ABORIGINAL AND TORRES STRAIT ISLANDER AND NON-INDIGENOUS PROFESSIONALS

Aboriginal and Torres Strait Islander agencies that contributed to inform this resource had a variety of staff team compositions that most often included Aboriginal and/or Torres Strait Islander and non-Indigenous staff working together to provide support for families. Staff described the value of working in cross-cultural teams to shared learning and effective practice, while highlighting the importance of an ongoing commitment to cultural respect and safety for all staff.

Working in cross-cultural teams requires commitment and dedication of all workers to respect different viewpoints; work through differences of opinion and not shy away from the 'hard conversations'. It also works both ways:

- Aboriginal and Torres Strait Islander staff need to feel respected for their professionalism, cultural knowledge and connections, and challenging roles to work in and support their own communities, and
- non-Indigenous staff need to feel respected for their professionalism, efforts to develop cross-cultural understanding, and commitment to supporting Aboriginal and Torres Strait Islander families.

Agencies that contributed to this resource employ a number of strategies for promoting cross-cultural learning and effective cross-cultural staff team work. These include:

- Aboriginal and Torres Strait Islander cultural competence training for new staff members
- working pairs of Aboriginal and/or Torres Strait Islander and non-Indigenous staff in order to promote shared learning and to support engagement when families want to connect with another Indigenous person
- Aboriginal and Torres Strait Islander staff taking a lead in providing engagement and communication supports where families speak Aboriginal and/or Torres Strait Islander languages
- Other Aboriginal or Torres Strait Islander or non-Indigenous staff taking a lead where cultural, community and family ties are too close for an Aboriginal or Torres Strait Islander worker to support the family, and
- staff team discussions focused on cultural issues to promote learning and develop shared understanding.

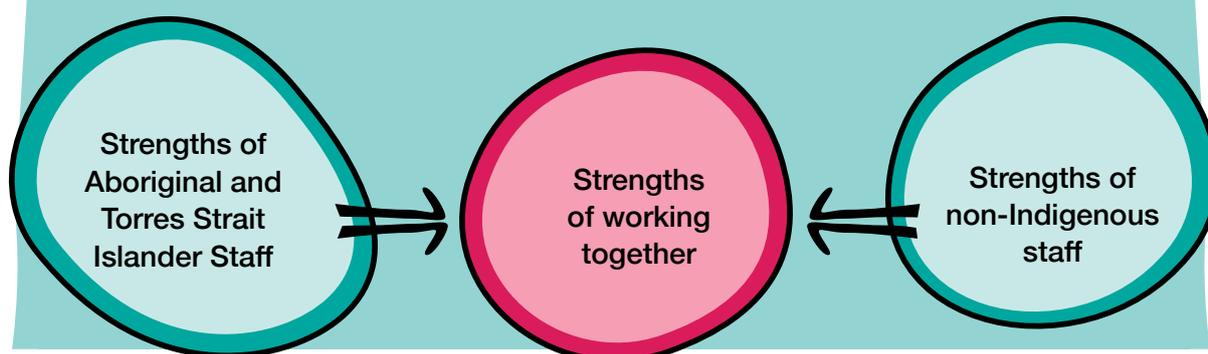
While highlighting the strengths of cross-cultural staff teams, Aboriginal and Torres Strait Islander agencies were also clear on their priority commitment to employment and skills development for Aboriginal and Torres Strait Islander people to work in the services.

REFLECTIVE EXERCISE 2

STRENGTHS OF OUR STAFF TEAM

This activity can be undertaken as a discussion among members of a cross-cultural staff team to explore the strengths of all staff members and how those strengths can be best combined to support strong practice.

You could use a process where each staff member reflects and then names some of their key strengths and where they see their strengths are complemented by the strengths of other team members.



INFORMATION RESOURCE 2: UNDERSTANDING THE EXPERIENCE AND CAUSES OF TRAUMA FOR CHILDREN

Extracted from: www.supportingcarers.snaicc.org.au

WHAT IS TRAUMA?

Trauma is a normal human response to an event or series of events that causes severe psychological stress. Sometimes the trauma felt can have an adverse affect on a person's physical, spiritual and emotional state. People can respond to the same event or experience differently but a traumatic response will generally cause feelings of intense fear, confusion, helplessness or horror.

Trauma can be experienced:

- by people of all ages
- at a personal and family level and by a whole community
- as a one-off event or repeatedly in an environment
- over a period of time through repeated exposure to stressful events or harmful relationships, and
- over a number of generations.

The distress that results from trauma can have an adverse affect on a child's emotional, spiritual, psychological and physical health and wellbeing. When these harmful emotions are not recognised, and healed, they will stay with the child and can be triggered by other events throughout the child's life. This is likely to interfere with their development, wellbeing and happiness.

Home, family, culture and community connections and experiences influence how a child's

brain and emotions develop — both positively and negatively. A child will grow strong in a caring, predictable and stimulating environment.

CHILDHOOD / DEVELOPMENTAL TRAUMA

“Childhood trauma has the potential to interrupt the normal physical, physiological, emotional, mental and intellectual development, of children and can have wide-ranging, and often life-long implications for their health and wellbeing.” – Van der Kolk, 2007

A child who witnesses or lives with prolonged exposure to violence, abuse, neglect or poverty is likely to experience stress levels that causes childhood or developmental trauma.

Childhood trauma can impair brain development that affects a child's wellbeing, their ability to reach growth milestones, to learn and enjoy school, make friends and connect with family and community.

Aboriginal and Torres Strait Islander children mainly experience trauma by their exposure to trans-generational trauma and/or inter-generational trauma within their family and community. Living with people experiencing trauma can also trigger high levels of stress in children.

TYPES OF TRAUMA

There are several different types of trauma. The types of trauma that Aboriginal and Torres Strait Islander children are most likely to experience are:

- trans-generational trauma
- inter-generational trauma, and
- toxic stress,

Trans-generational trauma

Trans-generational trauma occurs when the grief and loss from one generation is passed to future generations. Over time, layers of trauma experienced by people and a community build up and this has a negative impact on people and their community. Colonisation, the Stolen Generation and racist policies and practices are examples of historical events that have caused trans-generational trauma. The impact of these events is still being felt by families and communities today.

Inter-generational trauma

Inter-generational trauma is the trauma that a person carries through their life and passes onto their next generation of family. When Aboriginal and Torres Strait Islander adults pass their trauma onto their children, grandchildren and kinship group, inter-generational trauma is happening. Often children experience inter-generational trauma by observing or experiencing the pain of destructive behaviours within their family.

Toxic stress

“Toxic stress in children—stemming from abuse, neglect, exposure to violence, and/or the stresses of poverty—is a risk to healthy development and its underlying brain function and may increase the risk of a variety of chronic diseases later in life”

– Center on the Developing Child at Harvard University, 2013

Throughout life a person learns how to cope with stress and this is an important part of a child's development. When a child feels stress in a supportive and safe environment their stress levels can return to normal without causing them long-term harm.

When a child is repeatedly exposed or experiences stressful events, especially in an environment that is not supportive or safe, they can feel extreme stress — this is called ‘toxic stress’. A child's toxic stress will be triggered by frequent or prolonged exposure to things such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, family and community violence, poverty or family hardship. The likelihood of a child experiencing toxic stress increases when they do not have someone they trust to care and protect them.

UNDERSTANDING HISTORICAL AND INTER- GENERATIONAL IMPACTS ON THE SITUATION AND NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

In order to support Aboriginal and Torres Strait Islander families it is necessary to understand the underlying causes of issues facing Aboriginal and Torres Strait Islander families in the context of their communities and cultures. These issues are in many cases linked to their individual and community experiences of colonisation, including cultural loss and dispossession, dislocation, forced child removal and resulting entrenched poverty and inter-generational trauma.

Responses must go beyond treating the symptoms of these experiences to a more complex process of healing. In practice this means helping individuals deal with their immediate problems which may relate to trauma, addiction, anger, stress and other issues; while also working at a community level to strengthen connection to culture as part of an ongoing process of healing.

The information resource below provides some background information about what trauma is

and the different types of trauma experienced by Aboriginal and Torres Strait Islander families. It is extracted from SNAICC's *Supporting Carers* website and provided as background information for reflection on what may be causing issues for families.

Understanding the causes of family issues as connected to history and the experiences of injustice and racism that have impacted and continue to impact on whole communities can help family support workers to take a more positive approach to working with families to overcome these impacts, rather than blaming individual parents and family members for the difficult situations they are in.

Historical factors can be the cause of family issues such as mental illness, family violence, drug and alcohol addiction, financial stress and unemployment, and reduced parenting skills and capacity. They can also be the cause of reduced social networks and mean that families don't have the connections and knowledge to draw on support from family, friends, and community services. This may also mean families are disengaged from their culture, which presents a challenge for family support workers seeking to support families through cultural connection. This challenge is explored in the *Learning from Practice* box on the following page.



LEARNING FROM PRACTICE 1: WORKING WITH FAMILIES WHO ARE DISENGAGED FROM THEIR ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE

One of the significant impacts of recent history for Aboriginal and Torres Strait Islander people is that many have become disconnected from their families, communities, culture and country, especially as a result of forced re-locations and forced child removal. Because of racism and stigma used against Aboriginal and Torres Strait Islander people by elements of mainstream society, many Aboriginal and Torres Strait Islander people may also not identify with their culture because they experience feelings of shame.

Reconnection to culture, community and country is vital to the healing journeys of Aboriginal and Torres Strait Islander people, providing opportunities for them to understand and be

proud of their cultural heritage, and draw support from their community. However, this journey cannot be forced or rushed. Children also benefit from connection to and pride in their culture, even when their carers may not practice and connect to culture. This creates a difficult and complex problem for family support workers trying to support the best interests of children.

The Victorian Aboriginal Child Care Agency's Stronger Families team has put significant work into reflecting on how they can support families where the parents are not strongly engaged with culture. Below are some strategies they have identified to work respectfully with children and families to support their connections.

Where there is obvious disengagement with culture, build a strong relationship first before raising it for conversation.

Invite children, parents and carers to participate in group activities run by Aboriginal agencies, giving them the opportunity to explore cultural connection through fun and socialisation.

Share your own positive views on the strengths of Aboriginal and Torres Strait Islander cultures to counter negative stereotypes and views.

Discuss the family's views about culture with them to help you understand how they view themselves in relation to their culture.

Listen to the family to find out how far they are ready and prepared to go with exploring culture — don't push them or they may disengage further.

Recognise that the journey to reconnect with culture is long and difficult — you may only be able to support in a small way.

QUESTIONS FOR REFLECTION

1. How can you support Aboriginal and Torres Strait Islander families you work with to connect and draw strength from their cultural heritage without violating their right to decide when, how, and if they engage with their culture?
2. What strategies could you use to support children to develop a strong sense of cultural identity and pride if their parents are not strongly engaged with culture?

PRACTICE FOCUS AREA 2

BUILDING TRUSTING RELATIONSHIPS AND PARTNERSHIPS WITH FAMILIES

2

PRACTICE
FOCUS AREA

Intensive family support services will almost always be voluntary in nature, which is often considered a strength, because families have to want to change their circumstances in order to be able to achieve a meaningful and lasting change.

However, the voluntary nature of these services is often debated, because in many cases families are referred from child protection services and will know that their failure to accept the service and participate could result in the removal of their children into out-of-home care. In some ways this can also be viewed as a strength, providing a crisis point to leverage engagement off and an intrinsic motivation for families to 'get the Department out of their lives.' Distinguishing the role of the family support service to assist from the role of the Department to investigate is considered critical in effective engagement, and is addressed in further detail under *Practice Focus Area 6* below.

The nature of the crisis and issues for the family is likely to mean that there is significant work to be done to build a trusting relationship. It will often require working with a family from a point that may involve anger and frustration at the intervention of others in their lives to a point where they are able to acknowledge the challenges, accept help and work towards change. This section of the guide provides information and ideas for effective engagement practice across three key areas.

CORE REFLECTION AND LEARNING AREAS

1. Effective engagement strategies
2. Specific Aboriginal and Torres Strait Islander cultural considerations for engagement
3. Learning from engagement ideas that work for others and planning your strategies

EFFECTIVE ENGAGEMENT STRATEGIES

This learning area provides descriptions of a number of effective strategies that can be used to build initial engagement and effective supportive relationships with Aboriginal and Torres Strait Islander families.

PERSIST AND BE PATIENT TO ESTABLISH INITIAL ENGAGEMENT

Developing a relationship that is based on mutual trust takes time. Families may initially be angry about the intervention in their lives. Agencies that contributed to the development of this

resource emphasised the need to be persistent and patient. This may require active outreach to connect with the family in the beginning using different methods such as home visits, phone calls, text messages and leaving notes. Organise visits with the family so they feel respected, and don't associate your visit with surprise investigation that may be conducted by child protection services. It can be good to let the family know that they can have a support person present if they want. Being flexible and meeting the family in different locations where they feel comfortable can be important to effective engagement. The Learning from Practice boxed text below highlights a number of strategies for assertive outreach and active engagement.

LEARNING FROM PRACTICE 2: ACTIVE ENGAGEMENT

The Central Australian Aboriginal Congress has developed helpful practice guidance on strategies for active engagement as detailed in this extract from its targeted family support operational manual.

'Active engagement strategies are needed to address high refusal rates, high attrition rates and barriers to accessing services. They aim to increase the initial uptake of services and increase the retention of families within the service system. Active engagement strategies that influence the initial uptake of services by families include:

- prompt initial response
- quick follow up
- face to face contact
- frequent maintenance of contact
- multiple follow-ups if there is no response
- active community outreach, and
- joint outreach with a universal service or partnership with a CCPW.

To increase retention rates, active engagement strategies include:

- a focus on the importance of the communication style, such as respecting the family, being supportive and non-punitive, using verbal encouragement and including the family in discussions and decisions
- providing practical, material support early
- providing services in a way that is easily accessible for parents
- maintaining contact with the family.'

YARN TO BUILD TRUST AND GIVE THE FAMILY A CHANCE TO TELL THEIR STORY

Adopting a 'narrative approach' or 'yarning' with Aboriginal and Torres Strait Islander families can be important in the early stages of engagement when families need to be provided with the space to tell their story. Trying to find out information through more formal questioning may not make families feel comfortable to talk and may be culturally inappropriate. The story the family relates will reflect their perception and understanding of the circumstances that lead to the situation they are in. Be open to the idea

that the family's story might sound very different from the background information provided to you about the family from other services — they may not have had the time or connection to learn the full story. The style of language used in the narrative approach is *invitational* rather than *directive*. Ask a family about their story, their issues, and what they want to change. There may be a time for providing clear ideas and direction, but it should come after trust has been built and the family has had a chance to tell their story so that you are listening to them and starting from where they are and what they need.

REFLECTIVE EXERCISE 3

INVITATIONAL AND DIRECTIVE LANGUAGE — WHICH DO I USE?

