Evaluation of the **Bringing Them Home** and Indigenous Mental Health Programs

FINAL REPORT

Prepared for the Office for Aboriginal and Torres Strait Islander Health
by Urbis Keys Young May 2007

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Glossary

Acronym	Title
ACCHS	Aboriginal Community Controlled Health Services
ACT	Australian Capital Territory
AFN	Assembly of First Nations
AHCSA	Aboriginal Health Council of SA
AHF	Aboriginal Healing Foundation
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIS	Aboriginal and Torres Strait Islander Services
BSF	Building Solid Families
BTH	Bringing Them Home
CASG&FAC	Central Australian Stolen Generations and Families Aboriginal Corporation
COAG	Council of Australian Governments
CSU	Charles Sturt University
DoHA	Department of Health and Ageing
DVC	Department of Victorian Communities
FaCSIA	Department of Families, Community Services and Indigenous Affairs
FTE	Full-Time Equivalent
GPP	Good Practice Principle
HREOC	Human Rights and Equal Opportunity Commission
IPS	Indigenous Psychological Services
LCC	Law Commission of Canada
MCATSIA	Ministerial Council for Aboriginal and Torres Strait Islander Affairs
MoU	Memorandum of Understanding
NAIDOC	National Aboriginal and Islander Day of Observance Committee
NSDC	National Sorry Day Committee
NSW	New South Wales
NT	Northern Territory
OATSIH	The Office for Aboriginal and Torres Strait Islander Health
PTSD	Post Traumatic Stress Disorder
QAIHC	Queensland Aboriginal and Islander Health Consortium
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RC	Regional Centre
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
RTO	Registered Training Organisation
SA	South Australia
SEWB	Social and Emotional Wellbeing
SDRF	Service Development and Reporting Framework
SLCC	Senate Legal and Constitutional Committee
SNAICC	Secretariat of National Aboriginal and Islander Child Care
WA	West Australia
WAACHS	West Australian Aboriginal Child Health Survey

Executive summary

Executive summary

The Office for Aboriginal and Torres Strait Islander Health (OATSIH) within the Department of Health and Ageing (DoHA) commissioned Urbis Keys Young to conduct a comprehensive evaluation of the Bringing Them Home (BTH) and Indigenous Mental Health Programs. The evaluation covers four programs:

- The Link-Up Program, formally known as the Access to Effective Family Tracing and Reunion Services Program. This program provides a national network of services supporting and assisting Aboriginal people affected by past removal policies in tracing their family history and potentially reuniting them with their families;
- The Bringing Them Home (BTH) Program, which provides counselling to individuals, families and communities affected by past practices regarding the forced removal of children from Aboriginal families;
- The Social and Emotional Wellbeing (SEWB) Regional Centre (RC) Program, which funds SEWB RCs around Australia to provide professional support to Link-Up and BTH staff as well as other workers, especially mental health workers, to develop, deliver and purchase training, and to conduct activities to support this including developing cross-sector linkages and maintaining information systems; and
- The Mental Health Program, which funds Mental Health Service Delivery Projects in Aboriginal Community Controlled Health Services (ACCHSs) nationally to develop and evaluate culturally appropriate approaches to mental health service delivery.

Definitions

In this report:

- The term 'Stolen Generations' is used to refer to Aboriginal and Torres Strait Islander peoples affected by past government removal policies and practices. The plural 'Generations' is used to draw attention to the trans-generational impacts of past removal practices;
- A distinction is made between first generation members of the Stolen Generations (those directly removed) and second, third, fourth and subsequent generation members (descendants of the first generation members); and
- The term 'Aboriginal' is used to refer to both Aboriginal and Torres Strait Islander peoples. Although the programs cover both these peoples, forcible removal practices in Australia were primarily targeted to Aboriginal peoples.

Methodology

The methodology for the evaluation included seven key components:

- Fieldwork to 15 locations around Australia, covering six States and Territories: Sydney and Taree in NSW; Brisbane and Rockhampton in Queensland; Perth, Broome, Albany and Kununurra in WA; Darwin, Alice Springs and Katherine in NT; Adelaide and Port Augusta in SA; and Melbourne and Shepparton in Victoria. The visits included consultations with staff of the services and other stakeholders (both Aboriginal and non-Aboriginal) in all locations. In addition consultations were conducted with a total of 49 clients in six locations, and 40 Stolen Generations members (including both clients and non-clients of the services) in five locations;

- Telephone interviews with 33 key informants. These informants included: people in fieldwork locations who were unable to attend the consultations on the field visit; and those suggested by OATSIH, the Reference Group established to guide the evaluation, the National Sorry Day Committee and other key informants. A key priority was stakeholders located in places which were not visited for the fieldwork;
- Written submissions – a total of 16 submissions were received, mostly from record-keeping/ searching agencies;
- A survey in relation to the Mental Health Service Delivery Projects – this was a short pro-forma of questions distributed by OATSIH to its State offices. A response was received in relation to 11 of the 19 projects;
- Literature review – to identify current and emerging issues, policies and approaches to meeting the mental health and SEWB needs of Indigenous peoples who have been affected by forced removal from families and associated grief, trauma and loss. This was to include identifying best practice models and possible alternative service delivery models for consideration;
- Program data on the Link-Up and BTH Programs – this was provided by OATSIH to the consultants, drawing on data provided to OATSIH as part of the services' annual reporting requirements;
- A Communications Strategy, which was developed and implemented by specialist Aboriginal communications firm Gavin Jones Communications (GJC) in consultation with the evaluation team and OATSIH. This included various media activities and establishment of a website. Part A of the Strategy informed key stakeholders and community members about the evaluation and how they could contribute to it, and Part B of the Strategy will be conducted after the public release of this report to DoHA to publicise the findings of the evaluation. This will include a short community summary report of the key findings of the evaluation, which will be available on the internet; and

  The evaluation was conducted under the guidance of a Reference Group established by OATSIH for this purpose. The Reference Group comprised representatives of key stakeholders and experts on Aboriginal SEWB, most of whom were Aboriginal.

Key findings

The key findings of the evaluation are as follows.

Key achievements

There have been four main achievements of the programs:

- Link-Up and BTH services have provided services to a large number of Aboriginal clients nationally;
- The Link-Up and BTH and Programs and Mental Health Service Delivery Projects have provided services to many Aboriginal people who are unlikely to have received services otherwise;
- The programs have generally provided services in a culturally appropriate manner. This includes being delivered in ways that are generally consistent with the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Social and Emotional Well Being 2004-2009; and
- There are generally high levels of client satisfaction and positive outcomes for clients of Link-Up and BTH services and the Mental Health Service Delivery Projects. This is not the case for a number of the SEWB RCs.

Key limitations of the programs

There have been four key limitations of the programs:

- Lack of focus on the first generation Stolen Generations members – the majority of clients of both the Link-Up and BTH programs are second and subsequent generation members, and conversely, only a minority of clients are first generation. While some services do proactively target first generation members, most do not. There needs to be much greater focus on the needs of first generation members;
- A significant and undesirable level of variation in the skills and qualifications of staff in the Link-Up and (particularly) the BTH Programs. In addition, program staff have had variable, and often insufficient, access to training and professional support opportunities (eg professional supervision for BTH Counsellors) – even though workforce support is a key role of SEWB RCs. As a result of these and other factors, staff burnout and turnover have been significant problems for the programs;
- A lack of national consistency in service delivery for all four programs, due to major variability in the understanding of and implementation of the programs and the lack of adequate national guidelines; and
- Limited geographical coverage of the programs. This is because services covering large geographical areas tend to focus primarily on clients in their immediate vicinity, since such clients provide more demand than the services can meet. Most BTH and Link-Up services (with some exceptions) do very little outreach work – this disproportionately impacts on first generation Stolen Generations members since they tend to live in rural and remote areas. It therefore appears likely that the actual geographical coverage of the programs is limited compared with the official boundaries covered by the services.

Management and administrative issues

- The management of the programs by the State/Territory OATSIH offices (who have responsibility for day-to-day management) has worked moderately well. The relationships that State OATSIH office staff develop with the services appear to be critical to the effectiveness of service delivery. However, the quality of these relationships (and the frequency of contact) varies from one location to another, from effective through to ineffective. Tighter contractual and reporting mechanisms are required.
- Management of the programs by the funded services has been conducted well or reasonably well in most instances.
- There are both advantages and disadvantages to locating BTH services in ACCHSs. The advantages include that ACCHSs are well-established and known organisations in the Aboriginal community, and location within them promotes a holistic approach to health, incorporating both physical and mental health. Disadvantages include, for example: variable (and in some instances inadequate) understanding of the roles and responsibilities of BTH Counsellors; pressure on the services to provide general Aboriginal SEWB services to the whole Aboriginal community rather than a targeted program for Stolen Generations members due to the high level of unmet need for these services; and some ACCHSs are using BTH resources for other activities (eg retaining quite large percentages of BTH funds to cover administrative overheads).
- Little attention has been given to proactive promotion of the programs by most of the funded services. Most services largely respond reactively to clients who approach them.
- Coordination with other programs and services – has been poor in relation to coordination between the Link-Up and BTH Programs for many of the services. Close coordination is critical for clients of both programs. Coordination of the funded services with other external agencies, programs and services is also critical, and most services have conducted this liaison either very well or moderately well. Of the

State-level programs, liaison with mainstream mental health programs run by State health departments was regarded as the most critical (particularly the BTH Program). In practice although many BTH services have close liaison with agencies of this nature, others do not.

- Data management – there have been significant problems with the Foxtrot data system for the Link-Up services, which is regarded as cumbersome and not very user-friendly. More regular training is also required.
- Evaluation and monitoring – most (but not all) of the services have done relatively little in the way of evaluation and monitoring beyond meeting the formal reporting requirements to OATSIH and participating in the present evaluation and some State-level evaluations.

Issues related to the four programs

Link-Up Service

A key challenge for Link-Ups services relate to accessing records. Some Link-Ups services have experienced considerable barriers in accessing records from government and non-government organisations. Where formal protocols have been established between Link-Ups and record-keeping agencies, this has made accessing of records much easier, more efficient and cheaper.

BTH Program

In order to implement the BTH Program effectively, it is critical that services be offered in a broad range of ways which extend beyond the mainstream clinical counselling model. Examples include:

- offering group activities (including in community settings eg barbecues and fishing trips);
- adopting a very flexible approach to service delivery eg BTH Counsellors being available at short notice, and clients being able to 'drop in' to the service on an informal basis; and
- promoting contact with and development of good relationships with Stolen Generations organisations, including attending or complementing their activities as appropriate.

SEWB RCs

To date the performance by SEWB RCs of their roles has varied considerably. Most have focused on only one of their four core roles (curriculum development and training), and have not given enough attention to their other three roles (training needs assessments, provision of support to the health workforce in terms of professional supervision and development of cross-sector linkages). Further guidance is required in relation to SEWB RCs' roles, given the very variable understanding of this between Centres.

Mental Health Service Delivery Projects

Very limited feedback was available on the Mental Health Service Delivery Projects beyond some of the projects themselves and from a small number of clients. The main achievements of the projects have included:

- high levels of client satisfaction and positive outcomes;
- culturally appropriate service delivery; and
- conducting activities which contribute to community capacity building.

The main limitations identified in relation to these projects is that they have:

- long waiting lists, and as such are not always able to respond to Stolen Generations members and other clietns who approach the service;
- limited physical access due to transport and other difficulties, and limited provision of outreach services; and
- limited capacity to respond to clients' full range of needs.

Likely future demand

Future demand for each of the programs is likely to at least stay the same, or possibly to increase. Some key strategies which could potentially increase the demand include more proactive marketing of the programs and targeting first generation members in particular, and BTH organisations providing services to meet the needs of a wider range of Stolen Generations members. Increasing public attention to Stolen Generations issues could also have an impact in some jurisdictions. However, demand for BTH services could potentially decrease if there were other general Aboriginal SEWB services available, and the services were better directed towards the intended target group of Stolen Generations members.

Literature review

The literature review found, amongst other things, that there is very little literature concerning best practice approaches to meeting the SEWB needs of Stolen Generations groups (and therefore little material of direct relevance to the aims of the literature review), and that the findings of the evaluation here are highly consistent with those of previous evaluations of the programs.

Good Practice Principles

The report identifies ten Good Practice Principles (GPPs) throughout the report. Here they are grouped together in relation to particular topic areas. A number of these GPPs have funding implications which would need to be considered.

Location of services

GPP2 Link-Up, BTH and SEWB RC services should be located in Aboriginal community controlled organisations. Link-Up and BTH services should be located in premises which: provide confidentiality (both in terms of access to the service and within the service); are convenient to access, including by public transport; have a 'community' rather than 'clinical' feel; and are not near places with negative associations for Aboriginal people.

Service delivery issues

GPP1 Link-Up, BTH and SEWB RC services should provide regular outreach services to clients to ensure that they provide an adequate service to their whole catchment area. First generation members should be given priority access to outreach services by Link-Up and BTH services.

GPP7 In most instances, Aboriginal clients prefer to see an Aboriginal BTH Counsellor. In some instances this may not be possible, or clients may prefer to see a non-Aboriginal BTH Counsellor. Where possible, client preferences should be accommodated. Likewise, clients should also have a choice of a male or female BTH Counsellor, as appropriate.

GPP10 BTH services should adopt a flexible approach to service delivery that extends beyond the mainstream clinical counselling model. This includes conducting group activities in community settings, encouraging clients to drop into the service on an informal basis, being available at short notice, and offering services on an outreach basis. BTH services should liaise closely with Stolen Generations organisations to ensure that services meet the needs of these groups' members.

Inter-agency relationships

GPP4 All Link-Up and BTH services should establish protocols for referral between the two programs. All new Link-Up clients should be immediately offered the option of referral to a BTH Counsellor by their Link-Up service. Where new clients decline this, Link-Up services should remind them of this option throughout the process leading up to and including their reunion. All clients participating in a reunion should be offered the opportunity to have a BTH Counsellor attend the reunion, and to have post-reunion counselling.

GPP5 Link-Up and BTH services should develop and maintain close working relationships with all relevant Commonwealth and State Government, and non-government, programs and services. A particular priority for BTH services is mainstream mental health services.

Staff support

GPP8 All BTH and Link-Up staff should be given access to and participate in appropriate training on a regular basis.

GPP9 All BTH Counsellors should have access to regular supervision by a qualified mental health professional, either within their team or through an external organisation (on either a one-to-one or team basis).

Activities to complement service delivery

GPP3 Link-Up and BTH services should conduct regular awareness-raising activities in their communities to ensure the existence and nature of the program is well-known in their entire catchment area.

GPP6 All services funded under the BTH, Link-Up, SEWB RC and Mental Health Programs should conduct regular evaluation and monitoring activities using an 'action research' model whereby evaluation findings are used to inform service delivery on an ongoing basis.

