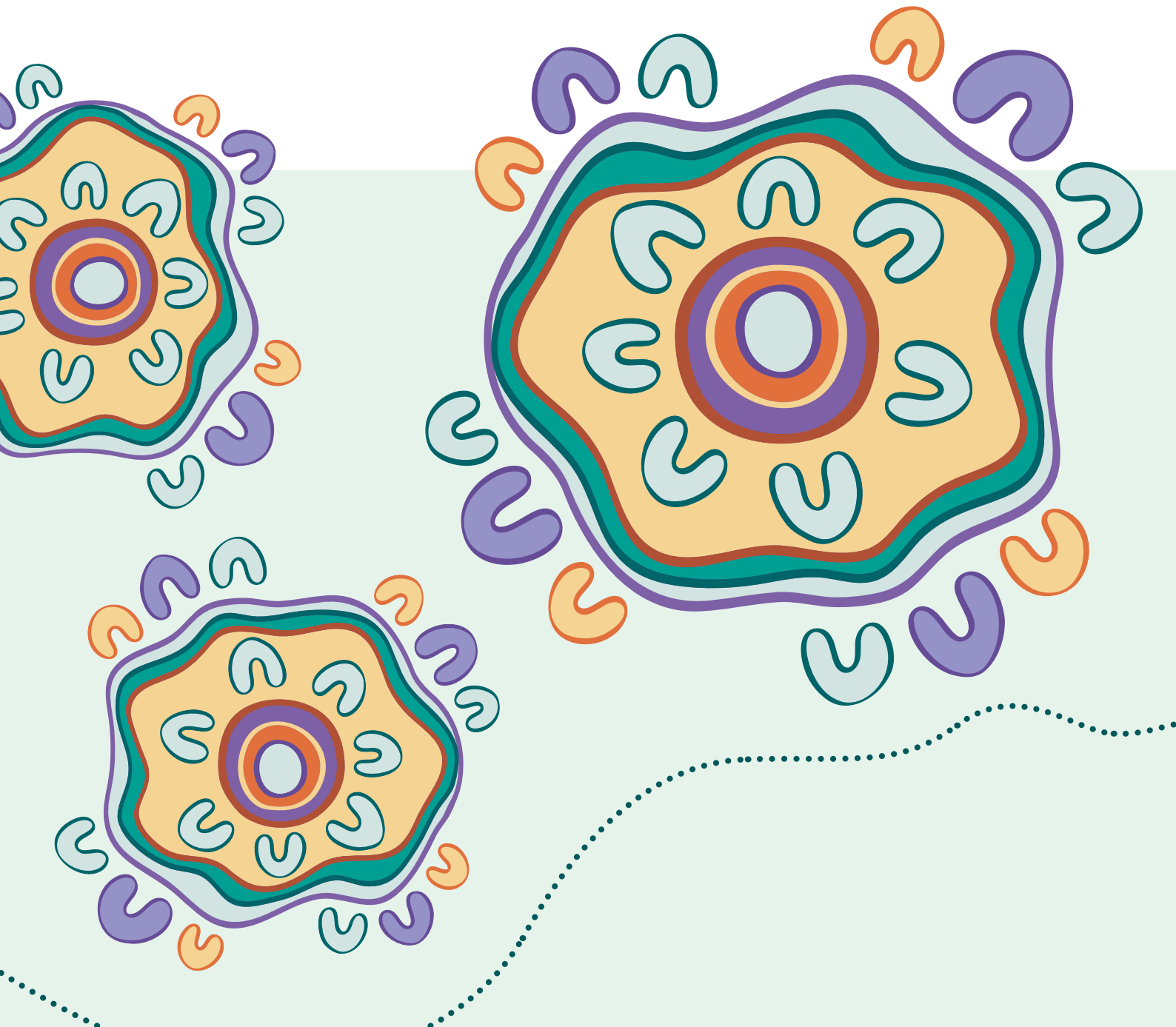


Aboriginal Cultural Adaption Toolkit

Sharing the South Western Sydney
Local Health District Experience





A Toolkit prepared by Jemma Milloy (SWSLHD), Karen Beetson (SWSLHD), Anna Williamson (SAX Institute), Carmel Crook (SAX Institute), Deanna Kalucy (SAX Institute), and Janice Nixon (SAX Institute).

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About the Aboriginal GOT IT! logo

The Aboriginal GOT IT! logo was designed by Karen Beetson, Mandandanji Woman and SWSLHD Deputy Director of Aboriginal Health in June 2019. The logo is also featured on the Aboriginal GOT IT! message stick.

The logo and cultural adaption is centred on the concept of the families going on a spiritual and emotional journey. The use of circles is an important part of Aboriginal culture, symbolising the cycles of our natural world. The circle in our logo also represents the holistic journey of our families. To align with the name of the program a walking track has been drawn in centre. The 3 figures in the middle represent a family. We wanted to ensure that the figures were not gender specific as there are many different people in Aboriginal families that play core caring roles for children such as parents, grandparents, aunties, uncles and cousins. The sun is seen as a source of life in Aboriginal culture and this has been placed in the furthest background to shine a light on the family. The figures can be viewed as walking both towards and away from the sun. This was incorporated into the design as our families need to reflect on their past before being able to move forward in their Got It! journey. The figures surrounding the outer circle of the logo represent our community members and stakeholders, both Aboriginal and Non-Aboriginal, coming together to support the program and protect our families. The colours in the logo reflect the colours found in the bushlands across our district. The dark orange path is the dirt found along our riverbanks and the lighter oranges and yellow is the ochre.



The logo and cultural adaption is centred on the concept of the families going on a spiritual and emotional journey.

About the Aboriginal Health Team logo

The Aboriginal Health Unit design concept was created by Karen Beetson, Mandandanji Woman and SWSLHD Deputy Director of Aboriginal Health in conjunction with AJC Designs.

The large circle represents the SWSLHD and the Aboriginal health programs that exist within our communities. The three smaller circles acknowledge the three nations whose land the local health district conducts business on. Darug, Gundungurra and Dharawal. The pathways to and from those smaller circles demonstrate the strong links and connections our services have with our communities and the information that is shared back and forth. The circles and pathways on the bottom of the page shows how our work is connected and shared with other health districts and communities.



The large circle represents the SWSLHD and the Aboriginal health programs that exist within our communities.



Intentional Growth

This element represents growth and that growth is a process that takes time and intention and represents the resilience that is shown not only through Aboriginal Communities, but also the SWSLHD Aboriginal Health Team.



Acknowledgements

This Toolkit was informed by generational learnings from the lived experience of South Western Sydney Local Health District (SWSLHD) Aboriginal staff and the South Western Sydney Aboriginal community. The content of this Toolkit has been heavily informed by the SWSLHD Aboriginal Health Unit: Nathan Jones and Karen Beetson and by the Aboriginal GOT IT! Team: Jemma Milloy, Walid Ahmad, Keifer Dotti, Rhonda McPherson, Jarrod Wicks and Paris Williams. We also acknowledge the valuable feedback provided by Sharon Haarsma (MH-CYP), Got It! staff from across NSW (SLHD, SNSWLHD, JHFMHN, CCLHD, HNELHD, NSLHD, WNSWLHD, WSLHD, MNCLHD), and the SWSLHD Aboriginal Leadership Team.

We would like to extend a special thanks to Hyllus Munro – SWSLHD Workforce Educator (Aboriginal Portfolio) for her guidance and wisdom throughout the development of this toolkit.

We would also like to acknowledge and thank the participating families, preschools and schools.

A special acknowledge to the Aboriginal GOT IT! Steering Committee that consisted of representatives from: Local and Regional Aboriginal Education Consultative Group (AECG) across the South West Sydney Areas, Tharawal Aboriginal Corporation, Gandangara Local Aboriginal Land Council, KARI Limited, NSW Department of Education, NSW Ministry of Health Mental Health Branch, SWSLHD Mental Health, SWSLHD Aboriginal Health.

A note about the content of this Toolkit

Disclaimer: Aboriginal people should be aware that this toolkit may contain names and images of people who have since passed away. The families have consented to the ongoing use of their image in the toolkit

Models, examples, pictures etc throughout the document have been developed by the SWSLHD AGI! Team unless referenced otherwise. The pictures used throughout this document are of community members who participated in Aboriginal GOT IT! We thank participating families for providing consent for their images to be used in this Toolkit.

Enquiries regarding this Toolkit may be directed to the:

Director and Deputy Director SWSLHD Aboriginal Health
E: SWSLHD-AboriginalHealthUnit@health.nsw.gov.au

Suggested Citation:

Milloy, J., Beetson, K., Williamson, A, Crook, C., Kalucy, D., Nixon J. (2022) Aboriginal Cultural Adaption Toolkit: Sharing the South Western Sydney Local Health District Experience. South Western Sydney Local Health District.



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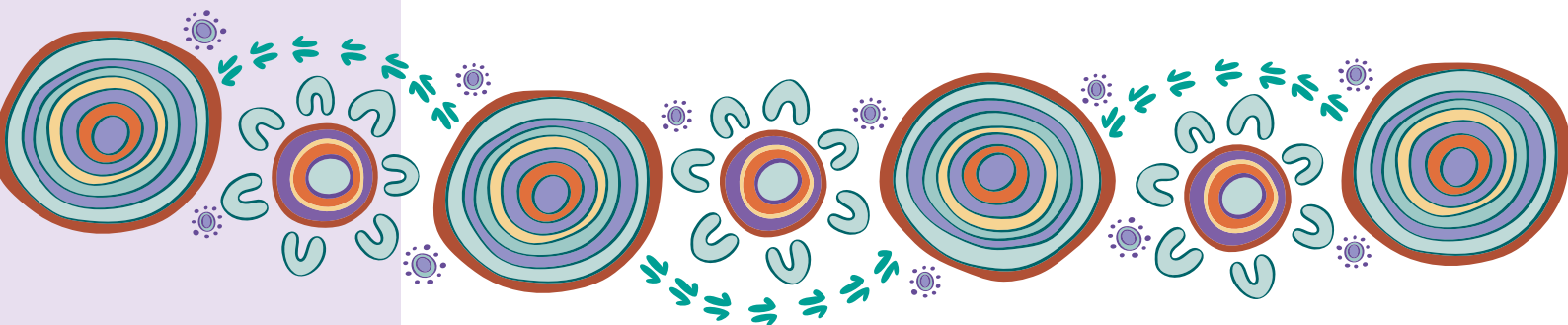


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Acronyms and abbreviations

AEO	Aboriginal Education Officer
AGI!	Aboriginal GOT IT!
AHW	Aboriginal Health Worker
K	Kindergarten
CGAS	Children's Global Assessment Scale
ECBI	Eyberg Child Behaviour Inventory
FIHS	Factors Influencing Health Status
HoNOSCA	Health of the National Outcome Scale for Children and Adolescents
ICAMHS	Infant Child Adolescent Mental Health Service
PS	Parenting Scale
SDQ	Strengths and Difficulties Questionnaire
SEWB	Social and Emotional Wellbeing
SWSLHD	South Western Sydney Local Health District





Introduction

This toolkit has been designed to provide key insights and principles to guide people who are seeking to culturally adapt health and wellbeing programs for Aboriginal people, or to make their service more culturally responsive. The information in this guide brings together the learnings of the SWSLHD Aboriginal Health team, acquired throughout their lives living in and working within the Aboriginal communities they are culturally connected to. While most of the examples in this book pertain to the Aboriginal cultural adaption of the Got It! program, the principles can be applied to a variety of programs and contexts.

For Aboriginal people, this toolkit will likely be an acknowledgement of the knowledge they already have about what works for their community. We hope that this toolkit will be useful in articulating what they already know and assisting them to use this knowledge, and advocate for its use, in a non-Aboriginal system.

For non-Aboriginal people, we hope this toolkit will help them to better understand how to make their service or program more culturally responsive.

What is Got It!?

Got It! is an early intervention program for children with emerging mental health needs, including children with social, emotional, and behavioural concerns, as well as children with low mood, anxiety, and emotion dysregulation. The program aims to strengthen the abilities of parents/carers and teachers to respond to children's needs as well as reduce the frequency and severity of conduct problems in young children.

You can read more about Got It! here:

[NSW Health-Getting On Track In Time -Got It! Summary](#)

You can watch a video about the program here:

[Youtube-NSW Health Getting on Track in Time -Got It!](#)

Why was a cultural adaption of Got It! needed?

An evaluation of the Got It! program in New South Wales completed in 2014 suggested that while successful overall, Got It! had variable success in engaging with Aboriginal communities and families and the program did not promote cultural safety.¹ In response to these findings, South Western Sydney Local Health District (SWSLHD) were contracted by the NSW Ministry of Health to develop and pilot an Aboriginal Cultural Adaption of the Got It! program. Initial adaptations of the program began in 2018, led by the SWSLHD Aboriginal Health Team, these adaptations have continued from June 2019 with the introduction of the Aboriginal GOT IT! team. The Sax Institute was contracted in June 2020 to evaluate the Aboriginal GOT IT! pilot.



Does Aboriginal GOT IT! work?

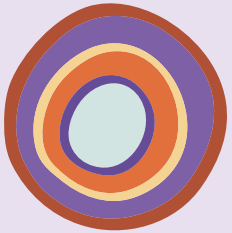
An [evaluation](#)² of the Aboriginal GOT IT! pilot program (which included 7 rounds of the program conducted in 6 sites) demonstrated it was feasible for the SWSLHD team to design and successfully implement and that it was highly acceptable to Aboriginal families, participating schools, and other key stakeholders. Data was also consistent in indicating significant, positive impacts of the program across a range of important domains including referral to and receipt of services, child behaviour (at home, school and in a clinical context), parenting behaviour, connections and relationships (within the AGI! group, families, and the broader community) and enhancing cultural connection and Aboriginal identity.

Aims of this toolkit

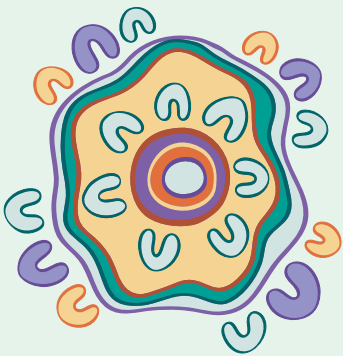
- a. To give people thinking about culturally adapting any health and wellbeing program:
 - i. A better understanding of the context they will be entering into and the centrality of culture; and
 - ii. Broadly applicable principles, tips, and examples to help them develop a more culturally responsive program or service.
- b. To provide specific information and advice to other teams looking to culturally adapt Got It! for Aboriginal children and their families

Notes about using this toolkit

- **Each component of this Toolkit is interconnected**, describing elements of a multifaceted approach to cultural adaption. It is recommended that the Toolkit is read and used as a whole, rather than considering individual sections separately.
- **It is recommended that this guide is accompanied by training**, to help those interested in cultural adaption to absorb, accept, and understand the contents of the Toolkit and gain practice in applying them (experiential learning). We recommend contacting the SWSLHD Aboriginal Health Unit to unpack what training components may be required.
- **Respect for, and understanding of, local context is key to any successful cultural adaption.** While the specific examples of adaptations shared here may not suit all local contexts, the key principles can be useful everywhere.



While we hope this toolkit will provide useful insights into cultural adaption, it must be noted that **any Aboriginal cultural adaption of programs and services cannot be done without Aboriginal people**. There should always be consultation with the relevant local Aboriginal community/ies that the program or service is targeted towards. Further, recognition of and remuneration should be always considered when asking for Aboriginal people to inform, develop, and share cultural knowledge and understanding or participate in service delivery.




A note about using the tips and examples included in this workbook

Readers of this toolkit are welcome to draw on and replicate the contents and examples provided within this Toolkit when working with their local communities to culturally adapt their programs or services.

Elements of the SWSLHD Aboriginal GOT IT! program which contain cultural knowledge, practices or ceremonies which cannot be shared broadly for cultural reasons are not outlined in detail in the Toolkit.

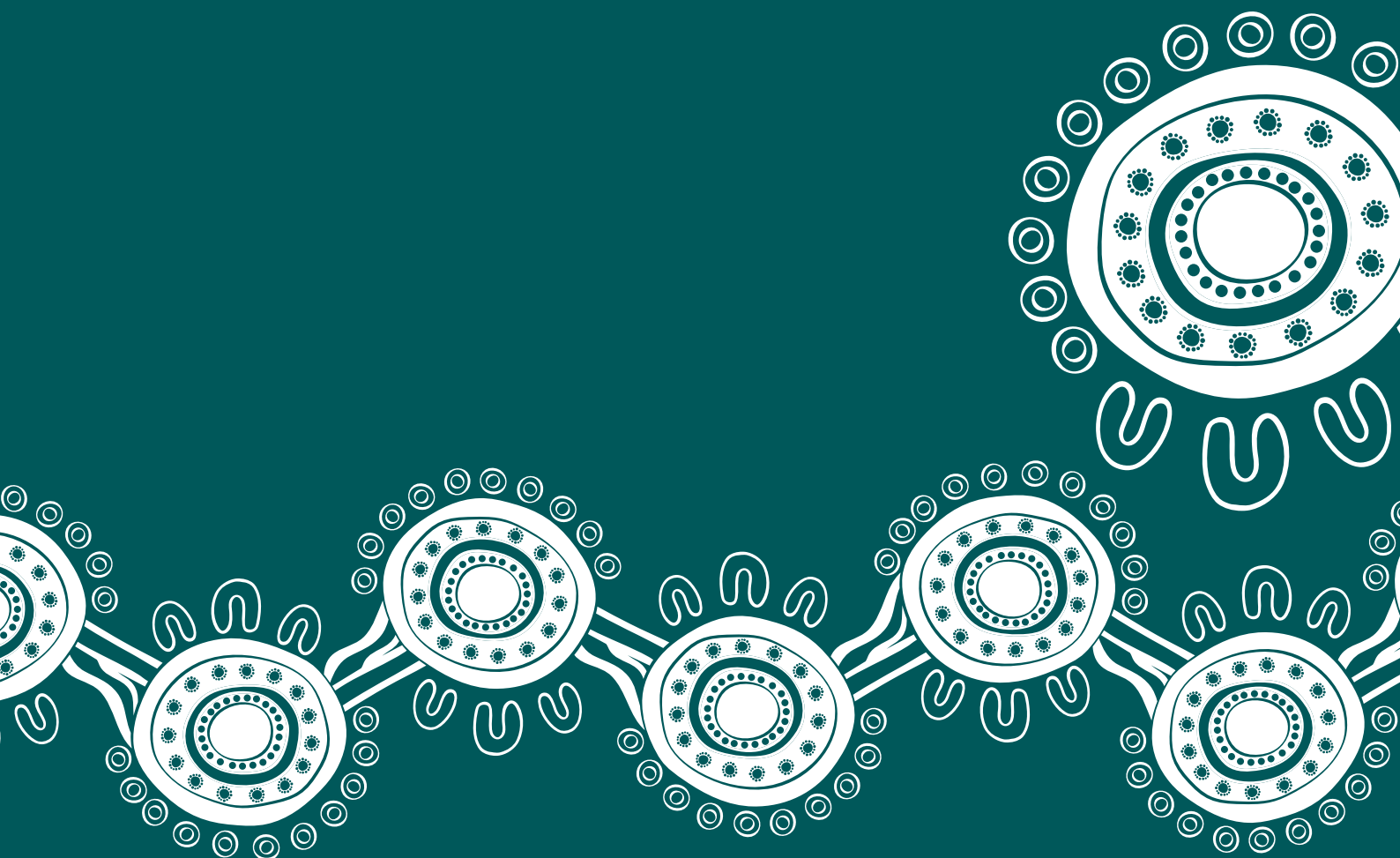
Local Aboriginal Community Knowledge Holders should be consulted before the use of any culturally adapted materials or inclusions of cultural ceremonies.

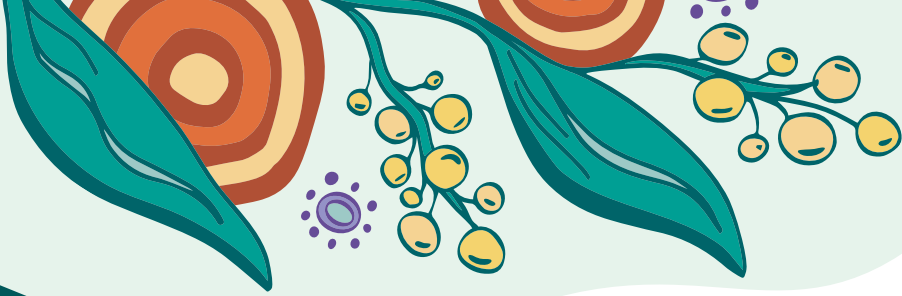




Section 1.

Laying the foundations



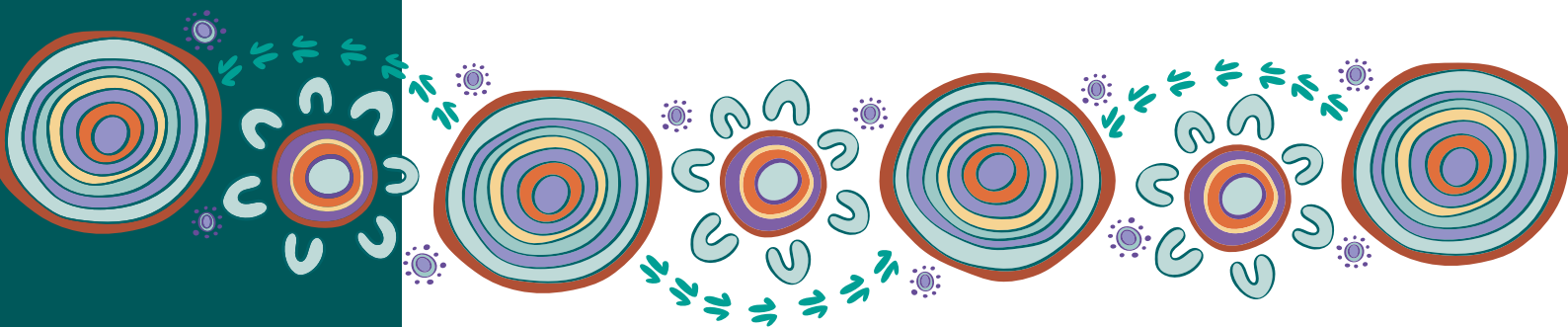


Section 1. Laying the foundations

In order to successfully culturally adapt a program, or implement a program well in an Aboriginal context, establishing a strong foundation is essential. In SWSLHDs experience, a strong foundation for their AGI! program included:

- ☀ Governance
 - Organisational governance
 - Aboriginal community governance
- ☀ Culture, cultural safety, and cultural responsiveness
- ☀ Having the right staff
- ☀ Ensuring the right support is in place for the team
 - Cultural safety for Aboriginal staff
- ☀ Engaging the community

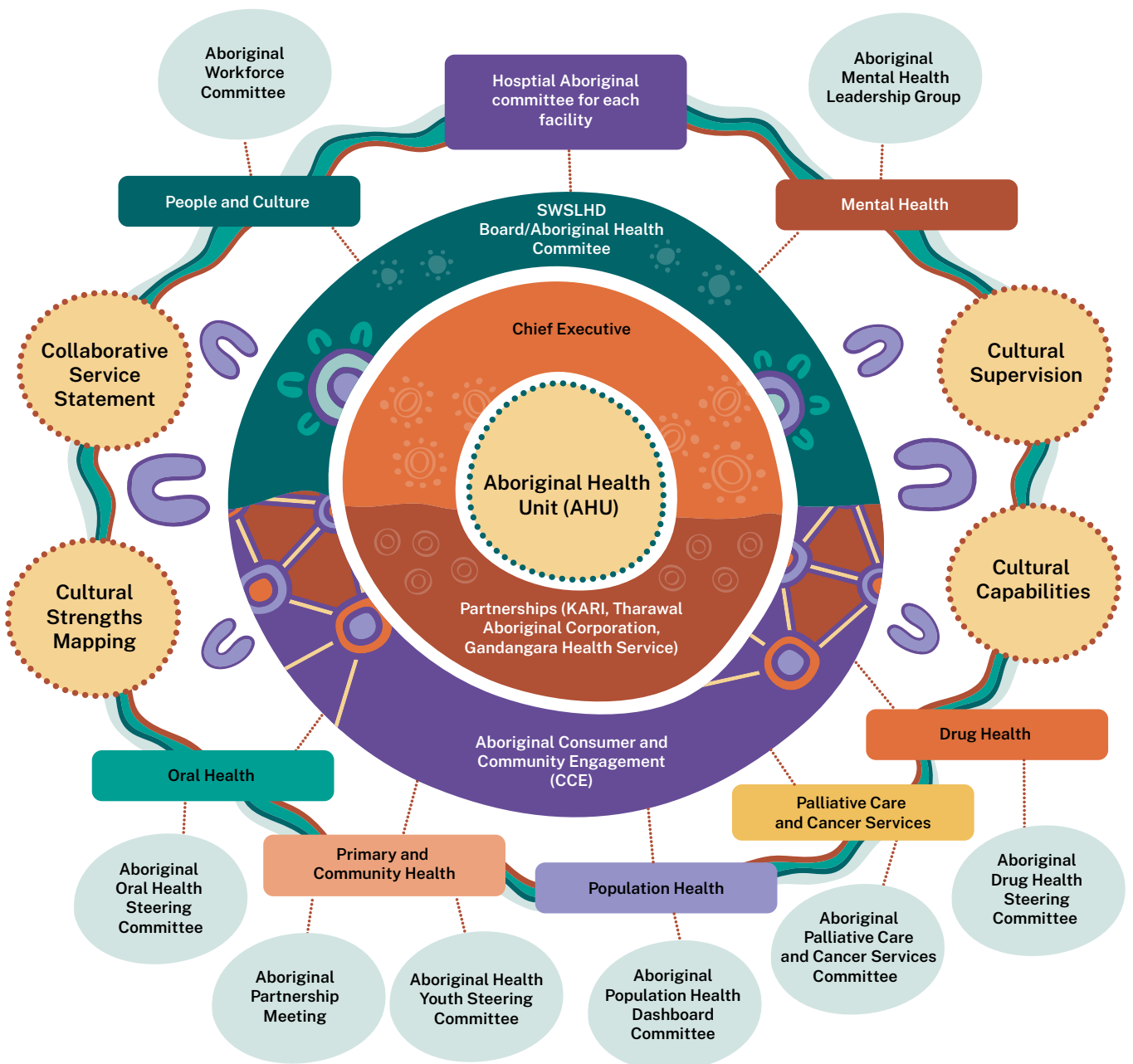
In this section each of these foundational planks will be discussed.