Read through the examples below and reflect on how you talk to clients. When is it important to be invitational, and when do you need to be directive? If you're doing this exercise with your team, try doing a role-play to get a sense of how things might play out differently if your clients are 'asked' or if they're 'told'.

INVITATIONAL	DIRECTIVE
'What do you think is stopping you from getting dinner ready for the kids?'	'You need to get off the grog'
'What do you want for your kids in the future? How can you help them get there?'	'Those kids have to be in school'
'What help do you need to get things working around here?'	'This place is a mess. Let's start cleaning!'
'Why aren't you turning up at the health service?'	'If you don't get those kids along for their health checks they're going to get taken off you'

ENGAGE WITH PURPOSE

It is important to make clear to families what the purpose of the service is, what your role is and what you are offering to do to support. Building an effective support relationship with the family requires letting them know and demonstrating that you are there to work with them to build on their strengths and address issues that are affecting their capacity to care for their children. Purposeful engagement includes following a strong process of engaging, assessing needs, setting goals with the family, and working towards and reviewing those goals. This is different to taking a 'scattergun' approach that responds only to immediate problems, rather than a purposeful plan to change things for the family. To stay engaged families need to see that they are working on something important — that changes are possible and are happening.

ADOPT A NON-JUDGMENTAL GENUINE WILLINGNESS TO SUPPORT FAMILIES WHO ARE DOING IT TOUGH

A strengths-based approach to working with families should be adopted over an adversarial or deficits approach. It is not helpful for families to be told they 'lack parenting skills', or 'can't meet the children's needs'. It is more helpful to acknowledge the many challenges facing families that make effective parenting difficult. It is also important to acknowledge the aspects of family life they are dealing with successfully despite the adversity they face. There is further information on strength-based approaches in *Practice Focus Area 3* below.

ADOPT A CHILD-CENTRED APPROACH

The vast majority of Aboriginal and Torres Strait Islander families, like the vast majority of all families, love and care deeply for their children, even if family issues are preventing them from providing the best care. Families are more likely to engage if they understand the impact that family issues are having on their children's wellbeing, and that changes will benefit their children. Taking the time to talk with families about what they want for their children, and how family problems affect their children can support their motivation for change and help them to understand how important they are as parents and carers in the lives of their children.

ASSUME FAMILIES HAVE THE MOTIVATION AND CAPACITY TO MAKE CHANGE UP UNTIL A POINT WHERE THERE IS CLEAR EVIDENCE THAT THIS IS NOT THE CASE

A strengths-based approach for working with families assumes that all families want to do what is best for their children. Effective support can best be offered if family support workers genuinely believe change is possible. Initial impressions of a family can be deceptive, and family support workers may at times absorb the family's sense of being overwhelmed by the adversity they face or may be drawn into the chaos they observe. It is important to be aware of this, stay positive and help families break things down into small manageable steps.

SUPPORT FAMILIES TO SET AND WORK TOWARDS MEANINGFUL AND MANAGEABLE GOALS FOR CHANGE

Depending on how ready the family is, you may be able to help the family begin their journey of change straight away by ‘kicking some early goals’. This journey requires a clear map, which in practice means setting goals with the family. In the early stages of the change process, successfully completing small goals can be very motivating. More information about planning and goals setting with families is included under *Practice Focus Area 5* below.

LOW CASELOADS

A key to positive engagement with families is to work with a manageable caseload. A small caseload allows family support workers to spend the time and emotional energy to work intensively with families, including putting energy into engaging and relationship building. Caseloads won’t always be in your direct control, but it is important for family support teams to have ongoing discussion about what level of caseload is effective with each other, management, and funders.

SPECIFIC ABORIGINAL AND TORRES STRAIT ISLANDER CULTURAL CONSIDERATIONS FOR EFFECTIVE ENGAGEMENT

The list below is based on consultations with services that participated to inform this resource. It highlights a number of specific additional cultural considerations for effective engagement with Aboriginal and Torres Strait Islander families. These considerations will vary significantly for different cultural groups and service locations and are provided here only as examples to explore with local Aboriginal and Torres Strait Islander community and colleagues. Cultural issues may affect:

- **The timing of your work with families:** Aboriginal and Torres Strait Islander families have family and community commitments that go well beyond typical mainstream expectations of work, school and immediate family life. Sorry Business, Men’s Business or Women’s Business may need to take place before a family is ready to engage. Try to find out what cultural commitments the family may have and how they will impact on engagement.

- **Your relationships with particular family members:** Cultural protocols may affect who makes decisions in the family and who needs to be involved in discussions about the family. Involving Elders, kin and other community members may be important, and can also be a positive support for the immediate family. However, having particular family and community members knowing their business could be a source of shame for parents and needs to be approached carefully. Cultural protocols may also impact how you should interact with family members of different genders and particular business may not be able to be addressed except between men, or between women.
- **Your acceptance as an appropriate support person:** Some Aboriginal and Torres Strait Islander families may view non-Indigenous workers as threatening or believe they are not able to understand and relate to their situation. The experiences of the Stolen Generations continue to directly impact the views of many people and they may be more likely to associate a non-Indigenous worker with the type of outsider intervention that caused that harm. Your partnerships with Aboriginal and Torres Strait Islander agencies and workers will be vital to overcome these barriers.

LEARNING FROM ENGAGEMENT IDEAS THAT WORK FOR OTHERS AND PLANNING YOUR STRATEGIES

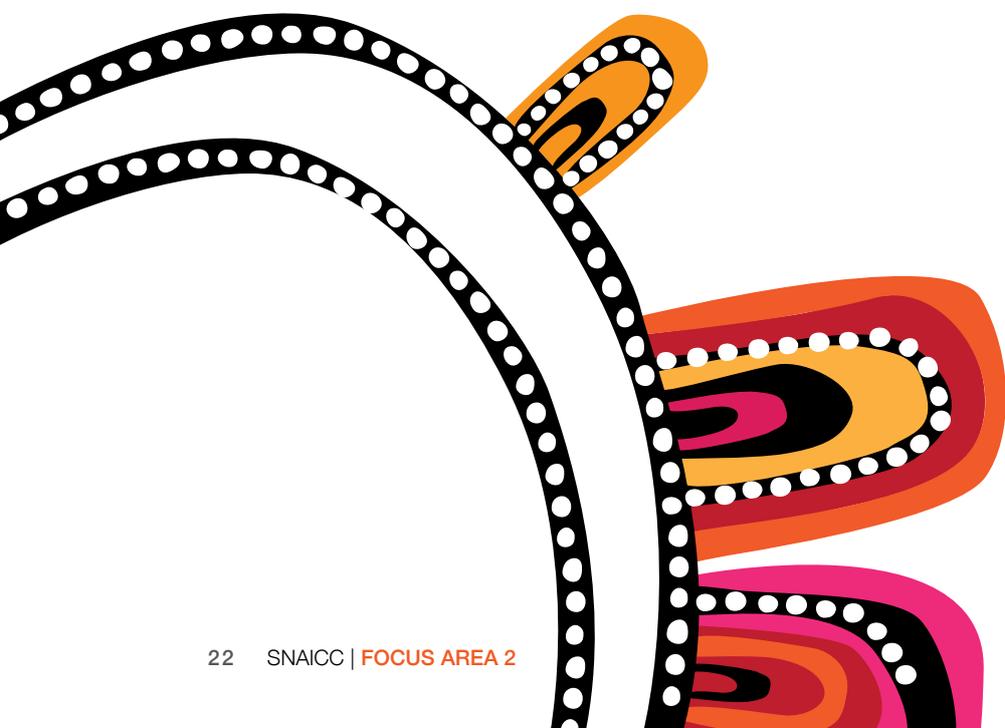
The reflective exercise on the following pages provides a range of engagement practice ideas from workers in the intensive family support services that informed this guide. It is a tool for learning from practice and planning strategies drawing on your own knowledge.

LEARNING FROM PRACTICE 3: ENGAGING AND EMPOWERING FAMILIES

The table below presents some ideas from family support workers about how they go about successfully connecting, building relationships with, and supporting Aboriginal and Torres Strait Islander families. The table on the opposite page provides a space for you to plan your own strategies building on these or from your own practice knowledge.

WHAT OTHER FAMILY SUPPORT WORKERS SAY WORKS	REACH OUT AND CONNECT	LISTEN, LEARN AND BUILD TRUST	RESPECT AND EMPOWER	TRACK AND CELEBRATE CHANGE
	Be persistent and consistent. Families may have seen many workers come and go, so it will take time to accept and trust you.	Yarning will be important to build relationships. Let the family tell their story at their pace as they come to trust you.	Recognise families as the experts in their own lives and encourage them to identify the issues and propose solutions.	Review plans that families have made with you and highlight the changes and successes.
	Plan your visits with the family. Don't show up unannounced or they may think you are like the child protection worker — there to investigate.	Remember that each family is different. Listen to their unique story and don't judge them based on your experience with others.	Let families review the notes and plans you write. Give them the chance to confirm them or to say 'no, that's not right.'	Document changes and family strengths. One idea is for you or the family to photograph activities and events.
	Remember to respect a person's home and privacy. Always ask if it's okay to come in and ask before providing help.	Help the family out with their immediate practical needs and tasks. Once they see you are there to help they will be more willing to talk.	Always follow-through on what you say you will do for the family and let them know you expect the same.	Ask families to tell their stories of change so that they recognise and acknowledge their own successes.
	Meet families in places that are safe and comfortable for them. Give them control over the time and place.	Be upfront with families about the service, including what support you can provide and how long you will support for.	Listen to children to hear their perspective on what they want to change in the family and support them to talk to parents.	Request the family's permission to share successes with the child protection service.

WHAT I KNOW WORKS OR WHAT I WANT TO TRY	REACH OUT AND CONNECT	LISTEN, LEARN AND BUILD TRUST	RESPECT AND EMPOWER	TRACK AND CELEBRATE CHANGE



PRACTICE FOCUS AREA 3

IDENTIFYING THE NEEDS OF CHILDREN AND THEIR FAMILIES

3

PRACTICE
FOCUS AREA

This practice focus area deals with the assessment of a family's needs and the services that can be offered to address these needs. This stage of work comes after the initial risk assessment and addresses a different question to that asked in the risk assessment. Risk assessment is concerned with establishing how safe a family situation may be and whether a child is safe to live in their family. A needs assessment asks what needs to change to ensure the parents and extended family is able to keep their children safe, healthy, nurtured and loved. A risk assessment focuses more on the short-term while a needs assessment addresses the long-term functioning of the family and informs goal setting and case planning.

Intensive family support workers also need to be concerned with risk assessment and be aware of where levels of risk for children become too high and may require them to notify concerns to and work closely with the statutory child protection service. Both risk assessment and effective work with the statutory agency are addressed under *Practice Focus Area 6* below.

To identify the needs of a family it is necessary to have a framework to organise thinking around assessment, case planning, the most appropriate services for the family and how changes in the family can be evaluated (particularly when statutory child protection agencies are involved and interested in the outcomes). This focus area presents a framework that intensive family support services can use as a guide to reflect on, inform and develop their approach to strengths and needs assessment with Aboriginal and Torres Strait Islander families.

In their discussions with families and other agencies, it is important that family support workers can describe what they see as the strengths in the family and identify the areas of family life that need to change for the wellbeing of the child. This goes beyond simply drawing up a list of strengths and weaknesses and involves addressing *how* and *why* these strengths and weaknesses are important.

Poor quality housing, overcrowding, financial strain and other forms of adversity could be classified as 'risk factors' and identified as issues that need to change. But being faced with these adversities does not necessarily cause child abuse and neglect. It is important not to

confuse the challenges associated with poverty with child maltreatment. An important task for family support and child protection workers is to distinguish families who can provide a safe and nurturing family environment for their children in spite of adversity, from families who are unable or unwilling to do so.

The SNAICC (2013) resource *Whose Voice Counts* considers Aboriginal and Torres Strait Islander participation in child-protection decision-making. The report analyses current legal, policy and systems effectiveness in enabling the voice of Aboriginal and Torres Strait Islander in communities in decisions made for their children.

Many services will use assessment tools to assist in identifying the needs of children and families. Tools for assessment are primarily addressed under the *Supplementary Learning Area* at the end of this resource.

CORE REFLECTION AND LEARNING AREAS

1. A guiding framework for needs and strengths assessment
2. Understanding strengths of Aboriginal and Torres Strait Islander child rearing practices
3. Assessing capacity to change

A GUIDING FRAMEWORK FOR NEEDS AND STRENGTHS ASSESSMENT

“Cultural identity is not just an add-on to the best interests of the child. We would all agree that the safety of the child is paramount. No child should live in fear. No child should starve. No child should live in situations of neglect. No child should be abused. But if a child’s identity is denied or denigrated, they are not being looked after. Denying cultural identity is detrimental to their attachment needs, their emotional development, their education and their health. Every area which defines a child’s best interests has a cultural component. Your culture helps define HOW you attach, HOW you express emotion, HOW you learn and HOW you stay healthy.” Muriel Bamblett

This framework presents a holistic set of family needs and strengths factors that should be considered when assessing the needs of Aboriginal and Torres Strait Islander children and families and deciding what supports need to be provided. Resources and ideas for providing supports matched to need are addressed under *Practice Focus Area 4* below.

1. CULTURAL NEEDS OF CHILDREN

All children have a basic set of needs. These include personal safety, physical health, social connection with others, emotional security, opportunities to learn, and an appropriate level of structure in their lives. Children need to be protected from threats in the environment when they are too young to care for themselves. They need a healthy diet, regular sleep and exercise. They need people to help them learn. Children need parents and other family members to love them and nurture them.

Aboriginal and Torres Strait Islander children have specific cultural and spiritual needs beyond this: to know where they come from, know who they are, know who they belong to and where they belong. They have a need and right to practice and maintain cultural values, beliefs and practices. All these needs need to be understood in the context of a community that shares that culture. As Muriel Bamblett and colleagues (2012) explain, assessment cannot only be individually focused: *“the assessment of an individual’s social and emotional status independent of the family and community is an alien concept to Aboriginal people as well as being ecologically uninformed.”*²



Despite the recognised importance of cultural connection and identity to the wellbeing of Aboriginal and Torres Strait Islander children, there is a significant gap in available assessment tools for measuring these.³

The SNAICC (2012) resource **Aboriginal and Torres Strait Islander Children’s Cultural Needs** describes some of the important cultural needs of Aboriginal and Torres Strait Islander children. This important resource was informed by extensive research that reviewed the literature and consulted Aboriginal and Torres Strait Islander agencies and professionals on approaches to assessing the wellbeing of Aboriginal and Torres Strait Islander children.⁴ The cultural needs diagram below, extracted from the resource, provides a starting point for understanding what the cultural needs of Aboriginal and Torres Strait Islander children are and thinking about ways to assess whether they are being met and how they can be better supported.

