Family Relationships Quarterly

In this issue

Elly Robinson, AFRC Manager | September 2010

Welcome to this special edition of *Family Relationships Quarterly*, focusing on Aboriginal and Torres Strait Islander children and families.[1] This edition is one of the outcomes of a collaborative project between the Australian Family Relationship Clearinghouse and the Secretariat of National Aboriginal and Islander Child Care (SNAICC), the national peak body for Aboriginal and Torres Strait Islander children.

Two lead articles refer to the importance of healing to assist recovery from individual and collective trauma. Catherine Caruana summarises the literature on healing and healing services, and current Australian approaches to recognising and effecting personal, family and community healing. Steve Larkins, Chairperson of SNAICC, makes a case for the importance of cultural healing and cultural strength in promoting the health and wellbeing of Aboriginal and Torres Strait Islander children. Two program spotlights focus on the Healthy Family Circle Program and Yorgum Aboriginal Family Counselling Service as practice examples of social and emotional wellbeing services.

In other articles, Stephen Ralph explores key issues in providing family dispute resolution to Aboriginal and Torres Strait Islander families. Our Trends and Statistics article in this edition looks at indicators of socio-economic resources for Indigenous mothers compared to non-Indigenous mothers, and considers the limitations of demographic data in reflecting the lived experience of Indigenous families.

Resource reviews focus on SNAICC's new *Working and Walking Together* resource, which provides support for non-Indigenous family relationship services to work in culturally appropriate ways, and the Aboriginal and Torres Strait Islander Hub on the website of the Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLGN). Notes on the 2nd National Aboriginal and Torres Strait Islander Family and Community Strengths Conference look at some of the key presentations, and literature highlights focus on service responses to Indigenous healing.

We'd like to formally thank Mark Lawrence, Catriona Elek, Steve Larkins and the many other service providers and practitioners who were instrumental in helping us develop this special newsletter.

We hope you enjoy this edition, and feedback is most welcome at <afrc@aifs.gov.au>.

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1 The terms "Aboriginal", "Aboriginal and Torres Strait Islander" and "Indigenous" are used throughout this edition, reflecting their use in associated literature, practices and services.

Australian Government

Australian Institute of Family Studies
Australian Family Relationships Clearinghouse

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and the Attorney-General's Department. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

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AFRC publications

The Clearinghouse publishes quality resources for providers of family relationship and support services, policy makers, and members of the research and broader communities. All Clearinghouse publications are electronic.

Family Relationships Quarterly

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Healing services for Indigenous people

Catherine Caruana

The release of the *Bringing Them Home* report in 1997 (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, 1997) added impetus to calls for programs and services to address the healing needs of Aboriginal and Torres Strait Islander Australians. Since then, numerous reports, articles, discussion papers and policy frameworks at both the State and Commonwealth level have recognised the need for a holistic approach to tackle the root causes, rather than just the symptoms, of Indigenous suffering and disadvantage. But what does "healing" in this context entail and what implications might the "healing movement" have for services working with Indigenous families and communities?

On 13 February 2009, the first anniversary of the delivery of the former Prime Minister's *Apology to Australia's Indigenous People*s (Rudd, 2008), the Australian Government announced the establishment of a foundation to promote "the provision of culturally-appropriate healing services to assist Aboriginal and Torres Strait Islander people to begin the process of recovering from trauma" (Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009, p. xi).[1] The strategy of promoting and funding a diverse range of Indigenous-centric services, to help "heal" the social and emotional legacy of colonisation, is gaining ground internationally, and has proven effective in Canada.[2] From the perspective of mainstream Australia, however, it remains largely an area of innovation.[3]

For Aboriginal and Torres Strait Islander people, the need for adequately funded services that are informed by Indigenous concepts of wellbeing, that address physical, emotional, spiritual, cultural and community needs, and that recognise the forces of history and the collective experience, has long been recognised (Ober, Peeters, Archer, & Kelly, 2000). Those on their own healing path have already done much work in Indigenous communities to develop and deliver healing and cultural renewal programs across a number of sectors (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Wilczynski, Reed-Gilbert, Milward, Fear, & Schwartzkoff, 2007). This paper provides an overview of the literature regarding the emergence of a movement to effect therapeutic healing in Indigenous Australia and the diverse range of practices, including traditional healing practices, this term encompasses.[4]

What is healing in the Indigenous context?

According to the *Macquarie Dictionary* (Delbridge et al., 2005), to "heal"—derived from the Old English "hale" or "whole"—means to restore to health, to effect a cure, to make whole or sound. Intrinsic to the meaning then is an approach that is holistic and multidimensional, treating the source of "disease", and not just the symptoms. In the Indigenous context,[5] healing implies restoration of health in the broadest sense, defined in the 1st National Aboriginal Health Strategy (1989), to include "not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community… a whole-of-life view [that] also includes the cyclical concept of life-death-life" (National Aboriginal Health Strategy Working Party,

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1   The Aboriginal and Torres Strait Islander Healing Foundation Ltd was incorporated on 30 October 2009. The foundation is a national, Indigenous-controlled, not-for-profit organisation to support community-based healing initiatives. See <www.healingfoundation.org.au>

2   See Archibald (2006a). The success of the Canadian Aboriginal Healing Foundation is evidenced by the fact that funding has been extended to 2012.

3   The social and emotional wellbeing of Indigenous Australians has only become a health policy priority in recent years, and has been incorporated into a number of policy frameworks such as: The Aboriginal and Torres Strait Islander Emotional and Social wellbeing (Mental Health) Action Plan (1996–2000); the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013; the National Social And Emotional Wellbeing Framework 2004–2009 and the NSW Aboriginal Mental health and Well Being Policy, 2006–2007.

4   This is not a full review of the literature, but rather it covers the books, articles, reports and so on that are deemed to be the most pertinent to this issue. Electronic searches of a range of databases; hand-searching a range of journals, bulletins and conference proceedings focused on Aboriginal and Torres Strait Islander issues; and Internet searches of "grey" literature on healing practices were conducted. This paper also draws on and acknowledges the work done in earlier literature reviews, namely by Wilczynski et al. (2007), Victorian Aboriginal Child Care Agency Co-operative (VACCA; 2006) and the Aboriginal and Torres Strait Islander Social Justice Commissioner (2008).

5   Healing was first used in this context by Indigenous Canadians in the 1980s to refer to culture-based programs dealing with addictions and substance abuse (Phillips, 2007).

Healing practice snapshots

By way of illustrating the diverse ways of approaching Indigenous healing, what follows is a brief outline of a number of healing initiatives currently being delivered in Australia.

Marumali

Marumali comprises a range of workshops for Aboriginal survivors of removal policies and their families (Circle of Healing Program), and for Aboriginal and non-Aboriginal counsellors and health workers, aimed at developing skills to meet the specific support needs of members of the Stolen Generations. Devised by a member of the Stolen Generations, the workshops offer insight into: removal policies and their effects on individuals, families and communities; silence and the trans-generational effects of oppression; the spiritual dimensions of healing and the importance of identity and belonging. See <www.marumali.com.au>.

The Family Wellbeing Program

Developed by members of the Stolen Generations in 1998, the Family Wellbeing Program "focuses on social and emotional wellbeing and the development of self-worth, communication and problem-solving skills, conflict resolution and other personal qualities that enable the individual to take greater control and responsibility for family, work and community life" (McEwan & Tsey, 2009, p. 1). Workshops with adults and children involve the sharing of life stories, discussions about relationships, and identifying goals for the future. The Apunipima Cape York Health Council in Far North Queensland has modified the program to meet the specific needs of the local communities of Hopevale and Wujal Wujal. For an evaluation of the program delivered in the community of Yarrabah in Far North Queensland (in response to a spate of suicides), see McEwan & Tsey (2009). During 2007, the program was incorporated into primary school curricula in Queensland.

Let's Start

Based on the Ngaripirliga'ajirri early intervention program (Robinson & Tyler, 2005), this 10-week program provides support for preschool children experiencing emotional and behavioural problems, and their families. The aim is to build positive behaviour and social skills in the children and support the role of the parent or caregivers, and is run in a number of communities in the Northern Territory. For more information about this program, see <www.cdu.edu.au/letsstart>.

Red Dust Healing

A group program for Aboriginal men and their families who have experienced family violence, Red Dust Healing aims to reclaim a sense of male identity via an exploration of cultural and traditional ways, Indigenous history and the impacts of colonisation, healthy relationships, lifestyle and diet. The program is supported by individual case management plans and a mentoring system, and has been run in Queensland and NSW with input from Aboriginal elders and local Indigenous service providers. The program is currently being evaluated. See <www.thereddust.com>.

Aboriginal Family and Community Healing

This Adelaide-based program, developed as part of the South Australian Government's Regional Aboriginal Health Plan, works with Aboriginal men, women and youth to promote effective responses to family violence. Hosted by the Aboriginal outreach service for a primary health care organisation, the program focuses on substance misuse and social and emotional wellbeing at the family and community level. For findings related to the evaluation of this program, see Kowanko et al. (2009).

We Al-Li

We Al-Li (the Woppaburra term for fire and water) is a community-based training program devised by Professor Judy Atkinson at Gnibi, the College of Indigenous Australian Peoples (Southern Cross University, NSW). The program incorporates Indigenous cultural practices and therapeutic skills to assist recovery from trauma such as sexual assault, family violence, childhood trauma, substance abuse and other addictions. By using traditional ceremonies of healing at sites of cultural significance, the program combines experiential and cognitive learning practices, reflection and emotional release to allow for the expression of anger and sorrow within a safe and supportive context.

The We Al-Li program provides the foundation for Certificate Level 4 of Indigenous Therapies, the undergraduate degree in Trauma and Healing and a masters degree in Indigenous Studies (Wellbeing) offered at Gnibi. For more information, see Atkinson (2002), Atkinson & Ober (1995), or <www.scu.edu.au/schools/gnibi>.

1989, p. x).[6] Greg Phillips, the chair of the interim board of the Aboriginal and Torres Strait Islander Healing Foundation, described healing as "a spiritual process that includes addictions recovery, therapeutic change and cultural renewal", and involving reclamation of identity (Phillips, 2008, 2007). Swan and Raphael (1995) saw Indigenous health as being grounded in cultural wellbeing, while Milroy (2008) talked about the restoration of harmony and balance rather than the Western construct of reducing symptoms or restoring function.

