

Strengthening Aboriginal family functioning: What works and why?

Roz Walker and Carrington Shepherd

Kulunga Research Network, Telethon Institute for Child Health Research

There is widespread recognition that strong family relationships and good family functioning are essential for individual, family and community wellbeing, as well as providing long-term benefits to broader society. This is certainly also true in the Aboriginal and Torres Strait Islander population, although there are considerable differences in the structures of Aboriginal families and their functional dynamics. Despite the importance of good functioning, there remains a limited evidence base to describe how well Aboriginal families function or the factors that support family harmony or contribute to dysfunction. This paper will discuss the contemporary evidence base, including case studies of programs that work, to provide insights into the protective effects and risks that influence forms of functioning among Aboriginal families.

This paper makes extensive use of state-specific research and data. There is a particular focus on recent data describing the level of functioning of Aboriginal families in Western Australia.

Families are considered the hub of wellbeing, and how they function is crucial. While there is no single definition, it is generally agreed that family functioning is about how family members communicate, relate, and maintain relationships, and how they make decisions and solve problems (Silburn et al., 2006; Zubrick, Williams, Silburn, & Vimpani, 2000).

Broadly speaking, family functioning is an important aspect of the family environment that influences the physical, social and emotional wellbeing of children. Alternatively put, what actually happens within the family and how it functions can be a key protective factor in building children's resilience and reducing their current and future risks associated with adversity and disadvantage. Stimulating and nurturing environments enable children to learn and thrive. Conversely, dysfunctional family environments can be very harmful to many aspects of children's development and their positive transition to adulthood (Department of Indigenous Affairs, 2005; Silburn et al., 2006).

Family wellbeing also requires that the family have the *capacity* to provide an environment that supports children to fulfill their cultural and spiritual needs in addition to their basic developmental,



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Contents

Good family functioning in Aboriginal families	2
Complexity of measuring family functioning	3
Levers for change	5
Policy context, implications and imperatives	6
Case studies	7
Conclusion	8
Links and resources for professionals and practitioners	9
Resources for families/carers	10
References	10

The authors

Dr Roz Walker is Research Manager of the Kulunga Research Network, the Indigenous research arm of the Telethon Institute for Child Health Research, and also coordinates the Communication and Dissemination Strategy of the Western Australian Aboriginal Child Health Survey.

Carrington Shepherd is a Senior Research Officer for the Kulunga Research Network.

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AFRC Manager: *Elly Robinson*

Australian Institute of Family Studies
Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia
Phone: (03) 9214 7888 Fax: (03) 9214 7839
Email: afrc@aifs.gov.au
Internet: www.aifs.gov.au

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health, educational, social and housing needs (Fisher, Pecora, Fluke, Hardin, & Field, 1999).

The level of optimal functioning within a family can be affected by changes in family circumstances, the interaction between parental employment or economic circumstance, and family life, as well as other external stressors that may affect the home environment. It is also affected by specific relationships between individual family members. The relationships that children have with other members of their family, particularly their parents, are important influences on healthy child development and psychological wellbeing (Shonkoff & Phillips, 2000).

Good family functioning is generally associated with good outcomes for children. Children living in families that function well tend to benefit from having positive role models for building relationships and an environment that fosters the development of high self-esteem. The way in which families operate can help family members cope with disadvantage, adverse life experiences and stress (Silburn et al., 2006; Zubrick et al., 2005).

Good family functioning in Aboriginal families

Aboriginal families are pivotal to the wellbeing of Indigenous communities and their culture and survival. Families are also important in defining identity and a sense of connectedness to kinship and culture. In turn, a feeling of spiritual and cultural belonging will strengthen the family. The literature suggests that all families, irrespective of their culture, share key goals and aspirations for their children related to their health and survival, teaching skills in economic survival and imparting cultural beliefs (Le Vine, 1988; in Kolar & Soriano, 2000, p. 5). The key differences reside in their approaches to parenting. There are a number of important differences in the ways that Aboriginal families interact compared with non-Aboriginal families. Some of these differences need to be understood within a historical and cultural context. It is important not to view these differences as deficits in family functioning and family relationships or parenting styles, but rather as culturally specific issues that are influenced by history, geography and experiences (Kolar & Soriano, 2000). Aboriginal families view their structures and relationships differently; for example, each child can have several "nannas", and each female in an extended family can be "nanna" to many children. In mainstream families, the family structure, relationships and expectations play out quite differently.