REFLECTIVE EXERCISE 4

ASSESSING CULTURAL NEEDS

Obtain a copy of the SNAICC resource, *Aboriginal and Torres Strait Islander Children’s Cultural Needs*. Read through it and reflect on the different needs represented in the diagram. Brainstorm a list of ways you think you could observe or find out if children’s cultural needs are being met. How could you tell? Who would you ask? What would you ask?

Aboriginal and Torres Strait Islander Children’s Cultural Needs
 Extracted from: SNAICC (2012) *Aboriginal and Torres Strait Islander Children’s Cultural Needs*



A number of agencies that contributed to inform this resource have adapted practice tools for gathering information about children and families to help ensure they have the information they need to be able to assess cultural connection and needs. The boxed text below describes these adaptations.

LEARNING FROM PRACTICE 4: GATHERING IMPORTANT CULTURAL INFORMATION TO INFORM ASSESSMENT

The Townsville Aboriginal and Islander Health Service (TAIHS) and the Victorian Aboriginal Child Care Agency (VACCA) have made similar adaptations to assessment and incoming referral forms to ensure that important information about a family's cultural background and connection is gathered to inform the assessment of family strengths and needs. These include the development and recording of genograms that help to locate the child's needs in terms of their family and community connections and supports.

For example, VACCA's *Family Assessment Report* requires family support workers to record information about:

- the cultural identity and heritage of the child's mother and father
- the networks of support that the family identifies, including their connection to an Aboriginal community and services
- a list of significant family members, including extended family, and
- a family genogram.

Practical guidance and examples for completing a family genogram are available in the Victorian Department of Health and Human Services Cultural Support Plan Form, which was informed by the input of Aboriginal organisations and stakeholders. The form is available for download from the department's website.

2. CULTURAL STRENGTH OF PARENTS, CARERS AND FAMILIES

Assessing the needs of families and children also requires an assessment of their strengths. Exploring the strengths of families is critical to understanding the skills, knowledge, values and support networks that will enable them to find their own ways of dealing with the challenges they are facing. Aboriginal and Torres Strait Islander families commonly draw significant strength and support from their cultural connections and practice.

Family support workers have described that visual tools can be particularly useful to engage and open up discussion with family members.

One resource that is used by a number of services that contributed to inform this resource is SNAICC's ***Talking up Our Strengths Cards***. The 22 picture cards display images themed around areas of Aboriginal and Torres Strait Islander cultural pride, strength and resilience. It will be important to establish where a family is at in terms of their connection to culture when deciding whether this resource will be helpful for working with them. The guide on the following pages provides some ideas for how this resource can be used in practice.

RESOURCE GUIDE: TALKING UP OUR STRENGTHS

Extracted from the SNAICC *Talking up Our Strengths* guide, available at www.snaicc.org.au



Talking up Our Strengths names and celebrates the strengths of the world's most enduring cultures. These family snap-style photos show people being 'strong in culture,' depicting some of the strengths and values that are so deeply rooted in Aboriginal and Torres Strait Islander cultures. These cards are conversation triggers. They can be used with individuals or with groups. Change and understanding can be triggered by a picture, a word, by talking up, yarning up and storytelling. These images offer a way to nurture pride and help people put into words a memory, feeling, idea, hope, or dream.

HOW TO USE THE CARDS

There are three main ways of using the cards – Random Choice, Sequencing or 'The Three S Method' (Spread, Scan, Select).

1. Random Choice Method

Hand out cards randomly, ask people to take a card from the pack or spread the cards out face down so that participants can choose a card without seeing the image. Some focus questions for using the cards in this way include: What meaning does this card have for you? Does this card relate to big issues in your life now or in the past? What stories can you tell about the strengths portrayed in this card?

2. Sequencing Method

Order the cards, or invite participants to order the cards, to show a story or relationship

between ideas. Some focus questions for using the cards in this way include: Looking back over your life, when did you become aware of your strengths or when did these strengths become important to you? Can you order the cards to tell this story? Can you order the cards to show how important certain aspects of your life are to you? How do your strengths (or strengths in your community or family) build on each other? What strengths are needed before others can grow? In the future, what strengths would you like to see developed in your life? In your family? In your community? In Australian society? In which order?

3. The three S method (spread, scan, select)

Spread the cards randomly, face up on a table, on the floor or on the ground, and invite people to select a card based on one or more of the questions or invitations listed below. You can then provide people with the opportunity to share why they chose that card (noting that some people may be happy to choose, but not comfortable to share). Some questions or invitations to help use the cards in this way include: Would you like to choose a card that holds a strong message for you at this time? Which card(s) contain words that you find especially meaningful? Which pictures stand out to you? Please choose one or more cards that help you feel hopeful. Are any of the cards challenging for you and would you like to choose one that stands out in this way?

3. EMOTIONAL CONNECTION BETWEEN CHILD AND CARERS

In all cultures, children develop a sense of security, the feeling of being safe and loved — from a close emotional connection with mothers, fathers, uncles and aunts, grandparents and others close to them. In non-Indigenous families a distinction is often made between the nuclear and extended family. The nuclear family is generally seen to be primarily responsible for the upbringing of the children in that family.

In all cultures, the outcomes for children are better when they have a primary attachment with at least one of these people. This is a carer or carers who consistently watches over the child and is sensitive and responsive to the child's needs. The carer will notice when the child is hungry, tired, angry or in need of a cuddle. When a child's emotions well up, this trusted loving adult will help the child contain those emotions. The primary carer will do what they can to provide the structure and encouragement the child needs to reach their developmental milestones. The presence of a sensitive and responsive carer is a significant 'protective factor' — a strength in the family that will help the child thrive even when the family is facing adversity in other areas.

Children are even more protected from harm when they also have other trusted adults watching over them. Aboriginal and Torres Strait Islander children living in a family connected to community and culture will have this experience. There are significant questions about whether Western theories of children developing secure attachment to a single caregiver (usually the mother) apply in Aboriginal and Torres Strait Islander communities. Mistakes can be made in assessing a child's wellbeing when negative assumptions are made about a child's lack of attachment to a primary carer, or multiple attachments with other carers.

A collective community focus on child rearing is a core value that is common across Aboriginal and Torres Strait Islander cultures. Aboriginal and Torres Strait Islander kinship systems are dynamic and complex social structures that define how individuals relate to each other in terms of their roles, responsibilities and obligations. The concept of 'one community many eyes' describes the idea that within kinship systems there are many people (including relatives, Elders and siblings) with obligations and responsibilities to watch out and care for children.⁵ For practitioners considering the care strengths and needs of a child, assessment must extend beyond a question about a primary carer to ascertain who else is involved in the care of the child and the extent to which the child is embedded within a community of caring.

There is evidence that in fact children can have a secure attachment with more than one person. Fathers matter, as do grandparents, aunts, uncles and a range of other highly involved and familiar people who have provided a consistent and sensitive caregiving relationship across a child's life. While there has been no systematic investigation of the extent of attachment relationships in collective cultures, it is important to recognise that a child living in a community may in fact have attachments to several key people in their lives.

When families are under a lot of stress, and not functioning well, and when they are disconnected from extended family and the wider community, the emotional connection with the children can suffer. Children find the absence or inconsistent presence of a trusted adult frightening and overwhelming. One role of the family support worker is to assess the quality of the emotional connection and look for reasons why it is weak or inconsistent. This is particularly important when children have experienced trauma. For these children the world is a more threatening place and they need extra reassurance that they can be safe and secure.

There are many reasons why parents become emotionally disconnected from their children and some are very understandable. For example, a parent who has experienced the trauma of physical assault during a family violence incident would have less capacity to provide the emotional support they know the child needs at that time. When a house is overcrowded it can be difficult to spend quality time with a child. Parents cannot be fully emotionally connected to their child when they are under the influence of drugs, alcohol or other substances. On the other hand, overcrowding, substance misuse and other issues that could be labelled 'problems' do not always result in a poor emotional connection with a child. A family support worker who spends an evening in an 'overcrowded' household may witness a range of high-quality interactions between people. It is possible for parents to manage their substance use so that it does not adversely affect their children and for other family or community members to fill some of these gaps.

4. WELLBEING FOR PARENTS AND CARERS

The wellbeing of parents and carers has a significant impact on their capacity to care for children and is an important consideration in any assessment of a family's needs. Mental health problems such as depression, anxiety, substance misuse and the impact of inter-generational trauma can make parenting very difficult.

When the problems are severe, the parent may have difficulty providing for the child's

basic needs. Less severe problems can lead to a poorer quality emotional connection with their children — as discussed in the previous section. Through a non-Indigenous lens, support for these parents might only involve specialist help through a referral to health or other support service. This may be important and referral practice is discussed under Practice Focus Area 4 below. However, for Aboriginal and Torres Strait Islander carers, issues may be linked to intergenerational trauma resulting from colonisation and require different healing-focused responses.

The diminished connection with cultural identity and breakdown of families and communities has, for a minority of Aboriginal and Torres Strait Islander people, resulted in reduced capacity to care for children. As an example, in the *Bringing Them Home* report a case is described of a mother who found it hard to hug her child when the only hug she had received herself as a child was in the context of rape.⁶ On becoming a mother it is understandable that this person would have difficulty forming a close emotional connection with her children — and that this lack of connection may later impact on their children. Without thinking about and understanding this context, a parent could be seen simply to be in need of parenting skills, including being taught more positive ways of interacting with their children. When reflecting on the context and the history, a family support worker can recognise that the mother has unresolved grief and trauma that would need to be addressed in order for any parenting support program to have a real benefit. Further, dislocation from culture, including knowledge of traditional ways of growing up children, could be a source of shame and regret for a parent that needs to be addressed first before they can connect and draw on the strengths of their culture to care for children.

5. PARENTING SKILLS AND PARENTING VALUES

Through a narrow lens, the term ‘parenting skills’ is sometimes used to refer only to disciplinary strategies parents use to manage a child’s behaviour. In some parenting programs children’s behaviour is managed by giving rewards (such as the parents attention or a star on a star chart) when the child is good, and a punishment (such as time out) when the child misbehaves. An assessment of parenting skills is carried out to determine whether or not parents lack these skills. If they do, the parent would be referred to a parenting program that teaches these parenting skills.

Taking this mainstream approach may not work for Aboriginal and Torres Strait Islander families

that have very distinct child rearing practices that vary for diverse cultures and communities, and between urban and more remote environments. Despite cultural variations, and the impact of colonisation, the parenting skills and values of Aboriginal and Torres Strait Islander parents have a number of common characteristics and have continued to develop within contemporary and urban Aboriginal and Torres Strait Islander cultures.⁷

Some of the strengths of Aboriginal and Torres Strait Islander parenting are recognised to include community caring, extended family support, and supporting autonomous learning for children. Making assessments without considering different parenting styles can lead to a range of misconceptions about whether a child is being properly cared for. Some specific differences in parenting and common misconception are discussed in the following section of this resource.

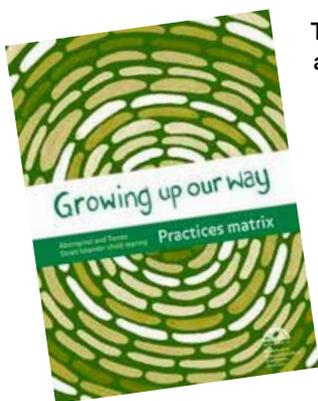
6. PRACTICAL NEEDS AND BARRIERS

For some families who are experiencing high levels of poverty and disadvantage, some of their most immediate and pressing needs will relate to everyday practical issues, like having enough money to pay the rent and put food on the table, and dealing with disorganisation in the home that may result from having to deal with a large number of life challenges and stresses.

Immediate practical challenges that families are facing can often act as barriers to the family engaging with other supports. Interventions to support parenting practice for example, are likely to be ineffective for parents and carers who feel they are not able to provide for their children’s basic needs, or who don’t have any routines and systems in place for remembering and getting to appointments.

There may also be immediate practical needs that have to be addressed where situations of family violence are present. While family violence is difficult to address — requiring a range of different supports — the need for mothers and children to be and feel safe may be an urgent first issue to address. This will involve looking at what supports and plans they have in place to ensure their safety. The assessment of needs in the context of family violence will overlap very significantly with the assessment of risk for the mother and child as discussed under Practice Focus Area 6 below. There will be many circumstances where the presence or imminent threat of family violence makes the situation too unsafe for women, children and family support workers and will require the engagement of legal, law enforcement and/or child protection service supports.

UNDERSTANDING STRENGTHS OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILD REARING PRACTICES



This learning area provides information about different child rearing practices that are common in many Aboriginal and Torres Strait Islander cultures. It is important to remember that these will vary from one community or culture to the next, and depending on the level of connection a family has to their cultural practice.

Aboriginal and Torres Strait Islander child rearing practices are closely tied to family and kinship systems within Aboriginal and Torres Strait Islander communities. One of the defining features of care for children in most Aboriginal

and Torres Strait Islander communities is that a large number of family and community members take responsibility, including siblings, cousins, aunts, uncles, grandparents and Elders. General information about Aboriginal and Torres Strait Islander family structures can be found in SNAICC's *Working and Walking Together* resource.

The information in the table below is primarily drawn from a range of sources that are profiled in SNAICC's *Growing Up Our Way* resource which provides a collation of literature on Aboriginal and Torres Strait Islander child rearing practices. The table also draws on the final report of the SNAICC (2004) *Indigenous Parenting Project* and an article by Lahoar and colleagues (2014) on the strengths of Aboriginal and Torres Strait Islander child rearing practices.

Some spaces are left blank in the table for you to add knowledge from your local community about cultural child rearing practices and how they might be interpreted.

COMMON ABORIGINAL AND TORRES STRAIT ISLANDER CHILD-REARING PRACTICES

Children are provided space and encouraged to explore and take risks from a young age to develop responsibility, independent learning and lifeskills.

Care is provided by many family and community members with different responsibilities. Other community members provide support for parents and many watchful eyes to keep children safe.

Children are respected members of a community who are encouraged to express their independent views and take on caring roles for siblings and other community members.

Multiple family and community members provide food for children, not only parents.

Large numbers of extended family members come to stay in the family home when they are travelling for community and cultural business – often contributing to cultural and community connection for children.

Children share rooms, beds and mattresses with siblings, cousins and other family members as a normal part of family life and/or because of inadequate space in the house.

Children are taught to respect their Elders and Elders play an important role in passing on cultural knowledge and traditions, and providing care for children.

MISCONCEPTIONS THAT CAN ARISE FROM NOT UNDERSTANDING CULTURAL DIFFERENCES IN CHILD REARING

Parents are not protecting their children from harm by allowing them to roam freely and expose themselves to risk.

Children are not forming positive attachments with a primary carer. They are not being watched over by their parents to keep them safe.

Children are not adequately disciplined because they don't respond to the authority of adults. Children are neglected by parents because they are cared for by siblings.

Children are neglected because there is not enough healthy food in the home.

Children are being exposed to unacceptable levels of risk because of so many adults in their lives that could be unsafe for them. The home is chaotic and unstable.

Children are being exposed to unacceptable risks from the family members they share beds and rooms with. Children aren't being provided with comfortable sleeping arrangements.