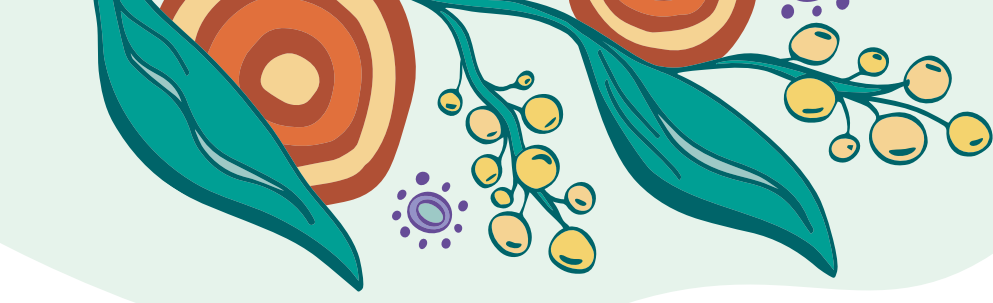


Governance

Organisational governance

Figure 1. Organisational governance for Aboriginal Health within South Western Sydney Local Health District (SWSLHD)





People and Culture

- Aboriginal Workforce
- Aboriginal Staff Wellbeing
- CEWD Aboriginal Educator

Primary and Community Health

- Aboriginal Chronic Care Program (ACCP)
- Aboriginal Child and Family
- Multidisciplinary Allied Health Team
- Prevention and Response to Violence to Abuse and Neglect (PARVAN)
- Aboriginal Youth Health Services
- Aged Care
- Aboriginal Community Paediatrics

Drug Health

- Aboriginal Drug Health Team
- Drug & Alcohol Youth Services (DAYS)
- Quit for New Life
- Opioid Treatment Program

Mental Health

- Aboriginal GOT IT!
- Aboriginal Mental Health Transfer of Care (AMHToC)
- Adult district wide services
- District wide Infant, Child and Adolescent Mental Health Services (ICAMHS)
- Positions embedded within Aboriginal Community Controlled Health Organisations (ACCHO) Pathways

Hospitals

- Hospital Aboriginal Liaison Officer
- Dedicated Antenatal models

Oral Health

- Oral Health Programs

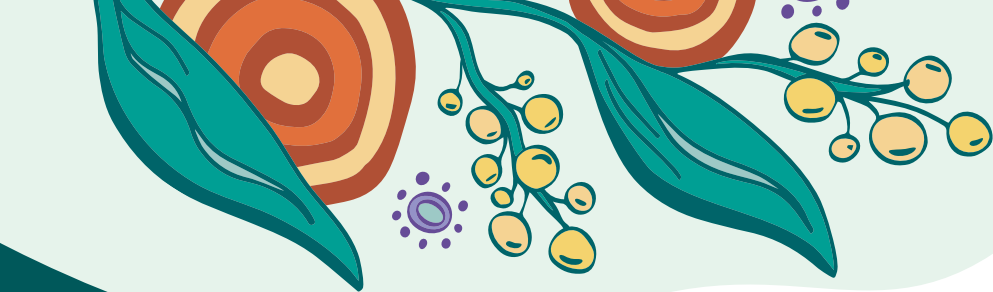
Population Health

- Aboriginal Health Promotion Team
- Aboriginal Public Health Programs
- Aboriginal HIV & Related Programs (HARP) Health Promotion

Palliative Care and Cancer Services

- Palliative Care and Cancer Programs





Structures within the broader organisation (SWSLHD). Strong governance is essential to successful implementation of any program. For SWSLHDs AGI! this includes:

- *The organisational structure of SWSLHD* – The organisational structure of SWSLHD reflects the importance placed on Aboriginal Health within the District. In contrast to most LHDs, in SWSLHD the Aboriginal Health Unit reports directly to the Chief Executive, as does the Aboriginal Health Board Committee. This direct reporting line ensures that the Aboriginal Health Unit has a strong voice and a greater degree of autonomy than at many LHDs. There is an Aboriginal Workforce Unit and every service directorate within the LHD has an Aboriginal Committee or Leadership Group attached to it, as well as at least one discrete Aboriginal team (e.g. Aboriginal Mental Health Team).

The Aboriginal and Health Directorates at SWSLHD co-manage programs in order to develop and implement high quality, culturally safe care. This co-management has been instrumental to the success of the Aboriginal cultural adaption of Got It!. It has enabled the team designing and implementing AGI! to draw on high level cultural and clinical advice. Importantly, it has also meant that there were senior, influential staff within the LHD who were able to advocate for AGI! at times when existing Western models were at odds with Aboriginal ways of knowing and providing care. Thus, this organisational governance structure played a key role in allowing the Got It! cultural adaption to truly reflect Aboriginal best practice.

- *Aboriginal Community Partnerships* – The Aboriginal Health Unit at SWSLHD has formal Aboriginal Community Partnerships with a range of external Aboriginal organisations such as the local Aboriginal Community Controlled Health Service. These partnerships are possible due to the reputation within the Aboriginal community of the Director and Deputy Director of the Aboriginal Health Unit, and the long history of constructive collaboration between SWSLHD and external Aboriginal organisations under their leadership. The recruitment of the AGI! Team Leader, who similarly brought strong community connections and a history of effective collaboration with a range of Aboriginal organisations, further reinforced these partnerships. The pre-existence of these partnerships greatly enhanced the ability of the AGI! team to enlist the support and input of these organisations into the development and implementation of AGI!, for example, by serving on the program Steering Committee (see below) and facilitating referral pathways.



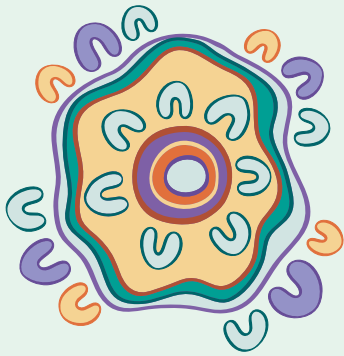
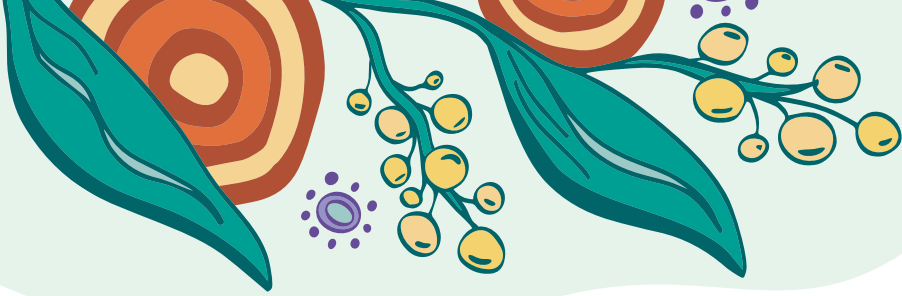
Aboriginal Community Governance

Genuine, ongoing engagement with the Aboriginal community or communities in which the program is to be implemented is essential to the successful cultural adaption of any program. This engagement should begin from the outset and will be critical to:

- Culturally adapting the program in such a way that it reflects the cultures, interests and needs of the communities in which it will be delivered;
- Developing smooth referral pathways to relevant Aboriginal services;
- Building knowledge of and support for the program within the local area – and in so doing increasing the likelihood that families will be interested in engaging with the program;
- Gaining advice on how to approach any challenges that emerge over the life of the program;
- Helping to determine which children, families and even schools would benefit most from the program.

To achieve these outcomes, and strong community engagement, appropriate Aboriginal community governance structures for projects should be developed. In the case of AGII, a Steering Committee was built to guide the program through all stages. This Committee included representation from all relevant Aboriginal organisations and services in the District (see [Engaging the Community](#)) as well as from relevant mainstream groups. This Steering Committee was then incorporated into the existing SWSLHD Aboriginal Health governance structure. This structure ensured that Aboriginal perspectives were considered in all key decision making and that the program progressed in an appropriate manner.

Those seeking to ensure appropriate Aboriginal community governance and engagement with their program, should be aware that it may take time to establish relationships with relevant organisations. This will need to be factored into all stages of the planning process. It is not appropriate to progress with your program without engaging with key Aboriginal organisations in your area because they did not meet your timetable. Culturally, the program will not be considered to have been agreed until all key organisations have had the chance to contribute.



Key Learnings

The SWSLHD AGI! team believe the following governance-related actions were important to the success of their program.

Organisational governance

- Working in partnership with the LHDs Aboriginal Health Unit on the cultural adaption and implementation of the program.
- Seeking the support of their Aboriginal Health Unit in developing partnerships with their local Aboriginal community.
- Seeking to develop formal partnerships with external Aboriginal organisations in their area (such as Aboriginal Community Controlled Health Services).

Aboriginal community governance

- Making the time to develop genuine, ongoing relationships with their local Aboriginal communities from the outset of the adaption process.
- Establishing formal mechanisms (such as a Steering Committee) to ensure ongoing consultation and engagement.

Culture, cultural safety and cultural responsiveness

Culture must be at the centre of any cultural adaption. “Culture is an umbrella term which encompasses the social behaviour, institutions, and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.³ Culture is often originated from or attributed to a specific region or location. Humans acquire culture through the learning processes of enculturation and socialization, which is shown by the diversity of cultures across societies.

Aboriginal culture and cultural knowledge informs all aspects of this Toolkit and will be referred to throughout. The aim of culturally adapted Aboriginal programs is to deliver culturally responsive care. The spectrum from cultural awareness to cultural responsiveness is defined below (Table 1).

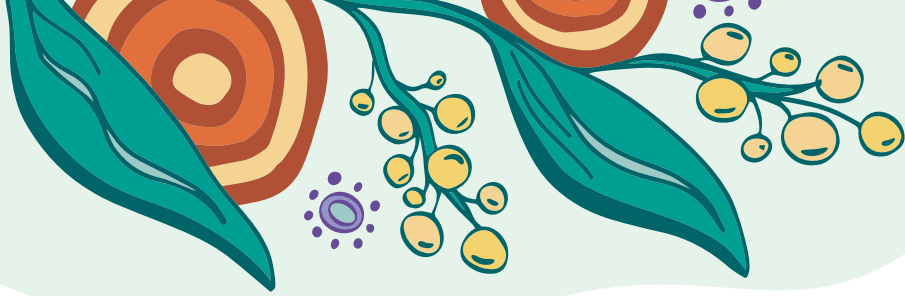


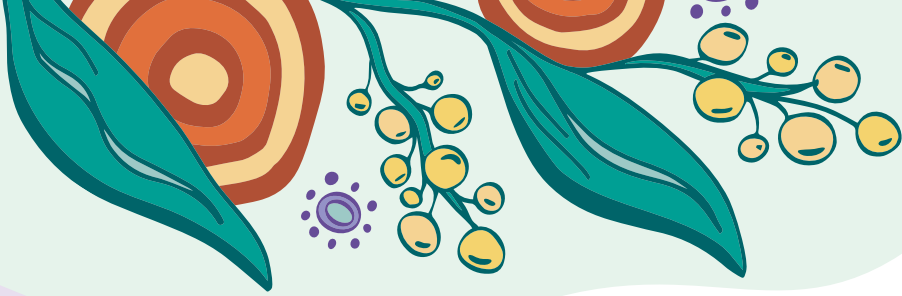
Table 1. Defining the spectrum from cultural awareness to cultural responsiveness*

Term	Definition
Cultural awareness	Understanding that there are differences between cultures. Essential to patient-centred care and an essential first step on the pathway to cultural responsiveness. ⁴
Cultural sensitivity	Knowing about the culture of the ‘other’. Articulates the importance of respecting difference and tailoring approaches, but depends on stereotypical knowledge which tends to normalise the health professional’s culture, totalise the ‘other’ culture, and is therefore ethnocentric. ⁴
Cultural safety	Is reached when a recipient of care deems the care to be meeting their cultural needs. People feel safe and secure in the health environment due to shared respect, meaning, knowledge and experience, ensuring dignity and truly listening. Cultural safety incorporates cultural sensitivity which refers to sensitivity to cultural factors and taking them into account. ⁵
Cultural responsiveness	Involves continuous learning, self-exploration and reflection. It’s being open to new ideas that may conflict with the ideas, beliefs and values of your own culture, and being able to see these differences as equal ⁶ . It means healthcare services are respectful of and relevant to the health beliefs, practices and cultural needs of the communities they service. This is more than cultural awareness. Organisations have processes and systems in place to achieve cultural change and to embed it in everyday behaviour. ⁷

*Table drawn from⁸

Key cultural principles to consider when working in an Aboriginal context:

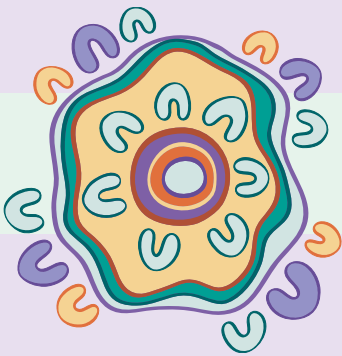
- ☀️ **“Aboriginal health” means not just the physical well-being of an individual** but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life”⁹
- ☀️ **Culture is always evolving**; it is not static. Everyone has their own cultural framework, but this is added to and adapted as we learn and grow.
- ☀️ **Your way of being is part of your cultural self.**
- ☀️ Aboriginal cultural adaptations should **focus on the strength, beauty, and resilience of Aboriginal culture**, not take a deficit approach.
- ☀️ Culturally, **collaboration is key**, and every member of the team is equally valued.
- ☀️ **Flexibility is vital – One size fits all disrespects everyone.**



- ☀️ Cultural adaptations must employ **Aboriginal ways of caring** – flexibility, intensive follow up, clients supported to attend sessions rather than being exited from the program if sessions are missed.
- ☀️ **Aboriginal cultural adaptations do not ‘teach culture’**. Instead, they aim to reinforce cultural values and cultural practices, creating cultural safety for participants.

Having the right staff involved

AGI! core component:
Aboriginal leadership, Aboriginal team



“...Thinking about being really, truly multidisciplinary in the approach. Not just having multidisciplinary positions and then using one approach with that, and how we include Aboriginal health workers with it. The other thing was really about being very specific about the particular skills and experiences that you’re bringing into the program. So, when I was recruiting in, everyone who’s in the team now was really thought of before they even came into the interview. There were really core skills that we sought.”

Aboriginal GOT IT! Team Leader

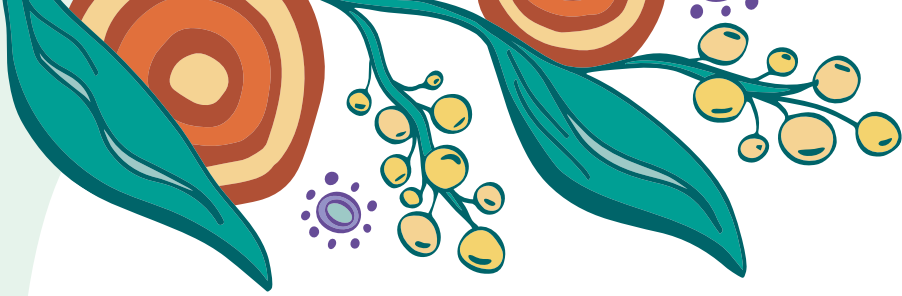
Having the right team in place is essential to making a program or service work. When thinking about putting a team together to work with the Aboriginal community, the SWSLHD AGI! team found the following to be key:

Engaging the right internal stakeholders

Before beginning the cultural adaption process it is important to ensure you have the right internal stakeholders engaged. Think about which parts of your organisation, and who within them, should be involved in the service design and ongoing support of your program. Examples may include the Aboriginal Health and Mental Health units and their service directorates. Bringing this group together at the outset will be key to the success of your program.

Understanding the variety of roles needed

Implementing a holistic model of care well requires employing strategies and practices drawn from a variety of professional backgrounds, as well as high-level

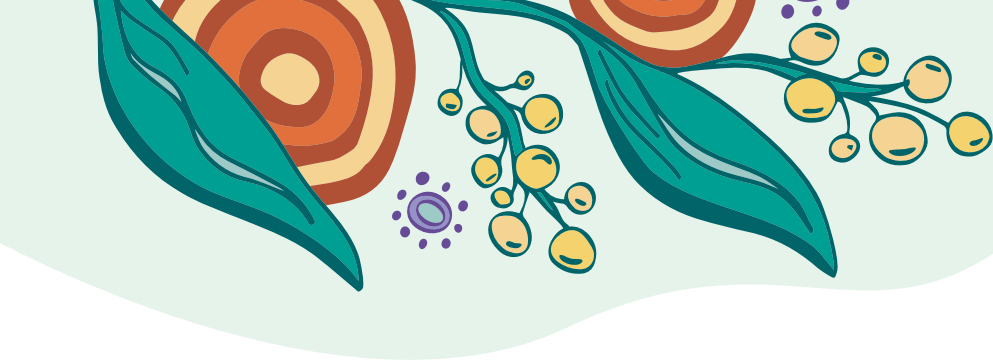


cultural and community knowledge and skills. The SWSLHD AGI! team included staff with backgrounds in clinical psychology, Aboriginal Health Work, nursing, administrative support, teaching and social work. The team found this broad range of professional skills sets to be an important facilitator of their programs' success (Figure 2).

“Having a team with different types of backgrounds you have that flexibility of someone has knowledge where other people don’t.”
AGI! Team Leader

Figure 2. Areas of professional expertise in the SWSLHD AGI! team
Each member of the team is equally important and equally valued





When thinking about developing a team for your own cultural adaption, at a minimum you will require some staff with a relevant clinical background and some staff with relevant Aboriginal cultural backgrounds. Aboriginal Health Workers are critical, even if the clinical staff on the team are also Aboriginal, due to the different, but essential role they play (see Table 2 – The role of Aboriginal Health Workers and Clinicians in AGI!).

The Administration role has also been key within the AGI! team. Their administrative lead had strong cultural knowledge and community connections. Thus, in addition to co-ordinating project activities and appointments, collecting outcome measure data and managing measures databases, they played a key role in maintaining ongoing engagement with families and preparing AGI! materials (including workbooks, session materials and catering).

Table 2 outlines the ways in which Aboriginal Health Workers and clinicians have been utilised in the AGI! program. This table is provided as an example to assist other teams to define work tasks and team structures. There is no ‘one way’ to design these role structures and role definitions should be adjusted to meet the needs of your program and community context.

Given the breadth and depth of the work that they undertake in AGI!, the SWSLHD team believes that experienced, highly knowledgeable Aboriginal Health Workers would be most appropriate for the role – particularly if there is only one in the team.



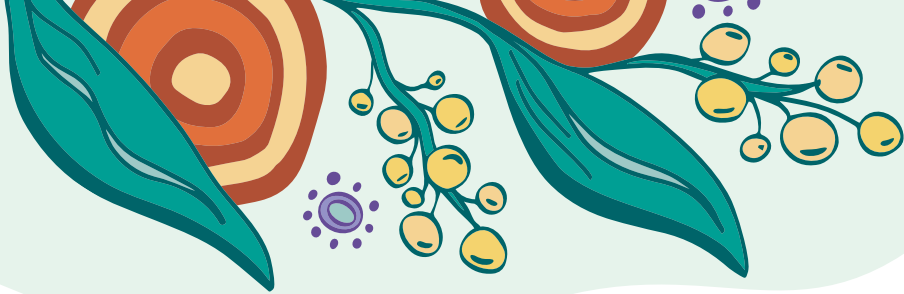
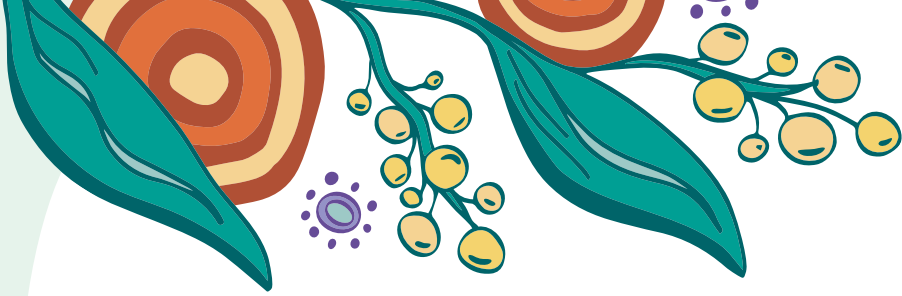


Table 2. The role of Aboriginal Health Workers and Clinicians in AGI!

Key Aboriginal Health Worker tasks	Key clinician tasks
Makes initial contact with families	Conducts intake and ongoing assessment in collaboration with Aboriginal Health Worker
Uses cultural skill set to make families feel comfortable and supported	Collaborates with Aboriginal Health Worker on formulation and decisions around treatment – identifies what is clinically important.
Acts as the primary point of contact for families throughout their time with AGI!	Identifies indicated mainstream services for children and families
Conducts Cultural Strengths Mapping as part of intake and ongoing assessment (see Section 4)	Completes referral information for mainstream services
Collaborates with clinicians on formulation and decisions around treatment – identifies what is culturally important and offers insights into ‘normal/common’ behaviours and practices in Aboriginal families and the reasons behind them	Liaises with mainstream services around the assessment and treatment of AGI! children and families
Is responsible for care coordination	Uses clinical skills and knowledge to work with Aboriginal team members on the cultural adaption of the program
Acts as a cultural translator – provides families with information about clinical matters and services in a culturally appropriate manner	Co-leads the targeted group sessions with the AHW
Identifies Aboriginal services and supports that may be beneficial for families	
Links families into Aboriginal services and supports (experience suggests this is very difficult for non-Aboriginal clinicians to do) and provides them with knowledge about why they may be helpful	
Helps families to connect with community and culture	
May use cultural healing practices	
Uses cultural skills and knowledge to help inform cultural adaption of the program	
Co-leads targeted group sessions with the clinician	



Valuing cultural and community knowledge

To culturally adapt a program, or even implement a program that has already been culturally adapted by others, having Aboriginal staff with strong cultural and community knowledge leading the program is essential.

Aboriginal people communicate in a multi-layered fashion, with much being conveyed non-verbally. In addition, when speaking, the same words can carry very different meanings for Aboriginal and non-Aboriginal people due to different cultural histories and experiences (e.g. the 'protection' in 'child protection' may have very different connotations for Aboriginal and non-Aboriginal people). In light of this, non-Aboriginal people may not always understand all that is being communicated, making the role of Aboriginal staff in working with Aboriginal families and communities especially important. When recruiting for your team consider:

- **Thinking beyond academic clinical qualifications and formal work experience:**
A lot of Aboriginal people have relevant life experience and do a lot of non-paid work in their community (for example AECG participation, sitting on Aboriginal Community Controlled Organisation Boards, sharing cultural knowledge and expertise). Aboriginal people also sometimes hold formal qualifications that are not always recognised by health institutions
- **Placing a high level of importance on recruiting Aboriginal staff who have a strong connection to culture, connection to place and a strong community network** – offering on the job training and capacity building to staff with excellent cultural and community credentials who may not have some relevant skills or experience in the specified service area and understanding the transferability of many skill sets.
- **Prioritising the inclusion of *local* Aboriginal people with *local* knowledge** – this will be extremely beneficial in terms of engaging local communities, schools, and families.

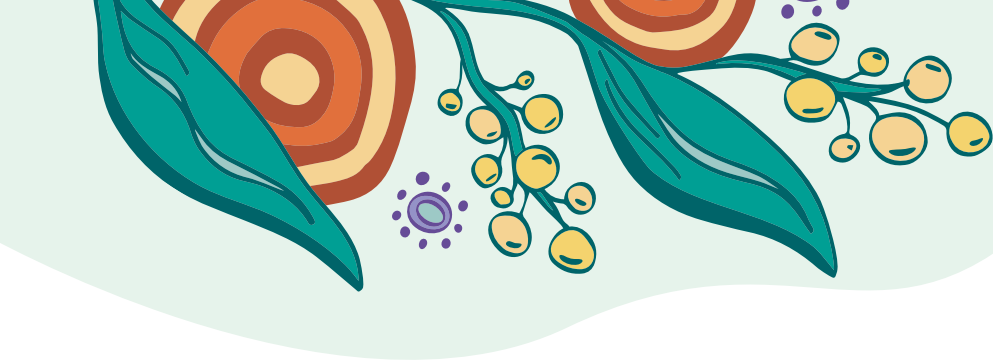
“You cannot put just one Aboriginal worker in a team and expect them to carry all of this. It is unsafe”.

AGI! Team Member



Considering the cultural safety of Aboriginal staff

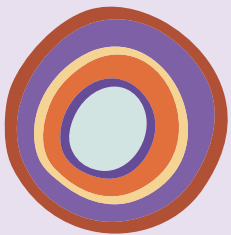
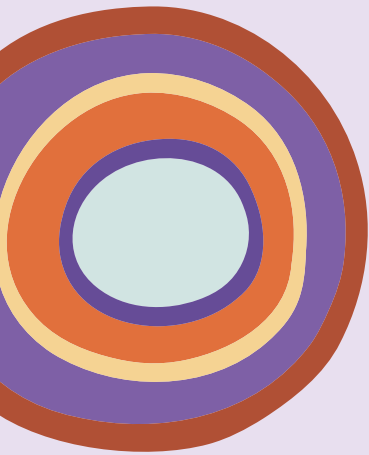
- The culture in most health services comes from a clinical and westernised framework which can limit the flexibility and cultural responsiveness needed to apply a culturally adapted model of care.
- There should be mutual respect and collaboration for clinical and cultural principles and practices. One should not outweigh the other. Collaboration in expertise is key. Risk stratification needs to include both cultural and clinical risks. Adding or intergrading cultural practices does not impact program validity. Cultural adaption can enhance program outcomes and should be captured through evaluation.
- It is not culturally safe for Aboriginal people to work in isolation and to be expected to be the knowledge holder for all things Aboriginal.
- If there is not another Aboriginal person in an Aboriginal staff member's immediate team, it is important to establish formal mechanisms for them to have ongoing engagement with other Aboriginal staff in the LHD (for e.g. weekly meetings). The establishment of governance/structural support for the staff member is also vital. This should include a supervision structure, including a senior Aboriginal member of staff they meet with regularly and can contact out of session for advice and support.
- Aboriginal culture is broad and diverse. If you are not able to recruit staff that hold all of the skills required, consider how your team might absorb this. For example, sourcing Aboriginal Community Knowledge Holders to share cultural practices.
- Aboriginal staff must be allowed to set their own limits about what they are prepared to share culturally, and what they have permission to share.
- Giving and sharing culture on a constant basis can be draining on an Aboriginal person's spirit. Time to rest and resettle is essential.

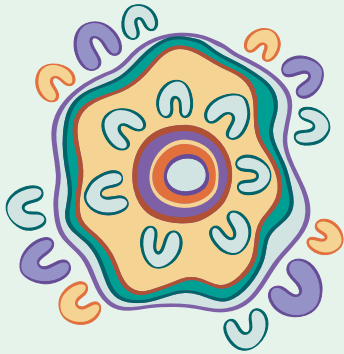
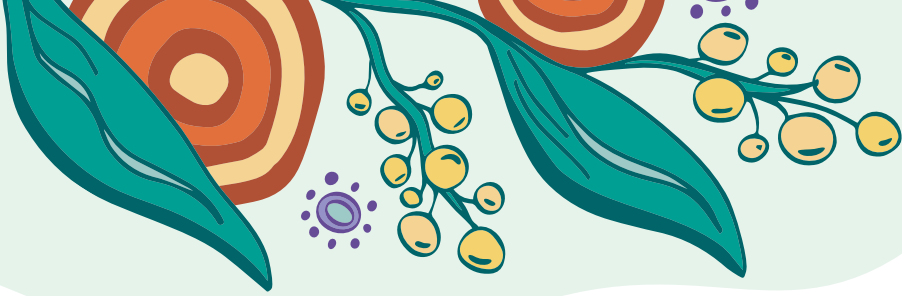


Managing boundaries when working within your community

Aboriginal staff working within the community in which they live may find that families with which they are connected interact with the program. While this would often be considered a conflict of interest in Western clinical practice, it is highly valued for Aboriginal people. Several strategies and structures can be used to maintain clear boundaries in these situations:

- ☀️ When hiring Aboriginal staff, seek people who are **used to navigating layered, complex roles within their community**. They will be adept at navigating boundaries.
- ☀️ **Be transparent with families about program processes**, including who will have access to their written information and whether, how and why their personal situation will be discussed among the program team.
- ☀️ **Team members also need to have open conversations with families about their mandatory reporting requirements** and their processes around this.
- ☀️ **Staff should let their manager know about their links to participating families so that they can work together to determine how best to manage the situation.**
- ☀️ While the staff member and the family will interact in group sessions, it may be decided that other staff members should take the lead on the care coordination and counselling provided to the family.
- ☀️ The arrangements made initially should be reviewed throughout the life of the program's engagement with the family to ensure they are still optimum. For example, a family may wish to have a familiar staff member working most closely with them initially, but it may be appropriate for someone else to take over as the family becomes more comfortable.
- ☀️ Cultural supervision and other structures need to be in place to **ensure staff are well supported to maintain strong boundaries** when working with their community.





Key Learnings

- The considerations that are made regarding clinical safety in health settings need to apply to staff with or without clinical qualifications.
- There should also be considerations for meeting the cultural needs of Aboriginal staff,
- SWSLHD have supported their Aboriginal workforce by:
 - Developing a formal cultural supervision structure and cultural supervision policy (*SWSLHD Aboriginal Health Unit can be contacted for requests to share the policy document*)
 - Developing program specific cultural services audits
 - Enhancing existing cultural competency trainings/ documents (e.g. *Respecting the Difference, [Didja Know?](#)*⁸) to reflect a localised history and experience. These enhancements were made utilising *8 Ways of Aboriginal Learning*
 - Formalising an Aboriginal co-management structure.

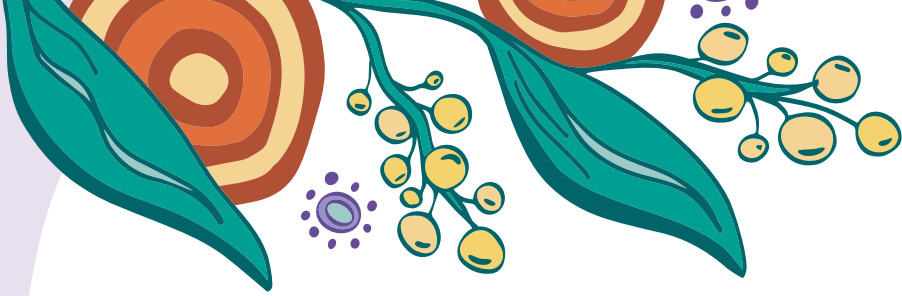
What about non-Aboriginal team members?

