

The Bouverie Centre

Aboriginal Family Therapy Training Program

Impact Analysis Report

Report prepared for the Lowitja Institute

Alison Elliott, Fiona McIlwaine, Nick Stone & Kerry Proctor
The Bouverie Centre





Alison Elliott
The Dreaming

Original medium: Carving into red gum and painted and lacquered

The artwork began with a dream when Alison was 16; she saw the images standing on the Creator Spirit with every aspect of life included on the Rainbow Serpents Path. The whole community is present: Elders, Women, Men, Children, Food gathering, Hunting, Fire, Music and Play. The original vision was that it would be burnt into bark, but 22 years after that vision it was burnt into a piece of red gum and painted and lacquered and completed for NAIDOC week 2010. This piece fitted well with the thematic evaluation of the Graduate Certificate in Family Therapy as the course is all about bringing the families and communities back together.

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Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

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The Bouverie Centre strongly supports the Australian Parliament's action of apologising to the Stolen Generations of Australia and acknowledges the traumatic legacy experienced by Aboriginal and Torres Strait Islander people and communities.

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- Mr Nick Stone, Evaluation and Intercultural Consultant (NS).

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Executive Summary

This report presents findings from a three-phase Impact Analysis evaluation of the Bouverie Centre's Aboriginal Family Therapy Training Program delivered by staff of the Indigenous Program, The Bouverie Centre, La Trobe University.

Phase 1 involved analysing transcripts of a major student assessment task – their Spoken Essays in which students were required to articulate what they learned from their participation in the Aboriginal Family Therapy Training Program.

- The first part of Phase 2 was based on conducting and analysing interviews with graduates and other stakeholders, and the second part of Phase 2 saw the development, administration and analysis of an online survey of all graduates.
- Phase 3 integrated earlier phases into a project management brief and related recommendations for the future of the program.

Findings from all three phases were consistent in delivering important messages. Graduates and other stakeholders agreed that the program is broadly achieving its objectives. Specifically, they confirmed that the program has led to substantial gains in the specialised knowledge, skills and motivation required to support effective family therapy practice in Aboriginal communities. The effects are, for many graduates, transformational in expanding their awareness, perspectives and competencies related to sophisticated conceptual and practical frameworks.

The training program:

- is a positive, challenging and transformational educational experience and achievement at a tertiary level
- supports students to become positive role models for their own families and communities
- is a 'hand-in-glove' fit with Aboriginal and Torres Strait peoples in terms of being holistic, contextual and trauma-informed
- is tailored to meet the problems experienced by the families of Aboriginal and Torres Strait peoples
- respects and centralises culture
- equally contributes to client outcomes and students' social and emotional wellbeing

- increases students' confidence to deal with their own family issues and issues within their communities, regardless of their job description
- makes a difference to the students' sense of confidence to work with families with complex problems and to work with mainstream agencies
- makes a difference to students' capacity for self-awareness, self-care and critical reflective practice
- makes education accessible and acknowledges and addresses past learning obstacles and the impact of racism
- is applicable to a diverse range of workers who come together in the one learning space.

Although some suggestions were made concerning minor program refinements, most respondents indicated that major challenges remain. These challenges relate to sustaining personal and professional development after the program has formally concluded; lack of recognition and support in the workplace during and after the program; and low levels of awareness in agencies and government about the value of continuing relevant professional learning.

About this report

This Impact Analysis report highlights the need to nurture and support the ongoing professional development of Aboriginal workers while they are participating in the Aboriginal Family Therapy Training Program and as they continue in their careers. It also highlights the pressing need to secure a funding base to continue improving the program and to better establish it within the work-based professional development landscape.

Overall, sound evidence has been gathered that the effectiveness of the health and welfare workers has been significantly enhanced by the Aboriginal Family Therapy Training Program. Significant gains are reported here across the three main domains under investigation: growing the knowledge, skills and motivation to continually develop workplace practice, and workforce capacity.



Recommendations

Recommendations relate to the Aboriginal Family Therapy Training Program's two key goals:

1. enhance the capacity of the Bouverie Centre to support and nurture the professional development of the graduate cohorts and provide further mentoring
2. contribute to securing ongoing funding for the development of the Aboriginal Family Therapy Training Program through the dissemination of the Impact Analysis Report.

The recommendations related to the first goal are:

- a. Clearer information on the content and value of the two-year supervision component of the program should be provided by the Indigenous Program staff to any ACCHO Board members, managers and prospective students of the program to promote its value to them and to provide a strong rationale for the students to stay engaged over that period of time.
- b. Each cohort of graduates should form one supervision group wherever practical to allow for continuity of learning within the group.
- c. Consideration be given to providing a signed agreement for attendance at the supervision sessions as part of the initial interview during the initial stages of setting up the course.
- d. A one-to-one mentor be offered to those students who wish to participate. Mentors could be previous graduates, community members, or workers with relevant experience. The setting up of this mentoring could be auspiced by the Indigenous program and could be tailored to match the needs of the student with the mentor's capacity and availability.
- e. A student position be made available to a community member/Elder who may not fit the criteria to enrol (e.g. not employed) but may be seen in community as a family worker who would benefit from the knowledge gained, skills and self-care tools. This would both build the capacity and support to the Elder and bring their knowledge and wisdom to the group.
- f. Consideration be given to ways to encourage and support graduates who demonstrate potential and interest in further academic study.

In order to further support the professional development of the graduate the Indigenous Program staff should give consideration to:

- g. developing and promote a selection of professional development workshops to be offered to all graduates for each calendar year. The Indigenous team trainers should deliver

these workshops, which should be advertised at the end of the year so that graduates can plan ahead to attend sessions. Workshops could cover subjects such as 'Healing the healers'—Vicarious trauma and self-care, No bullshit therapy, Single session therapy, Narrative therapy and Self-supervision.

- h. offering professional development workshops on-site at the Bouverie Centre or at regional locations at no or low cost (to cover the cost of catering/venue only).
- i. creating a Training Officer position to consult with the graduates and their communities to tailor training to their needs.
- j. developing an online strategy such as Facebook to follow-up graduates and to develop a network with the goal of building a sense of identity, and a referral network of trained graduates.
- k. setting up opportunities for interested workers to be part of the 'Workin with the Mob' clinical team, with the possibility of internships, joint work and secondary consultation.

The recommendations related to the second goal are that the Indigenous Program staff should:

- a. further develop and consolidate the Aboriginal Family Therapy Training Program's relationship with ACCHOs and key training organisations such as the Victorian Aboriginal Community Controlled Health Organisations. A key area of assistance should be in redefining the job roles of graduates to recognise and make the best use of their new skills and capabilities.
- b. provide information about this training program to Board members, managers and senior training officers of key Aboriginal health and welfare organisations to ensure they know about the retention rates, results, and key aspects of the course content.
- c. establish a reference group for each cohort with members from the organisations whose workers are enrolled. The functions of the reference group should be developed in the set-up phase of the course—developing a greater understanding and appreciation of the skills and outcomes for those workers.
- d. strongly advise and support managers from the organisations which have workers enrolled in a course to also participate in the training.
- e. present the findings from the impact analysis report at a number of key Indigenous education forums including the Congress Lowitja and the Indigenous Allied Health Conference, and to the Board meetings of



Key Terms

Interpretations about the meaning of key terms used in this report vary across different audiences. For the sake of clarity we provide our own working definitions.

Aboriginal and Torres Strait Islander/Indigenous

This report refers to Aboriginal and Torres Strait Islander peoples and Communities (plural) in acknowledgment of the diversity of all Aboriginal peoples and Communities throughout Victoria. This report further acknowledges that these communities have different histories, political dynamics, social situations and cultural characteristics, as well as different economic and administrative resources. The term 'Indigenous' is used to describe both Aboriginal and Torres Strait Islander peoples.

Cultural safety

Cultural safety is of central importance to the delivery of the Family Therapy Training Program and to the provision of family therapy services in communities. Cultural safety refers to people's lived experiences of feeling safe to express themselves and includes the totality of their identity in any interactive setting. It refers to psychological/emotional and physical safety. It was developed in the context of health services working to ensure clients from marginalised cultures feel their cultural identities are respected when they are using services and has been expanded to be considered in any social, educational or therapeutic context.

The term is used and defined in many ways. Due to the complexity of its meaning (Johnston & Kanitsaki 2007), some other useful definitions include:

- 'an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening' (Williams 1999:213)
- 'Cultural safety... gives people the power to comment on care leading to reinforcement of positive experiences. It also enables them to be involved in changes to health services and programs. Cultural safety explicitly acknowledges the experience of the recipient of care' (Nguyen 2008: 991)
- cultural safety 'extends beyond cultural awareness and cultural sensitivity. It empowers individuals and

enables them to contribute to the achievement of positive outcomes. It encompasses a reflection on individual cultural identity and recognition of the impact of personal culture on professional practice' (Bin-Sallik 2003:21).

Family therapy

'Family therapy' is a broad term that refers to the modality of therapy where there is a primary focus on relationships, context and patterns rather than a focus on the individual. Within this modality there are a plethora of models or frameworks, but all share a focus on relationships, both to make sense of the issues that people present with and as a locus for therapeutic intervention. Broadly speaking, this is referred to as systemic thinking and practice.

Self-care

If unaware of the importance of practicing self-care, detrimental changes to a worker's psychological, physical and spiritual wellbeing can occur when caring for people who have been hurt or traumatised. Such changes are often referred to as vicarious trauma. Self-care refers to a worker first acknowledging any negative impact that the work may be having on the worker and then taking steps to address this. Examples of such steps could include speaking to a colleague, taking time out to enjoy other non-work-based activities or finding ways to share the workload.

Transgenerational trauma

'Transgenerational trauma' refers to the collective trauma that began for Aboriginal and Torres Strait Islander people at the point of colonisation and that has continued over generations with assimilation, removal and Stolen Generations policies. These traumatic experiences are understood to have affected communities to such a degree that trauma—and, with it, grief and loss—have become the norm. Without appropriate policies and actions that come from an understanding and recognition of the reality of traumatic experience being transferred from one generation to the next, opportunities for healing are severely compromised and there is ongoing disempowerment and disadvantage. For more information, see Atkinson, Nelson and Atkinson (2010) and Atkinson (2002).



Introduction

In late September 2013 the Bouverie Centre received funding from the Lowitja Institute to conduct an impact analysis for its three-year Aboriginal Family Therapy Program which includes a one-year Certificate in Family Therapy. The impact analysis was designed to document and promote the impact of the work being done by graduates of the Bouverie Centre's Aboriginal Family Therapy Training Program which was established in 2008 and has 63 graduates to date. The staff of the Indigenous Program considered it timely to review the program, to look at the gains that have been achieved, and to consider how its design and delivery could be further improved. In particular, sustainability issues are a major focus; for example, how can the program be better established and supported within Aboriginal Community Controlled Health Organisations (ACCHOs) and other relevant services? For a program such as this to evolve, ongoing evaluation is critical to identify gaps and opportunities for further development and, importantly, to identify opportunities for income generation.

To address some of the systemic health and protective issues facing Indigenous communities in Victoria, the impact analysis project was intended to illustrate how the graduates' work brings together:

- family and systemic therapy
- Aboriginal and Torres Strait Islander people's insights into Aboriginal and Torres Strait Islander family healing practices
- integration of trauma theory.

The objectives of the impact analysis project were conceived in three phases:

1. Collate and thematically analyse the existing data gathered in the Spoken Essays submitted as one of the requirements of the Graduate Certificate in Family Therapy.

2. Interview representatives of participants and stakeholder communities of the Bouverie Centre's Aboriginal Family Therapy Training Program in three regions.
3. Write up and disseminate learnings in an Impact Analysis Report, a Project Management Brief with relevant recommendations for the Program and to prepare and submit a pertinent journal article.

Background to the Aboriginal Family Therapy Training Program

Family therapy is how we actually support our families. It's holistic... here's the opportunity to get a qualification that's going to be a practice model that's very similar to how we traditionally would have done [it], sorting out problems within a community, within a family. (Graduate)

In 2007 the Bouverie Centre¹ at La Trobe University was successful in securing funding from the Department of Human Services to provide family therapy training to Aboriginal and Torres Strait Islander child, family and health workers. Throughout 2008 the Bouverie Centre's Indigenous Program Team held extensive consultations with the Aboriginal Community and worked with the program's Advisory Group to adapt the mainstream Graduate Certificate in Family Therapy to better meet the needs of Aboriginal workers. In collaboration with Take Two—Berry Street² and the Victorian Aboriginal Child Care Agency (VACCA),³ the team developed the Aboriginal Family Therapy Training Program, which was offered for the first time in Shepparton, Victoria, in 2008.

1 The Bouverie Centre is a state-wide centre that provides tertiary level training and professional development courses in family therapy and provides clinical services to families with complex issues, including mental health issues, trauma, substance abuse and gambling.

2 Take Two is a clinical program of Berry Street Victoria. Its client base is children and young people who are in the care of the Department of Human Services and have experienced trauma. Within the Take Two program there is a dedicated Aboriginal Team.

3 A state-wide Department of Human Services-funded organisation



Since 2008 there have been six cohorts and at the time of writing, (December 2014), there are two further cohorts of students in Shepparton and, for the first time outside Victoria, in Cooktown, Queensland.

