



*Images from the Gamarada Parental and Community Engagement Program (PaCE) Gamarada means 'comrades or friends with a common purpose' in Gadigal.*

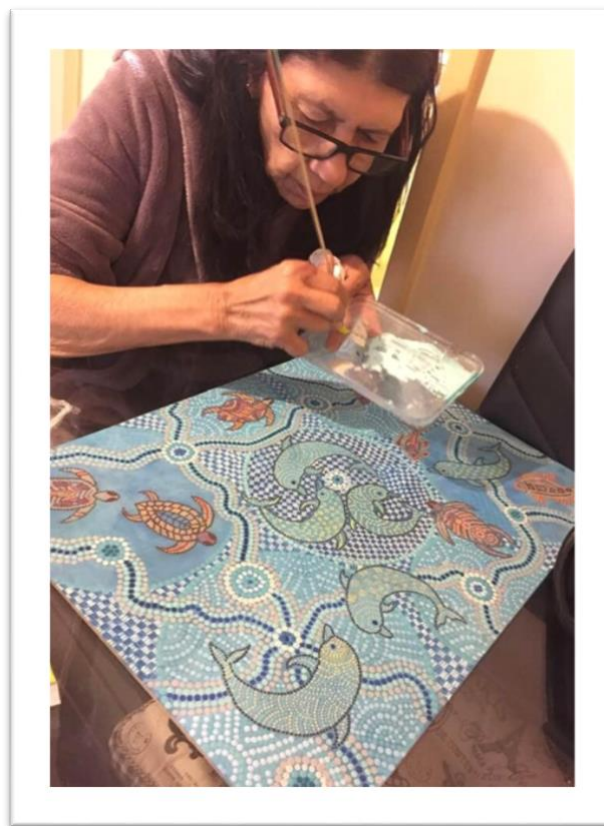
## Aboriginal-led early support programs for Aboriginal children, young people, families, and communities: A Review of the Evidence Base

Prepared for the NSW Department of Communities and Justice, October 2023

## Acknowledgements

This work acknowledges Aboriginal and Torres Strait Islander peoples as the First Nations, traditional owners, and custodians of this land we now call Australia. We acknowledge the continuation of the cultural, spiritual, and educational practices of Australia's First Peoples. We pay respect to Elders past, present and emerging, and extend our gratitude to all Aboriginal people who assisted with this project. This continent is the only place in the world where Australia's First Peoples belong and there is no place in Australia where this is not true.

Gamarada Universal Indigenous Resources Pty Ltd and its collaborators acknowledge and pay respect to past, present, and future traditional custodians and elders of the lands on which the important business of this work is undertaken.



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*“Our ancestors created order out of chaos. They established the ways in which all things and people should live in connectedness to maintain order and sustainability. Outside the serious survival issues of life, we should take time to enjoy the simple things that are around us, such as family, the sun, and the waves. The dolphins make you happy. With their playful joy they make you forget about your worries.”*

***Aunty Sandra Johnson Bunda, Gooreng and Gubbi Gubbi Nations***

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## Glossary

### Aboriginal People

In this paper the term “Aboriginal people” is used to identify the First Peoples of Australia. While the NSW Department of Communities and Justice programs and policies refer to Aboriginal communities that fall within the boundaries of New South Wales, this review documents studies and programs that also involve First Peoples of other states. Aboriginal people are not a homogeneous group. However, there are ethical principles and holistic worldviews that are shared and referred to within this evidence scan.

### Aboriginal Health

In the conscience of this review, working group efforts in carrying out the evidence scan, and for all our related activities, Aboriginal health “means not just the physical well-being of an individual but refers to the social, emotional, and cultural well-being of the whole Community in which everyone is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life-death-life.”<sup>1</sup>

### Cultural Safety

G.U.I.R consultancy services are informed by principles of cultural safety. Cultural safety is “an environment that is spiritually and emotionally safe, as well as physically 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.”<sup>2</sup>

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<sup>1</sup> As defined in in NACCHO’s Constitution as amended 9 March 2006. Also, from the National Aboriginal Health Strategy (NAHS), 1989.

<sup>2</sup> Williams, R. (1999) ‘Cultural Safety – what does it mean for our work practice?’ *Australian and New Zealand Journal of Public Health*, 23(2), p. 213.

## List of Abbreviations

<b>DCJ</b>	NSW Department of Communities and Justice
<b>G.U.I.R</b>	Gamarada Universal Indigenous Resources Pty Ltd
<b>UNDRIP</b>	United Nations Declaration on the Rights of Indigenous Peoples
<b>TEI</b>	Targeted Earlier Intervention Program
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>ACCO</b>	Aboriginal Community Controlled Organisation

## Tables and Figures

### Tables

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## 1. Executive Summary

This review was commissioned to provide an insight into the evidence for Aboriginal-led early support programs and services to improve the wellbeing of Aboriginal children, young people, and families, using culturally appraised evidence. The review involved an electronic database search, grey literature search and outreach to communities and experts for any other unpublished literature regarding community services and programs.

An Aboriginal-led Project Reference Group was established to determine the scope and research question for the review, as well as determine screening criteria for inclusion and exclusion. After these inclusion and exclusion criteria were applied, a full text analysis was performed on the included resources and a Cultural Lens Matrix was applied to appraise its cultural credibility in terms of quality, potential for impact and generalisability. Finally, thematic analysis was undertaken to synthesise common threads, ideas, and insights in the evidence about Aboriginal-led early support programs for Aboriginal children, young people, families, and communities. The thematic analysis identified the following program features:

1. Community designed or co-designed
2. Community-led
3. Cultural safety
4. Strengths-based, culture-affirming approaches
5. Trauma-informed and healing-focused
6. Holistic, wraparound components
7. Collaboration and coordination with mainstream services
8. Flexible delivery

Another theme that was apparent in the resources was what hinders the impact of Aboriginal-led early support programs for Aboriginal children, young people, families, and communities. Some of the literature suggests that resource gaps created by short-term and fragmented funding cycles lead to stagnation or reversal of the gains made by programs that are characterised by the above eight features. Some of the literature also suggests that sustained funding is impeded by the lack of rigorous evaluations of community-managed programs and services. This indicates a strong need to build Aboriginal-led evaluation into funded programs, and partner with Aboriginal researchers to generate long-term data and research on Aboriginal-led interventions.

It is important to note that while this review aims to offer insights into the evidence for Aboriginal-led early support programs, Aboriginal people are a diverse set of nations that span the continent, each with their own histories, cultures, lived experiences, wisdom traditions and practices. What may work for one community may not work as well for another. Nevertheless, when viewed through a cultural lens, there is a high level of evidence regarding the importance of the aforementioned principles and features of early interventions for Aboriginal children, families and communities.

This review acknowledges other forms of evidence, including those that meet DCJ's evidence portal technical specifications, are of significant value. However, it is also important to recognise Aboriginal ontology, epistemology, and axiology (Aboriginal ways of knowing, doing and being) when determining both effectiveness and standards. Further research is required to establish what "standards of evidence" mean to Aboriginal communities and how best to evaluate programs from an Aboriginal perspective. It is hoped that this review will contribute to sector understanding and, ultimately, better outcomes for all First Peoples.



## 2. Introduction

It is generally accepted within Aboriginal communities that Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) are best placed to understand, design and deliver services that respond to the needs of their communities. However, there is limited information on what evidence exists about the characteristics, implementation, and impact of Aboriginal-led programs designed to improve the wellbeing of Aboriginal families and communities.

The NSW Department of Communities and Justice (DCJ), in accordance with the NSW Government Aboriginal Procurement Policy, commissioned Gamarada Universal Indigenous Resources (G.U.I.R), a 100% Aboriginal owned and operated consulting firm, to conduct an in-depth investigation and report on the evidence for Aboriginal-led early support programs and activities.

### 2.1 Origins and intent of the project

The intent of this project is to develop a stronger understanding of the evidence that is available for Aboriginal-led and designed early support programs. The scope of the review includes programs and services available across Australia or for specific communities in one or more states. The project was initiated from within the DCJ Targeted Earlier Intervention (TEI) Program area and supports the vision for the TEI Program, which entails:

- Flexible, responsive, culturally-safe support tailored to the needs of Aboriginal children, families and communities.
- Designing a system focused on outcomes for children, families, and communities.
- Building the evidence base to better understand 'what works'.

In 2022, the TEI Program released a purpose built, publicly available Evidence Portal populated with evidence reviews relevant to the early support sector. It has become apparent through this process that many of the early support programs and activities funded by Government have been developed outside Australian contexts and for non-Indigenous populations, with little evidence of effectiveness for Aboriginal people. There is, therefore, a need for evidence about early support programs and activities that are designed and delivered by Aboriginal people for Aboriginal children, young people, families, and communities. As noted by SNAICC:

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*Too often, locally designed approaches driven by organisations working in the Aboriginal and Torres Strait Islander child and family services sector are undervalued due to a lack of documented evidence. This results in programs being implemented with an international evidence base that are ineffective in the context of Aboriginal and Torres Strait Islander communities.<sup>3</sup>*

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<sup>3</sup> SNAICC (no date) *Monitoring and Evaluation*. Available at: <https://www.snaicc.org.au/sector-development/monitoring-and-evaluation/> (Accessed: 8 June 2023)

Researchers involved in conducting the earlier evidence reviews for the Evidence Portal struggled to find Aboriginal evidence which met the study design threshold in the portal technical specifications<sup>4</sup> and were mostly unable to capture this evidence, even when expanding their search criteria. Despite these limitations, researchers were able to identify some common themes and principles across wellbeing programs which were seen as critical to the design and delivery of services to Aboriginal families and communities.

The aim of this project was, therefore, to investigate the available literature on early support programs and activities that are designed and delivered by Aboriginal people and communities, including a scan of studies via electronic databases, grey literature, Indigenous websites and journals, and information submitted through a community outreach process, combined with a practical assessment of the evidence and gaps. The findings will inform recommendations for partnering with Aboriginal communities to determine and develop the Aboriginal evidence base.

## 2.2 Context

The authors of this report and the Project Reference Group overseeing its activities note that there are many systemic issues that have placed constraints upon this project.

There is strong practice-based evidence from both the Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) that many Aboriginal-led programs and activities are achieving effective outcomes for Aboriginal families and communities. However, there is currently insufficient investment to support organisations to formally evaluate programs, through systematic observation, documentation, and measurement of their programs' outcomes, to demonstrate their effectiveness through published literature channels. Many of the innovative, community-driven, 'grassroots' responses to the complex challenges faced by Aboriginal communities are invisible to mainstream society, to government and to academia. The oversight of Aboriginal wellbeing practices amounts to an immeasurable omission of health resources, information, and valuable social services, and is to the detriment of Aboriginal communities, the Australian social services system more broadly, and to the wellbeing of Aboriginal children and families specifically. The oversight also understates and undervalues Aboriginal initiatives.

Furthermore, governments often employ the Western scientific concept of the 'hierarchy of evidence', first devised by healthcare scholars to guide clinical practice.<sup>5,6</sup> The hierarchy ranks evidence according to attributes such as validity, reliability and risk of bias, and privileges quantitative studies (such as systematic reviews, meta-analyses and randomised controlled trials) over qualitative studies (such as case studies). These quantitative studies are regarded as more rigorous in assessing the effects of a program according to specific outcomes, and using specific measures,

<sup>4</sup> NSW Government (2022) *Evidence Portal Technical Specifications*. Available at: <https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/about-the-portal/evidence-portal-technical-specifications.html> (Accessed: 2 May 2023)

<sup>5</sup> NSW Premier and Cabinet (2016) *NSW Government Program Evaluation Guidelines*. Available at: [https://www.cvevaluation.nsw.gov.au/\\_data/assets/pdf\\_file/0007/771757/nsw-government-program-evaluation-guidelines.pdf](https://www.cvevaluation.nsw.gov.au/_data/assets/pdf_file/0007/771757/nsw-government-program-evaluation-guidelines.pdf) (Accessed: 4 May 2023)

<sup>6</sup> National Health and Medical Research Council (2009) *NHMRC Additional levels of evidence and grades for recommendations for developers of guidelines*. Available: [NHMRC additional levels of evidence and grades for recommendations STAGE 2 CONSULTATION \(mja.com.au\)](https://www.nhmrc.gov.au/about-us/publications/nhmrc-additional-levels-of-evidence-and-grades-for-recommendations-stage-2-consultation) (Accessed: 20 August 2023)

whereas qualitative studies are regarded as better for understanding meaning, perception, and people's experiences. However, this hierarchy and the methods used to measure the 'successes' of programs may not align with Aboriginal perspectives. Existing quantitative studies generally do not include Aboriginal people's worldviews, cultural concepts, or protocols. If a study does not investigate the cultural concepts of Aboriginal people, it will not be able to assess what is valuable and meaningful for Aboriginal people and cannot be deemed culturally valid.

For these reasons, this project took a different approach to evidence. First, rather than limiting the evidence to narrow study designs and ranking the evidence according to a hierarchy, a broad range of evidence was captured and categorised according to study type or program. This ensured that Aboriginal-informed evidence was recognised. Second, a Cultural Lens Matrix was used to assess the evidence (see Section 3.5). The Cultural Lens Matrix sets out principles of cultural relevance to Aboriginal people generally, ascertained from a thematic analysis of key documents from Aboriginal and Torres Strait Islander peak bodies and researchers about rights, principles, and protocols of Aboriginal and Torres Strait Islander and other Indigenous peoples. In applying the Cultural Lens Matrix to the evidence gathered, this review aims to recognise and demonstrate the value of Aboriginal research methods and evidence assessment.

It is recognised that there are continuing challenges faced by Aboriginal people in a system that does not fully empower and resource them to design and implement their own strategies. This project has been conducted in the context of recent criticism of the Government's approach to the oversight and implementation of the Aboriginal Outcomes Strategy (AOS) in reducing the overrepresentation of Aboriginal children and young people in out-of-home care (OOHC). A recent Ombudsman report<sup>7</sup> showed that the AOS did not achieve its goal of reducing Aboriginal over-representation in OOHC. None of the four targets directed toward that goal were achieved and the report was scathing of the lack of consultation and co-design with Aboriginal people.

It should also be acknowledged that COVID-19 has had impacts across the entire service system, for example, interrupting court proceedings and limiting the ability of caseworkers to meet face-to-face with Aboriginal families. The direction of DCJ is towards advancement and working towards a system that is better equipped and more responsive to the needs of Aboriginal children, families, and communities. DCJ is responding to the 125 recommendations in the Family is Culture Report<sup>8</sup> across three main themes:

- Strengthening oversight and enhancing accountability for Aboriginal children in care.
- Achieving better care outcomes and upholding the Aboriginal and Torres Strait Islander Child Placement Principle.
- Changing care and protection legislation and court processes.

<sup>7</sup> NSW Ombudsman (2023) *Aboriginal Outcomes Strategy focus area 2 (out-of-home care) – were the targets achieved? A special report under Section 31 of the Ombudsman Act 1974*. Available at: [https://www.ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0005/138560/Aboriginal-Outcomes-Strategy-focus-area-2-Out-of-home-care-were-the-targets-achieved\\_web.pdf](https://www.ombo.nsw.gov.au/_data/assets/pdf_file/0005/138560/Aboriginal-Outcomes-Strategy-focus-area-2-Out-of-home-care-were-the-targets-achieved_web.pdf) (Accessed: 17 June 2023)

<sup>8</sup> Davis M. (2019) *Family is Culture: review report: Independent review of Aboriginal children and young people in OOHC*. Sydney: Family is Culture. Available at: <https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/family-is-culture-review-report.pdf> (Accessed: 14 May 2023)

This evidence review is consistent with Family is Culture Recommendation 24:

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*DCJ should, in partnership with Aboriginal stakeholders and community members, evaluate existing early intervention and prevention focused programs used by the Department and their effectiveness with Aboriginal families based on measures designed in partnership with Aboriginal stakeholders and community.*

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The outcomes of this report will also contribute to Target 12 under Closing the Gap. The project will produce a body of independent evidence and recommendations that can be applied to service planning and design. More importantly, the shift in funding from crisis services to Early Intervention will help to:

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*Build the evidence base and develop a strategy to transition investment from crisis to early intervention and prevention.*

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This project will also support other outcomes under Closing the Gap including Target 3: Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years, and Target 4: Aboriginal and Torres Strait Islander children thrive in their early years.

DCJ has embraced and is implementing the Aboriginal Case Management Policy (ACMP), which was written by NSW Child, Family and Community Peak Aboriginal Corporation (AbSec). The policy provides a framework for Aboriginal-led and culturally embedded case management practice to safeguard the best interests of Aboriginal children and young people. Empowering Aboriginal families and communities, through their own processes, to safeguard the rights of Aboriginal children and young people and their families, including participation in decision making and advocating on behalf of their children and families, is essential.