“Coming in, I found that I needed to build that relationship and make a connection and the only way I could make that connection and relationship and the trust is to have the Aboriginal Health Workers with me.... Whereas if we were, you know, two non-Aboriginal people, I don’t think there would be that level of trust.”

Non-Aboriginal AGI! Team Member

Many Aboriginal programs within health services will include some non-Aboriginal staff. While they will ideally be supported by Aboriginal team members, it is still important that efforts are made to build the skills of non-Aboriginal staff in working in a culturally responsive manner. The following may be helpful:

- Focus on training and building skills in non-Aboriginal staff that includes a cultural lens. This is to ensure they are able to be culturally responsive in all aspects of their clinical practice including engagement, assessment, developing interventions and exiting clients from services.
- If possible, seek the assistance of Aboriginal colleagues in supporting non-Aboriginal staff to learn how to see things through a cultural lens by taking part in some cultural activities.



- ☀️ Encourage non-Aboriginal staff to reflect on their own culture and how it shapes them, their perceptions, and experiences. Understanding your own culture, and how central it is to your experience, is an important building block towards understanding and respecting other cultures.
- ☀️ Support non-Aboriginal staff to connect with and build trust with core Aboriginal stakeholders and explain the importance of this:
 - Take them to Aboriginal community spaces and events so they can ‘show their face’ and begin to get to know (and be known by) the community; and
 - Let them know the importance of continuity of connection with Aboriginal people in work and social settings. For example, Aboriginal people value relationships as very important. We are taught as workers that we keep our work and community lives separate. If you see someone you know through work by chance on the weekend it is important if they acknowledge you, that you stop and connect, while maintaining your professional boundaries. I
 - Offer Cultural and Clinical Supervision (see below).

Cultural supervision

“Cultural supervision is an appropriate learning medium for Aboriginal employees as it is an experiential, hands-on learning process rather than a distant, classroom type of experience. Supervision provides employees with an ongoing assessment of skills, and supports clinical strengths and identifies weaknesses in a cultural context.”¹⁰ Reflective practices of cultural supervision are also important for the professional develop of non-Aboriginal staff.

“Oh, it’s actually made me a better psychologist....
It’s made me think – made me more aware of how culture is so important to people and especially when you know about someone’s culture, they trust you. They trust you and they feel safe.”

Non-Aboriginal AGI! Team Member



Clinical supervision

Supervision is a 'relationship-based activity which enables practitioners to reflect upon the connection between task and process within their work. It provides a supportive, administrative and development context within which responsiveness to clients and accountable decision making can be sustained'.¹¹

In the SWSLHD AGI! program there was a combined model of clinical and cultural supervision provided to both Aboriginal and non-Aboriginal staff. This supervision was offered to all staff in the program inclusive of administrative roles, Aboriginal Health Worker roles and clinical roles. The model utilised group and individual sessions and supervision 'on Country' was an important experiential component to the model.

Identifying important personal attributes

In addition to their professional skills and cultural and community knowledge, a range of personal attributes are required in individuals who will be part of teams that are developing and implementing cultural adaptations. These include being:

- Passionate about improving the lives of Aboriginal families and communities
- Experienced in managing layered and complex roles (this is particularly relevant for Aboriginal staff with strong connections to the community they will be working within)
- Innovative, able to think of creative ways to make the program more culturally responsive
- Flexible, willing to adapt to the needs of different families, schools, and communities
- Willing and able to challenge their own perceptions and skills sets

Considering gender

Aboriginal culture is both matriarchal and patriarchal. When designing programs or services for Aboriginal people it is important to consider how information was traditionally taught and shared within communities. It is also important to determine your local community needs and wants in relation to the gender balance of your program delivery team. Their concerns may be less about balancing gender within the team and more about ensuring that a variety of perspectives are included. It is important to explore this with them.

As caregivers, other relatives and children of all genders participated in AGI!, the team found that having both male and female team members was helpful, allowing them to be responsive to varying participant needs in providing care.



Ensuring the right support is in place for the team

In Australia, systemic barriers exist for Aboriginal and non-Aboriginal people working in client environments due to the impacts of colonisation, transgenerational trauma, and the dominance of Western models of evidence. For individuals and teams to work well and thrive, a range of supports are required at all levels of an organisation. As a part of this, individuals need to be supported to understand each other's perspectives through reflective practice, and to recognise the impacts that systems and structures (within the organisation and beyond) have on these perspectives and on lived experience more broadly.

SWSLHD has a number of structures and supports in place which were instrumental to the success of the AGI! Team. While some of these may not be available or possible to implement quickly in your setting, they are noted here as useful strategies to work towards.

Structures within the broader organisation

As noted above, the organisation structure of SWSLHD ensures a strong Aboriginal voice throughout. There were many other factors at a LHD level which helped to support the success of the AGI! team. These included:

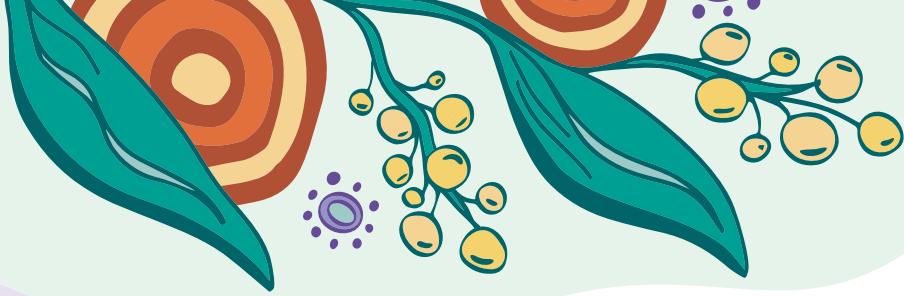
- ☀️ **Having high-level support within the LHD** – SWSLHDs Director of Aboriginal Health is a strong supporter of the AGI! Program. As the Director reports directly to the Chief Executive of the LHD, they have a strong voice within the district and are able to effectively advocate for their programs and staff. As noted previously, this high-level support within the LHD has been important, particularly in instances where culturally safe methods for delivering AGI! may not have aligned with Western concepts of how care should be delivered.
- ☀️ **Assembling the right Steering Committee** - Bringing together a Steering Committee which includes all of the key Aboriginal organisations and representatives from the local community (e.g. the local Aboriginal Community Controlled Health Service, the Aboriginal Education Consultative Group, the Department of Education and Training) and representatives from mainstream mental health and the Department of Education will help set the program up for success. Managed well, a Steering Committee such as this will provide invaluable advice and support to the program in both program development and roll out. Programs should also consider including consumer representation on their Steering Committees, depending on their service type. For AGI! the Aboriginal Education Consultative Group provided consumer representation and some of the organisational representatives also held dual roles.



Structures and supports within the Aboriginal Health Unit governance structure

Key aspects of the support the AGI! Team receives from the SWSLHD Aboriginal Health Unit includes:

- ☀️ **Cultural and Clinical supervision (one on one and group):** SWSLHD engages an Aboriginal Clinician from outside of the organisation to provide a cultural context on clinical assessment and decision making. This supervision also includes on Country components. The AGI! Team reports that this supervision is vital to supporting non-Aboriginal Clinicians and also assists the team to understand each other's perspectives and reflect on practice challenges and role of each staff member.
 - **One on one:** These sessions provide team members with private space to develop personal insight, process feedback and talk about challenges with their supervisor.
 - **Group:** The whole team also participates in cultural and clinical supervision sessions, sometimes including on Country components. These help the team to gain new insights into how they communicate and collaborate
- ☀️ **Peer Supervision Model for Aboriginal Managers across services departments:** Aboriginal Health Managers were trained in a cultural peer supervision model which incorporates reflective processes and observational feedback skills to support each other in managing their staff, community networks and clinical practices.
- ☀️ **Scholarships, training opportunities:** These are a combination of Ministry of Health and Local Health District funded initiatives provided with a view to increasing the local Aboriginal Mental Health workforce capacity and capability.
- ☀️ **Access to established multidisciplinary care pathways (and assistance in developing new ones):** The established referral and escalation pathways are invaluable in assisting families to gain rapid access to a wide range of services, depending on their needs, both internal and external to the health service.
- ☀️ **Aboriginal Health Networking:** Regular networking meetings are held within the LHD to provide a space for all Aboriginal programs to come together and to learn about each service, their pathways, and any new developments, this is available to both Aboriginal and Non-Aboriginal staff. More broadly across the LHD there are Aboriginal staff only network meetings focussed on fostering connection between staff and building their understanding of workforce practices.
- ☀️ **Supports within the program team:** The AGI! Team have found that it is vital that the Team Leader ensures that there are enough time and resources available to train staff (both initially and as part of ongoing professional development) and for staff to attend supervision, mentoring and the community networking events. The AGI! Team also places significant emphasis on valuing each role within the team, and each team member, equally.



Engaging the community

AGI! core component:

Consultation and collaborative decision-making

A history of discrimination and poor treatment by health services and government departments has led many Aboriginal people to feel wary about engaging in mainstream programs and services. The legacy of the stolen generations, combined with ongoing extremely high rates of forced child removal are likely to make programs and services centred on children and parenting seem particularly sensible to avoid. In light of this, and in order to make the program as useful to participating communities as possible, early and deep engagement with the local Aboriginal community is essential for building the support for the program that will be vital to its success.

In a culturally adapted, or Aboriginal community-focussed models, the purpose of engaging with participating communities is not just to tell them about the program and encourage participation. It is also to **learn about the local community and how the program might be adapted to best serve it**. The following should be considered:



Local context:

- Local culture and history
- Important issues and circumstances participating families may be facing
- Service availability
- School factors



Local strengths: which the program can build on



Local needs: which the program might usefully address

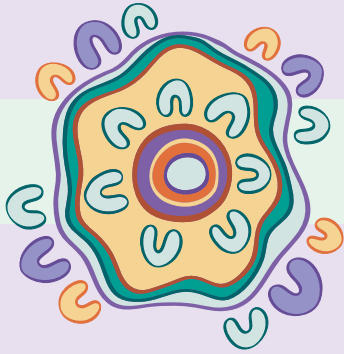


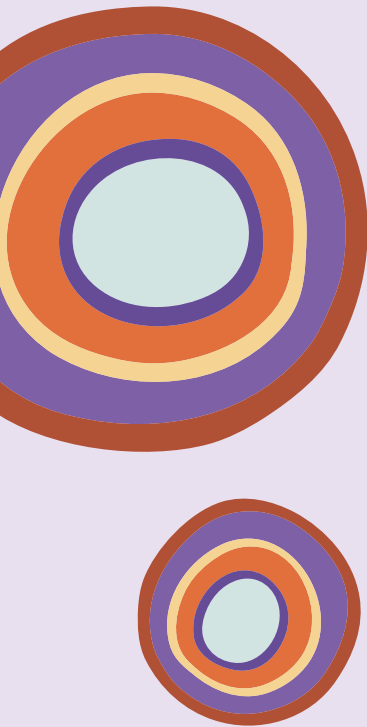
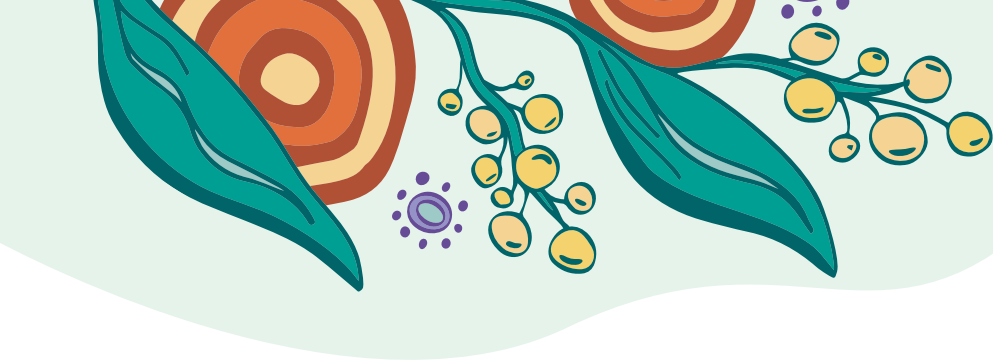
Local norms of behaviour



Local dynamics and ways of working within and between services and organisations

While the Got It! model of engaging participating communities is generally focussed on the school community and largely passive (e.g. handing out flyers, holding an information session) a much broader and more active approach is recommended for programs focussed on Aboriginal families.



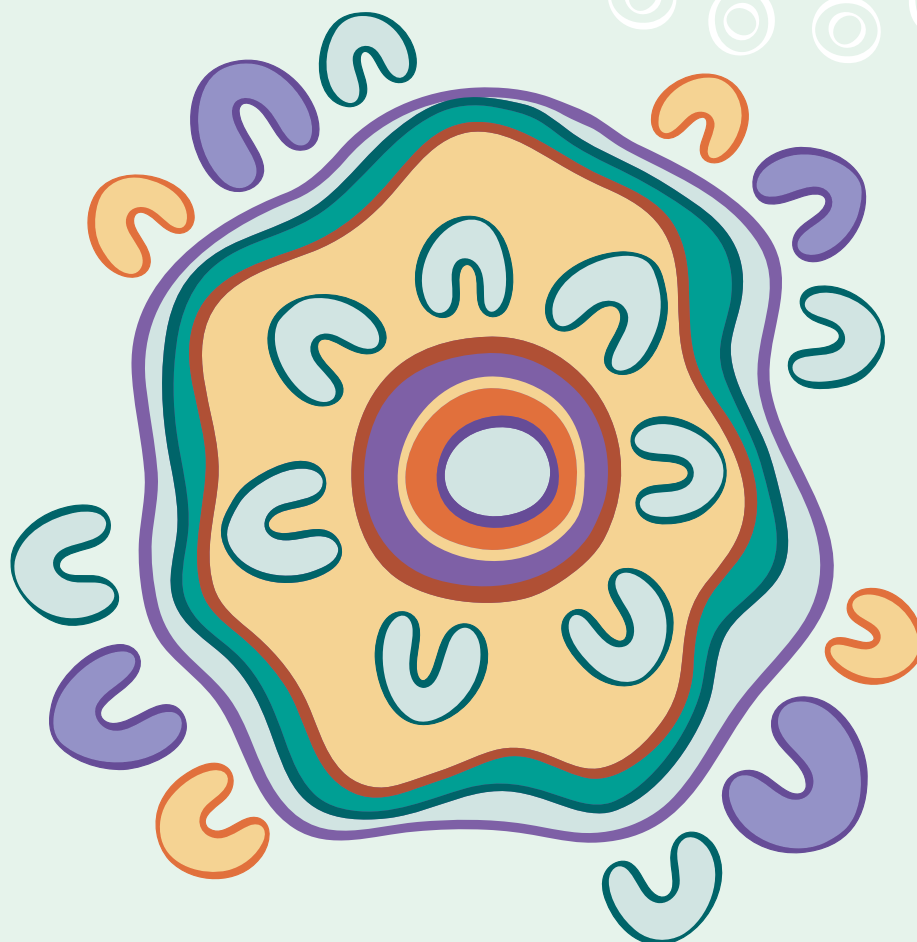


Useful strategies and tips for community engagement:

- ☀️ **Allow a significant period of time to engage with the community and make connections**
- ☀️ **Map out who the key Aboriginal organisations are within your LHD that are relevant to your service model – these are likely to include:**
 - Aboriginal Community Controlled Health Service/s
 - Aboriginal Education Consultative Group
 - Aboriginal Education Officers (AEOs) at local schools and District staff

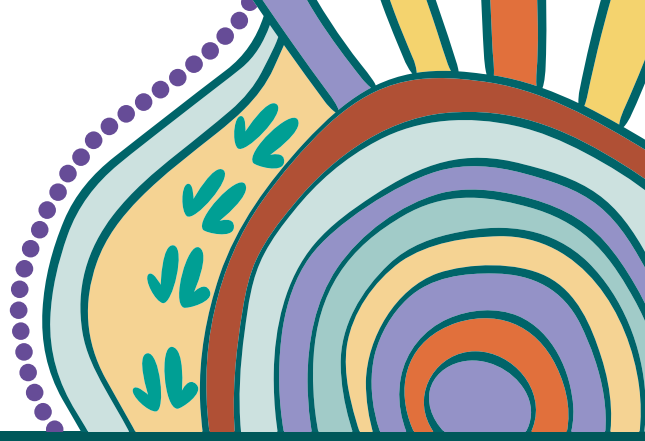
Note that AEOs will have established relationships with many of the teachers and families your program may later be working with. Genuine collaboration with and support from ('vouching') AEOs may make local Aboriginal families feel more comfortable engaging with your program.

 - Other services and supports for Aboriginal people in the local area which focus on children and families
 - Aboriginal Land Council
 - Other Aboriginal Community Controlled Organisations
- ☀️ **Determine the right Aboriginal people to engage with** – both within these organisations and more broadly (e.g. key local elders/ Community Knowledge Holders). This is likely to require local knowledge and advice. As noted above, if you have team members with local knowledge and connections this will be much easier to accomplish.
- ☀️ **Seek to engage with all of the people on your list** and ask their advice on who else should be included. If your team does not already have links to these people or organisations, it may take some time to build connections. A genuine, sustained effort is required.
- ☀️ **Be flexible** – Consider adjusting your service hours to respond to community needs and/or ensure that staff have access to Time In Lieu to attend community engagement events and to visit families outside of their core working hours.
- ☀️ **Consider remuneration:** If you are asking local community members to share their time and knowledge to help inform your culturally adapted model or program, remuneration for this important work and knowledge sharing should be considered. If financial remuneration is not feasible, consider other ways in which your service or team may be able to give back to the community or organisation, reciprocating their generosity.



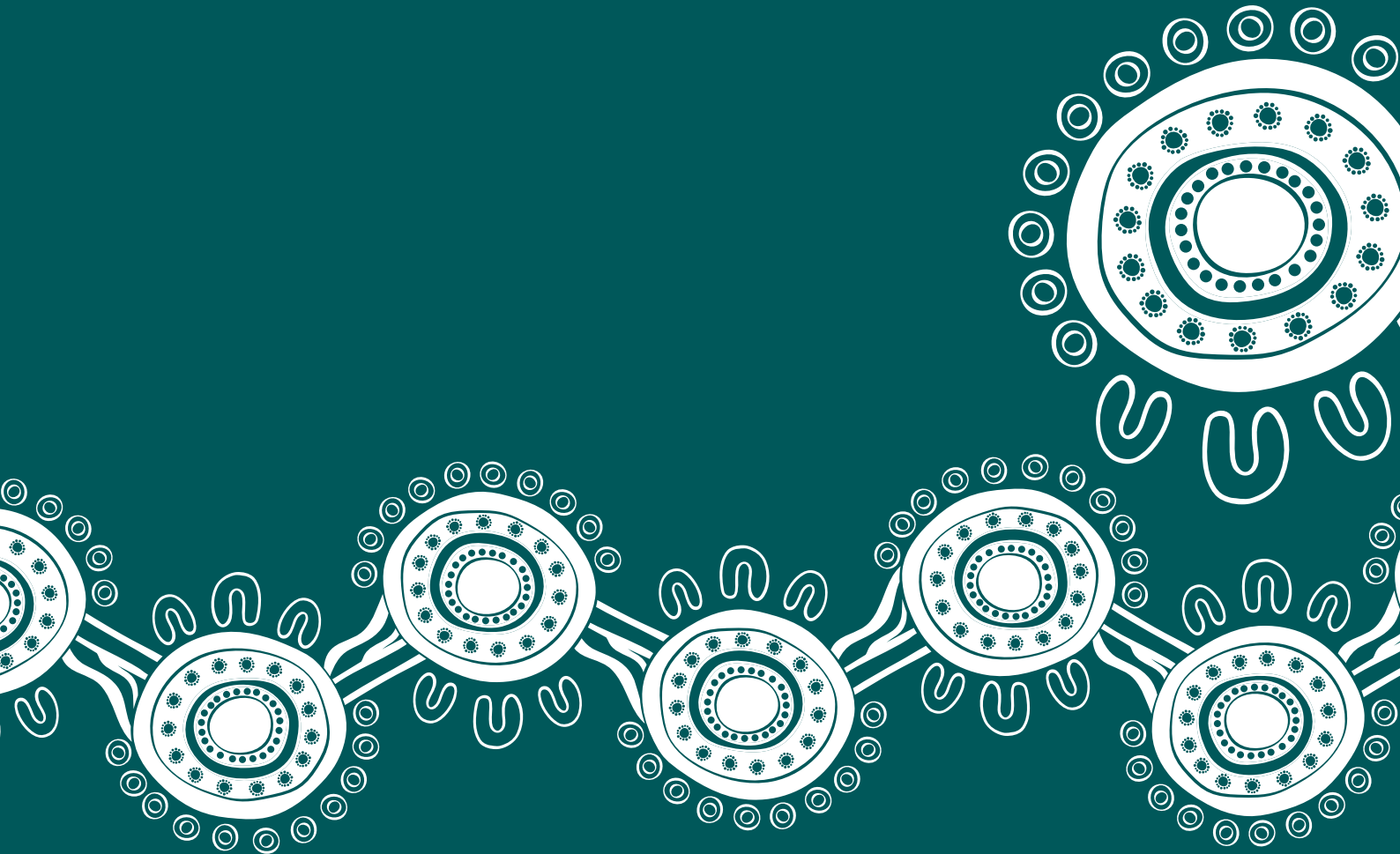
Absorbing Knowledge

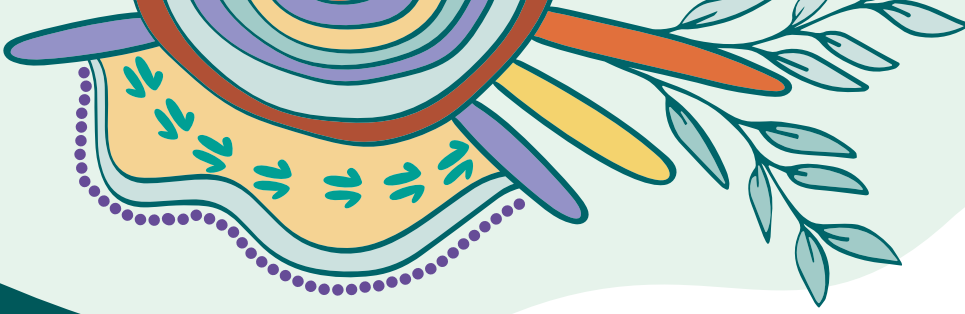
This element represents the process of absorbing knowledge to implement better practice when working with First Nations communities. Our land is well when we are well. These different layers represent the complex narratives that have been created for First Nations people and the process that the team go on to provide a health care system that is reflective of First Nations experiences.



Section 2.

Key components of the SWSLHD Aboriginal GOT IT! model

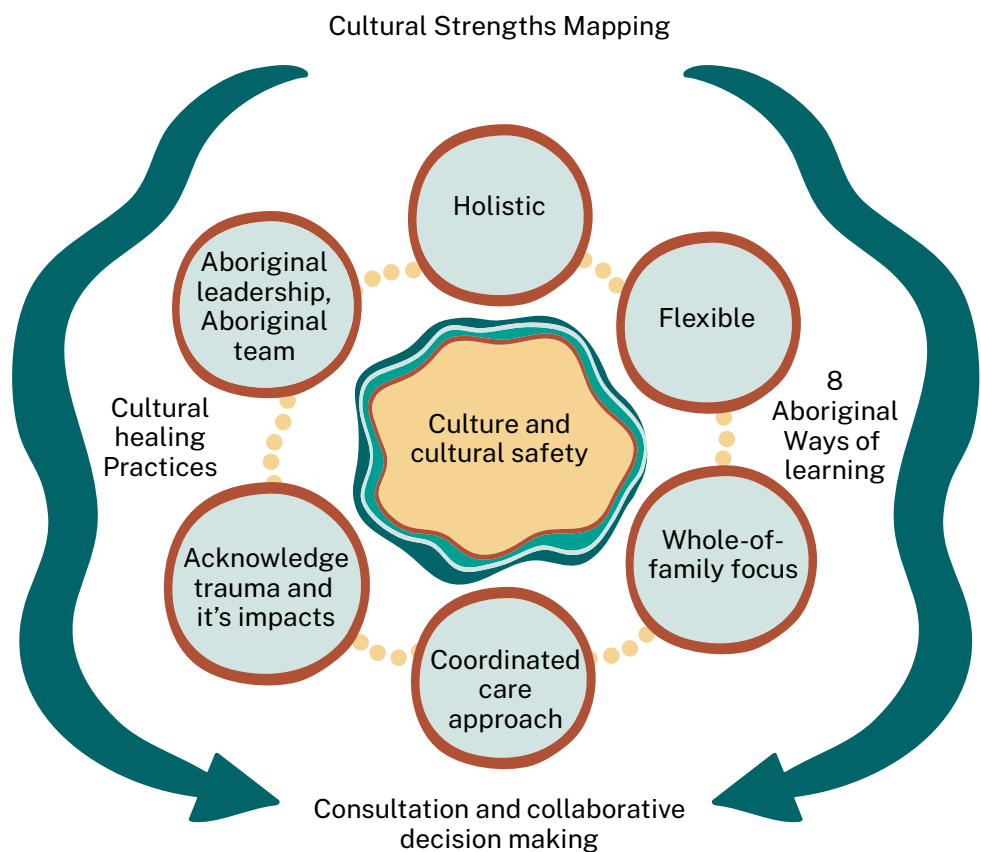


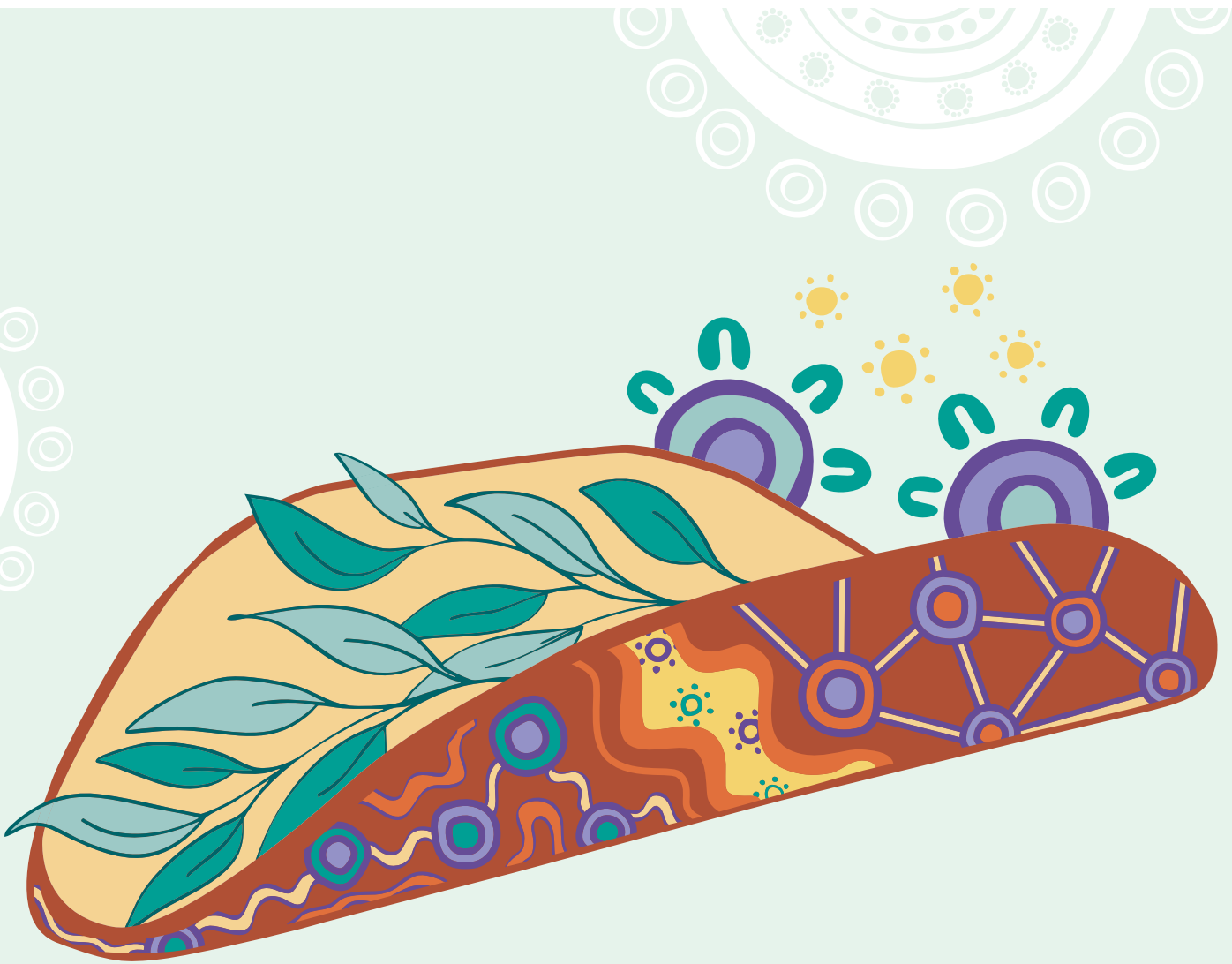


Section 2. Key components of the SWSLHD Aboriginal GOT IT! model

The SWSLHD Aboriginal GOT IT! program uses the foundations of the Got It! model but builds on, extends and adapts them to suit Aboriginal families in their local area. Some of the unique, key components of the SWSLHD Aboriginal GOT IT! model are shown in Figure 3. These key components, and how they are applied in practice, will be described in detail in relevant sections of the handbook.