Course description

The Aboriginal Family Therapy Training Program is delivered off campus, in community, for Aboriginal and Torres Strait Islander workers, as well as a small number of non-Indigenous workers who are working in community with Indigenous families. It is designed to give students a thorough introduction to family therapy theories and practice, with an emphasis on maintaining sensitivity to families' needs and experiences. It is a parallel version of the Graduate Certificate in Family Therapy delivered to mainstream students at the Bouverie Centre but also incorporates the Yarning Up on Trauma training and an interactive community presentation. It has specific entry requirements and assessment tasks that acknowledge the off-campus and work-related needs of Aboriginal child and family workers.

On completion of the Graduate Certificate year, graduates participate in a two-year Group Critical Reflective Practice component, which builds wisdom, skills and knowledge within the group. The course is offered as the first year of a three-year program.

Students are community workers from a combination of ACCHOS and mainstream agencies covering a wide range of service areas such as children, family, drug and alcohol, family violence and justice. Admission requirements allow entry to students who may not have a related undergraduate qualification, but have worked in and significantly contributed to the field for three years or more.

Since students are constantly required to integrate learning and practice, preference is given to applicants currently in work contexts that have direct involvement with families. As with mainstream graduates, it is important to note that further training and supervision is required to become a qualified family therapist. The course comprises four units totalling 26 days of face-to-face training, delivered one day per training week over 18 months.

The aims of the course are to:

- understand and use family sensitive principles
- develop entry-level skills in family therapy practice
- enhance skills by looking at presenting problems through an interactional framework

- embrace an interactional focus and develop skills in pattern recognition and in identifying the impact of contextual factors
- increase self-reflective skills and identify the worker's role in the system, including interactions with agencies, colleagues, clients, families and the broader community
- adopt a collaborative partnerships approach to work with families.

Development of the Black and White Model

The social and emotional wellbeing concept is broader... and recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. (Social Health Reference Group 2004:9)

The teaching model used in the course is named the 'Black and White Model' to emphasise the differences and the possibilities for exchange and development of new knowledge. The Aboriginal Family Therapy Training Program was developed collaboratively with Aboriginal communities through involvement of the Advisory Group and needs-based consultation with key Aboriginal communities. It acknowledges that Aboriginal and Torres Strait Islander communities continue to suffer the effects of transgenerational trauma (Atkinson, Nelson & Atkinson 2010; Atkinson 2002). Originating in a history of dispossession of land, culture, spirituality and language, and amplified by prejudice, abuse and the forced removal of children, the results can be seen in statistics that demonstrate the over-representation of Aboriginal and Torres Strait Islander people in the justice system, welfare dependency, substance and alcohol misuse, family breakdown, physical and mental ill-health, self-harm and suicide (Prime Minister's Report 2013).

Western medicine typically separates physical and social health and deals with each in isolation. There is a mind/body/spirit split. The focus for a majority of mainstream treatment models is the individual, thus separated from her/his family. This mainstream model is alien to traditional Indigenous healing beliefs and practices, which incorporate a healing process that is strength-based and integrative of families' and communities' experiences (Garvey 2008; Pattel 2007). For Aboriginal and Torres Strait Islander people, when



the family is healed the community is stronger, and when communities are strong, they nurture families' growth and resilience.

The Black and White model is one that recognises the inter-connectedness of our experience, the critical importance of context and the central place of relationships in providing a holistic framework for any therapeutic work. In summary, systemic frameworks and practice are critical for anyone working with Aboriginal communities. As one student said,

If there's been trauma in the family, it is not just one person who's been traumatised, it's been the whole family... and I just think that part of recovery is family... they can make it work... it's not just like putting a band aid on the cut.
(Graduate, 2012)

The Black and White model is based on mutual learning and knowledge transfer between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, and between students and trainers. Two-way learning is the cornerstone of this model. When a respectful learning environment is established, everyone has something to teach and everyone has something to learn.⁴ As Yunkaporta (2009:13) observes:

Western and Indigenous pedagogies are often incorrectly constructed as irreconcilable. To remedy this divisive tendency, this way of learning also encompasses non-linear Indigenous ideas of overlap and synergy, choosing to view the two worlds as complementary rather than oppositional...

... this way of learning is not only about presenting learning in cyclic and indirect ways—it is also about avoiding dichotomies by finding common ground and creative potential between diverse viewpoints and knowledge domains.

A further dimension to the Aboriginal Family Therapy Training Program is that it includes non-Indigenous people working with Aboriginal and Torres Strait Islander families in this complementary learning context, which means that they gain far more depth of understanding of the issues facing Aboriginal communities and families. As one graduate said:

Every Indigenous person in Koori organisations working in family services should have the opportunity to do this course. The context of the course is fantastic [and] should be put out there to mainstream service providers, social workers, counsellors and [Department of Human Services] workers to provide an opportunity/resource so they get an understanding of how Indigenous people operate, work and why things are in a particular way.

The Black and White Model can be summarised as follows:

Ten key features of the Black and White Model (Moloney, 2014)

1. The course is facilitated by an Aboriginal ('black') Cultural Consultant trained in family therapy, and a non-Indigenous ('white') trainer and family therapist with extensive academic experience. Each Facilitator brings different teaching and practice experience and wisdom that contributes to the ongoing delivery of the Program.
2. Training is designed and delivered using adult learning principles, drawing on students' prior learning and experiences. This allows learning to proceed using a strengths-based (as opposed to a deficit) approach. This also involves trainers and students learning from each other, reinforcing an egalitarian climate by respecting and incorporating everyone's knowledge and wisdom. Appropriately experienced, non-Indigenous students are included. These workers are embedded with their local Indigenous Community and are endorsed by their ACCHO Manager
3. Both trainers are aware that some students will have negative educational experiences that may affect their current disposition to institutional learning. Trainers encourage transparency and discussion around these past experiences, leading to more open discussion and a safer learning environment.
4. Training is held in students' local communities, at a location negotiated through Community consultation. This needs to be away from students' workplaces to allow them to fully commit to one-day workshops that are free from (un)expected interruptions.

⁴ No Text in word document?



5. All training workshops are accompanied by healthy food. It is very much part of Indigenous and other cultures to share food and 'oil the day'.
6. The Cultural Consultant facilitates negotiation with the students to establish agreed rules that maintain respectful working relationships in the group.
7. Text materials are written, or rewritten, in culturally appropriate language. Trainers help students to rework written academic texts during classroom discussions and activities. This translation positions course theory within an Indigenous context, allowing students to better relate it to their own knowledge base, while also learning the academic language of family therapy.
8. Diverse variations in Indigenous and other cultural backgrounds are explicitly recognised, and cultural and personal similarities and differences are acknowledged. For example, a trainer might ask, 'What have I missed here, what else is important to consider, from a cultural perspective?'
9. Trainers recognise that external events may impact students' attendance and capacity to engage. Events may include births, illnesses, deaths and cultural events, such as NAIDOC week. Opportunities are made for students to catch up.
10. Sessions end with students completing evaluation forms. Subsequent sessions begin by responding to this feedback and collectively summarising the previous week's learnings. This continual feedback 'looping' helps students feel safer and attended to, and promotes clarity and links and coherence across various ideas and training components.

Enrolments and graduations

Among the most fundamental evaluation indicators are enrolments and graduations; that is, attracting students to the program and supporting them through to successful completion. A recent federal government Review into Indigenous Access and Outcomes in Higher Education recognised the Aboriginal Family Therapy Training Program's significant achievement in attracting, retaining and graduating high rates of Indigenous postgraduate students (Behrendt et al. 2012:191):

Students achieve a retention rate on a par with that of all students in similar courses (87%). Of graduates, 49% are now undertaking increased clinical duties with families, 16% have taken up senior positions in mainstream service providers as a result of receiving academic credentials, and 7% have enrolled in a mainstream master's degree program.

These results (updated below) were achieved in a context in which Aboriginal and Torres Strait Islander Australians account for 0.5 per cent of university places while representing 1.9 per cent of the population over 15 years of age (ABS & AIHW 2008). Karmel et al. (2014) report that compared with non-Indigenous students, Indigenous university students are more likely to be:

- older
- from regional and remote areas
- in paid work and working more hours per week
- the first from their families to attend university
- caring for dependents
- combining academic and work-based learning
- highly committed to their studies.

Except for the last characteristic (being more highly committed), these features have the potential to pose challenging obstacles for Indigenous students. The Aboriginal Family Therapy Training Program was designed to acknowledge these and other distinctive issues associated with Indigenous workers returning to study, hence:

- the training is provided within the community, so that the university 'comes to them'
- the program enables a safe and empowering climate in which the considerable skills and knowledge of the students are built upon
- student places within the course are sponsored
- supervision is provided for two years post-training to support the implementation of family therapy skills.

As an indication of its significance in the national landscape, in 2011 the Aboriginal Family Therapy Training Program delivered 14 per cent of all Indigenous students graduating with a Graduate Certificate and 4 per cent of all Indigenous postgraduates nationally (Department of Education,

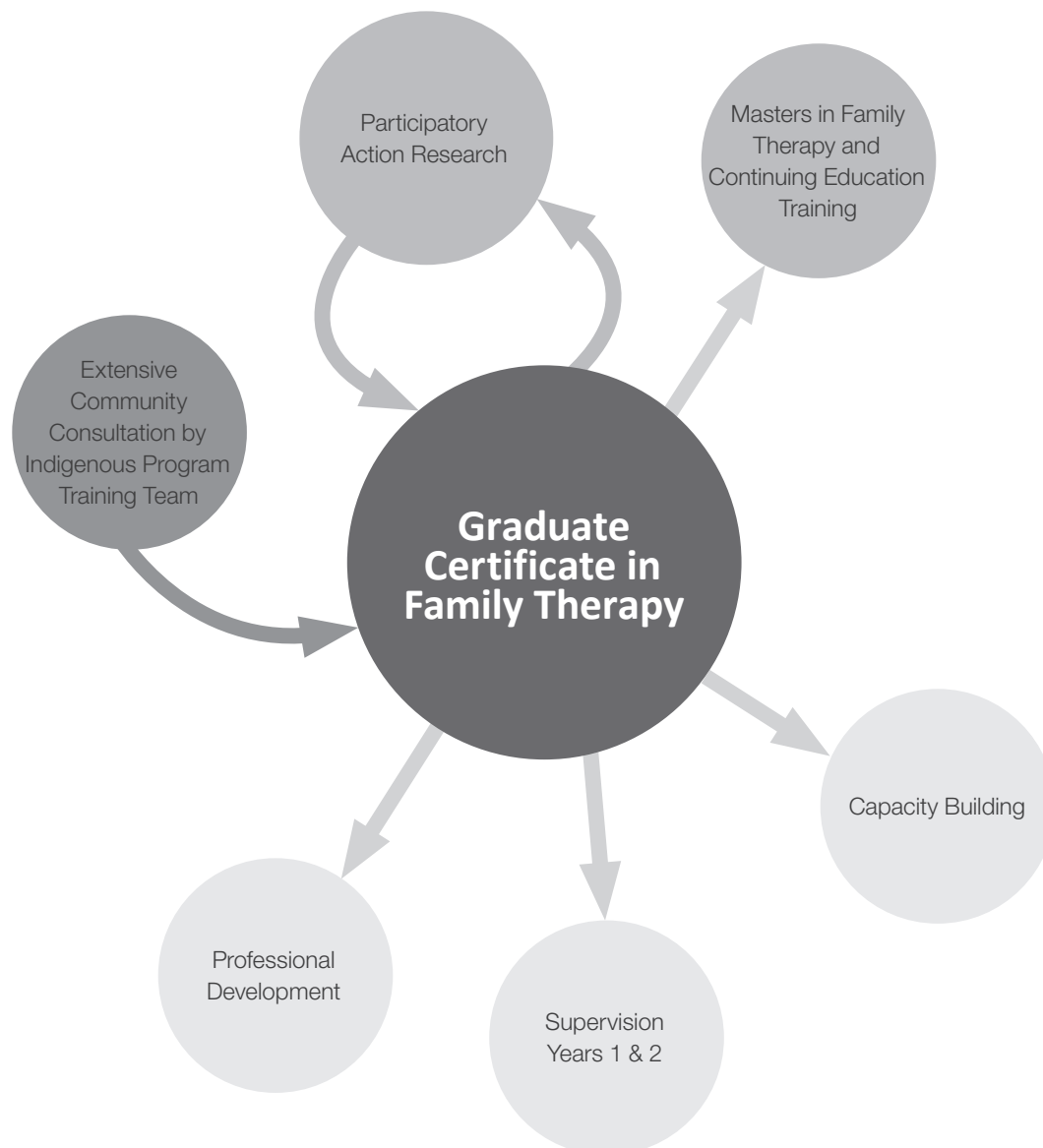


Employment and Workplace Relations 2011). Since 2008, 63 students have graduated from the Graduate Certificate in Family Therapy, with a retention rate of 89 per cent for Aboriginal and Torres Strait Islander students. Two graduates have gone on to successfully complete a Master of Clinical Family Therapy degree within a mainstream context. These outcomes are significant considering the poor retention rates of Aboriginal and Torres Strait Islander students

nationally: less than 50 per cent complete their courses, compared to about 72 per cent of non-Indigenous Australians (Karmel et al. 2014).

The components of the Aboriginal Family Therapy Training Program are summarised in the figure below. It represents the context for the academic qualification and how it is embedded within a Program that encompasses capacity building and ongoing evaluation.

Figure 1: Model of the Aboriginal Family Therapy Training Program





Current Impact Analysis Report

Methodology

As noted the primary aim of this Impact Analysis was to document and promote how the work being done by graduates in the Aboriginal Family Therapy Program brings together family therapy, Aboriginal and Torres Strait Islander insights into Aboriginal and Torres Strait Islander family healing practices and an integration of trauma theory, in order to address some of the systemic health and protective issues facing Aboriginal communities in Victoria.