Recommendations for suggested future directions

The report makes a number of recommendations for suggested future directions of the programs. Many of these have funding implications that would need to be considered.

The key areas in which recommendations are made include:

- Ensuring Link-Up and BTH services have a stronger focus on first generation Stolen Generations members, through:
  - services being required to record and report on the Stolen Generations status of clients; and
  - proactively seeking out and tailoring services to meet the needs of first generation members; this work, in particular, is likely to require additional resources.
- Actions to address workforce issues, including:
  - requiring minimum skill levels for Link-Up and BTH workers;
  - actions to improve the pool of potential workers (eg through establishing scholarships); and
  - actions to ensure BTH and Link-Up workers have access to regular training and professional support – especially through strengthening the role of SEWB RCs.
- Developing national guidelines for all four programs.
- Extending the geographical reach of the programs – for instance, through requiring services to conduct a certain amount of outreach work, or exploring innovative models to provide services in locations which are further away from service outlets (eg brokerage).

- Improving the operation of Regional Centres – eg through requiring all SEWB RCs to:
  - be accredited as Registered Training Organisations (RTOs);
  - better meet the needs of Aboriginal SEWB workers located further away from the Centres (for instance, through providing more training on an outreach basis, and exploring alternative training delivery methods such as teleconferencing and web-based methods); and
  - retaining one Centre each for Victoria, NSW, SA and the ACT, and two each for WA, NT and Queensland.
- Encouraging evaluation and good practice activities, through:
  - developing an Evaluation Framework and supporting manual;
  - holding regular good practice forums; and
  - establishing a website for the programs.
- Providing additional funding for complementary programs such as:
  - Additional SEWB workers in ACCHSs or a national Aboriginal SEWB program;
  - re-establishing the Innovative Grants Program; and
  - providing funding for Stolen Generations groups.
- Enhancing coordination between Link-Up and BTH services.
- Improving processes for accessing records (eg through developing more protocols with record-keeping/ searching agencies).
- Conducting further research on:
  - the trans-generational impacts of Stolen Generations experiences, and how these are similar to or different from the impacts on first generation members; and
  - the various groups of clients of the Link-Up and BTH Programs, and their needs in relation to the programs.

Introduction

1 Introduction

The Office for Aboriginal and Torres Strait Islander Health (OATSIH) within the Department of Health and Ageing (DoHA) commissioned Urbis Keys Young to conduct a comprehensive evaluation of the Bringing Them Home (BTH) and Indigenous Mental Health Programs. The evaluation covers four programs: the Link-Up Program, the BTH Program, the Social and Emotional Wellbeing (SEWB) Regional Centre (RC) Program, and the Mental Health Program.

OATSIH's role is to support the achievement of sustainable gains in health status for Aboriginal people by improving access to effective primary health care, substance use services and population health programs. Towards this end, OATSIH provides funding for Indigenous-specific community controlled health and substance use services, and works to improve Aboriginal people's access to and use of mainstream health programs and services. In doing so, OATSIH works in collaboration with Indigenous specific health services, the National Aboriginal Community Controlled Health Organisation and its State/Territory Affiliates, other Australian Government portfolios and State and Territory government health departments.

The Government's greater emphasis on harnessing mainstream programs to deliver better outcomes for Indigenous Australians makes the mainstream programs delivered by other Divisions of DoHA an integral part of the Department's contribution to the Government's whole of government agenda to overcoming Aboriginal disadvantage.

1.1 Background to the BTH and Indigenous Mental Health Programs

Aboriginal children have been forcibly separated from their families and communities since the earliest days of European occupation of Australia (Human Rights and Equal Opportunity Commission - HREOC, 1997 p27). In May 1995 a National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families was conducted in response to efforts by key Aboriginal agencies and communities to increase public attention to this issue. The report on the inquiry, the Bringing Them Home (BTH) Report, documented the scale and major negative impact of these practices on Aboriginal people and communities. (The literature review in Appendix B provides more detail on the history of forcible removals of Aboriginal people in Australia and the BTH Report.)

The Australian Government set aside $62.85 million over the four-year period 1998-2001 to address the needs identified in the BTH Report, which included:

- $16 million devoted to the BTH Program (managed by OATSIH);
- $17 million for education and training, including the SEWB RC Program (managed by OATSIH);
- $11.25 million to establish a national network of Link-Up services, initially managed by the former Aboriginal and Torres Strait Islander Commission (ATSIC) between 1998-2003, but then transferred to OATSIH on 1 July 2004;
- $5.9 million to be spent on parenting support programs (management of most of these funds was subsequently transferred to the Department of Families, Community Services and Indigenous Affairs - FaCSIA); and
- $9 million which had already been allocated to support Indigenous languages and culture.

There were small additional sums for archiving, preservation of records and oral history recordings.

The primary area targeted by the government response to the BTH Report was the SEWB and family reunion aspects of the BTH Report (recommendations 30 and 33-35).

In addition, in 2001-2002 the Australian Government allocated $53.8 million over four years (to June 2006) to continue the Link-Up services, the education and training, and the counselling and parenting elements of the original package of measures. This brought the total package of expenditure to $116.65 million for the period to June 2006. OATSIH has provided additional resources to the BTH Program, and (since 1 July 2004) to the Link-Up Program.

Funding for the BTH Program, the Link-Up Program and the SEWB RC Program has now been rolled into DoHA's base funding. This means that the funding is ongoing, eliminating the need to seek approval for continued funding at the end of each four-year period. Funding is now currently allocated on an annual basis, with $24 million being allocated towards the four programs in 2006-2007.

The programs being evaluated here therefore represent the major component of the Australian Government's response to the BTH Report. Other DOHA programs also contribute towards improving access for Aboriginal people to apprpriate health care, including comprehensive primary health care, substance use and SEWB/mental health services.

In 2006, the Council of Australian Governments (COAG) made a major commitment to improve services for people with a mental illness. In its 2006-2007 Budget, the Australian Government contributed $1.9 billion towards a COAG Mental Health package for this purpose. The Budget allocated $20.8 million over five years to train around 1,200 health workers in Aboriginal communities to recognise the early signs of ill mental health and identify pathways for treatment and care.

1.2 The BTH and Indigenous Mental Health Programs

The evaluation covered four programs funded by OATSIH. The roles of these services are set out in more detail in Chapter 3, but in summary these are as follows.

- *The Link-Up Program*, formally known as the Access to Effective Family Tracing and Reunion Services Program. This program provides a national network of services supporting and assisting Indigenous people affected by past removal policies in tracing their genealogy and family history and potentially reuniting them with their families. In 2006-2007 there are 11 Link-Up services funded around Australia;
- *The BTH Program*, which provides funding for 106.5 BTH Counsellor positions (in 2006-2007) in 73 Aboriginal Community Controlled Health Services (ACCHSs) around Australia to provide counselling to individuals, families and communities affected by past practices regarding the forced removal of children from Aboriginal families. These Counsellors respond to the needs of a broad range of clients, including those removed, those who were left behind, and the children, grandchildren and relatives of all those affected by separation practices. Because the trans-generational effects of separation practices are widespread (see Chapter 4 and Appendix B) and caused emotional harm throughout families and across generations, entire Aboriginal communities are potentially in need of counselling around the effects of past removal policies, BTH and SEWB issues;
- *The SEWB RC Program*. The role of the 14 Centres funded around Australia is to provide professional support to Link-Up and BTH staff as well as other workers (especially mental

health workers), developing, delivering and purchasing training, and conducting activities to support this including developing cross-sector linkages and maintaining information systems; and

- *The Mental Health Program* funds 19 Mental Health Service Delivery Projects in ACCHSs nationally to develop and evaluate culturally appropriate approaches to mental health service delivery. The projects are intended for all Aboriginal people, rather than only those affected by past removal policies.

In implementing the above programs, the Australian Government aims to take account of the recognised good practice that Aboriginal SEWB needs to be viewed in a holistic context, as outlined by Swan and Raphael (1995, p13):

> *[The] Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill health will persist.*

1.3 Terms of Reference for the evaluation

The Terms of Reference for the evaluation required the consultant to:

- Assess the impact of each program on its target client group(s) in meeting the needs of Indigenous people affected by past Government policies of forced removal (including those identified in the BTH Report), and the likely future demand for the services it provides;
- Examine how effectively and efficiently each program is being delivered. As part of this, assess the extent to which the programs are being delivered in ways that are consistent with the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 (referred to in this report as the National Strategic Framework – Health) and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' SEWB 2004-2009 (referred to in this report as the National Strategic Framework – SEWB). Identify any impediments that services are experiencing in delivering the programs and propose strategies for addressing these;
- Develop recommendations to inform future program objectives, directions and alignment, with a view to achieving greater synergies among the programs;
- With regard to SEWB RCs, assess their capacity to provide services to personnel who are widely dispersed within their State and/or region. Investigate and comment on whether the current locational and organisational arrangements are appropriate;
- Develop recommendations on strategies for strengthening coordination and collaboration among service providers at local and regional levels, with a view to achieving a more integrated, client-focused service for Indigenous people affected by past Government policies of forced removal. Identify strategies for engaging other stakeholders who have a role to play in meeting the needs of this group. In particular, identify other Commonwealth and State Government programs that address the needs of this target group, and provide advice on how the BTH and Indigenous Mental Health Programs should relate to these;

- Identify best practice models and possible alternative service delivery models for consideration; and
- Develop recommendations to improve reporting and accountability.

The consultant was also required to take account of: previous evaluations of these programs; the findings of the BTH program workshops conducted in each State and Territory by OATSIH during 2004; and the final report of the current inquiry by the Senate Select Committee on Mental Health Issues (released in March 2006).

In addition the consultant was required to prepare a literature review identifying current and emerging issues as well as policies and approaches to meeting the mental health and SEWB needs of Indigenous peoples who have been affected by forced removal from families and associated grief, trauma and loss. The literature review was to inform the findings and recommendations of the consultant's report.

The evaluation was conducted under the general guidance of a Reference Group which was established by OATSIH for this purpose. The Reference Group comprised representatives of key stakeholders and experts, most of whom were Aboriginal. In the final stage of the project, however, NACCHO (which was represented on the Reference Group) did not provide comments on the draft report.

1.4 Definitional issues

The consultations for this evaluation indicated that there is some variation in how the term 'Stolen Generations' is defined and understood. In this report the term is used to refer to Aboriginal and Torres Strait Islander peoples affected by past government removal policies and practices. The plural 'Generations' is used to draw attention to the trans-generational impacts of past removal practices (this is discussed further in Chapter 4 and Appendix B).

This report also distinguishes between first generation members of the Stolen Generations (those directly removed) and second, third, fourth and subsequent generation members (descendants of the first generation members).

It should also be noted that the programs evaluated cover both Aboriginal and Torres Strait Islander peoples, and the term 'Aboriginal' is used throughout this report to incorporate both these peoples. The term 'Aboriginal' is used because forcible removal practices in Australia primarily targeted Aboriginal peoples.

1.5 Structure of this report

This report is set out under the following chapters.

Chapter 2 describes the methodology used for the evaluation.

Chapter 3 provides a descriptive overview of the four programs.

Chapter 4 summarises the key findings of the literature review (the review is set out in full in Appendix B).

Chapters 5-8 provide the findings of the evaluation in relation to the four programs overall.

Chapter 5 discusses the key outcomes and achievements of the programs.

Chapter 6 analyses the key limitations of the programs.

Chapter 7 examines management and administrative issues.

Chapter 8 examines workforce issues.

Chapter 9 discusses issues in relation to the four individual programs (where these have not been discussed in Chapters 5-8).

Chapter 10 assesses likely future demand.

Chapter 11 provides the conclusion to the report, including a summary of key findings of the evaluation in relation to the Terms of Reference, a list of the Good Practice Principles (GPPs) set out throughout the report, and suggestions for future directions for the programs.

Appendix A lists those consulted for the evaluation (via fieldwork, telephone interviews or written submissions) by location.

Appendix B provides the literature review.

Methodology

2 Methodology

This chapter outlines the components of the methodology used for the evaluation. These components included:

- fieldwork;
- key informant telephone interviews;
- written submissions;
- a survey in relation to the Mental Health Service Delivery Projects;
- literature review;
- program data; and
- a Communications Strategy.

2.1 Fieldwork

Two rounds of fieldwork were conducted in 15 locations in six States and Territories (see Table 2.1). These rounds of fieldwork were conducted during April-June and September-December 2006 respectively. During the first round of fieldwork the consultants also conducted consultations at three national forums convened and/or funded by OATSIH: Sydney – Link-Up National Forum, Brisbane – SEWB RC Forum, and the Adelaide – National Sorry Day Committee (NSDC).

Table 2.1: Locations visited in Rounds 1 and 2 of fieldwork, by State/Territory

STATE/TERRITORY	LOCATIONS VISITED IN ROUND 1 OF FIELDWORK	LOCATIONS VISITED IN ROUND 2 OF FIELDWORK
NSW	Redfern and Mt Druitt, Sydney Taree National Link-Up Forum, Sydney (28 March)	Mt Druitt, Sydney
Queensland	Brisbane National SEWB RC Forum (10 May)	Rockhampton
WA	Perth Broome	Albany Kununurra
NT	Darwin Alice Springs Katherine	Darwin
SA	Adelaide NSDC Forum, Adelaide (28 April)	Port Augusta
Victoria	Melbourne	Melbourne Shepparton

In some locations, staff and stakeholders from outside the nominated consultation location travelled some distance to participate in the consultations.

Initially one round of fieldwork was planned, including consultation with clients of the programs. However early in this process, a decision was made by OATSIH to seek ethics approval to incorporate client consultations into the evaluation. Therefore the first round of fieldwork proceeded without seeking input from clients (other than in two locations already visited prior to this decision ie Adelaide and Brisbane). An ethics application was then submitted to the DoHA Ethics Committee. Consultations in the second round of fieldwork with client and Stolen Generations members (both clients and non-clients of the programs, provided information from outside of the services themselves). Approval for the application was granted subject to various conditions; for example, to ensure that participation in field visits was voluntary and undertaken with informed consent, and participants had access to support afterwards if required (primarily a BTH Counsellor).

The fieldwork locations were selected in consultation with the Reference Group for the evaluation and (for the second round of fieldwork) the NSDC.

The fieldwork was organised by the consultants with the assistance of the Link-Up and BTH services, and in some instances State OATSIH offices and local Stolen Generations groups.

Consultations were conducted with the following categories of stakeholders:

- staff of the services – in all locations;
- external stakeholders (Aboriginal and non-Aboriginal) – in all locations;
- clients of the services – a total of 49 clients in Mt Druitt (Sydney), Brisbane, Albany, Adelaide, Melbourne and Darwin; and
- Stolen Generations members, including both clients and non-clients of the services – a total of 40 in Darwin, Albany, Kununurra, Melbourne and Redfern (Sydney). In addition consultations were conducted with the NSDC as part of the Adelaide fieldwork.