The evidence around Aboriginal family functioning also needs to be understood in the context of extreme diversity, both in terms of family structure and geographic location. An estimated 50 per cent of Aboriginal families in areas of extreme isolation live with two original parents, compared with 33 per cent in the Perth metropolitan area (Silburn et al., 2006). Aboriginal families are generally more mobile than other families (Australian Bureau of Statistics [ABS], 2001), with complex mobility patterns particularly in rural and remote areas (Memmott, Long, & Thompson, 2006). Aboriginal children in Western Australia are estimated to have lived in an average of 3.2 homes by six years of age (Silburn et al., 2006). These inter- and intra-cultural differences in families have implications for policy-makers and program and service providers.

Complexity of measuring family functioning

Collecting adequate and relevant population-level data on family functioning is important for understanding prevalence levels and to examine risk factors (Zubrick et al., 2000). However, measuring how well families function is complex—it is a multifaceted concept and does not lend itself easily to being categorised as an outcome. Indeed, family functioning can be better seen as a process or a context, and therefore lacks easily defined components. This is reflected in the fact that there is “virtually no data on family functioning, despite the evidence suggesting that it is just as important as immunisation to outcomes for children” (Goldfeld & Oberklaid, 2005, p. 210).

There is a small number of devices/instruments that aim to measure how well families function; however, there is no agreed single or global measure. A commonly used instrument in Australian population-based studies of families and their functioning is the McMaster Family Assessment Device. The McMaster instrument is a global measure of the health of family functioning, with a 57-item scale that includes questions across seven domains. Reliable estimates of family functioning have been produced based on the McMaster instrument in large Australian studies of the mainstream population, including the 2001 NSW Child Health Survey (Centre for Epidemiology and Research, 2002) and the 1993 Western Australian Child Health Survey (Silburn et al, 1996), and international studies such as the Ontario Child Health Study (Byles, Byrne, Boyle, & Offord, 1988).

Very little work has been done in Australia on developing instruments/measures that take account of cultural differences in family functioning, especially in the Australian Aboriginal and Torres Strait Islander context. Creating a measure that considers Indigenous culture, priorities and world views is a difficult undertaking (Cunningham & Stanley, 2003) and, in any case, is likely to entail a “degree of reductionism and a process of translation” (Taylor, 2006, p. 9). Indigenous writers have been critical of existing mainstream indicators of family functioning as not encompassing elements that are important to them (Hunter, 1996). In order to measure Aboriginal family functioning, therefore, it is important to develop indicators of wellbeing that take account of Aboriginal identity and spirituality and build on the strengths of Aboriginal family and community life (McMahon, Reck, & Walker, 2004). These indicators need to consider wellbeing within an Indigenous framework of family, economic, social and cultural relations, which encompasses a model of strengths/assets rather than the current deficit framework (McMahon, Reck, & Walker, 2004).

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Measures of Aboriginal family functioning

A measure of Aboriginal family functioning was developed and implemented in the Western Australian Aboriginal Child Health Survey (WAACHS). This survey, conducted in 2000–02, remains the largest and most comprehensive survey ever conducted in Australia of the health and development of Aboriginal and Torres Strait Islander children, their families and communities. As such, it is a key data source on Australian Aboriginal family functioning. Although specific to the Western Australian Indigenous population, information collected in the WAACHS about family functioning may be relevant to the wider Indigenous population.

The WAACHS measure was based on McCubbin & McCubbin’s conceptual model of family protective factors in the face of stress and crises (Silburn et al., 2006, pp. 263–264). A nine-item

scale of family protective factors was developed in collaboration with a panel of Aboriginal health professionals to ensure that the items were culturally relevant and applicable. The protective factors encompassed such things as level of accord, celebrations, and communication, as well as support networks and family traditions. The 2,400 primary carers responded to each of the nine items in the scale. They were asked how well the statements matched the ways things were done in their family, using a five-point rating scale: “Not at all”, “A little”, “Some”, “Quite a lot” and “Very much”.

The majority of Aboriginal families responded positively to each of the nine items in the scale. This reinforces the notion that the majority of Aboriginal families generally function very well. This is consistent with studies of the total population, which have tended to highlight that Australian families generally function very well (Centre for Epidemiology and Research, 2002; Silburn et al., 1996).