A project team was set up, headed up by the Program Manager (Kerry Proctor), two project staff, an Aboriginal trainer (Alison Elliot) and a non-Aboriginal trainer (Fiona McIlwaine), and a Research Consultant (Nick Stone). Consultation was also provided by staff from the Lowitja Institute. In line with the philosophy and practice of collaboration and consultation within a systemic framework that has characterised the Aboriginal Family Therapy Program, a Participatory Action Research methodology was adopted (Pyett 2002). Underpinning this approach is a research process that respectful of the participants and acknowledges and privileges their voices in the findings. In line with the systemic underpinnings of this program it is a recursive process where findings from one source can be presented and feedback sought from others to develop and enrich the findings.

Three objectives were developed:

1. Collate and thematically analyse the existing data gathered in the 63 Spoken Essays⁵ submitted as part of the requirements of the Postgraduate in Family Therapy training;
2. Interview a representative group of participants and stakeholder Communities of the Bouverie Centre's Indigenous Family Therapy Training Program in three regions; and
3. Write up and disseminate learnings in an Impact Analysis Report, which will then provide the evidence base needed to acquire ongoing funding.

Initially a literature search was undertaken exploring the content area of trauma informed family therapy practice and educational models used to educate workers in this sector.

Phase One of the Impact Analysis utilised data from the 63 Spoken Essays of the graduates of all six cohorts since 2008. They were chosen for analysis because in these essays students are required to answer questions that relate directly to the learning, challenges and insights they have gained throughout the course, their own reflections on their personal development and direct examples of changes made to their work practice as a result of doing the course. Data from these essays was thematically coded and analysed for the purposes of informing the semi-structured interviews in Phase 2, and contributing to the final Impact Analysis Report in Phase 3. An Interim Report of Phase One finding was written up and presented to the Indigenous Program team in order to give feedback to the team and provide the stimulus for examination and feedback of these findings.

Phase Two involved interviewing Managers, graduates and other relevant persons in three targeted participating regions asking about positive benefits that have been demonstrated at a community level as a result of workers undertaking the family therapy program. Permission was sought from relevant agencies to invite program graduates and Managers.

The aim was to interview from three Regions that would cover Metro and rural areas and would depend on who was available and willing to participate. Semi-structured interviews were conducted asking participants for their feedback on five key areas:

1. positive benefits that have been demonstrated at a community level as a result of undertaking the family therapy program
2. documentation of the practice leadership examples that graduates achieve and the capacity-building that results from skilling the workforce.

5 No Text provided



3. evaluation of where this program fits in with other programs, policies and priorities of the agencies involved, and other relevant services operating in the region.
4. demonstration of the collaboration and building of stakeholder investment in the program – both ACCHOs and generalist services
5. identification of any gaps, unmet needs, opportunities for future program development or income generation

A survey was developed (Appendix) to gauge the perceived impact of the program using rating scales and optional short written responses. Participants had a choice of online or hard copy survey completion.

As with Phase One, an interim report of Phase Two findings was written and disseminated to the Indigenous Program Team to promote team discussion, reflection and feedback on the findings.

Phase Three of the Impact Analysis involved the writing up of the Impact Analysis Report drawing together information in the evaluation reports written in Phases One and Two. Additionally a Project Management Brief

was written up drawing together the feedback from the Indigenous Program Team. The two researchers presented interim findings to the Indigenous Program Team at a meeting in August 2014. At this meeting questions were asked to gain team members' reflections and feedback covering the two key goals. Feedback was also gained from questions sent to team members via email. This information was summarised and integrated with the findings from Phases 1 and 2 and recommendations linked to the goals were written up.

A further aim of Phase Three is the dissemination of the teaching model and the findings from this Impact Analysis to relevant sectors and to this aim a journal article has been written for publication in an appropriate journal, preferably one with open access to maximise accessibility to the field, for example, Aboriginal and Islander Health Worker Journal; Australian Aboriginal Studies; Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health; Reconciliation News; Journal of Public Health.

A summary of data collected and analysed for this Impact Analysis is shown in Table 1.

Table 1: Summary of data

Type	Number	Comments
Spoken Essays	63	Thematically analysed and summarised
Focus Group Interviews	3	Eastern Metro, Mildura x 2
Individual Interviews	2	Regional Manager
Trainer Interviews (pairs)	6 (3 pairs)	Indigenous Program Trainers
Survey Rating Scales	17	35% response rate
Survey Written Comments	More than 50 comments provided	Optional written comments
The Bouverie Centre's Indigenous team meeting	2	Indigenous team meeting in February discussing results of Phase One Indigenous team. Interviews and discussions in August regarding Phase Three Project Management Brief
Other reports	13	Robyne Latham,(2011) <i>Report on Third Training Cohort Gippsland</i> (see References)



Phase 1: Analysis of Spoken Essays

The first task was to transcribe, collate and thematically evaluate 63 spoken essays submitted by graduates as part fulfilment of the Graduate Certificate in Family Therapy (details about this task are provided in Appendix 1). Initially the researcher (Alison Elliott) started the thematic analysis by reading each of the 63 essays and thoroughly immersing herself with the data until 'saturation' was achieved. At this point, all clearly identifiable themes had emerged and further re-reading became redundant.

The next stage was to generate codes for the themes that emerged from data. This was done through colour coding comments into four dominant themes. The questions asked by the assessor when recording the spoken essays provided an overarching framework to analyse the comments and find the common, recurrent themes. These questions related to the key learning outcomes (see Course Description section for list) and they provided the structure from which the themes then emerged.

Once the researcher was fully immersed in the analysis, she evaluated whether to classify comments as either positive or negative in tone. There was an inherent risk of subjective bias in this process, but some triangulation and cross-validation was made possible by having the same researcher immersed in the analysis as well as interviewing some of the same students/graduates and trainers originally involved in producing the essays.

Findings

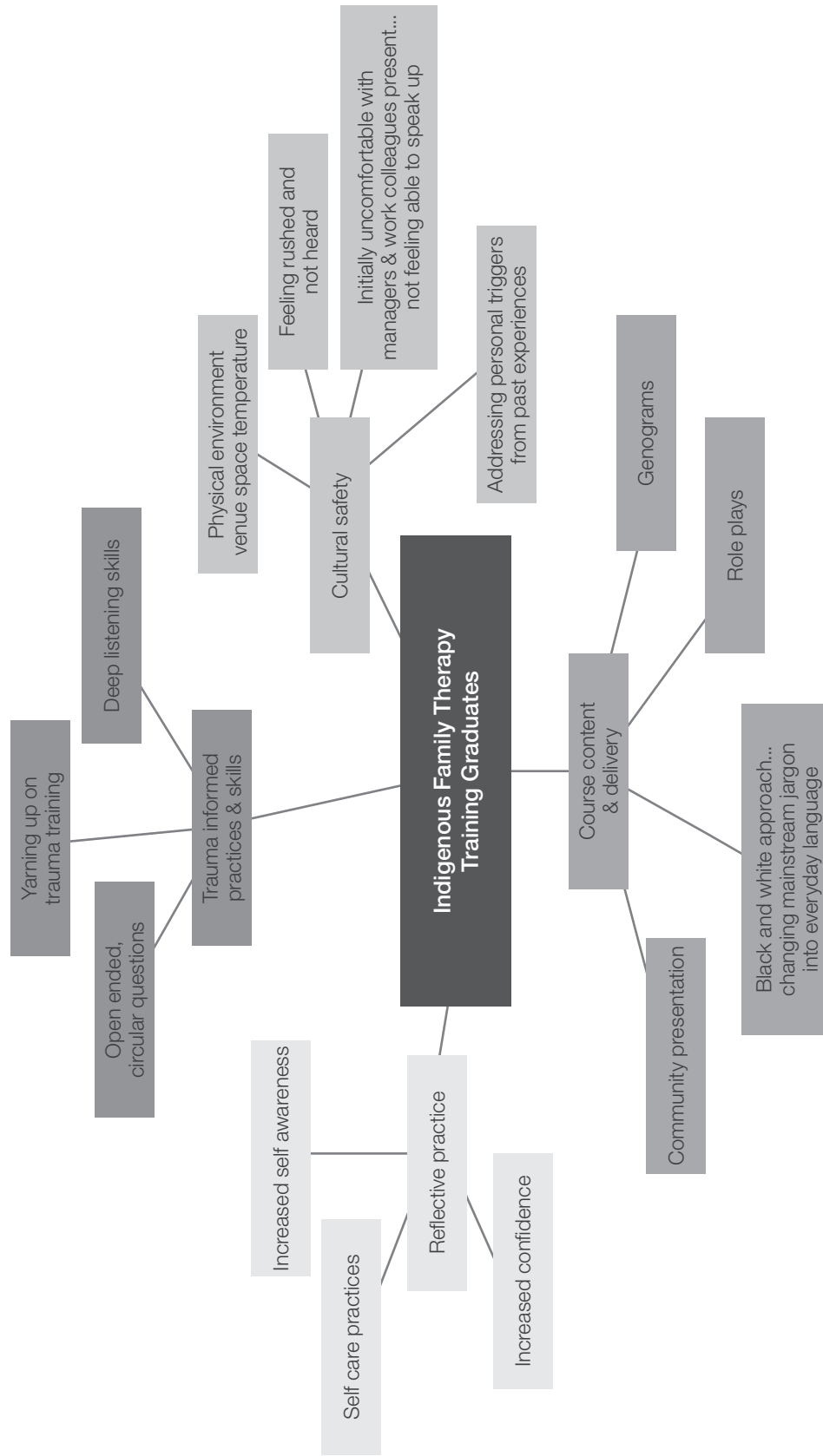
The emergent themes are represented in Figure 2.

The themes that had emerged were used to inform the semi-structured interviews in Phase Two. The four main themes that emerged were:

- Cultural Safety, including the physical environment and the venue space, and comments on emotional experiences such as feeling rushed, not heard or uncomfortable during the program
- Trauma-Informed Practice and Skills specifically related to the theoretical learnings about trauma that were taught and experienced and the students' skill development (translating theory into practice)
- Content and Delivery of the course, with different assessments such as role plays, genogram presentations, the translation of PowerPoint slides into more accessible language, and the experience of the course being delivered locally
- Reflective Practice related to the development of Self-Awareness and its place in ongoing reflective practice. Comments around increased confidence were common. This theme was expanded to a wider, more inclusive theme that included the reflections on work practices and personal learnings (for example, from the students' reflective journals).

These four themes are discussed below, and the respective numbers of positive and negative comments are recorded in accompanying charts. These charts allow inter-cohort comparison for each theme.

Figure 2: Bubble chart of emergent themes





Discussion

Cultural safety

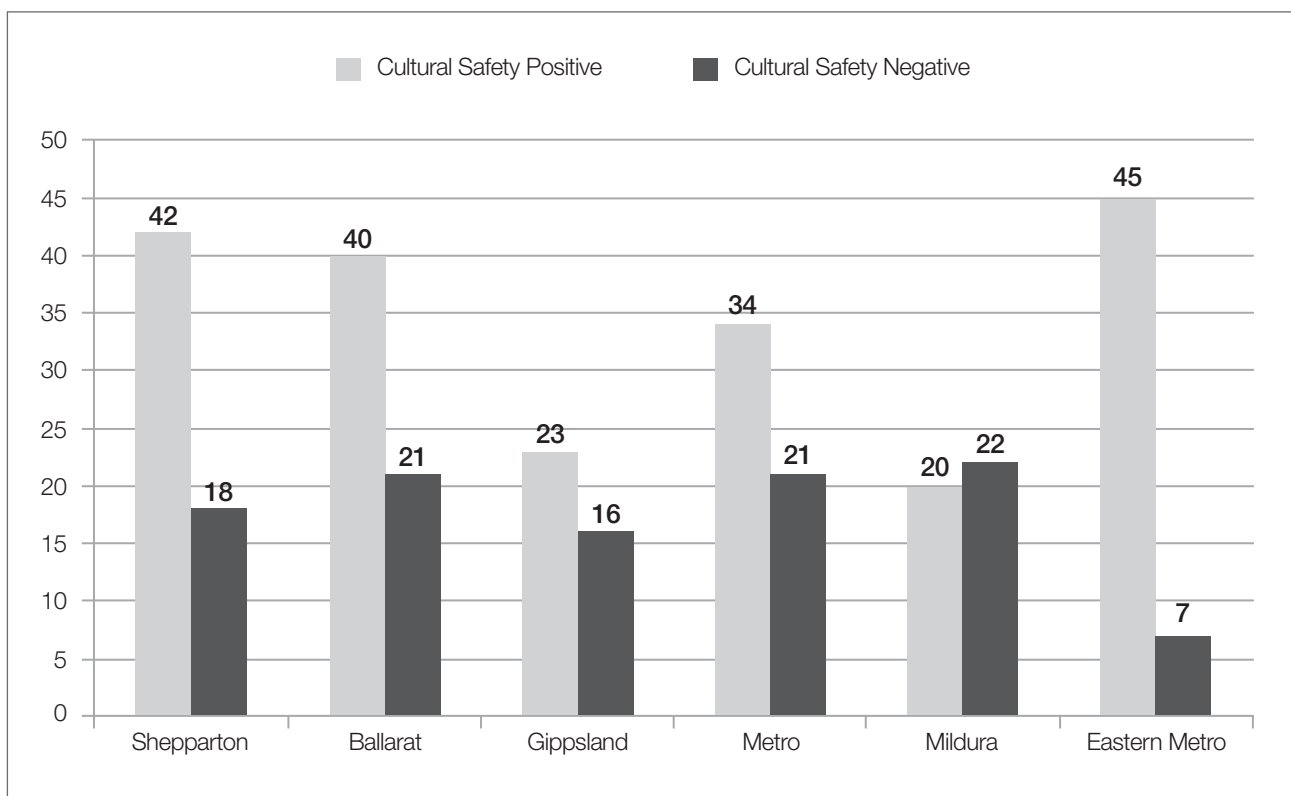
Student discussions and comments highlighted the importance of establishing and maintaining cultural safety within the group. At the beginning of each training program, a shared meaning of cultural safety is established by the group. By the time students present their spoken essays, they have a sound understanding of what cultural safety means to the group and how to talk about it.