In practice the number of clients and Stolen Generations members consulted is somewhat higher than indicated above, since some people interviewed as staff and external stakeholders were also Stolen Generations members and/or had previously been clients of the programs.

Most of the consultations were conducted by way of small group discussions. Separate groups were conducted with Aboriginal and non-Aboriginal stakeholders where this was regarded as preferable by the services assisting with fieldwork organisation.

All field visits were conducted jointly by an Aboriginal and non-Aboriginal team member. In Melbourne, Adelaide, Brisbane and Darwin one of the Aboriginal team members conducted some of the consultations alone. The Aboriginal team members also provided assistance and advice in relation to organisation of the fieldwork.

Detailed question guides were developed for the consultations with each of the above stakeholder groups and approved by OATSIH.

Small financial allowances (of $30 each) were paid to all clients and Stolen Generations members who were consulted on the fieldwork. The purpose of these allowances was to encourage voluntary participation and cover any associated costs such as travel and childcare expenses.

The staff and stakeholders consulted, and the numbers of clients and Stolen Generations members consulted, are provided by location in Appendix A.

Overall, in the consultants' view, the fieldwork locations provided representation across an informative mix of metropolitan and regional locations with a range of different service delivery issues, and good national coverage (particularly in combination with the telephone interviews). The number of locations visited is larger than would typically be the case for a national program evaluation.

Some challenges were experienced in organising the fieldwork. There was less than optimal cooperation by a number of the funded services (and in some instances the State OATSIH offices) in assisting with this task. Some of the reasons for this appeared to include:

- services having scarce resources to conduct activities relating to evaluation;
- services not regarding evaluation activities as a major priority of benefit to them (an issue discussed further in Chapter 7); and
- disputes or lack of clarity within the service about whose responsibility it was to assist with fieldwork organisation.

A four-day field visit to Hobart and Launceston in Tasmania had also been planned in the second round of fieldwork. However, this did not occur due to non-engagement by the service in those locations. (This was also the case with the prior ATSIS evaluation: ATSIS 2003b, p1). Additional attempts were made to interview the BTH service and other Aboriginal organisations in Launceston and elsewhere in Tasmania by telephone instead, but all the agencies declined to participate. Telephone interviews with some State agencies were organised but fell through. Therefore, in Tasmania it was only possible to consult with OATSIH.

Another challenge for organisation and conducting the fieldwork was that, although concerted attempts were made to consult with clients and Stolen Generations members in all of the locations for the second round of fieldwork, this was not always possible for a range of reasons. These include:

- In locations without official Stolen Generations groups, Stolen Generations members could not be recruited. Even in some locations with these groups, the groups were not available to assist with fieldwork organisation due to limited resources.
- In some locations services reported that it was difficult to recruit clients for the consultations due to:
  - discomfort about participating in an 'evaluation' (even when the process and purpose was explained);
  - only being interested in talking about their experiences as Stolen Generations members and not service delivery issues; and
  - not wanting to discuss their experiences as Stolen Generations members (even when advised that this would not be required and the matter of interest was the efficiency and effectiveness of the service delivery programs).
- In a small number of locations consultations with clients and/or Stolen Generations members had been arranged but no-one turned up (in some locations it was known that this was due to a funeral or other competing priorities on the day).

Nonetheless, in the consultants' view, the number of clients and Stolen Generations members consulted, and the issues raised by them, provided a reasonable level of coverage of the views and key priorities of these groups in relation to the delivery of the four programs. It should be noted that this is the first national evaluation of Indigenous health programs by OATSIH to include direct consultations with clients. It is also the first time that the Australian Government has directly consulted with Stolen Generations members and organisations about the BTH Programs. Participation was actively encouraged by OATSIH and the NSDC.

2.2 Key informant telephone interviews

A total of 33 telephone interviews were conducted with key informants around Australia to supplement the fieldwork.

The informants interviewed by telephone were identified through various means, including:

- identification of key stakeholders by OATSIH, the Reference Group and the NSDC;
- suggestions by other key informants interviewed; and
- people identified by other stakeholders in locations visited who were unavailable to participate in the consultations.

A key priority for the telephone consultations was stakeholders located in places which were not visited for the fieldwork.

As with the fieldwork, a detailed question guide was developed for the telephone interviews and approved by OATSIH.

2.3 Written submissions

Stakeholders were able to provide written submissions to the consultants directly or via the website established for the evaluation (see below). Stakeholders were invited to provide written submissions through a number of approaches: the Communications Strategy (see below); informing the staff and stakeholders consulted on the fieldwork of this option; and a letter written directly to key national and State record-keeping/searching agencies by OATSIH in November 2006. A total of 19 submissions were received, including one from a client of one of the programs. Most of the submissions were from record-keeping/searching agencies. A list of those who provided submissions is provided in Appendix A.

2.4 Survey in relation to Mental Health Service Delivery Projects

OATSIH distributed a short pro-forma to its State offices to gather information about the Mental Health Service Delivery Projects. A response was received in relation to 11 of the 19 projects.

2.5 Literature review

The aim of the literature review was to identify current and emerging issues, policies and approaches to meeting the mental health and SEWB needs of Indigenous peoples who have been affected by forced removal from families and associated grief, trauma and loss. This was to include identifying best practice models and possible alternative service delivery models for consideration.

The literature review sought to identify:

- current thinking about best practice strategies for meeting the SEWB needs of Stolen Generations groups, both within Australia and internationally – including aspects ranging from counselling approaches to organisational and locational arrangements;
- examples of good practice in meeting those needs; and
- the current situation regarding Stolen Generations people in Australia and any future trends.

Material produced within the last five years (1999-2004) was collected, as well as some seminal references from before this time. The primary emphasis was on Australian material, but a small amount of overseas literature was also collected where it was directly relevant to the Australian context.

Various sources were used to identify resources for the literature review:

- searches of a range of Australian and overseas literature databases concerning health, psychology and Indigenous issues;
- internet searches; and
- sources identified by OATSIH, the Reference Group for the evaluation and staff and external stakeholders consulted on the fieldwork.

Some limitations of the literature review are discussed in Appendix B.

2.6 Program data

The consultants analysed program data for the Link-Up and BTH services provided by OATSIH. These data were provided by the services to OATSIH as part of their annual reporting requirements. The Link-Up data covers the period 1998-1999 through to 2005-2006, and comes from the Foxtrot database used by the Link-Up services. The BTH data covers the period 2001-2002 through to 2004-2005, and comes from the annual BTH Questionnaire completed by ACCHSs funded to employ counsellors.

There are reportedly a range of issues concerning the reliability of both the Link-Up and BTH data. These issues are discussed in more detail in Chapter 5.

2.7 Communications Strategy

A Communications Strategy was developed and implemented by specialist Aboriginal communications firm Gavin Jones Communications (GJC) in consultation with the evaluation team and OATSIH. The aim of the Strategy was to inform key stakeholders about the research and how they could contribute to it, either via participating in the fieldwork or making a written submission.

The activities conducted for Part A of the Communication Strategy (at the beginning of the evaluation) are set out in Table 2.2 below. These activities were conducted in March and April 2006.

Table 2.2: Activities for Part A of the Communications Strategy

TITLE	TOPIC
Koori Mail	Article on evaluation
National Indigenous Times	Link Up Video release
Deadly Vibe	Issues you should consider if planning to meet your natural family
National Health Workers Journal	25 years of Link-Up
Various Stations	Community Service Announcement
Deadly Sounds	Interview Questions for nominated representative
eVibe/eLetter	Article on evaluation

A website was also established for the evaluation: http://www.bringingthemhome.com.

Part B of the Communications Strategy will be conducted after submission of this report to DoHA to publicise the findings of the evaluation. This will include a similar range of activities to the above. The website will include a short community summary report of the key findings of the evaluation, and will be transferred to OATSIH for ongoing management and updating of any key developments.

2.8 Issues for future evaluations

There were some lessons for this evaluation which may be useful to consider for the purpose of future evaluations of the programs. In light of the challenges experienced in organising the fieldwork, it would be beneficial for:

- the State OATSIH offices to take a more proactive role in assisting with fieldwork organisation;
- the national OATSIH office to encourage the services to value and prioritise evaluation activities to a greater degree (some recommendations to this report in Chapter 11 address this issue) ;
- the funded services to be offered small financial allowances for every client recruited who turns up for the consultations (say $30), to compensate in part for their time; and
- a fairly long lead time (at least around six weeks) be allowed for organisation of the fieldwork, given that it may be difficult to contact and/or engage services.

Overview of the four programs

3 Overview of the four programs

This chapter provides a descriptive overview of the four programs evaluated, and the activities they are required to undertake under the funding agreements:

- The Link-Up Program;
- The BTH Program;
- SEWB RCs; and
- The Mental Health Program.

For each program, the following issues are discussed:

- location (and for Link-Up and BTH, funding) of the services;
- in the case of Link-Up, history of the program;
- funding conditions;
- performance indicators; and
- national guidelines.

All references in this chapter and elsewhere in the report to the contractual conditions required of the services refer to the standard 2006-2007 funding agreement between OATSIH and the services funded under the four programs (different schedules to the standard contract apply to the programs). Schedule A applies to the SEWB RCs and the Mental Health Service Delivery Projects, and Schedule B applies to the BTH and Link-Up Programs.

3.1 Expenditure on the programs

Table 3.1 sets out the budget allocation to the BTH, Link-Up and SEWB RC Programs for the 2005-2006 and 2006-2007 financial years.

Table 3.1: Budget allocation to the BTH, Link-Up and SEWB RC Programs for the 2005-2006 and 2006-2007 financial years.

PROGRAM	2005-06 EXPENDITURE	2006-07 ALLOCATION
BTH Program	$11.87 million	$11.11 million *
Link-Up Program	$4.17 million	$4.55 million
SEWB RC Program	$3.42 million	$5.58 million *
Mental Health Program	$2.33 million	$2.379 million

* In 2006-2007, approximately $1 million was transferred from the BTH Program to the SEWB RC Program (funding for the SEWB RCs was previously drawn from both programs).

3.2 The Link-Up Program

The Link-Up Program funds organisations to provide family tracing, reunion and support services to assist Aboriginal people who were separated from their families and communities as a result of past laws, policies and practices of the Australian government.

3.2.1 Location and funding of Link-Up services

There are currently 11 Link-Up services nationally – one each in Queensland, NSW, SA and Victoria, two in NT and five in WA.

In most States, OATSIH is the sole funder of the Link-Up Program (and the other three programs being evaluated here). However in some States, State government departments contribute to the funding for Link-Up services. For example, in WA the Link-Up Program is funded jointly by a partnership arrangement between OATSIH and the WA Department of Health, and a Memorandum of Understanding (MoU) has been developed between the Commonwealth of Australia and the State of WA to formalise this. This program is called Building Solid Families (BSF). The BSF Program is administered by the Office of Aboriginal Health within the WA Department of Health, to provide Link-Up and Youth Counselling Services throughout the State. There are currently five BSF services in WA.

3.2.2 History of Link-Up services

Link-Ups originally arose in response to community demand for reunion services, and several existed before the creation of (the former) ATSIC, which managed the Link-Up program between 1998 and 2003 (ATSIS 2003, p6). For example, the NSW Link-Up Service was the first service established. It was founded in 1981 and received government funding from 1998 onwards.

Up until 1998-1999, Link-Up services had evolved on a State-by-State basis. It was decided in 1998-1999 that a national Link-Up program should be established, at which time ATSIC commissioned KPMG Australia to review the existing Link-Ups to develop a best practice model of Link-Up service provision, and to suggest what should be done to set up or enhance the Link-Up in each State/Territory.

The review found that there had previously been little consistency in service standards or expectations and identified 13 service activities that might constitute a 'full and comprehensive range of Indigenous family tracing and reunion services' (KPMG 1999a, p2). The activities were considered to fall within three broad core service groups, namely:

- information dissemination and community contact;
- access to records and family reunion processes; and
- establishing and maintaining service standards and networks.

The 13 core activities were as follows:

- information dissemination and community contact;
  - community contact; and
  - dissemination of information.
- access to records and family reunion processes
  - initial contact discussions;
  - client assessment for Link-Up services;
  - advice on family history and search avenues;

  - records search assistance;
  - counselling for clients;
  - family counselling and support during reunion process;
  - organising the reunion; and
  - ongoing support for individuals and families immediately after reunion.
- establishing and maintaining service standards and networks;
  - Indigenous cross-cultural awareness training;
  - Link-Up process training for those directly involved; and
  - administration and data management (KPMG 1999a, pp69-79).

3.2.3 Funding conditions

Administration of the Link-Up Program transferred to DoHA on 1 July 2004. Under the funding contract, Link-Up services are required to:

- assist Aboriginal people trying to trace and locate living relatives from whom they were separated as a result of past removal policies and practices by;
  - searching for and locating relevant records and files pertaining to the clients and/or their families;
  - obtaining information on behalf of clients;
  - providing general emotional support and guidance; and
  - referring clients to professional counsellors if needed.
- manage reunions (throughout the pre-reunion, reunion and post-reunion phases) of Aboriginal people who have been successful in tracing and locating living relatives.

There are also a number of further specific funding conditions which require Link-Ups to undertake activities required by DoHA for the development and maintenance of the national Link-Up network including, but not limited to:

- appropriate representatives attending all national workshops, training, meetings, conferences or forums for Link-Up organisations;
- assisting other Link-Up organisations with family tracing and family reunions;
- assisting any consultant engaged by DoHA, to facilitate the national network;
- using, maintaining and progressively replacing IT software and hardware;
- use and maintain any microfiche reading equipment and support materials provided by OATSIH;
- using, maintaining and pay annual licensing fees for the Client File Management System; and
- liaise with State/Territory record-holding bodies about access to the records of Aboriginal peoples.

Specific funding is provided for both Link-Up and BTH Counsellors, which needs to be acquitted separately. The services are expected to determine their local priorities and use the funding provided to employ staff to achieve the intended aims of the program there.

The 2003 evaluation of Link-Up (ATSIS 2003) resulted in rebasing Link-Up's core funding to be more comparable between States/Territories and to reflect need.

3.2.4 Reporting requirements

Link-Ups are required to provide information to OATSIH annually against a set of Performance Indicators set out in the funding agreement. In relation to support and referrals, these indicators include:

- description of activities undertaken to ensure/improve the quality of the service provided;
- number of clients by status (active/inactive/closed);
- number of clients by type (new/continuing/transferred in/transferred out);
- number of clients reunited with families/grieving reunions/family members participating in reunions;
- number of field/out of office visits by status (client's home/to view documents/other);
- number of formal applications to assist client searches (including listing of applications);
- listing of existing MoUs;
- number of searches undertaken (including listing of sources searched);
- number of non-client contacts; and
- extent of case closures and reasons for closure that arise from other than achievement of a family reunion.

In relation to support and referrals, the indicators include:

- number of Link-Up referrals of a client to a BTH Counsellor; and
- number of support group sessions held.