Parents are not playing a strong enough role in their children's upbringing because grandparents and other Elders are having to step in.

REFLECTIVE EXERCISE 5

STRENGTHS-BASED ASSESSMENT OF ABORIGINAL AND TORRES STRAIT ISLANDER PARENTING

An important reflection for any family support worker is to think about where the line is between what could be seen as a cultural strength in child rearing and what may actually be a parenting problem. For example, where is the line between a strong cultural child rearing practice of giving children freedom to explore and learn, and a negative practice of not actually looking out for the children? How do we know the difference between when a child is being watched after by kin and community, and when a family is isolated and the child may not have other carers?

Discuss in your family support team how you can focus on strengths, but still recognise the challenges and risks families are experiencing.

ASSESSING CAPACITY TO CHANGE

While the first section in this focus area addressed the areas of child and family wellbeing that are important to assess, this section focuses on the process of assessing change for families over time. An assessment of a family's capacity to change is an assessment carried out over several months. Initial assessments of a family are focused on assessing the immediate risk of harm, while subsequent assessments are focused on establishing the strengths and difficulties for a family. Risk, strengths and needs assessments are all limited in what they can tell us about a family's willingness to engage with a family support service, make the necessary changes and sustain the changes over time. A capacity to change assessment addresses these issues.

More information about conducting capacity to change assessments can be found online:

- A research report providing a review of current evidence regarding assessing parental capacity to change: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330332/RR369_Assessing_parental_capacity_to_change_Final.pdf
- A 'Research in Practice' webinar by Prof Jane Barlow on assessing parental capacity to change: <https://vimeo.com/68998753>

Relevant journal articles on assessing capacity to change include:

- Harnett, P.H. (2007) 'A procedure for assessing parents capacity for change in child protection cases', *Children and Youth Services Review*, 29(9), pp. 1179-1188.
- Harnett, P.H. and Day, C. (2008) 'Developing pathways to assist parents exit the child protection system in Australia', *Clinical Psychologist*, 12(3), pp. 79-85.

The diagram below presents a process for conducting a capacity to change assessment. Most of the individual stages in this process are addressed in detail in other areas of this resource.

Process for conducting a capacity to change assessment

1. Comprehensive assessment of the child and family
Based on conversation, observation, referral information, and the use of assessment tools.



2. Make sense of the information you have gathered
Think about how and why strengths and challenges for the family exist. Use a framework like the one described under Practice Focus Area 3 to think about what needs to change for the family.



3. Identify and define goals for change
Engage the family in a process to set specific, achievable, realistic and timely goals for change. This process is described under Practice Focus Area 5.



4. Provide support to help the family reach their goals
Based on the strengths and needs identified, provide or help the family to access a holistic range of practical, therapeutic, educational and advocacy supports. Refer to Practice Focus Area 4.

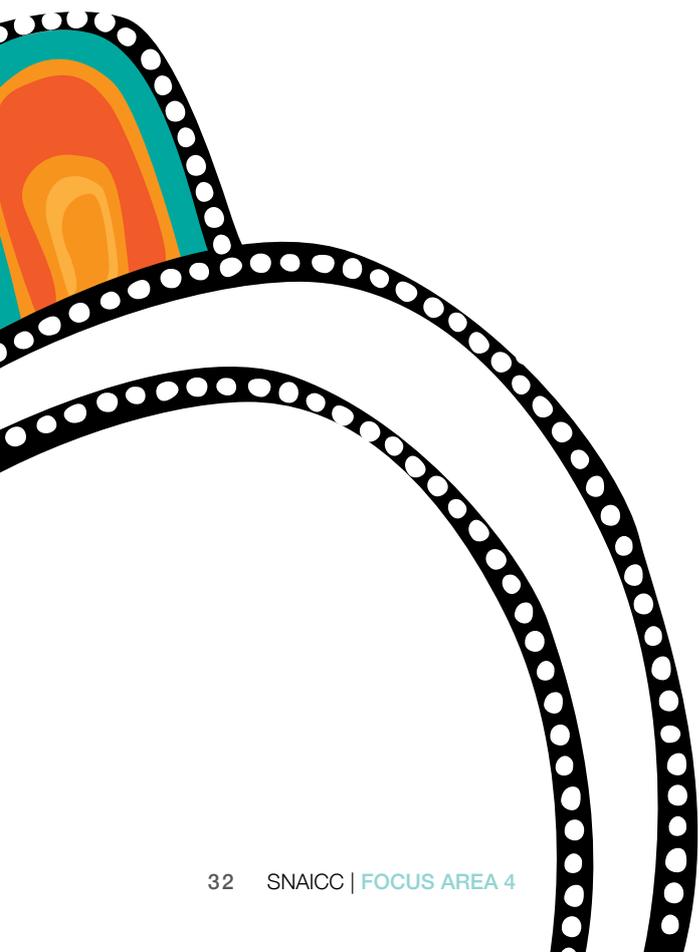


5. Assess the family's response to support and success in achieving their goals
Repeat step 1 to assess what has changed for the family. Measuring the extent of change will help you to assess the capacity of the family to draw on supports and make change.



6. Plan next steps based on the changes that have taken place
This stage may involve reviewing goals, continuing support, reducing support, celebrating with the family or reporting progress to child protection and other services.





PRACTICE FOCUS AREA 4

PROVIDING AN APPROPRIATE MIX OF PRACTICAL, THERAPEUTIC, EDUCATIONAL AND ADVOCACY SUPPORTS

Families experiencing multiple and complex needs require a broad range of supports from assistance with everyday practical tasks, to therapeutic supports that address deeper needs and problems, and advocacy supports that help them to navigate the web of different services and relationships in their lives.

For a service providing intensive support to a family, the family's needs will inevitably be beyond the skills and capacity of any single worker or service to address. Family support practice will involve a mix of direct support, referral for families to other service providers, and support to help families to access and feel comfortable with other support services.

For a service providing intensive support that seeks to address the needs of the family in a holistic way, providing and coordinating an appropriate mix of responses to family needs will be one of their most critical tasks. For Aboriginal and Torres Strait Islander families who often under-utilise mainstream services, connecting them with supports that are culturally safe and acceptable to the family can help to engage them with supports they may never have known of or accessed before.

CORE REFLECTION AND LEARNING AREAS

1. Matching supports to child and family needs
2. Effective referral practice
3. Strategies and ideas for providing effective in-home supports

MATCHING SUPPORTS TO CHILD AND FAMILY NEEDS

This reflection and learning area describes the different types of supports that families commonly need to improve the way the family is functioning and caring for children. A very important understanding in deciding on what supports to provide is that in most cases all of these different types of supports need to be provided together in one form or another.

Targeting just one family issue, or leaving out key issues in your response can mean that the issues you are not addressing stand in the way of achieving meaningful change for the family. Services that informed this guide recognise that providing supports in an integrated and holistic way is very much in tune with Aboriginal and Torres Strait Islander cultural practice to support families, and had clear strengths in responding to families in this way.

PRACTICAL SUPPORTS

Practical issues are often the first to consider and address in responding to family needs. As described under *Practice Focus Area 3*

above, identifying and addressing basic material, organisation and safety needs may be the starting point for both building relationships and getting families to a point where they are ready and able to engage more deeply with other supports.

It is important not to blame the family for issues that may be out of their control. Multiple stresses in family and community life, as well as issues of economic hardship, quality of housing and overcrowding, mental health issues, and trauma, can all impact on their capacity to cope with day-to-day practical and organisational matters. Parents and carers may be feeling overwhelmed and not know where to start. Helping families to get on their feet and feel in control of their immediate home environment can sometimes be as therapeutic as it is practical.

Initially, practical support can help the process of engaging with families who see their family support workers as genuinely willing to help them in very concrete ways. When the practical support leads to noticeable positive changes in the family they may feel less overwhelmed and increasingly motivated to do things for themselves.

EXAMPLES OF PRACTICAL SUPPORTS PROVIDED BY INTENSIVE FAMILY SUPPORT WORKERS

Providing transport to appointments or helping the family to get the car fixed, registered and 'on the road'	Purchasing basic household furniture and whitegoods that the family doesn't have	Taking photos at family events and helping the family to make a photo album
Making sure family members know where to go or who to call if they feel threatened or unsafe	Supporting the family to shop and prepare nutritious food	Purchasing household safety items such as child barriers and smoke alarms
Financial assistance to pay bills	Purchasing school supplies and uniforms for children	Assisting the family to clean and organise the house

REFLECTIVE EXERCISE 6

HOW MUCH PRACTICAL SUPPORT IS TOO MUCH?

There can be a fine line between helping a family to get organised and on their feet and creating a situation where the family becomes reliant on the support worker to do things for them. It can be difficult to know where and when to draw this line, because families with complex issues can't be expected to sort everything out at once and suddenly be on top of things — they do need support over a longer period.

Share in your family support team examples of where you think you might have gone too far in helping out and seen a family become too reliant. Reflect on the questions below.

Where and when should you draw the line on helping the family with practical needs?

Why might you draw the line differently for different families?

How can you transition from helping the family to providing them with skills and space to go it alone?

What are some strategies you can use for building resilience and independent coping skills for the family?

THERAPEUTIC SUPPORTS

This section refers to supports that are specifically targeted to address particular health, mental health, and wellbeing issues for families. In many cases therapeutic supports can be assisted by referring the family to specialist services in areas including trauma and healing, drug and alcohol, mental health, and family violence. Referral practice is discussed in more detail in the following learning area.

For Aboriginal and Torres Strait Islander families the therapeutic value of connection to their culture, family and community are an important consideration in any service response. Practice Focus Area 1 above discusses practice for supporting and promoting these connections

in more detail. Responses that address cultural connection are also part of the critical response to inter-generational trauma that commonly impacts on Aboriginal and Torres Strait Islander family members. It is important for family support workers to acknowledge the impact of history on a family, community and individual's current situation, and to refer families to appropriate cultural and healing programs.

It is difficult to distinguish therapeutic supports from other types of support, and as noted throughout this learning area, many practical and educational supports will also have significant therapeutic benefits for the family. Many of the educational supports described in the next section have a strong therapeutic component.

EXAMPLES OF THERAPEUTIC SUPPORTS PROVIDED BY INTENSIVE FAMILY SUPPORT WORKERS

Referral to specialist health, healing and trauma response programs	Whole-of-family activities to celebrate successes	Recreational and fun family outings
Support and encouragement to participate in cultural events and activities	Referral to cultural programs	Workers trained in and providing counselling to family members
Empathetic listening — hearing a person's emotions and responding to how they feel not just what they say	Referral to supported playgroups where parents can develop social and peer support networks	

EDUCATIONAL SUPPORTS

This section focuses on educational supports for parents and carers to increase their skills for managing their home environment and caring for children. These kinds of supports often need the most careful thought and reflection to decide what will actually be useful for the family. If the focus is only on telling parents how to parent, interventions are less likely to be effective, than if parents are invited to learn skills that they value and want.

While family support workers will regularly jump straight in with practical supports, they often consider that more time is needed before starting educational supports to properly assess and answer important questions.

Practical and therapeutic needs can easily stand in the way of families being able to learn new skills, so interventions can be wasted if they are not considered in the context of the family's other needs.

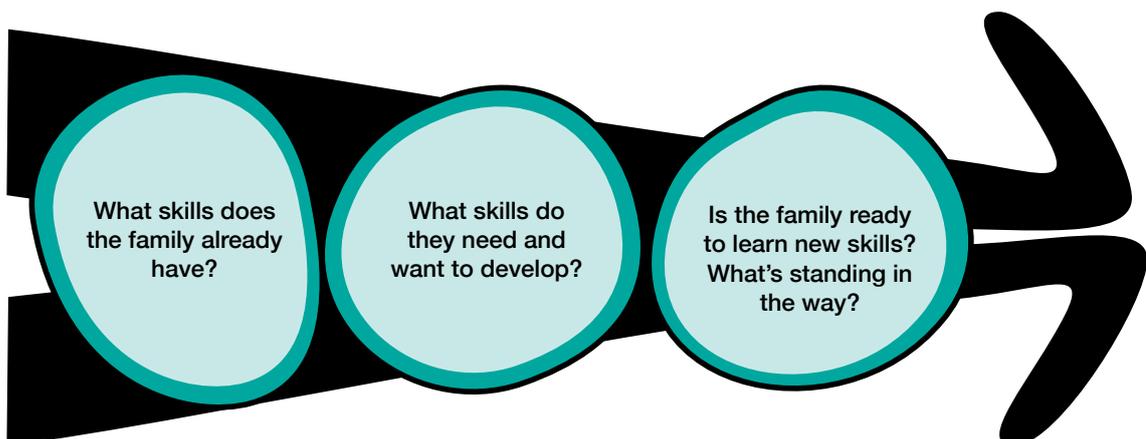
Intensive family support services that informed this resource commonly used particular parenting programs that workers are trained in or refer families to as a way to build family skills. These include programs such as *Triple P*, *Circles of Security*, *Parenting Under Pressure*, and *1-2-3 Magic*. A major challenge for family support workers is that most of these programs have not been designed with and for Aboriginal and Torres Strait Islander families. Also, many programs tend to focus on one aspect of family life. For example, there are programs developed to help parents manage their children's behaviour and programs that aim to promote more secure attachments.

Services have identified the need to adapt, and to 'mix 'n match' content from these programs in order to make them culturally appropriate, and to make them useful in the context of a more holistic intensive family support service.

EXAMPLES OF EDUCATIONAL SUPPORTS PROVIDED BY INTENSIVE FAMILY SUPPORT WORKERS

Assisting families to establish routines (eg. getting ready for school)	Parenting skills development, including behaviour management	Role modelling practical life skills and positive interaction with children
Workers trained to deliver specific parenting programs, including 'Triple P'	Financial management and household budgeting	Nutrition and cooking
Organisation skills (eg. appointment charts and diaries)	Guest speakers for groups (eg. legal and family violence services)	Role modelling positive play with children and teaching sports and games

Important questions for deciding on educational supports



LEARNING FROM PRACTICE 5: VACCA'S EDUCATIONAL SUPPORT PROGRAMS

The examples below are programs provided by VACCA's Stronger Families team that have an educational goal, but also have other practical and therapeutic benefits for families.

GUIDED SHOPPING PROGRAM

The guided shopping program assists parents to plan, budget and prepare nutritious meals. Caseworkers accompany parents to the supermarket to see what kind of food they buy, whether they shop with a list and how often they shop. The guided shopping program serves other purposes including:

- building relationships with families
- workers role modelling of responses to children's behaviour in stressful environments, and
- encouraging families to cook and eat together.

HOME READING PROGRAM

The home reading program aims to encourage a love of reading, build children's literacy skills and confidence, and help with school readiness and educational outcomes. Children's books are provided to families and parents and carers are encouraged to read to their children. This has educative benefits for parents to discover a way of engaging with their children's education, as well as therapeutic benefits for children and their parents as they undertake the positive and relationship building activity of reading together.