Although informed by a traditional world view, the idea of using "healing" as an approach to Indigenous disadvantage is not a concept that is always well understood (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008). The breadth of the term, the wide range of practices that it encompasses, and the fact that spirituality and culture play a central role, bringing with it connotations of alternative or "new age" quackery, has lead to skepticism of its appropriateness as a public policy response (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Phillips, 2007). Given the complexity and diversity of needs in Indigenous communities, "healing" will mean different things to different people, spanning sectors such as mental health, social and emotional wellbeing, family violence, child protection, addictions, sexual abuse, justice and corrections. However, there is a degree of consensus in the literature that healing relates to the personal journey of individuals, families and communities dealing with the trauma caused by past policies and current disadvantage.

Also emerging from the literature is the view that therapeutic interventions need to be preventative and restorative (rather than just reactive), be linked with programs promoting cultural reinvigoration and have regard to workforce development (SHRG, 2004). Although wider healing by way of national reconciliation may be a happy by-product

of strategies to address Indigenous suffering, it is not one of the objectives (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Feeney, 2009; Phillips, 2008). Nor, warns one author, should conclusive or final healing be the end game. Feeney (2009) argued that, for some, the healing of wounds may not be achievable, and the implication of needing to "get over" their experiences is insulting.

Trauma and resilience

The impact of past policy and trauma on the lives of Aboriginal Australians has been documented in a raft of inquiries and government reports.[7] It is beyond the scope of this paper to list what Phillips (2009) has described as "the rosary of our sorrow". Suffice to say that Indigenous Australians are the most disadvantaged group in Australia, and have the lowest health standards of all Indigenous people worldwide (Commonwealth of Australia, 2007).[8]

However, a necessary counterpoint to any discussion of the legacy of the trauma resulting from the white settlement of Australia is the recognition of the strength and resilience of Indigenous people and culture in Australia in the face of extreme adversity. Protective attributes—some of which (such as the continuing strength of kinship systems and the maintenance of connection to spiritual traditions, ancestry, country and community) can be seen as being unique to Indigenous people—have enabled many people to transcend painful personal histories. Greater insight into risk and protective factors affecting Indigenous Australians should inform any future "healing" strategies (Kelly, Dudgeon, Gee, & Glaskin, 2009).

Towards a new model

The persistence into the 21st century of many indicators of Indigenous disadvantage is testament both to the complexity of the psycho-social issues facing

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6 The term "social and emotional wellbeing", has been seen as a more appropriate descriptor of Indigenous health than the more restrictive term of "mental health" (Social Health Reference Group [SHRG], 2004). There is a growing recognition internationally of the importance of the social determinants of health; that is, the link between the daily conditions in which people live and work, from birth to death, and their physical health. There is also greater understanding of the interdependence of physical and "mental health" (Kelly, Dudgeon, Gee, & Glaskin, 2009). As such, a picture of the psychological health of Indigenous Australians is an important measure of health overall.

7 Commonwealth of Australia, 1991; Swan & Raphael 1995; Human Rights and Equal Opportunity Commission, 1997; Zubrick et al., 2005; Commonwealth of Australia, 2007.

8 It has been proposed that the negative effects of colonisation have continued for a longer period in Australia than in other countries (Wesley-Esquimaux & Smolewski, 2004). Some authors suggest that one possible reason for this is the absence of a treaty with the Indigenous people of Australia, indicating the nature of the experience of colonisation and the relationship between the colonisers and the colonised, and the ability of Indigenous people to achieve closure on past trauma (Ober et al., 2000).

Indigenous Australians and the inadequacy of mainstream services in addressing them (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Ober et al., 2000).

In spite of unacceptably high rates of psychological distress within the Indigenous community,[9] Aboriginal people are less likely to engage with mainstream mental health services, and when they do, they are likely to present at a more chronic level and to engage with services for a shorter period of time (McKendrick & Thorpe, 1994; Vicary, 2002). Australian Aboriginal mental health is an area that is perceived to have been largely neglected. The mental health service responses to the needs of the Stolen Generations have been found by evaluators to be largely inadequate and/or culturally inappropriate (Wilczynski et al., 2007). Others have highlighted the failure of mainstream services to embrace Indigenous concepts of health and wellbeing (Dudgeon, Garvey, & Picket, 2000; Ober et al., 2000; Westerman, 2004), and to understand the historical context and pervasiveness of racial oppression and social disadvantage (Vicary, 2002). Rather, Western psychology is seen to offer a compartmentalised, individualistic and pathologising approach to maladaptive behaviour, with even greater emphasis over the past thirty years on cognitive rather than insight-based therapy (McCabe, 2008). Some have argued for minimum standards of cultural competency, while others take the position that merely adapting mainstream services to be culturally appropriate—described as "window dressing"—is not only likely to fail but to cause further trauma (Grieves, 2009; Ober et al., 2000).

Much has been written about the characteristics and values essential to ensure healing from the effects of oppressive historical (and contemporary)[10] policies.[11] A number of authors have stressed the need to first change the conditions that contribute to the trauma (Mehl-Madrona, 2006), and ensure basic needs are met.[12] Others see monetary compensation as an essential part of the reparations package (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, 1997). As to the nature of healing interventions themselves, while views may vary about the details, some basic features of an effective Indigenous healing model have emerged from the literature (see text box, "Core characteristics of Indigenous healing").

Another aspect seen as a core requirement is that services provided must be sustainable and include workforce development initiatives. Training and education is pivotal to ensure that workers are skilled and adequately resourced.[13] Phillips (2003) emphasised the importance of self-care and healing for Aboriginal mental health workers—who are currently viewed as overworked and undervalued—so that experiences can be shared, creating a "healing community". Training that is experiential and affords participants an opportunity to deal with their own issues, or to "heal the healer"—such as that provided in the Family Wellbeing Program—is one way of addressing this need. A number of authors have stressed the importance of developing community capacity, which includes the training of what has been described as the "natural healers" in the community, that is, the mothers, grandmothers and elders (Phillips, 2007; Wilczynski et al., 2007). Yet others have pointed out the responsibility of governments in effecting systemic change and addressing ingrained disadvantage; acknowledging that personal and community healing does not occur in a vacuum (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008).

The role of research

The literature highlights gaps in knowledge that currently exist in a number of areas, most particularly those relating to the extent of the need for psychological healing in the Australian Indigenous community (Vicary & Bishop, 2005), the risk and protective

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9 The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), which included a social and emotional wellbeing component, found that over one-quarter of respondents reported high rates of non-specific psychological distress—twice that of the general public across all age groups (Australian Institute of Health and Welfare [AIHW], 2009).

10 See Brown and Brown (2007) for a critique of the Federal Government's Northern Territory intervention.

11 In Canada, the Aboriginal Healing Foundation formulated the "three pillars of healing" (Archibald, 2006a). Recommendation 3 of the *Bringing Them Home* report suggested a five-part approach to reparation (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, 1997), based on van Boven and Bassiouni's (2005) *Basic Principles and Guidelines on the Rights to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law*. The evaluation of the *Bringing Them Home* programs outlined 10 good-practice principles (Wilczynski et al., 2007). Atkinson (2002) listed five essential components necessary for healing.

12 However a number of authors have expressed strong views that while striving for social justice can in itself be part of the healing, the provision of health services, including mental health services, should be seen as a basic entitlement available to all Australians, and should not come under a healing funding program (Mehl-Madrona, 2006; Phillips, 2003).

13 For more information on the Indigenous training modules currently available, see Aboriginal and Torres Strait Islander Social Justice Commissioner (2008).

Core characteristics of Indigenous healing

- *Indigenous ownership, design and evaluation of services* (Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009)—Informed by an Indigenous, not a Western, worldview, and using culturally sensitive screening and assessment tools (Archibald, 2006b).

- *Holistic and multidisciplinary approach*—That is, addressing mental, physical, emotional and spiritual needs, with a focus on familial and community interconnectedness, as well as connections to the environment and the spiritual realm (Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009; Archibald, 2006b; Quinn, 2007).

- *Centrality of culture and spirituality*—Cultural renewal is seen by some as an essential precursor to healing (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Quinn, 2007). According to Phillips (2003), "culture is treatment" (p.142).

- *Informed by history*—That is, being cognisant of the historical source of trauma, rather than focusing too strongly on the individual pathology.

- *Adopting a positive, strength-based approach*—This recognises and promotes the resilience of Indigenous people (Kelly et al., 2009).

- *Preventative and therapeutic strategies*—Rather than reactive responses that merely seek to reduce symptoms.

- *Commitment to healing*—As a process that takes considerable time, rather than as an event.*

- *Commitment to adaptability, flexibility and innovation*—Programs must be inclusive to ensure they reach people who may not have strong cultural ties (Feeney, 2009; Wilczynski et al., 2007) and to incorporate localised practices (Archibald, 2006b).

- *Utilisation of particular approaches best suited to the Indigenous context*—Such as narrative therapy (Archibald, 2006b; McCabe, 2008), group processes (Koolmatrie & Williams, 2000), and the combination of Western and traditional practices, such as the use of traditional healers, or *ngangkari* (Archibald, 2006a, 2006b; Milroy, 2008).

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* In its final report, the Canadian Aboriginal Healing Foundation estimated that it took a minimum of 36 months for organisations delivering healing services to identify needs and to engage a community in therapeutic healing, and an average of 10 years for a community to move beyond denial, create an environment of safety within which to deal with the trauma and initiate healing (Archibald, 2006).

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factors associated with Indigenous social and emotional wellbeing (Kelly et al., 2009), and the efficacy of healing programs to date. Little has been published that demonstrates effective programs; many of the existing programs are small-scale, with limited reach, and are unlikely to have adequate funding for an evaluation component (Kowanko et al., 2009). The Canadian experience illustrates the importance of building a strong evidence base of innovative and effective strategies in this burgeoning area (Archibald, 2006a), while respecting the intellectual property of traditional healing practices (Quinn, 2007). The research arm of the Canadian Aboriginal Healing Foundation has produced a wealth of information that will help inform future strategies, and it is hoped that the Australian Foundation will play a similar role (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008).

Conclusion

The overriding message emerging from the growing literature on Indigenous healing is that a fundamentally different approach is called for—one that is innovative in method and scope, and yet informed by traditional wisdom. Central to this notion of effecting personal healing, is the imperative to consider not only the needs of the whole person, but of the families and communities to which they belong. According to Tom Calma, the Aboriginal and Torres Strait Islander Social Justice Commissioner (2008), if we fail to strive for community-wide healing, then all future investment in social programs in Indigenous communities will be like building a house on quicksand. Any success in achieving the decolonisation of the psyche of Indigenous Australians has the potential to increase wellbeing of the broader Australian society.

Acknowledgements

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Recent supportive healing initiatives

The Stolen Generations' Working Partnership

On National Sorry Day, 26 May 2010, Minister Macklin and Minister Snowdon jointly released the Stolen Generations' Working Partnership.