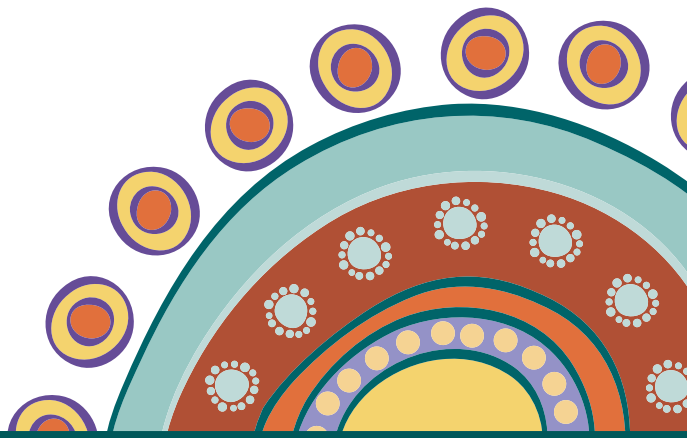
Figure 3. Key components of the SWSLHD Aboriginal GOT IT! model





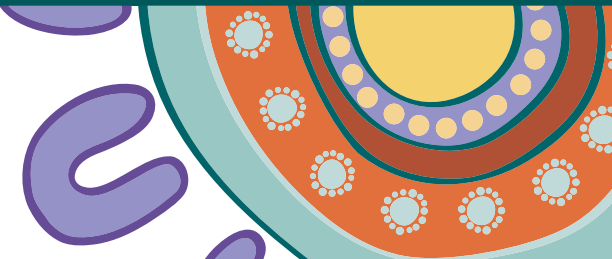
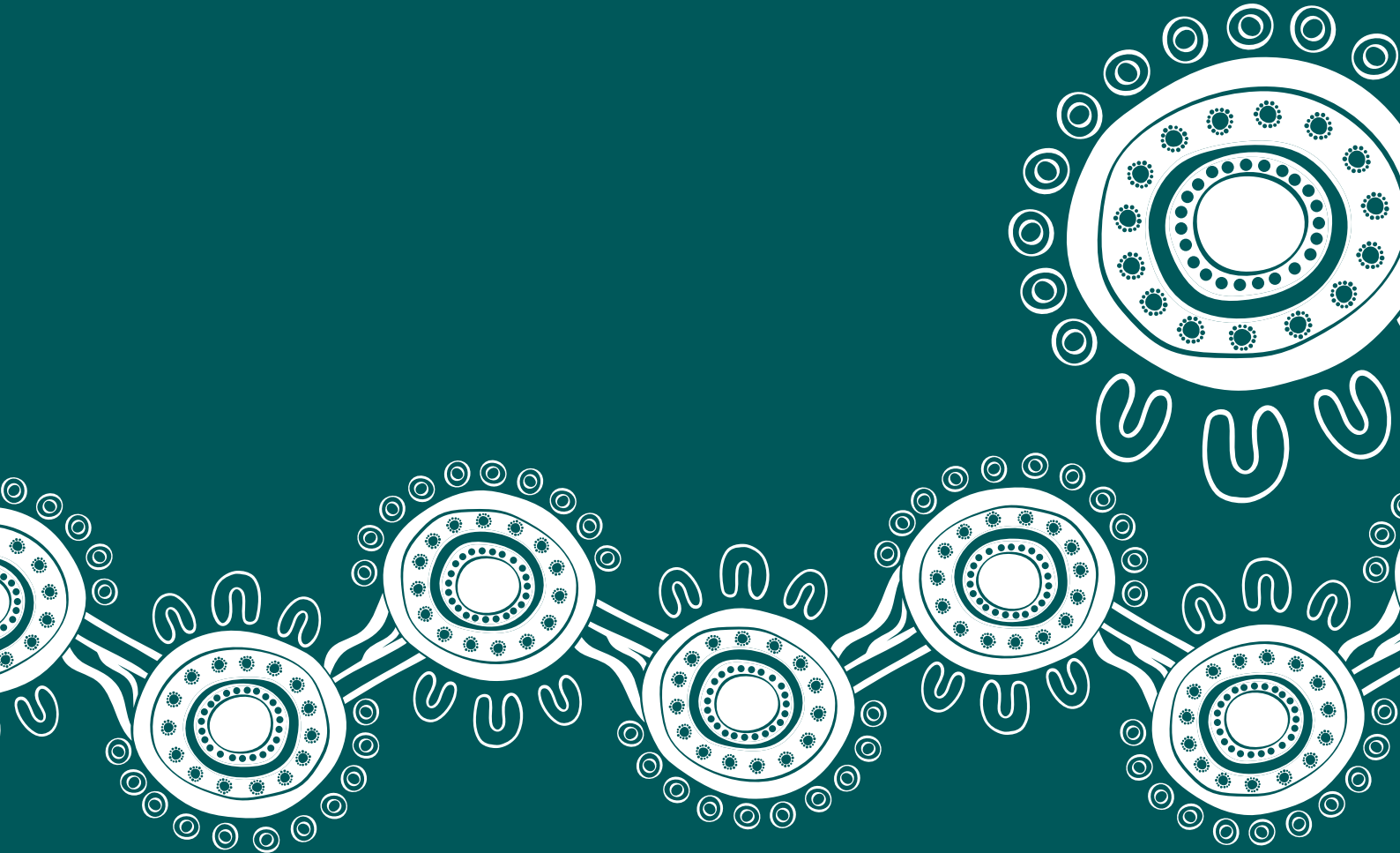
Connection to Culture

This element shows a coolamon filled with eucalyptus leaves to represent the blending of Aboriginal traditional healing methods and the vitality of being connected to culture and bringing cultural knowledge as the basis of servicing Aboriginal Communities and mainstream health services.



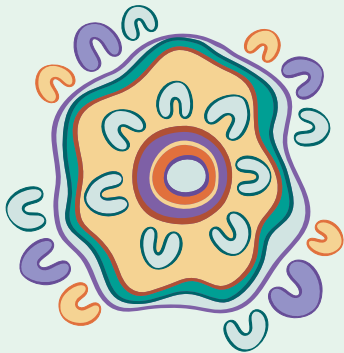
Section 3.

Adapting the model of care





Section 3. Adapting the model of care



AGI core components:


- Culture, cultural safety, and cultural responsiveness
- Whole of family focus
- Flexible
- Holistic
- Coordinated care approach
- Inclusive of intergenerational trauma and its impacts

The SWSLHD Aboriginal GOT IT! team made significant changes to many of the practices and processes that are used in the Got It! Program to make their culturally adapted program fit the culture and needs of Aboriginal families. Key cultural adaptations to the Got It! Model of care are as follows:

Culture, cultural safety, and cultural responsiveness

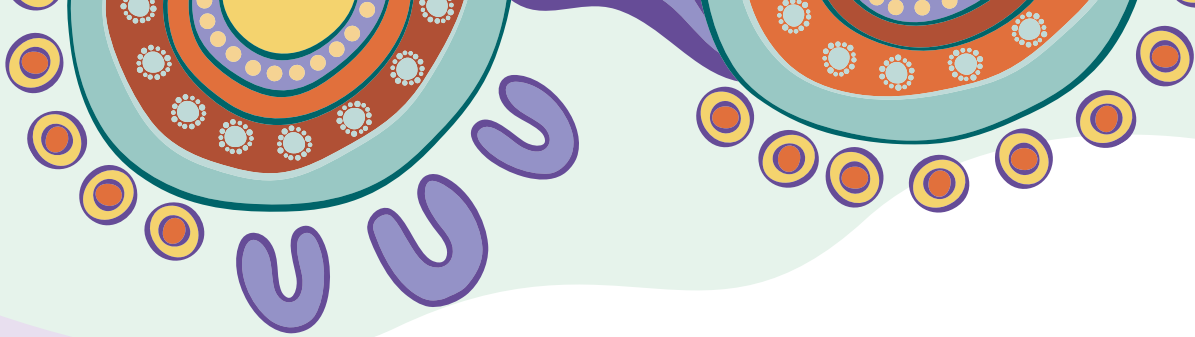
As discussed in Section 1 culture, cultural safety and cultural responsiveness are at the core of Aboriginal cultural adaptations of programs and impact all aspects of adaptation. The AGI! core components discussed in this section are all fundamental principles of Aboriginal ways of being and caring for others.

Whole of family focus



What does ‘family’ mean in an Aboriginal context? The Aboriginal definition of family is broad and includes multiple caregivers, parents, grandparents, siblings, cousins, aunts and uncles, other household members and close friends who are not blood related but are considered family nonetheless.

The Got It! model for the targeted program focusses on a group of eligible children and their primary caregiver. The AGI! team has instead adopted a whole of family focus, acknowledging the importance of family and of interconnected community experience. This approach has been fundamental to both care coordination and group therapy.



“There must be discussion about care givers’ experiences of their own childhood and view of family structure. Acknowledging the importance of interconnected community experience.”

AGI! Team Leader

Initial assessment (see Section 4)

The whole family is invited into and included in the AGI! assessment process. Initial assessment in AGI! includes in-depth discussion about the caregivers’ experiences of their own childhood, their view of family structure and how intergenerational trauma may have impacted their lives.

The cultural strengths of the whole family, including the child’s view of these, is captured by the Cultural Strengths Mapping Tool used in the initial assessment (See Section 4).

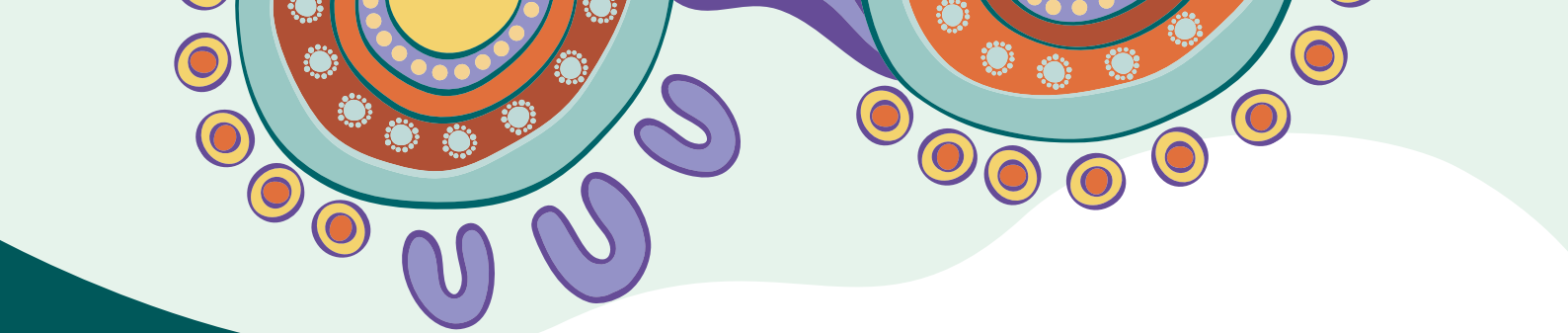
Group sessions:

- ☀️ As noted above, more than one caregiver (including grandparents etc) is invited to attend targeted group sessions and siblings can also attend group as required.
- ☀️ Sessions include discussion of critical whole of family issues such as intergenerational trauma. While these issues are not explored in the Got It! program, the AGI! team and the families that participated, felt that it was important to capture the impacts of colonisation on community and family structures and highlight Aboriginal people’s resilience in overcoming trauma – rather than highlighting only the vulnerabilities that trauma can cause, as many programs do.

Adapting strategies and techniques to suit families:

The AGI! team adapts the Got It! parenting strategies and techniques they teach so that they are consistent with the lived experience of participating families, which includes living in households with multiple children, blended and extended family members etc.

“Looking at a family as a whole. There’s no point... teaching them in isolation how to deal with that one child when they’ve got three or four other children as well. So, it’s about helping them to deal with that child and their other children. Maybe using similar techniques in different settings or helping them to think about times when they can just have some quiet time with that one child. Helping



them to think about, actually I do have a little bit of time I could use for that. So, fitting it into real-world settings, I think is being holistic because that's what we do".

AGI! Team Member

Referrals:

AGI! provides care coordination for the whole family. This means that the whole family takes part in assessments and that referrals and individualised counselling are made available to all family members who require and want them.

Flexibility

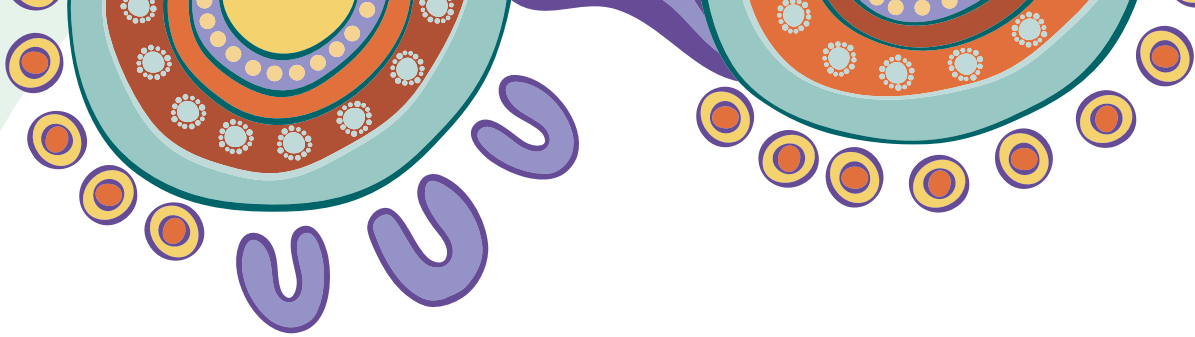
The AGI! team found having the structure of the Got It! Program to be extremely useful, but that it was best used as a foundation that could then be tailored to suit various local contexts, communities, schools, and families. Flexibility was found to be essential in all areas of AGI! service delivery from both a cultural and practical standpoint. Some of the key areas where the culturally adapted model was implemented flexibly compared to Got It! are noted here:

Extending the age range:

The Got It! program typically only includes children in Kinder-Year 2. The Aboriginal GOT IT! program was also delivered in preschools, and for primary school children from K-3, at the request of participating schools. Partner schools reported that many children needed extra support with their emotions and behaviours as they approached the transition to primary school, and that many Year 3 students were still facing the behavioural challenges common among younger children. Accommodating these requests necessitated some changes to the program, such as making the content simpler and more focussed on visuals and games. The results of the evaluation suggest that the AGI! program was able to be successfully implemented from preschool to Year 3. Interestingly, the AGI! team reported that many of the changes made with a preschool cohort in mind worked well for primary school aged groups too – they notably made the program better suited to children with developmental delays but were also well received by other participants.

Allowing different caregivers to attend sessions as needed:

While having the same caregiver attend all AGI! sessions would be ideal from a consistency and learning perspective, the AGI! team recognised that enforcing this rule would exclude many families from participating. In order to include all children who would benefit from the program and who had families who were supportive of being included, the AGI! team allowed different carers to attend AGI! sessions as needed, and more than one carer to attend from a given family if desired. The AGI! team was able to accommodate this as due to information collected using the



Cultural Strengths Mapping Tool (see Page 54) they were aware of the important family relationships relevant to each child. The team planned who could attend group sessions with each family before the group program began.

This flexibility was also helpful in meeting the need for extra sessions for extended family noted in the mainstream Got It! program. Some Got It! teams had attempted to offer extra group sessions to meet this need, however, this approach was reportedly unsuccessful.

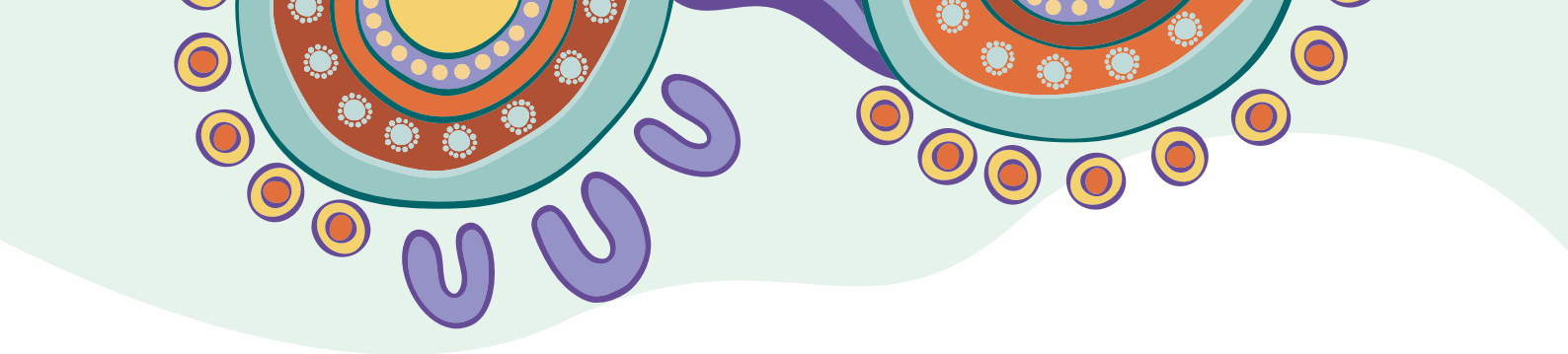
Allowing siblings/other relatives to attend sessions as needed:

As above, it was recognised that many busy families with multiple children would not be able to attend the program if they were required to find childcare for other children in the family to do so. As a result, other children in the family were allowed to attend sessions as required. While this added complexity to running targeted group sessions, the team observed that it also offered many benefits including:

- ☀️ Teaching and practising skills in an environment which better reflects the circumstances in which the skills and strategies being taught would be used in real life.
- ☀️ Providing the team with a more realistic representation of what families were dealing with at home by allowing them to observe family interactions
- ☀️ Giving parents the opportunity to practice having one to one time with one of their children with multiple children around and to learn attachment activities that can be done as a family.
- ☀️ Giving siblings of children in the targeted group the opportunity to learn the same strategies as their brother or sister (in some circumstances).

Flexibility around eligibility criteria

- ☀️ Looking beyond SDQ scores for initial screening: Eligibility criteria for the Got It! Program centre initially on parent and teacher-reported scores on the Strengths and Difficulties Questionnaire (SDQ).¹² While this screening tool has been found to be acceptable and valid for use amongst Aboriginal children in NSW, its clinical validity (the extent to which scores on the tool agree with clinician judgement) is not yet known.
- ☀️ The AGI! team also reviewed SDQ scores in making assessments on which children may be suitable for program entry, however, it was not the sole criteria used. The AGI! team also collaborated with teachers and professionals from external services to identify children who might benefit from AGI! In addition, they rang families from participating schools who had submitted their SDQ screening forms to ask if they wanted to be included in the program, and if it was not possible to include them at that time, to explain why. These conversations sometimes led to families being included, either in the targeted group or being supported to receive care coordination without attending groups.

- 
- ☀ Including children with diverse and complex needs: Most Got It! teams do not include children with developmental complexities in their targeted groups, considering that they require individualised interventions. AGI! successfully included children with a range of developmental complexities in their targeted programs. This inclusiveness and flexibility is in keeping with Aboriginal ways of caring.

Flexibility in modes and locations of service delivery:

Home visiting is not a core component of the Got It! model but was used frequently in AGI! to accommodate the busy lives and complexities of participating families. Home visits were often used to collect routine outcomes measures and conduct assessments. Home visits were also used to allow out-of-session ‘catch up sessions’ for families with multiple caregivers. This helped to ensure that those who were unable to attend some, or all targeted group sessions were still able to learn the AGI! strategies and skills being taught (while allowing the family members who had been able to attend the sessions to further solidify their learning). In addition to being convenient for families, home visits also offered the AGI! team the chance to gain better insights into the lives and needs of participating families by observing their home life.

Other elements of flexibility in mode and location of delivery: Flexibility in service delivery has been necessitated during the implementation of AGI! due to the COVID-19 pandemic. To accommodate changing COVID rules and restrictions, at times elements of the program were delivered on-line, or groups were conducted in person but not on the school site. Extra sessions were sometimes added, and online group sessions were sometimes shortened to account for the different challenges of maintaining attention and engagement virtually. While these changes were necessitated by COVID, the team believes they should always be considered in order to best fit the program to the needs of each cohort, school and community.

Adapting the program to align with the work of participating schools

The AGI! team worked in partnership with participating schools to make the integration of the program into school systems and structures as seamless as possible. For example, if the school had pre-existing programs or policies that overlapped with AGI! themes or content, the team worked with the school to ensure that AGI! enhanced or complimented these. The team also worked closely with partner schools to identify children who might benefit from the support of AGI! and to deliver the program at a time and using a modality that suited the school (for example, some schools elected to pause the program during COVID as they did not think online delivery would work for their families).

The AGI! team were also responsive to requests from partner schools to provide help and advice regarding social and emotional wellbeing, even for cohorts outside of the AGI! range. To date, this has ranged from providing formal or informal advice to teachers to delivering information sessions to older students on social and emotional wellbeing-related issues at the request of the school.



Flexibility with program content

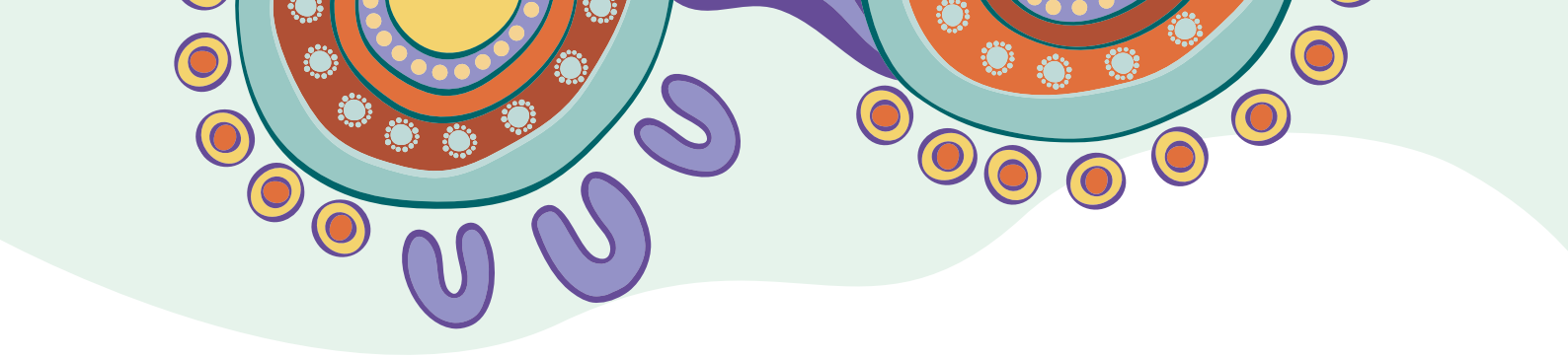
Lastly, the AGI! team were flexible in terms of program delivery content. While the overall foundations of Got It! were utilised, the specific content of each session was carefully planned to suit the characteristics and needs of the children and parents in each targeted group. For example, if several children in a given group had speech difficulties, the AGI! team would use more play-based activities and less question-and-answer style sessions. The team has noted that they have a 'toolbox' of activities and strategies, allowing them to select the ones that best fit each group.

Holistic

The Got It! Program is designed to decrease disruptive behaviours, and ultimately the incidence of conduct disorder, amongst participating children. The AGI! Program takes a more holistic approach, focussing on improving child and family social and emotional wellbeing more broadly, and attending to critical factors that impact these when providing referrals and supports. This holistic approach reflects Aboriginal understandings of health and wellbeing and aligns with current evidence regarding optimum approaches to improving child social and emotional wellbeing.

Key features of the holistic approach used in AGI! include:

- ☀️ A whole-of-family focus: Families are viewed as interconnected with the wellbeing of one impacting the wellbeing of all others. The team believes that to change a child's life you have to work with the entire family.
- ☀️ Continual assessment and early referral and support for challenges identified – these challenges may be related to social and emotional wellbeing, or things that may cause or impact social and emotional wellbeing challenges (like insecure housing, speech and language problems, parental or sibling mental health challenges).
- ☀️ Continually adapting practice to meet the needs of families.
- ☀️ Collaborating with external services to support families.
- ☀️ Helping families to connect with culture outside of the group (e.g. attending culture camps, introducing families to Aboriginal Medical Service staff, taking them to community events).
- ☀️ Attending school meetings with the family if their child is having difficulties. Assisting the school to bring parents in to meet with teachers if they are finding this challenging.
- ☀️ Allowing families to discuss the issues that are concerning them rather than shutting down discussion of things that do not align with the program's focus.

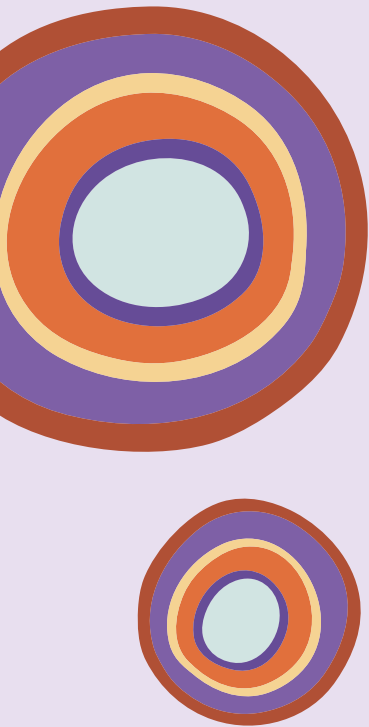


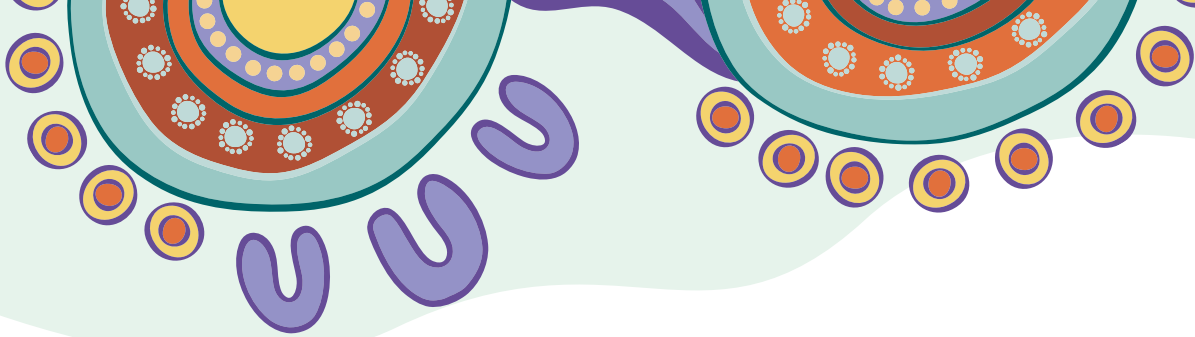
Tips for implementing a holistic model of care

Providing holistic care for children and families is time and resource intensive but has the potential to make a real difference in people's lives. In order to make this model of care work, the AGI! team suggest the following:

- ☀️ Understand the complexity of Aboriginal families. Make the time to learn about all the families in your program and their unique strengths and needs.
- ☀️ Reframe and renegotiate KPIs: The focus should be on targeted outcomes and the bigger picture of how the community is supported, not on the number of children or groups who complete the program. The complexities and vulnerabilities of Aboriginal families must be acknowledged and considered when setting KPIs.
- ☀️ Keep records of the work your team is undertaking. So you can justify your work and the time required.
- ☀️ Don't rush things.
- ☀️ Implement structures that allow flexibility. Flexibility is key to providing culturally responsive care.
- ☀️ Establish regular case conferencing with the services involved with each family early in process to facilitate referrals, and the sharing of knowledge and skills.
- ☀️ Continually assess and respond to families' needs AND work consistently on discharge planning. Set up mechanisms through which families will be able to continue to access support when their time with your program is over.
- ☀️ Make the most of the diverse skills, experience, and knowledge of your team members. Each family will be assigned a lead worker; however, teams should utilise their knowledge of their teams' skills to understand who is best placed to deliver which aspects of care to which clients and enable them to do so.
- ☀️ Advocate for your clients and for your program within your organisation.
- ☀️ Prepare children and families to experience change during the program and beyond.