The funded services are also required to provide performance information reports in the agreed formats contained in the Client File Management Information System, and to respond promptly to all DoHA requests for information.

In WA, where Link-Up is part of the BSF Program, the services are required to complete a pro-forma against various indicators. These are largely the same as the above indicators, with a few additional items (eg strategies undertaken to reduce the length of time clients have been active since the last reporting period, and client needs in regards to available counselling, and how services to clients could be improved).

In addition to the specific contractual requirements of Link-Up services, OATSIH is also currently implementing a phased implementation of the Service Development and Reporting Framework (SDRF) for all the services it funds (including those funded under the four programs being evaluated here). Under this Framework, funded services are required to prepare and implement an Action Plan describing their aims, strategies and measures, timeframes, management, community involvement

and community linkages, and report against them at six monthly intervals. Most of the services funded under the four programs are currently operating under the SDRF, and full implementation of the SDRF is expected to be completed for all OATSIH-funded services by 2007-2008. However, the data provided by services under the SDRF is qualitative, and therefore cannot be aggregated or compared at the State, national or program level.

3.2.5 National guidelines

Some national guidelines documents are in place for the Link-Up Program. However, they are only very general in nature, and hence are open to varied interpretation. They are not detailed enough to guide day-to-day practice, or to ensure national consistency in service delivery.

In 2005 a MoU between National Link-Up Services was approved by OATSIH and signed by all Link-Up Boards. This MoU:

- Sets out a series of principles for how the services are to operate (eg providing a culturally specific client-focused service underpinned by confidentiality and a strong connection to clients, their families and their community; supporting staff with appropriate training and development and culturally sensitive debriefing);
- Requires that the Link-Up Coordinators communicate regularly through a number of specified formal and informal processes eg 'share information, research and processes between all Link-Up services to improve the efficiency and effectiveness of service delivery to clients', 'adopt a standard procedure for referral of clients between services', 'share information regarding best practices, achievements, client stories, institutional reunions, workshops, programs, funding/sponsorship sources, new partnerships, new MoUs, new staff, special offers, healing activities etc'; and
- Has a number of attachments which provide a standard procedure for referral of clients between Link-Up services, a standard procedure for collaboration on reunions involving more than one Link-Up service, a National Code of Ethics, and a standard Grievance Procedure.

In September 2005 the Link-Up Coordinators also developed suggested employment best practices for the Link-Up services. The suggested best practices included duty statements, and performance monitoring programs and policies relating to the duty of care of Link-Up staff while attending reunions. The employment best practice manual was endorsed by the Link-Up services and distributed by OATSIH to the Link-Up services in 2005.

3.3 The BTH Program

The BTH Program funds a national network of counsellors to provide a support service for all Aboriginal people who have been affected, either directly or indirectly, by past government policies and practices regarding the removal of children from their families.

3.3.1 Number, location and funding of BTH services and Counsellors

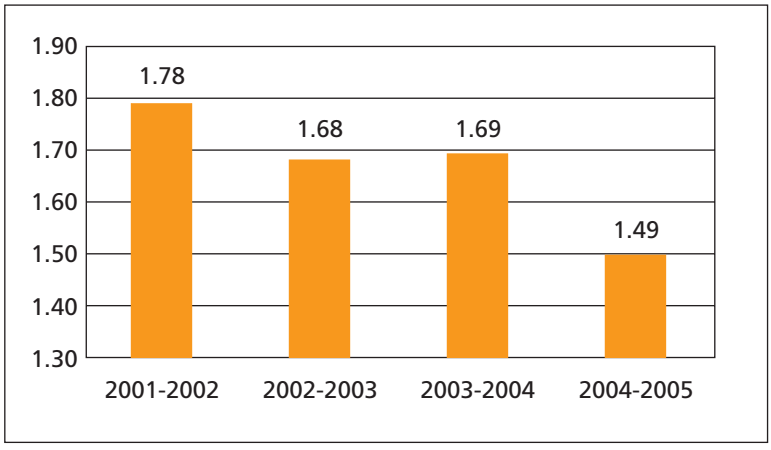
A total of 106.5 BTH Counsellors are funded in 2006-07 in 73 services around Australia. This includes 19 positions in NSW, 17 in the NT, 13 in SA, 19 in Queensland, 19 in WA, 13.5 in Victoria, 4 in the ACT, and 2 in Tasmania.

Program data provided by OATSIH indicates that, while the total number of services employing BTH Counsellors has increased since 2001-2002, the total number of counsellors has remained fairly static (with a small spike in 2002-2003) (see Table 3.2). This has meant that the ratio of counsellors per service has declined over the past four years, as shown in Figure 3.1.

Table 3.2: Total number of counsellors and funded services, 2001-2002 – 2004-2005

YEAR	TOTAL BTH COUNSELLORS	TOTAL SERVICES
2001-2002	105	59
2002-2003	114	68
2003-2004	108	64
2004-2005	104	68

Figure 3.1: Ratio of BTH Counsellors to funded services, 2001-2002 to 2004-2005

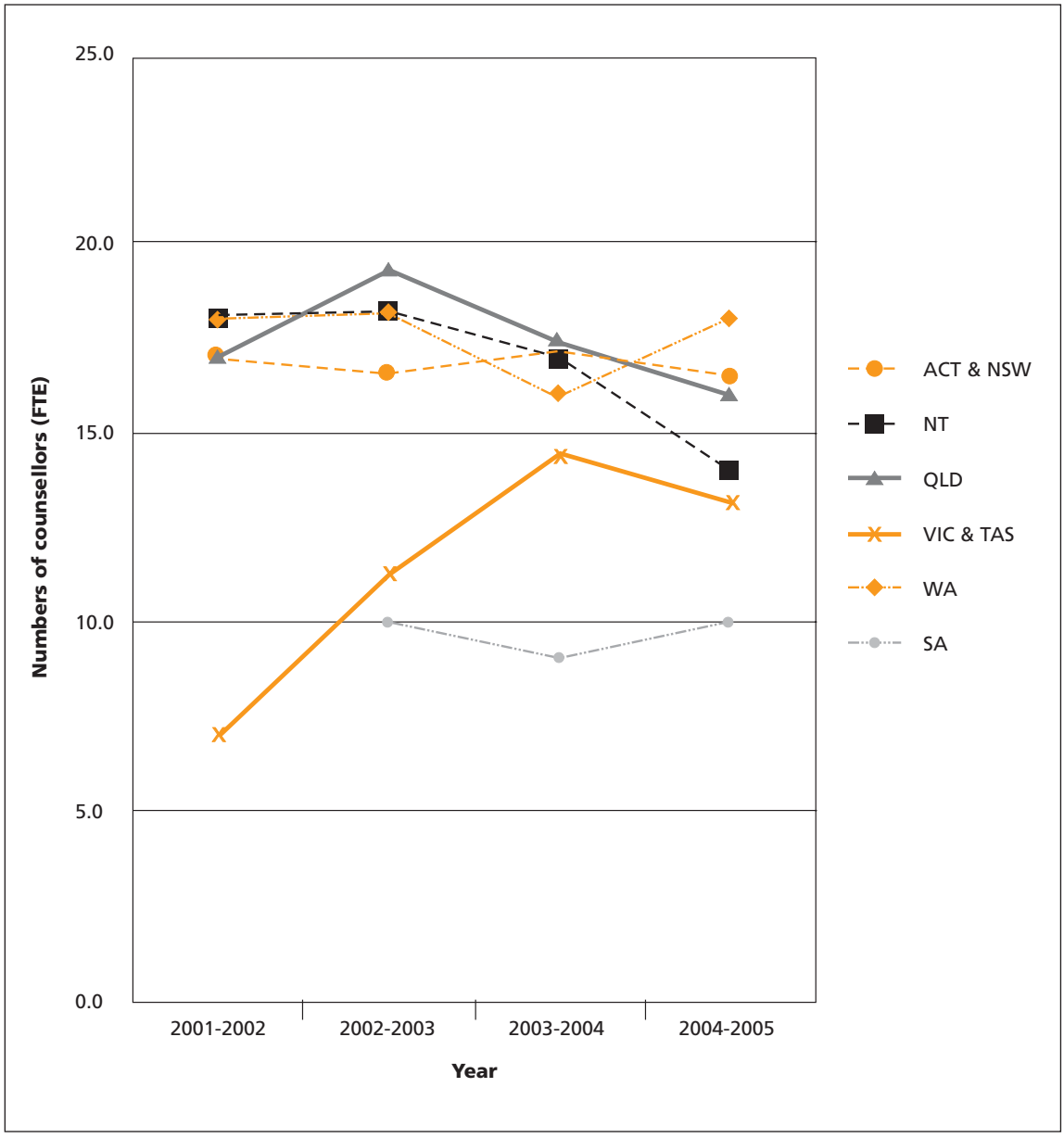


As shown in Table 3.3 and Figure 3.1, the number of full-time equivalent (FTE) counsellor positions in each State and Territory has remained fairly constant since 2001-2002, with a couple of exceptions. The number of FTEs in Victoria/Tasmania has increased (7.0 in 2001-2002 to 13.2 in 2004-2005), while the number of FTEs in the NT has decreased since 2001-2002 (18.0 FTEs in 2001-2002 to 14.0 FTEs in 2004-2005).

Table 3.2: Distribution of FTE BTH Counsellor positions by State/Territory, 2001- 2002 – 2004-2005

YEAR	ACT/ NSW	NT	QLD	VIC/ TAS	WA	SA
2001-2002	17.0	18.0	17.0	7.0	18.0	n/a
2002-2003	16.6	18.2	19.3	11.3	18.1	10.0
2003-2004	17.2	17.0	17.5	14.4	16.0	9.0
2004-2005	16.4	14.0	16.0	13.2	18.0	9.9

Figure 3.2: Distribution of FTE counsellor positions by State/Territory, 2001-2002 – 2004-2005



As discussed in Chapter 8, in 2004-2005 just under two-thirds of the BTH Counsellors (62%) were Indigenous.

In almost all cases, the BTH services are located in pre-existing ACCHSs, also sometimes known as Aboriginal Medical Services.

As discussed above, in WA the BTH Program is jointly funded by OATSIH and the WA Department of Health under the BSF Program.

3.3.2 Funding conditions

Under the Funding Agreement, BTH Program services are funded to employ counsellors to improve the SEWB of Indigenous individuals, families and communities affected by past policies of forced removal of children, through a holistic and culturally appropriate approach to mental health service provision. The agreement states that clients referred by Link-Up services are to be an important target group for this Program.

A number of further specific conditions are also set out, and include that:

- Indigenous Mental Health Workers, including BTH Counsellors engaged through BTH funding:
  - have the appropriate qualifications and/or skills, or attained and supported to work in this field;
  - receive professional supervision and debriefing from a qualified mental health professional;
  - undertake continuing education and/or in-service training, including BTH related training, that encourages further skill development in addressing the needs of Aboriginal peoples including the social and emotional needs of those affected by past removal policies; and
  - BTH Counsellors' salaries and on-costs, administrative support, professional development and training, professional supervision and mentoring from a qualified health professional are to be met from this funding.
- Funded organisations must develop and maintain close working relationships, where possible in formal MoUs, with relevant services including mainstream mental health services, Link-Up Services and SEWB RCs to facilitate smooth referral pathways and a coordinated approach to the provision of counselling and other mental health care. The organisations must provide copies of MoUs to OATSIH.

3.3.3 Reporting requirements

BTH services are required to complete a 'Questionnaire on Performance Indicators for BTH Counsellor Positions' on an annual basis (referred to in this report as the BTH Questionnaire). The Indicators covered include:

- the type of agencies the BTH Counsellors have a working relationship with eg in relation to networking and referral (such as Link-Up, Stolen Generations groups etc);
- information on the BTH Counsellors employed (gender, whether they are Aboriginal or not, the hours of paid work per week, their experience and qualifications, and staff training and development undertaken);
- whether there were any vacant positions as at the end of the financial year;
- the number of individual client contacts provided by the BTH Counsellors, and whether these clients were Aboriginal or non-Aboriginal;
- any unusual factors that may have significantly affected these counselling contacts (eg vacant positions);
- proportion of time spent on various activities (working directly with clients for individual care, working with groups, administration and other);
- whether the BTH Counsellors provided care for clients outside of the usual opening hours of the service, and if so, how staff were supported for this after hours work (eg time in lieu, overtime payments);
- the support available to BTH Counsellors (eg debriefing, case consulting, counsellor networking meetings);
- the type of support OATSIH could offer their service in relation to the BTH Program;

- the monitoring and evaluation strategies used for the service; and
- achievements and difficulties experienced.

As with the Link-Up Program, BTH services are also involved in implementation of the SDRF, which has its own reporting requirements. These requirements are set out earlier in this chapter.

3.3.4 National guidelines

There are no national guidelines for the BTH services.

3.4 SEWB RCs

The primary role of the SEWB RCs is to provide a range of workforce development support services to BTH Counsellors and Link-Up workers in their respective regions. They aim to provide a focal point for collecting data and information about the mental health status of their regional populations, to develop and deliver appropriate training, develop and test partnership models, to promote good practice and to provide personal and professional support to Aboriginal mental health workers.

Following the initial funding allocation, in 1998-1999 these funds were reallocated to allow more flexible use of education and training funds outside of SEWB RCs.

3.4.1 Number and location of SEWB RCs

There are currently 14 SEWB RCs funded around Australia, including one in every capital city. These include two Centres in WA, one in SA, three in NT, two in NSW, three in QLD, one in VIC, one in TAS, and one in ACT.

Most of the SEWB RCs have been formed through partnerships between community-controlled health services, Aboriginal training providers, and post-secondary and tertiary training institutions.

3.4.2 Funding conditions

All SEWB RCs operate according to four key objectives:

- development of information systems to clarify the level of emotional and social wellbeing need in the region and inform the operations of the SEWB RC;
- provision of personal and professional support to health workforce;
- development of curricula, and/or;
  - adaptation of curricula and/or;
  - delivery of training, and/or;
  - purchase/contracting training, and/or;
  - supporting, influencing or advocating for other agencies to meet training needs.
- development of appropriate cross-sector linkages and inter-agency co-operation.

3.4.3 Reporting requirements

SEWB RCs are not required to provide any statistical data to OATSIH (unlike the Link-Up and BTH services). Reporting is through the Service Activity Report and SDRF processes. SEWB RCs are not required to complete an annual questionnaire.

3.4.4 National guidelines

There are no national guidelines for SEWB RCs. A draft SEWB RC Handbook was developed by OATSIH in 2003 (overseen by a SEWB RC Working Group), following a suggestion by the SEWB RCs themselves. However, the Handbook was never published as the information was out of date. The purposes of the Handbook were to provide a guide to the operations of SEWB RCs for people working in the field of Aboriginal SEWB, and to serve as a resource tool for people working in SEWB RCs. However, it was not designed to provide instructions as to how the Centres should operate.