Through this Working Partnership the Australian Government reaffirms its commitment to working with the Stolen Generations, recognising both their desire to articulate and lead their own pathways and solutions, and the need for broader understanding within the Australian community.

The Australian Government will work with the Stolen Generations in areas which have been identified by them as priorities, including:

- keeping the memory of Stolen Generations' alive;
- emerging needs such as aged care;
- building capacity and connections with mainstream and other Indigenous services so they have a better understanding of the impact of the forced removal of Indigenous children; and
- taking into account the special needs of Stolen Generations' members in policy development

It will require innovative solutions using existing resources, a willingness to work together and a preparedness to be open and understand different perspectives.

The Aboriginal and Torres Strait Islander Healing Foundation

In May 2010 the Healing Foundation announced its inaugural funding round of $2 million for local community-led healing projects to help people to overcome the underlying causes of trauma and prevent the cycle continuing.

Grants will support local projects such as:

- cultural renewal through connecting with culture, language and country;
- the development of healing centres and community healing plans;
- using song, dance, drama and art as part of the healing process;
- group and individual counselling, as well as traditional healing methods;
- drug and alcohol recovery projects; and
- anger management and family violence projects.

The funding round marks an important step forward in the way support is provided to Aboriginal and Torres Strait Islanders, including members of the Stolen Generations, who are affected by the pain caused by past governments' laws, policies and practices.

More information about the healing grants can be viewed at <www.healingfoundation.org.au>

Strengthening culture, strengthening identity

Keys to healing for Aboriginal and Torres Strait Islander children and young people and securing their social and emotional wellbeing

Steve Larkins

In recent years, there has been increased national attention on the need for healing of Aboriginal and Torres Strait Islander people. For instance, many Aboriginal and Torres Strait Islander people feel that the former Prime Minister Kevin Rudd's 2008 national apology to the Stolen Generations (Rudd, 2008) made a significant contribution to healing the scars of those who were removed, and their families. The recent establishment of the Aboriginal and Torres Strait Islander Healing Foundation and the 2009 national consultation process leading to it helped put healing at the forefront of the national conversation for Aboriginal and Torres Strait Islander people, and for the Federal Government, which has agreed to back the foundation in its formative years. Both these developments are significant for the healing journeys of the Stolen Generations, their families, the wider Aboriginal and Torres Strait Islander community, and potentially of the nation as a whole.

Children and healing

The Secretariat of National Aboriginal and Islander Child Care (SNAICC), the national peak body for Aboriginal and Torres Strait Islander children and their families, welcomes these important steps. Moreover, it is particularly important to recognise the integral place of healing for Aboriginal and Torres Strait Islander children, who can be overlooked in such initiatives. The social and emotional wellbeing of Aboriginal and Torres Strait Islander children is generally poorer than that of their non-Indigenous peers, corresponding with other indicators of disadvantage where our children are over-represented (Steering Committee for the Review of Government Service Provision, 2009). At the core of healing for our children is strengthening their bonds—and where necessary re-connecting them—to Aboriginal and Torres Strait Islander culture.

Of course, cultural connection is only one of the things our children need to improve their wellbeing. They also need adequate housing, good nutrition, education, health and other services, and to live in families and communities that are safe from harm, and where there are good job prospects and hope for the future. For children who have a tenuous relationship with their culture, the need for cultural connection requires concerted attention.

Cultural healing

Cultural healing, or "cultural intervention", has been identified alongside reclaiming history and therapeutic interventions as one of the three central pillars of healing by our Canadian First Nations brothers and sisters, and subsequently by Aboriginal and Torres Strait Islander people (Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009; Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Aboriginal Healing Foundation, 2006). This aspect of healing is crucial because Aboriginal and Torres Strait Islander culture and spirituality are a great source of strength and resilience for our children, and the foundation of strong, positive self-identities as adults.

This is something that SNAICC, and the Aboriginal and Torres Strait Islander community-controlled child and family services we represent, have long argued. It is increasingly borne out in developments in research and professional practice in health, wellbeing, therapeutic services and other healing initiatives for Aboriginal and Torres Strait Islander people— both children and adults. Aboriginal and Torres Strait Islander culture and spirituality are increasingly recognised as a strength and protective factor for our families and children (Grieves, 2009; Kelly, Dudgeon, Gee, & Glaskin, 2009; McEwan, Tsey, & the Empowerment Research Team, 2009; Zubrick et al, 2005; see also SNAICC, 2005).

Families

Our families are essential to our children's experience of and connection to their culture, and thus their healing. As Sharron Williams, CEO of Aboriginal Family Support Services in Adelaide and my fellow SNAICC National Executive member, says:

> Culture, land and spirit are tied together so closely that you can't have one without the other, but it's not a complete story without family—it's like building a house without mortar, it makes the right shape but there's nothing to hold it together. (personal communication)

Aboriginal and Torres Strait Islander people learn and experience our culture and spirituality through our families—whether through knowledge, stories and songs from parents, grandparents, elders or uncles and aunts; or through the everyday lived experience of shared values, meaning, language, custom, behaviour and ceremonies. We also learn through our growing understanding of our place in the world—in our family, our community and our country—and through our relationship with the environment and the land. Strong Aboriginal and Torres Strait Islander families make for strong culture and communities (Walker & Shepherd, 2008), and strong culture and communities in turn strengthen families—especially their children.[1]

Connections to culture

It is a terrible contradiction then that one of the most important things that helps strengthen and protect our children—and contribute to their healing—is so under threat: our children are losing their connection to their culture. This stems from colonisation and the subsequent fragmentation of our families, communities, cultural knowledge and practice, the competing influences and appeals of Western and global popular cultures, and also from contemporary child removals through the child protection system.

Where Aboriginal and Torres Strait Islander children's connections to culture, community or family are weakened or threatened, they are at risk of not only being lost to their culture but also to themselves. This is particularly the case when the child is removed from his or her family, including extended family. As Bamblett and Lewis (2007) stated: "Culture is central to identity. Culture defines who we are, how we think, how we communicate, what we value and what is important to us" (p. 49). The trauma experienced by the Stolen Generations demonstrates the devastating impacts of severing or weakening children's cultural and family connections.

To know who they are, our children need to know their land, their ancestors, their mob and their correct language. Knowing your family and your community is a vital part of the healing journey. Everything Aboriginal and Torres Strait Islander people and children need to start this journey is within us: spirituality and culture still flow strongly in our people. However, a one-size-fits-all approach to healing our children—including reconnecting them to culture—will not work.

True healing for our people is not just about knowing "Aboriginal" or "Torres Strait Islander" culture generically. It is important to identify where you belong: to know your mob, your stories and your songlines, and where you fit in the environment. As a Worimi man, my culture, my country, my mob and my songlines are Worimi, and my rights and obligations specified under Worimi culture. This is also the case with the Worimi children in New South Wales's Hunter region, whom my organisation, Hunter Aboriginal Children's Services (HACS), cares for and works with.

When working with Aboriginal children in the Newcastle and Hunter area of New South Wales, we ensure that they are educated in the culture of their specific community—be they Awabakal or Worimi kids from the region or, for example, Wiradjuri kids from Dubbo whose families live in the area. We take the children in our care on cultural camps each year: one for the girls and another for the boys. The camps help Aboriginal kids understand where they fit into the community and connect them to their elders. If they are Worimi, we reintroduce them to their country, songlines, stories, dances, and hunting or food gathering practices. We draw on elders and cultural leaders from other Aboriginal communities to support children from their communities, to ensure they are exposed to their cultures. Either way, the kids are connected to their culture, learn where they fit in and belong, and feel strengthened in their identity and sense of self.

These cultural interventions are important in supporting the social and emotional wellbeing of Aboriginal and Torres Strait Islander kids in the child protection system. We notice that our kids are more secure in their identity and stronger in their self-esteem as Aboriginal people once they've been to camp. They walk taller and prouder as Aboriginal children and young people, with a strong sense of belonging and knowing who they are.

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1   As indicated in the early findings of the Longitudinal Study of Indigenous Children (LSIC) (Department of Families, Housing, Community Services and Indigenous Affairs, 2009).

Community-controlled organisations

Aboriginal and Torres Strait Islander community-controlled child and family organisations undertake these vital cultural interventions with children and their families across the country, often without much fanfare or recognition. Local Aboriginal and/or Torres Strait Islander community-controlled organisations are rooted in their communities, cultures and country. As such, they play a significant role in supporting families and communities to raise children strong in culture. Large national or statewide non-Indigenous child and family services cannot provide the appropriate support and cultural education to assist Aboriginal and Torres Strait Islander children to reconnect and stay connected with their culture, their mob and their family in ways that uphold the integrity of the child's particular culture or community. Generalised, almost "aggregated" hotch-potches of "Aboriginal" or "Torres Strait Islander" cultures that cater to service provision across a state or broad sub-regions cannot stay true to the specific cultural needs of a child from a specific Aboriginal or Torres Strait Islander cultural group.

Healing services and programs, whether based on cultural interventions or therapeutic services, need to be locally specific—the more local the better—to not only meet the community's needs but to be effective. As Melisah Feeney (2009) from Queensland's Link-Up service points out:

> Aboriginal people seeking healing come from a variety of cultures and nations … healing practices need to go beyond stereotypical and sometimes romantic views that Indigenous people have the same values and needs (p. 19).

Learning from each other

Of course, Aboriginal and Torres Strait Islander communities can learn from each other, and support and strengthen each other in healing our families and children. This is why SNAICC is currently undertaking a project to document Aboriginal and Torres Strait Islander healing practices in relation to Aboriginal and Torres Strait Islander child and family wellbeing programs. This project seeks to scope and profile how our community organisations use healing practices—including cultural and therapeutic interventions—to support child and family wellbeing. SNAICC will document these practices and services

in a series of Promising Practice Profiles to share with others across the country what is working well in communities. These profiles will provide communities with inspiration, ideas and examples that they can adapt to their particular needs and circumstances. This work also builds up the practice-based evidence of what works and why, enabling our community organisations to refine their practices and services, build their capacity to develop new ones, and seek financial support. (Visit <www.snaicc.asn.au> for more information on or to participate in SNAICC's Healing Practices Documentation project.)

Conclusion

Cultural healing, and thus cultural strength, is a key that unlocks the whole health and wellbeing of Aboriginal and Torres Strait Islander children. It is essential not only to their social and emotional wellbeing, but in building the capacity of families and communities to respond to children's needs, and to raise children healthy and strong in culture. When Aboriginal and Torres Strait Islander children see their people and culture held in high esteem in the general community, this does wonders for their self-image as Aboriginal and/or Torres Strait Islander. When our children are strong in their identity and strong in culture, they have the strength and resilience to deal more positively with life's stresses and demands, and to become more optimistic about their selves and their futures.