This review aims to provide a useful starting point to consolidate the evidence for early support programs for Aboriginal children, families, and communities. This information will be made public and taken back to community to make decisions about further work needed to capture the evidence relating to Aboriginal-led programs.

## 2.3 Governance of the Project

The Project Reference Group provided oversight of project governance, and was guided by the Project Terms of Reference (See Appendix A). The purpose of the Reference Group is to provide guidance, advice, and subject matter expertise for its implications on Aboriginal communities. Theoretical, conceptual, and cultural lenses were adopted by the group regarding all aspects of the project to ensure the evidence review delivered quality findings and was conducted in a culturally safe and trauma informed way. This includes but is not limited to:

- Cultural guidance with the ethics application, research design and methodology.
- Cultural safety and trauma informed practice when dealing with Aboriginal individuals and communities.
- Interpretation of the evidence findings and the contextualisation of these findings;
- Recommendations and/or considerations that are included in the interim and final reports.

## 2.4 Scope of the Project Reference Group

The Project Reference Group provided advisory direction and leadership in the following key areas:

- refining the scope and purpose of the review;
- review methodology including reaching a consensus about inclusions and exclusions;
- interpretation of the review findings and the contextualisation of these findings;
- recommendations and considerations in the interim and final reports.

The Project Reference Group's advisory role covers the full scope of the evidence review, not just the interpretation of the evidence findings and the contextualisation of these findings. To support this, the Project Reference Group was provided access to all relevant information/evidence to inform their advice, including insights and findings from the evidence review more broadly.

## 2.5 Project Reference Group membership

The Reference Group was comprised of Aboriginal and non-Aboriginal researchers with relevant systematic research expertise, and consultants with experience in the provision of professional services to Aboriginal communities (see Appendix B for members' details). The majority of the group were Aboriginal members, and the project was Aboriginal-led.

## 2.6 Procedures

The Project Reference Group performed responsibilities in coordination with the G.U.I.R research team, through Reference Group meetings that occurred fortnightly over the course of the review (approximately 18 meetings held over 9 months).

The G.U.I.R project team relayed key decisions and matters to the DCJ members of the Reference Group during the meetings. The Reference Group shared advice and ideas and reviewed the evidence review findings in collaboration using a staged approach.

The Reference Group worked together in a commitment to make every effort to build a consensus on every issue discussed.

## 2.7 Ethical charter

The Project Reference Group worked to ensure that matters concerning privacy, confidentiality and the de-identification of parties was always upheld during the life of the project and beyond. The Group also worked to ensure that key documents provided by the AH&MRC and the subsequent directions and guidelines therein were embedded in the methodology, search strategy and general code of practice. In particular:

- Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (National Health and Medical Research Council 2018)
- The National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council 2007, updated 2018)
- AH&MRC Guidelines: Key Principles (2020) V 2.0

The Project Reference Group intends to assist in ensuring that the findings and outputs of the evidence review are made available to broader audiences including Aboriginal community-controlled organisations and others working in this space. This action aims to empower and promote self-determination amongst the Aboriginal communities of NSW and beyond by providing strategic and innovative insights into key elements of effective programs.

The Reference Group will always exercise leadership and authentic representation steeped in integrity, honesty, compassion, and respectfulness.

The group also commits to acting in the best interests of Aboriginal communities to ensure community strengths are highlighted, recognised and valued, thus indirectly facilitating communities to take their place in the decision-making processes.

Finally, the Reference Group will promote and foster research and leadership skills and attributes among young and emerging Aboriginal researchers.

## 2.8 Research Question

The research question that guided this review was:

What is the standard of evidence on early support programs and activities designed or delivered by/with Aboriginal communities in Australia?

This research aimed to capture the key findings of the studies scanned and analysed.

## 2.9 Key Terms

In the scope of this review, the following key terms require specific definitions:

### Aboriginal programs

These are any programs, supports or activities that are: accessed by Aboriginal people, led by Aboriginal people, co-designed or co-created with Aboriginal people involved in the end-to-end function of the service delivery.

### Aboriginal-led

This means programs, supports or activities where policies and implementation are fully directed and decided by Aboriginal people. Self-governance draws from the movement of self-determination.

*At its core, self-determination 'is concerned with the fundamental right of people to shape their own lives'.<sup>9</sup> Self-determination can mean different things to different groups of people. While there can be no pre-determined definition of self-determination, it can be characterised as follows. Self-determination:*

- *affirms that human beings, individually and as peoples, are equally entitled to be in control of their own destinies and to live within governing institutional orders that are devised accordingly*
- *is a human right that has both individual and collective elements, and applies universally and equally to all segments of humanity*
- *is grounded in the precepts of freedom and equality, and opposes, both prospectively and retroactively, patterns of empire and conquest*
- *affirms that peoples are entitled to participate equally in the development of the governing institutional order, including the constitution, under which they live and, further, to have that governing order be one in which they may live and develop freely on a continuous basis*
- *includes the dual aspects of self-governance and participatory engagement*
- *is a regulatory vehicle that broadly establishes rights for the benefit of all peoples, including Indigenous peoples*
- *is an instrument of reconciliation and conciliation, particularly for peoples who have suffered oppression at the hands of others*

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<sup>9</sup> Fletcher, cited in Australian Human Rights Commission (2013) *The Declaration Dialogue Series: Paper No.2 - Self-determination – the fundamental right of Aboriginal and Torres Strait Islander peoples to shape our own lives*. Available at: [https://humanrights.gov.au/sites/default/files/2014\\_AHRC\\_DD\\_2\\_Self-determination.pdf](https://humanrights.gov.au/sites/default/files/2014_AHRC_DD_2_Self-determination.pdf) (Accessed: 10 May 2023)

- *promotes the building of a social and political order based on relations of mutual understanding and respect*
- *cannot be viewed in isolation from other human rights but rather must be reconciled with and understood as part of the broader universe of values and prescriptions that constitute the modern human rights regime.*<sup>10</sup>

The challenge for Indigenous peoples and governments is to come to an agreed understanding about what international law requires of governments in responding to their obligations concerning self-determination, and how those requirements are applied in a domestic context.

### **Program co-design**

Co-design in the context of Aboriginal policy requires a philosophical and practical shift away from practice as usual for both parties and requires a great deal of trust in the initial stages. Co-design is a way of thinking, rather than an event, as it requires a different mind-set and a new framework for working towards a solution. From the perspective of government, co-design is not without risk. When it works, it enriches the search for, and development of, policy and program solutions by including the lived experience of the people who will be most affected by that policy. From the perspective of Aboriginal peoples, co-design is action over words, a mechanism to build a foundation of trust, and a commitment to partnership and collaboration. As Dreise and Mazurski (2018, p.5) write, co-design “reminds service providers and governments that they should do things with, and not to, Aboriginal communities.” It also challenges Aboriginal communities to take more strategic measures towards working in partnership with government.<sup>11</sup>

### **Early support**

Early support means programs, services, and activities within the scope of the Targeted Earlier Intervention Program, both intervening early in life and early in the life of risk factor/s (to prevent adverse outcomes and later more intensive interventions).

These programs, services or activities include (but are not limited to) the following: prenatal support, infant and child development programs, home visiting programs, playground, early learning programs, child and young person behaviour intervention, parenting support, targeted early intervention, holistic family support, family therapy, healing programs, parent-child interaction therapy, restorative justice.

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<sup>10</sup> Anaya, cited in Australian Human Rights Commission (2013) *The Declaration Dialogue Series: Paper No.2 - Self-determination – the fundamental right of Aboriginal and Torres Strait Islander peoples to shape our own lives*. Available at: [https://humanrights.gov.au/sites/default/files/2014\\_AHRC\\_DD\\_2\\_Self-determination.pdf](https://humanrights.gov.au/sites/default/files/2014_AHRC_DD_2_Self-determination.pdf) (Accessed 10 May 2023)

<sup>11</sup> Schwab, R. (2021) *Co-designing Recommendations to Government: A literature review and case studies from the OCHRE initiatives*. Sydney: Aboriginal Affairs NSW, Department of Premier and Cabinet



## Culturally safe

Culturally safe defines 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 (Ekkerman et al., cited in Williams, 1999).

This definition is useful as it provides clear guidance for how organisations can provide culturally safe services to Aboriginal clients. The international literature asserts that definitions of cultural safety should include strategic and practical plans to positively transform services to First Nations people (Brascoupe & Waters, 2009). Some Australian scholars have gone further and proposed cultural safety as a strategy to address the stark over-representation of Aboriginal children in child protection and related poor outcomes (see, for example, Menzies & Grace, 2020). In this way, cultural safety can be viewed as both a process of service implementation, as well as an outcome of service delivery.

Organisations and practitioners are the focus of service implementation. However, whether services have been experienced as culturally safe is determined by Aboriginal service users. When Aboriginal children, young people, families and communities receive culturally safe services, they should feel that their culture and identity is respected.<sup>12</sup> Cultural safety is therefore more than the absence of racism, it the “positive recognition and celebration of cultures... that empowers people and enables them to contribute and feel safe to be themselves” (Commonwealth of Australia, Department of Prime Minister and Cabinet, 2021, p. 7).

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<sup>12</sup> SNAICC (no date) *Keeping our kids safe*. Available at: <https://www.snaicc.org.au/policy-and-research/child-safety-and-wellbeing/keeping-our-kids-safe/> (Accessed: 2 June 2023)

## 3. Methods

The research team conducted a rapid evidence review (Grant & Booth, 2009) to gain an understanding of what information exists regarding Aboriginal-led early supports for children, families, and communities across Australia. This review was conducted in 2022-2023. A rapid evidence review is a rigorous method that shortens the timescale of systematic reviews by focusing on a research question; clearly specifying and scoping the search strategy; and extracting only key studies for inclusion (Grant & Booth, 2009). While the search methods were intended to be systematic, where possible, more flexible, and iterative methods, such as hand searching and community outreach, were also used to extend the reach of the review.

### 3.1 Search strategy

Evidence was sourced for inclusion in the review through four approaches:

1. A rapid preliminary search of academic and grey literature using Google;
2. A structured electronic database search;
3. A structured grey literature search using Google Advanced search;
4. A community outreach exercise to invite early support service providers and other organisations to submit evidence.

#### Rapid preliminary search

A rapid evidence scan of early support programs and activities designed or delivered by/for Aboriginal families in Australia was carried out by Family and Community Services Insights Analysis and Research (FACSIAR) at the beginning of the project, in October 2022. This provided a rough picture of the existing academic and grey literature, and a means of gauging whether the later structured searches were broadly effective in identifying relevant evidence.

A Google search was conducted using the following search strings:

1. “Aboriginal early intervention programs<sup>13</sup>”
2. “DFV and Aboriginal early intervention programs”
3. “Family violence and Aboriginal early intervention programs”
4. “Aboriginal alcohol and other drug programs”
5. “Aboriginal mental health programs”

Hand searching was also used to identify additional programs and evidence relating to their delivery and/or effectiveness. This involved searching the reference lists of relevant studies, consulting DCJ

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<sup>13</sup> The term “early intervention” was used in some of the search strings as “early support” is a term often used to describe early childhood support services for children with disabilities or developmental delays, and is the name of a UK program.

program information, and eliciting suggestions from DCJ staff. Only programs with a published evaluation or for which reported outcomes indicated that an unpublished evaluation may be available were included.

### Electronic database search

An electronic database search was conducted to identify published research literature relevant to the guiding research questions. A search strategy was developed with input from the research team, the Reference Group and FACSIAR. As part of this process, FACSIAR ran a series of test searches, modifying and refining the search terms to identify the best strings. The resulting terms produced the most relevant, acceptable number of results. The final search terms are listed in Table 3.1.

**Table 3.1: Electronic database search terms**

People	Services	Program types	Service recipients	Jurisdiction
<b>Indigenous Aboriginal First Nations</b>	Human services Social services Community services Program Project	Intervention Early intervention Support	Child Children Family Families Youth Young people Adolescent Teenager	Australia
<b>Limiters</b>				
<b>Publication date range: 2014 – 2023</b>				
<b>NOT: “health-care”</b>				

Searches were conducted using a predefined key string containing the terms listed in Table 3.2. Specifically, a BOOLEAN search was performed where each column was connected by an AND operator and each item within the column connected by an OR operator.

**Table 3.2: Electronic database search strings**

<b>Search categories</b>	<b>Search strings connected by OR and AND operators (strings within each column connected by OR; between different columns connected by AND)</b>				
<b>TEI Search 1 – Family Violence: domestic violence OR domestic and family violence OR DFV OR family violence</b>	Aboriginal community controlled organisation	Australia Queensland New South Wales South Australia	early intervention prevention	program programs project	cultural competence cultural safety connection to country
<b>TEI Search 2 – Substance Abuse: drug abuse OR substance abuse OR alcohol abuse</b>	child welfare family service home based family service	Australia Western Australia Northern Territory Tasmania			
<b>TEI Search 3 – Early Childhood and Preschool: early childhood OR early support OR pre-school OR school readiness OR playgroup</b>	social services human services community services	Australian Capital Territory			
<b>TEI Search 4 – Parenting Programs: parent* program* OR parent* training</b>	child children				
<b>TEI Search 5 – Pre-natal and Child Development: pre-natal OR child development</b>	family families				
<b>Limiters</b>					
Peer Reviewed; Publication date range: 2014 – 2023					
<b>Expanders</b>					
Search within the full text of the articles Apply equivalent subjects					

The searches covered major electronic databases available on EBSCOhost, including APA PsycInfo, Australia/New Zealand Reference Centre, Business Source Complete, CINAHL with Full Text, Cochrane Library, ERIC, Health Business Elite, Informit – Indigenous Collection, MEDLINE with Full Text, Psychology and Behavioural Sciences Collection, and SocINDEX with Full Text. Searches were run in June 2023.

### Grey Literature Search

A comprehensive grey literature search was carried out in May and June 2023 using Google Advanced search. The search strategy was refined with input from the Reference Group and FACSIAR. Several tests were carried out to determine how to best generate relevant results and an appropriate number of results. The final search terms used are listed in Table 3.3.

**Table 3.3: Grey literature search terms**

People	Organisations	Services (Broad)	Program types	Service recipients	Culture
<b>Indigenous Aboriginal</b>	Community organisation Non-government organisation Aboriginal organisation Indigenous organisation	Human services Social services	Early support Early childhood Pre-natal Playgroup Preschool School readiness Child development Parenting Domestic and family violence	Children Youth Young people Adolescents Family Community	Culture
<b>Limiters</b>					
<b>Language: English</b>					
<b>Region: Australia</b>					
<b>Site or domain: .org.au, .gov.au, .edu.au</b>					

Searches were conducted using predefined key strings (see Table 3.4). A BOOLEAN search was performed where each column was connected by an AND operator and each item within the column connected by an OR operator. As Google does not allow long search strings, the search string had to be broken up into two separate searches. It was assumed that most of the grey literature pertaining to Aboriginal-led programs would be published by organisations, governments, and the education sector. Therefore, three domains were each searched to source relevant evidence: gov.au, edu.au, org.au.

**Table 3.4: Grey literature search strings**

<b>Search string 1</b>	("indigenous" OR "Aboriginal") AND ("Aboriginal organisation" OR "Indigenous organisation") AND ("human services" OR "social services") AND ("culture" OR "cultural") AND ("children" OR "youth" OR "young people" OR "families" OR "community") AND ("early support" OR "early childhood" OR "child development" OR "parenting" OR "pre-natal") AND ("program")
<b>Search string 2</b>	("indigenous" OR "Aboriginal") AND ("Aboriginal organisation" OR "Indigenous organisation") AND ("human services" OR "social services") AND ("culture" OR "cultural") AND ("children" OR "youth" OR "young people" OR "families" OR "community") AND ("preschool" OR "playgroup" OR "school readiness" OR "domestic and family violence") AND ("program")
<b>Limiters</b>	English Australia
<b>Domains</b>	.gov.au .org.au .edu.au

### Community Outreach

The research team recognised that there are many programs and services devised and delivered by practitioners that address early support for Aboriginal people, and that online database and grey literature searches may be inadequate in finding this evidence. Service providers often possess practice wisdom and deep knowledge of the families and communities they serve, and many also collect their own evidence relating to their programs. The evidence review, therefore, used community outreach to gather resources directly from communities to ensure that evidence not available from the commonly used electronic databases and grey literature was included. This represents a more comprehensive search strategy which Aboriginal communities can directly contribute to.