3.5 Mental Health Service Delivery Projects

3.5.1 Number and location of Mental Health Service Delivery Projects

There are 19 OATSIH-funded Mental Health Service Delivery Projects funded around Australia. These projects vary considerably in nature and scope, as demonstrated by the descriptions of the projects set out below.

The 19 Mental Health Service Delivery Projects are located in five States and Territories: four in Queensland, two in SA, seven in Victoria, four in NSW and two in WA. The organisations administering these projects and a brief description of the types of services are provided below.

Organisation	Services
Wuchopperen Health Service (Queensland)	Provides counselling and support for individuals, families, groups and communities. Activities include advocacy and referral, outreach services, cultural services, facilitation of community events, and participation on steering groups and reference committees.
Gallang Place (Queensland)	Provides culturally appropriate counselling for the relief of trauma and psychological problems for individuals and families.
Access Arts (Queensland)	Funds are used for the 'Remix' project which involves arts-based workshops and research, looking at the relationship of arts and people's mental health and social networks.
Townsville Aboriginal and Islander Health Service (Queensland)	Funds are for emotional and wellbeing counselling services, case management, referral, intervention programs, advocacy and joint work with alcohol, tobacco and other drug services.
Nunkuwarrin Yunti (SA)	Funds are incorporated into core funding for Nunkuwarrin Yunti's social health and counselling program.
Aboriginal Drug and Alcohol Council (SA)	The funds contribute to community education and health promotion programs.
Mildura Aboriginal Health Service (Victoria)	Provides counselling, family support services, visiting psychiatric services, referrals, early intervention and mental health promotion.
Rumbalara Aboriginal Cooperative (Victoria)	Provides crisis support services, cultural advice, family assistance and preventative programs.
Ramahyuck and District Aboriginal Corporation (Victoria)	Auspices SEWB services for Bairnsdale, Lake Tyers and Moogji, and visiting psychiatric services.
Central Gippsland Aboriginal Health (Victoria)	Provides outreach, counselling, home visits, support services and referrals for issues such as housing, shopping and budgeting.
Bunurong Health Service (Victoria)	Provides a part-time visiting psychologist, counselling, family support and education, mental health camps and youth forums.

Organisation	Services
Victorian Aboriginal Health Service (Victoria)	Provides a Koori kids program and family counselling services, other counselling, mental health promotion and a visiting psychologist and psychiatrist.
Yarra Valley Community Health Service (Victoria)	Provides visiting services, short term counselling, family support and education and peer support programs.
Biripi (NSW)	Provides a mental health worker and a psychiatrist on a sessional basis. Funds are also used for operational costs to support the mental health program.
Daruk Aboriginal Medical Service (NSW)	Funds are used as a contribution towards the mental health clinic.
Durri (NSW)	Funds are used for the employment of a mental health worker, and for operational costs to support the mental health program.
Illawarra Aboriginal Medical Service (NSW)	Provides a part time psychologist. Funds are also used for operational costs to support the mental health program
Marr Mooditj (WA)	Provides a Mental Health Diploma. Marr Mooditj is the primary educator of Aboriginal Health Workers in WA.
Kimberley Aboriginal Medical Services (WA)	Provides the 'Heatworks Health Promotion' Program, involving health promotion activities through health education and works programs.

3.5.2 Funding conditions

There are no specific conditions set down in the funding agreement for the Mental Health Service Delivery Projects.

3.5.3 Reporting requirements

The Mental Health Service Delivery Projects are not required to report on any specific indicators for the program to OATSIH. However, workforce and service delivery data are reported through the Service Activity Report and SDRF processes.

3.5.4 National guidelines

There are no national guidelines for the Mental Health Service Delivery Projects.

Literature review

4 Literature review

The literature review aimed to identify current and emerging issues, policies and approaches to meeting the mental health and SEWB needs of Aboriginal peoples affected by forced removal from families and the associated grief and loss, including identifying best practice models and possible alternative service delivery models.

The full literature review is provided in Appendix B. The key findings of the review of greatest relevance to this evaluation are summarised here.

- ***There is very little literature concerning best practice approaches to meeting the SEWB needs of Stolen Generations groups***, other than a few evaluations of the programs being evaluated here. The key exception is the Marumali Program, which aims to provide counsellors with the skills to assist Aboriginal people who are suffering from grief and trauma as a result of separation. The program is funded by OATSIH to deliver training to the Aboriginal SEWB workforce on an annual basis. More literature describes good practice approaches to Aboriginal SEWB services generally, rather than specifically in relation to this target group. This makes access to and provision of specific training on this issue for staff of the Link-Up, BTH and SEWB RC Programs more difficult.
- ***The Government's response to the BTH Report has been insufficiently documented, poorly coordinated and insufficiently targeted to meet the needs of the Stolen Generations***, as concluded by reports examining this issue. This is consistent with the findings of this evaluation. There has been insufficient prioritisation of the needs of first generation Stolen Generations members.
- ***Lessons from overseas experiences*** highlight that there have been similar removal practices of Indigenous peoples in other countries, with similar very negative SEWB consequences. Government responses to removal practices and their consequences have differed, with a broader range of responses in Canada in particular.
- ***There have been numerous, negative and severe consequences of removal in Australia on Aboriginal people's SEWB,*** including loss, trauma, grief, criminal behaviour, adverse life outcomes, substance abuse, higher rates of mental health problems, suicide and violence, parenting problems, and poorer physical health. These effects and consequences are ***trans-generational*** ie they impact not only on those directly removed but also on their children, families and communities. This demonstrates the need for the programs being evaluated here, the complexity of their work, and the importance of working with first and subsequent generations of the Stolen Generations.
- ***Mainstream mental health responses to Aboriginal people are often inadequate and culturally inappropriate***. This demonstrates the importance of programs such as the programs being evaluated here.
- ***The Aboriginal SEWB field is a relatively new and under-developed one.*** For example, there is little published material regarding effective preventative and therapeutic interventions concerning SEWB for Indigenous people. However, the Community Care Stream of the Aboriginal Health Certificate to be provided under the Health Training Package recently endorsed by the National Quality Council should contribute to the future development of this field.

- ***The Aboriginal mental health workforce suffers from shortages and under-valuing of workers.*** These general problems contribute to the workforce difficulties experienced by these programs.
- ***Mental health services need to be provided to Aboriginal people in a culturally appropriate manner***, through the use of traditional healing approaches and ensuring that mainstream mental health services are delivered appropriately. This highlights the need for services such as those here, and the need to adopt approaches other than, for example, traditional clinical approaches.
- ***The prior evaluations of the Link-Up and BTH Programs have consistently identified a range of common issues***, including variable skills and qualifications of staff, services not adequately meeting the needs of first generation Stolen Generations members, generally high levels of client satisfaction among those people who do access the services (with some caveats such as concerns about the long delays in receiving records or a reunion through Link-Up), problems with the Foxtrot data collection system for Link-Up, the need for more outreach services, and inadequate attention to evaluation activities. These findings are very consistent with those of the present evaluation.

Key outcomes and achievements of the programs

5 Key outcomes and achievements of the programs

This chapter sets out the key outcomes and achievements of the programs. Four main achievements have been identified on the basis of the consultations:

- Link-Up and BTH services have provided services to a large number of Aboriginal clients nationally;
- The Link-Up, BTH and SEWB RC Programs have provided services to many Aboriginal people who are unlikely to have received services otherwise;
- the programs have generally provided services in a culturally appropriate manner; and
- there are generally high levels of client satisfaction and positive outcomes for clients of Link-Up and BTH services.

Each of these is discussed in turn below.

5.1 Link-Up and BTH services have provided services to a large number of Aboriginal clients

Quantitative data on the number of client contacts (and in the case of the BTH Program, the gender and Aboriginal status of client contacts) for both Link-Up and the BTH Program are provided below. As discussed in Chapter 3, this information was provided to the consultants by OATSIH, based on data provided by the services to OATSIH annually as required by their funding agreements.

In summary, while there are some questions about the complete accuracy of the data, this information shows that the Link-Up and BTH services have undoubtedly provided services to a large number of Aboriginal clients. This should be regarded as a major positive achievement of these two programs.

Nonetheless these data also support the finding from the qualitative consultations that the level of demand exceeds the capacity of the Link-Up and BTH services to respond adequately and promptly to clients, and that huge caseloads contribute to staff burnout (this issue is discussed further in Chapter 8).

5.1.1 The Link-Up services

Some basic data on Link-Up client outcomes are available through Foxtrot (the data management system used by all Link-Up services). However, the consultations indicated that the available data generated through Foxtrot are unreliable. On the one hand, the data is likely to be incomplete and therefore an under-estimate for various reasons such as:

- Services are not all completing all of the fields required (reportedly because it is very time-consuming to do so);
- Operator error;
- The Foxtrot software has, to date, not had the capacity to move data between family members automatically, causing operators to have to enter and exit individual files many times, recording the same data. This has led to operators being forced to compromise the degree to which they spread the data, according to other workload demands, or to fatigue

or oversight. This facility is being built into a new web-based version of Foxtrot, due to be installed around May 2007. It is estimated that this will reduce administrative time by at least 50%, enhance the quality of data stored/collated, and hence improve accurate reporting capabilities; and

- There are inconsistencies between the services in how they use the database, depending in particular on differences in skill levels.

(It should be noted however that a comprehensive Foxtrot training program is to be conducted in early 2007, which should help address some of these issues for the future.)

Conversely, it is also possible that the data (on the number of reunions and clients) may be an over-estimate in some instances also – for example because it is not based on actual figures collected, or due to concerns over possible loss of funding or withdrawal of staff.

In short the Foxtrot data is likely to be unreliable. However, no other data on the performance of Link-Up services was available for the evaluation. The need for OATSIH to monitor the accuracy and consistency of Foxtrot data is discussed in Chapter 11.

Number of client contacts

According to the data, there were a total of 35,178 client contacts by Link-Up since 1998 (see Table 5.1). The NSW Link-Up service had by far the greatest number of client contacts (13,590), followed by NT (5,963) and Queensland (4,250).

The number of client contacts has varied markedly between years, ranging from 2,566 to 8,214, and with an average of 5,025 per year (see Table 5.1). In 2005-2006 there were 5,659 client contacts with a Link-Up service.

Table 5.1 Number of client contacts from 1998-1999 through to 2005-2006

YEAR	VIC	QLD	TAS	NT (NORTHERN)	NT (CENTRAL)	SA	NSW	WA	TOTAL
1998-1999	No State/Territory based figures available								**0**
1999-2000	280	429	153	1,260	77	67	300	na	**2,566**
2000-2001	87	na	153	900	35	95	1,862	475	**3,607**
2001-2002	853	1,186	na	54	343	2,129	2,783	na	**7,348**
2002-2003	34	803	152	1003	1134	1,461	2,610	1,017	**8,214**
2003-2004	374	681	na	96	104	1,653	1,847	171	**4,926**
2004-2005	60	851	na	347	154	792	417	237	**2,858**
2005-2006	64	300	na	154	302	330	3771	738	**5,659**
Total	**1,752**	**4,250**	**458**	**3,814**	**2,149**	**6,527**	**13,590**	**2,638**	**35,178**

It is important to note that the number of client contacts does not necessarily refer to discrete new clients each year. The fieldwork indicated that Link-Up clients may often stay 'on the books' for a considerable period of time, due to factors such as the length of time taken to locate records and organise reunions, shortage of staff resources and the fact that the Link-Up services often do not

officially 'close' cases unless requested or if the client passes away. There is therefore likely to be a considerable overlap between years in the identities of the client contacts. It would therefore be misleading to use the cumulative number of persons assisted as an accurate representation of the total client load over time. Thus the total number of clients seen by Link-Up between 1998-1999 and 2005-2006 is likely to be considerably less than 35,178, but more than 1,376 (the total number of reunions – see below).

Nonetheless, even taking the above factors into account, the data indicates that the Link-Up services have dealt with a very large number of clients each year, particularly considering the small number of services (currently 11) and the fact that the services typically have only one or two Link-Up workers per service.

Number of reunions

An important core activity of the Link-Up services is to organise reunions. The Foxtrot data available show that between 1998-1999 and 2005-2006, the number of client reunions reported annually has fluctuated considerably, ranging from 100 to 289 and with an average of 182 per year (see Table 5.2). In the 2005-2006 financial year, 177 reunions took place nationally.

There are reportedly inconsistent approaches used by Link-Up in relation to how family members are funded for the purpose of being involved in reunions. Some Link-Ups only allow immediate family members, whilst others include extended family (eg cousins, aunts, uncles) and family friends. It was argued that the latter approach can inflate the numbers reported as being reunited.

The data on the number of reunions also do not include community reunions where many people are reunited on one occasion.

Since clients are only allowed to have one reunion according to Link-Up guidelines, the cumulative total number of client reunions should refer to discrete clients (unlike the data on the number of client contacts, as explained above). Over the eight-year period, a total of 1,376 client reunions occurred. The NSW, WA and Queensland Link-Up services had the highest numbers of reunions, while Victoria and Tasmania had the lowest.

Table 5.2: Number of client reunions from 1998-1999 through to 2005-2006

YEAR	VIC	QLD	TAS	NT (NORTHERN)	NT (CENTRAL)	SA	NSW	WA	TOTAL
1998-1999	No State/Territory based figures available								**119**
1999-2000	5	6	16	18	2	3	50	0	**100**
2000-2001	4	24	8	17	3	5	54	9	**124**
2001-2002	6	103	6	17	19	9	48	59	**267**
2002-2003	12	90	1	31	10	27	23	95	**289**
2003-2004	3	24	na	40	19	20	16	41	**163**
2004-2005	15	13	na	26	21	21	85	37	**218**
2005-2006	10	8	na	24	10	16	81	28	**177**
Total [1]	**55**	**268**	**31**	**173**	**84**	**101**	**357**	**269**	**1,457**

1. The 'total' figures by State do not tally with the 'total' figure for all the jurisdictions cumulatively, due to the absence of data by State for 1998/1999.

5.1.2 BTH services

Since the 2001-2002 financial year all ACCHSs receiving BTH funding have been asked to report the total number of client contacts made by BTH Counsellors in that year through the annual BTH Questionnaire.

Number of client contacts

In 2004-2005 (the latest year for which information is available) 39,300 client contacts were reported. Between July 2001 and June 2005, a total of 142,000 client contacts were reported (see Table 5.3). It should be noted that the data on client contacts excludes group work.

Overall the total number of BTH client contacts has increased since 2001-2002. Although there was a significant drop in client contacts between 2002-2003 and 2003-2004, it is likely that this reflects under-reporting of the data as discussed below.