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FRSA National Aboriginal and Torres Strait Islander practitioners network

Family Relationship Services Australia (FRSA) has established a national network for Aboriginal and Torres Strait Islander practitioners working within family relationship and support services, and for non-Indigenous practitioners who work primarily with Aboriginal and Torres Strait Islander families.

An initiative emerging from the formulation of FRSA's Reconciliation Action Plan, the online network creates a forum for Aboriginal and Torres Strait Islander practitioners to share ideas, information and resources, thereby helping to facilitate peer professional support. The network was established in recognition of the unique pressures faced by many Indigenous practitioners working in this sector, and the particular challenges encountered by non-Indigenous practitioners working with Aboriginal and Torres Strait Islander families.

The network can be accessed at <www.indigenouspractitioners.ning.com>

For assistance in joining this network, contact Bonnie Montgomery on (02) 6162 1811 or email <communications@frsa.org.au>.

For more information about formulating a Reconciliation Action Plan, go to <www.reconciliation.org.au/home/reconciliation-action-plans>

Family dispute resolution services for Aboriginal and Torres Strait Islander families

Closing the gap?

Stephen Ralph

A recent project arising from a partnership between the Federal Court of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies highlighted many of the difficulties confronting Indigenous people in accessing culturally appropriate dispute resolution services across a number of domains (Federal Court of Australia Indigenous Dispute Resolution and Conflict Management Case Study Project, 2009). The project and the resultant report, titled *Solid Work You Mob Are Doing* ("the *Solid Work* report"), provides "evidence-based research and resources to support the development of more effective approaches to managing conflict involving Indigenous Australians" (p. xiii).

The *Solid Work* report is based on three comprehensive case studies and a number of smaller "snapshot" studies of Indigenous dispute resolution programs operating in Australia. The project is unique in that it is the first investigation that has primarily and specifically focused on dispute resolution in the Indigenous context. This article outlines some of the key points in

the report and integrates these points with the practice experience of the author, to provide an overview of issues relating to family dispute resolution (FDR) with Indigenous families.

> When you get Aboriginal people through the door, they want to see you. They don't want to be transferred to one of those other [mainstream] services. ("Hamish", FRC Indigenous Advisor) (FCoA Project, 2009, p. 91)

Hamish identifies one of the obvious barriers that confront Aboriginal people when they attempt to access family dispute resolution through such agencies as Family Relationship Centres (FRCs). In essence, there is a lack of accredited Indigenous FDR practitioners who are able to provide dispute resolution services to Aboriginal families. The dearth of culturally appropriate FDR services for Indigenous Australians remains a significant gap in service provision. For example, according to the *Solid Work* report (2009), only twelve of Australia's 65 Family Relationship Centres are specifically funded to employ Indigenous Advisors, whose task is to assist Indigenous families to access FDR services. In the author's experience, delays in closing this gap are causing mounting frustration for Indigenous Australians.

The *Solid Work* report identifies a number of "critical factors for effective practice" (p. xvi) that are designed to assist practitioners and others in the design and delivery of dispute resolution processes. As such, the report is an important guide for the future development of Indigenous dispute resolution services in Australia. The key or critical factors for effective practice are identified as follows:

- *Ensuring that the parties have ownership of the process.* This is particularly relevant when considering the experience of Indigenous families being diverted into mainstream services and programs that are predominantly structured to accommodate the needs of non-Indigenous families.
- *Undertaking careful preparation prior to implementing the process.* Preparation in this context involves ensuring that the appropriate people who may have an interest in the dispute, including extended family and kin, are informed, invited

What is "culturally appropriate" FDR in the Indigenous context?

- Services delivered by Indigenous practitioners, supported by good workforce development;
- Fostering skills and attributes in non-Indigenous practitioners to ensure they work effectively with Aboriginal and Torres Strait Islander clients;
- Tailoring services and FDR processes to meet the needs of Indigenous families, rather than referral into mainstream services;
- Education and awareness-raising within Indigenous communities of dispute resolution processes available;
- Community engagement, and organisational partnering in the provision of services; and
- Funding arrangements that allow for flexible and timely modes of service delivery.

to participate in the process and consulted in achieving possible agreements.

- *Working with the parties to design processes that meet their procedural, substantive and emotional needs*. Recognition of the unique needs of Indigenous families and the impact this has upon access to, and participation in, dispute resolution processes is fundamental to ensuring that Indigenous families derive a sense of satisfaction and achievement from participation in the process.

- *Ensuring the sustainability of agreements.* Tailoring agreements to the circumstances of Indigenous families that take into account factors such as family and community commitments, the viability of travel arrangements, local conditions, resources and so on, often requires a higher degree of scrutiny and care than may be the case in working with non-Indigenous families.

- *Ensuring that practitioners have the attributes and skill to be effective in working in the Indigenous context.*

The *Solid Work* report also presents a series of strategies for implementing effective practice to assist those with responsibilities for the development and delivery of dispute management services. The identified strategies include:

- education and awareness initiatives for communities and those who work with or provide services to Indigenous people;

- a range of training initiatives that recognise prior learning and are designed and delivered in culturally competent ways;

- professional support, appropriate remuneration and career opportunities for practitioners working in the Indigenous context;

- whole-of-community approaches that are facilitated by community engagement facilitators to ensure that agencies work together to deliver effective services; and

- dispute management service infrastructure at national, state/territory, regional and local levels (p. xvi).

The report openly acknowledges that there is a significant gap in the design and delivery of effective Indigenous dispute management services. It states:

In many areas the necessary services to offer timely, responsive and effective dispute management processes (in the Indigenous context) are non-existent.

Where these services exist, they often face uncertain funding and inflexible institutional arrangements which impede their ability to deliver reliable and competent services. (p. xv)

In the author's experience, nowhere is this dearth of such services more apparent than in the domain of family law. In this context, emotions run particularly high, and conflict in Aboriginal families involving extended families, multiple parties and complex issues often leads to involvement with the criminal justice system as a result of family violence.

Indigenous FDR services in Family Relationship Centres

At the forefront of delivering family dispute resolution services in such situations is the network of 65 Family Relationship Centres that are scattered over metropolitan and regional Australia. In situations of family breakdown and separation, the FRCs are tasked with providing information, advice and dispute resolution to help people reach agreement on future parenting arrangements. All centres must provide flexible and culturally sensitive and accessible service to Indigenous clients, and have in place strategies to achieve this. There are a small number of Indigenous Advisors who are employed in these centres whose roles include:

- helping the centres to develop innovative and effective approaches to delivering FRC services to Indigenous families;

- conducting community education to Indigenous communities about FRC services;

- liaising with Indigenous communities and with other agencies servicing those communities;

- coordinating arrangements for service delivery (e.g., arranging visits by FRC staff to communities); and

- providing cultural advice and training to FRC staff.[1]

What is conspicuously missing from this list of roles is the provision of family dispute resolution services delivered by Indigenous practitioners. As noted earlier by Hamish, many Aboriginal people do not want to be referred to mainstream services and be seen by non-Indigenous practitioners. This, of course, is

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1 See <tinyurl.com/34hmy9g>.

not a reflection upon the skills and capacity of non-Indigenous FDR practitioners, but simply an acknowledgement, as noted in the report, that for Aboriginal people, understanding of local conditions, language and culture, as well as a sense of "connectedness" and local authority are essential to effective practice with Indigenous families. In this context, culturally appropriate FDR practices are more likely to foster clients' ownership of the process and promote engagement—factors that are identified in the *Solid Work* report as being critical to effective practice. The report states that, currently, "skilled practitioners who know local conditions, language and culture are irreplaceable and in short supply" (p. 116).

The absence of accredited Indigenous FDR practitioners is in part an outcome of the current system of accreditation that requires specific qualifications and the demonstration of competency through case discussions and interview. Although accreditation can be achieved through acknowledgement of prior learning and demonstrated competency, in the author's experience, there are very, very few Indigenous people who would be able to satisfy the current criteria for accreditation without undertaking a course of formal study that would primarily focus on dispute resolution in a non-Indigenous context. For example, as stated in the *Solid Work* report, "Hamish had undertaken some training but the opportunities for him to access courses that would allow him to meet the accreditation requirements for family dispute resolution practitioners were very limited. Opportunities for him to access dispute resolution training with a focus on working with Indigenous people were virtually non-existent" (p. 122).

For employees such as Hamish, there can also be significant organisational and management issues that affect their ability to function in what are essentially non-Indigenous agencies that mostly have little experience in the employment and management of Indigenous staff. In personal discussions that the author has had with Indigenous Advisors working in Family Relationship Centres, the view has frequently been expressed that employers have little understanding of what is required of them to be able to effectively develop the trust and confidence of their local Indigenous communities. For example, the position of Indigenous Advisor sometimes defaults to an office-based position in which the Advisor is only available to support and assist non-Indigenous staff when Indigenous clients come through the front door. In many instances, this provides very limited opportunity for regular or consistent community outreach, and even less opportunity for dispute resolution to take place in a community setting in a manner that is timely and consistent with the needs of Indigenous clients.

The *Solid Work* report noted that organisational practices of dispute management and decision-making are nested within "webs of relationships, structures and systems" (p. 119) and, hence, for dispute resolution practice to be effective, these three elements must work closely together. The report asserts that simply employing Indigenous Advisors to work in established non-Indigenous agencies will not work if the structures and systems in which they are employed work against the development of relationships and do not support the practice of having culturally appropriate dispute resolution.

The current ad hoc, fragmented nature of service delivery in this area is a key factor in the recommendation of the report to provide for national, regional and local coordination of Indigenous dispute management services. The *Solid Work* report concludes that such a structure is "integral to a broader response to 'closing the gap' and the building of safer, self-sustaining Indigenous communities" (p. 130). The response of the government to the recommendations contained in this report is keenly awaited by all who have an interest in this area, but most particularly by Indigenous Australians, who for too long have gone without adequate services in this area.

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Healthy Family Circle Program

A partnership between Mudgin-Gal Aboriginal Corporation and Relationships Australia (NSW)

Mark Lawrence, with Bonnie Montgomery and Luella Monson-Wilbraham

Relationships Australia (NSW) and Mudgin-Gal Aboriginal Women's Corporation joined forces to enhance the delivery of the Aboriginal women's organisation's successful Healthy Family Circle program. The collaboration experience has been characterised by growth, learning and capacity-building for both project partners. Drawing on interviews with representatives of both agencies, Mark Lawrence outlines the evolution of the program and the partnership, and how the joint venture has benefited clients and practitioners.