To invite evidence submissions from community, a call for submissions was made via email directly to a selection of early support service providers and Aboriginal organisations working in and/or representing the sector, and via posts on social media platforms. Informal conversations were also conducted with several Aboriginal stakeholders to ensure that evidence not captured through electronic database and grey literature searches were identified and assessed for inclusion (see Appendix C for the invitation).

## 3.2 Inclusion and Exclusion Criteria

A list of inclusion and exclusion criteria were developed to limit the search results to evidence matching the research questions and scope of the project (see Table 3.5).

**Table 3.5: Inclusion and exclusion criteria**

Inclusion criteria	Exclusion criteria
Published after 2013	Published before 2013
Written in English	Written in a language other than English
From Australia and related to Aboriginal and/or Torres Strait Islander people	From outside Australia and not related to Aboriginal and/or Torres Strait Islander people
Explores or evaluates a program, service or activity designed by Aboriginal people OR co-designed with Aboriginal people OR designed inside or outside of Australia and adapted by Aboriginal people	Explores or evaluates a program, service or activity designed outside of Australia AND not adapted by Aboriginal people
Explores or evaluates a program, service or activity involving one or more of the following types of support:	Does not explore or evaluate a program, service or activity
prenatal support	Relates to one or more of the following types of programs, services or activities:
infant and child development	biomedical interventions
home visiting	pharmaceutical interventions
playgroup	interventions with a biomedical focus run in hospitals, detention centres, emergency departments, and psychiatric inpatient facilities and clinics
early learning	community development programs
school readiness	land conservation or development programs
targeted early intervention	justice programs
child and young person behaviour intervention	housing and homelessness interventions
youth programs	employment programs
parenting support	
parent-child interaction therapy	
holistic family support	
family therapy	
healing program	
domestic and family violence interventions	
alcohol and other drug treatment	

## 3.3 Screening process

Once the four searches were complete, all the results were screened to ensure they were relevant to the research question and met the inclusion criteria. This focus on the research question is a legitimate technique of conducting a rapid review (Grant & Booth, 2009, p. 100). The title, abstract or summary and, where necessary, full text of each resource were screened and assessed. Those

found not to be in scope were excluded from the review, and those found to be in scope were subjected to a data extraction process.

Where the research team could not determine whether a resource met the inclusion criteria, the resource was taken to the Reference Group for further investigation, assessment, and discussion. This occurred in several cases where it was not clear whether the program was Aboriginal-led or designed, or related to a relevant program, service, or activity. In each case, the Reference Group was able to reach a consensus about whether to include or exclude the resource.

### 3.4 Data extraction

For all four of the search strategies, the resources that passed the screening process were subjected to a full text review by the research team. Relevant data were extracted into a data spreadsheet. This tool was developed by the research team with input from the Reference Group. It included a range of fields, such as:

1. General information (e.g. resource title, author information, publisher)
2. Program information (e.g. program name, program type, target population, jurisdiction/s delivering the program)
3. Study information (e.g. study design, methods, aims, main findings)
4. Type of evidence
5. Whether the evidence meets the standards of the DCJ Evidence Portal Technical specifications
6. Cultural lens assessment score

### 3.5 Assessment of the results

The main goal of this review was to identify the standard of evidence on early support programs and activities designed or delivered by/with Aboriginal communities in Australia. Two separate approaches were taken to assessing the results. The first involved categorising the evidence, and the second involved applying a Cultural Lens Matrix to the evidence.

#### 3.5.1 Types of evidence

As noted earlier in this report, the application of a hierarchy of evidence was not considered appropriate for this project for two key reasons:

- this approach tends to undervalue and exclude Aboriginal practice and community wisdom; and
- the approach is firmly embedded in a traditional Western research paradigm, whereas this project draws upon Indigenous approaches and cultural safety.



Instead of employing a hierarchy of evidence, the research team categorised the evidence according to type of evidence (see Table 3.6). This allowed the review to identify a broad range of types of evidence, in particular Aboriginal-informed evidence. It also allowed for the identification of evidence that meets the DCJ Evidence Portal Technical Specifications.

**Table 3.6: Types of evidence**

- Systematic reviews (with or without meta-analysis)
- Randomised controlled trials (RCTs)
- Quasi-experimental design studies (QEDs)
- Dismantling studies
- Non-experimental quantitative studies, using methods such as analysis of program data
- Qualitative studies, using methods such as focus groups, interviews, observation, case studies
- Literature reviews, including scoping reviews
  - Aboriginal practice, such as:
  - Authority / expert reports
  - Anecdotal experiences
  - Aboriginal art and outcomes displayed through artistic expressions
- Interviews, yarning circles, gamna, dadirri, focus groups, participant observation, photovoice

### 3.5.2 Cultural lens assessment

The dominant Western scientific approach has not included Aboriginal people’s worldviews, cultural concepts, protocols, or rights. Much has been written about the limitations of Western sciences and their ensuing research publications from Indigenous peoples’ perspectives, including contributions to health and social inequities particularly by perpetuating deficit discourses, gaps and bias.<sup>14</sup> In this context, the evidence review also conducted a cultural appraisal of each individual piece of evidence identified from Aboriginal peoples’ perspectives, using a Cultural Lens Matrix.

The Cultural Lens Matrix is a framework developed by Aboriginal researcher, Professor Megan Williams, for use in considering selected evidence as effective in conveying Aboriginal peoples’

<sup>14</sup> For example, Shipley, G. & Williams, D. (2019) ‘Limitations of the Western Scientific Worldview for the Study of Metaphysically Inclusive Peoples’, *Open Journal of Philosophy*, 9, pp. 295-317, and Fforde, C., Bamblett, L., Lovett, R., Gorringer, S., & Fogarty, B. (2013) ‘Discourse, Deficit and Identity: Aboriginality, the Race Paradigm and the Language of Representation in Contemporary Australia’, *Media International Australia*, 149(1), pp. 162–173. [<https://doi.org/10.1177/1329878X1314900117>]

perspectives, is of ethical quality and is culturally valid. Characteristics in the theme lists were adopted from key documents about rights, principles and protocols of Aboriginal and Torres Strait Islander and other Indigenous peoples. Using and meeting these are essential for research to effectively convey values and meanings from Aboriginal and Torres Strait Islander peoples' perspectives.

The Cultural Lens Matrix process involves reviewing each individual evidence item and assessing it according to the themes and characteristics listed in the matrix. This requires acting with integrity – a stated principle of and for Aboriginal and Torres Strait Islander health research, researchers and cultures. The assessor is required to think through: 1) quality, 2) potential for impact, and 3) generalisability for each of the evidence. While there are many existing reviews which capture evidence relating to Aboriginal early support programs, this kind of assessment is rarely made. The insights it provides are one of the key contributions of this project. For full information about the matrix, including the assessable themes and rating process, see Appendix D.

In this review, the Cultural Lens Matrix served as a guide for the experienced Aboriginal researcher to direct their thinking about a study. It is important to stress that Aboriginal epistemology (ways of knowing/understanding) is non-linear and is based on a multi-directional, principled, and relational worldview. This means that the process of arriving at conclusions is not necessarily sequential, is informed by ancestral knowledge and beliefs, involves historical and cultural experiences, and emphasises the interconnections between the spiritual and the natural world.<sup>15</sup> Therefore, Aboriginal understanding is not always quantifiable, and judgements formed by Aboriginal authorities are difficult to validate using a Western empirical approach. Nonetheless, the Cultural Lens Matrix provides a method for those using their discernment to prioritise Aboriginal values, principles, and rights as described in peak body ethical guideline documents rather than the methodology of a study. Self-reflective questions provided in the Cultural Lens Matrix guide the scoring into core criteria of assessment that recognise these value-based standards.

One of the four processes mentioned in the Cultural Lens Matrix guidance notes was applied in this review, namely to assess each item of evidence against the core criteria, considering the themes as a whole rather than rating separate themes and sub-themes. This approach was taken due to its suitability for the large scale of this evidence scan. For more comprehensive cultural lens assessments of individual programs or studies, the rating of themes and sub-themes would be recommended.

Using the condensed process, scores were tabulated for each resource screened as meeting the inclusion criteria under the four search strategies. For each of the assessment criteria – 1) quality, 2) potential for impact, and 3) generalisability – the resource was rated out of 3 (1 representing 'low', 2 representing 'medium', 3 representing 'high'). There was also a "0" for "none".

The criterion of "Quality" was assessed based on the level of certainty presented in the evidence as to whether the study adhered to Aboriginal ethical guidelines, particularly Aboriginal governance. A

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<sup>15</sup> An example of Aboriginal epistemology is the connection of human wellbeing to the wellbeing of the Earth's ecosystems, as described in Australian Institute of Aboriginal and Torres Strait Islander Studies, Arabena, K. & Department of Environment and Climate Change (2008) *Indigenous Epistemology and Wellbeing: Universe referent citizenship*. Research Discussion Paper no. 22. Canberra: AIATSIS. Available at: [https://aiatsis.gov.au/sites/default/files/research\\_pub/arabena-dp22-indigenous-epistemology-wellbeing-universe-referent-citizenship\\_0\\_2.pdf](https://aiatsis.gov.au/sites/default/files/research_pub/arabena-dp22-indigenous-epistemology-wellbeing-universe-referent-citizenship_0_2.pdf) (Accessed: 25 September 2023)

score of 1 represented insufficient adherence to ethical guidelines while 2 represented uncertainty over adherence and 3 represented certainty.

The criterion of “Potential for Impact” was assessed by whether the study or program design adhered to Aboriginal beliefs and cultural priorities, and articulated findings that adhered to Aboriginal values and protocols. In the Aboriginal worldview, outcomes are not necessarily measured by compartmentalised indicators but are a long-term result of adherence to Aboriginal conceptual frameworks and relational practices. Hence, scores were assigned based on the potential for application of the study findings within these frameworks and practices.

Similarly, the criterion of “Generalisability” was assessed by whether program or study components (such as employing Aboriginal staff or using trauma-informed practices) were transferrable to other communities. A score of high generalisability does not preclude local adaptations and specific contextualisation of a program for increased relevance.

The scores for each of the three criteria were then totalled to give an overall score out of 9. Levelled descriptors were applied to these totals, where 9 is the highest level or standard of evidence from the Aboriginal cultural lens used in this review. The results of this assessment and their resultant descriptive levels or ‘standards’ for each resource were tabulated under each search strategy.

### 3.6 Thematic analysis

Guided by the research questions, the research team re-explored the full texts of each resource that was scored above a certain threshold - a total score of 7 or above - in the cultural lens assessment. A deductive approach was used to draw out themes from the literature.

### 3.7 Limitations of the review

As noted earlier, by taking a broader and more inclusive view of evidence than many of the existing reviews of early support programs and using a variety of search strategies, this review has been able to capture a wider range of evidence. However, it must be noted that only programs and practices supported by some kind of documentation are included. In other words, it is inevitable that the review will have overlooked some programs and the evidence that relates to them. It should also be borne in mind that while the search strategy was comprehensive, the scope of the search was narrow, in keeping with the specific aim of highlighting evidence of Aboriginal-led, co-designed or co-delivered programs developed in the Australian context.

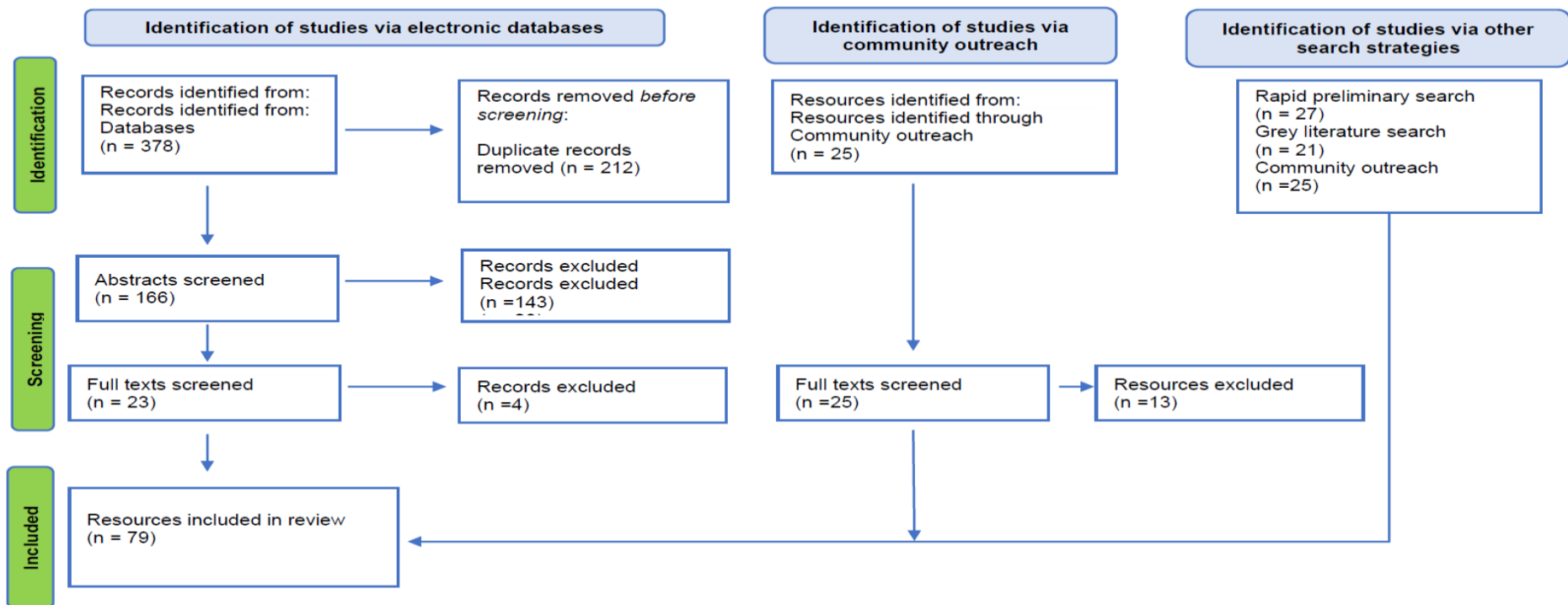
### 3.8 Ethical clearance

An ethics application was prepared and submitted for ethical clearance from the AH&MRC to carry out the community outreach. However, following correspondence between AH&MRC and the research team, the AH&MRC advised that ethical clearance was not required for already published literature or publicly available information, and which does not involve human participants or their data. On that basis the research team withdrew the ethics application and AH&MRC requested confirmation that only published material would be included. The research team went through the community submissions and confirmed that all submissions to be included were in the public domain.

## 4. Results

This section comprises a description and assessment of the evidence resulting from the four distinct approaches taken in the review, namely the preliminary search of academic and grey literature, electronic database search, grey literature search and community outreach. The assessment was carried out as outlined in Section 3.5.

A PRISMA flow diagram on the next page shows the screening process for each search strategy.



**Figure 4.1: PRISMA Flow Diagram for screening of resources identified through search strategies**

The PRISMA flow diagram in Figure 4.1 represents the systematic process for screening and selection of resources identified through search strategies in the context of a systematic review. Derived from the PRISMA 2020 statement, a guideline for reporting systematic reviews, the diagram visually outlines the stages involved in the review process. The diagram typically includes the initial identification of records through database searches, the screening of titles and abstracts, full-text assessment, and the final inclusion of eligible studies. Additionally, it illustrates the reasons for excluding studies at each stage. This standardized and transparent representation aids in ensuring the rigor and reproducibility of systematic reviews by providing a clear overview of the study selection process. Researchers can refer to the PRISMA guidelines for comprehensive details on conducting and reporting systematic reviews.

*Modified from:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

## 4.1 Preliminary search of academic and grey literature

The preliminary search was conducted in Google and through hand searches. A total of 27 resources were identified that met the inclusion and exclusion criteria. These resources were all included for data extraction.

## 4.2 Electronic database search

The initial electronic database search revealed a total of 378 resources. These resources were subjected to an initial scan and abstract assessment according to the inclusion and exclusion criteria. After screening, 23 resources remained for data extraction.

## 4.3 Grey literature search

The grey literature search was conducted in Google and produced 3,268 results (including duplicates and sponsored links). The majority were screened out as they did not meet the inclusion criteria. After screening, a total of 21 resources were included for data extraction.

## 4.4 Community outreach

The community outreach generated a total of 25 services or programs submitted. Each submission was initially assessed according to the inclusion criteria.

Seven resources were passed to the Reference Group for further discussion to determine if they met the inclusion criteria.

After the initial assessment by the research team, 13 submissions were excluded from the evidence assessment. These submissions are listed in Appendix E.