ADVOCACY SUPPORT

This section addresses how workers can connect families with other supports and ensure that those supports recognise and respond to the family's specific needs, including their cultural needs. Because of the high intensity of support provided and the holistic focus of the service, workers in intensive family support services will often be strongly placed to understand the family's needs and advocate for effective responses with others.

By providing advocacy for clients, intensive family support services can help to ensure that all the services in a family's life are working together to respond to issues the family is experiencing. For families that are facing multiple challenges, simply finding and accessing supports they need can be one of the most important hurdles they need to overcome.

Including families in advocacy activities can also help them to build their skills and confidence to advocate for themselves in the future. For example, rather than talking to the school on your own about how they are not meeting the needs of the family, you could go together with a parent to meet with their child's teacher and model constructive communication for the parent.

A key focus of advocacy on behalf of many clients will be to communicate with child protection agencies to promote their understanding of and appropriate responses to the family's situation. Working with child protection agencies is addressed in detail under *Practice Focus Area 6* below.

EXAMPLES OF ADVOCACY SUPPORTS PROVIDED BY INTENSIVE FAMILY SUPPORT WORKERS

Supporting communication with schools and engagement with children's learning

Holding barbecues or recreation events that connect families and other services

Making the statutory child protection services aware of child and family perspectives and wishes

Assisting to resolve issues with Centrelink and access payments

Explaining cultural differences and challenging stereotypes with other agencies

Encouraging extended family members, Elders and other community members to support the family

EFFECTIVE REFERRAL PRACTICE

Effective referral practice requires workers to find the right match between family needs and available service supports and assist the family to connect in to these supports. The diagram below represents a way of breaking this down into a two-step process.

ASSESS	
What supports does the family need? (established through assessment)	Can our service provide the support without referral?
What other service and informal supports are available in the community?	Are the available supports culturally acceptable for the family?

CONNECT	
Make the referral and provide necessary information to the service	Support clients to make and keep appointments
Explain the other service to the client	Advocate with the other service to provide support and recognise cultural needs

Services that contributed to this resource identified a range of referral services that they commonly identify as helpful to respond to family needs. These are represented in the grid of potential referral options in the *Learning from Practice 6* box below. For larger organisations and organisations working in urban areas, the options for referral are often much broader and the capacity of agencies to provide a suite of integrated services to clients is considered one of the most important and effective components of their service delivery models.

For smaller services operating in rural and remote locations many services may simply not be available, requiring the worker to provide whatever direct support they can, and accept the limits to supports that can be provided. Among the most significant challenges can be finding a service that is culturally appropriate for and acceptable to the family. Some intensive and targeted family support models that provide Aboriginal and Torres Strait Islander agencies with brokerage funds to buy-in supports for families provide those agencies with more choice and control over connecting clients with appropriate supports.

For non-Indigenous agencies, developing effective working relationships with local Aboriginal and Torres Strait Islander organisations will be a critical step in connecting clients to supports that meet their needs.



RESOURCE PROFILE: INTERACTIVE ONLINE SERVICE MAP

SNAICC has developed an online map of services available that are specifically targeted to support Aboriginal and Torres Strait Islander families. While the map, developed in partnership with 1800RESPECT, is designed specifically to include family violence response and prevention services, it also includes a broad range of services that address other family needs. The map may be useful for practitioners developing and looking to expand their referral networks.

<https://www.1800respect.org.au/workers/atsi/indigenous-services/>

LEARNING FROM PRACTICE 6: POTENTIAL REFERRAL SERVICES

The grid below provides examples of referral services that other intensive family support workers have found useful to support their clients. Are these services available in your community? If you don't know, how could you find out?

Aboriginal and Torres Strait Islander health organisations	Paediatricians and allied health practitioners	Mums 'n' Bubs programs	Aboriginal and Torres Strait Islander healing programs
Chronic illness specialists	Drug and alcohol programs	Men's health programs	Psychologists, psychiatrists and counselling
Specialist trauma response services	Housing services	Parenting support programs (eg. Triple P, Parenting Under Pressure)	Family residential programs
Legal services	Family violence support services	Playgroups and other early childhood services	Job skills and employment programs
Cultural groups and activities	Disability support services	Sports and recreation clubs and activities	Education and homework support programs
Respite care	Family law and mediation services		

REFLECTIVE EXERCISE 7

WHAT SUPPORTS CAN FAMILIES ACCESS?

Think about some of the typical needs of families that access your service and the additional service supports they require beyond what you can provide. Make a list of needs and a list of matching services available in your community alongside it. This could be developed into a referral pathways tool for regular use and updating by your family support team.

STRATEGIES AND IDEAS FOR PROVIDING EFFECTIVE IN-HOME SUPPORTS

One of the unique aspects of most intensive and targeted family support services is that they provide the opportunity for workers to spend a significant amount of time working with the family in their home or in other places that are safe and comfortable for the family.

Working with families at home creates opportunities for relationship building, providing family supports in the real-life context of the family environment, and observing the family at home to learn about their strengths and needs. It also creates challenges and risks as the family support worker seeks to work respectfully in the family's private space and is exposed to many of the family issues that have led the family to be referred for support, which may include a range of negative and/or violent behaviours.

REFLECTIVE EXERCISE 8

STRATEGIES FOR PROVIDING EFFECTIVE IN-HOME SUPPORT

The lists below provide a number of strategies for making the most of the opportunities and for addressing the challenges and risks of working with the family at home. These are strategies that other family support workers have identified. Reflect on whether these are useful strategies for you and use the empty boxes to add other ideas of your own.

MAKING THE MOST OF OPPORTUNITIES	ADDRESSING THE CHALLENGES AND RISKS
Helping with practical tasks so that the family feels on top of things, and the worker builds a relationship (eg. cooking, shopping, cleaning)	Arranging times for visiting and asking permission to enter so that the family feels control over their space and their privacy
Arranging visit times to fit in with important family routines to observe and support (eg. interacting with children after school and preparing the evening meal)	Offering options to families about where you meet them so that the space is comfortable for them
Yarning with the family in an informal setting where they feel comfortable to share their story	Following protocols for worker safety (eg. ensuring mobile coverage and charge, registering all visits with your office/supervisor, checking in with your supervisor after visits)
Doing activities with children (with their parents permission) to open up opportunities for them to share their views (eg. play, homework support)	Observing professional boundaries by ensuring you are clear on your role and the purpose of your visits and placing appropriate limits on the personal relationship with the family
Maintaining a low caseload to ensure you can spend adequate and quality time with the family and don't have to leave abruptly	Making clear that you are there to help and you visit is very different to the visit of a child protection service

PRACTICE FOCUS AREA 5 INCLUDING FAMILIES IN CASE PLANNING AND DECISION-MAKING

5

PRACTICE
FOCUS AREA

Research on intensive family support makes clear that meaningful and sustainable change can only be achieved where the family is empowered and motivated to make changes for themselves. This is different from simply demanding and expecting a family to change — a family will need support to reach a point where they are ready and able to change.

What is needed is what has been called ‘a structured helping alliance’ or a ‘solutions focused partnership’ between the worker and the family where the family has some control to decide on the change they want to make, and the support of the worker to figure out and implement the steps needed to get there.⁸ The family should be viewed as the experts in their own lives, with the best understanding of the issues they are facing, and as the only people who can ultimately overcome them.

This Practice Focus Area addresses strategies that workers can use to engage families in case planning and decision-making. It brings a focus to case management as a collaborative process with families, rather than as a process that is done separately by the family support worker and service.

For Aboriginal and Torres Strait Islander families, empowerment to make decisions and set directions for their own families is part of a broader story of community healing and change for peoples who have been disempowered by processes of colonisation and discriminatory practices. By drawing on the strengths of extended family, Elders and whole communities to participate and support family change, family support workers can be part of a process that brings forward the strengths of Aboriginal and Torres Strait Islander cultures to heal and strengthen families and communities to care for children.

Effectively including families in case planning is very much linked to and dependent on other areas of good practice addressed in this resource. This includes especially working in ways that are culturally aware, safe and respectful for the family (*Practice Focus Area 1*) and putting in the time and effort required to develop a trusting relationship (*Practice Focus Area 2*).

CORE REFLECTION AND LEARNING AREAS

1. Supporting the participation of all family members
2. Setting family goals and reviewing progress towards achieving them

SUPPORTING THE PARTICIPATION OF ALL FAMILY MEMBERS

As many intensive family support services receive referrals from government child protection agencies, their work is often expected to revolve around particular children and the parent/s or carer/s who are directly responsible for their care and safety. All services that contributed to inform this resource stressed the importance of thinking more broadly and working holistically with Aboriginal and Torres Strait Islander families. This can mean working with mothers, fathers, children, aunts, uncles, cousins and Elders.

Finding out about the important family and kin connections for children and their parents can assist family support workers to work respectfully with the whole family and draw on the broader networks of family and community support that many Aboriginal and Torres Strait Islander families have.

Of course, there may also be reasons why a child or carer does not want other family and community members involved in their business – it is important as a respectful starting point to ask who is important to them and who they want to be involved.

One strategy for involving extended family in support processes is to hold a family meeting to discuss the issues for the family. This may be an informal yarning circle of relatives and kin, or it could also include service providers and other important people in the family's life. Again, advice from the family about who should be involved will be critical.

Family meetings are also sometimes a formal process of the child protection system in some states and territories, and intensive family support workers may be part of a conference that is convened by a child protection agency, or another agency with responsibility for conducting meetings. These are sometimes called 'family group conferences' or 'Aboriginal family decision-making'. Intensive family support workers can sometimes assist to inform family members about these processes and support the family to fully participate in them.



SETTING FAMILY GOALS AND REVIEWING PROGRESS TOWARDS ACHIEVING THEM

After a comprehensive assessment process has identified strengths and difficulties in the family, good practice is to sit down with the family to set meaningful, realistic, clear and measurable goals to address the difficulties. This is a key process for making the engagement purposeful and for including families to identify and set their priorities for change. As identified in the previous section, it may be important to include other important family and community members in this process, not only the children and parents.

The motivation for families to achieve changes is supported when the goals are mutually agreed between the family and the family support worker and when there is a clear understanding why the goals were set. If families are asked or told to make changes without understanding and accepting why the changes are important, then they are unlikely to be made, or unlikely to be sustained in the longer-term.

Once goals are set, family support workers have clear direction for supporting the family to achieve them. Setting goals and monitoring progress also provides evidence that the family is motivated and able to make the changes asked of them, which can be important for sharing family progress with child protection services.

DIFFERENT TYPES OF GOALS

It is useful to identify long-term, medium-term and short-term goals.

Long-term goals are the ultimate outcomes for the family. They are often broader and less specific because there are many steps along the way that contribute to make them happen. They could be a positive change for children, such as enjoying school, being happy and spending time with friends. They may be about changing the family situation to care for children by becoming financially secure, or removing anger, frustration and violence from the home. For some families the end goal may be about removal of a child protection order or reunification of a child who is in out-of-home care.

Medium-term goals refer to outcomes that address one area of family life that needs to change in order to achieve the long-term goal. For example, a long-term goal for the family to be financially secure might require medium-term goals to organise child care and for the parent to find part-time work.

Short-term goals refer to all the individual steps that will need to be carried out to achieve a medium-term goal. That is, the plan of action. Working out the plan of action involves problem solving with parents and carers about what they will need to do over the next few days and weeks to achieve their medium-term goals. In the case of organising child care the specific actions might be to visit the local Aboriginal child care centre to discuss options and put money aside each week to pay the fees. Some short-term goals can be achieved in one or two days, and provide evidence, right from the start, that the family is showing a capacity to make changes. Setting some small, manageable goals can be motivating for families when these small successes are acknowledged as small but important achievements.

USING THE NEEDS ASSESSMENT FRAMEWORK TO INFORM GOAL SETTING

An important starting point for goal setting is working from the identified needs of the families. The needs assessment framework described in *Practice Focus Area 3* provides a holistic way to think about and assess family needs. To start the process of goal setting with the family it will be important to have an open and honest conversation about what needs to change in the family. This will include sharing what you have observed and learned with the family to provide them with an external perspective on their situation. Remember to highlight the family's strengths and what is working, not just the negatives. The table below provides an example of working from a family need to setting a family goal.

WHAT IS THE NEED?	Consistent emotional connection and routines for the child
WHAT'S GETTING IN THE WAY OF MEETING IT?	Parents are drinking in the evening and not spending time with the children or making sure they go to bed
HOW CAN THE FAMILY CHANGE? (SHORT AND MEDIUM-TERM GOALS)	<p>Parents acknowledge impact of drinking on children.</p> <p>Parents access health or healing service to work on issues causing drinking.</p> <p>Parents set goals for reduced drinking.</p> <p>Evening activities and routines established, eg. homework help, consistent bedtime.</p>

LEARNING FROM PRACTICE 7: USING DISCUSSION AND PLANNING TOOLS TO ENGAGE WITH FAMILIES

Services that informed this guide often described that using simple visual tools can be a powerful way to open up conversations with families about their situation and changes that they want to make. This is useful at the assessment and goal setting stages, which often overlap or happen together.

The Clarence Valley Intensive Family-Based Service in New South Wales uses the *Three Houses* tool which is linked to the *Signs of Safety* child protection practice framework developed in Western Australia. Three Houses provides a simple visual tool for workers to discuss and record family strengths, challenges and goals in three diagrams of houses which together are intended to represent concepts of home, neighbourhood and community, as well as an ecological approach to responding to the needs of children. The houses labelled as 'good things', 'worries' and 'dreams' provide an open space for recording the family's perspective by writing or drawing. They have also been used and adapted specifically for capturing the perspectives of children. There is a significant amount of information about *Signs of Safety* and the *Three Houses* tool available through online searches.

The Central Australian Aboriginal Congress Targeted Family Support Services uses a range of tools including eco-maps, genograms, and developmental time lines to engage with and gather information from families to assist in assessment and working towards achieving common goals.

A number of tools, including *Three Houses* are detailed in the recently developed *Framework for Practice: Practice tools and processes* which is available for download from the website of the Queensland Department of Communities, Child Safety and Disability Services: <http://www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-tools.pdf>

SMART GOALS ARE

Specific
Measurable
Agreed upon
Realistic
Time-based

the children are attending school or not. Some will rely on a trusting relationship with the family so that they can honestly recognise and share their progress. The more specific goals are, the easier it will be to measure progress.

Agreed Upon

It is important that parents 'own' their goals as far as possible. They need to identify what goals are relevant and important to them and the worker can facilitate and affirm this exploration. It is also important the family, family support worker and other stakeholders (e.g. a statutory child protection agency involved with the family) agree that the goals are meaningful.

Realistic

Setting unrealistic goals will set the family up for failure. However, goals that are too simple will fail to address the serious issues identified as problems in the family. Eventually the family will need to successfully address a series of medium-term goals if the long-term goal is to be achieved. One helpful strategy can be to start by setting quite simple goals and build up to setting more difficult goals as the confidence of parents and carers increases. Try not to let the family become overwhelmed by creating a huge list of goals. It is much better to set three goals that are achieved, than ten goals and none of them are reached!