The Healthy Family Circle Program: Supporting women caring for children

Mudgin-Gal Aboriginal Women's Corporation, a women's centre located in the Sydney suburb of Redfern, has been running the Healthy Family Circle program for the past four years. Funded by the Department of Families, Housing, Community Services and Indigenous Affairs under the Community Investment Program, the program supports Aboriginal and Torres Strait Islander women facing family violence, social isolation and disadvantage. The program was developed in partnership with Relationships Australia (NSW) (RANSW), and offers mentoring and support to women caring for children and their families in order to help them identify healthy and safe choices for their wellbeing.

Operating through a range of workshops, activities and informal exchanges—such as lunchtime conversations or "yarning"—the program aims to empower women through skill and knowledge-sharing and the development of tools to identify and reach life goals. Outcomes for individual women have included successful completion of training in governance, playgroup facilitation and community support work. For one woman, involvement in the program has helped her to become a coach for a junior netball team. A recent successful Healthy Family Circle project has been a Mum and Bubs Water Group, which achieves the multiple objectives of getting children comfortable in the pool and learning water safety and teaching their mothers skills in cardio-pulmonary resuscitation. All Healthy Family Circle Program participants have access to the Black Out Violence workshops, a program that won the Violence Against Women Prevention Award in 2004.

Community mentors

The program also trains participants as peer mentors—to each other at the centre, to other women in their community and within their families—and encourages the development of leadership qualities. An Indigenous Program Coordinator was recruited by Mudgin-Gal to oversee the project and support mentors in their new leadership role. Aboriginal women who have been recruited and trained become active in the Redfern and Waterloo areas as mentors—passing on knowledge and offering support to Aboriginal women within their own communities. The mentors are also trained to offer "accidental" or opportune counselling (providing support, information and a "friendly ear" to women needing assistance in informal settings) to other women they may meet down the street or at the local shops. This provides an opportunity to pass on advice about the support and services available at Mudgin-Gal. In addition, they have helped to facilitate groups for RANSW within the Redfern community.

Supporting healing

The Mudgin-Gal program contributes to the healing of Aboriginal and Torres Strait Islander women in Redfern in practical ways. According to Mudgin-Gal's CEO, Dixie Link-Gordon, information and education can assist women, especially those with children, to make better choices in their lives, thereby creating an environment more conducive to healing in other areas. In this way, Healthy Family Circle helps to support women's social and emotional wellbeing and create safer and healthier families for Aboriginal and Torres Strait Islander children in Redfern. According to Ms Link-Gordon, "The program supports the healing of women by allowing a space for sharing stories, with a trained counsellor on hand to assist if needed".

The partnership

RANSW and Mudgin-Gal have been partners in the development and delivery of the program from the outset. Mudgin-Gal shared their ideas about what they wanted to bring to the Aboriginal community in Redfern, based on identified need and what was achievable, while Relationships Australia provided training, support and a level of capacity-building to both Mudgin-Gal and the program. Clear discussions regarding the division of responsibilities for the partnership, recognising Mudgin-Gal's equal role in managing the Healthy Family Circle program, prefaced the drafting of a memorandum of understanding and addressed concerns Mudgin-Gal had about working with a large non-Indigenous organisation.

RANSW provided training for mentors early in the partnership and have also offered occasional courses in areas such as group work, domestic and family violence, child sexual abuse, parenting, and "accidental" counselling for Mudgin-Gal workers, volunteers and program participants. Relationships Australia counsellors have participated in the more intensive workshops where needed, provided on-site counselling, and assisted in referring participants to additional RANSW services where required.

The benefits to Mudgin-Gal

A key aspect of RANSW's contribution to the partnership is providing clinical support to Mudgin-Gal's Program Coordinator (in a similar manner as the Program Coordinator supervises the mentors). This allows the Coordinator time to debrief and consider new strategies to support clients, and helps ensure the long-term resilience of the program.

Mudgin-Gal's organisational capacity is supported through RANSW's assistance in preparing proposals and tenders for funding, financial reports and reports required by the funding department. Mudgin-Gal staff participate in the reporting process to gain experience in taking on the role themselves, moving them closer to self-management of the program.

The benefits to Relationships Australia (NSW)

For RANSW, the partnership with Mudgin-Gal over the last ten years has been a gift of learning that has resulted in a re-evaluation of their interaction with Aboriginal organisations and a new imperative to work collaboratively with Aboriginal community organisations, and an understanding of how best to do so. Anita Vosper, RANSW's Northern Sydney region Manager acknowledges the organisation's previous lack of insight into the needs of Aboriginal and Torres Strait Islander people or how to best meet them. Knowledge and experience gained from the Mudgin-Gal partnership has led to developments across other RANSW programs. For instance, the Diploma in Counselling and Group Work offered by RANSW to Aboriginal and Torres Strait Islander participants had been redeveloped into a model that is more inclusive and culturally appropriate. Sharing experience, knowledge and culture has enriched both partner organisations, resulting in expanded opportunities for Aboriginal and Torres Strait Islander women in the area.

The future

The Healthy Family Circle program received a 12-month extension of funding in May 2010. The project will continue to deliver its current activities until June 2011 under the Family Support Program (FaHCSIA). Both RANSW and Mudgin-Gal are committed to maintaining a long-term partnership, including exploring alternative funding opportunities for the program. RANSW will continue to develop valued staff relationships, offer supervision and share resources. Meanwhile, Mudgin-Gal is keen to maintain the working relationship and to build on the strong, supportive networks this partnership has created. As Dixie Link-Gordon, Mudgin-Gal's CEO, says, "We are having conversations about future directions for the partnership and hope to do something together again".

Bonnie Montgomery, Communications Officer at Family Relationships Australia, interviewed Dixie Link-Gordon, CEO of Mudgin-Gal Aboriginal Women's Corporation, while Luella Monson-Wilbraham, intern with SNAICC's Healing Practices Documentation Project, interviewed Anita Vosper, Manager Northern Sydney, at Relationships Australia (NSW). Mark Lawrence, SNAICC Coordinator, Social and Emotional Wellbeing Projects, prepared this Program Spotlight from the interviews.

Yorgum Aboriginal Family Counselling Service

Mark Lawrence

Services provided by organisations managed and staffed by Aboriginal and Torres Strait Islander people with strong ties to the local community offer their clients an alternative to non-Indigenous services. Aboriginal and Torres Strait Islander staff are able to empathise with the experiences of their clients, who feel safe and accepted, and understand the complex connections between families and communities. In this article, Mark Lawrence describes an Aboriginal service that draws on a range of therapeutic approaches grounded in Aboriginal philosophies and the practice and personal wisdom of its staff to assist families and communities.

Yorgum Aboriginal Family Counselling Service is an Aboriginal community-controlled family counselling service supporting the Aboriginal communities of metropolitan Perth and parts of southwest Western Australia. The service receives both state and federal funding to offer a range of services, including:

- specialist counselling to Aboriginal children who have experienced sexual abuse or witnessed family violence, including those in the child protection system;
- family violence counselling;
- community education and community development;
- Link-Up services for members of Western Australia's Stolen Generations, throughout the midwest/Murchison, Bunbury southwest, Goldfields, Wheatbelt and Perth metropolitan regions; and
- support for local Aboriginal grandmothers' groups.

All Yorgum staff are Aboriginal, and the majority are from the Nyoongar community of southwest WA, or have connections with that or other Aboriginal communities. The service employs trained and experienced counsellors, including an art therapist, working with the support and supervision of an Aboriginal registered psychologist.

The service was established when a number of Aboriginal people, primarily women, sat under a tree in 1991 to examine the crisis of abuse, violence, deaths and over-representation in the criminal justice system of children and young people in the community. After an initial period of service development, community education and counselling training for

the core group of Aboriginal people who founded it, the service has grown into a counselling, therapy and healing centre strongly rooted in Aboriginal culture, philosophy, history and community. Yorgum is the Nyoongar word for a red-flowering gum tree native to southwest WA known for its healing properties. The tree is also a metaphor for the service's holistic approach to therapy and its contribution to the healing journeys of Aboriginal children, young people and adults.

Aboriginal community, Aboriginal organisation

A crucial ingredient in Yorgum's success is that it is an Aboriginal service with strong roots in the local community. According to Jade Maddox, Yorgum's CEO, being an Aboriginal community-controlled organisation with an Aboriginal committee of

management and staff has been instrumental to clients feeling safe and a sense of belonging there. It is a non-judgemental, supportive environment, without the racism, prejudice and disadvantage that Aboriginal people may face in the wider community, or the negative connotations many Aboriginal people associate with non-Indigenous services—something essential for clients seeking assistance and support in healing significant life trauma. It is a space where they don't have to constantly explain themselves, their families or their culture. As an adult client reported to a counsellor, "There's no 'stop' sign or 'beware' sign at Yorgum. I always feel welcome".

Clients are welcome to get to know other staff at Yorgum and build a relationship with the service as a whole, not just with their counsellor. "Kids especially want to know who's who, and who's the boss—they seek me out", says Jade Maddox. Clients also learn who the counsellors are before any decision about which counsellor is assigned to them. This allows potential clients to indicate their preference for working with a counsellor who may have a connection to their extended family or who is unfamiliar with their family circumstances.

Language and culture are also essential aspects of the Yorgum community—Nyoongar language and words from Aboriginal English are incorporated into interactions between staff and clients, and between staff, helping to encourage rapport, ease communication and build connections.

However, while being an Aboriginal organisation with Aboriginal staff is essential to Yorgum's achievements, it is no guarantee of success on its own. According to two Yorgum practitioners who were among the organisation's founders, Yorgum had to earn the trust of the community over many years. One commented that "We didn't just walk in here and say we're going to do this [counselling service]". Yorgum continues working to earn the trust and respect of the community through the principled way it works with clients, its strong connectedness to the community and its contribution to healing in the Aboriginal community.

An understanding from life

As Aboriginal practitioners, Yorgum's staff share the lived experience of the Aboriginal community they work in and with, giving them an intimate understanding of, and ability to empathise with, their clients' difficulties and experiences. Understanding the impact of European colonisation, past government policies such as forced child removal, and of the continuing socio-economic disadvantage on Aboriginal communities, especially communities in southwest Western Australia, provides insight into the manifestations of often deep-seated and intergenerational trauma that clients present with. This is crucially relevant to Yorgum's work in providing Link-Up services to the Stolen Generations. It is also essential to the practitioners' understanding of the negative impact of these factors on family breakdown and parenting skills and capacity, and their repercussions in substance misuse, family violence and child abuse.