Twelve submissions including conversations between the team and service providers working in the sector of early intervention were determined to meet the inclusion criteria.

**Table 3.7: Resources from Community Outreach services / programs that met inclusion criteria**

Name	Cohort	Service / Program type	Type of evidence
<b>Moore, S. (2022) 'Safeguarding children from sexual abuse in remote Australia: Applying a "Both Ways" cultural approach', PhD thesis, Charles Sturt University, Australia</b>	Aboriginal children	Prevention of child sex abuse (prevention)	Literature review, qualitative study

<b>Stanford, R. (2022) Big Sis Lil Sis - Strong Children, strong families &amp; a culturally strong community: Winanga-Li Final Report</b>	Aboriginal children (girls) aged 3-6 years	Service to promote girl's development and education to school transition (education, development)	Aboriginal practice (anecdotal experiences)
<b>Stanford, R. (2022) Supported Playgroup – Wianga-Li: Winanga-Li Final Report</b>	Aboriginal children (3-6 years)	Promotion of healthy development, parenting skills and cultural safety (development)	Aboriginal practice (anecdotal experiences)
<b>Stanford, R. (2021) Transition to School Program: Winanga-Li Final Report</b>	Aboriginal children (0-5 years)	Collaboration service with schools for children's school readiness (development, education, prevention)	Aboriginal practice (anecdotal experiences)
<b>SNAICC (2016) The Family Matters Roadmap</b>	Aboriginal children and youth	Outline document on national campaign to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040 (prevention)	Literature review, Aboriginal practice (authority report)
<b>South Coast Women's Health &amp; Welfare Aboriginal Corporation (2018) Waminda - Model of Care [Powerpoint presentation]. National Conference of the National Aboriginal Community Controlled Health Organisation (NACCHO)</b>	Aboriginal young women	Service for young women's wellbeing during school and after school, cultural activities and health checks.  Program to support Aboriginal families and children (0-18 years) where risk of significant harm has been substantiated and child/children is/are at imminent risk of entry to OOHC  (prevention)	Aboriginal practice (expert report)
<b>Tilton, E. and Devitt, J. (2019) A descriptive evaluation of the early years program at Maari Ma Health Aboriginal Cooperation [Final report]</b>	Aboriginal children, youth and young parents	Interactions, learning, and development services, and communication with parents (development and education)	Literature review, qualitative study

<b>Roe, K. (2021) Service Impact &amp; Formative Evaluation of Nabu: Formative Evaluation Report. NSW: IPS Management Consultants</b>	Aboriginal children, youth and families	Prevention and protection services (prevention)	Qualitative study
<b>'Bulundidi Gudaga' (no date) Bulundidi Gudaga, Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District</b>	Aboriginal children and families	Provision of health services (health)	Program summary
<b>'Cannalgalleon' (no date) Cannalgalleon (New Directions), Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District</b>	Aboriginal children	Provision of health services (health)	Program summary
<b>'2toSchool' (no date) 2toSchool, Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District</b>	Aboriginal children and families	Development services and school readiness services (development and health)	Program summary
<b>McKenzie, A. et al. (2018) 2 to school (2ts) Model of Care</b>	Aboriginal children and families	Study to evaluate the program Bulundidi Gudaga (development and health)	Qualitative study



## 4.5 Culturally Appraised Evidence

*Table 3.8: Resources ranked by cultural lens assessment*

No.	Name	Evidence Type	Ethics Quality (0-3)	Potential for Impact (0-3)	Generalisability (0-3)	Total (0-9)	Cultural Lens Assessment Level
1	Emerson et al. (2015) Good Beginnings: Getting it right in the early years	Scoping review	3	3	3	9	Highest
2	Tayton et al. (2014) Groups and communities at risk of domestic and family violence: A review and valuation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities	Literature review, mixed-methods qualitative study	3	3	3	9	Highest
3	Department of Health and Human Services (2017) Cradle to Kinder Evaluation Summary	Mixed-methods qualitative study, including longitudinal data	3	3	3	9	Highest
4	SNAICC (2021) Aboriginal and Torres Strait Islander-led early intervention programs	Case studies	3	3	3	9	Highest
5	Winangali and Ipsos (2017) Evaluation: Aboriginal and Torres Strait Islander family-led decision-making trial	Mixed-methods qualitative study	3	3	3	9	Highest

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<b>6</b>	Brown et al. (2021) Rante-rante ampe Marle and Urreye: “Safe, Respected and Free from Violence” projects evaluation	Mixed-methods qualitative study	3	3	3	9	Highest
<b>7</b>	Anglicare Victoria (2017) Longitudinal Impact Evaluation of Rapid Response	Quasi-experimental design study	3	3	3	9	Highest
<b>8</b>	SVA Consulting (2021) Aboriginal In-Home Support Service: Summative Evaluation Report	Non-experimental quantitative program analysis and qualitative study	3	3	3	9	Highest
<b>9</b>	Acil Allen Consulting (2018) Evaluation of the Home Interaction Program for Parents and Youngsters	Literature review, non-experimental quantitative program analysis	3	3	3	9	Highest
<b>10</b>	Andersson et al. (2020) Jandu Yani U (“for all families”) project report	Mixed-methods qualitative study	3	3	3	9	Highest
<b>11</b>	Roe (2021) Service Impact & Formative Evaluation of Nabu: Formative Evaluation Report	Qualitative study	3	3	3	9	Highest
<b>12</b>	Callaghan et al. (2013)  Case Study of the Ngala Nanga Mai Parent Group Program: Strengths, Challenges and Implications for Policy and Practice	Non-experimental quantitative program analysis and qualitative study	3	3	3	9	Highest

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13	MacCalman et al. (2017) Family-centred interventions by primary healthcare services for Indigenous early childhood wellbeing in Australia, Canada, New Zealand and the United States: A systematic scoping review	Scoping review	3	3	3	9	Highest
14	Thompson (2018) Red Dust Healing Program: Final Evaluation	Non-experimental quantitative program analysis and qualitative study	3	3	3	9	Highest
15	Ussher et al. (2015) Constructions and experiences of the Gunawirra early intervention program for young Aboriginal mothers	Qualitative study	3	3	3	9	Highest
16	Dossetor, P. J., et al. (2019) Review of Aboriginal child health services in remote Western Australia identifies challenges and informs solutions	Qualitative study	3	3	3	9	Highest
17	Flemington, T., et al. <sup>16</sup> (2022) The Daalbirrurr Gamambigu (Safe Children) Model: embedding cultural safety in child protection responses for Australian Aboriginal children in hospital settings	Scoping review, mixed-methods qualitative study	3	3	3	9	Highest

<sup>16</sup> This study did not fully meet the inclusion criteria due to not being entirely Aboriginal-led. However, it was still included in the review as it did have some Aboriginal governance and extensively involved Aboriginal expertise for the investigation design and delivery.

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<b>18</b>	Frederico, M., et al. (2019) Take Two – Implementing a Therapeutic Service for Children who have Experienced Abuse and Neglect: Beyond Evidence-Informed Practice	Qualitative study	3	3	3	9	Highest
<b>19</b>	Street, J., et al. (2018) Supporting youth wellbeing with a focus on eating well and being active: views from an Aboriginal community deliberative forum	Qualitative study informed by Aboriginal practice (storyboard focus groups, participant observations using dadirri method)	3	3	3	9	Highest
<b>20</b>	Wyndow, P., et al. (2020) Improving Aboriginal Maternal Health by Strengthening Connection to Culture, Family and Community	Qualitative study informed by Aboriginal participant observations	3	3	3	9	Highest
<b>21</b>	Day, A., et al. (2016) Programs to Improve the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Communities	Non-experimental quantitative study	3	3	3	9	Highest
<b>22</b>	Deadly Connections Impact Report 2019-2021	Non-experimental quantitative program analysis and qualitative study	3	3	3	9	Highest

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<b>23</b>	Niddrie, N., Brosnan, K., Barnes, S. and Dunnett, D. (2016 – 2017) Evaluation: Stronger Communities for Children	Literature review, qualitative study	3	3	3	9	Highest
<b>24</b>	Briggs, L. (2018) Wathaurong Annual Report	Aboriginal practice (ACCO annual report)	3	3	3	9	Highest
<b>25</b>	SNAICC <sup>17</sup> (n. d.) Learning From Good Practice: Implementing the Early Years Learning Framework for Aboriginal and Torres Strait Islander Children - Good Practice Service Profiles	Case studies	3	3	3	9	Highest
<b>26</b>	Moore, S. (2022) 'Safeguarding children from sexual abuse in remote Australia: Applying a "Both Ways" cultural approach', PhD thesis, Charles Sturt University, Australia	Literature review, qualitative study using Aboriginal expert assessors	3	3	3	9	Highest
<b>27</b>	Stanford, R. (2022) Big Sis Lil Sis - Strong Children, strong families & a culturally strong community: Winanga-Li Final Report	Aboriginal practice (anecdotal experiences)	3	3	3	9	Highest
<b>28</b>	Stanford, R. (2022) Supported Playgroup – Wianga-Li: Winanga-Li Final Report	Aboriginal practice (anecdotal experiences)	3	3	3	9	Highest

<sup>17</sup> This study did not indicate a date and thus did not meet inclusion criteria. However, its online publication has been dated to 2015. It was also retained because it is an ACCHO-led review of good practice in Aboriginal-led, managed and delivered childcare services. The descriptive profiles contribute to enhancing Aboriginal Knowledge and Skills, and the knowledge and data is entirely Aboriginal-owned.

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<b>29</b>	Stanford, R. (2021) Transition to School Program: Winanga-Li Final Report	Aboriginal practice (anecdotal experiences)	3	3	3	9	Highest
<b>30</b>	SNAICC (2016) The Family Matters Roadmap	Literature review, Aboriginal practice (authority report)	3	3	3	9	Highest
<b>31</b>	South Coast Women's Health & Welfare Aboriginal Corporation (2018) Waminda - Model of Care	Aboriginal practice (expert report)	3	3	3	9	Highest
<b>32</b>	Tilton, E. and Devitt, J. (2019) A descriptive evaluation of the early years program at Maari Ma Health Aboriginal Cooperation	Literature review, qualitative study	2	3	3	8	High
<b>33</b>	Roe, K. (2021) Service Impact & Formative Evaluation of Nabu: Formative Evaluation Report	Qualitative study, Aboriginal practice (expert report)	2	3	3	8	High
<b>34</b>	Segal et al. (2018) Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia	Quasi-experimental design study	2	3	3	8	High
<b>35</b>	Gupta, H., et al. (2020) A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander	Scoping review	3	2	3	8	High

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	young people in Australia: understanding the principles guiding promising practice						
<b>36</b>	Snijder, M., et al. (2021) Strong and deadly futures: co-development of a web-based wellbeing and substance use prevention program for Aboriginal and Torres Strait Islander and non-Aboriginal adolescents	Case study and qualitative research, planned RCT	2	3	3	8	High
<b>37</b>	Snodgrass, W. J., et al. (2020) Evaluation of a culturally sensitive social and emotional well-being program for Aboriginal and Torres Strait Islanders	Non-experimental quantitative study	2	3	3	8	High
<b>38</b>	The Australian National Council on Drugs, National Indigenous Drug and Alcohol Committee (2014) Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples	Literature review, case studies	3	3	2	8	High
<b>39</b>	Staines (2021) From the ground up: developing the Cape York Girl Academy school to re-engage young women and mums from remote Australia	Case study	3	3	2	8	High
<b>40</b>	Butera, N., Lawrence, M. and Monson-Wilbraham, L. (2012) Healing in Practice – Promising practices in healing programs	Scoping review, case studies	3	2	3	8	High

	for Aboriginal and Torres Strait Islander Children and Families <sup>18</sup>						
<b>41</b>	Campaspe Primary Care Partnership. (2017) The Njernda Partnership Model: Closing the gap through partnerships – A model	Case study	3	3	2	8	High
<b>42</b>	Haswell, M., Blignault, I., Fitzpatrick, S. and Jackson Pulver, L. (2013) The Social and Emotional Wellbeing of Indigenous Youth: Reviewing and Extending the Evidence and Examining its Implications for Policy and Practice	Systematic review	2	3	3	8	High
<b>43</b>	'Bulundidi Gudaga' (no date), Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District	Aboriginal practice (expert report)	2	3	3	8	High
<b>44</b>	'Cannalgalleon' – New Directions (no date) Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District	Aboriginal practice (expert report)	2	3	3	8	High

<sup>18</sup> The date of this study falls outside the range of our inclusion criteria. It has been included, nonetheless, because of its high value as Aboriginal community-controlled research describing practices that utilise a community framework and what works from a cultural lens. The data is Aboriginal-owned and published, culturally sensitive, has direct ACCHS involvement and contributes to enhancing Aboriginal Knowledge and Skills, offering net benefits for Aboriginal people and communities.



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<b>45</b>	'2toSchool' (no date) Aboriginal Health Service Directory - Aboriginal Chronic Care Program, South Western Sydney Local Health District	Aboriginal practice (expert report)	2	3	3	8	High
<b>46</b>	Western Australia Mental Health Commission (2016) Strong Spirit Strong Mind Metro Project: Campaign evaluation	Non-experimental quantitative program analysis	2	2	3	7	Medium-High
<b>47</b>	Anderson, K., et al. (2022) Aspects of Wellbeing for Indigenous Youth in CANZUS Countries: A Systematic Review	Systematic review	2	3	2	7	Medium-High
<b>48</b>	Prentice, K., et al. (2017) Sexual and Family Violence: Overcoming Barriers to Service Access for Aboriginal and Torres Strait Islander Clients	Qualitative study by Aboriginal participant observations	3	3	1	7	Medium-High
<b>49</b>	Williams, R. and Badry, D. E. (2023) Aboriginal Kinship Carers and Children with Fetal Alcohol Spectrum Disorder in Western Australia: Advancing Knowledge from an Indigenous and Disability Lens	Qualitative study	2	2	3	7	Medium-High
<b>50</b>	Morley, S. (2015) What works in effective Indigenous community-managed programs and organisations	Literature review, case studies	1	3	3	7	Medium-High
<b>51</b>	Lee and Ride (2018) Review of programs and services to improve Aboriginal and	Literature review	3	2	2	7	Medium-High

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	Torres Strait Islander nutrition and food security						
52	McKenzie, A., et al. (2018) 2 to school (2ts) model of care	Qualitative study	2	3	2	7	Medium-High
53	Barr et al. (2021) Guyati, Garraka wa witing speech pathology project interim pilot report	Case study	2	2	2	6	Medium
54	Bertilone & McEvoy (2015) Success in Closing the Gap: Favourable neonatal outcomes in a metropolitan Aboriginal Maternity Group Practice Program	Quasi-experimental design study	2	2	2	6	Medium
55	Burke et al. (2022) Clinical yarning with Aboriginal and/or Torres Strait Islander peoples—a systematic scoping review of its use and impacts	Systematic scoping review	2	2	2	6	Medium
56	File (2018) What works for Indigenous families in strengthening family wellbeing including family preservation, family restoration and family support programs in Australia, Canada, New Zealand, Hawaii and the United States? A thematic scoping review	Scoping review	1	3	2	6	Medium
57	Lawton et al. (2020) Aboriginal Family Planning Circle Evaluation: Empowering Aboriginal Communities in Evaluating and	Non-experimental quantitative program	1	2	2	5	Medium

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	Future-Proofing Aboriginal-Led Community Programmes	analysis, qualitative study					
58	Tilbury (2015) Moving to Prevention research report: Intensive family support services for Aboriginal and Torres Strait Islander children	Qualitative study	1	2	2	5	Medium
59	Hudson (2017) Evaluating Indigenous programs: a toolkit for change	Literature review, non-experimental quantitative program comparative analysis	1	2	2	5	Medium
60	Booth, A. T., et al. (2023) A culturally safe referral service for at-risk mothers and infants in marginalised, Aboriginal, and Culturally and Linguistically Diverse families	Case study	1	3	2	6	Medium
61	Brookes, I. and Tayler, C. (2016) Effects of an evidence-based intervention on the Australian English language development of a vulnerable group of young Aboriginal children	Experimental study	1	3	2	6	Medium
62	Nguyen, H., et al. (2018) Feasibility of implementing infant home visiting in a central Australian Aboriginal community	Non-experimental quantitative program analysis	2	2	1	5	Medium