The 2003-2004 and 2004-2005 figures are likely to be an under-estimation of the total number of client contacts for various reasons including:

- a number of services were not able to report on how many clients had been seen during the survey periods;
- eight services did not provide client contact figures because they had no BTH Counsellor, or were experiencing administrative problems;
- a number of services may have quoted client numbers instead of client contacts (defined above);
- some services estimate their client numbers rather than base them on actual figures collected; and
- counselling is often conducted in group settings, and figures are often not recorded for groups.

No information is available on the number of clients receiving BTH services over a given period.

Table 5.3: Total client contacts for BTH counsellors

YEAR	TOTAL
2001-2002	28,508
2002-2003	37,258
2003-2004	36,733
2004-2005	39,287

Aboriginal status and gender of clients

Services are also asked to provide a breakdown of client contacts by Aboriginal status and gender.

In terms of Aboriginal status, the proportion of non-Indigenous client contacts has varied between 5-10%, and had fallen slightly between 2003-2004 and 2004-2005 from 9% to 5% (see Table 5.4). Since the BTH program is supposed to be solely for Aboriginal clients, there could be some concern that any of the clients seen under the program are non-Aboriginal. However, the qualitative consultations indicated that non-Aboriginal clients are generally those with close Aboriginal family members (eg a

spouse) or people whose Aboriginal status was yet to be formally confirmed (as discussed in Chapter 9, establishing Aboriginal identify can be particularly difficult for Stolen Generations members).

The BTH Program has a far greater number of female than male client contacts: there are around two female client contacts for every one male client contact (see Table 5.4). This is consistent with the finding from the consultations that men are more reluctant to approach BTH services or to be engaged with mainstream counselling approaches (see further discussion in Chapter 9). The proportion of male and female client contacts has remained fairly constant over the four reporting periods.

Table 5.4 Gender and Indigenous Status of client contacts

Year	Aboriginal male	Aboriginal female	Aboriginal total	Non-Aboriginal male	Non-Aboriginal female	Non-Aboriginal total	Total males (Aboriginal and Non-Aboriginal)	Total females (Aboriginal and Non-Aboriginal)	Total
2001-2002	36%	54%	90%	4%	6%	10%	40%	60%	100%
2002-2003	34%	60%	94%	2%	4%	6%	36%	64%	100%
2003-2004	29%	62%	91%	3%	6%	9%	32%	68%	100%
2004-2005	37%	59%	95%	2%	3%	5%	39%	61%	100%

5.2 The Link-Up, BTH and SEWB RC Programs have provided services to many people who are unlikely to have received services otherwise

A second major achievement of the Link-Up, BTH and SEWB RC Programs is that they have provided services to Aboriginal people who, in most cases, are unlikely to have received services otherwise – or services that met their needs as effectively. This is because these programs offer services that are generally not provided by other mainstream or Aboriginal services. In addition mainstream services may be ineffective or culturally inappropriate.

5.2.1 Link-Up

In the case of Link-Up, very few other services have an official role to assist Aboriginal people separated from their families with family tracing and accessing records, or organising reunions. (An exception is the Koorie Family History Service administered by the Koorie Heritage Trust with the assistance of the Public Records Office in Victoria. This service assists Aboriginal people in tracing their family members from whom they have been separated, and provides direct links to State, Commonwealth and non-government archives.)

5.2.2 BTH Program

In the case of the BTH Program, while some mainstream counselling programs are available, the literature (as discussed in Chapter 4 and Appendix B) and the consultations for this evaluation indicate that in many instances these services do not work in culturally appropriate ways, and do not have the skills to work effectively with Aboriginal people generally or members of the Stolen Generations in particular.

Furthermore, the BTH Program provides services at a relatively 'early intervention' point on the mental health continuum, in that clients are not required to be diagnosed as suffering from a clinical

mental disorder in order to access the Program. The consultations indicate that only a relatively small proportion of BTH clients (around 10%, on the basis of estimates provided by several BTH services) would satisfy this clinical criterion of a mental illness. The bulk of BTH Program clients require more general SEWB support and counselling, rather than acute psychiatric intervention.

Again this distinguishes the Program from many mainstream mental health services, which due to limited resources are often focused at the more acute end of the mental health spectrum, predominantly funded by State and Territory Governments.

While an important benefit of the BTH Program is the provision of Aboriginal SEWB services not generally provided by other services, this is also a significant reason why BTH services have in many instances ended up providing general SEWB services to the whole Aboriginal community, rather than focusing solely on the needs of the Stolen Generations in particular. This is discussed further in Chapter 6.

5.2.3 SEWB RCs

As with the Link-Ups and BTH programs, SEWB RCs are providing services that would generally not be met by other services, in terms of addressing the professional development needs of the Aboriginal SEWB workforce, especially BTH Counsellors and Link-Up workers. (However, the Centres have had varied success in meeting these needs in practice, as discussed in Chapter 6).

5.3 The programs have generally provided services in a culturally appropriate manner

A third major achievement is that overall the programs are providing services in a culturally appropriate manner.

Among other things the programs are generally delivering services in a way that is consistent with the two key National Strategic Frameworks (on Health and SEWB). This was the view of a fair number of service staff and OATSIH staff (and the very few external stakeholders) familiar enough with the Frameworks to be able to comment. (However, it should be noted that those consulted were only able to comment in general terms about this question, rather than in detail with reference to specific principles in the Frameworks.)

Nonetheless, this conclusion is also supported by the data gathered by the consultants as a whole for the evaluation. For example, the delivery of the services is consistent with the following key themes in the above Frameworks of greatest relevance to these programs:

- ***Cultural respect –*** 'ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal peoples are respected in the delivery of culturally appropriate health services' (Australian Health Ministers' Conference 2003, p3). Overall there is a strong emphasis in the services delivered on this cultural respect;
- ***Recognising and promoting Aboriginal concepts of holistic healing*** – a holistic healing approach is adopted to service delivery by the BTH services, recognising the inter-linked nature of problems for Stolen Generations members and other Aboriginal people, including that the impacts of Stolen Generations experiences can be complex, varied and direct or indirect;
- ***Promoting community control of primary health care services*** – almost all of the Link-Up and BTH services are located in Aboriginal community controlled organisations, including

ACCHSs for the BTH services (exceptions include the Link-Up services in Lawson NSW and Brisbane, as these are stand-alone services, and the Link-Up and BTH service in Albany, WA, which is based in a Division of General Practice); and

- ***Responding to grief, loss, anger, and Stolen Generations issues*** – this is the whole basis of the Link-Up and (particularly) BTH Programs, and a key component of the service delivery by Link-Up and BTH services. However, as discussed in Chapter 6, there needs to be a stronger emphasis in the programs on Stolen Generations issues.

There are nonetheless some key principles in the Frameworks where implementation could be improved. These include:

- ***Effective coordination of services with other agencies and planning processes***, including facilitating improved access and responsiveness of mainstream mental health care for Aboriginal people. As discussed in Chapter 7, the degree to which the BTH services have established links with other relevant agencies and structures (including mainstream mental health services) has varied considerably. Most of the services have links with various other agencies, but some could improve their coordination with other agencies, particularly State government programs and services, record-keeping agencies (for Link-Up) and mainstream mental health services;
- ***Ensuring staff with appropriate skills are recruited, retained and supported through ongoing training.*** As discussed in Chapter 8, there is an undesirably high level of variability in the skills and qualifications of staff in the programs (especially the BTH program), and access to ongoing training and support; and
- ***Collecting, analysing and publishing data to evaluate programs*** in a way that enables comparison across jurisdictions and use of the data to improve service delivery. As discussed in Chapter 7, there is generally little emphasis on evaluation within the programs beyond the formal reporting requirements to OATSIH.

In addition, whilst overall the Link-Up, BTH and SEWB RC Programs are providing services in a culturally appropriate manner, there is some variation in the effectiveness with which services have done this. For example, some BTH services have had greater success in establishing premises with a 'community' rather than 'clinical' feel (see Chapter 7), developing strategies or programs to target Stolen Generations members, particularly first generation members (see Chapter 6), and offering BTH services beyond the traditional clinical model of on-site one-to-one counselling (through activities such as group activities in community settings, narrative therapy approaches and outreach work) (see Chapter 9).

It is also important to note that those consulted viewed the two national Frameworks referred to above as useful statements of agreed principle in relation to Aboriginal health and mental health/SEWB. However, they also regarded them as being of limited use in providing guidance on how to implement these precise programs in practice. The Frameworks therefore do not replace the need for more detailed national program guidelines for each of the programs (discussed further in Chapter 6).

5.4 A generally high level of client satisfaction and positive outcomes for clients of Link-Up and BTH services

There are no clear measures available of client satisfaction with the Link-Up and BTH services, for instance, in terms of systematic data collected by the services. Nonetheless, the fourth major

achievement of the Link-Up and BTH services is that the qualitative data collected for this evaluation indicate that there appears to be a generally high level of client satisfaction and positive outcomes for clients as a result of the services provided. Although as explained in Chapter 3 a smaller number of clients were consulted than had been anticipated, and there therefore may be some possibility of bias in the sample who were consulted, this was the view expressed by the great majority of those from whom feedback was obtained. This was consistent with the views of most service staff, external stakeholders and Stolen Generations members.

In most instances Link-Up and BTH clients described staff as caring and professional, often 'going well beyond the call of duty', being flexible and available (often at short notice), being easy to talk to and supportive, having empathy with their issues or distress, and (particularly in the case of the BTH Counsellors) being able to assist clients with constructive suggestions or advice on how to improve their SEWB.

> *Our Link-Up Coordinator will get stories for people even when she is on leave and looking for funds to do things. Link-Up doesn't push for our stories as we have been pushed all of our lives. The team in Link-Up is really good and very supportive.*
>
> *(Link-Up client)*

A number of BTH and Link-Up clients described concrete and identifiable ways in which their SEWB had improved as a result of working with one or both of these services.

> *Link-Up saved my sanity.*
>
> *(BTH/Link-Up client)*

> *[The BTH Counsellor] helped me a lot to go through what I was going through. … it's a matter of trust.*
>
> *(BTH client)*

Link-Up clients who had participated in reunions were generally very satisfied with them and very glad they had done so, even where the outcomes in relation to re-establishment of family contact may have been less than hoped for. Link-Up clients reported that participating in reunions had been important for their longer-term SEWB in terms of giving them a greater sense of identity, connection with their Aboriginal family and culture, and (in many but not all cases) establishing an ongoing relationship with their family members from whom they had been separated.

> *The Link-Up staff… were nothing short of amazing how they were able to bring it all together and I now have another side to my family. Yes, my eldest son, daughter, grandson, my brother have all been up to […], met family and yes I'm keeping in constant contact by phone and email. … So now I can say I no longer feel that I don't belong anywhere, yes I do have a family who welcomed all of us with open arms, hearts and minds, I just can't explain the emotions that kept running through me when I think of these people who had been searching a lot longer than me and to think once the file was found of Mum's missing for years that was when it all came together and we were able to meet at long last.*
>
> *(Link-Up client)*

> *I met my dad through the BTH Counsellor who I approached directly. They then connected me to Link-Up. …My mum never told me I was Aboriginal. … Link-Up and the BTH Counsellor w**orked together to take me t**o meet my dad and my other family*

members over three days. It was fantastic but very emotional, sad, closure was deeply moving for me. I am still in contact but [it's] hard to communicate as Dad is not very well.
(Link-Up and BTH client)

In the minority of instances where some dissatisfaction with Link-Up services was expressed by clients or other stakeholders, this was due to factors such as:

- Link-Up services not advising them that they could be referred to a BTH Counsellor (the inadequate links between the Link-Up and BTH programs are discussed in Chapter 7); and
- The long time that can be involved in the processes of locating records and/or organising reunions, which can extend to months or even years in some instances. This is in part linked to difficulties accessing records (discussed in Chapter 9) and staffing issues including difficulties dealing with large caseloads (discussed in Chapter 8).

In the case of BTH services, dissatisfaction was due to factors such as:

- Feeling uncomfortable talking to a BTH Counsellor with particular demographic characteristics eg older Aboriginal people, particularly first generation Stolen Generations members, preferring not to talk to a BTH Counsellor much younger than themselves (this issue is discussed further in Chapter 6), and male clients being reluctant to talk to female Counsellors (these issues are discussed further in Chapter 8);
- Geographical distance from the service and/or an inconvenient location to be reached by public transport, where combined with unavailability of BTH Counsellors to meet with clients on an outreach basis;
- In a small number of instances, feeling that the BTH Counsellor did not have adequate skills; and
- Community politics – community members perceiving that the auspice organisation favours certain families or clients over others in the community (this was mentioned in several locations, and was regarded as a significant barrier to access in one State in particular).

Key limitations of the programs

6 Key limitations of the programs

This chapter discusses the four key limitations of the programs. These are:

- lack of focus on the first generation Stolen Generations members by Link-Up and BTH services;
- variable skills and qualifications of staff;
- a lack of national consistency in service delivery; and
- limited geographical coverage of the programs.

6.1 Lack of focus on the first generation Stolen Generations members

6.1.1 The majority of clients of Link-Up and BTH services are second and subsequent Stolen Generations members

By far the most significant limitation of the Link-Up and BTH programs is their lack of focus on the first generation Stolen Generations members.

As discussed in the literature review (Chapter 4 and Appendix B), it is recognised that Stolen Generations experiences have had a range of trans-generational impacts. The stated target groups for both the Link-Up and the BTH programs include explicitly or by implication both:

- ***first generation*** members ie those directly removed from their families and communities themselves as a result of past government policies and practices; and
- ***second, third, fourth and subsequent generation*** members ie subsequent descendants of those members.

For example, Link-Up services are for Aboriginal people who were 'separated from their families and communities' (but this might include grandchildren of first generation members who have never known their grandparents' communities), and BTH services are for those 'who have been affected, either directly or indirectly' by those practices.

In practice both the Link-Up and BTH services adopt this broad interpretation, and include first as well as subsequent generation clients in their caseloads.

No quantitative data (program data or otherwise) was identified by the consultants on the proportion of first versus subsequent generations accessing the Link-Up and BTH services. However, the qualitative consultations with Link-Up and BTH service providers consistently indicated that: the majority of clients of both programs are second and subsequent generation members, and conversely, only a minority of clients are first generation; and that while some services do proactively target first generation members (eg the BTH service in Shepparton, VIC, Link-Up NSW and Nunkuwarrin Yunti in SA), most do not. The consultations with first generation members, some stakeholders who work with such members, and representatives of Stolen Generations organisations, also provided strong supporting evidence that there are many first generation members who could benefit from the Link-Up and BTH services but do not access them.