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Family protective factors measured by WAACHS family functioning scale

Family protective factor	WAACHS family functioning scale item	% of families ^(a)
Accord: Balanced interrelationships among family members that allow them to resolve conflicts and reduce chronic strain	The way we get on together helps us to cope with the hard times	81
Celebrations: Acknowledging birthdays, religious occasions, and other special events	We like to remember people's birthdays and celebrate other special events	77
Communication: Sharing beliefs and emotions with one another. Emphasis on how family members exchange information and caring with each other	We find it easy to talk with each other about the things that really matter	74
Hardiness: Family members' sense of control over their lives, commitment to the family, confidence that the family will survive no matter what	We are always there for each other and know that the family will survive no matter what	91
Financial management: Sound decision-making skills or money management and satisfaction with economic status	When it comes to managing money we are careful and make good decisions	63
Leisure activities and interests: Similarities and differences of family member preferences for ways to spend free time	Our family has a lot in common in the interests we share and the things we do	78
Acceptance: Tolerance of family member traits, behaviour, general outlook and dependability	People in our family are accepted for who they are	92
Support network: Positive aspects of relationships with in-laws, relatives and friends	We have good support from our in-laws, relatives and friends	73
Traditions: Honouring holidays and important family experiences carried across generations	We have family traditions and customs we would like to pass on to our children	68

Note: (a) Refers to the proportion of families that responded “Quite a lot” or “Very much”.

Sources: McCubbin and McCubbin (1996); Silburn et al., (2006, p. 263).

Responses to the nine items were summed to derive an overall score for the purposes of producing a single measure of family functioning (Zubrick et al., 2005). There are limitations in the ability of this combined measure to provide accurate estimates of the prevalence of poor or good functioning. Nevertheless, it is considered a robust measure for use in exploring the factors that impact on family functioning.

Levers for change

When examined collectively, the literature and available data make it clear that there is a wide range of factors that impact on Aboriginal family functioning, as described above. Prior to the WAACHS, there was little evidence about the relative importance of these factors and therefore a paucity of information on the key levers to effect change. The WAACHS sheds light on this issue by assessing the simultaneous impact of multiple factors on family functioning levels. Ten factors were found to be independently associated with family functioning:

- family financial wellbeing;
- quality of children's diet;
- level of educational attainment of the primary carer;
- importance of religion/spirituality;
- whether overuse of alcohol caused problems in the household;
- parenting quality;
- whether children were at high risk of clinically significant emotional or behavioural difficulties;
- age of the primary carer;
- whether the primary carer had been forcibly separated from their natural family; and
- whether the carer had a limiting medical condition.

While these associations do not imply causality, they highlight the complex interplay of factors that impact on family functioning. Likewise, they underscore the fact that there are both resiliency factors that contribute to very good family functioning and others that pose considerable risks and contribute to poor outcomes. This is explored in more detail below.

Resiliency factors

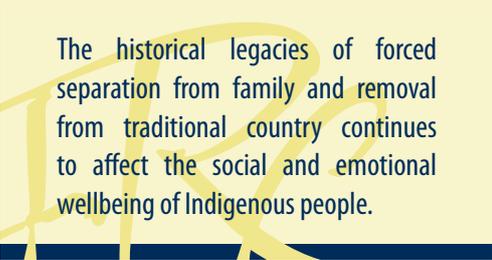
A number of studies of the total population confirm that a family's financial situation is an important context in which good family functioning is set (Centre for Epidemiology and Research, 2002; Silburn et al., 1996). For instance, the NSW Child Health Survey highlights that families in the most socially advantaged areas in New South Wales experienced healthier family functioning. While this phenomenon is evident in the Aboriginal and non-Aboriginal population, the scale of benefit is considerably different because of the greater level of socioeconomic disadvantage experienced by Aboriginal families. Further, this survey (and others) highlights that financial stress varies within the Indigenous population, with those living in remote areas more likely to experience financial stress (73 per cent) compared with those in non-remote area (47 per cent) (ABS, 2004).

There is a range of factors in the immediate social context of the family shown to be associated with good family functioning. Families that do not experience alcohol problems in the house, and where children have healthy diets, and carers have reasonable parenting skills or hold strong spiritual/religious beliefs are more likely to have very good family functioning. There is also a positive association between the social and emotional wellbeing of Aboriginal children and elements of good family functioning such as good communication, emotional support, adequate supervision, secure attachments and the celebration of family traditions and milestones (Silburn et al., 2006; Zubrick et al., 2005).