Aboriginal staff also bring with them an understanding of the strengths and resiliencies that family, community, culture and spirituality offer to members of the Aboriginal community. Knowledge of the extended families and kinship connections within Perth and southwest WA's Aboriginal communities, and where clients fit in these networks, is also essential. This knowledge stems from being part of the community, and living those experiences, rather than from a theoretical basis. According to Karen Strachan, Yorgum's Clinical Supervisor, "It is not what we have learnt through mainstream education—though valuable for building our skill base—it's who we are and where we've come from that is just as important and adds to our ability to engage and assist in the healing of our people".

Therapeutic approaches

Yorgum's practitioners draw on a range of therapeutic approaches to work with various clients, including:

- sand-play therapy (particularly with children);
- art therapy (adults and children);
- yarning therapy;
- one-on-one counselling;
- group work and education workshops; and
- offering clients practical support and referral to other services in ways that empower the client to "take control and do for themselves".

Sand-play therapy and art therapy are used extensively by Yorgum's art therapist/counsellor as effective techniques for allowing clients who have difficulty identifying and expressing feelings and thoughts verbally to articulate themselves creatively. This is especially the case with young children. Art therapy is also effective in group work and workshop settings.

Yarning therapy is based on the principle that telling the story is part of the therapeutic process, where enabling the client to share their story validates their experiences. While resonating with narrative and other talking therapies, "yarning" is also strongly rooted in Aboriginal cultural practice and oral traditions.

Yorgum's therapeutic approaches are tailored to clients' individual needs, rather than a generic formula for case management. For instance, while counsellors develop a plan to work with clients over a number of sessions, this is only a guide. Flexibility here is crucial, as clients may require longer periods of counselling or may return to counselling after an extended period away—often in response to further experiences of trauma, memories and other triggers.

The practitioners are also prepared to offer a little of themselves to clients to build rapport and trust by allowing clients an insight, however small, into who they are—where they are from, what their life's journey has been like, and how they may be connected to the client's family.

What is common across all of Yorgum's therapeutic practice is the holistic approach taken to a client's needs and issues, and the use of techniques grounded in Aboriginal, particularly Nyoongar, culture and philosophies. This holistic, culturally embedded approach manifests in a number of ways, including:

- A "whole person/whole-of-circumstances" approach—Stemming from the Aboriginal concept of health and wellbeing, this recognises the individual's interrelated physical, emotional, spiritual and cultural health and wellbeing, including their connection to land, family and community. While the client may demonstrate a number of negative behaviours that are identified as needing to be addressed, practitioners can explore the cause of the behaviour with them, looking at past trauma or current stresses.

- A "whole-of-family" approach—Yorgum staff acknowledge that an individual client's family members may also be experiencing distress and difficulties related to the individual's situation, and that the family also needs support. For example, where a child is receiving counselling due to their experience of abuse, their carers—in most cases their mother, grandparents or other carers—may also need counselling to deal with these issues and to be supported in managing the child's needs.

- A "whole-of-community" approach—A holistic approach also recognises the role of the community, including how the issues and difficulties facing the Aboriginal community of metropolitan Perth and southwest WA affect individual members of that community, and how the individual has an impact on the rest of their community.

A crucial contribution to healing

Yorgum plays an essential role in supporting and enabling the healing of generations of Aboriginal people in southwestern WA. Through its example and sharing of knowledge with other Aboriginal practitioners, as well as those interested in learning to work more effectively and respectfully with Aboriginal and Torres Strait Islander people, Yorgum is also helping to shape the development of therapeutic practices that are culturally appropriate for Aboriginal and Torres Strait Islander people.

The service draws on a rich tapestry of approaches and techniques, as well as the personal experiences and expertise of staff, to support children and adults undergoing healing from abuse, family violence, family separation and other lingering effects of colonisation. But Yorgum's staff don't lose sight of the client and what suits them best. As one of their senior practitioners reports, "Sometimes, the simple ways of working actually work".

Snapshots of Indigenous families

Indicators of the socio-economic resources of mothers and Indigenous cultural connectedness

Robyn Parker, Catherine Caruana and Lixia Qu

Statistics about Indigenous Australians and their families are often presented as stand-alone demographic descriptions and interpreted in the context of non-Indigenous family life. This article presents key demographic data on Indigenous and non-Indigenous mothers, derived from the 2006 Australian Census.[1] The data describe the family and relationship status of Indigenous versus non-Indigenous mothers, as well as their education levels, income and labour force status, which provides some indication of the life situations and particular disadvantage experienced by Indigenous Australians. However, these data offer a limited perspective on the lives of Indigenous mothers and their children. To place these data in the wider context of Indigenous culture and society we have included data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS; Australian Bureau of Statistics [ABS], 2009b), and focus on findings relating to cultural identification, and social networks and support.[2]

Family and relationship status

At the broad family level, Indigenous mothers were much more likely to be in a sole-parent family (47%) than non-Indigenous mothers (19%). The couple family was by far the more predominant family form for non-Indigenous mothers (81%). As Table 1 shows, those Indigenous mothers who were in a relationship were more likely than non-Indigenous mothers to be cohabiting rather than legally married (42% vs 19%).

Pathway to sole motherhood

The pathway to sole motherhood is vastly different for Indigenous compared to non-Indigenous mothers. According to Table 2, 70% of Indigenous mothers have never been married, compared to 35% of

non-Indigenous mothers. Marital breakdown led to sole motherhood for just under a quarter (23%) of Indigenous mothers but over half (57%) of non-Indigenous mothers. Similar proportions of both Indigenous and non-Indigenous mothers are parenting alone due to the death or absence of their spouse.

Table 1. Family and relationship status of Indigenous and non-Indigenous mothers [a]

	Indigenous mothers (%)	Non-Indigenous mothers (%)
Family type		
Couple families	53.4	80.6
Sole mothers	46.6	19.4
Couple mothers		
Married [b]	57.8	88.1
Cohabiting	42.2	11.9

Notes: [a] Indigenous mothers include mothers who were self-identified as Aboriginal or Torres Strait Islander origin. Cases where status as a mother was not stated were excluded. Dependent children included children aged under 15 years, and full-time students aged 15–24 years. [b] "Married" refers to a registered marriage. Partners in traditional Aboriginal or Torres Strait Islander marriages are coded as if they are in a registered marriage.

Table 2. Former marital status of Indigenous and non-Indigenous sole mothers

	Indigenous mothers (%)	Non-Indigenous mothers (%)
Never married	69.9	34.7
Separated/divorced	22.7	56.7
Widowed	4.7	4.9
Married	2.8	3.8

Historical trends in fertility rates of Indigenous mothers

The total fertility rate (TFR) represents the average number of babies that a woman could expect to bear during her reproductive lifetime, assuming current

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1 All data presented in the tables in this paper are derived from 2006 TableBuilder of the 2006 Census.

2 The 2008 NATSISS, the third social survey of Indigenous people conducted by the ABS, provides information on demographic, social, environmental and economic indicators, including: personal and household characteristics, geography, education, employment, income, housing, health and disability, language and cultural activities, social networks and support, financial stress, transport and personal safety.

age-specific fertility rates apply. From the mid-1990s, the TFR for Indigenous women rose slowly from a record low of 1.97 in 1996, to 2.40 babies per woman in 2007. The most recent TFR for Indigenous women was 2.52 (ABS, 2009a). Compared to the rate of 5.8 babies per Indigenous woman in the early 1960s, this figure is quite low. It is greater, however, than the TFR of 1.97 for all women in Australia (ABS, 2009a).

Age of Indigenous and non-Indigenous mothers

The high fertility rate for Indigenous women is largely accounted for by their high fertility rates at younger ages. In 2008, women under 30 years of age accounted for 70% of the total fertility rate for Indigenous women, compared to 46% of the total fertility rate for all women in Australia (ABS, 2009a). Table 3 shows that, overall, Indigenous mothers tended to be younger than non-Indigenous mothers, with more Indigenous mothers (15%) aged under 25 years, compared to non-Indigenous mothers (4%). Indigenous mothers were also less likely to be in the older age group of 45 years and over (16% vs 26%).

Table 3. Age distribution of Indigenous and non-Indigenous mothers		
	Indigenous mothers (%)	Non-Indigenous mothers (%)
< 25 years	15.3	3.5
25–34 years	35.3	25.7
35–44 years	33.7	44.6
45 years and over	15.7	26.2

The age of Indigenous mothers is consistent with the age distribution of Indigenous people generally, which differs significantly to that of the non-Indigenous population. In 2008, almost half of the Aboriginal and Torres Strait Islander population were under 20 years of age, while only 3% were aged 65 years or over, compared with 13% of the non-Indigenous population (ABS, 2009b).

This population imbalance has implications for the assistance available to Indigenous parents in the raising of children. Even taking into account the cultural and kinship obligations, the data illustrate the heavy child care burden for the relatively small number of elders available (Milroy, 2008).

Education, income and labour force status

Indigenous mothers are far more likely to have 11 or fewer years of formal education, with just over 60% having 11 or fewer years of formal education compared to 31% of non-Indigenous mothers. Conversely, nearly five times as many non-Indigenous mothers have a degree or higher qualification (24% vs 5%). The gap is somewhat less noticeable for education at the Year 12 or post-school (certificate or diploma) levels.

Table 4. Highest education attainment of Indigenous and non-Indigenous mothers [a]		
	Indigenous mothers (%)	Non-Indigenous mothers (%)
Degree or higher	5.4	23.9
Other post-school qualification	21.3	27.3
No post-school qualification —Year 12	12.2	17.4
No post-school qualification —Year 11 or below	61.1	31.4

Note: [a] Excludes persons where level of education was inadequately described for highest educational attainment.

Another significant disparity can be seen in rates of family income for Indigenous and non-Indigenous mothers (see Table 5). Three times as many Indigenous mothers (30%) have a weekly family income of less than $500 compared to non-Indigenous mothers (10%). Conversely, 25% of non-Indigenous mothers have weekly family incomes of more than $2,000, whereas only 7% of Indigenous mothers are in this income bracket. Over a third (38%) of Indigenous mothers have access to a weekly family income of between $500 and $999, with one-quarter having weekly incomes in the range of $1,000 to $1,999. This trend is reversed for non-Indigenous mothers: one quarter of them are in the $500–999 bracket, while 41% have a family income of $1,000 to $1,999 per week.

Table 5. Family income (weekly gross) of Indigenous and non-Indigenous mothers [a]

	Indigenous mothers (%)	Non-Indigenous mothers (%)
Less than $500	30.2	9.9
$500–999	38.0	24.3
$1000–1999	24.9	41.0
$2000 +	6.8	24.8

Note: [a] Excludes persons whose family income was partially stated for family income.