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<b>63</b>	Barratt-Pugh, C., et al. (2018) Evaluation of the KindiLink Pilot Initiative in Western Australia	Non-experimental quantitative program analysis, qualitative study	2	2	2	6	Medium
<b>64</b>	McLaren et al. (2015) Evaluation of the Family Coping Toolkit	Qualitative study	2	2	2	6	Medium
<b>65</b>	Purcal et al. (2014) School readiness program for Aboriginal children with additional needs: working with children, families, communities and service providers [final evaluation report]	Non-experimental quantitative program analysis, literature review, qualitative study	1	3	2	6	Medium
<b>66</b>	Vukovic (2021) Prevention of Family Violence in the Northern Territory: An Analysis of Aboriginal-led Initiatives, MA Thesis, Victoria: Latrobe University	Semi-systematic literature review, interpretive case study	1	3	2	6	Medium
<b>67</b>	Bowes & Grace (2014) Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia	Literature review	0	2	2	4	Low-Medium
<b>68</b>	Australian Healthcare Associates (2019) Evaluation of the Connected Beginnings Program: Final Report	Mixed-methods qualitative study, non-experimental quantitative program analysis	1	2	1	4	Low-Medium

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<b>69</b>	Tsantefski, M., et al. (2018) Inclusivity in Interagency Responses to Domestic Violence and Child Protection	Qualitative study	1	2	1	4	Low-Medium
<b>70</b>	Wagner, B., et al. (2020) School-based intervention to address self-regulation and executive functioning in children attending primary schools in remote Australian Aboriginal communities	Randomised controlled trial	2	1	1	4	Low-Medium
<b>71</b>	Hunt, J. (2013) Engagement with Indigenous communities in key sectors	Literature review	1	2	2	4	Low-Medium
<b>72</b>	Groves, K., Moran, M. and Bourne, J. (2022) Indigenous self-governance for mental health and suicide prevention	Literature review	1	2	2	4	Low-Medium
<b>73</b>	Telethon Kids Institute. (2016) Making FASD History in the Pilbarra: Service Provision and FASD in Port Hedland: An Environmental Scan	Scoping review, non-experimental quantitative program analysis	1	2	1	4	Low-Medium
<b>74</b>	Macvean et al. (2017) Parenting Interventions for Indigenous Child Psychosocial Functioning: A Scoping Review	Scoping review	1	1	1	3	Low
<b>75</b>	Jersky, M., et al. (2016) Improving health service access and wellbeing of young Aboriginal parents in an urban setting:	Mixed-methods qualitative study, non-experimental	1	1	1	3	Low

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	mixed methods evaluation of an arts-based program	quantitative program analysis					
76	Azpitarte, F., et al. (2019) Childcare use and its role in Indigenous child development: evidence from the Longitudinal Study of Indigenous Children in Australia	Quantitative study of longitudinal data	1	1	1	3	Low
77	Putt, J., Holder, R. and Shaw, G. (2017) Alice Springs Integrated Response to Family and Domestic Violence project, Final evaluation report	Mixed-methods qualitative study, non-experimental quantitative program analysis	0	1	1	2	Low
78	Deloitte Access Economics (2021) Strengthening spirit and culture: Cost-benefit analysis of Dardi Munwurro's men's healing programs	Mixed-methods qualitative study, non-experimental quantitative program analysis	0	1	1	2	Low
79	Munro, H. <sup>19</sup> (2012) Effective early intervention strategies for Indigenous children and their families	Literature review	1	1	1	3	Low

<sup>19</sup> This study did not meet the inclusion criteria due to it being out of date. Nevertheless, it was included due to the value of its findings, including that more effective strategies include culturally competent service provision, multi-component approaches such as group-parent education and home visits, equitable access to services, provision of transport, flexible service delivery, ensuring a long lead in time to consult appropriate Indigenous people on implementing the program, and the importance of engaging families when they first make contact and, where appropriate, the use of bi-lingual staff in program design and delivery. It also recommended the importance of including Aboriginal families in evaluation during and after the intervention. Generalisations for the justice system are limited as the review was unable to locate many evaluations that focused on early intervention in the child protection context.

## 4.6 Themes apparent in evidence rated highly by the Cultural Lens

### Matrix:

The following common themes were identified in the highly rated evidence on **Aboriginal-led early support programs designed for Aboriginal children, young people, families, and communities**:

#### 1. Community designed or co-designed

Working ‘two-ways’ or co-designing programs means non-Indigenous people providing support without ‘taking over responsibility’ or ‘telling Aboriginal people what to do’. For others, it might include developing ways of working together to ensure programs resonate with the beliefs, values, and frames of reference of specific communities and that indicators of success are adapted accordingly. It should be taken into cognizance that each Aboriginal community may need adaptations specific to their cultural frameworks, that also build on local protocols, priorities, and strengths.

Staines (2021) describes a case study of an intervention initiative developed from the ground up by Indigenous Cape York women – The Cape York Girl Academy. The intervention goes beyond the individual behaviours of students and their families (e.g., choosing whether to attend school or not) to identify and address structural barriers, such as the suitability of educational environments for Indigenous students, and the non-educational supports needed to scaffold (re)engagement with school. This initiative makes a strong case for improving Closing the Gap outcomes through holistic, community designed programming.

Butera et al. (2012) describe programs that have practice-based evidence of what works and are founded on strong traditional wisdoms about healing. The programs profiled demonstrate the four primary principles listed by the Aboriginal and Torres Strait Islander Healing Foundation as essential for successful healing: 1) Address the causes; 2) Aboriginal and Torres Strait Islander ownership; 3) Based on Aboriginal and Torres Strait Islander worldview; 4) Strength based approach. This resource illustrates that effective and sustainable programs for Aboriginal and Torres Strait Islander children and families draw upon local communities’ strengths and requires community leadership and direction, community ownership and community knowledge.

Lee and Ride’s (2018) review of programs and services to improve Aboriginal and Torres Strait Islander nutrition and food security supports that the most important success factor is community involvement in (and, ideally, control of) program initiation, development, and implementation, with community members working in partnership in all stages of development, implementation and evaluation.

The Evaluation of the Cradle to Kinder program (Department of Health and Human Services 2017) found that Aboriginal mothers, had an overwhelmingly positive experience in an adaptation of a mainstream program to provide a culturally competent, sensitive, and respectful service for Aboriginal families from pregnancy to when a child is 4 years old. Delivered by an ACCO, the program prioritises Aboriginal parents and their families, parents who are or have been in out-of-home care (OOHC), and parents with a learning difficulty. The evaluation research also found that

the program had a positive impact on parenting skills and wellbeing. Themes that emerged from the interviews were engagement and support, improving parenting capacity, planning for the future, and transitioning out of the program. Moreover, the long-term nature of the program was conducive to building a trusting relationship between parents and the program staff. The design of this adaptation was clearly led by the community to best meet the needs of beneficiaries.

Niddrie et al. (2016-2017) evaluated “The Stronger Communities for Children” (SCfC) program, which is a community development program designed to ensure that people in communities have a definitive say in what services they need and how they are delivered. The SCfC is a place-based approach, supported by local and external organisations. The SCfC resources and supports communities to own and lead local decision-making through cultural leadership in a Local Community Board (LCB), which is informed by strengths-based and evidence-based practice to develop a community plan. Early indications are of positive outcomes and strong community aspirations to meet the Closing the Gap objectives; driving local creativity towards solving complex social issues.

McLaren et al. (2015) evaluated the effectiveness of “The Family Coping Toolkit”, an intervention resource that was co-designed and developed in consultation with education staff, health workers, community workers and members of Aboriginal communities, while originally being conceived by a Larrakia woman. The Toolkit assists community workers with communication, education, therapy, and referral. Aboriginal carers, family and friends who are stuck in co-dependent cycles with others are guided by Toolkit facilitators to address their own mental health and wellbeing concerns.

The Family Coping Toolkit Program is appropriately aligned with the following evidence bases: 1) Therapeutic theory and research evidence informing individual, family and community change and applied to Toolkit intervention; 2) Aboriginal knowledge and literature informing the cultural appropriateness of the Toolkit and how it is used. The logic model for the Family Coping Toolkit articulates a schema that connects intentions, actions, and outcomes in accordance with community needs, government priorities, CatholicCare NT’s values and desired outcomes for Aboriginal families and communities. Staff members who run the Family Coping Toolkit program are respected Aboriginal women, skilled with and educated in therapeutic engagements, and highly experienced in the intervention.

The methodological approach taken in McLaren et al.’s (2015) evaluation was concerned with how people make sense of their lived experiences. Evaluators documented the theories of change informing the Family Coping Toolkit’s development and application and explored the benefits for service users through interpreting the qualitative responses of participants into thematic areas. This study is an exemplar of how evidence of what works may be gathered on initiatives deep-rooted in cultural knowledge and values as it enables participants to express their unique perspectives and experiences in their own words.

## 2. Community-led

Multiple studies provide evidence that the existence of Aboriginal governance and staff, and/or the involvement of respected community leaders or elders lead to increased program participation, satisfaction, and other positive intervention outcomes.



Resources published by SNAICC routinely stress that community-controlled services are the most effective and appropriate means for engaging and supporting Aboriginal children, families, and communities. The ability to engage in strong relationships, understand and holistically respond to a community's needs are more likely to be derived from local Aboriginal staff, voluntary workers, and management. Program or service participants also feel more at ease and experience less of a sense of prejudice, stereotyping, or power imbalance with Aboriginal community-controlled services than a mainstream, universal service.

Anglicare Victoria conducted a longitudinal impact evaluation (2017) of the ACCO-led Rapid Response 4-week, 15 hours per week, home-based, face to face support when a child is at imminent risk of being placed in OOHC. Out of the 251 children who participated, 11% were Aboriginal. An 'as usual' comparison group had 42 children with no information about their Aboriginal heritage. 80.5% of families participated in the evaluation. Of those, 97% children remained at home at completion of the program and 80% of children remained at home 6 months after completion. In comparison, 50% of the children in the comparison group remained at home after completion. This indicates that additional intensive, community-led support is effective in preservation of Aboriginal families.

Andersson et al. (2020) evaluated a positive parenting program (Triple P) led by the Marninwarntikura Women's Resource Centre (MWRC) in the Bunuba community of Western Australia. Positive outcomes were found for parent coaches, parents, family members and children. The research demonstrates that the delivery of Triple P is feasible in a very remote community context, if community-led. Professional training, program delivery and ongoing mentoring and peer support increased parent coaches' skills, knowledge, confidence, and sense of empowerment. Attending Triple P was beneficial for parents and children, with a significant decrease (from 33% to 5.6%) in parent perceptions of the intensity and number of their child's challenging behaviours. The number of parents using dysfunctional parenting styles (such as overreactivity) also significantly decreased following participation in Triple P. There was also a significant decrease (from 50% to 35%) in the number of parents who reported symptoms of anxiety.

Ussher et al. (2015) investigated the Gunawirra early intervention program for young Aboriginal mothers in NSW. The program involves an ACCO-led, weekly mothers' group for 5 years, focusing on attachment development through children's play, peer support, time out and cultural transmission. The study reports positive findings regarding participants' experiences of support, attachment, and engagement.

Segal et al. (2018) report on outcomes of an ACCHO-led Australian Nurse-Family Partnership Program (ANFPP), an adaptation of an international, home-visiting, health and wellbeing program that supports vulnerable first-time Aboriginal mothers who are pregnant, to improve mother and infant/child outcomes, including lower rates of child protection system involvement. The study results suggest a modified Nurse Family Partnership delivered by an Indigenous community-controlled organisation may have reduced child protection system involvement in a highly vulnerable First Nations population, especially in younger or first-time mothers.

Roe (2021) evaluated the Nabu Family Preservation and Restoration program. Nabu provides employment for Aboriginal people in the community, further strengthening community connection and cultural safety. Nabu has a strong connection to community with well-established trust such that the program is viewed as part of the community and not just a service provider. The evaluation found

that the community accepted, supported, and embraced the program to the point of self-referral. Nabu clients shared a genuine sense of safety and self-empowerment that had not been achieved through any other similar programs. Other support service providers also reported that they gained a greater appreciation about the importance of culture in delivering a service to Aboriginal families and enjoyed the opportunity to work alongside Nabu staff.

Day and colleagues (2015) describe “Seasons for Healing” as an Aboriginal-led and delivered adaptation of another program, Seasons for Growth, which has been delivered in over 3,000 schools and communities across Australia. The program focuses on understanding the effects of change, loss, and grief and may be classed as a preventative mental health program. A key feature is that it is delivered through a model of “companion training,” in which community members deliver the program to their peers. While Aboriginal evaluation measures of social and emotional wellbeing through social programs are still not established, peer-led programs have greater credibility among Aboriginal communities.

In SNAICC’s (n.d.) view, Aboriginal and Torres Strait Islander community-controlled services are the most effective and appropriate means for engaging and supporting Aboriginal children, families, and communities. Two crucial aspects of engagement include cultural engagement and holistic responsiveness to a community’s needs, both of which are derived from local Aboriginal staff, voluntary workers, and management. In SNAICC’s experience, participant families identify a clear distinction between an Aboriginal community-controlled service provider and a non-Aboriginal universal service.

There are some exceptions to this preference. According to the Australian Indigenous National Drug and Alcohol Committee (National Council on Drugs, 2014), while many Aboriginal and Torres Strait Islander people choose not to access mainstream services, it should be noted that some prefer this option as it provides them with greater privacy and less fear of stigma within their community. Aboriginal clients may also prefer to be seen by non-Indigenous staff and have one-to-one counselling options for this same reason.

Morley (2015) reviews available literature on Indigenous community-managed programs and organisations and summarises what is working. It also considers some literature about the use of community development approaches and how they support successful Indigenous community-managed programs. The paper indicates that Indigenous control of the planning, design and implementation of programs is a critical factor to success. Many Indigenous organisations are successfully managing programs and services for their communities. Functional corporate governance is an outstanding theme in successful programs as well as a demonstrated commitment to prioritising cultural values, employing Indigenous people, strong leadership and harnessing of existing capacity, and the building of strong, long-term relationships with partners.

There is, however, a lack of rigorous evaluations of Indigenous community-managed programs and organisations. This review found no evidence comparing community management against programs where communities are not given responsibility for management, nor studies documenting the transition from a government-led program to one managed by the community. This may suggest a need for long-term data and research in these areas.

### 3. Cultural safety

Prentice et al.'s (2017) participatory research study reveals multiple barriers to service access, including justice system deterrents, prejudice, social taboos, shame, and a lack of culturally appropriate services. It also highlights the importance of recognising and addressing the complex interplay of historic, social, and cultural factors influencing service access. The study advocates a whole community approach, cultural safety, and the provision of more healing spaces. Research participants stated that they wanted accessible online resources that provide anonymity, promote connection to culture and facilitate a healing process through drawing on Indigenous knowledge and strengths.

There is evidence that increasing Aboriginal-organised gender-specific and youth-specific safe spaces promote social and emotional wellbeing among women, men, children, and young people. Participants generally report enhanced feelings of emotional security in such spaces to explore challenges, address self-victimisation and lateral violence, and improve their life skills.

Stanford (2022b) reports on supported playgroup run once a week by the Winanga-Li Aboriginal Child and Family Centre that specifically targets vulnerable Aboriginal families who may benefit from additional parenting support. The program brings together Aboriginal parents and young girls to enhance children's cultural learning as well as parental wellbeing. While the children are playing, the program offers culturally safe spaces for parents to have tea, yarn and open up to the Aboriginal leaders running the program. These playgroups are effective in engaging families who might not access mainstream playgroups.

Flemington, T., et al. (2022) describes the Daalbirrurr Gamambigu Model of Care, which aims to guide clinical and organisational approaches to a culturally safe patient journey. It does this through a detailed framework with its core elements of clinical yarning with Aboriginal families; a culturally adapted protocol for interprofessional communication; a clinician checklist; and culturally designed resources. Rigorous community and clinician consultation attests to the potential of Daalbirrurr Gamambigu to be successfully implemented and integrated into existing health and child protection services. The Daalbirrurr Gamambigu Model of Care shows how staff systems in mainstream organisations can be disrupted to decolonise professional power and institutional racism. In doing so, the model could be used as a tool to support and advocate for culturally safe health services for Aboriginal Australian families, ultimately leading to significant improvements in Aboriginal child and family outcomes, including child protection outcomes.

Wyndow and colleagues (2020) reports on a program pertaining to maternal health. Taking a women-centred, trauma-informed approach to smoking cessation revealed that Aboriginal women value safe places in their communities where they can engage in meaningful activities and yarn with other women. This affirms the importance of developing support strategies that bring together both traditional wisdoms and practices with contemporary knowledge. Holistic smoking cessation programs with a focus on strengthening connection to family, community, culture, and country were found to promote social and emotional wellbeing. The report also mentions the importance of recognising that women and their families in remote communities live in dynamic, often challenging environments, with many carrying excessive physical burdens as well as experiencing suboptimal social and emotional wellbeing.