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Risk factors

Many factors have been identified as posing risks to good family functioning. Some of these are also the result of breakdowns in family functioning, which can result in a “vicious cycle” effect. Alcohol and substance abuse is an example of this, as it has been shown to lead to, and stem from, family breakdown. Family problems can lead to breaks in schooling and education, disrupted social relationships and social alienation, with implications for alcohol and substance abuse (Steering Committee for the Review of Government Service Provision, 2007). Accordingly, excessive alcohol consumption has the potential to evoke antisocial behaviour, domestic violence and family breakdown. Further, the use of illicit drugs increases the potential for serious disruption to families, often in the form of domestic violence (ABS & Australian Institute of Health and Welfare [AIHW], 2005).



The historical legacies of forced separation from family and removal from traditional country continues to affect the social and emotional wellbeing of Indigenous people.

The historical legacies of forced separation from family and removal from traditional country continues to affect the social and emotional wellbeing of Indigenous people, and can have a significant impact on carer–child relationships, parenting styles and how well families function (ABS, 2004; Silburn et al., 2006; Zubrick et al., 2005). Serious breakdowns in family functioning can lead to child neglect and abuse and family violence, causing serious harm and damage to children. The Gordon Inquiry (Gordon, Hallahan, & Henry, 2002) and results from administrative data collections confirm that Indigenous

children are vastly over-represented in the child protection system. The reasons for this over-representation are complex and include the pervasive effects of past separations from family and homelands, and poor socioeconomic status (ABS & AIHW, 2005).

Policy context, implications and imperatives

The recognition that good family functioning is important to family and community wellbeing is reflected in the many state and Australian Government policies, programs and services that exist to strengthen Aboriginal family functioning and family relationships. For instance, several programs administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) acknowledge the pivotal role of family for the wellbeing of Indigenous communities, their culture and survival. FaHCSIA programs are intended to address the unacceptable and unmanageable levels of stress experienced by Aboriginal families as they struggle to cope with disadvantage in employment, education and training, and housing, and limited access to health and welfare services and essential facilities. The Indigenous Parenting and Family Wellbeing initiative was established in December 1997, in response to the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (the *Bringing Them Home* report).¹ FaHCSIA programs under the Stronger Families and Communities Strategy focus on strengthening families and communities and encourage social and economic participation in the wider society by helping to build the capacity and wellbeing of children, individuals, families and communities.

The WACCHS findings, as reported above, show us, however, that there are a number of challenges to be faced in improving Aboriginal family health and wellbeing. Identifying the levers for change is also complex. In a mainstream context, improvements in education and income have been shown to benefit family functioning, but this does not necessarily follow in the Aboriginal circumstance. Wider family commitments and expectations can place greater demands on time and income, and serve to weaken this social gradient. High levels of chronic stress and illness in the Aboriginal population can also overwhelm the benefits that would normally be derived from improved economic and educational outcomes.

These findings suggest a need to simultaneously focus on a range of policy directions to improve Aboriginal family and community wellbeing and strengthen individual and collective capacity. Initiatives that aim to improve the health and wellbeing of carers, safeguard Aboriginal children and young people from the effects of multiple life stresses, and invest in community leadership and governance are all likely to benefit family wellbeing, but will result in greater positive outcomes when applied concurrently and with sufficient intensity (Silburn et al., 2006).

¹ See www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen

The findings also suggest that mainstream support services that fail to recognise the nuances of the Aboriginal circumstance may not deliver significant enhancements in the overall wellbeing of Aboriginal families.

While there are imperatives for change, there can be considerable barriers at program and system levels. The Child Protection Review (Layton Report) in South Australia (2003)² identified lack of coordination and sustainability of interventions and the lack of the use of empowerment models as barriers to effective program implementation. The WAACHS findings highlight the need for more sustained programs and commitment to work in a whole-of-government way that views the current circumstances from an Aboriginal perspective. The South Australian Department of Education and Children's Services' Aboriginal Strategy 2005–2010³ is an example of a system-level approach that has produced changes for the benefit of local services and local Aboriginal family involvement in education. Funding changes have encouraged genuine partnerships with Aboriginal families using the service to identify the specific social and educational needs required for each Aboriginal child (Moyle, 2006).