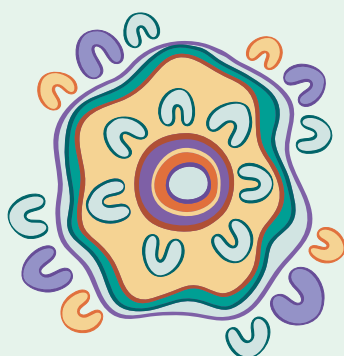
Build sustainability into your model. Capture the learnings and insights of different team members in project documentation (e.g. session plans, activity protocols, written resources) so that when a staff member moves on their knowledge is not lost.





Aboriginal GOT IT! Case Study Example 1.

This case study provides an example of the holistic interventions undertaken by the AGI! team and the types of cultural identity information gathered about families during the assessment phase which assists in determining the need for referrals to culturally specific services and Aboriginal Community Controlled Organisations.



H was a seven (7) year old Aboriginal girl in Year 1 who lived at home with her mother (Aboriginal), father (Aboriginal), and four (4) siblings.

H's mother reported that she has strong cultural connections held outside of the South West Sydney area and that she goes back to her traditional Country often. H's father recently found out he is also Aboriginal but doesn't know where he's from. The family also has a strong connection to a community within the South West Area.

H's maternal family are Aboriginal and her maternal great grandmother was part of the Stolen Generations. It was reported that when the maternal great grandmother used to speak about her experiences as part of the Stolen Generations, she would become emotional and start crying.

H presented to AGI! as a result of elevated scores on both the Teacher's and Parent's Strengths and Difficulties Questionnaires (SDQ), which indicated she was experiencing difficulties with her emotions at home and at school.

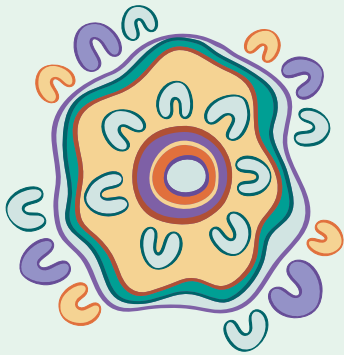
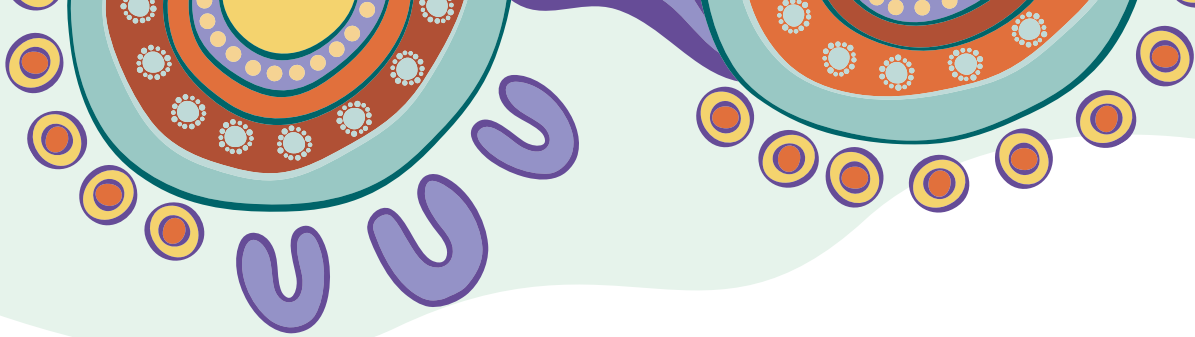
At the assessment interview, H's mother reported that H had speech difficulties, low confidence, was nervous when she went out, extremely shy, yelled a lot, had a loud voice, and became frustrated because she was not understood. She liked to play alone because she didn't have many friends because they couldn't understand her speech. She got frustrated and yelled at peers and they thought she was aggressive. She also reported that H was hyperactive (bouncing off lounge chairs), could not sit still, could not sit down to do homework, and lost interest in activities quickly.

H's mother reported that generally, H was an anxious and shy but happy child. She was friendly but loud and sought affections from her parents. She was quiet in the classroom but loud with her friends and at home. When H was frustrated, she would scream and yell. H didn't like unexpected change as it made her anxious.

As a result of the assessment information gathered from H and her mother, they were invited to be a part of the Aboriginal GOT IT! Program.

In Child Group, H appeared quiet and reserved, and spoke very softly and was often difficult to understand. At times, she appeared unsure of what was expected of her and required frequent re-enforcement, prompting and time to process instructions and questions. 'H' repeatedly responded to questions with "I don't know" or with a smile and shrug of her shoulders.

At the end of the program, H's mother said she found the program helpful, and it helped her be more patient and listen more to her children.



In addition to the Program, Home visits by the psychologist and the Aboriginal Health Worker were conducted to consolidate the learning from the Program and cover themes and topic H and her mother may have missed out on.

Referrals and Care coordination

As a result of the difficulties observed, the Team Psychologist referred H to the Community Paediatric Clinic for assessment of her overall health and well-being. H was seen by the Community Paediatrician who recommended she have a vision check, hearing test, speech and language assessment, and a psychometric assessment. The Team Aboriginal Health Worker provided transportation and accompanied H and her mother to the appointment.

The Team Aboriginal Health Worker referred H for a Vision Test where she was assessed as not having any concerning issues at this stage. The Team Aboriginal Health Worker provided transportation and accompanied H and her mother to the appointment.

The Team Psychologist conducted a WISC-V psychometric assessment with H where her Full-Scale IQ (FSIQ) score fell in the Extremely Low range when compared to other children her age. (FSIQ = 69; 2nd Percentile).

The Team Psychologist administered the Adaptive Behavior Assessment System - Third Edition (ABAS-3)-Teacher Rating Scale and Parent Rating Scale. H's scores on the Communication skills, Functional Academics skills, Leisure skills, Self-Care skills, and Social skills fell in the Low range of adaptive behaviour functioning, indicating a great deal of difficulty in those areas of functioning.

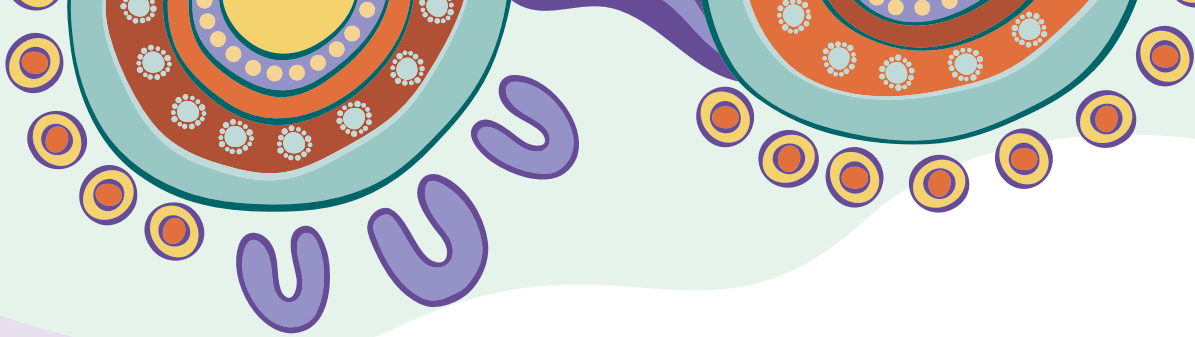
The Team Nurse/Clinician referred H to Rainbow Cottage and Ready, Set, Go! for speech assessment and therapy where she was assessed as having Severe Expressive and Receptive language difficulties. It was recommended that H had ongoing speech therapy intervention. The Team Aboriginal Health Worker provided transportation and accompanied H and her mother to the appointment.

The Team Nurse/Clinician referred H to Hoxton Park Community Health Audiometry Clinic for hearing assessment where her hearing was found to be normal and no obvious scarring was seen on her tympanic membrane. The Team Aboriginal Health Worker provided transportation and accompanied H and her mother to the appointment.

The Team Nurse/Clinician referred H for brokerage, transport and health education support services coordinated with Marumali. H was provided with ongoing speech therapy by Learning Links with brokerage support from Gandangara Health Service.

The Team Aboriginal Health Worker provided transportation and accompanied H and her mother to the Occupational Therapy assessment appointment at Rainbow Cottage.

The Team Aboriginal Health Worker and Psychologist referred H to Gem Complete Health Services (NDIS Provider that help with NDIS applications).

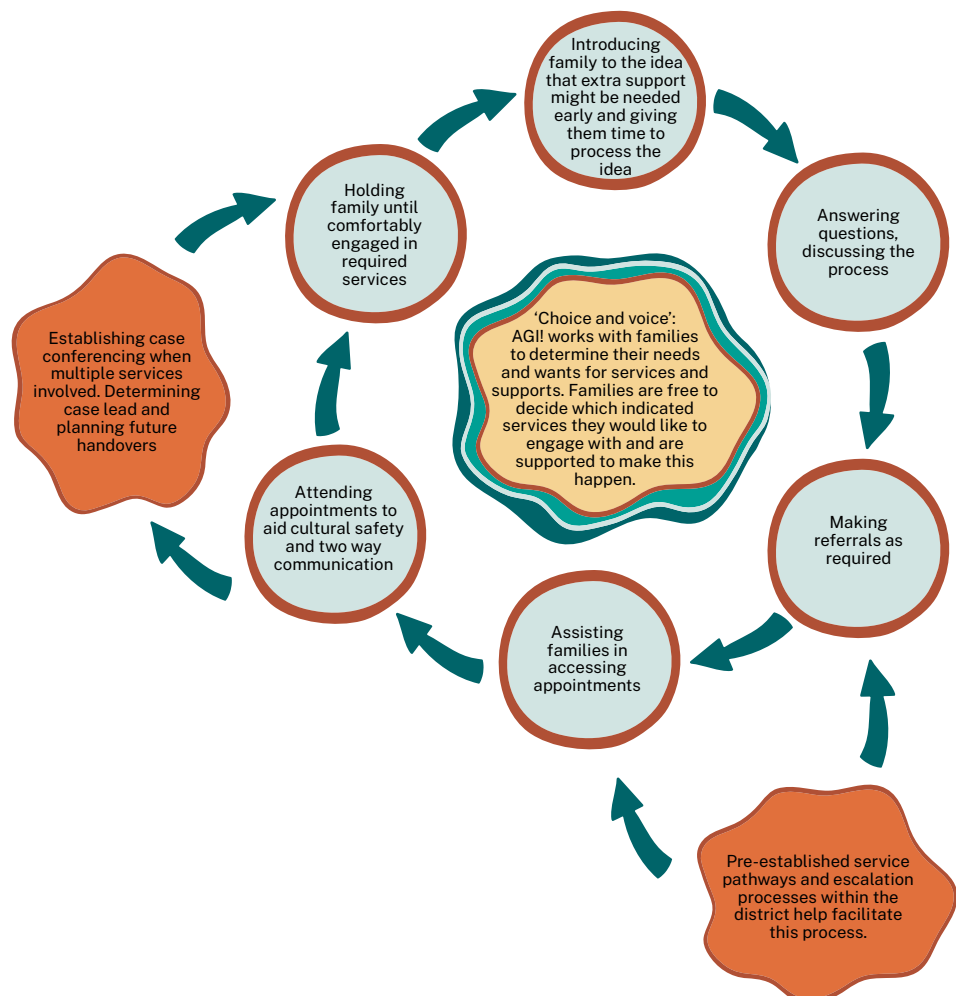


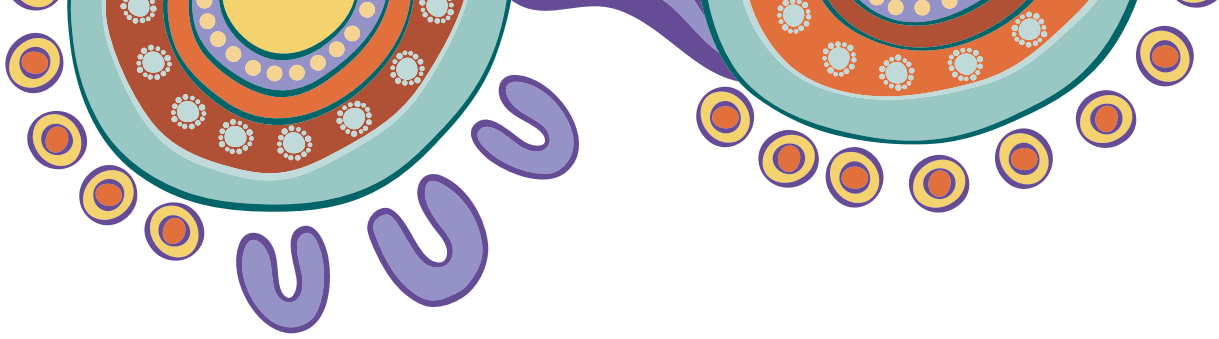
Coordinated care approach

A key feature of the Aboriginal cultural adaption of Got It! is the adoption of a coordinated care approach (Figure 4). A lead staff member is assigned to each family, using information gathered using the Cultural Strengths Mapping Tool to determine best fit. Key aspects of the AGI! coordinated care approach include ensuring that participating families have ongoing support from an Aboriginal team member and that they can access culturally informed services and supports as required. A coordinated care approach requires flexibility in service delivery, as outlined above.

As many families have high levels of unmet need for services when they commence the AGI! program, a major aspect of the coordinated care approach involves working with families to determine which services and supports may benefit them. Families are free to accept or decline suggested services and supports. Where they do wish to engage with indicated supports, the AGI! team worked intensively with them to make this happen.

Figure 4. The Aboriginal GOT IT! Coordinated Care approach

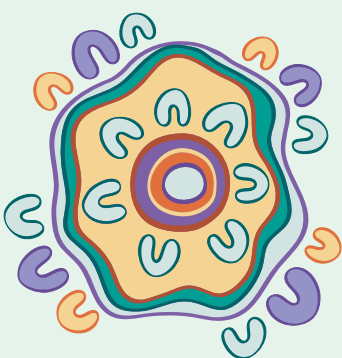




“...Right from assessment when we identified that there are issues with that family, we need to act on them soon because we all know that us black fellas take a long time to – and sometimes it’s not even that – the parents need time to actually see that that’s an issue. So, we bring that from our clinical background that we think that this is an issue. We don’t push the parents into it, we explain what our concerns are. As we develop that trusting relationship, they’re like, okay, we can see where you’re coming from now. We can see how maybe addressing that issue would help our child academically or socially down the track.”
AGI! Team Member (Aboriginal Health Worker)

Aboriginal GOT IT! Case Study 2.

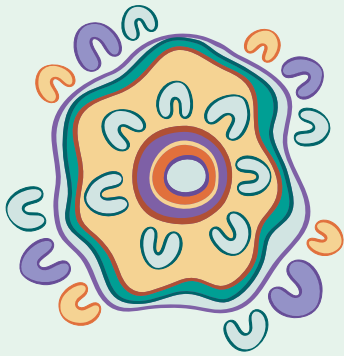
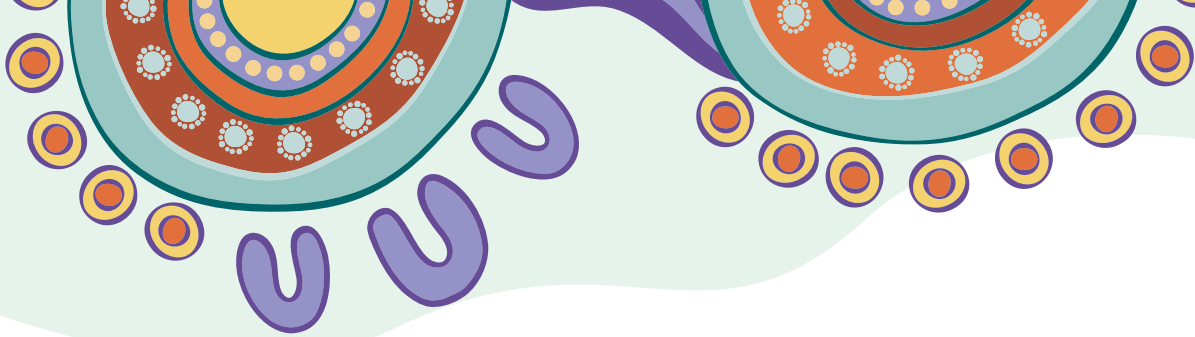
This case study provides example of how the AGI! team utilise a coordinated care approach to provide additional therapeutic interventions, beyond the targeted group program. Aboriginal identity can come with many complexities and it has been noted that even when families have limited connections with their traditional culture that there are still benefits to including Aboriginal Health Workers in their care, and that the impacts of colonisation are still felt generations later.



T was an eight (8) year old Aboriginal girl who lived with her mother, father and two (2) siblings. T’s mother reported that her maternal grandfather identified as Aboriginal but he didn’t like to talk about it. She reported that she is very connected with her family and that they don’t get too involved with any local Aboriginal Services or community events.

T presented to AGI! due to elevated scores on both the Teacher’s and Parent’s Strengths and Difficulties Questionnaires (SDQ), indicating that T was experiencing conduct and peer difficulties at school, and conduct, peer, and hyperactivity difficulties at home.

At intake assessment T’s mother reported that she had been diagnosed with ADHD and ODD by a Paediatrician who prescribed Ritalin (10mg morning and midday) and Catapres (100mg at night). She described T’s behaviour as hyperactive with many tantrums, bullying, bossing, hitting her siblings, hitting and kicking walls and doors, and continuously telling her family and others that “she doesn’t want to be here anymore” and that “no one loves her”. A 30 minute classroom observation was also conducted by the AGI! Aboriginal Health Worker.



As a result of the assessment information gathered, T and her mother were invited to be part of the program. The program was due to commence in July 2020 but was cancelled due to COVID-19 restrictions.

Treatment & Program

As a result of T's emotional and behavioural presentation and her mother's struggle with managing these behaviours, the Aboriginal GOT IT! team decided to provide T and her mother with weekly CBT therapy sessions to support T's emotional wellbeing until the AGI! Program could commence.

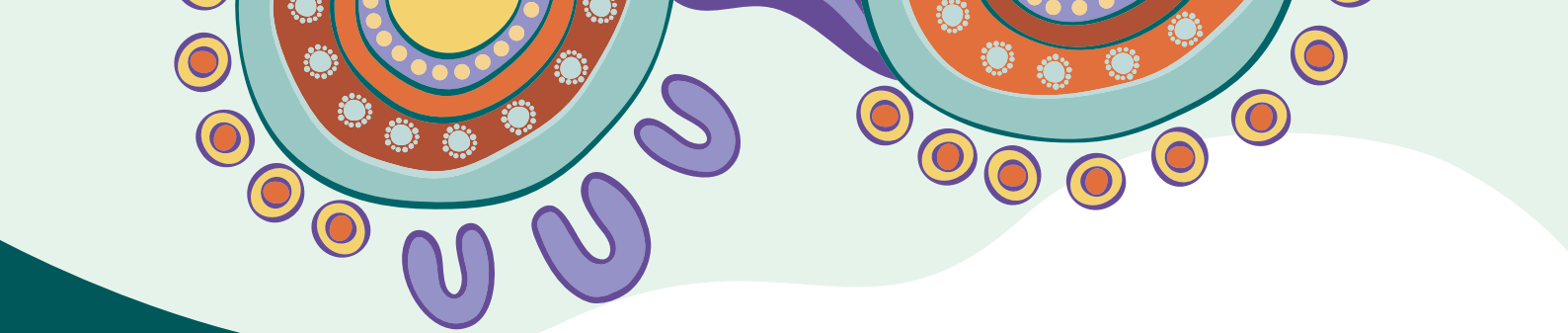
From July 2020 to September 2020, the Aboriginal Health Worker and Psychologist provided T and her mother with weekly therapy sessions incorporating psychoeducation, relaxation exercises, self-care, feelings/emotion recognition, fears and worries checklist, realistic thinking, communication skills, problems solving skills, 'Stop, Think, Do' and other parenting strategies.

In October 2020, The Aboriginal GOT IT! program commenced, and T and her mother completed the program. Ts mother reported that she had noticed a positive change within T and that she felt she was a better parent because of attending the program. The mother reported that the strategies learnt were useful at home, particularly 'Planned Ignoring' and 'Stop, Think, Do'.

Inclusive of intergenerational trauma and its impacts

"I think that we didn't label it in the beginning – some of the changes that we were making, some of the adaptations we were making to accommodate the fact that a lot of our families had a trauma background. Whether they recognised it or not, whether it was a large degree or a small degree, I would say that most of our families have a background of trauma to some degree or another. Whether that is from their Aboriginal background, whether that's from low socio-economic background, whatever. Again, if you didn't have that background then what we're teaching you about this is not going to harm you. It just opened your eyes to it."

AGI! Team Member

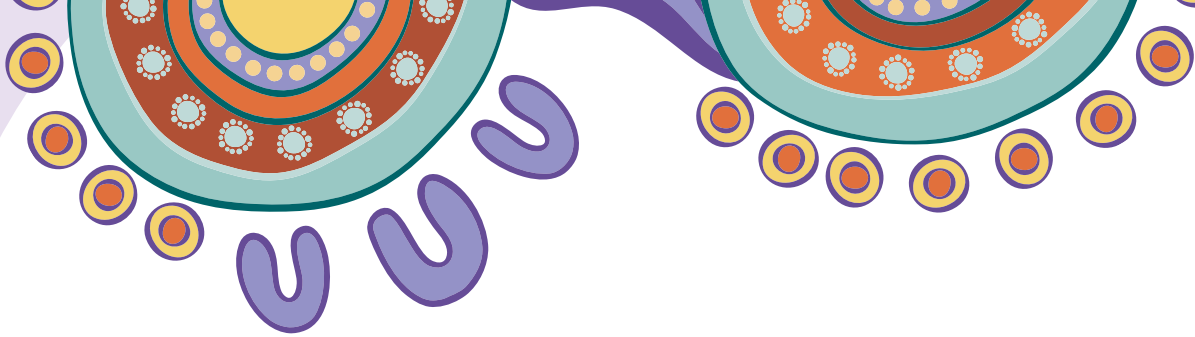


One of the first Aboriginal cultural adaptations made to the Got It! program was the inclusion of discussions about intergenerational trauma. Originally these conversations did not begin until around week 8 of the program, but it soon became clear to the team that it was important to acknowledge trauma from the beginning of their work with families.

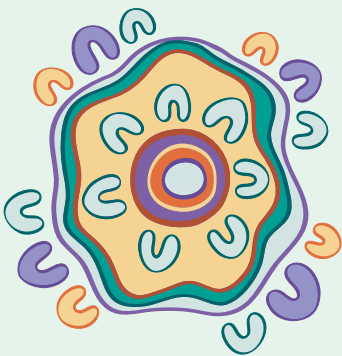
Any program considered for an Aboriginal cultural adaptation needs to discuss and acknowledge what Aboriginal families and communities looked like traditionally – they were functional, with clear structures, customs, and laws. Further, it must be recognised that the colonisation of Australia, the systematic racism and oppression that have accompanied it, and the ongoing Stolen Generations, have caused large scale disruption and inflicted significant, ongoing trauma on Aboriginal people. Despite this, Aboriginal families and communities have survived, they have maintained cultural structures and strength and pride in connections to community, culture and land. Discussions about trauma should always incorporate this strengths-based lens.

Acknowledging what has happened to Aboriginal people, and their strength and resilience despite it, is an important foundation for the Aboriginal GOT IT! program to begin from. This discussion and acknowledgment includes consideration of:

- 'Western' parenting methods not being the only way of parenting. Aboriginal practices are different and equally valid.
- The impact of forced child removal on the way that participating parents were parented. This is both due to the impacts of not having been parented (for victims of the Stolen Generations) and through fear of forced child removal and repressive government policies (this applies even to parents who were not themselves removed).
- How intergenerational trauma, and particularly the ongoing Stolen Generations, have impacted many Aboriginal people's connection with and knowledge of, their culture. This insight is important for group members who both do and do not have a strong connection to culture. It helps parents to understand their cultural journey, and that of other members of the group, and reduces the risk of lateral violence.
- Self-care and the coping techniques people use to survive trauma. Some of these are beneficial (such as cultural healing practices, seeking connection etc) and others are not (such as drug and alcohol use). Framed in this way, discussions about trauma give parents/carers the opportunity to gain insight into how their vulnerabilities (and those of others) have emerged and the behaviours that may have developed as a result.
- These insights are often very illuminating for non-Aboriginal parents and carers in the program, helping them to better understand their Aboriginal family members.
- The resilience of Aboriginal people. Despite the devastating and ongoing impacts of colonisation, Aboriginal people have survived and maintained a strong culture and strong connections.

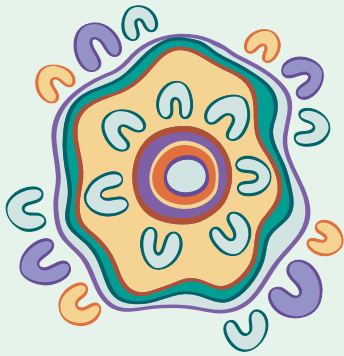
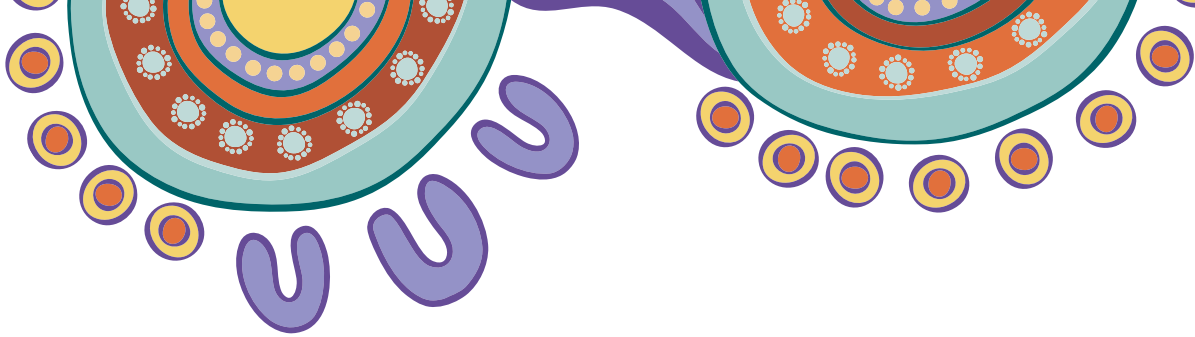


“I see that it works really, really well because then their history starts making sense to them, because I think most of them have closed off, like okay, this is how we’re living today, this is our life, but then when we do all the background, the Stolen Generations, transgenerational trauma, where they’re from and all that, I think it puts it in perspective so then when we do the program, they feel like, okay, we were parented this way, it’s not our fault, it’s not their fault, this is what’s happened, I can make a difference.”
AGI! Team Member



How the AGI! team includes discussion of intergenerational trauma in their program

1. Family history of trauma is explored gently by an Aboriginal Health Worker at initial assessment using the Cultural Strengths Mapping Tool which includes questions about family history and connections – it is important for this to occur prior to any group work.
2. Before groups begin, the AGI! team maps the background and trauma experiences of families to identify things which might be triggering for them. They plan how they will approach these issues, including what actions will be taken and by which team member.
3. Mechanisms are set up outside of the group for parents who need additional support. Families are able to contact the AGI! team out of session.
4. When trauma is spoken about during the group program (parent’s group only), the team frames it as an opportunity to learn about trauma – not a time for individual trauma disclosures (as above, there is space for parents to work with the AGI! team on this outside of group if they want to).
5. Information about trauma is relayed to the parents group using a range of videos and resources with minimal in-room lecturing. This is both to make the sessions more engaging and to allow the team to be fully present for how the group are absorbing the information.
6. Discussions of transgenerational trauma must be facilitated by an Aboriginal person.
7. Trauma is not just discussed in a single session; it is touched upon throughout the program, making contacts and connections. Importantly, discussions about trauma within the program use a strengths-based lens.