Snodgrass et al. (2020) evaluated the Aboriginal-led and delivered “Deadly Thinking” as an emotional health promotion program targeted at remote and rural communities across Australia. The distinguishing features of Deadly Thinking include the opportunity for participants to yarn in a culturally safe way about common sources of stress such as family or job worries, racism and discrimination; the signs of anxiety, depression, and suicide; how to reduce stigma and manage the impact on social and emotional well-being; and where and how to seek help. Participants reported positive perceptions of community safety and wellbeing and low rates of marked distress, with no significant difference between train-the-trainer and community workshop participants. Results indicated significant improvement in help-seeking intentions, post-workshop, and high rates of satisfaction with workshop components. However, more robust evaluation of the program is warranted using controlled conditions to measure effectiveness, particularly for change in help-seeking behaviour.

Studies examining programs for children and families involved in the child protection system, at risk of OOHC, reported strong benefits of culturally safe spaces for disclosures and healing, culturally safe intensive home support, and culturally safe mediation strategies within a kinship or community network.

Winangali and Ipsos (2017) conducted an evaluation of trials of Family-Led Decision Making (FLDM) targeting Aboriginal and Torres Strait Islander children, young people, and families where child protection intervention or support is required. Family Group Conferencing using a shared practice model took place at three stages in the child safety continuum at four sites: Early intervention and family support (Trial 1 – Ipswich), Investigation and Assessment (IA) (Trial 2 – Mount Isa), and Legislated Family Group Meetings (FGMs) (Trial 3 – Cairns and Torres Strait). A limitation of the study was a small number of families who consented to participate in the evaluation. However, the key learnings were that when families have a say in the process, in a culturally safe space, and when things are done in a way that affirms Aboriginal values, kinship structures and community strengths, it promotes self-determination, empowerment of families to make informed decisions about what is best for their children while addressing safety concerns, and develops the capacity of the Recognised Entity to lead case planning in a culturally sensitive way.

The program specifically made the following provisions: 1) People have a right to access culturally appropriate convenors of their choice, which contributes to the restoration of social justice; 2) There are more convenors and a greater variety of language, age, clan and genders represented, and people can choose a convenor that they feel comfortable with; 3) People can see trust between the ACCOs and the Department. Therefore, the extent to which the trial worked was a matter of ‘how it was done’ rather than ‘what was done’.

#### 4. Strengths-based, cultural-affirming approaches

Evidence from this review suggests that there may be a link between wellbeing outcomes (such as a strong sense of identity, resilience, and confidence) and a sense of community, belonging, and strong connection to culture.

Programs and services that incorporate Aboriginal social structures such as wider kinship networks, elder mentors and role models, and ways of sharing knowledge and wisdoms such as “going out bush” (connecting to country), circular learning, yarning, relationships-strengthening activities, dadirri

discussion methods, lore, traditional art, food, dance, songlines, music and storytelling, and even the use of native language have been demonstrated to result in enhanced outcomes.

Brown et al. (2021) examined “Safe, Respected and Free from Violence” DFV prevention programs to combat gender stereotypes using a method of deconstruction of colonial narratives about Aboriginal gender norms and violence. The evaluation found a positive shift in respondents’ attitudes about what girls/women can or should do that boys/men cannot or should not do (and vice versa) between baseline and endline surveys. Both the social media and animation surveys showed that the projects’ gender-equitable messaging was successfully communicated to the audience.

Callaghan et al. (2013) document the Ngala Nanga Mai pARenT Group Program, an innovative community perinatal parent program which utilises group artmaking sessions as a tool for engagement and building confidence. The program aims to positively influence young parents and their families by providing educational and social networking opportunities, and highly accessible health services. Early indications are that the program is well received. Callaghan et al. (2013) hypothesise that programs that operate from a strengths-based, positive promotion approach to strengthen health, wellbeing and social cohesion are effective interventions for Aboriginal and Torres Strait Islander communities and populations. However, rigorous evaluation that is simultaneously empowering to participants is not demonstrated in the literature.

A study by Black and colleagues (2019)<sup>20</sup> draws upon the experiences of the survivors and facilitators to identify outcomes of a Cultural Healing Program for Aboriginal survivors of institutional child sexual abuse. Connection with culture and a collective approach were keys to healing for all survivors. The paper identifies key learnings that can inform social work practice and discusses implications regarding program design and implementation.

McCalman and colleagues (2017) conducted an international scoping review of family-centred interventions by primary health care services for indigenous early childhood wellbeing, including a program in Cape York, Far North Queensland. Culturally supportive care, based on secure, respectful, and reciprocal relationships and partnerships, with explicit respect for diversity, was highlighted in 16 out of 18 studies (89%). Being community driven or incorporating culture and lore was seen to enhance the effectiveness of programs and break down obstacles to accessing mainstream services. In some interventions, clients were provided a choice of the participants’ native language or English for health education delivery. These family-centred interventions produced outcomes of improving Indigenous early childhood wellbeing, and the health of parents/ caregivers, as well as consumer satisfaction and improved access to mainstream services.

The evidence for family-centred interventions is in the early stages of development, but nonetheless suggests promise for generating diverse healthcare outcomes for Indigenous children and their parents/caregivers, as well as satisfaction with and utilisation of healthcare, and community/cultural revitalisation. McCalman et al. (2017) note that further research pertaining to the role of fathers in family-centred care, and the effects and costs of interventions, is needed.

<sup>20</sup> Black, C., Frederico, M. & Bamblett, M. (2019) ‘Healing through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse’, *British Journal of Social Work*, 49(4), pp. 1059-1080. [<https://doi.org/10.1093/bjsw/bcz059>]

Street and colleagues (2018) co-conducted a community forum with two Aboriginal community-controlled organisations, using a circle storyboard to centre Aboriginal community knowledge and values, and the concept of Dadirri (listening to one another in reciprocal relationships). The forum asked a diverse (descriptively representative) group of Aboriginal people in a rural town what governments should do to support the wellbeing of children and youth, particularly to encourage them to eat well and be active. The storyboard provided a tactile device to allow shared stories and identification of community issues. The group identified policies they believed governments should prioritise, including strategies to combat racism and provide local supports and outlets for young people. The report concludes that an informed, deliberative storyboard approach offers a novel way of engaging with Aboriginal communities in a culturally appropriate and inclusive manner.

Thompson (2018) conducted a final evaluation on the Red Dust Healing Program, which aims to address a wide range of issues including suicide prevention, stolen generations, grief and loss, family and domestic violence, mental health, and substance abuse. The RDH program is Aboriginal-led and delivered in a workshop format over a one or three-day period. It uses simple but effective, culturally relevant tools or symbolic diagrams. Thompson (2018) reports that the program has worked in almost 300 communities in Australia and overseas since inception. Notably, the program only works with communities who request its assistance. Many positive experiences and impacts have been reported by participants, including improved wellbeing, behaviour change and strengthened cultural identity and spirituality.

Haswell's (2013) systematic review of social and emotional wellbeing (SEWB) programs for Aboriginal youth shows that SEWB programs play a critical role in securing the sustainability of gains achieved through Closing the Gap and other specific policy efforts. This study lists some outstanding examples of strong, resourceful, and resilient Indigenous youth SEWB programs operating throughout remote and non-remote Australia. Common threads that cut across these programs include providing young people with rich and flexible opportunities for discovering and celebrating their Aboriginal identity, transformative relationships that involve mentoring, peer connection and role and leadership modelling, and a space that is safe for healing, creativity, enjoyment, and goal setting. The study emphasises that effective Indigenous youth social and emotional wellbeing programs need strong and consistent policy, and management and resource support to ensure effectiveness, sustainability, and growth.

The Deadly Connections Impact Report (2019-2021) mentions a significant 45% increase in wellbeing of clients impacted by the child protections and/or justice system, through holistic, culturally responsive programs combining wisdom traditions and professional support to break cycles of disadvantage, trauma, system involvement that transform, improve outcomes, and create positive pathways for First Nations people, families, and communities. Based on principles of self-determination, healing centred engagement, lived experience, life course (whole of life/pathways/lifecycles and stages), holistic individual health and wellbeing encompass the whole community throughout the entire life course. The program also acknowledges that Aboriginal concepts of health include not just mental, social, physical, cultural, and spiritual health of the individual but also collective issues such as social justice, equity, rights as well as strengthening connection to culture.

Stanford (2022a) describes a solution in the form of an Elder Peer Mentoring Program, delivered weekly each school term by Becks Fitness and the Walhallow Aboriginal Corporation. Activities

include dance, fitness, self-defence classes, active games, traditional arts and craft, healthcare education and a weekly yarning circle. Furthermore, ACCOs provide local pick-up/drop off service and healthy snacks for participants.

Roe's (2021) Service and Impact and Formative Evaluation Report of the Nabu Service for children who are at risk of harm states that the following factors enable effectiveness: relationships, affirming culture, enabling self-determination, and working with all family members. Service outcomes included communication improvement between family members and other services, greater preservation of children at home (without being placed in OOHC) and improved communication and perception of rights.

SNAICC (n.d.) describes practice profiles from 14 Aboriginal early intervention programs across Australia.<sup>21</sup> Recurrent patterns among these profiles include providing a sense of kinship and extended family for children, partnering with families, focusing on wellbeing, providing transport, cultural preservation in teaching, fostering a sense of belonging and connectedness to community, as well as local community staffing.

In the same vein, the Wathaurong Annual Report (2018) provides a description of a suite of programs designed to support early interventions and wellbeing in Aboriginal children and families in Wathaurong land near Melbourne, Geelong, and the Bellarine Peninsula in Victoria. These programs include in-home support and culturally safe foster care, the Koori Maternity Service (KMS), Cradle to Kinder, Milla Milla Playgroup, Koori Pres-School Assistant Program, Mingo Waloom Best Start, Integrated Family Services, Aboriginal Stronger Families (ASF), Koolin Balit Colac Gathering Place, Koolin Balit Healthy Community Voices, wellness and recovery programs, alcohol, and other drugs (AOD) programs, and several others. Underpinning their services is a connection to culture, wider kinship network and community, as well as the utilisation of Aboriginal staff who can reinforce cultural strengths into education and support.

The Australian Indigenous National Drug and Alcohol Committee (National Council on Drugs, 2014), using case studies, describes several effective community-driven programs for culturally-embedded behaviour change programs. These involve connection to culture through meaning, family, spirituality and identity. Differences in values between Aboriginal and Torres Strait Islander people and mainstream health service providers are described as a barrier, as are issues with trust and intimacy. Thus, considerable time may be required before a person is able to overcome these barriers to open up and talk about their situation. On the other hand, community-driven and culture-centred programs that integrate culturally specific practices, including traditional values, spirituality, and activities, have been shown to be more effective than mainstream services. These elements increase the credibility and relevance to Aboriginal and Torres Strait Islander people. The Committee recommends that interventions be delivered in culturally meaningful ways and traditional healing

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<sup>21</sup> Aboriginal Children's Centre (Risdon Cove, TAS), Birrelee Multifunctional Aboriginal Children's Services (Tamworth, NSW), Congress Child Care Centre (Alice Springs, NT), Coolabaroo Neighbourhood Centre (Thornlie, WA), Gudjahgahmiamia Multifunctional Children's Centre (Wreck Bay, ACT), Gunai Lidj Multifunctional Aboriginal Children's Service (Morwell, VIC), Gundoo Multifunctional Aboriginal Children's Service (Cherbourg, QLD), Jalygurr-Guwan Multifunctional Aboriginal Children's Service (Broome, WA), Koonibba Multifunctional Aboriginal Children's Service (Koonibba, SA), Lulla's Multifunctional Aboriginal Children's Service (Shepparton, VIC), Minya Bunhii Integrated Long Day Care Centre and Preschool (Ceduna, SA), Tasmanian Aboriginal Child Care Centre (Launceston, TAS), Yappera Children's Services (Thornbury, Melbourne, VIC) and Yawarra Child Care Centre (Mt. Druitt, NSW)

practices should be utilised as well as cultural traditions that are relevant to the person receiving treatment (e.g., returning to country). Storytelling is also recommended to share information.

Snijder et al. (2021) report on a web-based, six lesson program to prevent substance abuse that affirms Aboriginal wisdom traditions about wellbeing and resilience. The Australian curriculum mandates that Aboriginal and Torres Strait Islander cultures, knowledge and histories are embedded in Australian schooling. However, there remain ongoing concerns about tokenism, and many teachers report that lack of resources and confidence are barriers to incorporating cultural perspectives into teaching. This study demonstrates the value and appeal of a school-based wellbeing and substance use prevention program that celebrates Aboriginal and Torres Strait Islander cultures. It is critical that education and school policies ensure teachers are supported to implement empowering, decolonising curriculum, and wellbeing practices such as these that provide Aboriginal and Torres Strait Islander students with meaning opportunities to achieve their full potential.

Without affirming culture and community strengths, or simply failing to take them into account, there is a risk for policy and program interventions to have a negligible impact on Aboriginal participants.

## 5. Trauma-informed and healing-focused

There is ample evidence that programs and services with increased engagement and overwhelmingly positive outcomes are those that acknowledge the impacts of intergenerational trauma as well as ongoing experiences of racism and stigma. They also recognise the significance of cultural restoration and revival in the healing process. Furthermore, successful prevention practices embed features that address the ontology of intergenerational trauma and cycles of disadvantage and harm that prevail across First People populations.

Vokovic (2021) used a semi-systematic literature review method and an interpretive case study to compile and analyse available information regarding Aboriginal-led family violence prevention initiatives in the NT published between the years 2010-2020. Aboriginal-led organisations are increasingly providing intervention programs that seek to prevent Indigenous-specific family violence, child maltreatment, and the disproportionate entry of Aboriginal children into the Child Protection system. The review found that Aboriginal-led programs in the NT that address family violence are largely restorative, preventative, educational, holistic, male-inclusive, strengths-based, culturally safe, and meaningful, rather than punitive and problematising.

The outcomes resulting from these specific approaches include improvements in parental capacity and better familial relationships. Half of the evaluations reviewed indicated that current mainstream (Western) programs either neglect men's parenting programs and focus predominately on mothers/women, lack an adequate number of men's programs associated with addressing family violence, or focus solely on one issue associated with family violence instead of approach the issue in a holistic way.

Most programs noted that the Aboriginal-led and Aboriginal-centred aspects of the program enhanced feelings of security and enjoyment for participants, enabling the emotional safety needed to explore others' and their own victimising and/or perpetrating behaviours.



This review provides evidence that programs that work address participants' wellbeing and unmet, historically-transmitted, healing needs in order to change behaviours in ways that enhance child-parent relationships, intimate relationships, and other familial and non-familial dynamics.

Trauma-informed, healing-focused, education-focused, and participant-led spiritual and cultural healing through deep emotional discussion groups empowers community members to overcome the lasting effects of colonization and disproportionate experiences of disadvantage.

## 6. Holistic, wraparound components

Programs that integrate multiple, wrap-around components to provide more holistic services show positive outcomes among Aboriginal participants.

Munro's (2012) study of effective early intervention strategies for Indigenous children and their families describe key ingredients to be: culturally competent service provision, multi-component approaches such as group-parent education and home visits, equitable access to services, provision of transport, flexible service delivery, ensuring a long lead in time to consult appropriate Indigenous people on implementing the program, the importance of engaging families when they first make contact and, where appropriate, the use of bilingual staff in program design and delivery. It also recommends the importance of including Aboriginal families in evaluation during and after the intervention.

The Deadly Connections Impact Report (2019-2021) showed strong wellbeing outcomes resulting from multiple, whole-of-life (holistic, wraparound) supports and services towards addressing systemic disadvantage, trauma and overrepresentation in the child protection and justice systems. Similarly, Lee and Ride (2018) review on nutritional programs for Aboriginal and Torres Strait Islander people revealed that the most effective programs tend to adopt a multi-strategy approach.

SNAICC (2021) similarly describes several effective early intervention programs that feature cultural safety and wraparound supports by Aboriginal health officers, such as home visitations and education support.

SVA Consulting (2021) conducted a summative evaluation using a mixed methods approach on an ACCO-led In-Home Support Service that involved home visiting and support with parenting and relationships, budgeting, cooking and nutrition, family appointments, school homework support and counselling. Referrals were available for other services to get support for alcohol and other drug use, family violence, health issues and any other concerns about family. Relying largely on qualitative data, the evaluation found positive short-term outcomes in the areas of family skills development, understanding of children's learning and development needs, and engagement in activities that support healing and wellbeing. In the long term, such programs empower families to address issues that negatively impact children, develop skills to get their children to school, improve parenting skills and develop culturally safe support networks. This is an example of both community-led and multiple wraparound support that works.