Mainstream support services that fail to recognise the nuances of the Aboriginal circumstance may not deliver significant enhancements in the overall wellbeing of Aboriginal families.

The current national framework for reporting on Indigenous disadvantage offers an important policy blueprint for action and a sound basis for an evaluation and reporting tool. The Overcoming Indigenous Disadvantage framework⁴ highlights that issues of functioning have the potential to significantly impact on Indigenous disadvantage, although the indicators chosen to underpin this framework focus more on outcomes of poor family functioning as opposed to measuring how well families function. As such, there is potential for the framework to be further developed to focus on Aboriginal family strengths and protective factors.

Despite the commitment by governments to strengthen family functioning, the findings on the health, social and emotional wellbeing and education outcomes of Aboriginal children and young people assert a need to learn from programs that work in order to make a genuine difference in the future.

Case studies

This section describes two case studies chosen as examples of using a strength-based approach to support and enhance the protective elements of good family functioning identified above. They provide further insights into holistic programs that work to simultaneously strengthen Aboriginal family functioning and address risk factors (such as financial strain, carer education and employment, lack of access to services) which can impact negatively on family functioning.

Learning Together (Literacy) Project

The Learning Together (Literacy) Project uses a strength-based, preventative, capacity-building approach in the provision of literacy and early learning for Indigenous and non-Indigenous families with children under four years of age. It is run through facilitated playgroups in five schools in vulnerable communities, reaching close to 900 children and adults in 2006 (21 per cent Indigenous). Coordinators work with individual families to provide a positive and interactive learning environment and model a framework for parents to observe and support their children's learning. Parents/carers are involved in planning learning activities to enhance their children's literacy skills. Coordinators assist parents/carers to identify adult learning activities and liaise with interagency partners to meet broader community needs.

Positive impacts for families include improved parent and child engagement, parent enrolment in further study, improved connections for families with a range of children's and family services, increased parent confidence and understanding in supporting children's learning, and enhanced opportunities to improve their socioeconomic circumstances.

2 See www.familiesandcommunities.sa.gov.au/Default.aspx?tabid=848

3 See www.decs.sa.gov.au/docs/files/communities/docman/1/DECS2_Aboriginal.pdf

4 See www.pc.gov.au/gsp/reports/indigenous/keyindicators2003/index.html

Jalaris Aboriginal Corporation

The Jalaris Aboriginal Corporation works with the most marginalised of Aboriginal families in Derby, Western Australia, to improve their health, child development and family functioning. Jalaris runs a number of children and family programs, including: the Jalaris Kids Future Club, supporting positive experiences of education and health for primary school-aged kids; the Family Support and Health Outreach Service; and short course and accredited training for parents and carers in childcare and family skills. Jalaris caters for approximately 30 children, and supports parents, family members and carers. Activities include cooking, sport activities, painting and crafts, and families learn about structured play to support their child's development.

Jalaris is an Aboriginal-controlled family organisation that works on: the kinship system, political and factional neutrality, a holistic and child-centred approach to health and wellbeing, an early intervention approach, and action learning and evaluation. Their work has been identified nationally as offering a model of good practice in improving Aboriginal child health and family wellbeing, and reinforces the importance of incorporating an Aboriginal world view to achieve Aboriginal solutions. It also highlights the need for Aboriginal control, and cultural security and respect, in developing local solutions to improve family functioning (Kumpfer, Alvaredo, Smith, & Bellamy, 2002).

While Jalaris' success resides in bringing government programs and services into an Aboriginal family-controlled organisation, the effectiveness of the Learning Together project confirms the importance of cultural security and inclusivity.

While Jalaris' success resides in bringing government programs and services into an Aboriginal family-controlled organisation, the effectiveness of the Learning Together project confirms the importance of cultural security and inclusivity. Both case studies describe programs that are working well for families. The successful outcomes achieved in each of these case studies highlight the importance of using developmental approaches to build capacity in children, families and communities, as well as the benefits of early intervention programs (Fish, 2002). Both case studies adopt a holistic approach—working with both carers and children—which is consistent with the WAACHS findings and recommendations and other studies (Lochman, 2000).

Conclusion

This paper has examined a complex array of environmental, social, economic, cultural and historical factors that contribute to family functioning. It has suggested that despite the importance accorded to issues of family functioning within government policy and reporting contexts, there are very few measures of either Aboriginal or mainstream family functioning. Further, there are few robust data sources that can be used to inform or evaluate the effectiveness of policies and programs that aim to improve family functioning.