8. When discussing issues related to trauma, it is important to give the group time to pause and reflect, and to think about their resilience. It is also essential that space is made for people who wish to talk.
9. Co-facilitation of sessions by a clinician and an Aboriginal Health Worker is particularly helpful when parents do disclose a trauma during group. The Aboriginal Health Worker is best placed to manage discussion around traumas of a cultural nature, while the clinician can help the parent out of session with trauma issues that lie outside of the cultural space.
10. Self-care is always a topic in the same sessions that transgenerational trauma is discussed. This is both to help equip parents with tools for taking care of themselves, and to allow discussion of some of the coping mechanisms (like drug and alcohol use or gambling) people may use in response to trauma. Acknowledging the role of trauma in these behaviours frames them in a non-judgemental way and gives insight into why their parents (or they themselves) may have struggled with them.
11. Cultural healing practices are often used to help the group process and heal from intergenerational trauma. Different practices will be appropriate in different communities and can only be used with the permission of relevant community knowledge holders. In South Western Sydney water cleansing dances and crushing gum leaves are often used.

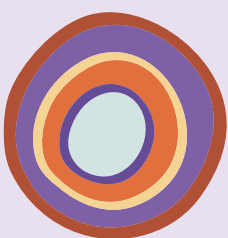
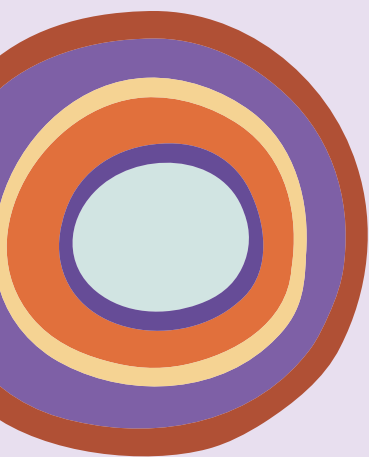
Resources and tools for including intergenerational trauma in your program

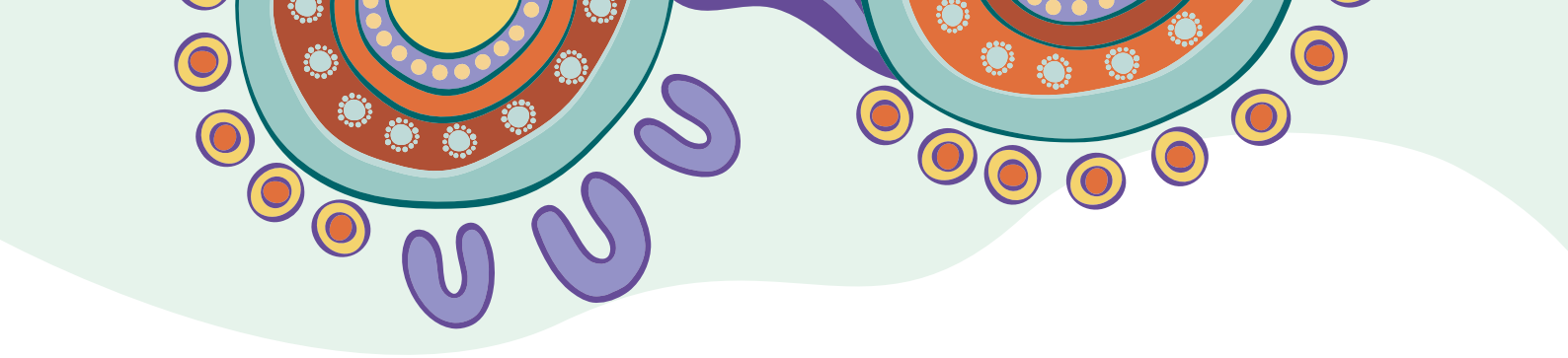
Educational resources

- ☼ The Healing Foundation video: [Youtube - Healing Foundation Intergenerational Trauma Animation](#)
- ☼ Healing wheel (page 87)

Healing techniques

- ☼ Guided meditations
- ☼ Progressive muscle relaxation
- ☼ Crushing and inhaling eucalyptus leaves
- ☼ Local Aboriginal healing practices (only used with permission from local knowledge holder)





Why are Traditional Healing Practices being used?

There are a range of traditional healing practices that are used across the Aboriginal GOT IT! Program. Some are used with the whole family, some with children individually and others with adults only. All traditional healing practices used aim to heal and cleanse mind, body and spirit. They are used alongside western psychological practices to compliment group learnings. The practices have been utilised to clear and prepare families minds to enter a new journey, heal or settle past traumas that may present during their time in the program, and assist with relaxation/ emotional regulation.

Some of the traditional healing practices in the program are performed by local Aboriginal Elders or Knowledge Holders who are invited into the group space. Other practices are performed/ taught by members of the Aboriginal GOT IT! team who have been given permissions by their cultural mentors to share with the families.

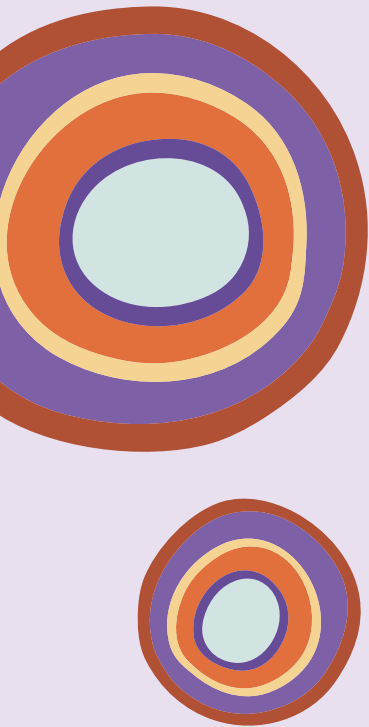
Eucalyptus leaves are used frequently throughout the program as they are a local resource found across the Dharawal, Darug and Gundungarra lands that the AGI! Team work across. Some healing practices used in the program originate from communities outside of the lands we work on. Decisions were made to include these practices as they are representative of the vast range of Aboriginal communities our families originate from (both the staff in the team and the community members that participate in the program).

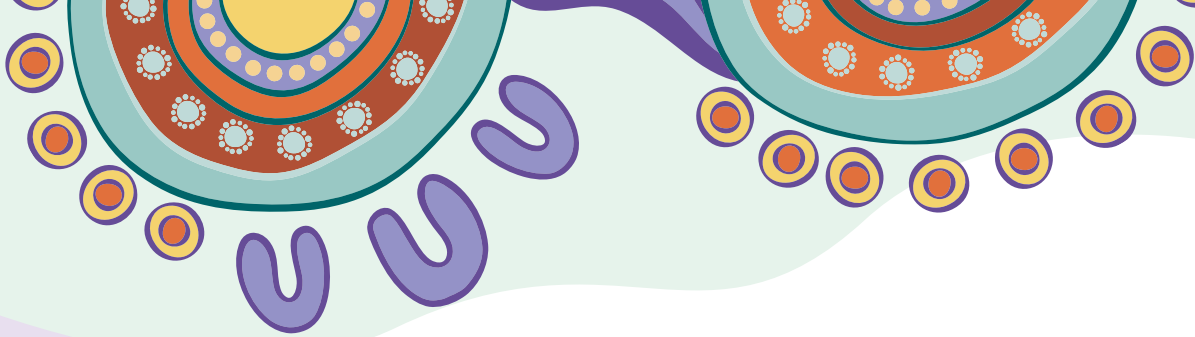
How are they used/done?

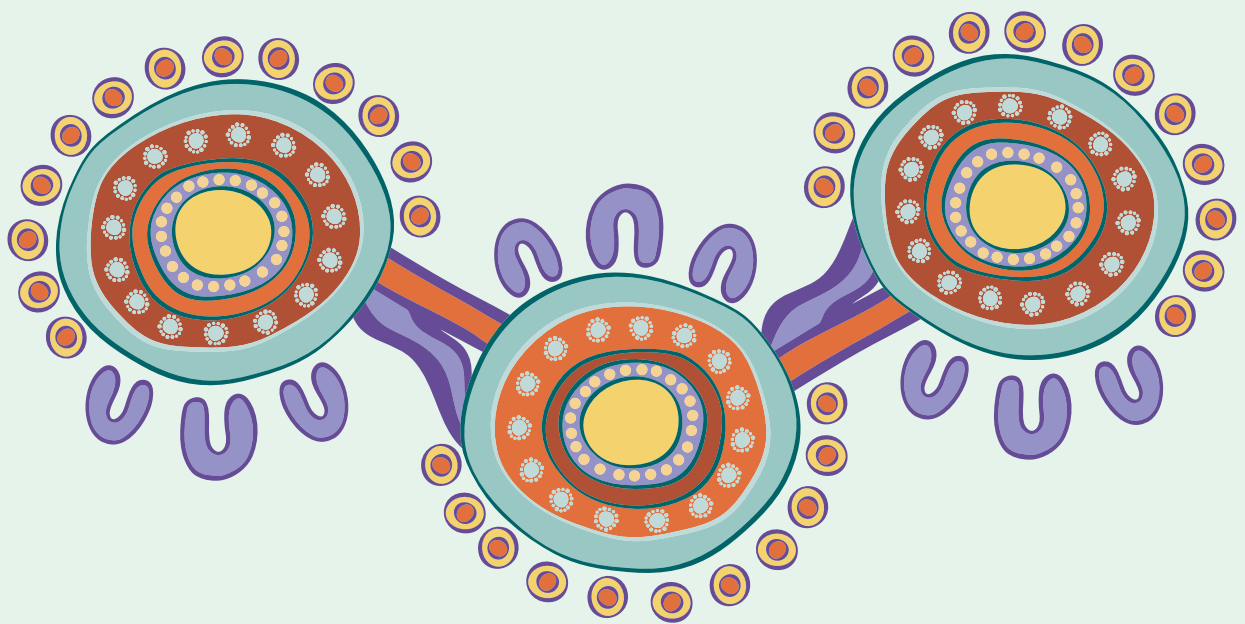
Specific write ups of each practice used are not appropriate to include in the Toolkit due to cultural protocols. Advice to teams wishing to include cultural healing into their program would be to seek guidance from Aboriginal Community Knowledge Holders and Elders in their specific work locations.

8 Aboriginal Ways of Learning Link:

We have identified that Traditional healing practices can have a link to any/ all of the 8 Ways of Aboriginal Learning aspects. Links depend on the type of ceremony or practice being performed.





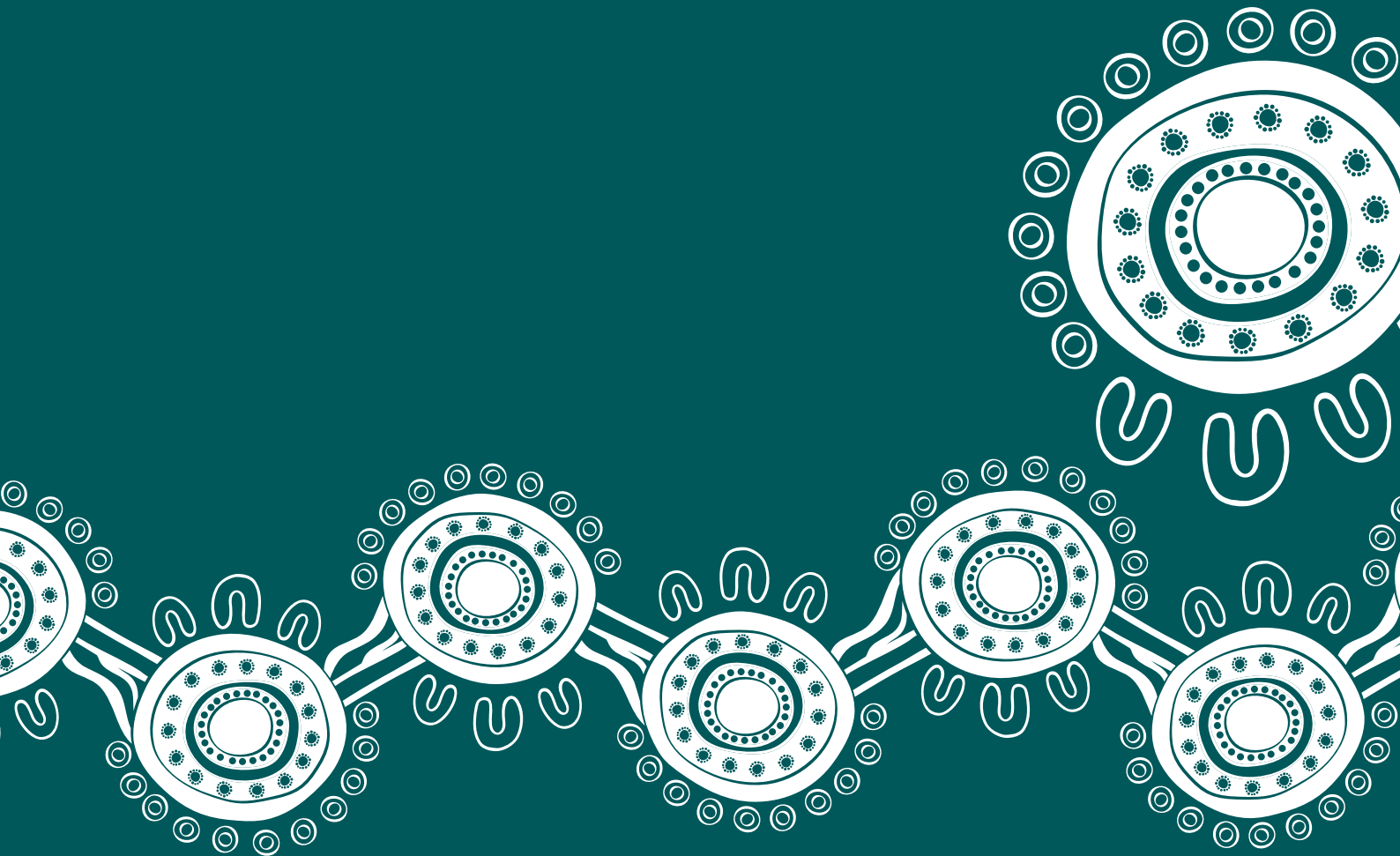


Collaboration

This element represents the collaborative nature of the South Western Sydney Local Health Districts Aboriginal Health team, and highlights that collaboration is held in high regard, whether that be with community members, The Aboriginal Got It! Program, with other stakeholders and service providers or internally within the team.



Section 4. Assessment





Section 4. Assessment

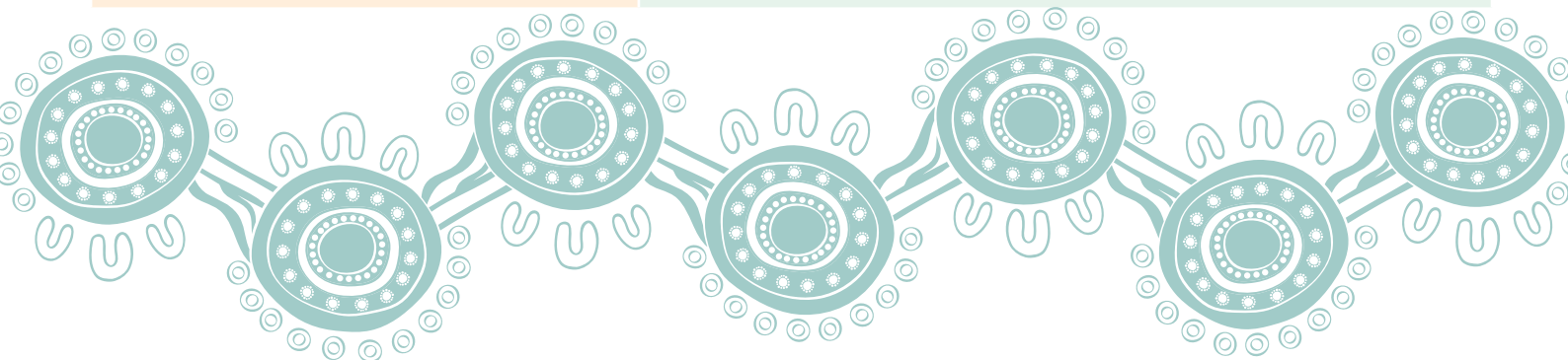
A key part of the Got It! and Aboriginal GOT IT! programs is routine assessment of participating children and their parents/carers. While the Aboriginal GOT IT! program has utilised the battery of assessments used in the Got It! program, they have culturally adapted the process of collecting measures and have collected additional, relevant information using the Cultural Strengths Mapping Tool created by SWSLHD. Table 3 below highlights some of the differences between how assessment is approached in Got It! and Aboriginal GOT IT!

Table 3. Routine assessment in Got It! compared to Aboriginal GOT IT!

Mainstream psychological assessment processes	AGI! culturally adapted assessment processes
<p>In Got It!, SDQ screening tool results (completed by parents/carers and teachers) are used to determine which families to invite for initial assessment.</p>	<p>SDQ screening test results are used to identify families to invite for initial assessment. The AGI! team also consults with teachers and community contacts (e.g. relevant staff at local Aboriginal Health Services) to determine if there are other Aboriginal children at the school who may benefit from AGI!. Families identified in this way are also invited to attend an initial assessment.</p>
<p>Assessments are completed inside, often in a clinical environment (families come to a clinical space) or in a school classroom.</p>	<p>Assessments are completed at a place where families are already comfortable (AGI! team go into the family's space). This can still include clinical or school spaces however families have a choice in where the assessment is conducted.</p>
<p>Initial assessments are completed by clinicians. Aboriginal Health Workers may also attend initial assessments with Aboriginal families at some LHDs to provide cultural safety, however, the clinician generally leads the session.</p>	<p>Assessments are always conducted as a collaboration between a clinician and an Aboriginal Health Worker (even if the clinician is Aboriginal). Clinicians and AHWs will lead different sections of the assessment.</p> <p>The Aboriginal Health Worker has a defined role in the process and families are made aware of the role that the clinician and the AHW will play in the process. A key aspect of the AHWs role is to begin the session by asking the family questions to do with their, and their family's, connection to culture.</p>
<p>Assessment includes consideration of a child's developmental history, current functioning, and behaviours of concern</p>	<p>Assessment includes consideration of the parent and broader family's life story (see below) as well as discussion of the child's developmental history, current functioning, and behaviours of concern.</p>



Mainstream psychological assessment processes	AGI! culturally adapted assessment processes
<p>Assessment is focussed on conversation with the primary caregiver about the child (in addition to the completion of assessment tools, see below).</p>	<p>A key component of the assessment is play based and conducted by the Aboriginal Health Worker. It includes play designed to explore a broad range of factors including the child’s social and motor skills, ability to read and write, and cultural knowledge and connection</p>
<p>A standard battery of assessment tools is administered at intake and throughout the program.</p>	<p>A standard battery of assessment tools administered at intake and throughout the program PLUS the Cultural Strengths Mapping Tool.</p> <p>This tool captures “information on the family’s cultural strengths and community connectedness to assist Aboriginal Health Workers (AHWs) and Aboriginal Clinicians to design culturally safe interventions to assist in developing the wellness of the individual and family. The tool comes from a strength perspective, responses to questions can help prioritise where the family would like to focus and can assist the AHWs and Aboriginal clinicians to highlight areas that could strengthen cultural identity and connectedness.”¹³</p>
<p>Decisions around which children should be accepted into the targeted program post initial assessment focus on child behaviour.</p>	<p>Decisions around which children should be accepted into the targeted program consider the child’s behaviour within the context of their family and community. Holistic assessments are made, taking into account things like transgenerational trauma.</p>
<p>In many clinical environments, the assessment process may take several weeks, with decisions as to whether a child will be invited to use the service on an ongoing basis not made until assessment is complete.</p>	<p>Families are part of Aboriginal GOT IT! as soon as they indicate that they would like to be. The question is not if AGI! will help them but how they can best help them.</p>
<p>Once a clinical formulation has been arrived at, assessment is complete (although outcome measures are collected at regular intervals)</p>	<p>Assessment is ongoing and families are assisted, if interested, in accessing support for any significant challenges identified during their engagement with the program.</p>





“A mainstream assessment, like ICAMHS, it is less personal because when we used to go into that assessment, we just wanted to know about the kid, his behaviour, what’s he been diagnosed with, blah, blah, blah and that was it. Then we take that. But with Aboriginal families, it has to be holistic because there’s a lot going on. They’ve come from trauma, transgenerational trauma and all that, so there’s a lot there...I’ve learnt that the –especially psychologically, that connection, it means a lot to them.”

Non-Aboriginal AGI! Team Member

Considerations for approaching assessment with Aboriginal consumers:

- ❁ Mistrust of mainstream health organisations and lack of cultural safety may mean that Aboriginal families find the assessment process particularly uncomfortable and may not feel safe to engage.
- ❁ The AGI! Team has observed that having an Aboriginal Health Worker (AHW) lead assessments in partnership with a clinician helps ensure that families feel comfortable, increases the extent to which families engage with the process (including staying in the program –not just being assessed and then opting out) and assists the clinician greatly with their work. In particular, the conversations that the AHW guides (drawing on the Cultural Strengths Mapping Tool) have been found to facilitate families opening up about many important aspects of their life, opening the door to critical conversations about transgenerational trauma and the impacts of the Stolen Generations. This helps the team to shape the Aboriginal GOT IT! program to suit the needs of each family. For example, when families require referral to external services, the Cultural Strengths Mapping Tool helps the team determine whether they would be best served by an Aboriginal-specific or mainstream service, and whether the presence of an AHW at mainstream appointments will be important to the family’s comfort and cultural safety.
- ❁ Understanding the child and their family’s **cultural identity** was found by the AGI! team to be an important piece missing in Got It! assessment processes. Other teams seeking to culturally adapt the program may also consider utilising the Cultural Strengths Mapping Tool. Participants in the AGI! pilot evaluation reported that they found completing this tool with their Aboriginal Health Worker helped them to feel known and understood. The AGI! Team, meanwhile, reported that the Tool was invaluable in building rapport and helping them to tailor the program to suit the different cultural strengths of participating families.
- ❁ It is important to explain to families at the beginning of the session that you will be taking notes, and why you will be doing so.





- ☀️ **Differences in language and interpretation can compromise accuracy:** Aboriginal families may not necessarily interpret assessment questions in the same way that clinicians do – moreover, clinicians may not always interpret the answers that Aboriginal families give correctly. These differences underscore the importance of conducting assessments in partnership with an Aboriginal Health Worker.

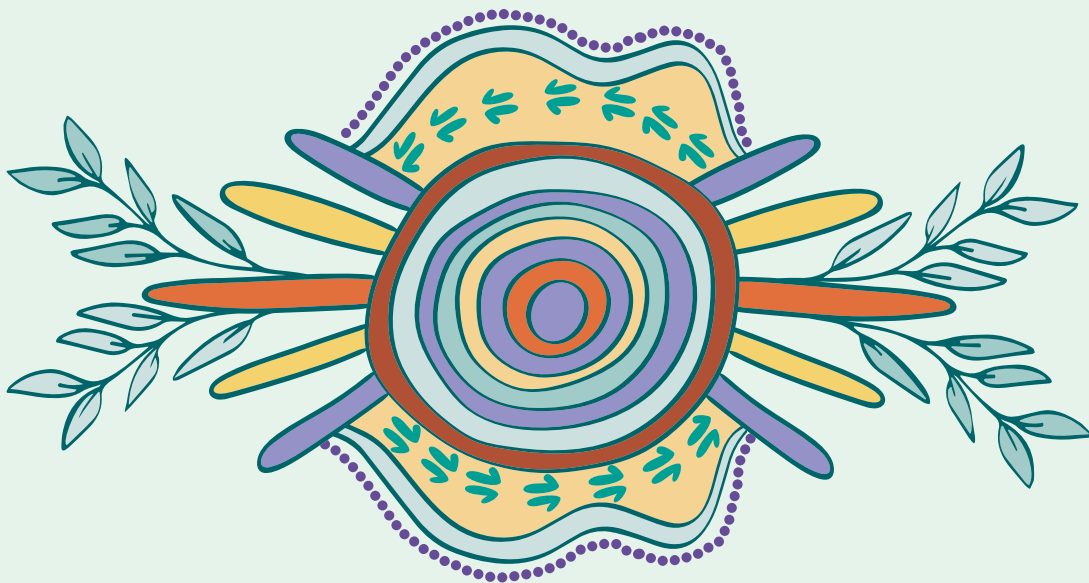
Spotlight on Cultural Strengths Mapping:

As part of intake assessment, the Aboriginal GOT IT! team use a Cultural Strengths Mapping Tool¹³, developed by the Aboriginal Health Unit at SWSLHD, as well as the usual Got It! assessment battery. The Cultural Strengths Mapping Tool includes questions on family composition, where the family is from and their connections to land, Country and language (if known) as well as community connectedness.

While the Tool is first used at initial assessment, the key concepts in the Tool are vital to the ongoing assessment that is a core part of the AGI! model.

The Cultural Strengths Mapping Tool has been found by the team to serve a number of purposes throughout the program including:

- ☀️ Enhancing initial rapport building with families – highlighting points of connection between Aboriginal staff in the AGI! team and participating families
- ☀️ Providing information on the cultural context of families which enables the AGI! team to in turn provide them with culturally responsive care
- ☀️ Helping the AGI! team to tailor the program to the unique cultural strengths and needs of each family
- ☀️ Providing the AGI! team with insight into key drivers of current child and parent behaviour and relationships including intergenerational trauma.

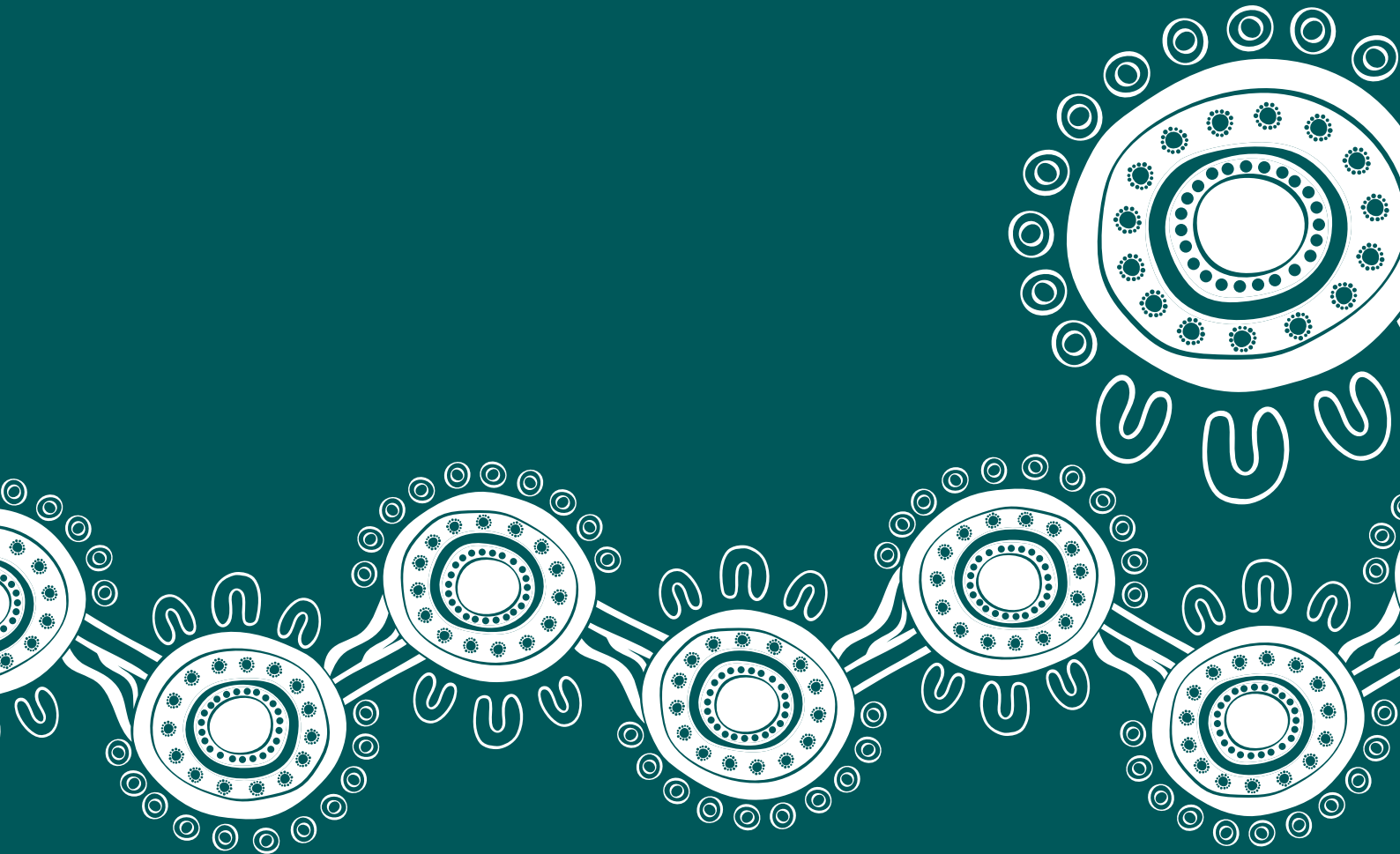


Journey

This element represents the ongoing journey that the SWSLHD Aboriginal Health Team have embarked on and their commitment to remain curious, continue to learn and provide a platform to embed Aboriginal perspectives, experiences and practice into their work.