Acil Allen Consulting (2018) conducted an evaluation of a Home-based early childhood enrichment program, the Home Interaction Program for Parents and Youngsters (HIPPY) – an Indigenous adaptation delivered across 50 sites throughout Australia. The program aims to support and

empower parents in their role as their child's first teacher by building the confidence and skills of parents of children aged between four and five years old from disadvantaged communities to create a positive learning environment at home and assist their child in preparing for school. It also aims to offer parents a supported pathway to employment and further education, and to foster local community networks and leadership. The evaluation found good fidelity and satisfaction with the program, with children improving learning outcomes and school readiness.

Frederico and colleagues' (2019) qualitative study reports on "Take Two" – an Aboriginal-led, culturally adapted program that offers therapeutic services for babies, children, young people, and families involved in the child protection system. It describes a holistic way of working with an extended kinship network and the community, adhering to protocols to ensure cultural safety, and the importance of being mindful of experiences of intergenerational trauma. Aboriginal yarning enables honest, respectful, and clear communication with families, which is key to the provision of safe and effective clinical care. Implementation of the model throughout the patient journey emphasises taking time to build trust in forming meaningful therapeutic relationships. The program also uses clinical frameworks, neurobiological research, and evidence-informed approaches to try and understand a child's experience through their eyes. It then works to repair or create new networks of caring relationships in a child's life.

The Take Two program stresses that real change can happen for a child when the adults in their life understand what they need, including basic needs; relationships; culture; aspirations for the future; identity; recreational activities and interests; and physical and mental health. Indicators, policies and programs that target well-being of Aboriginal youth should consider these factors within a culturally-safe framework, and their nuances in different communities and contexts. Frederico et al.'s (2019) qualitative study concludes that there is insufficient evidence to allow reliance on any single intervention. However, this holistic, culturally safe approach by Aboriginal staff and services has benefited Aboriginal children who have experienced trauma.

Roe's (2021) evaluation of the Nabu Family Preservation and Restoration program highlights the importance of The Waminda Model of Care (2018) for the Nabu program. The Model draws on 7 dimensions of social and emotional wellbeing to support Aboriginal women and their families: Connection to Country, Spirituality and Ancestors, Family and Kinship, Community, Culture, Mind/Emotions and Body. The Waminda holistic model for girls at risk of OOH and young women involved in juvenile justice involves school programs, after school programs, cultural activities, healthy relationships training and health checks.

In an independent review, Tilton & Devitt (2019) describe the early years program delivered by the Maari Ma Aboriginal Corporation as having strong outcomes, including high attendance rates, successful graduation of students and positive spillover effects on parents. This program involves the following elements: 1) playgrounds and supported playgroups; 2) HIPPY: home based training program; book reading and sharing; 4) home visits to encourage parents to play teacher roles; 5) supply of appropriate books; and 6) WINGS: drop-in sessions for children.

In elaborating the Family Matters Roadmap, SNAICC (2016) proposed multiple blocks of actions: 1) provide adequate resources; 2) Strong national monitoring & accountability; 3) Community development and healing approaches; 4) Skilled staff training; 5) Policy development by

collaboration between strong peak bodies and independent statutory mechanisms; 6) Tailored approaches to meet local needs; 7) public campaigns.

According to Lee and Ride (2018), common themes that characterise successful initiatives are: an ecological/holistic approach, whole-of-life continuum, designed with local community (tailored to local needs) and community led, delivered according to cultural protocols, and with results fed back to the community. However, short funding cycles are problematic and impact capacity building.

There are challenges in unpacking whether, in such programs, a specific component leads to effectiveness or whether the synergy of components is the critical success factor. Nonetheless, considering the interconnectedness of disadvantage, providing more comprehensive, wrap-around and whole-of-life support makes intuitive sense.

## 7. Collaboration and coordination with mainstream services

Emerson et al. (2015) in “Good Beginnings” notes that education and early years interventions, implemented in collaboration with Aboriginal communities and properly adapted to their settings, holds the potential to produce significant long-term effects on health and wellbeing. However, implementation without collaboration is unlikely to realise these benefits.

Collaboration could be in the form of bi-directional warm referrals between services or having partner services co-located for easier access and integration of case management. It could also be in the form of interdisciplinary teams including Aboriginal health workers and elders, such as the programs described by Emerson et al. (2015) where a team works with families over two years, targeting risk factors of particular concern to the community. Respected community leaders deliver education programs and sustained home visiting programs that complement universal maternal and child health services as well as specialist supports to address key determinants of child health, such as maternal smoking, alcohol and drug use.

Stanford (2022c) describes the Winanga-Li Transition to School program as a collaboration between schools, early childcare services and services providers where Aboriginal children are supported weekly for 10 weeks with pick up and drop off services as well as healthy snacks to facilitate a more responsive and respectful transition to primary school. This example of well-coordinated effort between services has yielded positive results for the community.

Tayton et al. (2014) note that large-scale public health campaigns aimed at preventing DFV need to be delivered in conjunction with community-driven initiatives. The study recommends building the capacity of DFV and related services (such as health, policing and legal) to ensure practitioners can support sensitive and appropriate service delivery to at-risk groups and communities. The study elaborates that each of the at-risk groups has specific sets of issues and needs, giving rise to different best practice approaches, often making generic approaches inappropriate. Furthermore, the study found that organisations that are enmeshed within communities, have established trust relationships, and can engage effectively with members of their community, are often best placed to deliver DFV prevention and early intervention initiatives. Collaboration between Aboriginal and mainstream providers is, thus, essential for outreach.

The Njernda Partnership Model (no date) supports a cross-cultural partnership approach that aims to improve the health status of the Yorta Yorta and Dja Dja Wurrung people in the Campaspe and

Murray areas of Victoria. Its report documents the Model to inform others seeking to implement a similar approach. Recognising the fundamental influence of Aboriginal culture on health outcomes is one of the critical dimensions in both understanding and responding to the health disparities between Aboriginal and non-Aboriginal Australians. The Partnership Model, through its working groups, has achieved significant change in the Aboriginal determinants of health and experience of health system users.

Collaboration between Indigenous and non-Indigenous agencies across planning and implementation is also a strong success indicator in Lee and Ride's (2018) review. Similarly, Moore (2022) reports that culturally informed and collaborative solutions are effective for child safeguarding from sexual abuse in remote communities.

Booth et al. (2023) reported on a culturally safe referral service for at-risk mothers and infants. They found that restorative practices and a close relationship between service staff and the vulnerable family are keys to effectiveness. Collaboration between the service provider and the university partner organisation has enabled evidence enrichment in the service development process, as well as ongoing specialist training and supervision for service practitioners. Booth et al. (2023) argue that this collaborative approach may lend itself to application in broader communities of practice in the child and family services sector.

Cross-cultural collaborations, or partnerships between Aboriginal and mainstream services, are regarded as particularly crucial in facilitating community engagement and breaking down barriers to service delivery.

## 8. Flexible delivery

Particularly in remote communities, the evidence indicates that services and programs may be strengthened by being more flexible in delivery. In practice, this may mean expanding the window for clinic scheduling, providing outreach as well as centre-based services and the use of diverse communication strategies including traditional storytelling, visual storyboarding, and yarning.

Barratt-Pugh et al.'s (2018) study is an evaluation of the largest educator-led playgroup initiative in Western Australia, targeted at Aboriginal children and their families. Analysis of the survey data collected from families, KindiLink teachers, AIEOs, and principals and kindergarten teachers on KindiLink sites in conjunction with the attendance data suggests KindiLink met with considerable success across the following domains: Improvement of the Social, Language, Cognitive and Emotional Ability on Entry to Kindergarten, Attendance, Capacity and Confidence of families to help support and teach their children, and Relationships.

Building productive relationships appears to be one of the most successful features of KindiLink. Commitment and consistency/regularity were a key theme through the key findings in the listed areas, yet maintaining contact is seen as particularly difficult in a regional town with many different family groups. The inclusion of Aboriginal language/dialect and culture and flexibility of operating hours and days may have been factors that led to these successes.

Challenges included issues related to resourcing, finding appropriate staff, having a permanent venue and competition from other programs. These challenges are more structural rather than related to the quality of the program.

## 9. Gaps in service and capacity

The review identified several challenges faced by the early intervention services delivered in Aboriginal communities. These challenges have an impact on the service delivery and the evidence base for Aboriginal-led early support programs.

Dossetor and colleagues' (2019) study aimed to identify and map child health services in the remote Fitzroy Valley, West Kimberley, and document barriers to effective service delivery. The study noted that there were inadequate numbers of health professionals, facilities, and accommodation; high staff turnover; and limited capacity and experience of local health professionals in the area. Moreover, funding, and administrative arrangements were complex, and services were poorly coordinated, sometimes duplicated. The large geographic area, distances, extreme climate, and lack of public and private transport challenge service delivery. The need to attend to acute illness also acts to deprioritise crucial primary and preventative health care and capacity for dealing with chronic, complex disorders. In addition, some services lack cultural safety and there is a critical shortage of Aboriginal health workers (AHW).

The study concludes that services are fragmented and variable, thus would benefit from a coordinated approach between government, community-controlled agencies, health, and education sectors. A unifying model of care with emphasis on capacity-building in Aboriginal community members and training and support for AHW and other health professionals is required but must be developed in consultation with communities. Innovative diagnostic and care models are needed to address these challenges, which are applicable to many remote Australian settings outside the Fitzroy Valley.

Tayton et al. (2014), through service scoping and stakeholder consultations, note that there are gaps in DFV prevention and early intervention programs for all at-risk groups and communities, including Aboriginal and Torres Strait Islander women. These gaps are particularly evident for women with intersectional disadvantages, such as those who identify as LGBTQI, regional, rural, and remote women, and women with disabilities and mental ill-health. They observe that services are often unable to cope with the diversity within at-risk communities.

Gupta et al. (2020) scoping review of 27 publications on social and emotional wellbeing (SEWB) programs and services for Aboriginal and Torres Strait Islander young people found that there was a strong alignment with selected principles of the "National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023" being effectively incorporated into most SEWB program and service delivery contexts. However, only one study incorporated all nine principles. Additionally, 'capacity building', 'individual skill development', and 'development of maladaptive coping mechanisms' were identified as common factors in SEWB program planning and delivery for Aboriginal people.

Williams and Badry (2023) identified seven core themes from discussions with Aboriginal kinship carers about the effectiveness of a Fetal Alcohol Syndrome Disorder early intervention program: FASD awareness, caregiver health, advocacy for the child, mothers of the children with FASD, loss and grief experienced by the carer, social costs, and children in child protection care. Carers identified that limited resources existed to address the disabilities and care needs of children,

including training and respite. Financial disparity also exists with kinship carers receiving less income than foster carers. Thus, a lack of knowledge of FASD and core resources in child welfare services were identified as major challenges in providing care.

## 10. Gaps in evaluation

This review found that many community-managed programs do not embed rigorous evaluations into their design. Thus, there is insufficient evidence comparing the effectiveness of such programs compared to mainstream services. This suggests a need for long-term research in this area.

There is also the need to improve the evidence base for community-managed programs and services through increasing budgetary allocations to include and a monitoring and evaluation component, and through increased academic or mainstream service partnerships with Aboriginal communities to undertake and publish research that involve increased methodological rigour.

While data gathered in most community programs may not necessarily prove the causal efficacy of an intervention according to the most rigorous scientific standards, portraiture methodology<sup>22</sup> or the interpretive phenomenological analysis applied in the McLaren et al.'s (2015) study are exemplars of how evidence of what works may be gathered on community-led initiatives or programs deep-rooted in cultural knowledge and values.

## 11. Gaps in funding

The gaps in services and capacity are directly linked to short-term and ad hoc funding pools, as stressed in Tayton et al.'s (2014) study. The authors observe that small funding pools and short-term funding cycles limit the scope of prevention initiatives and reduce what is available for program evaluation. Funding gaps also undermine communities' ability to retain professional expertise, and encourage fierce competition for limited grants instead of collaboration. When services are unable to be maintained, organisations delivering services risk losing community trust and confidence.

Ad hoc funding cycles have particularly acute implications for Aboriginal communities. Considering the need for initiatives to be community driven, short-term and fragmented funding mean that the knowledge, trust and expertise that are developed when a program is operational are dissipated when it is discontinued. This stands in the way of the development of sustained and coherent approaches that will support long-term change. It is clear from this review that funding arrangements need to be longer term and better coordinated.

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<sup>22</sup> Cope V., Jones B. & Hendricks J. (2015) 'Portraiture: a methodology through which success and positivity can be explored and reflected', *Nurse Researcher*, 22(3), pp. 6-12. [doi: 10.7748/nr.22.3.6.e1311. PMID: 2558786]

## 5. Conclusion

Our research question for this project asked what the standard of evidence is for early support programs and activities designed or delivered by/with Aboriginal communities.

This review identified 79 evidence sources using a variety of search strategies and applying specific inclusion and exclusion criteria. It then assessed those resources using a Cultural Lens Matrix. The resources were varied and included research articles, reviews, evaluation reports, Aboriginal practice reports, anecdotal experiences, and other community outreach documentation. Of these 79 resources, 31 were rated as 'Highest' on the Cultural Lens Matrix rating scale; 14 were rated as 'High'; seven were rated as 'Medium-high'; 14 were rated as 'Medium'; seven were rated as 'Low-medium'; and six were rated as 'Low'.

Aboriginal 'standards' of evidence involve recognising Aboriginal ways of knowing and values over current Western approaches that rank levels of evidence according to the control of variables and empirical quantification. Whereas the notion of 'effectiveness' in a Western epistemological framework involves quantifiably validating a distinct variable's causal relationship with an outcome, an Aboriginal framework emphasises strengthening the interconnectivity of multiple dimensions of being, and supporting respectful relationships between participants, services and the environment.

This review, therefore, departed from convention, replacing the scientific hierarchy of evidence with a Cultural Lens Matrix to assess evidence according to three core standards: ethical quality, potential for impact through alignment with Aboriginal beliefs and values, and the ability to transfer components to other studies or programs. While applied in its most simplified format, the Matrix provided a helpful framework for assessing a study's standards of compliance to the ethical guidelines written by Aboriginal peak bodies. With more in-depth assessment using its themes and subthemes, its value and potential for cultural validation could be magnified.

The types of evidence reviewed ranged from systematic reviews to qualitative studies and documents of ACCO practice, such as peak body or expert reports. Evidence that was highly rated using the Cultural Lens Matrix and met cultural validity standards from an Aboriginal perspective provided insights about early support programs, including many of the characteristics linked to positive outcomes for Aboriginal families. By extension, the Matrix could provide a template for respectful research design for studies and programs that affect Aboriginal people.

From the findings of this review, we recommend community co-designed, community-led, culturally safe, strengths-based, culturally-affirming, trauma-informed, healing-based, holistic, coordinated, and flexible early support programs for Aboriginal children, youth, families and communities in order to maximise outcomes. We also recommend sustained government funding to health literacy programs, preventative and restorative community-led programs, Aboriginal health and support workers, culturally safe spaces and skill-building programs, as well as service components such as transport support to programs and food in waiting rooms, in order to strengthen gains in social and health indices for vulnerable community members.

Though the themes we identified are consistent throughout the literature examined, it is important to note that they may not in and of themselves establish causality, finality, or universality across all Aboriginal communities. What may work for a remote community in Western Australia may not work

as well for an urban Aboriginal population in Inner West Sydney. Similarly, disruption in funding cycles or other service limitations may negate or undermine the benefits of these features.

This review of the evidence base for Aboriginal-led early support programs has thus revealed the complexities of seeking 'standards of evidence' for Aboriginal programs that do not operate in isolation from contextual factors. Further research is required to more conclusively generate standards for the evaluation of such programs for Aboriginal children, families, and communities. Moreover, the conceptual framing of 'standards of evidence' may also require deeper inquiry within Aboriginal communities to ascertain its meanings and applications.

Beyond these methodological issues, further research is needed on what wellbeing means from an Aboriginal worldview, how Aboriginal communities assess wellbeing and what programmatic features restore wellbeing. Finally, we anticipate that this new direction will prioritise the building of a strong evidence base of culturally-desired outcomes and effective restorative practices. It is hoped that this review will contribute to sector understanding, more informed policy, and allocation of resources within the department and ultimately greater justice for First Peoples.



## Appendix A: Project Reference Group Terms of Reference

Scanning for existing evidence on the effectiveness of early support programs and activities designed or delivered by/with Aboriginal and Torres Strait Islander communities in Australia.