There were marked differences between the six cohorts. For example, some comments from the earlier cohorts revealed that students felt a lack of cultural safety at times, but comments about safety from later cohorts were positive in relation to both the

group members and the overall physical environment. This contrast suggests that with increasing experience, the facilitators' expertise evolved to better create a culturally safe process and program for both students and facilitators alike.

Students from the Shepparton (2008–09) cohort reported higher levels of stress and distress related to external factors occurring in the community. Multiple deaths and other crises clearly impacted upon the group's feelings of safety and on members' ability to succeed in the course. Existing fractures and misunderstandings within the greater community also became evident in one cohort. These were able to be temporarily repaired during the training days, but reappeared post-training.

Figure 3: Comments related to cultural safety





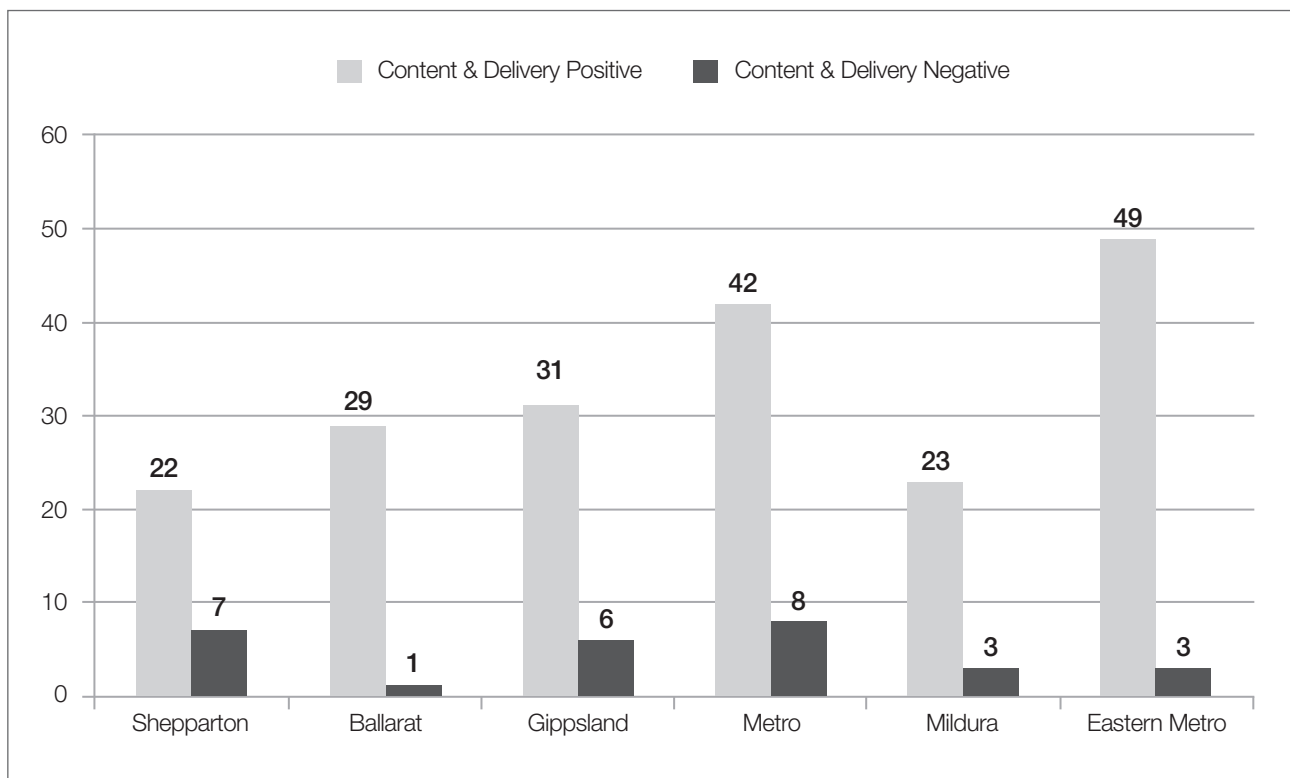
Content and delivery

Overall, comments about course content and delivery were positive across all cohorts. Comments on content related to all aspects of the course, but there was particular reference to two aspects of the course. One had to do with the practice of the trainers modifying PowerPoint Slide content with feedback and terms used by the students during the group discussions, and the other aspect was the significance of the experience for students of presenting their own family genogram and listening to others' presentations. Delivering the course locally was universally identified

as a positive and encouraging pathway to study. A significant number of positive comments were related to the pacing of the course over a twelve month period with breaks to assist processing the learning and integrating into practice.

There were many comments from across cohorts about the value of an Aboriginal and Torres Strait Islander co-trainer. Comments related to the role of this person in maintaining culturally safe delivery of the course, for example in understanding the impact of shame in interfering with learning.

Figure 4: Comments related to content and delivery



Trauma-informed practices and skills

The students repeatedly affirmed the value of the Yarning Up on Trauma component in increasing their awareness of trauma, and particularly the traumatic impacts of colonisation that still affect communities and individuals today (including the workers themselves). Being informed and educated about this is essential when dealing with clients in a non-judgmental and compassionate way.

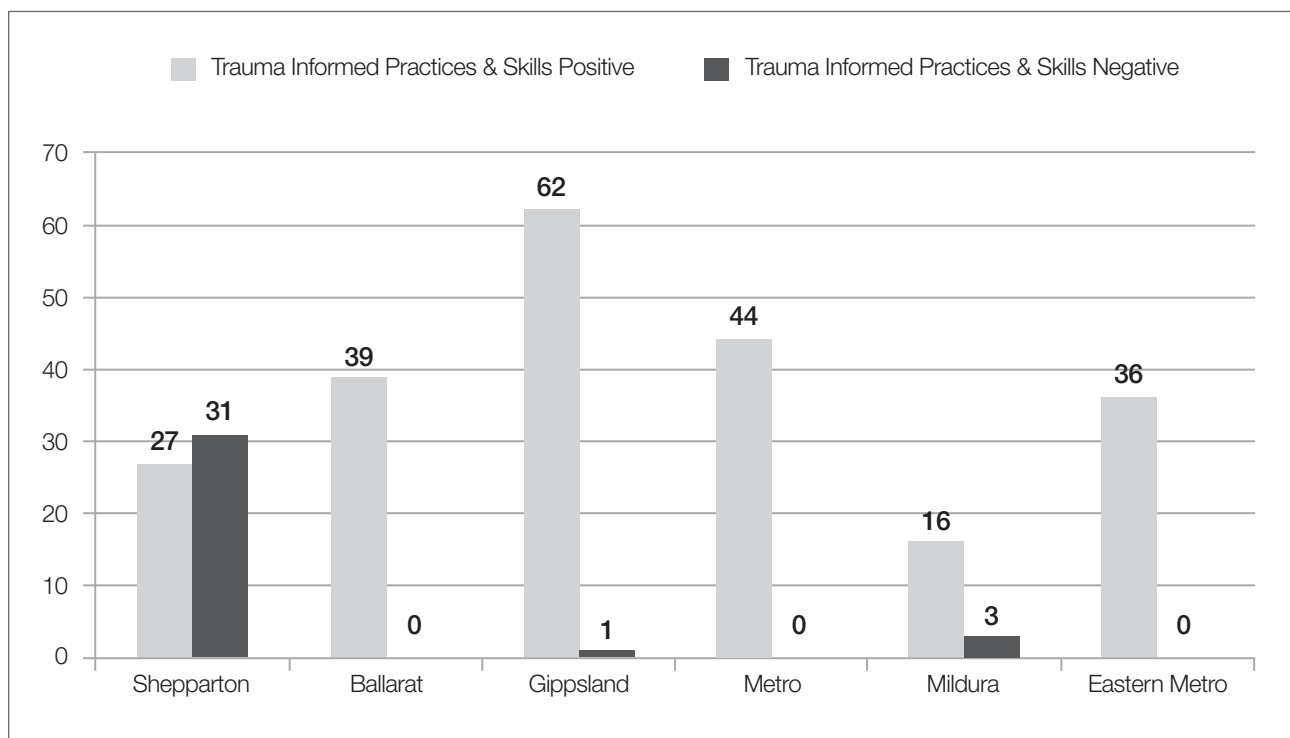
Three cohorts made only positive comments related to this theme. Positive comments typically related to particular skills and techniques students felt were relevant to their work practice, including awareness of the trauma and its effects on families and individuals. Negative comments from students included feelings that they were unable to gain adequate skills or knowledge to transfer course learning effectively back into work practice.



Shepparton stood out as having a substantial number of negative comments which exceeded the number of positive comments. This outcome is best explained by the fact that this was the first cohort, there were

a significant number of teething problems, and the trainers were developing their own collaborative style of teaching and were responding to the feedback from student group.

Figure 5: Comments related to trauma-informed practices and skills



Reflective practice

Harris et al (2008) offer pragmatic advice on reflective practice:

Good practice is built one interaction at a time. It is often hard to find the time to reflect and examine good practice, let alone document it, but unless we document it and share it, it will remain isolated and individual (p1).

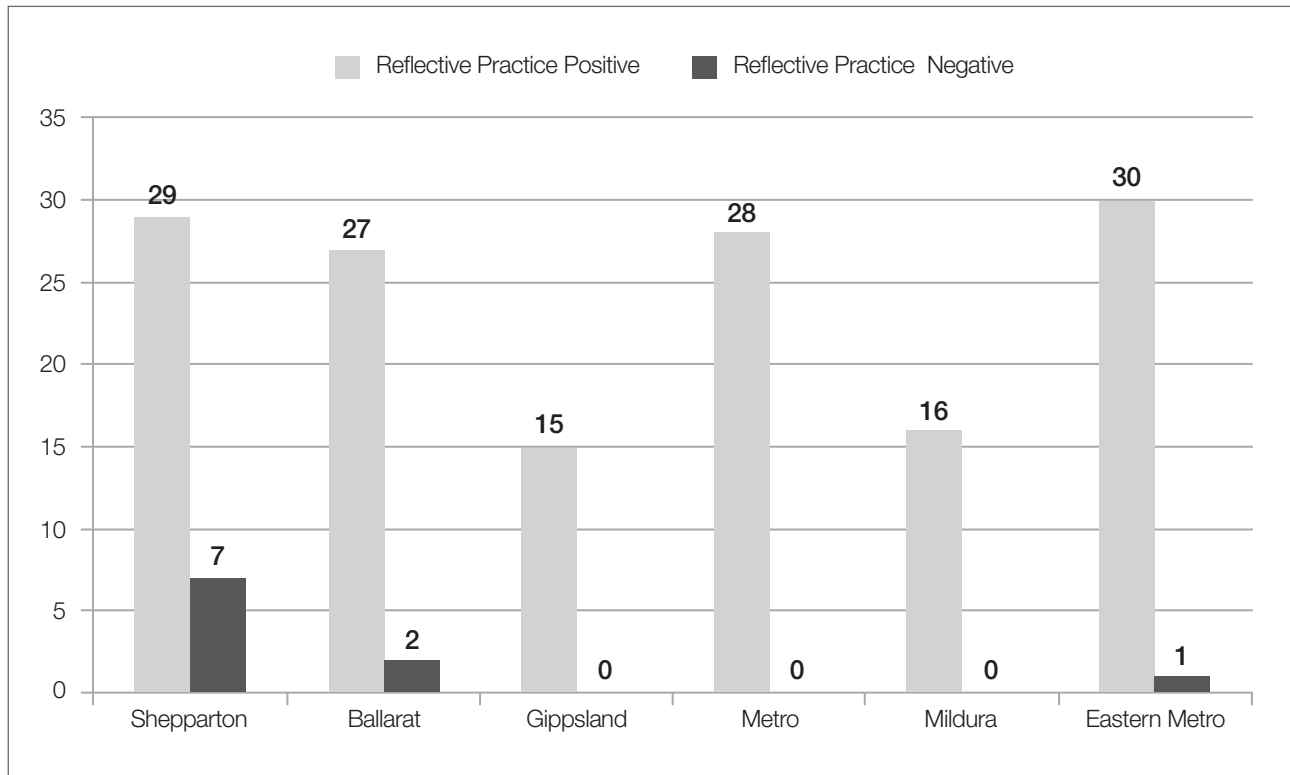
Many comments across all cohorts exemplified this reflective process. In particular, it became apparent that the course provided opportunity to discuss and

reflect on what works for each of the workers in their various workplaces, and with different families and communities. Positive comments revealed students were also developing high levels of awareness about their own personal triggers and barriers to learning.