Time-based

Goals should specify the date when they are to be completed to provide a realistic timeframe within which they can be achieved. It is important, though, not to wait to the end of the time to see if it has been achieved. Especially for larger goals, check-in on the steps along the way and renegotiate the timeframe with families if needed.

SETTING 'SMART' GOALS

It is important that goals that are set are 'SMART'. Using the SMART framework described below provides a way that you can assess whether family goals are meaningful and likely to be effective for achieving change. For some families, this may be a useful framework to share with them, but for many it is likely that a more informal process of goal setting where you use these ideas to talk to the family about whether the goals will work is likely to make the family feel more comfortable with the process.

Specific

A goal needs to be specific and clear. This will allow a family to know what is required of them and for the worker and family to be able to observe whether it has been achieved.

Measurable

It is important that you and the family are able to measure progress towards achieving the goal. Some goals are easy for the family support worker to observe and measure, such as whether

VAGUE GOALS	SPECIFIC GOALS
Children to go to school more	Children to attend school five days every week unless they are sick or the family has important cultural business
Parents to improve their parenting skills	Parents to keep to family routines on weekdays, including mealtimes for children at 6:00pm and bedtime at 7:00pm
Family needs to get better housing	Parents attend the housing service and get on a waiting list for public housing

GOAL SETTING FORM

Date:	
Name of goal:	
Why is this goal important for our children and family?	
What is the goal to be achieved?	
When should this goal be completed?	
How often will we review this goal?	

GOAL MONITORING FORM

Date:	
Name of goal:	
List each step needed to achieve this goal.	Completed
1. If no, what made it hard to complete this step?	No Yes
2. If no, what made it hard to complete this step?	No Yes
3. If no, what made it hard to complete this step?	No Yes
4. If no, what made it hard to complete this step?	No Yes
5. If no, what made it hard to complete this step?	No Yes

PRACTICE FOCUS AREA 6

PROVIDING AN APPROPRIATE MIX OF PRACTICAL, THERAPEUTIC, EDUCATIONAL AND ADVOCACY SUPPORTS



The majority of intensive and targeted family support services receive referrals directly from government child protection services. Even if your service does not, it is likely that families you are supporting have issues that may have in the past, or may in the future, bring them to the attention of child protection services.

The relationship between the intensive family support service and the child protection service is likely to impact on your practice, effective engagement with the family, and outcomes for the family in a variety of ways. These may include:

- effectiveness of referral pathways impacting whether you reach the families that need the service
- information sharing impacting how much you know about the family situation to support effective initial engagement
- engagement of families impacted by the perceived connection of your service to child protection services
- your perception of strengths and risks for the family and communicating these to the child protection service impacting their decision-making
- decisions to remove children to out-of-home care impacting your capacity to work with and support the family, and
- child protection service goals for the family supporting or conflicting with the goals you develop with families.

Given all of these, and other connections with child protection services, it is not surprising that intensive family support services that informed this resource identified this as a critical and complex relationship to manage in order to provide effective support to families.

The relationship is made even more complex by the fact that child protection services act with a high-level of statutory authority that enables them to make decisions over-riding the perspectives of family support services. In many cases intensive family support services are funded by the very same government agency, and their continued existence may depend on maintaining an effective working relationship.

In this context, intensive family support workers identify that the respect of government child protection workers for their knowledge and expertise on the situation and needs of the family is variable. This includes varying levels of acknowledgement and respect for the specific cultural expertise of Aboriginal and Torres Strait Islander agencies and professionals. Child protection agencies have clear obligations in implementing good practice, in many cases in legislation, to respect this cultural knowledge and professional expertise.

While this Practice Focus Area primarily addresses how family support services can employ strategies to work more effectively with child protection agencies, it also addresses the other direction, and would be useful for the review of government child protection agencies.

CORE REFLECTION AND LEARNING AREAS

1. Working differently to child protection services and making the difference clear to families
2. Understanding child protection decision-making and decision-making thresholds
3. Strategies for effective communication and collaborative work with child protection services

WORKING DIFFERENTLY TO CHILD PROTECTION SERVICES AND MAKING THE DIFFERENCE CLEAR TO FAMILIES

It is well known that statutory child protection agencies across Australia experience challenges engaging effectively with Aboriginal and Torres Strait Islander families. These challenges relate significantly to high levels of community distrust of these agencies connected to the experiences of the Stolen Generations.

Family support services that informed this resource were clear that these feelings of distrust are by no means confined to history. Many Aboriginal and Torres Strait Islander people living today are part of or are directly affected by the Stolen Generations. Many community members view the current high levels of Aboriginal and Torres Strait Islander child removal as a continuation of those practices.

Intensive family support services provide an opportunity to work differently with families in a way that is not only judging and making decision about their capacity to care for children, but is working closely to support that capacity for the family. This is an opportunity for everyone:

1. For the family to develop and change by working with and drawing on the support of the intensive family support service.
2. For intensive family support services to change outcomes for families through the support they provide.
3. For child protection agencies to reduce their need to intervene and remove children because risks within the family are reduced.

To realise these opportunities requires that intensive family support services establish the difference between their service and the statutory child protection service, to promote a constructive engagement with the family.

LEARNING FROM PRACTICE 9: DISTINGUISHING YOUR ROLE FROM THE CHILD PROTECTION AGENCY

The boxes below present a number of strategies that family support workers identify as important to making the distinction.

Make clear in word and action that you are there to support the family to make changes they want to make	Explain first what the service is and who the organisation is that you work for and how it is different to child protection	Give the family some choices and control over the time and location that you visit and provide support
Show respect for the family's space and privacy and don't enter the home without asking or being invited	Make clear to the family that the service is voluntary and they can choose to participate	Recognise and name the family's strengths, rather than only focusing on challenges and risks
Be upfront about what information you will have to share with the child protection agency	Let the family know that you will be able to work with them to build evidence of change to share with child protection	Be clear with the family about the timeframe, amount and types of support you can and will provide

UNDERSTANDING CHILD PROTECTION DECISION-MAKING AND DECISION-MAKING THRESHOLDS

Intensive family support workers are often strongly connected to and involved in decision-making processes in child protection cases, even if they are not responsible for the final decision. This section describes what is involved in child protection decision-making processes. It is included here because understanding the decision-making process helps to identify the causes of possible misunderstandings that can occur between professionals in discussions about families, in particular issues that can arise in communication between intensive family support services and statutory child protection agencies.

From a child protection perspective decision-making about the appropriate course of action in relation to a child involves two steps:

STEP 1: Estimating the level of risk

The first step is to estimate the risk for a child in their family environment. When the risk is low, a child protection or family support worker is likely to recommend a child remains living with their family, but if the risk is high the recommendation might be removal of a child into out-of-home care. The assessment of the level of risk is based on an understanding and knowledge about how a family is functioning — the strengths and difficulties present in the family. The better the agency carrying out the assessment knows the family, the better they will be at accurately estimating the level of risk. Intensive family support services that work closely with the family will often have very strong information to inform this determination.

STEP 2: Making a decision

The next step is to determine whether the level of risk is over a certain 'line in the sand'. If the level of risk is 'below the line' it means the child protection agency does not think the risk is high enough to justify a course of action such as removing a child into out-of-home care. If the risk is 'over the line', the agency believes the risk is high enough to justify removing of the child. The technical term for the 'line in the sand' is the decision threshold.

WHAT IMPACTS ON DECISION THRESHOLDS?

A range of factors will affect where a child protection, or a family support worker, draws the line and decides that the family environment is too risky for a child. All practitioners probably believe that they are fairly balanced in their views. In reality all practitioners bring biases, value judgments and particular attitudes which impact on their assessments. External factors, including laws and agency policies, will also likely have an impact.

Examples of factors that influence decision-making thresholds include:

Attitudes and beliefs

A worker may believe that children are better off with their families of origin in almost circumstances, or at the other extreme, they may believe that children need to be rescued from dysfunctional families. Usually a workers beliefs will lie somewhere between these extremes.

Agency role and policies

A family support agency that is working constructively with the family towards change may be more inclined to view the family as capable of and likely to change. A child protection agency that is focused on the risk to the child and thinking about the consequences of their failure to act may be more likely to recommend out-of-home care.

External factors

Media attention on high-profile cases of child harm may influence practitioner bias towards removing children. Statistics that show the high proportion of Aboriginal and Torres Strait Islander children in out-of-home care might lead a worker to be reluctant to contribute further to this problem by recommending removal.

Cultural competence

A worker who is blind to the cultural caring strengths within a family and community may be more likely to identify that the environment is unsafe. By comparison, a worker who is aware of kin and community supports for the family may recognise that the risk is lower.

The influence of worker bias on decisions can be reduced through full and proper assessment of the holistic strengths, needs and risk for the family, including cultural factors. Open and honest discussion between family support and child protection workers of all of these factors can promote collaborative practice and better decision-making that reflects ACTUAL RISK for children rather than PERCEIVED RISK of an individual worker.

In making decisions about the level of risk for Aboriginal and Torres Strait Islander children, some specific factors that can influence judgements include:

- The worker's level of understanding of Aboriginal and Torres Strait Islander cultural child rearing practices.
- Whether workers follow protocols and legislation that require them to consult with Aboriginal and Torres Strait Islander agencies and professionals on cultural matters.
- Judgements that may equate a family's situation of poverty with child neglect, rather than focusing on addressing issues of socio-economic disadvantage for the family.
- A view that Aboriginal and Torres Strait Islander communities are generally unsafe.
- A view that Aboriginal and Torres Strait Islander people are more likely to cause harm to children.

An important reflective practice for any family support or child protection worker is to think about the factors that influence the decisions they make, and specifically the decisions they make about Aboriginal and Torres Strait Islander families. Honest shared reflection between family support and child protection workers, as well as between Aboriginal and Torres Strait Islander and non-Indigenous workers on these biases can help to promote shared understanding, and learning around how and why decisions are made.

Another important point to keep in mind is that the level of risk for a family can change over time. A worker in an intensive family support service is strongly placed to observe change and learn about the capacity of the family to make change. It is important that this information is communicated to child protection agencies to ensure that their perception of risk for the family changes alongside actual changes for the family.

REFLECTIVE EXERCISE 9

IS YOUR DECISION-MAKING BIASED?

The diagram below describes two conflicting biases that commonly impact on decisions that workers and agencies make about the level of risk for children. Reflect on whether you lean towards one or the other.

Have a discussion in your family support team about why each of these biases is important. If they are both important, how can you balance the competing factors to decide what is an acceptable level of risk for a child to be exposed to?

CHILD PROTECTION BIAS

Children who are neglected and abused by their families will be damaged if they remain living in the family. It is better to be safe than sorry and remove the children

FAMILY PRESERVATION BIAS

The attachment between a child and his or her family is vital and children should never be removed from their parents, even for short periods of time, unless absolutely necessary

STRATEGIES FOR EFFECTIVE COMMUNICATION AND COLLABORATIVE WORK WITH CHILD PROTECTION SERVICES

Intensive and targeted family support workers that informed this resource identified a range of practices and strategies that are useful to promote collaborative working relationships with child protection services. Some of these are working arrangements that were in place, while some are desirable but require the participation of the child protection agency to implement. The table below provides examples of these practices.

REFLECTIVE EXERCISE 10 DEVELOPING COLLABORATIVE PRACTICE

Reflect on the strategies below and think about whether you use these or would want to develop them in your practice. Not all of these will be in your direct control — they require participation and change from the child protection agency.

How could you promote the importance of collaborative practice to the child protection agency and influence the way they work with you?

LEARNING FROM PRACTICE 10: STRATEGIES FOR COLLABORATION

INTER-AGENCY COLLABORATION	COLLABORATING ON INDIVIDUAL CASES	SHARING INFORMATION
Partnership agreements and protocols could be established between the family support and child protection agency to make roles and collaborative practice requirements clear.	Identify common goals between those that the child protection agency has put in place and the ones you have identified with the family. Talk through where goals are conflicting or unrealistic.	Develop and negotiate a referral form for child protection agencies to complete with all the information you need about a family — include important cultural information.
Having a single team or manager within the child protection agency assigned to work with the family support service can assist to build understanding and collaborative practice over time.	Be upfront with the family about what you can and have to share with the child protection agency. Provide regular feedback on positive change, or communicate unacceptable risks promptly to the child protection agency.	Some family support agencies identify that as far as possible they should be working off the same information as the child protection agency and that a common database can assist this.
Establishing a dispute resolution procedure that involves staff at different levels of both organisations can promote accountability for collaborative practice, and help to resolve issues where the views of one agency are not respected and valued.	Child protection workers need to be aware of their authority and develop strategies to address power imbalance — to listen to, learn from, and value the perspectives of family support workers to improve their practice and decision-making.	Aboriginal and Torres Strait Islander family support agencies and workers can play a role to share cultural information to overcome knowledge gaps for non-Indigenous child protection workers that might impact how they view a case.
Cultural competence education and development for the child protection agency is critical to have the right understanding and attitudes to work with Aboriginal and Torres Strait Islander family support agencies.	Informal communication to maintain a close working relationship is important beyond the formal requirements of the service model or legislation.	



PRACTICE FOCUS AREA 7

ENSURING WORKER SAFETY, SELF CARE, BOUNDARIES AND SUPERVISION

7

PRACTICE
FOCUS AREA

Workers in intensive and targeted family support services can experience significant levels of stress, risks to their own safety, and personal/professional boundary issues. These challenges arise for a number of reasons, including:

- The worker is exposed to challenging and traumatic circumstances for the family.
- The worker is at risk from violent and abusive behaviours of family members.
- Issues for the family may reflect the worker's own personal history and raise complex emotional responses.
- The worker is part of the same local community and has personal as well as professional obligations in relation to the family — or simply sees the family often in the community.
- Balancing constructive support for the family with making decisions about the safety of children creates internal conflict and stress for the worker.

The traumatic experiences of families can often have a significant emotional impact on family support workers. This impact is sometimes referred to as 'vicarious trauma'.

This learning area is primarily concerned with strategies that intensive family support workers and agencies can use to minimise or manage the risks and emotional impacts of their work with families.

CORE REFLECTION AND LEARNING AREAS

1. Supervision and support for workers
2. Strategies for taking care of yourself
3. Establishing appropriate professional boundaries

SUPERVISION AND SUPPORT FOR WORKERS

For workers in intensive family support services who are exposed to potentially stressful, traumatic and dangerous working environments with families, comprehensive professional supervision and support is essential.

Supervision practice can be one of the easiest things to drop off when a service is busy and you are struggling to find the time — but it is essential to staff well-being and quality practice and requires a shared commitment of workers and managers to make sure it happens.