Table 6 shows the labour force status of Indigenous mothers at the last Census (Table 6). Fewer than half (41%) of Indigenous mothers were employed, compared to nearly two-thirds (65%) of non-Indigenous mothers. Almost twice as many Indigenous as non-Indigenous mothers were unemployed (7% vs 4%), and more Indigenous mothers reported not being in the labour force at all (52% vs 32%).

Table 6. Labour force status of Indigenous and non-Indigenous mothers [a]

	Indigenous mothers (%)	Non-Indigenous mothers (%)
Employed	41.2	64.6
Unemployed	6.9	3.5
Not in labour force	51.9	32.0
Number of mothers	57,811	2,308,171

Note: [a] Exclude persons where labour force status not stated.

Indigenous lifestyle, cultural identification and involvement

Data from surveys of Indigenous people such as the 2008 NATSISS—which includes questions relating to language, cultural identification and participation in cultural events—can provide a more contextualised and holistic picture of Indigenous health and social and emotional wellbeing. These data have the potential to provide insight into the protective factors afforded by culture and connectedness, and to counteract to some degree the negative picture of Indigenous disadvantage so often presented in general population surveys.

The 2008 NATSISS report indicated a strong connection to culture among Indigenous people, particularly those living in remote locations.[3] The percentage of Indigenous people aged 15 years and over who identified with a clan, tribal or language group increased from 54% in 2002 to 62% in 2008. Close to half of all Indigenous children aged 4–14 years identified with a clan, tribal or language group, with rates of identification considerably higher for children in remote areas than in the major cities (71% and 40% respectively). The degree to which Indigenous people participate in cultural practices (men's and women's "business") and festivals or carnivals involving arts, craft, music or dance, provides some indication of levels of cultural attachment. In 2008, 73% of Indigenous children aged 4–14 years, and 63% of those aged 15 years and over, had been involved in cultural events, ceremonies or organisations in the 12 months prior to interview.

Indigenous elders, as custodians of their people's history, culture and language, are important members of their communities and play a vital role in the transfer of knowledge to younger generations. While the demographic data illustrate the effects of reduced life expectancy in the Indigenous population, resulting in a smaller pool of elders, findings from the 2008 National Aboriginal and Torres Strait Islander Social Survey indicate the continuing relevance of this role. Overall, almost one-third (31%) of Indigenous children aged 4–14 spent at least one day a week with an Indigenous leader or elder. However, this figure was close to half (48%) for children living in remote areas (ABS, 2009b).

Although it is acknowledged that Indigenous children are at elevated risk of significant emotional and behavioural difficulties, two characteristics of Indigenous lifestyle—living in areas of extreme isolation and living in high household occupancy[4]—were identified by the Western Australian Aboriginal Child Health Survey as protective factors against these difficulties (Zubrick et al., 2005a, 2005b). Indigenous children in remote areas were reported as being one

3   The distribution of the Indigenous population varies across the country. In 2008, the majority (68%) of Indigenous people lived outside major cities, with nearly half of those (44%) living in regional areas and a quarter (24%) living in remote (or very remote) areas. New South Wales (30%) and Queensland (28%) had the highest proportions of Indigenous residents, with another quarter living in either Western Australia (13%) or the Northern Territory (12%).

4   Based on number of bedrooms and number of people in the household (ABS, 2008)

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fifth as likely to be at risk than Indigenous children in metropolitan Perth, and those in high household occupancy were at half the risk of these difficulties.

Conclusion

Demographic data relating to Aboriginal mothers provide an indication of the socio-economic resources available to Indigenous children. However, this is only part of the picture of the lived experience of Indigenous children. By including data from surveys that measure a broader concept of Indigenous wellbeing, one that has meaning for Indigenous people, a more complete picture emerges that also highlights the strengths inherent in Indigenous communities.

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Working and Walking Together

Supporting Family Relationship Services to Work with Aboriginal and Torres Strait Islander Families and Organisations

Mark Lawrence

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) has recently produced a resource aimed at supporting non-Indigenous family relationship services to work in culturally appropriate ways with Aboriginal and Torres Strait Islander families and their communities. This article highlights the features of the guide.

Working and Walking Together: Supporting Family Relationship Services to Work with Aboriginal and Torres Strait Islander Families and Organisations provides non-Indigenous workers with information, ideas and guiding principles to develop culturally appropriate services and professional practice that are respectful of Aboriginal and Torres Strait Islander people and their culture. Well-structured chapters offer a general introduction to and practical tips on:

- Aboriginal and Torres Strait Islander culture and families;
- the social and historical context of contemporary issues facing Aboriginal and Torres Strait Islander communities;
- the importance of personal professional reflection and tips on cross-cultural communication approaches;
- Aboriginal and Torres Strait Islander cultural protocols;
- approaches for non-Indigenous organisations to develop their cultural competence in engaging with Aboriginal and Torres Strait Islander families and Aboriginal and Torres Strait Islander community-controlled organisations;
- developing culturally appropriate programs and professional practice; and
- using action research evaluation methodologies for organisations to document, reflect on, evaluate and report on initiatives to engage more effectively with Aboriginal and Torres Strait Islander families and develop partnerships with community organisations.

The resource also features four case studies highlighting practical examples of ways in which family relationship services can successfully engage with Aboriginal and Torres Strait Islander families and provide culturally appropriate services and programs.

Family relationship services are encouraged to share stories, case studies and findings from action research evaluation projects about their achievements in working with Aboriginal and Torres Strait Islander families and organisations on the SNAICC website.

Targeted at family relationships services, the resource is for all staff, including administrative and intake staff, counsellors, mediators and dispute resolution practitioners, relationship and parenting educators, and managers. The resource will also be useful to other non-Indigenous staff and organisations working with Aboriginal and Torres Strait Islander people in family and community services.

Full-colour print copies of *Working and Walking Together* are available for $38 plus $7 postage and handing (inc. GST) and can be ordered via SNAICC's website: <www.snaicc.asn.au/publications>.

The PDF can be download from the SNAICC website.

For inquiries about the publication, or to discuss discounts on postage and handing for bulk orders, contact:

Mark Lawrence at SNAICC <mark@snaicc.asn.au>.

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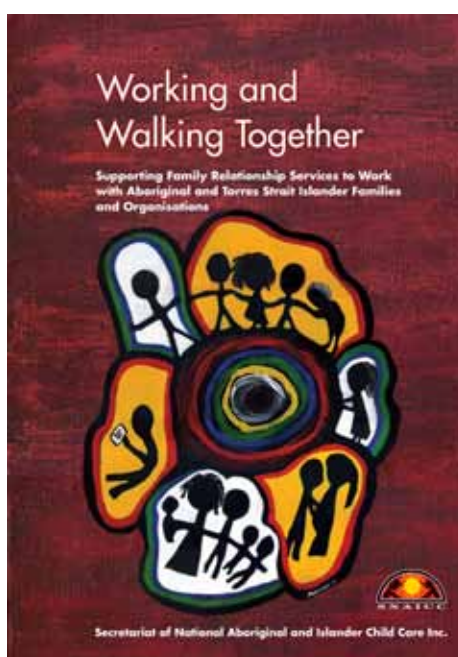
The Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN)

Shane Merritt, Amanda Harris and Elspeth Macdonald

The Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN) aims to promote understanding of child and adolescent trauma, loss and grief. It is supported by Australian Government funding under the COAG New Early Intervention Services for Parents, Children and Young People Measure, and is a national network based from the Australian National University. A key component of the network is the Aboriginal and Torres Strait Islander Hub, a web-based resource providing specific resources to address Aboriginal and Torres Strait Islander trauma, loss and grief.

This article outlines the origins and aims of the Hub, and describes the content and future directions of the resource.

The ACATLGN website[1] contains information for practitioners/service providers, educators/trainers, researchers, child and family advocates, parents, other caregivers and interested members of the community. The content is informed by a panel of experts in the fields of child and adolescent trauma, loss and grief. The network has key priority areas, and "hubs" have been established. These include the following resource topic areas: "Disasters and mass adversities", "Early childhood and schools", and "Aboriginal and Torres Strait Islander families and communities". Details of the Aboriginal and Torres Strait Islander Hub follow.

The Aboriginal and Torres Strait Islander Hub

In all scoping consultations, the Aboriginal and Torres Strait Islander Hub was seen as a key focus of the network. Stakeholders saw the need for a specific section of the main website to address Aboriginal and Torres Strait Islander trauma, loss and grief. A national reference group was set up, teleconferences were held, and many consultations yielded various creative ideas. The *First Steps Yarning Paper* was drafted, and this recorded some of the outcomes of our first round of yarning about the Aboriginal and Torres Strait Islander Hub. Conversations with 14 people (predominantly Aboriginal peoples)

1   See <www.earlytraumagrief.anu.edu.au>.

contributed to this document. The paper was further distributed for comment by Indigenous peoples involved in related areas. A roundtable meeting was held in Canberra in February 2009, with Aboriginal peoples attending from around Australia and providing input to the Hub directions.

To date, approximately one-quarter of our members identify their primary area of practice as being with Aboriginal and Torres Strait Islander families. Two Indigenous consultants were employed to join the project team. Their roles included continued consultation with the reference group, and continued development of content and resources.

The aims of the Aboriginal and Torres Strait Islander Hub of the ACATLGN include facilitating and enhancing networking and linkages between relevant stakeholders, providing ongoing advice and access to expertise about related issues, and assisting and guiding the development, review and collation of Indigenous-specific resources and information. Other aims are to continue to disseminate up-to-date information relevant to stakeholders involved in practice, policy, research, education and training. This work will continue for the life of the ACATLGN network.

Material on the website

Topic areas for the Aboriginal and Torres Strait Islander section of the site were decided upon after general consultation and input from the Reference Group, but will continue to be refined and added to. Current topic/content areas on the Hub include social justice and human rights, loss and grief, resilience, cultural awareness, out-of home care, youth suicide, trans-generational trauma, and healing.

How do we ensure quality of content? One way is to "member check". Sometimes we forward a request to our reference group or colleagues to review a section of the site. We ask them for feedback, and also ask them to forward the content to others, to get additional feedback in a snowballing process. We want our site to be interactive, current and informed. Through networking with and consulting our reference group, we will strive to link this information with community stories and community experiences. We also strive to further embrace technology, and recent additions to the site include video lectures, audio and podcasts.