Students made repeated references to the value of the reflective journal, the in-class reflective observations and discussions, and the increased confidence and level of self-awareness that grows from taking the time to reflect and see things differently. There were also comments on self-care practices being vital to avoid burnout and fatigue from their stressful roles.



Figure 6: Comments related to reflective practice



Feedback of Phase One Findings to the Indigenous Program Team

A summary of Phase One findings was presented to the Bouverie Centre's Indigenous Program Team meeting in March 2014. Discussion focused on the four themes and highlighted the following key factors that need to be taken into consideration in making sense of the differences between cohorts:

1. The actual number of students in each cohort and the possible impact of this (for example, it is possible that a greater number of students will give a greater depth of reflection compared with a smaller group).
2. The Ballarat (2009–10) cohort experienced a number of unique events that contributed to the number of comments around a lack of cultural safety. These events included a student withdrawing from the course, pre-existing tensions in the community groups that were represented in the course, and the Aboriginal and Torres Strait Islander co-trainer being absent for a significant period of the training. From the comments made, these factors affected the group's feelings of trust and safety with each other.
3. The Shepparton (2008 – 09) cohort was an all Aboriginal and Torres Strait Islander group, in contrast with the other five cohorts that each had at least one non-Aboriginal and Torres Strait Islander student enrolled.
4. Course environments were different (some of the venues were in community settings and others were not). The food was an issue with some groups, who were not satisfied with the quality or variety provided.
5. The Eastern Metro (2012) cohort had a very supportive Manager who also participated in the training, and the funding process for Eastern Metro was smooth and straightforward with the regional office of the Department of Human Services taking a lead role.



Phase 2: Evaluation of Impact of Family Therapy Training: Interviews

Part 1: Interview

Method

The next stage of the project was to submit ethics and gain approval of the application to FHS Human Ethics Committee (La Trobe University). By mutual agreement between the Bouverie Centre and the Lowitja Institute, a project variance was instituted to frame the project as a quality assurance process in line with routine internal evaluation processes, rather than a formal human research project. This meant there was no need for ethics committee approval.

The recruitment method was to invite graduates, their managers and other key stakeholders to take part in focus group and individual interviews that lasted 40–60 minutes. All participants were known to the Bouverie Centre Indigenous Program staff through the Aboriginal Family Therapy Training Program and had been involved in previous routine evaluations and reviews. Participation was dependent on who was available. Interviews were audio-recorded and transcribed to elicit data on observations and experiences of the Program's impact on the graduate, their workplaces and communities. Interview questions were developed to find out about the impact of this training on the graduates. Questions put to the graduates concerned the relevance of the training to their personal and professional development, recommendations for improvements to the training, and the sustainability of their learning over time. Examples of graduate comments are provided in Appendix 2.

Interviews were conducted with graduate students from Mildura, Shepparton and Eastern Metro cohorts, as well as managers and students. Based on the four main themes that emerged from Phase One, Phase Two interviews were conducted with two cohorts (Eastern Metro and Mildura) of graduates by the two researchers (Alison Elliott and Fiona McIlwaine) between January and July 2014.

The audiotaped interviews were analysed to identify similarities with themes that emerged in Phase One, and to document new themes that arose. A graduate was also interviewed individually because he was a regional manager and able to speak more freely than if he was in the company of employees. Course trainers were interviewed in pairs and the researchers then analysed the interviews.

At a global, 'deliberately imprecise' level of analysis, the interviews were scanned for major recurrent terms and themes using the word cloud synthesiser Wordle™ (www.wordle.net). Figure 8 provides an overview of the hierarchy of terms expressed in the interviews, which has proven reflectively useful for the Indigenous program team.





3. Evaluation of where this program fits in with other programs, policies and priorities of the agencies involved and other relevant services operating in the region

Trauma Informed practices have given me the ability to focus on interventions within the government services and continually recognise and insist on the need for trauma informed approach to be in the background of everything. I would like to see changes that will work within a holistic framework that embraces cultures, that is trauma informed and takes a holistic perspective. It's a multi-layered approach that always looks at the issues systemically. The best practice model is this course. It is simply a holistic, inclusive, Aboriginal sensitive program that has a culturally safe delivery model that is designed to capacity build the workforce and upskill their qualifications simultaneously. (Graduate, Ballarat Cohort)

This quote captures the value of providing a framework that graduates can integrate and continue to build on in current and future work roles. The training is designed to both validate workers' experiences and build greater capacity to work with a systemic or holistic perspective that is critical to addressing the systemic disadvantage of Aboriginal and Torres Strait Islander people

4. Demonstration of the collaboration and building of stakeholder investment in the program—both ACCHOs and generalist services

Although there are many positive elements highlighted in feedback about the program, there is also a concern that it is not yet fully embedded in ongoing professional development processes for Aboriginal and Torres Strait Islander workers. There has been a level of commitment from the Department of Human Services to fund one cohort and some further individual places in the course, but further stakeholder investment is needed to harness and hold the funds necessary for this training to be part of the health/welfare professional development 'landscape' for Aboriginal and Torres Strait Islander workers. A lack of funding reduces the opportunity for workers to enrol in this training in a planned way that can steadily help to build the professional identity of the workforce. This concern is included in the Recommendations at the end of the Report.

As one manager said:

ACCHO managers need understanding in order to use [the] underlying philosophy of family therapy as a professional development model for all workers. This will create the ability to offer the ongoing service/training and have it sustainable if managers factor it in to budgets as part of best practice.

5. Identification of any gaps and unmet needs, and opportunities for future program development or income generation

This evaluation highlights the difficulty in obtaining secure funding, which is needed to ensure the course is recognised as a valid step in professional development for workers. The fact that the funding for each cohort requires specific and project-type funding prevents the development of this course into an overall professional development landscape. At another level this 'reactive' process limits the acceptance and wider recognition by managers and boards of ACCHOs of the value of their workers gaining such a qualification. The profile of this course needs to be raised so that its value is recognised and acknowledged in workplaces and government departments and within the community. As one manager stated:

The course profile needs to be raised so that organizations don't just assume it is just another black fella course... have it well-promoted and acknowledged as high standard.

In terms of capacity building the Aboriginal and Torres Strait Islander health workforce, there needs to be a platform that values health professionals working within a systemic, trauma-informed framework. As some graduates have found, there can be a lack of recognition of what they have achieved. Additionally, given the complexity of the work that is required, without a structured ongoing supervision process we can expect difficulties in translating skills into practice within the workplace.



Phase 2: Evaluation of Impact of Family Therapy Training

Part 2: Online survey

An online survey of graduates was developed by the research team to seek broader input into the evaluation than was possible through individual or focus group interviews alone. The researchers were mindful of the need to keep the survey completion time short so as to maximise the response rate. The estimated completion time provided was 6–7 minutes, which proved a reasonable prediction: the survey analytics data showed most respondents spent between four and seven minutes.

The survey invitation was distributed via email addresses voluntarily provided by most ($n = 59$) graduates when they completed their training. It was made clear that the survey was voluntary and would not negatively affect respondents as anonymity would be protected. Potentially identifying items (such as location, age, gender) were optional, as were spaces for written comments after each block of rating scales. Respondents were informed that any potentially identifying information that they chose to provide would be removed before dissemination of findings. The survey is provided in Appendix 4.

The survey included:

1. background information: location of training program, age and gender (all optional) and the question, 'If your job or role has changed since you started in the program, do you believe this was influenced by your involvement?', with response options of 'yes', 'no' and 'not applicable' and space for optional comments
2. seven-point rating scales (1 = Not at all, 7 = A great deal) in three sections that asked for self-ratings about the degree to which respondents felt the course had affected their practice-related knowledge, skills and motivation; each section had space for optional comments
3. space for optional final comments about:
 - a. other ways that completing the program had affected them and/or their work practice
 - b. the best things about the program from their experience
 - c. ways that the program might be improved.

Out of the 59 email addresses provided by graduates, 11 were not valid, leaving a total possible response pool of 48 people. The first round of invitations yielded six responses, and a second invitation resulted in a further 11 returns. This amounted to a total of 17 and a response rate of about 35 per cent.

Findings

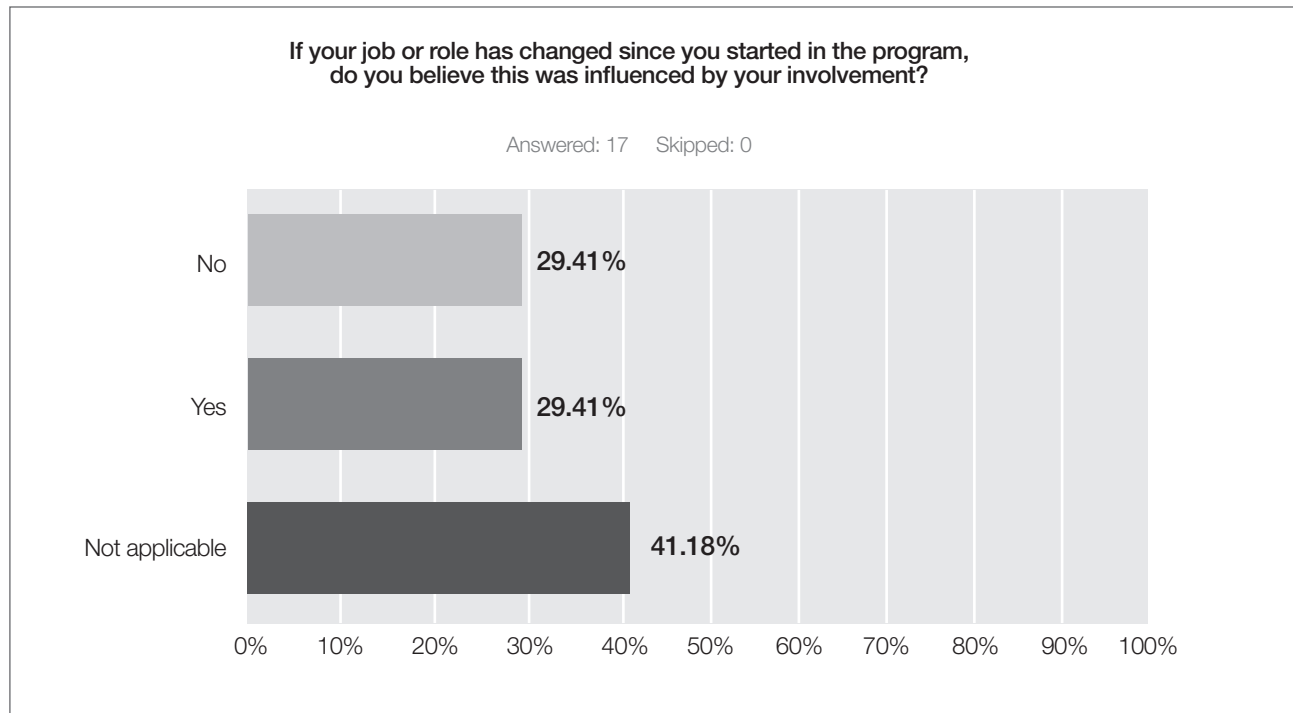
Location of training

The two metropolitan region cohorts provided the most responses (8), followed by Gippsland (4), Shepparton (2) and Mildura (1). No responses were received from the Ballarat cohort. The mean age of respondents was about 48 years with a range of 30 to 62 years. About two-thirds were female.

As career and workforce development are two important intended benefits of the Program, the related survey item is of particular interest. Ten respondents said their jobs or roles had changed since they started the program. Equal numbers believed that this change was and was not influenced by their involvement in the program (Figure 10).



Figure 10: Perceived effect of program on job/role change



Comments about the perceived effect of the program on job role/change included:

Since doing this course I have really enhanced my skills and ability to do my work and believe that by doing this course I am actually now underachieving in my role and could get a much better paying job.

This course has helped me in deciding to advance my learning, and therefore [I] decided to go on to do the Clinical Masters in Family Therapy.

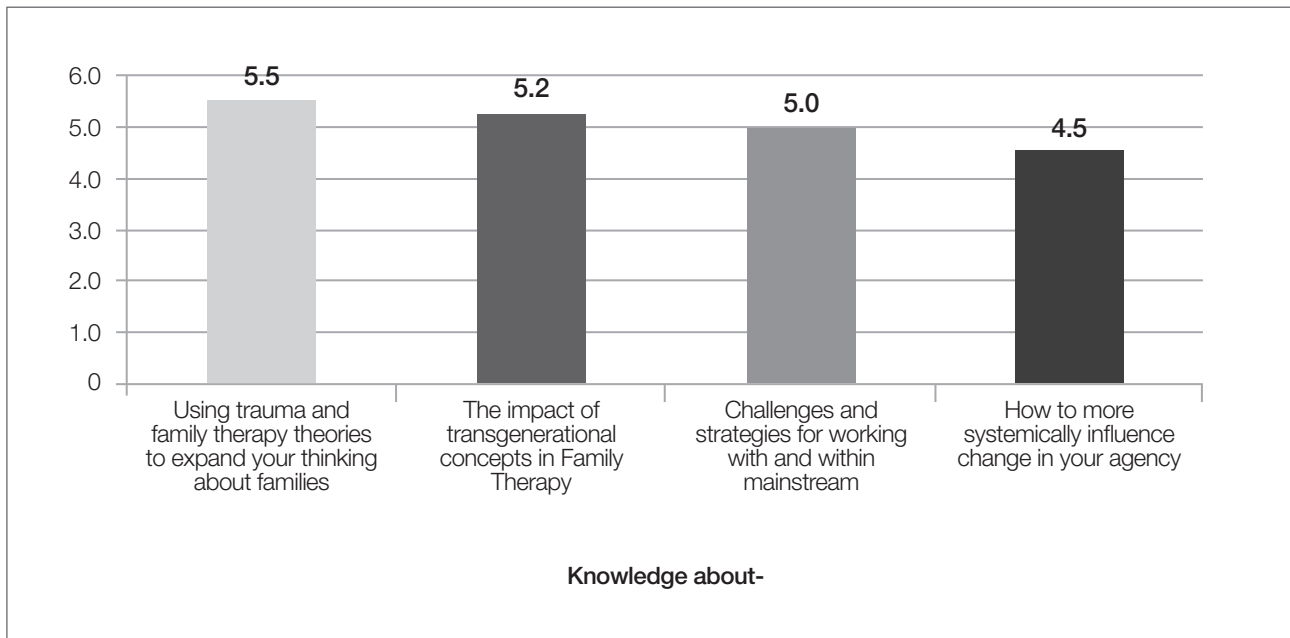
My role hasn't changed but the way I work within my role has been greatly influenced by the program. In their responses graduates rated knowledge about 'Using trauma and family therapy theories' highest of the four areas (5.5 out of a possible 7, which equates to about 78 per cent). Next was 'the impact of transgenerational

concepts' (5.2), followed by challenges and strategies for working with and within the mainstream (5.0). The least highly rated knowledge gain area was 'how to systematically influence change in your agency' (4.5).