### Background and The Challenge

We know that Aboriginal communities are best placed to understand and design services that meet the needs of their communities. However, there is limited information available that demonstrates the effectiveness of Aboriginal-led programs designed improve the wellbeing of Aboriginal children, young people, and families. It is fair to say that most of the grassroots programs being developed and delivered by the Aboriginal Community Controlled Health Services and Aboriginal groups are not studied in a culturally safe and appropriate approach and therefore never make the top tier of evidence that is used to educate workers and reform the healthcare system. Grassroots knowledge and practice therefore remains undervalued, unknown, unsupported, and underfunded.

The Reference Group proposes to work closely with The Department of Communities and Justice to:

- Conduct evidence mapping exercise using the proposed research question as the basis for the search in order to form an Evidence and Gap Map (EGM).
- Develop an EGM in answer to the proposed research question.
- To thoroughly inform the research project working group led by GUIR which includes DCJ, DCJ's relevant units represented by Australian First Nations DCJ Staff.

The project aims to contact keys bodies/groups/services (there will be no direct community consultation). Contact will be made with services or formalised groups to inquire about existing evidence on the effectiveness of early support programs and activities designed or delivered by/with Aboriginal families in Australia.

The project will highlight Australian First Nations programs and their strengths by gathering existing evidence on the effectiveness of early support programs and activities designed or delivered by/with Aboriginal families in Australia.

### G.U.I.R programs and services and 'Cultural Safety'

G.U.I.R services are informed by principles of cultural safety. Cultural safety is "*An environment that is spiritually and emotionally safe, as well as physically 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*" (Williams, cited in Bin-Sallik 2003, p21; also Australian Association of Social Workers Code of Ethics 2010 Cultural Perspectives, in Australia's Rural and Remote Health: A social justice perspective).

In the context of this project, **Aboriginal health** "*means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the*

*total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life". (As defined in NACCHO's Constitution as amended 9 March 2006. Also, from the National Aboriginal Health Strategy (NAHS), 1989.)*

### **Project Terms of Reference and Key Roles**

The Reference Group will consist of experienced researchers, senior public servants and professional consultants and comprise of no less than 30% Australian First Nations members. The project will be First Nations led. The project governance will ensure regular meetings take place at approximately weekly intervals from the project inception date 05/Sep/2022 to its conclusion date, approximately 31/Dec/2022. All members are to be remunerated for their contribution.

The purpose of the Reference Group is to provide guidance, advice, and subject matter expertise for its implications on First Nations communities. Theoretical, conceptual, and cultural lenses that should be adopted (i.e., holistic Indigenous Health Frameworks, Healing approaches) with regard to all aspects of the project.

The Reference Group will be made up of experts with relevant research expertise, and members with extensive experience in the provision of health services to First Nations communities.

### **Co-authoring publications**

Members of the Reference Group who are interested in co-authoring publications from the project will be encouraged and supported to do so.

The Reference Group will assist in ensuring that the findings and outputs of the project will be available and accessible to broader audiences including Aboriginal community-controlled organisations and others working in this space, to understand this research.

The group will work to ensure that matters concerning privacy, confidentiality and the deidentification of parties is always upheld during the life of the project and beyond.

The group will work to ensure that the following key documents provided by the AH&MRC and the subsequent directions and guidelines therein are embedded into our methodology, search strategy and general code of practice:

Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders, (2018)

The National Statement on Ethical Conduct in Human Research (2007, update 2018)

AH&MRC Guidelines: Key Principles (2020) V 2.0

### **Reference Group Vision Statement**

Strengthening our Aboriginal communities across Australia. The Reference group commits to ensuring mutually beneficial outcomes for communities by pooling our research expertise to enable Aboriginal communities to have greater decision-making powers around service delivery to communities.

## **Duty Statement**

The reference group aims to empower and promote self-determination amongst the Aboriginal communities of Australia by providing strategic and innovative insights into key elements of effective programs. The reference group will at all time exercise leadership and authentic representation steeped in integrity, honesty, compassion, and respectfulness. The group commits to acting in the best interests of Aboriginal communities to ensure community strengths are highlighted, recognised, and valued thus indirectly facilitating communities to take their place in the decision-making processes. Furthermore, the reference group will promote and foster research and leadership skills and attributes among our young and emerging researchers.

## **Service Engagement**

The group will actively engage and develop relationships with Aboriginal formalised groups and organisations to ascertain the existing evidence on the effectiveness of early support programs and activities designed or delivered by/with Aboriginal families.

The group will promote unity and improved coordination and networking between community groups and organisation and government agencies in decision-making processes and service provision.

The group also acknowledges that at all times it is accountable to Aboriginal communities across Australia.

## **Chairing of the Reference Group**

Chairing of the Reference Group will be led by G.U.I.R who holds responsibility for the contract. Members will be invited to chair weekly meetings.

## Appendix B: Project Reference Group Members

Name	Position	Organisation
Ken Kira-Dhan Zulumovski	Managing Director	G.U.I.R
Mark Milbrya	Senior Policy Officer, Transforming Aboriginal Outcomes (TAO)	DCJ
Ian Brown	Senior Program Officer, Ngaramanala, TAO	DCJ
Daniel Foster	Program Officer, TAO	DCJ
Rebecca Rotter	Evidence Officer, FACSIAR	DCJ
Maelona (aka Mae) Stephens	Program Officer, FACSIAR	DCJ
Diana Borinski	Evidence Officer, FACSIAR	DCJ

## Appendix C: Community Outreach Invitation

### Invitation to contribute to Aboriginal Evidence Scan

**The challenge** - We know that Aboriginal communities are best placed to deliver programs that meet the needs of their communities when it comes to Aboriginal children, young people and families. From a research, policy and funding perspective, DCJ is working to highlight the strength of evidence that demonstrates Aboriginal-led program effectiveness.

**The Action** - The Department of Communities and Justice has commissioned, Gamarada Universal Indigenous Resources Pty Ltd (G.U.I.R), to undertake an evidence mapping exercise to highlight the strength of evidence that demonstrates the effectiveness of Aboriginal-led programs designed to improve the wellbeing of Aboriginal children, young people and families.

**The question** – ‘What is the standard of evidence on the effectiveness of early support programs and activities designed or delivered by/with Aboriginal families in Australia?’

As well as mapping formal research evidence sources, G.U.I.R is seeking contributions from Aboriginal service providers and organisations who work to improve the wellbeing of Aboriginal children, young people and families. Please help us gather evidence by sharing from the list below what you think demonstrates the effectiveness of Aboriginal-led Programs designed to improve the wellbeing of Aboriginal children, young people and families:

- Practice-informed reviews of existing activities, books, theses/dissertations, study protocols, scoping reviews, qualitative reviews, case studies, pre/post tests, or any other studies, research, reports or evaluations.
- Aboriginal practice assessing the outcomes of programs and activities, including:
  - Authority / expert / committee reports and recommendations
  - Anecdotal experiences
  - Aboriginal art and outcomes displayed through artistic expressions
- Interviews, yarning circles, gamna, dadirri, focus groups, participant observation, photovoice.

## Appendix D: Cultural Lens Matrix

### Assessing research effectiveness from Aboriginal and Torres Strait Islander peoples' perspectives

#### Rationale

In an evidence check about effectiveness of research and programs for and with Aboriginal and Torres Strait Islander people, evidence from Aboriginal and Torres Strait Islander people's perspectives is essential, or the research and evidence is not valid. Western science checks for levels of evidence generally have not included Aboriginal and Torres Strait Islander people's worldviews, cultural concepts, protocols or rights. Much has been written about the limitations of western sciences and their ensuing research publications from Indigenous peoples' perspectives, including contributions to health and social inequities particularly by perpetuating deficit discourses, gaps and bias.

#### Requirements

Human Research Ethics Committees are to assess and clear research for its conduct according to clear guidelines. These include research on, with, or of interest to Aboriginal and Torres Strait Islander people. They also extend to research reportage and translation. That is, the ethical guidelines should be explained or discernible in research outputs, including research queried through evidence checks. If the required ethical guidelines are not discernible for, about or by Aboriginal and Torres Strait Islander people, the results cannot be considered as safe, quality or valid in relation to Aboriginal and Torres Strait Islander people.

#### This checklist

This checklist is for use in considering the likelihood that selected evidence is effective at conveying Aboriginal and/or Torres Strait Islander peoples' perspectives, is ethical, of quality, or is culturally valid. Characteristics in the theme lists below are from key documents about rights, principles and protocols of Aboriginal and Torres Strait Islander and other Indigenous peoples. Using and meeting these are essential for research to effectively convey meanings from Aboriginal and Torres Strait Islander peoples' perspectives. As well as this checklist being a tool assessing research effectiveness, ethics, quality and cultural validity, it can also be used to reflect on program effectiveness from Aboriginal and Torres Strait Islander peoples' perspectives, if the research has been conducted reliably about programs and their effectiveness. Moreover, it increases awareness among non-Aboriginal researchers about what matters and how research should be designed for studies affecting Aboriginal people.

#### Supportive Information

This checklist was developed from a thematic analysis of the following:

- ✓ Aboriginal Health and Medical Research Council of NSW guidelines for ethical research
- ✓ National Health and Medical Research Council (NHMRC) guidelines for Aboriginal and Torres Strait Islander health research and Keeping Research on Track II

- ✓ NHMEC National Statement
- ✓ Ngaa-bi-nya Aboriginal program evaluation framework by Williams (2018)
- ✓ Program Critical Success Factors by Haswell et al (2012)
- ✓ Australian Health Practitioner Regulation Agency's National Aboriginal and Torres Strait Islander health and cultural safety strategy 2020-25
- ✓ Indigenous Evaluation Strategy of the National Productivity Commission objectives
- ✓ Continuous Quality Improvement literature particularly from One Twenty-One Seventy by Bailey et al
- ✓ Lowitja Institute evaluation kit 2022
- ✓ Health Sociology Yuwinbir Special Issue on Indigenous knowledges
- ✓ Jackson Pulver, Williams and Fitzpatrick 2019 model of multi-level empowerment in Oxford social determinants of health text
- ✓ Indigenous data sovereignty readiness assessment and evaluation toolkit by the Lowitja Institute
- ✓ United Nations Declaration on the Rights of Indigenous People.

Through a process of coding these documents with keywords relating to their core concepts, a long list of themes was identified. These signified expectations of research from Aboriginal and Torres Strait Islander peak bodies' and researchers' perspectives, remembering that all research with and by Aboriginal and Torres Strait Islander people is connected to Aboriginal and Torres Strait Islander communities.

Keywords were then condensed into the following shorter list representing minimum expectations about which all research on issues for Aboriginal and Torres Strait Islander children and families must be based and be reported to be considered effective, ethical, quality or valid. These themes were categorised further into the checklist's core themes of quality, potential for impact and generalisability to other populations – these are asks of other evidence checks and governments' evidence reviews.

### Rating considerations

This tool is designed for people of any culture to use, not only Aboriginal and Torres Strait Islander people. It is that way because its themes and lists of characteristics are by Aboriginal and Torres Strait Islander people. The person doing the rating is tasked with matching the text in the research items to the themes and characteristics in the lists. Discernment is needed when rating; discernment requires honesty supported by a rationale. This is about integrity – a stated principle of and for Aboriginal and Torres Strait Islander health research, researchers and cultures.

Think through 1) quality, 2) potential for impact, and 3) generalisability for each of the research items. Quality, impact and generalisability are common research terms. It may be that you need to define from your team, discipline and project's perspective what each of these terms mean in your context.

**Some simple prompt questions to define the scoring terms are:**

- ✓ **Quality:** does it adhere to ethical guidelines for Aboriginal and Torres Strait Islander research?
- ✓ **Potential for impact:** Are there findings that suggest how to make healthy progress according to Aboriginal and Torres Strait Islander cultural protocols?
- ✓ **Generalisability:** To what extent could other Aboriginal and Torres Strait Islander and Indigenous populations and collaborators use the research to inform their progress?

Keep field notes about your critically self-reflective thoughts, instincts, responses and actions, as well as your rationale for rating, and points for discussion with colleagues.

**Doing the rating**

For each of the selected research items, give a rating against each of the characteristics in each of the theme lists and sub-themes in the table below.

**Characteristics – answers – to select from:**

Quality – 0=none, 1=low, 2=medium, 3=high

Potential for impact – 0=none, 1=low, 2=medium, 3=high

Generalisability for other Aboriginal and Torres Strait Islander populations – 0=none, 1=low, 2=medium, 3=high.

**Scoring**

There are four ways evidence can be scored and understood:

- ✓ Each individual research item can be scored for how it meets each theme overall
- ✓ Each individual item can be given a quality rating overall
- ✓ The group of evidence items can be scored per theme
- ✓ The group of evidence items can be scored overall.

Scoring happens by adding numbers allocated for each theme characteristic.

Numbers can be added across each row for a rating on the sub-theme.

The minimum score across is 0, and maximum across is 9.



0 = none  
1 2 3 = low  
4 5 6 = medium  
7 8 9 = high

Numbers can be added down each column for a rating. Each theme has a different number of sub-themes, so the minimum and maximum scores are below, and their interpretation into a final rating score:

**Theme 1: Minimum = 0, maximum = 27**

0 = none  
1-9 inclusive = low  
10-18 inclusive = medium  
19-27 inclusive = high

**Theme 2: Minimum = 0, maximum = 6**

0 = none  
1-2 = low  
3-4 = medium  
5-6 = high

**Theme 3: Minimum = 0, maximum = 18**

0 = none  
1-6 = low  
7-12 = medium  
13-18 = high

**Theme 4: Minimum = 0, maximum = 12**

0 = none  
1-4 = low  
4-8 = medium  
9-12 = high

**Theme 5: Minimum = 0, maximum = 15**

0 = none  
1-5 = low  
6-10 = medium  
11-15 = high

**Theme 6: Minimum = 0, maximum = 24**

0 = none  
1-8 = low  
9-16 = medium  
17-24 = high

### Assessing research effectiveness from Aboriginal and Torres Strait Islander peoples' perspectives

<b>Theme 1: Aboriginal and Torres Strait Islander peoples' authorship and data sovereignty</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>3</b>
Research was co-designed or led by Aboriginal and Torres Strait Islander people and/or organisations				
Stakeholder engagement identified				
Employment of Aboriginal and Torres Strait Islander people				
Governance by Aboriginal and Torres Strait Islander people				
Aboriginal and Torres Strait Islander people analysed data				
Aboriginal and Torres Strait Islander authored the research output				
Approval of research outputs granted by Aboriginal and Torres Strait Islander people.				
<b>Theme 2: Evidence about and for cultural safety</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>3</b>
Definition included, with references and rationale				
Implications for cultural safety identified.				
<b>Theme 3: Evidence about Aboriginal and Torres Strait Islander cultures</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>3</b>
Community protocols identifiable				
Concepts of cultures respectfully named and discussed – strengths-based not deficit				
Spiritual concepts named				
Information provided for cultural continuity				
Traditional and contemporary knowledges used				
Priorities, needs and aspirations of Elders and leaders identified.				

<b>Theme 4: Evidence about values of Aboriginal and Torres Strait Islander people</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>3</b>
Reciprocity in research with Aboriginal and Torres Strait Islander people, organisations and communities				
Responsibility taken for implications of the research – not research for research sake				
Integrity between needs for research, benefits and implications.				
<b>Theme 5: Evidence about multi-level empowerment</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>3</b>
Data interpreted and meanings reported about levels of a sociological model of health reflecting the holistic definition of Aboriginal and Torres Strait Islander people’s health and wellbeing including about individuals, families, communities, services and systems				
History and impacts of colonisation named				
Action cycles investigated with implementation embedded in research				
Investment requirements identified to achieve equity				
Workforce development implications identified – Aboriginal and Torres Strait Islander workforces and mainstream workforces.				
<b>Theme 6: Evidence about professional standards</b>	<b>Quality rating</b>	<b>Potential for impact</b>	<b>Generalisability</b>	<b>Overall</b>
				<b>2</b>
Alignment with and implications for standards for health and social services professionals named				
Risks of the research and its implications named				
Information on funding sources named				
Declaration of interests clearly made				
Researcher positionality statement identified e.g. cultural and sector/discipline background, roles in the research, influences and potential biases on research and writing				
Benefits of the research clearly named				
Relevance for legislation and legislative change named				
Accountabilities identified.				

**For more information contact [megan.williams@uts.edu.au](mailto:megan.williams@uts.edu.au)**

## Appendix E: Excluded Services and Programs from the Community Outreach

The community outreach elicited submissions relating to 25 services and programs. Those services and programs which did not meet the inclusion criteria are listed below:

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## Appendix F: Details of the rapid preliminary search results

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