The WAACHS family functioning measures go some way to reducing the knowledge gap around the factors that contribute to Aboriginal family and community wellbeing. Further research is required to understand the complexity of particular factors that influence family functioning and to provide a more integrated Aboriginal world view in developing future programs and services and developing indicators.

Aside from the difficulties of developing indicators of family functioning, there are other problems with measures of policy and program effectiveness. Statistics presented at a broad, aggregate level can obfuscate positive and successful initiatives that are occurring at a local level (Steering Committee for the Review of Government Service Provision, 2005). This highlights the importance of utilising qualitative data and case studies in order to identify more localised and nuanced elements that are working in diverse Indigenous contexts where there are potentially many complex and interrelated factors contributing to family functioning and wellbeing.

A number of studies highlight the importance of developing programs and services that: support decision-making at a family level (Moyle, 2006); provide healing for families previously separated from families and land (Halloran, 2004; Hunter, 1996); and provide strategies to overcoming transgenerational transmission of abuse (Langeland & Dijkstra, 1995). It is equally important to incorporate an Aboriginal world view in: formulating policy, conducting research, interpreting data, and developing measuring instruments and indicators of family functioning (McMahon, Reck, & Walker, 2004).

Links and resources for professionals and practitioners

Indigenous Parenting and Family Well Being Services Directory

www.facsia.gov.au/internet/facsinternet.nsf/family/parenting-indigenous_parenting_wellbeing_directory.htm

Early Childhood Connections

www.rch.org.au/econnections/pro/index.cfm?doc_id=6143

A directory of publications and resources for professionals (and parents).

HealthInfoNet

www.healthinfonet.ecu.edu.au

A web resource that is a “one-stop info-shop” for people interested in improving the health of Indigenous Australians.

West Australian Aboriginal Child Health Survey

www.ichr.uwa.edu.au/waachs

This survey is one of the key sources of information on Aboriginal family functioning. The links contain information on how to strengthen the capacity of Aboriginal children, families and communities.

FaHCSIA Indigenous Families and Communities

www.fahcsia.gov.au/internet/facsinternet.nsf/indigenous/programs-families_communities.htm

A directory of FaHCSIA-funded programs.

Best Start

www.beststart.vic.gov.au/library_resources.htm

Contains information on the Best Start prevention and early intervention project, and includes education support, promotional resources and materials.

Stronger Families Learning Exchange

www.aifs.gov.au/sf/pubs.html#bulletin

Links to a series of papers and publications from the Australian Institute of Family Studies' Stronger Families Learning Exchange.

National Child Protection Clearinghouse

www.aifs.gov.au/nch/resources/resources.html

Information resources on child protection. Contains links to publications, safety issues, notification of abuse and referencing and information.

childprotect

www.aifs.gov.au/nch/join/dlist.html

Provides a venue for exchanges of information in the areas of child abuse prevention, child protection and out-of-home care. This site is designed to promote the exchange of information between professionals working in these fields.

Parenting Information Project

www.fahcsia.gov.au/family/early_childhood_pip

A project that identifies the best practice parenting programs and information for Australian families and the most appropriate service delivery mechanisms.

Australian Family Relationships Clearinghouse—Indigenous Resources

www.aifs.gov.au/afrc/indigres.html

Resources for families/carers

Raising Children

www.raisingchildren.net.au

An information resource for parents, professionals and others caring for children.

Centre for Community Child Health

www.rch.org.au/ccch/resources.cfm?doc_id=10493

Provides a range of evidence-based resources for professionals that work with families and children.

Tips for Aboriginal Parents

www.community.wa.gov.au/DFC/Resources/Parenting/TipsforAboriginalParents/Tips+for+Aboriginal+Parents.htm

Provides parenting information and ideas to assist parents. There are booklets, videos, tip sheets and services for Aboriginal families, organisations and workers.

Aboriginal Early Childhood Service Support Unit

www.aecssu.org.au

The Aboriginal Early Childhood Services Support Unit (AECSSU) aims to promote the educational development of children through provision of high-quality early culturally relevant childhood programs for children, designed to enhance their self-esteem through the reinforcement of their cultural heritages. Service support involves working with staff of the services as well as with the management committees and the communities. Support activities include consultancy on programs and policies, the provision of training to staff committees, resourcing and problem-solving within the services.

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