As the figure below shows graduates rated knowledge about "using trauma and family therapy theories most highly (5.5 out of a possible 7). Next was 'the impact of transgenerational concepts' (5.2), followed by challenges and strategies for working with and within the mainstream (5.0). The least highly rated knowledge gain area was "how to systemically influence change in your agency (4.5). This speaks to the difficulties workers face in utilising skills gained, in this case working systemically, within agency structures and processes that do not necessarily support them in the changes to their practice.



Figure 11. Areas of knowledge gained



Representative comments about knowledge gains included:

I believe that, this qualification has not been recognised and has been a huge let down for community members.

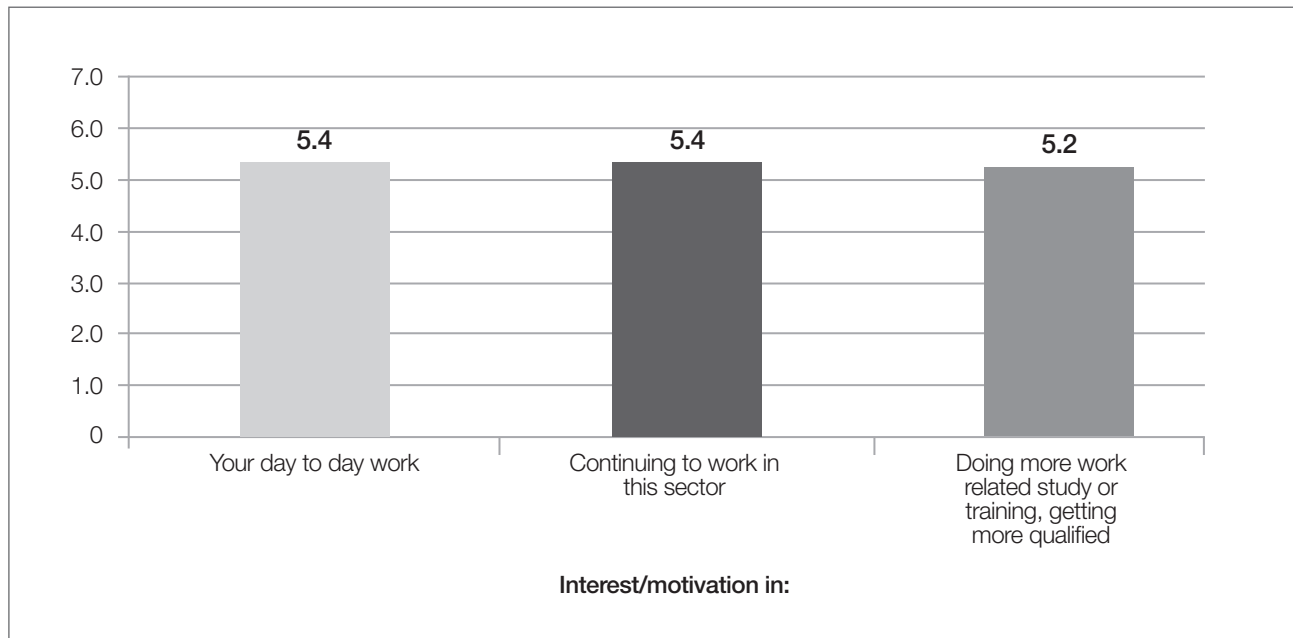
Listening to participants talk about their transgenerational trauma was very educational.

When working with Aboriginal families, keeping at the back of the mind the influence of past transgenerational trauma, aids in understanding when issues arise. Having this blueprint helps when forming a hypothesis.

The survey also provided feedback on the value of the program to students in terms of their interest and motivation in their work. The figure below shows that overall the program delivered substantial gains (5.2–5.5). These ratings and the representative comments included show that the program has played an important role in students' ongoing professional development.



Figure 12: Effects on students' professional interest/motivation in three key areas



Comments about interest/motivation included:

I would like to have more sessions on not practice with Clients but practice with dealing with management. I would like to have a careers expo or information... to get a better job.

I would like to expand my training and move into more of the Family Therapy role, I find it difficult to find someone to supervise me with the qualifications to do so.

Included below are some of the examples of comments about other ways that completing the program had affected graduates and/or their work practice:

Greater insight into the impact of transgenerational trauma and violence and how this impacts on the children of today.

Listening skills are more honed, relationships with not only community but networks are stronger, and education.

The main thing... was the confidence to have the family in one room. Prior to this course it was always daunting...

Other comments highlight the best things about the program from the graduates' experience included:

The way it was taught. Great instructors and the people I met in the course had skills and knowledge that was passed on to others. Great opportunity to network.

The group safety agreements, that helped in having a smooth year. Which helped in the connection between students even after the course had ended.

Learning from the Aboriginal students and gaining a greater perspective of Aboriginal cultural practice. Learning about myself and my own family and how this has impacted on my own practice.

Comments were sought from the graduates as to ways that the program might be improved. Comments were made both about the delivery of the program and the broader issues of practising as a family therapist.

For family therapy to be recognised in the Medicare system so more Aboriginal people can be more self-sufficient with their own funding to support families outside controlled organisations.



More scenarios in how to conduct therapy sessions, maybe individual tutoring for those participants who may be struggling with the session deliveries and the essays.

Maybe more involvement from the community at a local level... particularly from those who are already practising as therapists.

In summary the data provided by respondents both complements and adds to the results of the spoken essay analysis in Phase 1 and the interviews in Phase 2. Graduates consistently reported significant gains in knowledge, skills and interest/motivation in their work and careers. Recurrent themes in the written comments sections reflect the students' appreciation of a culturally safe learning environment, as well as the high quality of trainers' facilitation skills. Areas that were singled out as being particularly powerful learning outcomes included greater understanding and competence in using a systemic, family-based approach, a clearer conceptual framework that assists in dealing with transgenerational trauma, and increased confidence to translate these gains to improved health and social care provision.

Areas reported as less satisfactory revolved around the difficulty of transferring these learning gains into agency cultures that did not necessarily recognise or support their professional value and further development. Lack of officially endorsed, professional accreditation status for family therapists was also identified as a related issue, including the difficulty of obtaining ongoing relevant professional supervision.



Phase 3: Integrated Impact Analysis and Development of a Sustainable Program

Development of the Project Management Brief

As outlined in the Methodology section, Phase 3 of this Impact Analysis involved integrating the findings from Phase 1 and 2 into a Project Management Brief that included medium to long-term strategies for the Aboriginal Family Therapy Training Program. Indigenous Program staff developed recommendations drawing on the findings of this latest impact analysis and that relate to the Program's two key goals:

1. to enhance the capacity of the Bouverie Centre to support and nurture the professional development of the graduate cohorts and provide further mentoring
2. to contribute to securing ongoing funding for the development of the Aboriginal Family Therapy Training Program through the dissemination of the impact analysis report.

The feedback contained in this impact analysis highlights the need to underline the importance of the two-year supervision component of this Family Therapy Training Program. This needs to happen from the initial consultation with any organisation considering the participation of its workers in the Aboriginal Family Therapy Training Program. Without a clear and strong message about integration of learning and validation of each worker's practice within a critical reflective practice process, consolidation of changes to practice will be limited.

Given the outcomes achieved so far and the number of graduates of the program, it is now critical for the further development of this program that ongoing funding is secured. The time and effort that goes into securing each round of funding impedes implementation of plans that would actually build on

the outcomes achieved. Without a secure funding base, this program is kept in an emerging phase rather than building on gains and further enhancing the capacity of the workforce. It is necessary to be able to deliver the program in a planned way that will allow workers and their managers to consider it as part of the worker's ongoing professional development. The Aboriginal Family Therapy Training Program has to make the case to funding bodies that this program

- is not only an educational experience but a healing equalising experience of achievement at a tertiary level
- can help students become positive role models for their own families and communities
- is a 'hand-in-glove' fit with Aboriginal and Torres Strait peoples in terms of being holistic, contextual and trauma-informed
- is tailored to meet the problems experienced by the families of Aboriginal and Torres Strait peoples
- is respectful of, and centralises culture
- contributes equally to client outcomes, and workers' social and emotional wellbeing
- increases the graduates' confidence to deal with their own family issues and issues within their communities, regardless of their job description
- increases the students' sense of confidence to work with families with complex problems and to work with mainstream agencies
- makes a difference to students' capacity for self-awareness, self-care and Critical Reflective Practice
- makes education accessible and acknowledges and addresses past learning obstacles and the impact of racism
- is applicable to a diverse range of workers who come together in the one learning space.



Recommendations

The recommendations related to the first goal are:

- l) Clearer information on the content and value of the two-year supervision component of the program should be provided by the Indigenous Program staff to any ACCHO Board members, managers and prospective students of the program to promote its value to them and to provide a strong rationale for the students to stay engaged over that period of time.
- m) Each cohort of graduates should form one supervision group wherever practical to allow for continuity of learning within the group.
- n) Consideration be given to providing a signed agreement for attendance at the supervision sessions as part of the initial interview during the initial stages of setting up the course.
- o) A one-to-one mentor be offered to those students who wish to participate. Mentors could be previous graduates, community members, or workers with relevant experience. The setting up of this mentoring could be auspiced by the Indigenous program and could be tailored to match the needs of the student with the mentor's capacity and availability.
- p) A student position be made available to a community member/Elder who may not fit the criteria to enrol (e.g. not employed) but may be seen in community as a family worker who would benefit from the knowledge gained, skills and self-care tools. This would both build the capacity and support to the Elder and bring their knowledge and wisdom to the group.
- q) Consideration be given to ways to encourage and support graduates who demonstrate potential and interest in further academic study.

In order to further support the professional development of the graduate the Indigenous Program staff should give consideration to:

- r) developing and promote a selection of professional development workshops to be offered to all graduates for each calendar year. The Indigenous team trainers should deliver these workshops, which should be advertised at the end of the year so that graduates can plan ahead to attend sessions. Workshops could cover subjects such as 'Healing the healers'—Vicarious trauma and self-care, No bullshit therapy, Single session therapy, Narrative therapy and Self-supervision.
- s) offering professional development workshops on-site at the Bouverie Centre or at regional locations

at no or low cost (to cover the cost of catering/venue only).

- t) creating a Training Officer position to consult with the graduates and their communities to tailor training to their needs.
- u) developing an online strategy such as Facebook to follow-up graduates and to develop a network with the goal of building a sense of identity, and a referral network of trained graduates.
- v) setting up opportunities for interested workers to be part of the 'Workin with the Mob' clinical team, with the possibility of internships, joint work and secondary consultation.

The recommendations related to the second goal are that the Indigenous Program staff should:

- f) further develop and consolidate the Aboriginal Family Therapy Training Program's relationship with ACCHOs and key training organisations such as the Victorian Aboriginal Community Controlled Health Organisations. A key area of assistance should be in redefining the job roles of graduates to recognise and make the best use of their new skills and capabilities.
- g) provide information about this training program to Board members, managers and senior training officers of key Aboriginal health and welfare organisations to ensure they know about the retention rates, results, and key aspects of the course content.
- h) establish a reference group for each cohort with members from the organisations whose workers are enrolled. The functions of the reference group should be developed in the set-up phase of the course—developing a greater understanding and appreciation of the skills and outcomes for those workers.
- i) strongly advise and support managers from the organisations which have workers enrolled in a course to also participate in the training.
- j) present the findings from the impact analysis report at a number of key Indigenous education forums, including the Congress Lowitja and the Indigenous Allied Health Conference, and to the Board meetings of VACCHO and SNAICC.

As a means of further disseminating the findings from this Impact Analysis a journal article has been written, articulating the key theoretical frameworks for this Program together with the findings from this impact analysis. It will be submitted for publication in 2015, in an appropriate journal, preferably open access, to maximise access and dissemination.



Conclusion

We have qualified Aboriginal service professionals who are able to take skills to another place; it enhances and expands work opportunities.
(Manager, Rural ACCHO)

The impact analysis project to evaluate the Aboriginal Family Therapy Program gathered strategic input from a range of stakeholders. This data built on the unusually high recruitment, retention and graduation rates for Aboriginal and Torres Strait Islander health and welfare workers. It also builds on previous recommendations (Latham 2011) and highlights the need to secure a funding base to continue improving the program and better establish it within the work-based professional development landscape. Overall, sound evidence has been gathered that the effectiveness of the health and welfare workers has been significantly enhanced by the program. Significant gains were reported across the three main domains under investigation: growing the knowledge, skills and motivation to continually develop workplace practice, and workforce capacity.