6.1.2 The legitimacy of providing services to second and subsequent generations

There was clear agreement by those consulted about the trans-generational nature of the problems stemming from forced removal and the need to respond to the mental health needs of second and subsequent generations. The impact of Stolen Generations issues on second and subsequent generations was reported to be often just as severe. For example one second generation member commented on the major negative impact of Stolen Generations issues both on herself and now her son:

> *We take [the trauma] home and give it to our kids – they carry this, we don't want to lose them. My [13-year-old] son needs to wait till he's 18, but he needs help now. .. The kids watch our pain, but we take our pain home. .. My son is beautiful but he trusts nobody, and that's because of me.*
>
> *(Link-Up client)*

It was reported that sometimes the negative impacts for subsequent generations may be similar in nature to those for the first generation (eg problems with parenting), while in other cases they may manifest differently (eg criminal behaviour in later generations.) It was therefore regarded by all groups of stakeholders as legitimate and necessary for the Link-Up and BTH services to include second and subsequent generations as clients.

The above findings are consistent with those in the literature. As reported in Appendix B (the Literature Review), the Western Australian Aboriginal Child Health Survey (WAACHS) and other research indicates that there have been a wide range of negative and severe inter-generational impacts of Stolen Generations experiences, including high rates of behavioural, emotional, psychiatric, physical health, substance abuse and gambling problems, unsolved grief and trauma, and disproportionately high levels of removals of Aboriginal children under the current child protection system.

6.1.3 The inadequate focus on first generation members

While there was agreement by all stakeholder groups that it was legitimate to provide services to second and subsequent generations, an undesirable outcome has been that the Link-Up and BTH Programs have inadequate focus on the needs of first generation members.

The consultations indicated that this is due to a large and complex range of factors. In relation to both Link-Up and the BTH services these factors include that:

- ***The services do no, or very little, proactive promotion of their services to the community***, due to lack of staff resources to do this or to respond to possible increased demand. This means that they are generally well-known in the community in their immediate vicinity but less so in more geographically distant areas (this is discussed further in Chapter 7). This impacts disproportionately on first generation members because they are more likely to live in regional/remote areas which are further away from the services;
- ***There is limited, patchy or no provision of services on an outreach basis to more distant locations by services with large geographical catchment areas***, reportedly due to lack of resources (discussed further below in this chapter). Again, this impacts disproportionately on first generation members living further away from the services;
- ***Most Link-Up and BTH services passively respond by providing services to the (considerable numbers of) people who 'walk in the door'***. This is connected to the heavy caseloads of both the BTH and Link-Up services (discussed in Chapter 8), and in

the case of the BTH services, most, in practice, act as a general Aboriginal SEWB service for the whole community (discussed in Chapter 7). The data collected for this evaluation clearly indicates that first generation members are probably the least likely to 'walk in the door' without active encouragement or tailoring of services to meet their preferred ways of receiving services;

- Associated with the above, ***most Link-Ups and BTH services do not conduct any or many activities which proactively target Stolen Generations members***, particularly first generation clients. The types of activities which are more likely to attract first generation members are discussed in more detail in Chapter 9, and include for example group activities in community settings, working closely through and with Stolen Generations groups, and activities in geographical areas or settings or geographical areas known to have high proportions of first generation members such as prisons;

- ***First generation members may take longer to establish trust in the Link-Up and BTH services and workers***, due to negative experiences of service provision, any activities associated with government (even though these services are almost all run by ACCHSs), and factors related to their own Stolen Generations histories. Associated with this, they may also be particularly sensitive to staff turnover (as discussed in Chapter 8, a common problem for the services) and changes in auspice organisations.

  One of our huge issues as Stolen Generations is trust – you finally get to trust someone and they're gone.

  (Link-Up client)

  For example, one service was previously run by an Aboriginal community organisation but is now run by a mainstream organisation. It was reported that more first generation clients had accessed the service under the previous agency than currently because they do not want to go to a mainstream service; and

- ***First generation members may be harder for services to target/identify/locate***, due to factors such as perceived stigma in identifying as a Stolen Generations member (to their communities or in some instances their own families), particularly in locations which do not have Stolen Generations organisations. For clients or potential clients in contact with a service, the Stolen Generations aspect of their history or its connection with their presenting problems may only become apparent after the service starts working with them (as discussed in Chapter 7). First generation members can be reluctant to identify as such to their own families and/or communities, due to perceived stigma associated with this.

I can't bring myself to tell my kids what I went through. They have no idea about the trauma and hurt I experienced when I was taken from my family and dumped in that institution. Everyone else knows, that gives me a lot of support. I am thinking of writing them a letter because I think that might be easier. I just don't know how to deal with their reaction afterwards.

(Link-Up client)

- ***In some locations, there are poor relationships between the Stolen Generations organisations and the Link-Up and/or BTH services***. This discourages members of those groups from accessing the services. The quality of relationships between Link-Ups and BTH services and their local Stolen Generations groups (where such groups exist) varies from good

to poor, and those services with better and closer relationships appear to be more successful in attracting first generation clients. In some locations there is ongoing debate between management and local Stolen Generations groups about the most appropriate clients for BTH services. This impacts on the capacity of Stolen Generations members (particularly first generation) to access those services.

In the case of BTH services there are some further specific barriers, including that:

- ***Most BTH services are providing general Aboriginal SEWB services for the whole Aboriginal community, rather than a specific counselling service closely targeting the Stolen Generations***. Reasons for this include their location in ACCHSs, the high unmet demand for Aboriginal SEWB services, and the difficulties in identifying initially whether clients are Stolen Generations members or have issues related to this (see further discussion in Chapter 7). As discussed in Appendix B, the BTH Report concluded that 'most families have been affected, in one or more generations, by the forcible removal of one or more children' (HREOC 1997, p31). However it appears likely that at least some – possibly quite a few – BTH clients are not Stolen Generations descendents at all, or are only tangentially related to first generation members, or have problems which are not related to Stolen Generations issues; and

- ***Many first generation members are reluctant to access services based on the traditional clinical model of one-to-one counselling in an office setting***. This is for various reasons, such as:

  – The stigma of accessing services labelled as 'counselling' or 'mental health'

  – while this is true of the Aboriginal community as a whole (to a greater extent than the non-Aboriginal community), it is particularly true of first generation members; there is a fear of being perceived as 'mad' or 'stupid'.

  – The impact of Stolen Generations experiences themselves, including separation from family, institutionalisation, physical and sexual assault – for instance, learning to suppress feelings and feeling they are to blame for their experiences. As one BTH client commented:

  In my foster family I was told don't talk about it [the abuse] outside of the family, and then I couldn't talk about what happened to me when I went to Link-Up.
  (Link-Up client)

Therefore offering alternative options as well as the traditional one-on-one model in an office seems particularly important to reach first generation members. This is discussed in more detail in Chapter 9.

- ***First generation members can be reluctant to talk to a younger Aboriginal Counsellor.*** From our consultations it would appear that most BTH Counsellors are aged between mid-30s and mid-40s, with a minority slightly younger and somewhat older. Some first generation members consulted (some of whom are Elders in their communities) expressed discomfort about talking to a younger Aboriginal person as a BTH Counsellor. Interestingly, with the Shepparton, Vic, and Port Augusta, SA, BTH services, which appear to have had greater success in attracting first generation clients than some others, the BTH Counsellors are older Aboriginal women who are qualified as Counsellors (and the Shepparton Counsellor has been in the position for many years). These factors were felt to have contributed to the services' success in attracting first generation members as clients;

- ***First generation members can be particularly reluctant to talk to a non-Aboriginal Counsellor.*** As discussed in Chapter 8, in 2004-2005 only 62% of BTH Counsellors were Aboriginal; and

- ***First generation members may find their experiences too painful to even speak about to anyone*** – as one BTH client commented, 'a lot of them are still blocking it all out… it's just all too painful [for my grandmother] to even address'.

As a result of factors such as the above, first generation Stolen Generations members consulted, particularly those associated with more politically active Stolen Generations groups, expressed the strong view that the Link-Up and BTH programs (particularly the BTH Program) are not adequately meeting their needs. They also expressed some anger, disappointment and frustration that the funds expended on the programs have largely not been used to assist and directly benefit first generation members. In addition funds were not targeted towards Stolen Generations organisations. In the consultants' view, there is considerable legitimacy in this argument. This is a particularly major concern given that these two programs represent the major component of the Australian Government's response to the BTH Report.

The needs of families from whom children were removed

Associated with the need to give higher priority to the needs of first generation members, it is also important to be giving greater attention to the needs of families and communities from whom children were removed. In one community from which large numbers of children were removed, it was reported that the return of first generation members has in some instances been very difficult and emotionally traumatic for existing family and community members as well as the first generation members themselves.

6.2 Variable skills and qualifications of staff

The second major limitation of the Programs is that there is a significant and undesirable level of variation in the skills and qualifications of staff in the Link-Up and (particularly) the BTH Programs. This issue is discussed in more detail in Chapter 8.

6.3 A lack of national consistency in service delivery

There is clearly a need for some flexibility in program implementation between locations to allow services to tailor their responses to suit their location and local communities. However, the third key limitation of the program is the lack of national consistency in service delivery in all of the programs, resulting in an undesirable level of variation for a national program of this nature. This variation is evident at the State, Territory, regional and local levels. Many of those consulted expressed concern about this, particularly in relation to the BTH and SEWB RC Programs. This inconsistency flows from two factors. One is major variability in the understanding of and implementation of the programs. The other is the lack of adequate national guidelines. Of the four programs, only the Link-Up Program has any national guidelines at all, and some feel these are poorly written because they are ambiguous.

The lack of national program guidelines for the four programs has hampered the ability of services to meet their core responsibilities under each program and to effectively meet the needs of Stolen Generations members.

The consultations indicated that many managers and workers are not fully aware of what is required of them under the BTH and SEWB RC Programs, and have done the best they could with little direction at the national or State level. A number of examples of this variation are discussed elsewhere in this report and include:

- marked variations in position descriptions and salary levels, particularly for BTH Counsellors, which are set by the employing ACCHSs (see Chapter 8);
- lack of clarity by some auspice organisations and workers about the intended nature of the Programs, particularly the BTH Program (see Chapter 7); and
- marked differences in the nature, range and impact of the activities undertaken by SEWB RCs, including that many have predominantly focused on one of their core objectives (developing curricula and delivering training) rather than their other three roles (developing information systems, providing workforce support and promoting linkages) (see Chapter 9).

The consultations indicate that both the funded services and OATSIH have contributed to the undesirable level of variation across the programs. For instance on the services' side, there are a number of ways in which the BTH services are not meeting what would appear to be clear contractual requirements, or only meeting them to a variable extent. Examples include the requirements that:

- Clients referred by Link-Up are to be an important target group for the program, and that services develop and maintain close working relationships with other relevant services including mainstream mental health services and Link-Up. As discussed in Chapter 9, the development of linkages with Link-Up and mainstream health agencies is highly variable; and
- Staff receive professional supervision and debriefing from a qualified mental health professional. As discussed in Chapter 8 this is not happening for many BTH Counsellors.

From OATSIH's side, it would appear that there has been insufficient guidance and direction from OATSIH about program implementation in terms of:

- The contractual conditions set down for the services – some could be more detailed, and others added;
- National guidelines – as set out in Chapter 3, only Link-Up has any national guidelines, and these are not very detailed and are poorly worded, and the BTH Program and SEWB RCs have no specific guidelines;
- Ongoing monitoring by OATSIH – as discussed in Chapter 7, there are different approaches to program management by the State/Territory offices, and more active engagement by the State OATSIH offices overall would be beneficial; and
- Mechanisms to share/discuss/document/promote good practice and other aspects of service delivery at a State and national level – this is particularly important given that many service providers are in a relatively early stage of program implementation, and the Aboriginal SEWB field is a comparatively new, under-developed and under-resourced one.

6.4 Limited geographical coverage of the programs

The fourth major limitation is the limited geographical coverage of the Programs. This is a problem for the Link-Up, BTH and SEWB RC Programs. (This is less of an issue for the Mental Health Programs because most aim only to be relatively local initiatives.)

The Link-Up services are intended to provide national coverage. In jurisdictions where there is only one Link-Up service, it is meant to provide services to its whole State/Territory.

The coverage of BTH services and SEWB RCs varies according to each service provider, as each provider determines its own boundaries (eg the SA SEWB RC covers the whole State, whereas the Rockhampton SEWB RC in Queensland covers an area of only 100kms, no more than two hours' travel.) It is not possible to estimate the overall proportion of coverage nationally for either the BTH or SEWB RC Programs.

Link-Up and BTH services may be covering areas up to a couple of hours drive away, or even more. The areas covered appeared to be particularly large in WA – for instance they could be up to five hours drive away. This is perhaps not surprising given that WA is the largest State.

It appears likely that the actual geographical coverage of the programs is limited compared with the official boundaries covered by the services. This is because in many instances services covering large geographical areas tend to focus primarily on clients in their immediate vicinity, since such clients provide more demand than the services can meet. Coverage of areas beyond services' immediate vicinity therefore tends to be much more limited, sporadic or patchy. Covering large areas, particularly on an outreach basis, is particularly challenging for services with only one or two workers (since it can mean large periods of time away from the office), and no or limited access to a vehicle.

As discussed in Chapter 7, the lack of coverage is also partly the result of the lack of general SEWB services in Aboriginal communities.

Further barriers to services conducting more outreach work include Occupational Health and Safety issues (it may not be safe for staff to be conducting outreach work alone), or lack of personal safety insurance. For example, while conducting outreach work to prisons is desirable given the high proportion of Stolen Generations members amongst incarcerated Aboriginal inmates (see Chapter 6), for counsellors visiting clients in prison, workers' compensation may not apply. (In December 2006 the Link-Up services were invited to investigate the legal liability position and to provide OATSIH with quotes for this cover. OATSIH will consider providing assistance to pay reasonable costs in relation to this insurance.)

In addition, it was reported that distance from a service can be a significant disincentive for potential clients to contact a service. This is particularly true for first generation Stolen Generations members since they may often have no private transport, be on low incomes, be elderly, and/or in poor health.

This issue is also linked to two others. Firstly, the services currently have very heavy caseloads (as discussed in Chapter 8), which would, in practice, make it very difficult to cover a bigger geographical area. Secondly, services are generally taking a reactive rather than proactive approach to shaping service delivery and the client base.

There is a similar problem with SEWB RCs in that SEWB workers in the city in which the Centre is located tend to receive the most professional support and be most satisfied with the service provided. Those further away tend to get less support. For instance:

- They are less likely to have access to professional supervision through the Centre (although some Centres do provide this by phone); and

- Where they are advised of training opportunities, they are often in the city in which the SEWB RC is located, and it can be harder to attend these given the significant time and cost that may be involved in attending. In some instances only receiving short notice of training opportunities compounds this problem.

However, some Centres have been more successful in meeting the needs of SEWB workers in areas beyond their own city. Nunkuwarrin Yunti in SA and the VIC SEWB RCs illustrates that it is possible for a SEWB RC to provide effective professional support to SEWB workers in a large geographical area – in these instances, the whole of SA and VIC.