Section 5. Engaging families throughout the program





Section 5. Engaging families throughout the program



Core AGI! component:
Culture and cultural safety

“When I think about what we want our families to come out with, in discussions that I remember from the team, fun and enjoyment was always a really big thing. We wanted our families to come in and be like, oh, this isn’t one of those dreaded appointments. I’ve got to go up to the hospital and do that. It was, I can’t wait to come to group. This is really good for our family. For me, it was that recognition that behaviour change is not just about changing a child, but it’s about shifting your view as a family. But being able to shift your view as a family by using really positive reinforcement of your own family beliefs and goals for your child.

I think it’s been big”

AGI! Team Member

The AGI! team works hard to foster and maintain engagement with participating families throughout the program. Some of the key ways that engagement is maintained are as follows:

- Completing the Cultural Strengths Mapping Tool during the initial assessment process – this allows the AGI! team to get to know the family well and provides them with vital information to help shape the program to suit each family’s needs and be culturally responsive.
- Aboriginal ways of caring: Intensive follow up, lots of chances – families are not excluded from the program for missing sessions for example.
- Making time for families to share how they are going at the beginning of every session.
- Doing activities alongside the families – not lecturing. Drawing on 8 Ways of Aboriginal Learning¹⁴ (see Section 6) to make sessions culturally responsive, experiential, interesting and engaging.



- Acknowledgement of Country (more than just the verbal acknowledgement, message sticks, clapping sticks and more). This is done at every session and families join in (See AGI! in action, example 1).
- Keeping On Track Map – the group identifies their totems on the map each week (See AGI! in action, example 2).

Maintaining trust and relationships with families and communities during staff transitions

Staff changes are inevitable in long running programs and services but can present challenges in relation to maintaining relationships with families and indeed communities. Strategies to minimise the disruption caused by staffing changes include:

- Establishing and maintaining a strong governance structure as laid out in Section 1. This ensures that the foundational collaborations the program relies on do not depend on the presence of particular individuals.
- Continuing to adhere to the established model of care. This helps to maintain trust and give a sense of security to participating families and other stakeholders.
- Being transparent with families and other stakeholders about staff departures, when they are happening, why and what plans are in place to manage the change.
- Ensuring that any new staff are introduced to families and other stakeholders by familiar, trusted figures. Having been ‘vouched for’ in this way is likely to assist new staff to build trust and rapport.



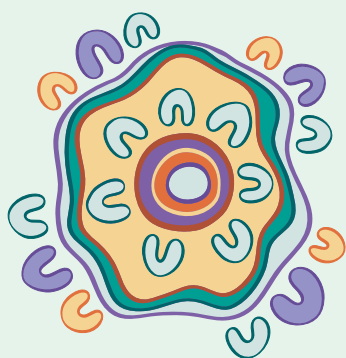
Aboriginal GOT IT! in action: Example 1, Message Sticks

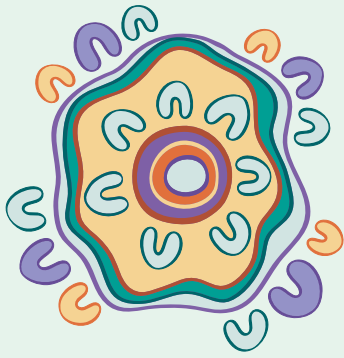
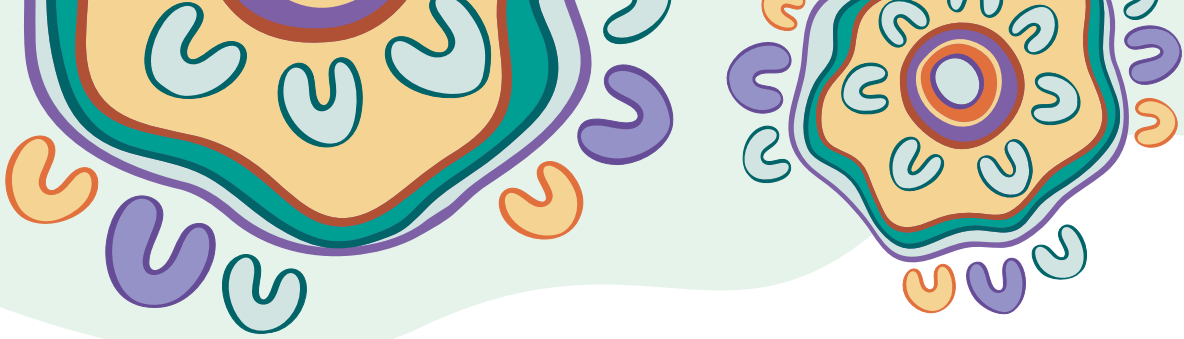
We use the message stick at the start of every group session as we acknowledge the tradition people of which land we have our meeting on.

Our Aboriginal GOT IT! Message stick was made for the groups and families as we come into group from different tribes/nations or culture and share our knowledge each time we meet.

The message stick represents our journey and connections to our culture, knowledge, and stories we bring and take away from our Aboriginal GOT IT! Journey.

A message stick is a graphic communication device traditionally used by Aboriginal people across Australia. The objects were carried by messengers over long distances and were used for reinforcing a verbal message.





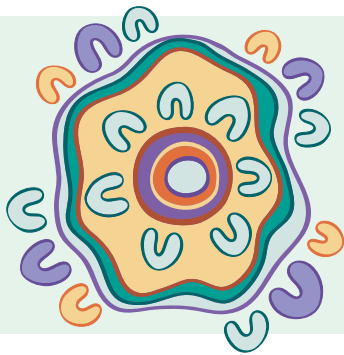
Over tens of thousands of years, message sticks were commonly used by our ancestors as one means of communicating between different Aboriginal tribes/nations. Messages were painted and inscribed on a stick, which was then transported by hand.

Traditional message sticks were made and crafted from wood and were generally small and easy to carry (between 10 and 20 cm). They were carved, incised and painted with symbols and decorative designs conveying messages and information.

At every group session we will ask each family to hold our message stick as they do the acknowledgement at the start of group. The use of the message stick is accompanied by clapsticks during the acknowledgment.

At the end of the group program, all families and the school are given a message stick to keep with them as a representation of the messages, journey and learning they've had across the group.

The message stick was designed by Jarrod Wicks and incorporates artwork produced by Karen Beetson. Message sticks that are presented to families feature the same design and were made by the Wicks family and Brian Freeman.

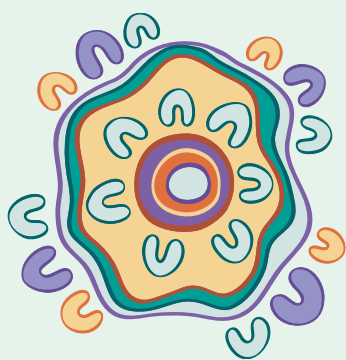
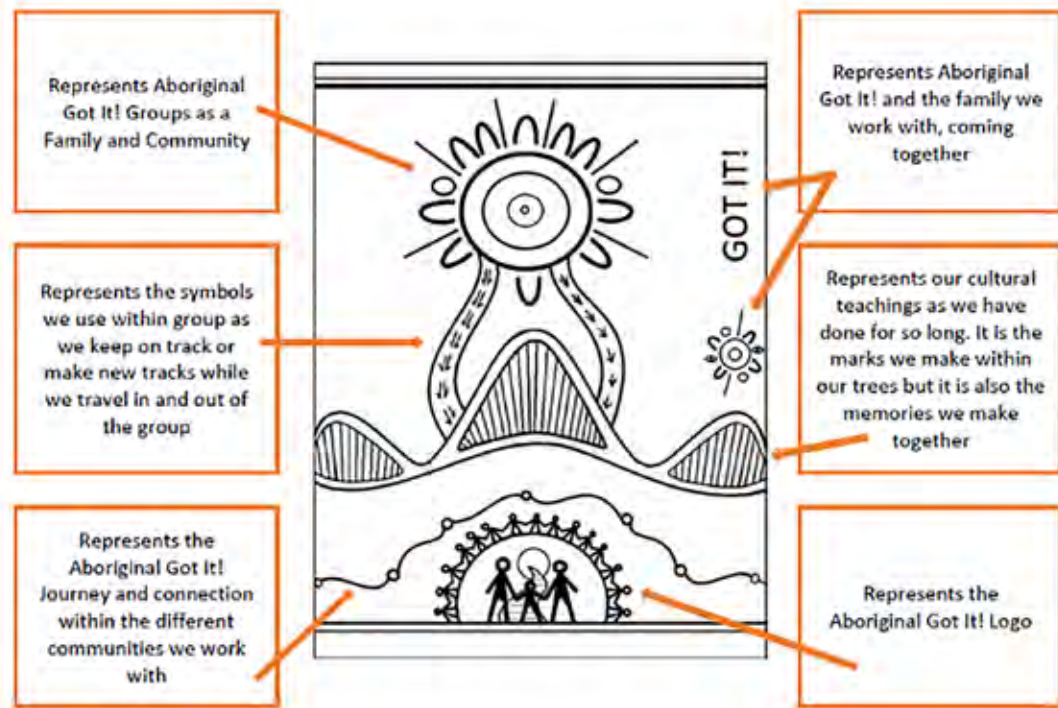


The links of Message to 8 Aboriginal Ways of Learning;

- Story Sharing: Approaching learning through narrative.
- Learning Maps: Explicitly mapping/visualising processes
- Symbols and Images: Using images and metaphors to understand concepts and content.

Message Stick Design and Meaning





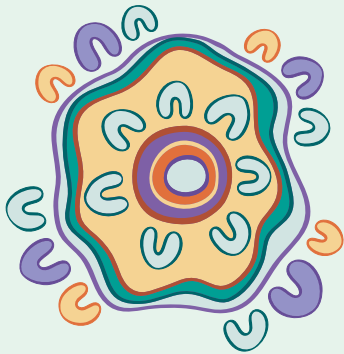
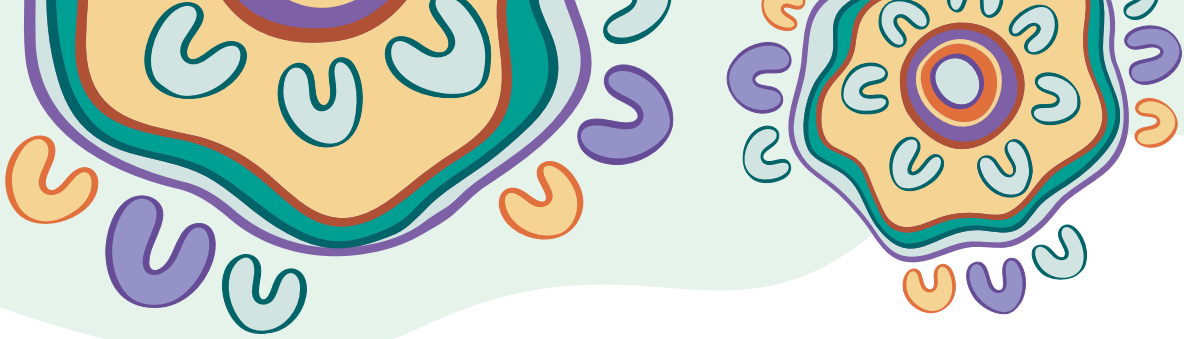
Aboriginal GOT IT! in action: Example 2, Aboriginal Language Map – Introduction Exercise

We utilise the Map of Indigenous Australia and refer to it as the ‘Language Map’. This is used at the first Aboriginal GOT IT! Session, when all the new families meet and come together for our Aboriginal GOT IT! Program. It is also used when a new person or family joins the group.

As the language map show us all the different languages and tribes connections across Australia, we like to use this map to introduce who you are, your tribe if you know, a connection to a place that is significant and important to you, or where you live or come from. All people (both Aboriginal and non-Aboriginal) use the map to introduce themselves to the group.

The AGI! staff go first, to introduce themselves. If anyone in the group needs help with their introduction an AGI! worker helps them. For the AGI! team, doing this exercise helps us assess who is confident in talking, how strong their connection is to community and Country and their communication skills and shyness.

When families introduce themselves, they place an arrow on the map pointing to their place of connection. The map is placed at the front of the room during each session. If



new family members, community members or staff come to the group for the first time (this may be in later weeks of the program) we have them use the map to introduce themselves as well.

[Link to AIATSIS Map](#)

The links of Aboriginal Language Map to 8 Aboriginal Ways of Learning;

Story Sharing: Approaching learning through narrative.

Learning Maps: Explicitly mapping/visualising processes

Symbols and Images: Using images and metaphors to understand concepts and content.

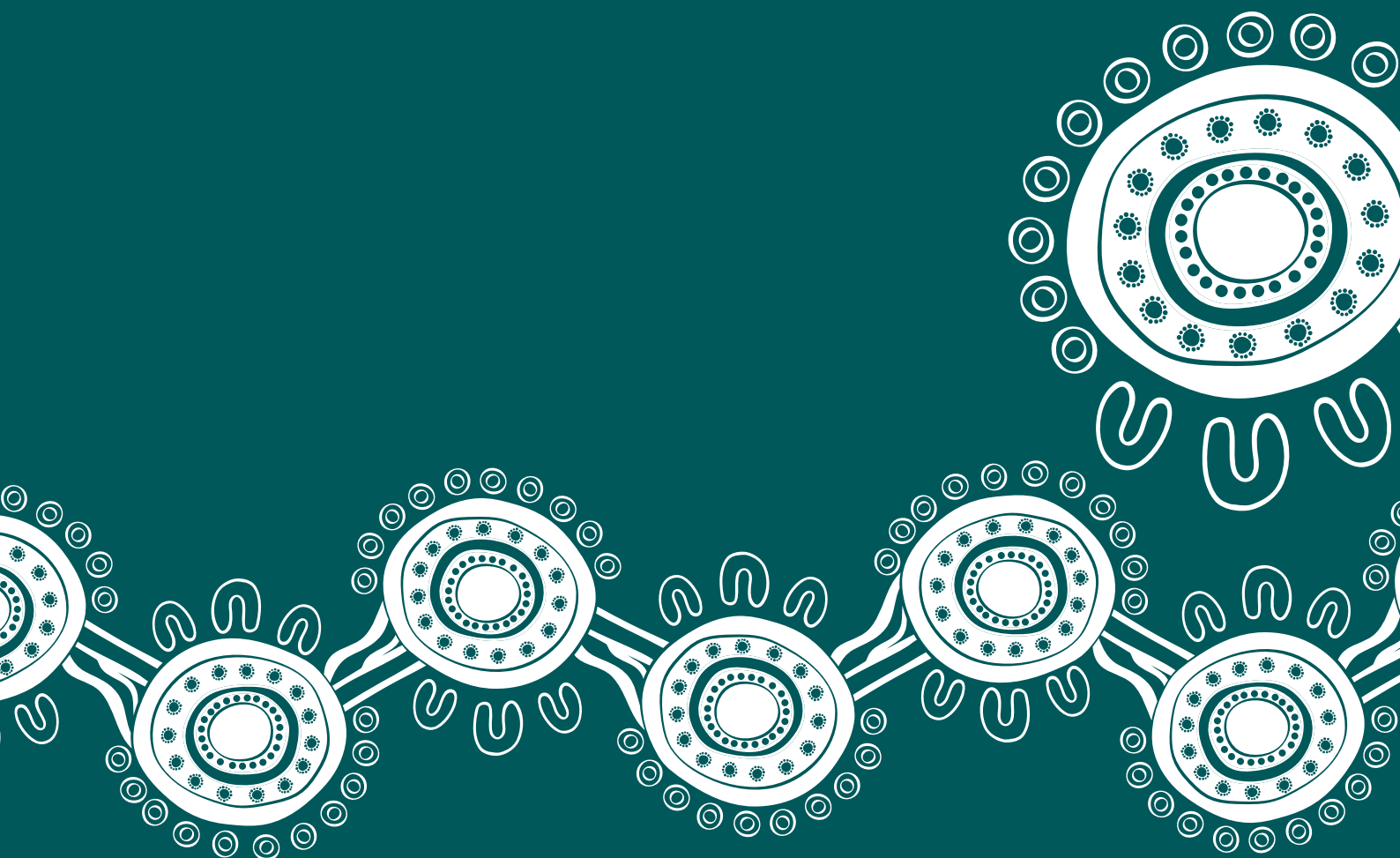
Community Links: local viewpoints, applying learning for community benefit.

Non-linear: Producing innovations and understanding by thinking laterally or combining systems.



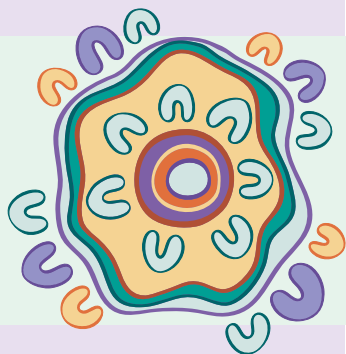


Section 6.
Culturally adapting the materials -
Key building blocks





Section 6. Culturally adapting the materials - Key building blocks



Core AGI! components:

- Culture and cultural safety
- 8 Ways of Aboriginal Learning
- Cultural healing practices

Culture and cultural safety - Drawing on cultural strengths

The Aboriginal GOT IT! Team returned to three key questions when approaching cultural adaption:

1. **How did we do this traditionally?**
2. **What was the cultural context around why we changed our practices?**
3. **How do our communities function and practice culture in a modern setting?**

These questions helped to generate ideas for how activities, strategies and course materials could be adapted to reflect traditional and contemporary Aboriginal culture.

Typically, when seeking to run a culturally grounded program with Aboriginal children or families, experienced Aboriginal leaders might take participants out on Country to facilitate the process. One of the challenges for the Aboriginal GOT IT! team was to think of ways to 'bring Country into the room' so that they could deliver a program in a 'mainstream' setting, such as a school, that was still culturally rich and provided cultural safety to participants.

The Aboriginal GOT IT! team 'brought Country into the room' in a range of ways including:

- Creating activities that allowed children and families to interact with and use things from Country. E.g. experimenting with ochre, creating different sensory experiences with things like emu feathers and eucalyptus leaves.
- Adapting, or using, traditional Aboriginal games as part of the program to demonstrate key concepts (e.g. the Kangaroo game as a fun way of teaching children about muscle tension and release – progressive relaxation).
- Bringing Community Elders and Cultural Knowledge Holders into sessions to run cultural healing ceremonies and teach cultural knowledge e.g. the cleansing dance.



8 Aboriginal Ways of learning

The Got It! curriculum takes a Western approach to working with children and their parents and carers. Got It! uses a lot of lecture-style communication, however, this approach does not align with Aboriginal ways of learning.

“Black fellas’ way is not just reading and writing, it’s doing... So they’re doers, they’re not just reading or listeners, they’re doers...The listening comes along with it but they’d rather be shown something and then do it.”

SWS Aboriginal Community Elder involved in the AGI! program

The AGI! Team drew on the *8 Aboriginal Ways of Learning*¹⁴ to assist them in culturally adapting the program to better suit Aboriginal families.

In culturally adapting Got It! the AGI! team frequently considered the 8 Ways in thinking about how to make the program more culturally responsive and with that more interesting, engaging and clear, for participating families. In the examples provided throughout this toolkit, you will see the way that 8 Ways has been used to inform the development of elements of the AGI! program. Table 4 below describes the 8 Ways in both academic and culturally appropriate language.

Table 4. 8 Aboriginal Ways of Learning describes the following Aboriginal learning processes

Aboriginal learning process	How we learn – Culture Way
Story Sharing: Approaching learning through narrative	We connect through the stories we share.
Learning Maps: Explicitly mapping/visualising processes	We picture our pathways of knowledge.
Non-verbal: Applying intra-personal and kinaesthetic skills to thinking and learning	We see, think, act, make and share without words.
Symbols and Images: Using images and metaphors to understand concepts and content	We keep and share knowledge with art and objects.
Land Links: Place-based learning, linking content to local land and place	We work with lessons from land and nature.
Non-linear: Producing innovations and understanding by thinking laterally or combining systems	We put different ideas together and create new knowledge.
Deconstruct/Reconstruct: Modelling and scaffolding, working from wholes to parts (watch then do)	We work from wholes to parts, watching and then doing.
Community Links: Centring local viewpoints, applying learning for community benefit	We bring new knowledge home to help our mob.

You can find out more about 8 Aboriginal Ways of Learning at www.8ways.online¹⁴



Consultation and collaborative decision making:

As noted previously, community engagement is core to the cultural adaption process. A key tenant of the genuine community engagement that has underpinned the AGI! model is community consultation and collaborative decision making. Key members of each community which have participated in AGI! have been invited to share their views and insights to help shape the program to best suit their community.

In culturally adapting a program, it is important to ensure that the consultation and collaboration that underpins this includes local Aboriginal community representatives, people with relevant cultural and clinical skills and people with a detailed understanding of the program to be adapted (ideally some participants will be able to bring knowledge and insight from multiple perspectives e.g. Aboriginal clinicians).

Cultural healing practices:

A range of cultural healing practices are used within AGI! sessions, including cleansing dances. These cultural practices provide an important way for families to draw strength from culture and begin to heal from past adversity.

Slowing down sessions:

The AGI! team found that there were too many theories and too much information in each Got It! session. In adapting the program, the team elected to reduce the amount of information included, focusing on the most important information and strategies and allowing time for repetition and practice over the course of the program

Using visual aids to help reinforce learnings:

The AGI! team also used visual aids throughout the program to help reinforce learnings. Each week they displayed the same visual aids on the wall as had been used the week before to give families more time to absorb them.

Reflecting diversity in visual aids:

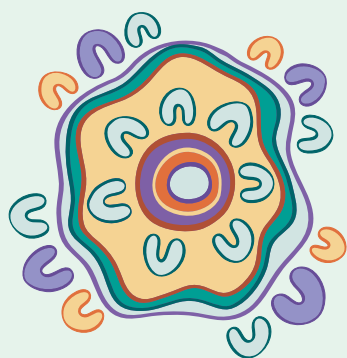
The AGI! team ensured that the visual aids they used reflected the diversity of the people in Aboriginal families, and in the community more broadly. The visual aids they created showed people with a range of skin colours, eye shapes and hair types. In addition to diversity of people the visual aids incorporated the use of land and animal based imagery.

Moving beyond facial expression to illustrate emotions in visual aids:

AGI! visual aids representing emotions included both facial and body language cues.



Aboriginal GOT IT! in action: Example 3. Keeping on Track Map



Why is the Keeping on Track Mat used?

The 'Keeping On Track Mat' is a resource that was developed by the Aboriginal GOT IT! Team to assist children with understanding group sequence, change in environments, and as a way for children to use non-verbal communication strategies when they identify that they want to move to emotional regulation spaces. The concept for the tool was adapted from the 'Exploring Together' emotional regulation spaces included in their group program. There was also inspiration taken from 'Zone's of Regulation' visual aids.

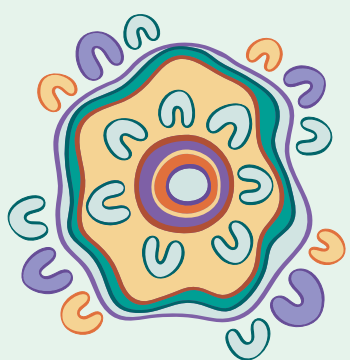
The mat is introduced to families in the first week of the program and utilised each session. Feedback from school educators is that the tool would also be a useful in a classroom environment.

The Mat Concept was developed by Jemma Milloy, Karen Beetson and Ann Baker.

Artwork and imagery for the Mat and totems was developed by Karen Beetson, Jarrod Wicks and graphic designer Amanda Copeman.

How it is used/done:

The resource includes two components: The Keeping on Track Map and Totems. Children will place their totem on the Keeping on track mat at the beginning of the session, as they move through each group the children will move their totems across the board. At times group leaders may assist children to move their totems during times of dysregulation.



Totems

When travelling into other people’s countries and communities we will be welcomed and gifted with the new understandings of how they do things and be given new roles. Our totems are a symbol of our roles in group.

Children are called on and asked to select a totem from the basket. Each totem depicts a different animal native to Australia. Children are asked to explain to the group why they chose the totem. Group leaders explain to the children that each animal comes with a set of emotional and behavioural characteristics and we ask that during times of doubt or uncertainty the children look to their totems to find strength.

Below is an example of a small selection of some of the totems that are used within the program along with some of their characteristics.



Snake – Snakes are quiet and still animals. They are very protective of their family. They are really flexible.

Koala – Koalas are calm and relaxed animals. They love to eat healthy food.

Goanna – Goannas are very resourceful; they can find food anywhere. They are also super-fast.

Lyrebird – Lyrebirds are the totem of the Dharawal people in our area. The Lyrebird can mimic any sound they hear, like speaking all different languages. They are very clever and good at music.

Kangaroo – Kangaroos are assertive and will always stand up for themselves. They love their family and come from a big mob. They have lots of cousins.

Cockatoo – Cockatoos are lively and affectionate. They are jokesters. They can build close bonds/relationships with people.

Keeping on Track Mat

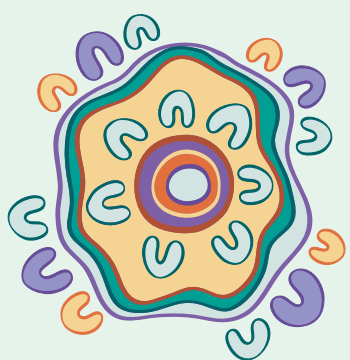
When we think about our Aboriginal traditions, culture, spirituality and dreamtime stories, we always talk about belonging to our Country, home, people, mob and the tribal boundaries and connections that hold all this together.

Traditionally when we would visit other communities, we would be bound to take on new roles, rules and lores of that Country. Sometimes these roles were similar to our own and sometimes we needed to learn new rules. We want families to think about our AGI! groups as a community that comes with its own special lore.

The Keeping On Track Mat is a way for us to reflect on these tribal boundaries and the lores that come with it.

The outer four circles represent the tribal boundaries of our group. We have:

The Blue circle – representing your school/community before coming to Got It! Program



The Grey circles – representing the families’ 1st and 2nd interactions with the group

The Green circle – representing each child’s time within the child group

Within the Green circle you will see a child sitting under a tree. This is our tree of reflection. We use this to help us reflect on our group agreements or strong emotions that we may be feeling.

The next circle is a child sitting with an adult. This is our ‘Knowledge Holder’ space. We use this to help us relax and calm. The smaller circles and tracks on the path are for the time when we need a reminder of our group agreements.

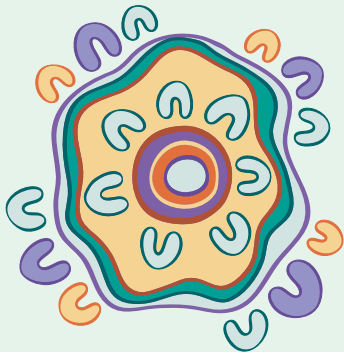
All together this shows our Aboriginal GOT IT! Journey each week.