Feedback from the graduates complements feedback from managers and Elders: the program helps them to work far more systemically. They recognise that if they are working with one Aboriginal person, they are inherently also working with the family and community. They are able to better articulate the extraordinary confidence and skill required to work systemically within such a context, which is often far from supportive. Their enhanced capacity for self-awareness, managing reactivity and making tough decisions in complex situations are more explicitly understood as critical to helping 'contain' and heal transgenerational and other trauma, hurt and stress.

This evaluation reinforces the need for strategically designed and delivered training/professional development that takes account of the cultural trauma and racism that touches every Aboriginal and Torres Strait Islander person. Correspondingly, it illustrates why structured learning that is intended to meet the academic and vocational professional development needs of these workers needs to be delivered within a trauma-informed and culturally safe model.

Informants have provided convincing evidence that the program is targeted appropriately for its clientele, is effective in building professional competence and confidence pertinent to the students' interests and needs, and is experienced as being culturally safe, trauma-informed and relevant to their families and their roles in community.

Perhaps as a hallmark indicator, graduates have demonstrated recognition of the need for, and the capacity to personally evolve from, reactive practice to more reflective practice. One manager's comment offers an appropriate synopsis and final comment:

I noticed staff who had graduated from the course had a deep foundation of family sensitive principles and how to work from that...

They were more verbal in speaking up for the whole family not just the individual client, they slowed the process into a more therapeutic practice rather than a solution focused crisis management practice and were more sensitive of dynamics in group meetings and case meetings.

It was very evident as a manager that this was an invaluable course for staff to be trained in.



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Appendix 1:

Spoke Essay Assignment Details

The Spoken Essay comprises 45% of the total subject assessment and involves one 50-minute presentation (equivalent to 2,500 words). Students' oral presentations are audio recorded by their assessor who then provides audio files to students which allows them to reflect on, and potentially augment their spoken essay. For the purposes of this evaluation project, with students' permission, these audio recordings were transcribed to facilitate further analysis.

Subject outline

FAMILY THERAPY: WORKER SELF ANALYSIS AND INTEGRATION (FTH4TSI)

Credit points: 15

In this subject you will explore your resources and constraints in your work with families in order to increase your effectiveness. You will reflect on your family of origin, current life circumstances, professional history and other contextual influences. You will deepen your knowledge of relevant theoretical frameworks that are useful for conceptualising and appraising the relationship between the influence of your own self-factors and your interactions with clients. Therapist self-care and ethics will be included. This subject will be offered in a flexible learning format which will include small group online tutorials and guided reading. You will be required to research your own family of origin influences, and present to your small group tutorial, an integration of these with the relevant theory. Graduate Diploma and Masters candidates will be required to attend two days of this subject, face-to-face, where they will provide a demonstration of skill and theory integration.

Questions for the spoken essay

1. What have been the highlights of the training for you?
2. What have you found most challenging / difficult?
3. Would you recommend the training to other people and why/why not?
4. What has worked for you in the Course?
 - Delivery
 - Content
 - What could have been explored more
 - How successful was the 'process of making the content relevant: for aboriginal family workers?
5. What has made this a good learning environment for you?
6. What was your experience of working with both an Aboriginal and non-Aboriginal trainer.
7. What has your experience of learning in a group that includes a small number of non-Indigenous participants? What for you would have been different if the group had been solely Indigenous?
8. What changes have you made to your work practices as a result of doing this training?
9. What has been the impact on the organisation? Has anyone noticed your skills in working with families?
10. What needs to be put into place once you complete the training to support you in your work with families as a family therapist?
11. Given what you have learnt in this course, if there were no limitations, what would be your ideal way of working as a family therapist in community?
12. What has been an unexpected outcome of the training for you? What has surprised you?



Appendix 2:

Graduate Interview Schedule

The Indigenous Program Bouvierie Centre: Lowitja Evaluation Group Interviews 2014

Representative responses from the interviews have been included under each relevant question

1. How did your involvement in the program affect:

- you personally
- your work practice
- More tools to work with families.
- Validation that the thing that I have been doing with families now has a different name, but is the same approach.
- Personally and professional work practices was interwoven. Personally the themes reassured me that everything that I was doing was on track, and it gave me a new perspective and scope to look at what I was doing by giving me the opportunity to learn to reflect deeper into what my role was and where I wanted to move towards.
- I gained a lot more professional confidence.
- Helped me rethink how you might approach something.
- Professionally I gained confidence in my abilities with assessments with families and this framework reinforced that confidence to speak up and advocate for the families.
- It got me thinking about how do we as workers change things at a higher level/ policy level.

2. Have changes to your practice (both personally and professionally) been sustained since you completed the course? If not, why not?

- Personally, as a parent, the course helped me as my children's behaviours at times were very challenging, and whereas before, I would ask myself, what do I do? Now, I find that I am using the right words, and not so much an authority figure, but I can support my child without intimidating them, getting the kids themselves to help you unpack it.
- I have been incorporating the course as a whole and increasing opportunities to work with the whole family unit.
- I am getting more comfortable working with the bigger group, not just the individual.
- I am developing leadership skills and advocating for families strongly by asking questions and seeking clarification from other workers.
- The learnings from the course have been sustained through being tweaked and modified with how they fit with me, now that I am not in a clinical role in my current position.
- Guiding other staff and management with new skills.
- Unfortunately the supervision component didn't work out very well, mostly due to staff changes and finding a suitable time for each one to get everyone there. There was some critical feedback that the sessions were too spaced out between catchups.



- The service organisations are split now, they came together for course, but we don't do supervision together, we 'debrief' in our own teams, issues that were in orgs before have returned, so not sustained due to lack of willingness on both sides to come together. It was a dysfunctional group just like a dysfunctional family, but for the duration of the theory, we were able to be in a group with others where culture was practiced and to see that if we had more time, it may have been turned around. We still learnt a lot from each other.
- There was a shift in thinking from crisis mode to more long term intervention models that would fit with our work.

3. The course has a trauma informed systemic focus. Is this still relevant to your practice and in your agency? If not, why not?

- Thank God I learned about vicarious trauma.
- The systemic focus really resonated with me, and helped build strength from the new skills and theories to manage myself better.
- It helped me Shift from fixer to empowering client to work on their problems.

4. What is your vision about best practice approaches for

- Indigenous health and family support
- Therapeutic healing practices
- I learned to build protective skills for myself.
- Course definitely enhanced practice in workers but was 'watered down' as there was no long-term funding provided to provide family therapy positions in agencies.
- To take learnings and put into an Aboriginal sense ... feels more like we used to give the fish now we can teach them how to catch the fish.

- The supervision component gave me the ability to troubleshoot how I work; why I do it; what difference did it make and to challenge me on the theories coming into practice; and I could troubleshoot this within a structured, safe environment to tease out any issues. The 2-year supervision was a critical component to the success of the course for me. It gave me the ability to bounce off someone and to challenge me on what it should be and shouldn't be and this was a clear demonstration of ongoing practical support for workers in their agencies.
- The systemic focus is a good fit for Aboriginal family workers.
- Other programs such as drug and alcohol services take an individual focus but as Workers we could shift from solving problems to empowering families to come up with their own solutions.

5. What would you recommend to improve the value of the course to

- Other workers
- Agencies (both with and within mainstream)
- Funding bodies
- What I would say to a funding body is that it is a best practice model that is holistic and inclusive of all the considerations that come with working with Aboriginal people.



Appendix 3:

PowerPoint presentation of Phase 1 findings

Phase One (1) Thematic Evaluation of 63 Spoken Essays.

- **Phase One (1) thematic analysis** of the Spoken Essays submitted by graduates of the Postgraduate Certificate in Family Therapy.
- The findings of this analysis will inform the semi-structure of the interviews in Phase Two (2) of the evaluation. The interviews will be done with relevant stakeholders and students from Mildura, Shepparton and Eastern Metro cohorts.
- Both sets of collected data will contribute to the final Impact Analysis Report in Phase Three (3)



The analysis of the essays exposed 4 main themes:

- the overall Cultural Safety demonstrated throughout the program, both physical environment and learning space.
- the trauma informed practice and skills that were taught and experienced,
- the actual content and delivery style of the course, and
- the increased self-awareness and reflective practices learned and experienced by students.



There were marked differences within the 6 cohorts and it was evident by the comments from the first cohort especially around cultural safety and the lack of felt safety at times, compared to the sixth cohort and the positive comments about safety within the group and the overall environment.

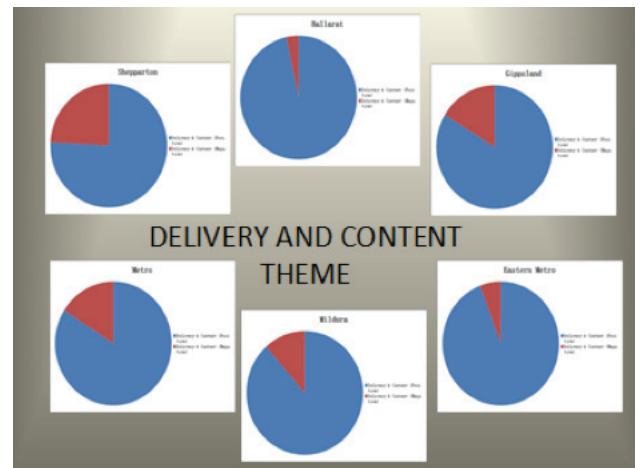
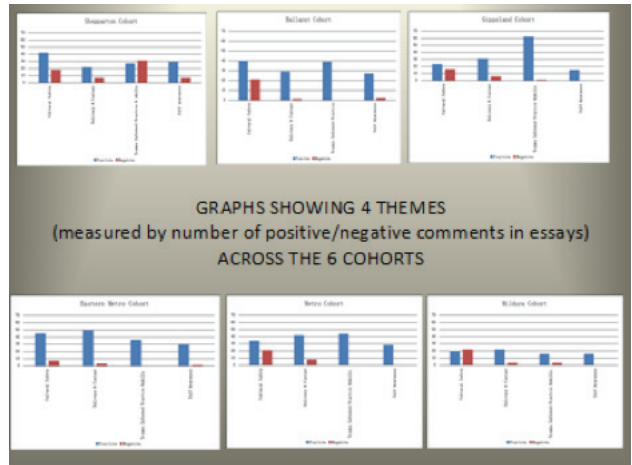
This highlighted the fact that the program delivery and expertise and experience of the facilitator had changed and evolved over that time period to develop into being a more culturally safe process /program for both student and facilitator alike.

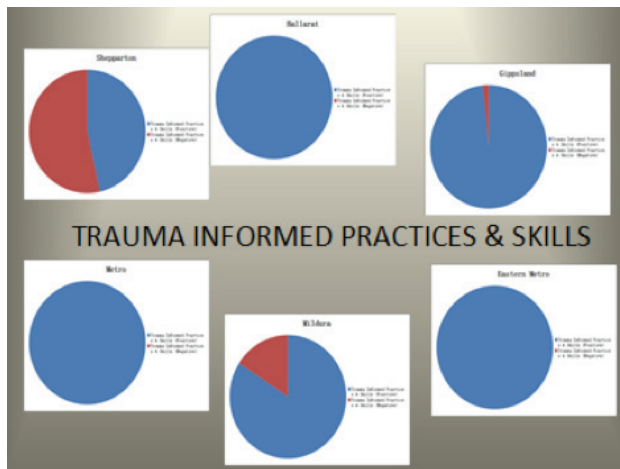




Major themes that emerged


- Comments around course content & delivery
- Trauma informed practices and skill development (putting theory into practice)
- Cultural Safety ...training that goes beyond cultural sensitivity and cultural awareness to experience real cultural safety (this encompasses personal triggers and traumas (incl. transgenerational and historical) and current environments for working and learning)
- Self awareness and reflective practices






Sub themes – Workplace Concerns/Issues to be addressed

- Lack of recognition
- Little support from staff
- Little or no supervision, isolated
- No family therapy dedicated positions
- Questions around effectively translating new skills into practice within the workplace environment and within their current work positions



Future Recommendations

- More experiential cultural safety training & lateral violence awareness amongst workers.
- Incorporating Healing Modules within the training / using the educating approach ??? Judy Atkinson's We Al Li modules.
- Using the GEM for future evaluations, before commencement, after 1st year delivery and after 2 years supervision.
- Standardised Learning Outcomes /Assessment rating scales – Rubric model?
- Supervision more standardised as well, so that all supervisors have standard guidelines.




TOGETHER we create family



Appendix 4:

Aboriginal Family Therapy Training Survey

Aboriginal Family Therapy Training Survey

Information and Consent

Thank you for agreeing to participate in this evaluation project which is supported by the Lowitja Institute. Your input will assist us to identify areas you think have worked well for you as well as areas for improvement. This is really important to help us sustain the program and make it as useful as possible. We also hope you will benefit from briefly reflecting on your experiences in the program.

This survey is being conducted by Dr Kerry Proctor, Mr Nick Stone and Ms Alison Elliott at La Trobe University. It invites feedback on your experience of the Aboriginal Family Therapy Training Program and takes about 6-7 minutes to complete (depending on the length of your optional written comments).