There are three main sources of good practice in supervision and support for family support workers:

Teamwork

- Family support team debriefing and collaborative development of good practice
- Pairs working with families and/or backup from team members who know all the families and case details
- Shared team reflective practice, training and professional development activities

Management

- Regular meetings of managers/team leaders with staff for case monitoring, review and debriefing
- Shared responsibility for making major and difficult decisions about how to proceed on cases
- Management always knowing when a worker is out on a home visit and checking-in to ensure worker safety
- Management attending and supporting workers at home visits periodically
- Complaints procedure is in place and known to staff

External

- Workers are provided with access to external counseling services that they can access as needed to process and debrief work stresses
- Workers are provided with external training and learning opportunities to further their professional development
- Workers draw on personal and community networks of support and debriefing, while maintaining confidentiality for clients
- Aboriginal and Torres Strait Islander workers connect with local community supports including Elders, community controlled organisations and healing programs

All intensive and targeted family support services should document and implement a clear supervision and support procedure. A quality supervision process will make clear the responsibilities of all workers, supervisors, and the organisation.

It is also important that supervision processes take account of the specific needs of Aboriginal and Torres Strait Islander workers that can be affected by additional factors such as cultural relationships and obligations, Sorry Business, other cultural business, and common histories and experiences shared with clients.

PRACTICE RESOURCE PROFILE: FEELING DEADLY, WORKING DEADLY

The National Centre for Education and Training on Addiction (NCETA) has developed a range of resources focussed on wellbeing for Aboriginal and Torres Strait Islander drug and alcohol service workers called *Feeling deadly, working deadly*. Many of the strategies addressed in these resources will also be relevant for family support workers. The resources are available online at: <http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/>

One focus area within these resources is on the qualities of a good supervisor. They describe that the four A's are essential qualities:*

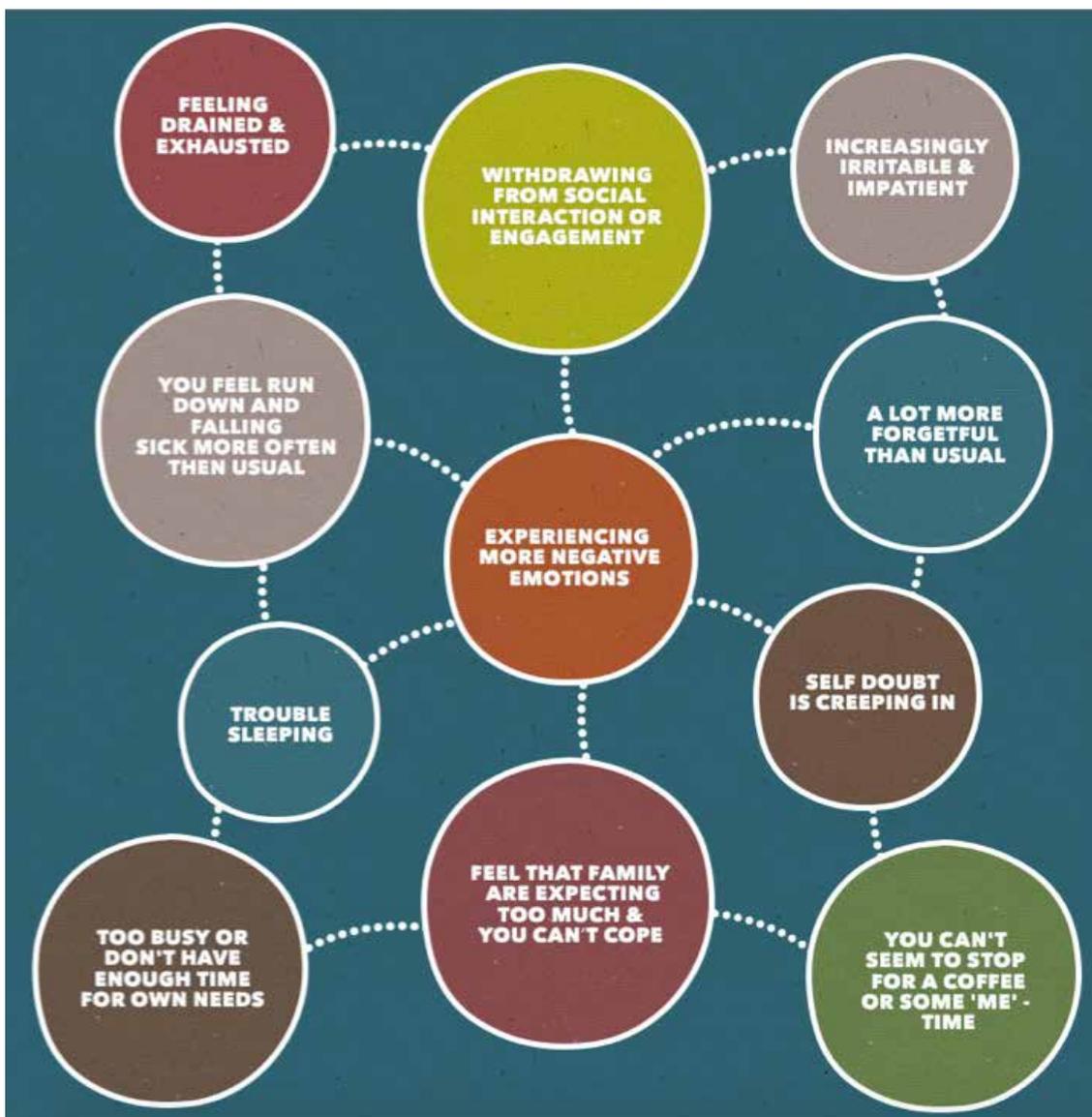
1. **Available:** Open, receptive, trusting, non-threatening
2. **Accessible:** Easy to approach and speak freely with
3. **Able:** Having real knowledge and skills to transmit
4. **Affable:** Pleasant, friendly, reassuring.

Reflect on whether these qualities are drawn on in your supervision practice. Are there others that you think are important?

* *Extracted from NCETA (2013) 'Feeling Deadly Working Deadly'*

STRATEGIES FOR TAKING CARE OF YOURSELF

It's important to be aware of the signs and symptoms of stress and vicarious trauma so that you know when you need to get help and take steps to look after yourself. The diagram (right) from the SNAICC *Supporting Carers* website describes what some of the signs could be.



Even before you become aware that you are experiencing high levels of stress, it is important to be taking preventative measures to look after yourself. This is important not only for you, but also to make sure that you are in the best state of health and wellbeing to be able to help your clients.

The table below includes a range of strategies that may be helpful for you to use to take care of yourself.

Make the most of opportunities for debriefing and supervision with your manager and family support team	Remember that just because you are there to support families doesn't mean you have to be perfect — family support workers need support too!	Set limits on how much time you will spend with families and make times when you are not available — arrange for team members to cover for you if needed
Share concerns that you have for the safety and wellbeing of children and family members with team members so that you are not holding onto the worries on your own	Laugh and keep your sense of humour. It can be important for workers dealing with traumatic situations to see and share the lighter side of their work	Don't make the hardest decisions on your own — draw on the knowledge, support and backup of team members to help you make better decisions and share responsibility
Try to maintain limits when you see clients in the community — let them know when you are on your own time	Engage in professional development to build your skills and knowledge for feeling confident and successful in your work	Make time for you and the things that are important to you outside of work — friends, family, recreation and learning
Plan for and take your holidays — handover casework to team members that can cover for you so you're not worrying while you're away	Let your manager and team know when things that are going on for you at home are affecting you and the extra support that you need to deal with them	Watch out for and ask after other team members — help to build a culture in the service where everyone supports and looks out for everyone else

REFLECTIVE EXERCISE 11

LOOKING AFTER YOURSELF AND EACH OTHER

It can be very important for family support teams to talk about self-care to help the team build a culture where workers look after themselves and each other.

Discuss the strategies in the table above with your family support team. Are you using these? What other things can you do? What extra support do you need from each other?

ESTABLISHING APPROPRIATE PROFESSIONAL BOUNDARIES

An important part of professional practice and self-care is to ensure that you are establishing appropriate boundaries in your relationship and work with clients. This will impact on the quality of support you can provide, as well as help to maintain your objectivity when you need to make difficult decisions about the situation of and support for the family.

Some important strategies that other family support workers have identified for establishing appropriate boundaries are listed below.

- Being upfront and clear with clients about what your role and purpose is in working with them — and what it is not.
- Remembering that while you will likely develop a close relationship with the family, you are not there to be 'best mates', and you need to stay focussed on your purpose.
- Always arranging times for visits and support you provide to families and setting limits on the times you are available to support.

- Having a clear idea of the purpose of each visit or support you undertake and communicating that purpose to the family.
- Not sharing your own personal history with the family.
- Not seeking the support of the family with your own issues — this could confuse and complicate the relationship.
- Declaring where you may have a conflict of interest because of your existing relationship with the family and getting support or handing over the case if necessary.
- Seeking the permission of parents and carers when you are working with and doing activities with their children, rather than developing an independent relationship.

It is essential for services to provide clear guidelines on professional boundaries for their workers. However, issues of professional boundaries will not always be clear for a family support worker who is working intensively with a family and in the family's home environment. Talking about boundaries and working through the 'grey' areas is an important part of supervision and team discussions.





SUPPLEMENTARY LEARNING AREA



SUPPLEMENTARY LEARNING AREA: UNDERSTANDING AND USING FAMILY SUPPORT TOOLS

There has been a growing interest in the field of family support in the use of ‘tools’ and considerable enthusiasm for the use of these as part of the new movement towards structured professional judgment.

But we need the right tool for the right job!

This section classifies tools into four key groups and provides examples of different types of tools that have been developed either by or in consultation with Aboriginal and Torres Strait Islander organisations and researchers. This is not intended to be an exhaustive list, but rather the tools are provided as examples. After reading this section a family support worker should be able to classify the tools that are used within their agency and be in a position to ask questions about whether the tools used in a particular case are the right tools for the job.

A ‘tool’ regardless of whether it is intended to assess risk, help structure a support plan or be used to help a family or parent develop particular skills will never replace open and honest discussion. The use of a narrative approach with Aboriginal and Torres Strait Islander families helps build rapport while still enabling the gathering and recording of data. The importance of developing a strong, supportive and empathetic relationship is critical and without this, the most reliable and valid tool help is unlikely to be completed with honesty.

UNDERSTANDING TOOLS AND THEIR PURPOSE

Before moving onto a consideration of specific tools it is important to look at some broad principles that underpin the development of ‘tools’ and answer some questions about what makes them useful or not.

WHAT DOES THE TERM ‘STANDARDISED’ REALLY MEAN?

Standardisation refers to a process whereby items have been selected and tested in particular groups or populations of people. The measure

should always be administered as described in the instructions and individual items should not be changed but should remain standard. If nothing changes, the answers to questions should not change over time. If you ask the same question and get a different answer, it is an indication things have changed. The problem with ‘unstandardized’ measures is that you might get a different answer because you asked the question in a different way.

IS THE STANDARDISED MEASURE RELIABLE AND VALID?

Standardised tools typically measure what is called a ‘construct’ — that is, an idea or set of ideas. These can relate to aspects of emotional well-being such as depression and anxiety. They can be measures of specific behaviours such as alcohol consumption or they can assess physical and emotional development. Therefore it is important to first ask whether this is a construct that you want to measure?

The second question is then whether the measure is a reliable and valid measure of the construct you want to measure. A measure is considered reliable if a person is likely to respond to similar items in similar ways. For example, an anxious person would generally score in a similar manner on an item that asks a person ‘Have you felt so worried you got sick in the guts’ (STRONG SOULS). If the measure is reliable then you would also expect that there was little change in a short period of time — referred to as test-retest reliability. Standardised measures that are known to be reliable and valid are ones that have been tested through research. While generally good practice advice would be that tools should not be adapted, this presents issues for Aboriginal and Torres Strait Islander services because there are few standardised tests that have been developed specifically for the contexts of Aboriginal and Torres Strait Islander people.

There are strong reservations expressed in the literature about the use of measures that have not been developed in consultation with Aboriginal and Torres Strait Islander researchers and people, so the use of such measures should be done with careful consideration that they may not be valid for Aboriginal and Torres Strait Islander people.

ARE YOU MEASURING SOMETHING THAT IS LIKELY TO INFORM WHAT YOU DO AS PART OF YOUR FAMILY SUPPORT PLAN?

An important consideration is whether what you are measuring will inform the case plan for the family. One question to ask is whether what you are measuring is a construct that is likely to change. For example, you are unlikely to see changes in personality as a result of support if we assume that personality is a stable and enduring trait? However, it is very possible that we would see a change in the use of alcohol as part of a family support process so measuring alcohol use at the start of an intervention and then again at a later stage would provide us with important information about the success of the family support process.

THE FIVE KEY PURPOSES OF TOOLS IN FAMILY SUPPORT WORK

1. To determine if a child is currently suffering or likely to suffer harm. We refer to these as 'risk assessment tools'. These tools are more commonly used by statutory child protection agencies as part of their investigative process rather than by family support workers.
2. To undertake a needs assessment to identify issues in a family that can change. We refer to these as strengths and needs assessment tools and these are widely used in family support services.
3. To measure aspects of child, parent or family functioning using established measures that are completed by the parent/child in a self report format. We refer to these as 'standardised tools for intervention planning and evaluation'.
4. To help a family identify specific issues and develop a plan where there is a clear goal in sight. We refer to these as 'goal setting tools'.
5. To help a family or person obtain clarity or greater understanding about a particular issue that will assist them to move forward towards change. We refer to these as 'therapeutic tools'.

RISK ASSESSMENT TOOLS

Risk assessment tools are intended to estimate the likelihood of child maltreatment based on a combination of identified risk factors established in the research literature. They are usually completed by child protection workers during the early stage of an investigation or immediately following a notification. Risk assessment tools typically list family and parent characteristics that have been associated with future risk of harm to children and are sometimes also referred to as risk checklists or safety checklists.

An extensive review of these instruments was undertaken by Professor Jane Barlow and colleagues and is available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183949/DFE-RR199.pdf

Many risk assessment tools are part of a wider system of assessment tools. One of the most widely used is the Structured Decision Making (SDM) tools developed by the Children's Research Centre in the United States. This system of tools provides a structure around the decision-making process at initial intake or referral through to the use of a screening tool and a response priority assessment tool to determine priority of the assessment. If further investigation is required there is a safety assessment tool and a family risk evaluation tool. This last tool consists of a Neglect scale and an Abuse scale. A score is obtained and this provides information on whether the risk can be classified as low, moderate, high or very high risk of abuse and neglect. Other risk assessment tools are stand alone instruments and may provide either a single score as in the case of the Child at Risk Field (CARF) or a mapping process such as Signs of Safety.

Risk assessments tools are widely used across Australia and while they play a key role in establishing potential for maltreatment they are restricted in the domains that are assessed and are heavily weighted by static or historical risk factors. For example, if a parent scored 'very high risk' of abuse and neglect on the Family Risk Evaluation Tool from the SDM (CRC) suite of tools, the family would not be able to be later reclassified as moderate or low risk regardless of what they did, how they changed or what new life events occurred. This is because the tool is heavily weighted with historical risk factors that just cannot change. This is not to argue that such tools should not be used. However, they

are limited in their use and this should be widely understood in the family support field.