8 Aboriginal Ways of Learning Link:

Deconstruct/Reconstruct – Taking a core psychological core concept, deconstructing it to find the central elements and reconstructing with clear cultural representations – assisting children to do this when thinking of group/classroom rules as well as behaviour strengths and consequences

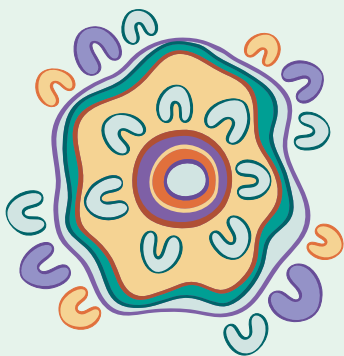
- Land Links – Use of totems and visual representations of land
- Symbols and Images – elements of the visual tool





- Learning maps – sequence of the visual tool and links to group agreement and regulation spaces
- Story sharing – in the way the Keeping on track Mat is explained to children/ families and the sharing of reasons for totem sharing and characteristics
- Community Links – Purpose of the tool is for children to use the concept on community to encourage positive behaviours
- Non-Verbal – Allows children to interact with the tool without verbal instruction – children can choose to move the totem rather than using verbal reasoning

Aboriginal GOT IT! in action: Example 4. – STOP, THINK, DO Kangaroo



Why is STOP, THINK, DO Kangaroo used?

STOP, THINK, DO Kangaroo is used to help direct the children's focus back onto group activities and/or to assist children with behavioural self-regulation. The concept began as a way to link the Stop, Think Do concept to traditional ways of learning.

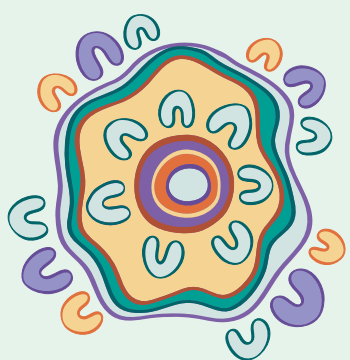
This activity was developed by Jarrod Wicks

The 'Kangaroo Ears' are used regularly in groups as a signal for children to direct their attention to group leaders.

Parents/carers have reported that they have had success in using this technique at home to assist the children to regulate themselves through movement and as a way to centre the children's attention through non-verbal action.

How it is used/done

1. Facilitators ask everyone to hold their hands up to the sides of their head / face, palms facing forward and to point their fingers up as if were kangaroo ears.
2. Facilitators ask, "Who knows what Kangaroos do in the bush?" (Children are given an opportunity to verbalise their answers).
3. Facilitators then explain that the Kangaroo jumps around looking for a safe place to rest and eat.
4. Facilitators ask, "How do they know if a place is safe? They use their eyes & ears to look & listen for danger." (During this time facilitators will demonstrate the actions of the kangaroo).



5. Facilitators ask everyone to stay within the group space, to closely watch each other & the group leader and to jump around like a kangaroo who is looking for a safe place to stop.
6. After jumping around for a few seconds, the leader calls out, “STOP, is it safe? As a group we now need to stop and use our kangaroo ears to listen for any danger that might be close by.”
7. Children are then given time to listen to the sounds around the room and verbalise some ideas on what a kangaroo might be hearing in the bush.
8. Then the leader will ask the group, “Now what does the Kangaroo do when it is safe?” (If children are unsure, the leader will then act out the movements of a Kangaroo eating & resting).
9. Ask the group to lay or kneel down and pretend to eat grass and scratch him/herself like kangaroos do in the wild.
10. The leader will then stand up and “stop, look and listen” with their Kangaroo ears, indicating something has startled them, encourage the group to do the same.
11. The group should then get back up and start to jump around.

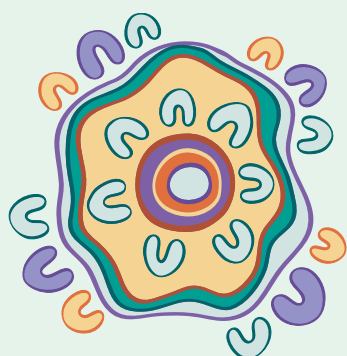
8 Aboriginal Ways of Learning Link:

- **Non-verbal** – Mimicking the actions of a Kangaroo allows children to think and learn of STOP, THINK, DO concepts
- **Community** – Connecting cultural and community knowledge
- **Story Sharing** – Using traditional story sharing and actions of the Kangaroo
- **Symbols and images** – The Kangaroo is a traditional Aboriginal native animal, symbolises mob totems and characteristics e.g. Kangaroos are assertive and will always stand up for themselves. They love their family and come from a big mob. They have lots of cousins.

STOP, THINK, DO Kangaroo in action



Aboriginal GOT IT! activity example 5. Birrgu Matya



Why is Birrgu Matya used?

Birrgu Matya is used to teach Aboriginal children from a young age to develop skill, patience and lateral thinking for the purposes of hunting practices.

Aboriginal GOT IT! uses it in the program to practice problem solving skills, patience, emotion regulation when managing disappointment and turn taking. It is also used to build communication skills and to enhance parent/ child attachment. The game also provides an opportunity for group leaders to model emotion coaching to parents/ carers. Children and adults of all ages have engaged in this game in both preschool and primary school settings. The Aboriginal GOT IT! Team have also made some adaptations to the originally designed steps of the game to fit the group context.

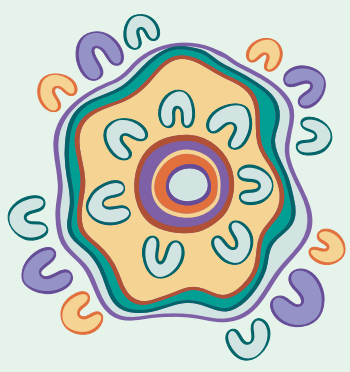
How it is used/done:

The object of the game is to place your three tokens in a row before your opponent does. You can move diagonally, vertically or horizontally. Starting with an empty cloth, each player takes turns placing down one of their tokens. Both players must simultaneously complete their line of three whilst blocking their opponent.

Phase two of the game begins when all the pieces are laid and no one has positioned three in a row. At this stage, players take turns moving their tokens one square at a time in any direction, provided the square is vacant and adjacent to one of their currently occupied squares. You cannot skip a move and you cannot lift a token in order to jump another token.

As the children play, they will be asked, “What can we do?” and, “What might happen then?”

The game can be played with two players or multiple players. In AGI!, there are times when the game is played as parent vs child, or family groups vs family groups. When the game is played in groups, children will be asked to explain their thought process for expected moves in the game. Children and parents will also need to agree on their strategy before the token can be moved.



8 Aboriginal Ways of Learning Link:

Non-verbal – See, think, act and plan without using words

Symbols and images – Tools used in Birrgu Matya reflect people and the animals that are being hunted

Land-links – using Birrgu Matya as a hunting practice to be aware of environmental surroundings

Community Links – the game is played with multiple family and community members

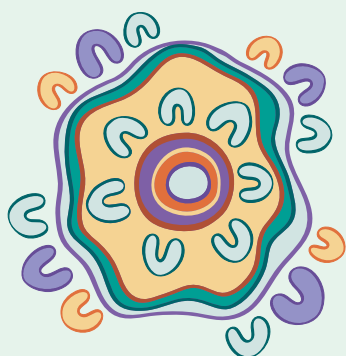
Non-Linear Thinking – As a way to teach children problem solving skills

Birrgu Matya in action





Aboriginal GOT IT! activity example 6. Using the Traditional Aboriginal Games resource



Why is the Traditional Aboriginal Games resource used?

The Traditional Aboriginal Games Resource is used as a tool to provide people with a greater understanding of Aboriginal culture and how thousands of years of cultural practices were used and are still used today. It is a good resource to use as it incorporates many communication and social skills building aspects incorporated with fun and games.

How is it used/done?

Yulunga Traditional Indigenous Games (TIG)

Aboriginal GOT-IT implement this resource into their program as a way of allowing the children to have fun while also reinforcing the theme that is being focused on in that week of the program's agenda. The games assist children with prosocial skills and are a great way to keep the children happy and engaged when the parent components of the group sessions are running over time. Participating children also come to view the games as a reward 'play time' at the end of each week's child session.

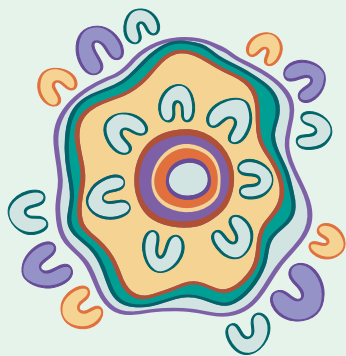
8 Aboriginal Ways of Learning Link:

The traditional Aboriginal Games resource incorporates all 8 ways of Aboriginal Learning but distributes each of the 8 ways into different games:

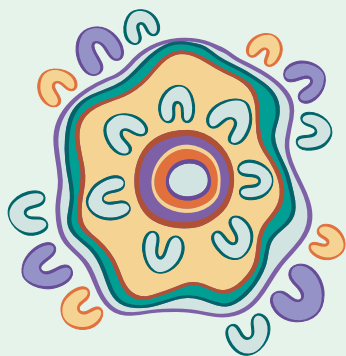
1. Story sharing – Approaching learning through narrative (**Connect through the stories we share**)
2. Learning maps – planning and visualising explicit processes (**Picture our pathways of knowledge**)
3. Working non-verbally with self-reflective, hands-on metaphors – applying non-verbal skills to thinking and learning (**See, think, act, make and share without words**)
4. Symbols and Images – Using images and metaphors to understand concepts and content (**Keep and share knowledge with art and objects**)
5. Land links – Place-based learning that links content to local land and place (**Work with lessons from land and nature**)
6. Non-linear – Using indirect, innovative and also interdisciplinary approaches (**Put different ideas together and create new knowledge**)
7. Deconstruct/Reconstruct – Modelling and scaffolding by working from wholes to parts (**Work from wholes to parts, watching and then doing**)



8. Community – Connecting learning to local values, needs and also knowledge (**Bring new knowledge home to help our mob**)



Aboriginal GOT IT! activity example 7. Yarn Carter



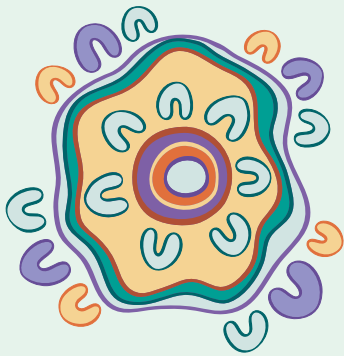
'Yarn Carter' is a term used in some NSW Aboriginal Communities to describe someone who is a 'gossip' or can't keep a secret.

The concept of the 'Yarn Carter' activity was developed by Ann Baker, Karen Beetson and Jemma Milloy

The purpose of the yarn carter exercise is to help parents to see the connections they have with one another and to explain the importance of confidentiality, especially to show how comments we make without harmful intent can take on new meanings when vocalised outside of the group context.

Activity steps:

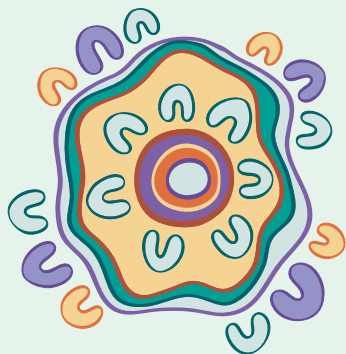
1. Start the exercise with a ball of yarn.
2. Parents will be asked to catch the ball of yarn when their name is called by the facilitator.
3. Parents must hold onto their piece of yarn and not let it go.
4. Explain to the parents that you've made up a yarn and are going to share that story with them.



5. Include each of the parent's names in the story and try to use real examples of how they could come into contact. If a real example isn't known safe examples to use are we saw each other down at the AMS or at school pick up/ drop off.
6. Group facilitators explain that this exercise is called yarn carter and explain what the term yarn carter is for any parents that don't know.
7. Group facilitators explain that this exercise is called yarn carter and explain what the term yarn carter is for any parents that don't know.
8. Facilitators discuss with parents how quickly a yarn can spread, and allow time for parents to share their own insights on the activity
9. Facilitators also draw reflections that the yarn they hold also represents the existing connections they have with each other. "Our connections can mean the yarn spread fast but they also mean that we have strong connections in our community and these connections can be used to support each other through the next 10 weeks."

Example Yarn using group 2 parents:

- ☀ Jarrod and Marge are good friends outside of the program and often catch up for dinner.
- ☀ At dinner one night Marge tells Jarrod how much fun she's been having in the group.
- ☀ Jarrod agrees and adds, "Gee Rebecca is a crack up, she was that funny in group today."
- ☀ The next day Marge runs into Rebecca at school drop off and says, "Me and Jarrod were talking about you last night, Jarrod thinks you're real funny."
- ☀ Rebecca smiles and nods but starts to wonder why Jarrod was laughing at her.
- ☀ Rebecca has a doctor's appointment that afternoon and sees Keifer in the waiting room.
- ☀ Keifer says, "Hey Rebecca, great to see ya! I'm loving this group, will I see you next week?" Rebecca replies that she's not sure because she thinks the group facilitators have been talking bad about her.
- ☀ Rebecca doesn't go into the full story because she gets called into the doctor.
- ☀ Keifer is worried about Rebecca's comment and goes in to talk to the AMS CEO about it.
- ☀ As Keifer is leaving the CEO's office he sees Paris, who is on her way to the board meeting.



- ☀️ Keifer doesn't mention anything but the CEO starts to ask Paris about her experiences in the Got It! Group and worries that the workers are spreading yarns.
- ☀️ Paris says, "I've had a great time in the groups."
- ☀️ Paris starts to worry that her business isn't being kept confidential in groups and calls the Pre-school Manager to say she doesn't want her or Alex attending group anymore.

The links of Yarn Carter to 8 Aboriginal Ways of Learning;

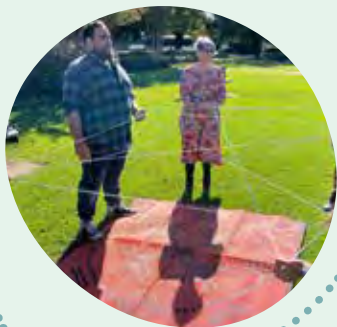
Story Sharing: Approaching learning through narrative.

Learning Maps: Explicitly mapping/visualising processes

Symbols and Images: Using images and metaphors to understand concepts and content.

Community Links: Centring local viewpoints, applying learning for community benefit.

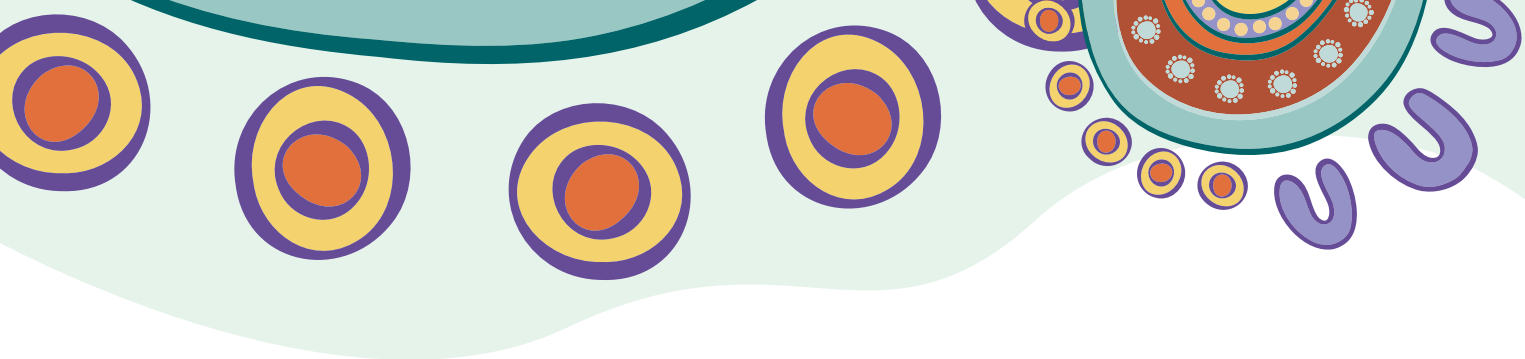
Non-linear: Producing innovations and understanding by thinking laterally or combining systems



Adaptation Resources & Materials

This section includes books, activity items, and supporting resources that guided the adaptation process. Links are provided for further reading and exploration.

Item / Resource	Description	Company / Site
Bean Bags	Resource/Activity Item	Autism Advisory & Support Service aass.org.au
Smiley Face Stress Balls	Sensory Item	
Liquid Timers	Sensory Item	
Weighted Lap Bag	Sensory Item	
Where is Galah?	Story Book	Booktopia www.booktopia.com.au/
I Love Me	Story Book	
Our Home, Our Heartbeat	Story Book	
The Lizard Gang	Story Book	
Fair Skin Black Fella	Story Book	
Willy-willy Wagtail	Story Book	
Cooee Mittigar	Story Book	
Respect	Story Book	
Longie the Greedy Crocodile	Story Book	
Talking Up Our Strengths (Cards)	Resource/Activity Item	
Mr & Miss Face Felt Activity Set	Resource/Activity Item	Modern Teaching Aids www.teaching.com.au
Parent Communication Pockets (Emotion Pockets)	Resource/Activity Item	



Item / Resource	Description	Company / Site
Gudhurr (Strengths Cards)	Resource/Activity Item	Riley Callie Resources www.rileycallieresources.com.au
Aboriginal Topic Cards (Flash Cards Set)	Resource/Activity Item	
Aboriginal Tools Memory Matching Card Game	Resource/Activity Item	
Girringun Cards Set (Snap Card Game)	Resource/Activity Item	
Tell Me Why	Story Book	
Family	Story Book	
Emu & Kangaroo Tracks Mat	Floor Mat (Group Resource)	Recycled Mats www.recycledmats.com.au
Journeys Mat	Floor Mat (Group Resource)	
Sand Goanna Mat	Floor Mat (Group Resource)	
Xray Kangaroo Mat	Floor Mat (Group Resource)	
Gatherings Mat	Floor Mat (Group Resource)	
AIME Designed Pencil Cases	Group Item/Resource	WINC https://www.winc.com.au/
Indigenous Australia Wall Map	Group Item/Resource	Mapworld www.mapworld.com.au
Birrguu Matya (Game)	Group Item/Resource	Resourced and created by Aboriginal GOT IT! Team
Keeping On Track Mat	Group Item/Resource	

HOLISTIC MODEL OF HEALING WHAT KEEPS OUR SPIRIT STRONG



WATERED ACTIONS

CONNECTION TO COMMUNITY

Network across Indigenous services and programs.
Employ and train local Aboriginal people with genuine support into long term employment.
Choose holistic models of working that consider both family and community connections.
Take responsibility for developing culturally competent staff.

CONNECTION TO FAMILY/KINSHIP

Gain an awareness of local family groups & history.
Practise professional critical reflexivity.
Employ local community engagement officers.
Allowing flexibility within professional frameworks so staff can work alongside family, elders and community effectively.

CONNECTION TO COUNTRY

Collaborate with local Elders to design and run cultural connection camps and programs.
Sponsor a Larrakia public art project.
Support welcome to country by local Indigenous people.

CONNECTION TO CULTURE

Enrol staff in cross cultural training.
Involve the whole workforce to actively engage with national Indigenous recognition days.
Take an interest in your clients culture.
Encourage connection to activities that promote clients connection to culture.

CONNECTION TO BODY/MIND

Use of familiar vocabulary when explaining test results or western concepts of health.
Recognising and understanding the cultural implications of behaviours.
Be self aware and care for your own body/mind.
Consider language/images used in health resources.

CONNECTION TO SPIRIT, SPIRITUALITY

Critically reflect on your own cultural influences and biases.
Support two way interaction between traditional and western approaches to healing.
Develop your capacity to understand and interact with cultural spiritual frameworks and world views.

COMMUNITY

FAMILY

COUNTRY

CULTURE

Body/MIND

SPIRIT,
SPIRITUALITY &
ANCESTORS

EFFECTS ON COMMUNITY

CONNECTION TO COMMUNITY

Increased trust and openness towards services.
Willingness for community individuals to self refer.
Genuine community participation when invited into two way sharing.
Stronger community support for services.
Longer lasting therapeutic relationships.

CONNECTION TO FAMILY/KINSHIP

Healthy relationship building between services and families.
Clients will feel seen, heard, acknowledged and understood.
Clients and families will experience genuine support.

CONNECTION TO COUNTRY

Growing sense of empowerment and cultural pride.
Clients experience increased sense of belonging and connection to land and culture.
Employment and recognition of local Aboriginal expertise.

CONNECTION TO CULTURE

Clients feel validated and valued in relation to their cultural identity.
Increased understanding of and connection with local Indigenous culture.
Clients experience increased positive cultural identity.

CONNECTION TO BODY/MIND

Increased likelihood that clients will experience cultural safety.
Increased cross cultural understanding leading to increased relevance and effectiveness of therapies and other services.
Reduction in over pathologising Indigenous clients.

CONNECTION TO SPIRIT, SPIRITUALITY

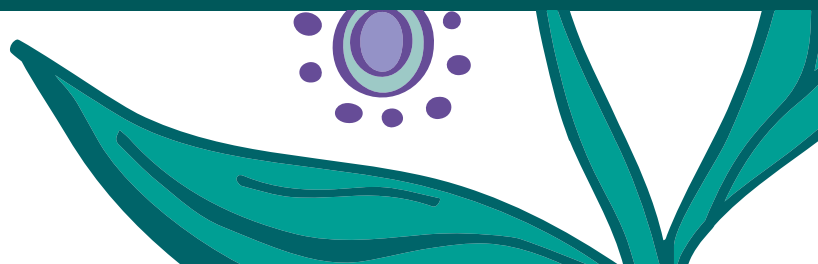
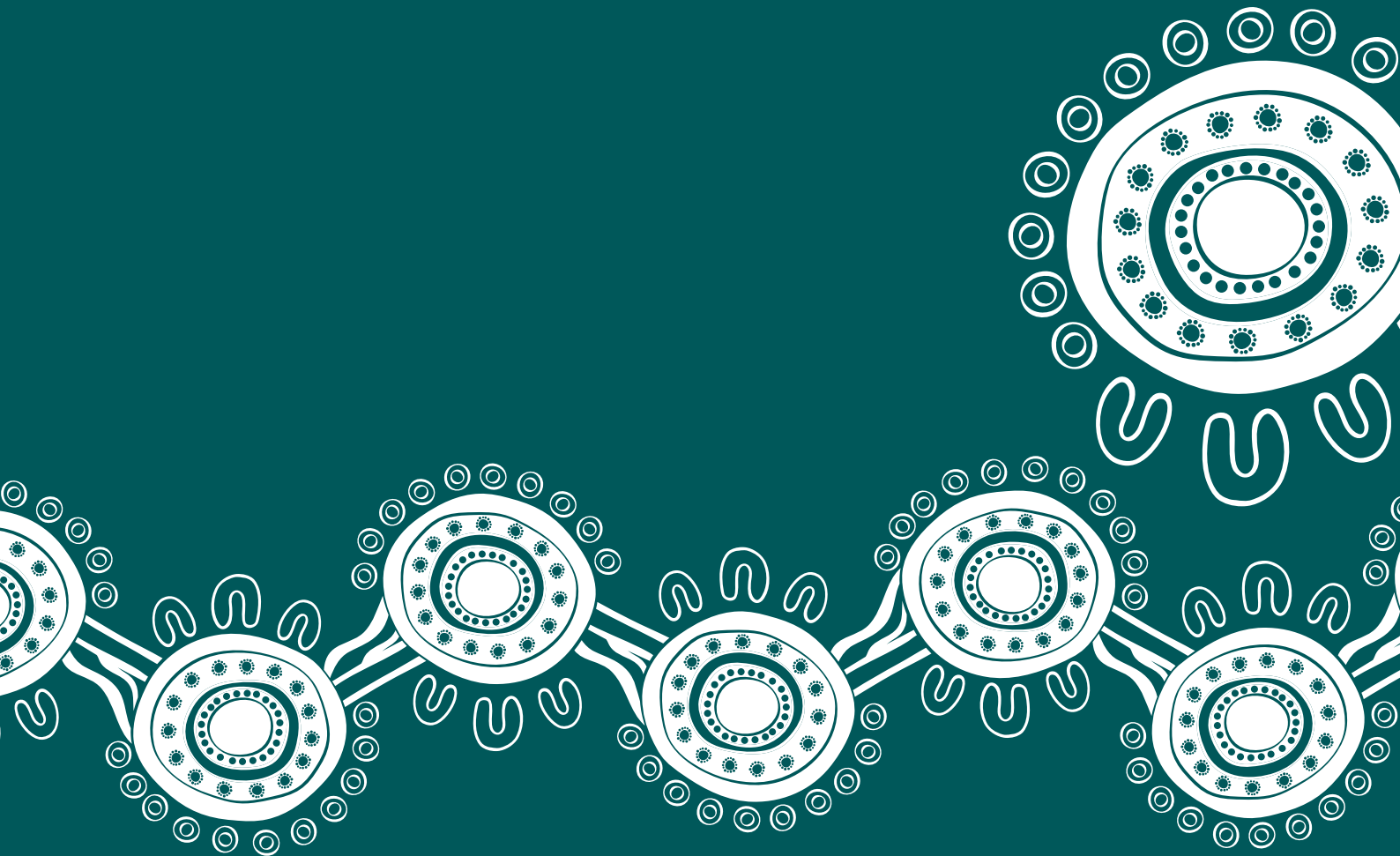
Indigenous clients feel safer to share what is being experienced.
Increase in participation in longitudinal therapeutic strategies.
Feeling understood and acknowledged.

© Larrakia Healing Group 2015



Section 7.

Summary and conclusion





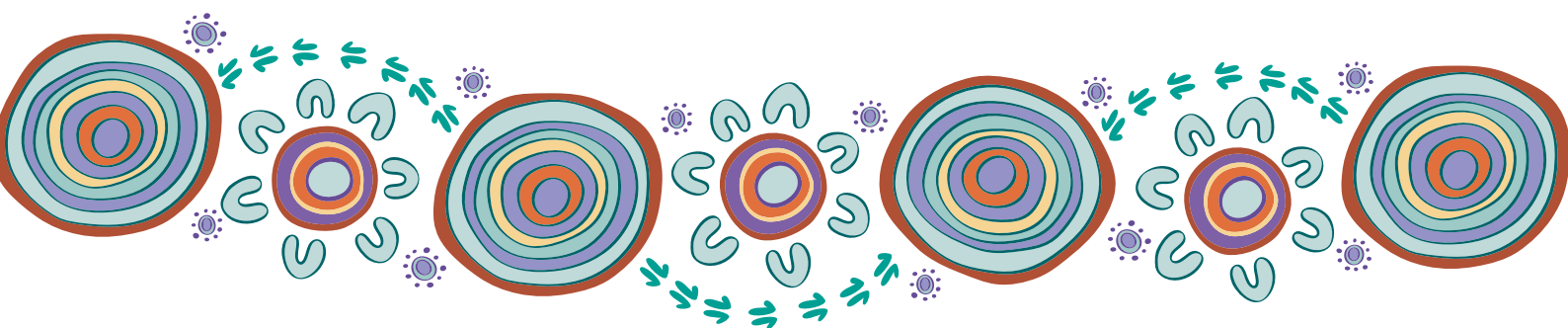
Section 7. Summary and conclusion

This resource is a Toolkit, rather than a manual. This is a deliberate decision, reflecting the fact that as the social and cultural context, and cultural practices, vary widely from community to community, it is not possible to create a 'one-size fits all' Aboriginal program and roll it out successfully. Instead, each team will need to consult extensively with key Aboriginal groups and stakeholders in their area to create a program that aligns with local cultures, strengths and needs.

Creating a successful Aboriginal cultural adaption of a program is an intensive, nuanced process which requires a highly engaged, multidisciplinary team with strong Aboriginal cultural knowledge and community connections. There must be Aboriginal staff on this team and cultural and clinical knowledge must be equally valued.

It is hoped that this Toolkit has articulated some useful concepts, tips and examples to help other groups work with their local communities to shape a culturally responsive program that suits their needs. In doing so, we hope readers take away the importance of making the time to lay the foundations needed to support a successful cultural adaption.

Lastly, other groups should be encouraged to contribute to the evidence base in Aboriginal health by evaluating their programs where possible. Traditionally there have been few well evaluated programs (within Western frameworks) of Aboriginal-led health care programs or delivery, hampering efforts to share knowledge widely about what does and does not work and to build evidence around the value and effectiveness of culturally responsive approaches. High quality evidence is urgently needed to help inform policy and practices which aim to improve and support Aboriginal health.





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