Some of these findings may be published as journal articles and/or presented at conferences. There are no known risks or negative consequences associated with your involvement.

Participation is voluntary and the Survey Monkey data collection technology is anonymous. This means you will not be able to withdraw your data after submitting your responses. Data will be stored securely for five years then destroyed, subject to legal requirements. No individuals will be identified from responses to this survey. You can choose not to provide any information that you think may identify you.

If you have any problems, questions or concerns about this survey, please contact Nick Stone:
n.stone@latrobe.edu.au

Written comments are optional but highly valued (especially examples). Other 'required' items are marked with an asterisk (*).

***1. If you agree to participate, please give your informed consent by ticking below:**

- ☐ I consent
- ☐ I do not consent

Personal Information

2. Please indicate which program you undertook: (this information will not be used to identify you)

- ☐ Prefer not to say
- ☐ Shepparton, 2008 on Yorta Yorta Country
- ☐ Ballarat, 2009 on Wathaurung Djaajawurrung Country
- ☐ Gippsland, 2010 on Gunai Kurnai Country
- ☐ Metropolitan Melbourne, 2011 on Wurundjeri Country
- ☐ Mildura, 2012 on Latji Latji and Bakandji Country
- ☐ Eastern Metropolitan Melbourne, 2012 on Wurundjeri Country

Other (please specify)

3. Age (optional):



Aboriginal Family Therapy Training Survey

4. Gender (optional):

- ☐ Female
☐ Male

5. If your job or role has changed since you started in the program, do you believe this was influenced by your involvement?

- ☐ No
☐ Yes
☐ Not applicable

Please help us understand how doing the course may have affected your role/position:

Please estimate how much you think the Program has enhanced your:

6. Knowledge about-

	Not at all	A little	Some	Moderately	Quite a bit	A lot	A great deal
The impact of transgenerational concepts in Family Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using trauma and family therapy theories to expand your thinking about families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Challenges and strategies for working with and within mainstream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to more systemically influence change in your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your responses e.g. provide examples: (optional)

Please estimate how much you think the Program has enhanced your:



Aboriginal Family Therapy Training Survey

7. Skills in-

	Not at all	A little	Some	Moderately	Quite a bit	A lot	A great deal
Engaging families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creatively engaging children & adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing ethical dilemmas (e.g. at personal, professional or community level)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a range of question types in therapy, to match the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking up (e.g. in case discussions or planning meetings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating your ideas in a clear and coherent way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using family therapy language and concepts to describe Indigenous ways of working with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care: looking after your own wellbeing in the practice context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing good partnerships with colleagues/other agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognising how your own background affects your practice (e.g. possible transgenerational trauma, personal triggers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflective practice as a supervisee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflective practice as a supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your responses e.g. provide examples: (optional)

Please estimate how much you think the Program has enhanced your:



Aboriginal Family Therapy Training Survey

8. Interest/motivation in-

	Not at all	A little	Some	Moderately	Quite a bit	A lot	A great deal
Your day to day work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing to work in this sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more work-related study or training, getting more qualified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your responses e.g. provide examples: (optional)

Final Comments

These items are optional, but any insights you can offer will be gratefully appreciated

9. Can you briefly describe any other examples of how doing the course has affected you and/or your practice?

10. For you, what were the best things about the course?

11. In what ways do you think the course could be improved?

End of Survey

Thank you very much for your assistance.



Appendix 5:

All Responses to Survey Written Comments Sections

Comments on perceived effect of program on job role/change

- Since doing this course I have really enhanced my skills and ability to do my work and believe that by doing this course I am actually now underachieving in my role and could get a much better paying job.
- Now I work more intensively with the community and have the tool box of skills to assist and lead families to be empowered by making better decisions for themselves This course has helped me in deciding to advance my learning, and therefore decided to go on to do the Clinical Masters in Family Therapy
- My role hasn't changed but the way I work within my role has been greatly influenced by the program
- I changed roles ... I wanted to make a change for our people so took on the role at a new Aboriginal specific Crisis Accommodation service for Family Violence victims, something I have always had a passion for.

All comments about knowledge gains

- I believe that, this qualification has not been recognised and has been a huge let down for community members.
- Listening to participants talk about their transgenerational trauma was very educational.
- I still feel there is room for change in this agency. However at present with changes of government, etc., it has especially put the fear into Aboriginal organisations who have become scared about funding and I am finding this is becoming vicarious trauma within the agency. It is difficult when you are client-focused to bring about change when management are set in ways and not open to all new ideas and engage in micro management style. This is where I would like to develop my negotiating skills better for myself as the worker within the

organisation rather than the worker that works with the clients. I would also like to see the 25 hours of supervision increased to the amount of supervision hours that enable us to join an association.

- When working with Aboriginal families, keeping at the back of the mind the influence of past transgenerational trauma, aids in understanding when issues arise. Having this blueprint helps when forming a hypothesis.
- Understanding the impact of intergenerational trauma and the impact of racism on family relationships has been a key learning which I have passed onto other non-Aboriginal workers within our organisation. This has led to a more compassionate approach and greater understanding of the importance of providing a culturally safe environment for clients and Aboriginal workers.

All comments about skills gains

- I feel I need more training on when I speak up people actually listening to me and taking the matter seriously. I also need to articulate my reflective time and it be respected and this will help with my emotional self-care. Unfortunately nothing has changed in the current workplace but I find it difficult at looking for employment opportunities that are higher paying and where self-care is taken more into consideration. I valued all the knowledge that my teachers gave me however implementing the awareness at the workplace around my self-care and being heard as a worker has proved harder to implement in actuality.
- Feel a lot more confident when meeting with the whole family in the room.
- Training in other areas that will get me a recognized qualification.



Section 3: Other written comments

3a) Other examples of how doing the course has affected you and/or your practice?

- The course helped me realise that my passion was based more around directly helping clients rather than the administrative or management style. It helped crystallise and expose the path I felt I should be on rather than the one I was on.
- Seeing each interaction with clients as a potential for change.
- Opportunity to offer and be able to schedule appointments for Family Therapy clients.
- I work with men so this was a good way of working with them and their family when agreed upon and makes it more productive instead of just working on the individual.
- Gave insight into different models and practices. Changed the way I think and work in certain areas.
- Greater insight into the impact of transgenerational trauma and violence and how this impacts on the children of today.
- It really helped me to be able to support whole families rather than individuals. It helped me be able to support large groups and keep my fingers on the pulse with managing the situations and supporting all involved and helping me to get everyone within the group to understand each other's place and truth.
- Listening skills are more honed, relationships with not only community but networks are stronger, and education.
- The main thing I came away from the course was the confidence to have the family in one room. Prior to this course it was always a daunting task.
- More aware of making sure that there is no "blame or shame" in the sessions, being inclusive and listening to the quiet voices
- Made me more aware of how early stress and anxiety affects our children and the need for a more concentrated understanding from our younger community members about the grief, loss and trauma that is so entrenched within our Elders.
- The importance of listening, changing questions, being curious gives you a much better way to help clients and work towards better outcomes.
- Think about things a lot differently and putting issues into perspective easier.

3b) For you, what were the best things about the course?

- The fact that whilst we were all students and definitely learning things, the course was presented in a relaxed way with a large amount of the learning being hands on in nature via role play. It gave practical examples of the things we were learning which in turn made it more possible to use these in real life situations rather than being fearful that if you actually tried it on a client or family that you would do it 'wrong' and make things worse.
- Listening to Aboriginal people talk about their experiences.
- Learning and new friends.
- I enjoyed working on the historical trauma. Indigenous people suffered so much and this is a big issue when working in the Indigenous community.
- The way it was taught. Great instructors and the people I met in the course had skills and knowledge that was passed on to others. Great opportunity to network.
- Being able to discuss the different theories relevance to Aboriginal families and how 3 times the theories differs when working with Aboriginal client families.
- Aboriginal facilitators.
- Yarning up on trauma, narrative approaches. Circular questioning for answers. The teachers, the way its set up both with Aboriginal and non-Aboriginal students and teachers. The reason being it gives both parties understanding on culture and Aboriginal families and it gives Aboriginal people the understanding of the mainstream system and workers and their systems.
- Listening to others, facilitators were excellent great mentors.
- The group safety agreements that helped in having a smooth year. Which helped in the connection between students even after the course had ended.
- Learning from the Aboriginal students and gaining a greater perspective of Aboriginal cultural practice. Learning about myself and my own family and how this has impacted on my own practice.
- Studying together as a group within our own community.



- Getting together with everyone, changing 3 of the course to make it more Aboriginal friendly, knowing that what I have been doing over the years was not too bad and I did use 5 of Family Therapy already before the training.
- More knowledge around the culture of Aboriginal people

3c) In what ways do you think the course could be improved?

- Supervision was extremely haphazard and poorly communicated to the point that I'm not even sure if it's still happening.
- Cut out the drama workshop at the end.
- When having an Indigenous co-facilitator, it would be good if they had life experiences so that they could relate to more to issues such as stolen generation or being raised on missions.
- More cultural content.
- For it to have be continued funding. I would like to see the supervision hours be funded for students to come out being able to join an association for more credibility. For Family Therapy to be recognised in the Medicare system so more Aboriginal people can be more self-sufficient with their own funding to support families outside controlled organisations. To add 2 more job opportunity focus and how and where to look for jobs on new websites as they arise and for careers to be more spoken about.
- Role plays 3 times do not create the real scenarios that we encounter so for me they didn't make me feel that I got 6 from.
- The course could help the students by participating as part of a reflective team, whilst observing their facilitators display their skills.
- To include the Red Dust Healing Model as part of the training. I have recently completed this training and feel that it complements and could enhance the Indigenous Family Therapy Training perfectly.
- More scenarios in how to conduct therapy sessions maybe 3 individual tutoring for those participants who may be struggling with the session deliveries and the essays.
- Maybe more involvement from the community at a local level.....particularly from the those who are already practising as Therapist's.
- I feel it's a great course as it is, although everything can be improved on no matter what it is.
- Ensure that supervision happens and doesn't get forgotten like what has happened to the Gippsland mob.



Appendix 6:

Family Therapy Training Program Survey



Family Therapy Training Program Survey

8 Gardiner Street, Brunswick VIC 3056

Tel: (03) 9385 5100 Website: www.latrobe.edu.au/bouverie

Thank you for agreeing to take part in this follow up evaluation. The survey takes about 5 minutes to complete. Your input will help us identify areas of perceived success and act on improvement areas.

The word “empowerment” has been adopted by Aboriginal people to mean healing from past wounds, developing strength and skills to live life in a positive way, to have good relationships with others and to work together to make communities a better place.

There are many stories about changes people made in their lives (including further education) that allowed them to grow stronger and to become more effective as workers. Sometimes they were helped by services and programs, like the Graduate Certificate in Family Therapy Course. In today’s world, getting funding to keep programs and courses going depends on how well we can ‘measure’ change through time and show if a program has made a difference for people or not. If we can show the course is making a difference, it is more likely to be more widely recognised.

This survey is being conducted by Dr Kerry Proctor, Mr Nick Stone and Ms Alison Elliott at The Bouverie Centre, La Trobe University. It invites feedback on your experience of the Family Therapy Training Program. This includes the Graduate Certificate in Family Therapy, as well as the two year clinical supervision and capacity building program for Aboriginal and Torres Strait Islander family and health workers.

No information will be used for any other purpose than post evaluation of graduates. The final summary report will be published on The Bouverie Centre’s website, however all your responses will be de-identified.

If you agree to participate, please give your informed consent by ticking the box below:

[]

Please indicate which program you undertook: (this information will not be used to identify you)

- Prefer not to say
- Shepparton, 2008 on Yorta Yorta Country
- Ballarat, 2009 on Wathaurung Djadjawurrung Country
- Gippsland, 2010 on Gunai Kurnai Country
- Metropolitan Melbourne, 2011 on Wurundjeri Country
- Mildura, 2012 on Latji Latji and Bakandji Country
- Eastern Metropolitan Melbourne, 2012 on Wurundjeri Country

To what degree do you think your involvement in the Program (including the 2-year follow-up activities) helped you develop in the following areas:

Write the number from 1 to 7 that fits best your answer to each point:

**1. Not at all 2. Not much 3. A little 4. Somewhat
5. Reasonably 6. Quite a bit 7. A great deal**

Knowledge about:

1. The impact of transgenerational concepts in Family Therapy
2. Using trauma and family therapy theories to expand your thinking about families
3. Challenges & strategies working with and within mainstream
4. How to more systemically influence change in your agency



Skills in:

5. Creatively engaging children & adolescents
6. Engaging families
7. Managing ethical dilemmas (e.g. at personal, professional or community level)
8. Managing conflict
9. Listening well
10. Using a range of question types in therapy, to match the situation
11. Speaking up (e.g. in case discussions or planning meetings)
12. Communicating your ideas in a clear and coherent way
13. Using family therapy language to describe Indigenous ways of working with families
14. Using some of the theories to enhance your practice with families
15. Self-care: looking after your own wellbeing in the practice context
16. Responding to the client's relational context
17. Establishing good partnerships with colleagues/ other agencies
18. Recognising how your own background affects your practice
19. Reflective practice as a supervisee
20. Reflective practice as a supervisor

Interest in:

21. Your day-to-day work
22. Continuing to work in this sector
23. Doing more study related to work, getting more qualified

Optional written comments

24. Please identify 2–3 program areas that were most valuable to you:

25. Please identify 2–3 areas that you think would improve the program:

26. Please feel free to provide any further comments:







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