There has been adaption of the SDM tools for Aboriginal and Torres Strait Islander families undertaken in the Northern Territory. There has also been some investigation of the utility of these approaches undertaken by the Ombudsman (July 2011; A Life Long Shadow) which does raise some concerns about the way in which these tools are used day-to-day and the concerns of some workers that they fail to accurately classify risk. The tension between computerized screening and assessment and professional judgment was highlighted.

http://www.ombudsman.nt.gov.au/wp-content/uploads/2009/07/A-Life-Long-Shadow-_web-version_.pdf

STRENGTHS AND NEEDS ASSESSMENT TOOLS

Unlike risk and safety assessment tools, a strengths and needs assessment will focus on dynamic factors that are present in a family's life. There is a range of these tools and a discussion about the usefulness can be found in Barlow et al. (2012). The most relevant and widely used strengths and need assessment in Australia is part of the suite of instruments developed by the Children's Research Centre and referred to as SDM assessments. The CRC has worked closely with Central Australian Aboriginal Congress (CAAC) in Alice Springs, NT to develop a culturally sensitive assessment. Many of the questions in the Family Strengths and Needs Manual have guidelines on cultural considerations for Aboriginal and Torres Strait Islander and for Refugee/Immigrant Families. The *Learning from Practice* boxed text below provides an example of this adaptation.



LEARNING FROM PRACTICE 11: ADAPTING STRENGTHS AND NEEDS ASSESSMENT

The Central Australian Aboriginal Congress (CAAC) uses the Structured Decision Making tools developed by the Children's Research Centre in the United States in the assessment of family strengths and needs for their targeted family support service. One way in which the tool has been adapted for practice with Aboriginal and Torres Strait Islander families is the inclusion of significant guidance on cultural considerations in the definitions section so that family support workers are taking account of cultural difference when completing the assessment. The extract below provides an example of cultural considerations for assessing parenting. It is important to remember that these were developed in the context of the Northern Territory and will vary for different Aboriginal and Torres Strait Islander communities around Australia:

SUPERVISION: Aboriginal and Torres Strait Islander families give importance to children's ability to determine and indicate their own needs. Adults may not have a strong supervisory role but instead encourage the early establishment of children's own capabilities and judgement. Mothers may keep an eye on the activities of young children but not obtrusively, as they may not want to detract from the child's sense of independence or assume a directing role. Due to the extended family/kinship system, the supervision of children may be undertaken by a number of members of the family, including older children or other members of the community.

NURTURANCE: In many Aboriginal and Torres Strait Islander communities there is an expectation of adults to be very unselfish with children in terms of food, love and attention; to give as much as they are capable of and to respond to all needs and wants of the child. What may be otherwise perceived as indulgent and permissive parenting may reflect cultural and customary nurturance patterns.

DISCIPLINE: There are prominent differences between disciplinary styles of Aboriginal and Torres Strait Islander and 'mainstream' Australian cultural traditions. There may be differing expectations of children's behaviour, with Aboriginal and Torres Strait Islander disciplinary styles being less overt in nature. The biological parents may not be solely responsible for controlling the child's behaviour; instead, this may be a shared focus for the extended family and community. Furthermore, rather than being told by adults how to behave and being punished for misbehaving, it is expected that children, through trial and error and observation over a period of years, will recognise what is expected of them and in so doing develop their own controls.

HEALTH: The Aboriginal and Torres Strait Islander view of a connection between spiritual and physical health may result in different interpretations of the causes of illness and alternative strategies for attempting to address health issues. Parents/caregivers who express these alternative causal views or use alternative interventions should not be understood as lacking parenting skills.

Therefore, when assessing the parenting practices of parents/caregivers, it is important to understand what is being observed and to interpret it with care and consideration of cultural variations. The key question is whether the supervision, discipline, nurturance and health practices ensure the safety and wellbeing of the child.

Source: Warrki Jarrinjaku Jintangkamanu Purananjaku. (2002). *Working together everyone and listening', Aboriginal child rearing and associated research: A review of the literature.* Commonwealth of Australia.

ASSESSING SPECIFIC AREAS OF CHILD AND FAMILY FUNCTIONING

This learning area provides information about a number of specific tools that have been developed to measure specific areas of child or family functioning that may be useful for a family support worker to measure and track. The specific areas addressed are:

- child development
- emotional connection of parents or carers with children, and
- wellbeing for parents and carers.

The tools described here are mostly those that have been either well tested in Aboriginal and Torres Strait Islander communities or developed specifically for use with Aboriginal and Torres Strait Islander peoples.

1. CHILD DEVELOPMENT

An important component of any comprehensive assessment of a family is to obtain a clear picture of the child's current functioning. A child's physical impairment, developmental delay or evidence of severe social, emotional or behavioural problems require explanation. Possible explanations include:

- The child has a congenital problem such as autism, or is displaying abnormality due, for example, to in-utero exposure to alcohol.
- The child has been exposed to incidents outside of the family. If this is the case the child protection agency may be concerned about the family's capacity to protect the child from harm.
- The family has been unable to meet the child's needs. Whether or not the child protection agency needs to be involved will depend on the extent of the child's problems.

An assessment that finds a child is physically healthy, developmentally on track and emotionally, behaviourally and socially competent not only argues against any serious problem in the family, it suggests the environment in which the child has lived have facilitated good development to date. **While this does not rule out the possibility that recent changes or events in the family are potentially harmful to the child, it does suggest there are strengths in the child's environment, either within their immediate family or their extended**

family, that have been strong protective factors. These need to be clearly identified and in such cases a combination of standardised tools and discussion with the family are key.

The following are examples of assessment tools that can support the measurement and tracking of a child's development.

THE AGES AND STAGES QUESTIONNAIRE: A DEVELOPMENTAL CHECKLIST FOR CHILDREN

There is widespread agreement that monitoring young children's development is key to being able to detect children with developmental difficulties. There is particular concern that many children with developmental concerns living in regional and remote areas of Australia are not being identified early enough to allow for the most effective intervention to occur. Arguably the first important step in rectifying this is to have reliable and valid measures that are culturally sensitive and appropriate and can be used easily by family support workers.

Importantly, a very recent study (D'Aprano, Silburn, Johnston, Robinson, Oberklaid and Squires (2014)) has investigated the reliability and validity of The Ages and Stages Questionnaire, 3rd edition (ASQ-3). This developmental screener is widely used internationally and has been tested in diverse cultures. The study resulted in the development of the ASQ -TRAK, designed specifically for Aboriginal and Torres Strait Islander communities. It consists of 30 items and can be used in children from one month to five and a half years of age.

Following extensive community consultation, each item was carefully investigated for cultural appropriateness and adaptations made included modification of items, translation into the local Aboriginal language, illustration of all items, and ensuring administration by interview, resulted in a version that was more accessible to Aboriginal parents and involved them in the developmental process.

At the time of publishing, there were discussions taking place with the publisher of this instrument and it is hoped that the adaption undertaken for Aboriginal and Torres Strait Islander children will be made available. If you wish to use this measure, contact Dr D'Aprano who will be able to provide updates on availability: anita.daprano@unimelb.edu.au

WESTERMAN ABORIGINAL SYMPTOM CHECKLIST – YOUTH (WASC-Y)

The WASC-Y was developed to assess and identify at risk Indigenous youth (age 13-17 years) across several psychological domains: depression, suicidal behaviours, drug and alcohol use, impulsivity, anxiety and cultural resilience. It is a self report measure consisting of 53 items. Example items are as follows:

- I reckon that I worry for no reason (anxiety)
- I'd rather be alone than with other people (depression)
- I have thought about a way to go about ending my life (suicidal behaviours)
- I drink grog/smoke gunja or use drugs (alcohol and drug use)
- I like being Aboriginal (cultural resilience)
- I know a lot about my Aboriginal culture (cultural resilience).

Training and access: The WASC-Y is available to practitioners who have undertaken training in the administration and interpretation of this measure. Details can be obtained at the following website.

http://www.indigenouspsychservices.com.au/staticpage.php?static_id=12

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a measure of child behaviour. Recent research evidence indicates that the measure is suitable for children aged 4-17 years and, with modification of three items, also suitable for children aged 2-4 years.

<http://www.sdqinfo.com>

Training and access: There is no specific training required. The SDQ can be accessed and scored from <http://www.sdqinfo.com>. This website provides details on research supporting the SDQ that can also be downloaded.

2. EMOTIONAL CONNECTION OF PARENTS OR CARERS WITH CHILDREN

One of the most important predictors of good child outcome is the quality of the relationship with primary caregivers. A caregiver who is sensitive, is able to pick up on a child's cues, who can provide structure and is not overly intrusive or hostile will have a child that is responsive to them and who takes pleasure in involving them in their own world. The quality of caregiving forms the basis for the development of a secure attachment.

The concept of a secure attachment comes from a large body of literature documenting the development of attachment relationships in young children. The fundamental premise is that a child will develop an inner working model of the world as a safe and secure place through their attachment relationship with a primary caregiver (usually the mother).

There are critical differences to be taken into account and questions to be asked when applying attachment theory to assessment for Aboriginal and Torres Strait Islander families. These relate to differences in child rearing practices, including extended family and community care systems. These issues are discussed in more detail under Practice Focus Area 3 above. The tool described below is one that shows promise for being suitable for use with Aboriginal and Torres Strait Islander families.

EMOTIONAL AVAILABILITY FRAMEWORK

One framework that has considerable potential to inform family support work that is assessing a range of key relationships in a child's life is the Emotional Availability Framework developed by Biringen (<http://www.emotionalavailability.com>). This work is also described in her book *The Language of Love*. This framework is used to observe the quality of the relationship between child and carer/s by simply observing. The model has four dimensions describing the behaviour of the parents/carers — the ability to: respond sensitively to the child (sensitivity); provide structure to help the child manage their emotions and behaviours (structuring); promote autonomy (non-intrusiveness); and minimise angry and hostile interactions (non-hostility). While this system has not been systematically evaluated for Aboriginal and Torres Strait Island families, it has been used by Aboriginal and Torres Strait Islander family support agencies with some success. The focus on sensitivity of the caregiver and an understanding of which caregiver/s are able to support the child's development shifts the focus from a strictly Western view of what 'good parenting' practices look like and may help avoid the focus on 'parenting skills' or 'behaviour management' that reflect dominant cultural values that are not mirrored in Aboriginal and Torres Strait Islander families.

3. WELLBEING FOR PARENTS AND CARERS

The wellbeing of parents and carers can have significant impacts on their capacity to successfully care for and meet the needs of their children. Concerns about issues such as emotional stability, depression, and emotion wellbeing for parents can be assessed in more detail if concerns are raised during initial contact with the family.

While the experience of disorders such as anxiety and depression are universal, the signs, triggers and understanding of these disorders vary considerably across cultures. The following two measures have been carefully developed through consultation and trialling with Aboriginal and Torres Strait Islander people.

STRONG SOULS

Strong Souls was developed as part of the life course study of an Aboriginal birth cohort established in the Northern Territory. This study was conducted by researchers at the Menzies School of Health Research, NT using a sample of over 300 participants from a range of urban, rural and remote communities across northern Australia and compared with the Westerman Aboriginal Symptoms Checklist for Youth, the Kessler Psychological Distress Scale (K10) and the K6 in a population of 361 with a mean age of 18 years. Four distinct factors or constructs were identified: anxiety, depression, suicide risk and resilience. Strong Souls is also being used in a current study that aims to investigate how we can improve identification and treatment of cannabis and related mental health issues.

To date, this measure shows considerable promise and should be considered for use by Family Support Workers as a reliable and valid assessment of social and emotional wellbeing.

Training and access: Strong Souls can be downloaded from http://www.menzies.edu.au/icms_docs/192063_Strong_souls_assessment_tool.pdf

THE GROWTH AND EMPOWERMENT MEASURE

The Growth and Empowerment Measure (GEM) was developed by Melissa Haswell and others as a measure of the process and outcomes of empowerment. The Emotional Empowerment Scale measures the extent to which a person is able to feel and show specific signs of wellbeing in their everyday life. The scale has an overall title of 'How I feel about myself' and people are asked to indicate 'the way you usually feel about yourself most of the time' on a five point scale. The authors argue that this is a particularly important measure as it:

- a) provides a measure that is culturally informed, and
- b) evaluates the impact that an intervention may have on an individual's sense of empowerment.

The GEM has been used in several key studies including clients in a residential substance abuse treatment setting and in a family-based alcohol intervention for Aboriginal and Torres Strait Islander people. The measure is sensitive to change and therefore can be used if there is an interest in determining whether there has been change as an outcome of an intervention plan or family support.

Training and access: The GEM can be used by family support workers and the measure can currently be obtained by emailing m.haswell@unsw.edu.au.

The following tool has been designed specifically for use in assessments with parents and carers where alcohol and/or other drug use is identified as an issue.

THE INDIGENOUS RISK IMPACT SCREEN (IRIS)

The Indigenous Risk Impact Screen (IRIS) is designed to screen for both alcohol and drug and mental health issues and was developed to meet the specific needs of Aboriginal and Torres Strait Islander people (Schlesinger et al., 2007). Rather than being intended for the assessment of any one drug specifically, the IRIS measures alcohol and drug use in terms of total substance use, an approach that the authors suggest is consistent with identified patterns of addictive behaviour in Aboriginal and Torres Strait Islander populations (Schlesinger et al., 2007). The IRIS also contains a second component for screening for mental health symptoms.

Training in the use of the measure and an associated brief intervention is provided by Queensland Health and can be accessed at: <http://www.health.qld.gov.au/atod/prevention/iris.asp>

ASSESSING THE TOOLS WE USE

REFLECTIVE EXERCISE 9

IS THIS THE RIGHT TOOL FOR US?

The table below provides a template for thinking about whether a particular tool is useful for the work you are doing to support families. One example is included. This table could be used by your family support team to assess tools you are already using or ones that you would like to consider using in the future.

Name of tool	What are we trying to measure with the tool?	Do we know if the tool is reliable and valid for our families?	Do we know if it is culturally sensitive? ⁹	Will it help to develop a support plan for our families?	Will it provide some indication of whether there has been a change
<i>Example: SDQ</i>	The four year-old's behaviour at school and home	There has been a version adapted for Aboriginal and Torres Strait Islander families, but I have used the non-specific one from the website	It is good enough to give an indication of areas of strengths and difficulties	I can look at areas of strength to build on. The four year-old child scores high on pro social and does not have peer problems. But his attention and concentration is a bit problematic. Can we help settle him, provide more consistency, support parenting?	I can re-administer this measure in 10 weeks time and if we have managed to get his behaviour a bit more settled and his family life more stable we should see change on his attention and concentration. If we do not we may need to think about further assessment.

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- 9 Was the tool developed or adapted in collaboration with Aboriginal and Torres Strait Islander communities and/or researchers?





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