We have recently developed a series of interviews on Aboriginal and Torres Strait Islander children's trauma, loss and grief, with five members of the Footprints in Time Steering Committee.[2]

We have also incorporated a gallery—"Resilience through the arts". We provide a space online where Aboriginal and Torres Strait Islander artists will present their work on a rotational basis. Additionally, we are working on integrating audio files onto the website—"Resilience through music"—giving an opportunity for Aboriginal and Torres Strait Islander musicians to present their work on a rotational basis.

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2   Footprints in Time: The Longitudinal Study of Indigenous Children (LSIC) is funded by the Department of Families, Housing, Community Services and Indigenous Affairs. It aims to improve the understanding of, and policy response to, the diverse circumstances faced by Aboriginal and Torres Strait Islander children, their families and communities. Further information can be found at: <www.fahcsia.gov.au/sa/indigenous/progserv/families/lsic/Pages/default.aspx>.

Contributions

Submissions for the gallery and music integration are being sought. If you would like to showcase your work, or talk with us about any other matter, please contact us through the website or by email.

Web: <www.earlytraumagrief.anu.edu.au>

Aboriginal and Torres Strait Islander Hub: <www.earlytraumagrief.anu.edu.au/resource_hubs/aboriginal_tsi_indigenous_hub/>

Email: <earlytraumagrief@anu.edu.au>

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Contributing to Family Relationships Quarterly
Guidelines for contributors

The *Family Relationships Quarterly* newsletter aims to provide a lively forum for ideas, argument and comment on family relationships. The newsletter includes literature highlights, research updates, upcoming conference and event listings and information about training opportunities. Articles include reviews of policy developments, program spotlights, summaries of research, and practitioner updates. These range from short reviews of books, conferences, workshops and projects to more substantial articles on significant issues relevant to family relationships.

Service providers, researchers and those interested in family relationships in Australia are encouraged to contribute to the newsletter. We welcome readers' letters, comments and feedback on issues discussed in AFRC publications.

The average length of contributions is 1,000–1,500 words, but may be as short as 300–500 words. If you would like to submit a longer article, or if you are unsure about the appropriateness of a piece, contact the Manager of the Australian Family Relationships Clearinghouse prior to submission.

Acceptance of all material is subject to a review process. Articles may be accepted for publication, returned for revision or rejected. Clearinghouse staff are committed to providing feedback and working with authors to assist in the development of the article to meet the required standard for publication. Minor amendments may be made by editorial staff following review to ensure consistency in content, presentation and readability.

Please email contributions in a Microsoft Word document to afrc@aifs.gov.au, or post to the Australian Family Relationships Clearinghouse, Level 20, 485 La Trobe Street, Melbourne, Victoria, 3000 (electronic provision of material is preferred where possible). For further information contact Elly Robinson, Manager of the Australian Family Relationships Clearinghouse, phone (03) 9214 7888, fax (03) 9214 7839, email: elly.robinson@aifs.gov.au

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2nd National Aboriginal and Torres Strait Islander Family & Community Strengths Conference

Catherine Caruana

The Family Action Centre, in conjunction with the Secretariat of National Aboriginal and Islander Child Care (SNAICC), were once again hosts to a national conference at the University of Newcastle, which focused on positive initiatives and outcomes for Indigenous families and communities. Community workers, researchers and policy-makers gathered from 1–3 December 2009, to explore ways in which effective community engagement can build on existing strengths within the Indigenous community to improve family and community wellbeing.

A recurring theme throughout the conference was the effectiveness of Indigenous programs acting as a link or a "soft-entry" point to a wider range of services for families. Lesley Olsen from Playgroup Queensland spoke about the collaborative work done with Aboriginal and Torres Strait Islander communities to develop community-specific playgroup services, and create an environment conducive to the sharing of information about early intervention and health services with attending parents. Similarly, the Yarrenyty Arltere Learning Centre for children in the Larapinta Valley Town Camp in Alice Springs, combines a school and playgroups for children with accredited health training, legal and employment services for adults, and a young men's group.

There were also a number of presentations looking at how mainstream services can engage effectively with Indigenous people. Rita Perkons and David Towney from UnitingCare Children, Young People and Families, NSW, provided an overview of the development of the 9 Aboriginal Service Delivery Principles, aimed at ensuring appropriate, effective and participatory service provision in Indigenous communities. Included in this is an audit tool for mainstream organisations to gauge their effectiveness in meeting the needs of Aboriginal and Torres Strait Islander clients.

Fran Quigley from Relationships Australia Victoria (RAV), Ballarat, described how an initiative with the Ballarat and District Aboriginal Cooperative (BADAC), improved access to RAV services by clients identifying as Indigenous, increasing from only two across the state in the previous year, to 50 in the Ballarat catchment area alone.

One of the more inspiring presentations was that outlining the success of the Indigenous-conceived, designed and run diversionary program at Mt Theo, near Yuendumu in Central Australia. Established in 1994 as a response to the high rates of petrol sniffing in that community, and with no external funding, the program aims to "look after young people proper way". It has grown into a community-wide strategy incorporating treatment, rehabilitation, prevention (by way of diversionary activities, leadership and community development), and a Warlpiri-specific youth counselling and mentoring service.

A number of keynote addresses provided personal accounts of discovery and healing, an indication both of the kinds of issues those working with Indigenous families are dealing with (involving a loss of way and identity) and the importance of self-care for Indigenous workers in this sector.

This showcasing of innovative and culturally appropriate services for Indigenous families, including examples of effective programs for Maori people in New Zealand, illustrates once again the power of taking a strengths and not a deficit approach to Indigenous family and community wellbeing.

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Literature highlights
Service responses to Indigenous healing

The following are a selection of resources from the Australian Institute of Family Studies library collection and other sources. Web addresses are included for electronic resources.

Compiled by Catherine Caruana and Carole Jean, Librarian

Strong Souls: Development and validation of a culturally appropriate tool for assessment of social and emotional well-being in Indigenous youth. (2010). Thomas, A., Cairney, S., Gunthorpe, W., Paradies, Y. & Sayers, S. *Australian and New Zealand Journal of Psychiatry*, *44*(1), 40–48. Online. <tinyurl.com/22pcah4>.

This article provides an overview of the development and trial of a culturally appropriate tool to assess the social and emotional wellbeing of Indigenous adolescents participating in the longitudinal Aboriginal Birth Cohort in the Northern Territory. The authors conclude that the Strong Souls screening tool demonstrated validity, reliability and cultural appropriateness.

An Aboriginal family and community healing program in metropolitan Adelaide: Description and evaluation. (2009). Kowanko, I., Stewart, T., Power, C., Fraser, R. Love, I. & Bromley, T. *Australian Indigenous Health Bulletin*, *9*(4). Online. <tinyurl.com/ylfuvdp>.

A report on the evaluation of the Aboriginal Family and Community Healing Program, developed as a response to family violence in South Australia. The program uses strategies aimed at strengthening Indigenous community capacity, fostering communication and conflict resolving skills, providing crisis support when needed and workforce development.

Reclaiming the spirit of wellbeing: Promising healing practices for Aboriginal and Torres Strait Islander people. (2009). Feeney, M. Canberra: Stolen Generations Alliance. Online. <www.earlytraumagrief.anu.edu.au/uploads/Feeney_HealingDiscussionPaper_2009–1.pdf>.

A summary of healing practices to address the legacy of forced child removal on the Stolen Generations, and of the impact of colonisation on Indigenous Australians more generally.

The role of spirituality in social and emotional wellbeing initiatives: The family wellbeing program at Yarrabah. (2009). McEwan, A. & Tsey, K. (Discussion Paper No. 7). Darwin: Cooperative Research Centre for Aboriginal Health. Online. <www.crcah.org.au/research/crcah---role-of-spirituality-in-sewb-fwb-at-yarrabah.html>.

The Family Wellbeing Program, an Indigenous initiative, is a health intervention program focusing on social and emotional wellbeing, spirituality and the development of life skills, including communication, conflict resolution and problem-solving. This report looks at the effectiveness of the program, developed as a response to a spate of suicides that occurred in the Far North Queensland community of Yarrabah.

Voices from the campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation. (2009). Aboriginal and Torres Strait Islander Healing Foundation Development Team. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs. Online. <www.fahcsia.gov.au/sa/indigenous/pubs/healing/Pages/voices_from_campfires.aspx>.

Documenting the findings of the Aboriginal and Torres Strait Islander Healing Foundation Development Team from a national consultation process in 2009, this report contains a number of recommendations relating to the establishment of the Aboriginal and Torres Strait Islander Healing Foundation.

Aboriginal healing circle models addressing child sexual assault. (2007). Young, M. Canberra: Winston Churchill Memorial Trust of Australia. Online. <www.churchilltrust.com.au/site_media/fellows/Young_Mandy_2006.pdf>.

The author reports on insights gained from a study tour looking at the role of community-based healing circles in addressing child sexual assault within Canadian Aboriginal communities.

Evaluation of *Bringing Them Home* and Indigenous Mental Health Programs. (2007). Wilczynski, A., Reed-Gilbert, K., Millward, K., Fear, J., & Schwartzkoff, J. Canberra: Urbis Keys Young. Online. <www.healthinfonet.ecu.edu.au/health-resources/programs-projects?pid=91>

A report commissioned by the Office for Aboriginal and Torres Strait Islander Health within the Department of Health and Ageing that evaluates the *Bringing Them Home* and Indigenous Mental Health Programs.

Final report of the Aboriginal Healing Foundation: Volume 3. Promising healing practices in Aboriginal communities. (2006). Archibald, L. Ottawa, ON: Aboriginal Healing Foundation. Online. <www.ahf.ca/publications/research-series>.

The third in a series of final reports published by the Aboriginal Healing Foundation in Canada, this volume presents information about healing programs, practices and interventions that are working well in Aboriginal communities.

Ngaripirliga'ajirri: Cross-cultural issues in evaluating an Indigenous early intervention program. (2005, December). Robinson, G., & Tyler, W. Paper presented at the Australian Sociological Association Conference, Tasmania. Online. <www.cdu.edu.au/sspr/documents/ngaripirligaajirri.pdf>.

This paper explores the adaptation of the Exploring Together program for primary school age children in three remote communities of Northern Australia, looking at the boundaries of mainstream programs and their cross-cultural realisations. The Exploring Together program seeks to identify and address conduct disorders of Indigenous children, using highly structured, multi-group interventions, which involve training in social and parenting skills and problem-solving for children.

Trauma trails recreating song lines: The transgenerational effects of trauma in Indigenous Australia. (2002). Atkinson, J. Melbourne: Spinifex Press.

This book provides ground-breaking answers to the questions of how to solve the problems of cross-generational trauma, *Trauma Trails* moves beyhond the rhetoric of victimhood, and provides inspiration for anyone concerned about Indigenous and non-Indigenous communities today.