The SA Centre proactively implements a number of strategies to meet the needs of SEWB workers based in areas other than Adelaide, including providing training around the State on a regular outreach basis. This means that workers are not always required to travel to Adelaide to participate in training opportunities. Nonetheless, these activities have reportedly only been possible because the Centre has been very successful in attracting additional funding from various sources, including the Aboriginal Affairs and Reconciliation Division (Department of the Premier and Cabinet), philanthropic organisations and OATSIH (under the now defunct Innovative Grants Scheme (discussed further in Chapter 7).

The Victorian SEWB RC provides more training in regional areas than in Melbourne as the majority of BTH Counsellors are located outside of the metropolitan area. This Centre also provides support and follow-up to individual BTH Counsellors on request, either by phone or special visits to the ACCHS in the regional area. (However, it was reported that Link-Up workers have received much more limited support.)

GPP1: Link-Up and SEWB RC services should provide regular outreach services to clients to ensure that they provide an adequate service to their whole catchment area. First generation members should be given priority access to outreach services by Link-Up and BTH services. SEWB RCs should provide outreach support to mental health workers in these services.

Management and administrative issues

7 Management and administrative issues

This chapter addresses management and administrative issues of the programs.

This includes:

- management by OATSIH (at a national and State level); and
- management by the services, including the auspice organisations, governance and overall management, promotion of and awareness of the programs, coordination with other programs and services, attracting supporting resources, case closure, data management, unspent funds and evaluation and monitoring.

7.1 Management by OATSIH

7.1.1 National office

The national office of OATSIH is responsible for overall management of the programs. This includes, for example, developing and administering the standard contracts for the Programs, determining the broad policy directions for the program, and organising some national forums for staff of the programs such as annual SEWB RC and Link-Up Forums. As discussed below, the State/Territory offices have responsibility for day-to-day management and administration of the programs.

There was very little feedback on the national OATSIH office by the stakeholders consulted. The funded services have generally had no or very little contact with the Office, since the State/Territory offices are responsible for day-to-day management. (The national office does however organise the annual Link-Up and SEWB RC Forums.) No major issues were raised by the State or Territory offices about the National Office.

However, as discussed in Chapter 6, a major limitation of the programs is the lack of national consistency in service delivery. This is associated with considerable variation in the understanding of and implementation of the programs by the funded services, and the fact there are no national guidelines for the programs other than Link-Up. The need for national guidelines was felt to be particularly critical for the BTH services and SEWB RCs.

Further guidance by the national OATSIH office in terms of the contractual conditions for funding, national guidelines for each program, and promoting sharing, documenting and dissemination of good practice and funding opportunities would strengthen the operation of each of these programs.

7.1.2 State/Territory offices

As noted above, the State/Territory OATSIH offices have responsibility for day-to-day management of the programs. Overall, this management has worked moderately well. However, the relationships that OATSIH State office staff develop with service staff appear to be critical to the effectiveness of service delivery, and the quality of such relationships (and the frequency of contact) varies from one location to another.

In some States, there is regular communication between OATSIH and the funded services, a sound working knowledge of the services by OATSIH, and trusting relationships. For example in the last 18 months the Victorian OATSIH office has participated in all the Regional Forums coordinated by the SEWB RC, and has a standing item on the agenda for each Forum.

In other States, little contact takes places between OATSIH and the funded services, and misunderstandings have developed on both sides. In certain States, relationships between OATSIH and some services is best described as antagonistic, a situation which has affected both the quality of services delivered and OATSIH's ability to monitor services' performance.

Many State OATSIH offices have adopted quite a 'hands off' approach where they do not necessarily have a close knowledge of the services, or a close monitoring role much beyond receipt of the annual reports by the services. Generally the State offices have only tended to intervene more actively when they have been fulfilling a 'trouble-shooting' role to resolve problems a service is experiencing – in the small number of instances identified, this has concerned major governance problems by the auspice organisation.

None of the services consulted felt that OATSIH had not given them enough freedom to implement the program in the way they thought best and to tailor it to suit their local conditions and communities. Nonetheless, a number of services would like to see more proactive guidance from OATSIH in terms of program guidelines, promoting sharing, documenting and dissemination of good practice etc as discussed above.

From Urbis Keys Young's experience evaluating many government programs, the largely 'hands off'/ trouble-shooting approach taken by OATSIH is common to that taken by many government funders towards program management. Whereas this can often work well for programs that are well-established, it is not uncommon for programs that are in a relatively early stage of implementation, or in under-developed sectors such as the Aboriginal SEWB field, to desire some further proactive guidance by government funders.

7.2 Management by the services

7.2.1 Auspice organisations

All SEWB RCs, and almost all Link-Up services, are located in Aboriginal community organisations. BTH Counsellors are employed through ACCHSs. State governments may provide additional services through their State health systems.

Generally it is very desirable that the Programs are run by Aboriginal community organisations. As discussed in Chapter 5, this is consistent with the two key National Strategic Frameworks (Health and SEWB).

However, it was clear from the consultations that there are both advantages and disadvantages in locating BTH services in ACCHSs. These are discussed below.

Advantages of locating BTH services in ACCHSs

There are a number of important advantages to locating BTH services in ACCHSs. These include:

- Culturally appropriate service provision;
- There are readily available systems of management, oversight and infrastructure, including IT systems;
- ACCHSs have a physical health focus, which enables other workers within the ACCHSs to refer to the BTH services. (For example, one BTH service reported that it receives quite a

lot of referrals from the ACCHS dentist, who sees numerous clients with physical trauma or facial injuries.) This also promotes a holistic approach to Aboriginal health incorporating physical and mental health (which as discussed in Chapter 5 is regarded as good practice);

- ACCHSs have strong relationships with and recognition within their local communities, which is of major benefit to BTH Counsellors in generating referrals (often through word of mouth); and
- Often there would be no realistic alternative pre-existing agency in the communities with BTH services which could take on this role, and it would be inefficient to establish new stand-alone services for this purpose.

Disadvantages of locating BTH services in ACCHSs

There are some major disadvantages to locating BTH services in ACCHSs.

By far the greatest disadvantage is that BTH resources are frequently used by ACCHSs (either wholly or in part) for other services and activities. While ACCHSs are doubtless using these resources in response to their perceptions of community need, this has resulted in BTH resources being expended in ways that may not be altogether in keeping with the original intention of the BTH program. It can also lead to a greater burden on Link-Up services.

It was clear from the consultations for this evaluation that many BTH services are delivering general Aboriginal mental health/SEWB services rather than a specific service targeted towards Stolen Generations members. This is connected to various factors including:

- ***The understanding of the roles and responsibilities of BTH Counsellors varies a great deal from one ACCHS to another***. Some managers do not appear to understand the intended role of BTH Counsellors, with day-to-day activities and position descriptions sometimes reflecting a completely different role. A manager at one metropolitan service took the opportunity to question the evaluation team about what their BTH worker should be properly be doing;
- ***The high unmet demand for Aboriginal SEWB services*** which are generally unavailable through either the ACCHS or elsewhere. The BTH services also perceive that there is a need for them to be responsive to this demand, and not alienate community members by turning away people seeking SEWB services. (This is an important and sensitive issue for any Aboriginal service). Consistently, the National Strategic Framework - SEWB notes that 'the demand for programs to meet the mental health and SEWB needs of clients is growing, in part through the awareness of available services and because clients feel more comfortable to seek assistance' (Social Health Reference Group 2004, p29);
- ***The majority of BTH Counsellors do not have formal qualifications in counselling or psychology***, and therefore are not best equipped to be providing a counselling service. They often therefore provide more generic support services to BTH clients rather than mental health/SEWB services. This issue is discussed further in Chapter 8; and
- ***The difficulties BTH services reportedly experience in identifying whether a new or potential client is a Stolen Generations member***. As noted in Chapter 6, it was reported that clients generally do not present initially as needing assistance because of their 'Stolen Generations issues' or immediately volunteer this history. It was noted that new or potential clients' Stolen Generations history, and its connection to their presenting problems, may

only become apparent after the service has started work with the client. This may be due to clients' reluctance to disclose this history (due to perceived stigma), and the fact that clients do not necessarily see the connection between their Stolen Generations history and their immediate presenting problems such as substance abuse or parenting difficulties.

It should be noted that many of the above issues (lack of understanding of roles, limited formal staff qualifications in counselling or psychology etc) are not unique to ACCHSs or Aboriginal services, but are also true of mainstream health services also.

Other ways in which BTH resources are being used by ACCHSs for activities other than that intended include that:

- ***Some ACCHSs are taking quite large percentages of the BTH funds to cover overheads*** – in some instances up to a half. OATSIH provides a lump sum to cover all expenses associated with each BTH Counsellor costs (this issue is discussed further in Chapter 8). In one particularly extreme example, an ACCHS does not have a BTH worker at all, and uses all of the allocated BTH funds for other ACCHS activities; BTH workers from another service regularly visit that ACCHS to provide services; and
- ***Some BTH staff also have formal or informal responsibilities to contribute to other programs*** eg the Program Manager managing other programs as well as the BTH Program, filling in for other staff on the ACCHS mental health team when they are unavailable, or a male BTH Counsellor being referred Aboriginal male clients (who have not identified as Stolen Generations members) from the ACCHS mental health team so that a gender-specific service can be provided.

Other disadvantages of locating BTH services in ACCHSs include that:

- ***Some of these services have experienced governance and/or management problems***, which can have a negative impact on the BTH program, other community organisations and the community more broadly. This in turn can affect the ability of BTH Counsellors to forge strong relationships within the community and to develop trust with their clients;
- ***Some Stolen Generations members, particularly first generation members, may not be comfortable accessing mental health support through ACCHSs***, particularly given the stigma sometimes associated with mental health services (as discussed in Chapter 6). This raises the need for additional support services to be available outside the health service context (such as through Link-Ups or on an outreach basis); and
- ***There can be concerns about confidentiality and privacy*** for some clients in accessing services in an ACCHS given it is such a well-known organisation visited by many community members. This makes the precise physical location of the BTH service particularly critical to encourage more first generation Stolen Generations members to attend the services (discussed further below in this chapter).

The nature of the premises and physical location of services

The consultations indicated that the nature of the premises and precise physical location of services, particularly BTH services, is a critical factor which can either encourage or discourage Aboriginal people coming to the service.

It is preferable that both Link-Up and BTH services are located in premises which are: convenient to

get to (including by public transport); in premises with a community (versus, for example, 'clinical') feel; and are not near places with negative associations for Aboriginal people.

It is also critical that BTH services are in locations and offices which do not compromise confidentiality. For example, one service is located opposite the courthouse and near the police station and child welfare department. While the staff felt this was a good location since they often came across many Aboriginal people in the vicinity, Aboriginal clients and stakeholders generally felt it was undesirable due to confidentiality concerns and the negative associations of those buildings.

Similarly it is important that the actual rooms available for the BTH Counsellors are completely confidential – eg for the use of the BTH Counsellor alone and not other staff, sound-proof, and not easily visible to passers-by.

In relation to BTH services, it is also important to consider exactly where the BTH service is located within the ACCHS in terms of protecting confidentiality. For example one way to do this is to house BTH workers outside but adjacent to the main ACCHS complex, with a separate entrance, as is the case with some of the BTH services such as in Katherine and Cairns. This means that clients do not have to go into the main ACCHS reception, where they may be seen by various other community members. This was generally regarded as a good idea, although a few of those consulted felt that this in itself could compromise confidentiality if it was then very visible and obvious that clients were going to the BTH service (rather than just attending the ACCHS, which may be for a physical health problem).

The Taree BTH service (Biripi), NSW, illustrates a number of the above principles. It is housed in a building across the road from the ACCHS, which is shaped like a boomerang. The building is decorated in soft healing colours (lilac, apricot), and the shape of the building means that the BTH and Drug and Alcohol Counselling rooms cannot be easily viewed by people walking past through the corridor, therefore providing more confidential and peaceful surroundings. Aboriginal staff and external stakeholders reported that these design aspects have improved SEWB outcomes for BTH clients, as clients appear more relaxed about speaking to specialist staff and more likely to stay for the duration of their consultation than was the case prior to the new premises being built.

GPP2: Link-Up, BTH and SEWB RC services should be located in Aboriginal community controlled organisations. Link-Up and BTH services should be located in premises which: provide confidentiality (both in terms of access to the service and within the service); are convenient to access, including by public transport; have a 'community' rather than 'clinical' feel; and are not near places with negative associations for Aboriginal people.

In terms of the above principles, the BTH services vary in how ideal their locations are but most are located reasonably well. Where BTH services are in less than ideal premises, the limitations are around issues such as accessibility to public transport, confidentiality of access to the service, and unavailability of appropriate counselling rooms. In practice there is often little choice about where the service is located, or what space is available to house the program, given that the ACCHSs were in pre-existing premises before the BTH Program was implemented. The consultations also indicated that, particularly in smaller or more regional/remote locations, there may be limited choices available; for example, some of the services which have recently moved have not been able to secure ideal premises.

7.2.2 Governance and overall management

Overall most of the auspice organisations for the Link-Up and BTH services and SEWB RCs appear to have managed their programs well or reasonably well.

Nonetheless, as with other Aboriginal community organisations generally, some of the ACCHSs running BTH services have experienced governance problems. In some instances these problems have hampered the services' capacity to implement the program effectively, resulting in resources being used for purposes outside the ambit of funding guidelines, and/or generated discontent among local community members. In some locations, for example, managers were said to be unwilling to extend the services of their organisation to clientele who would be clearly eligible to receive them (for instance due to favouritism). In other cases, as discussed in Chapter 6, there continues to be debate between management and local Stolen Generations groups about the most appropriate clients for BTH services This impacts on the capacity of Stolen Generations members (particularly first generation) to access those services.

However, only a small minority of the auspice organisations for these programs have experienced major governance problems (and OATSIH has been monitoring and working with these). In one case these governance problems were so significant that OATSIH terminated the contract with the service and asked another agency to take on this role.

The main limitations in terms of program management by the BTH service providers have been the variable and incomplete understanding of the roles and responsibilities of BTH Counsellors between different ACCHSs (discussed earlier in this chapter) and the lack of clarity between the role of BTH Counsellors and Link-Up workers.

7.2.3 Promotion of and awareness of the programs

Generally the Link-Up and BTH services do very little or no proactive promotion of their programs in the community. Referral to Link-Ups and BTH services often occurs by word of mouth rather than as a result of deliberate attempts to develop a client base. In some locations, community knowledge of these programs appears to be based on services' longevity' more than any other factor.

Various factors contribute to the lack of program promotion:

- the services' high workloads and reportedly inability to meet the current demand;
- the lack of staff resources to undertake this activity and to respond to the increased demand likely to be generated;
- the services' reactive rather than proactive approach to service delivery;
- the lack of contractual or reporting requirements relating to this issue for BTH services (for Link-Up services the Foxtrot system includes an item concerning service awareness raising issues, and in WA the services are required to report on the number of community awareness sessions under the BSF pro-forma); and
- the lack of program guidelines for awareness-raising.

One of the few services to do much promotional work is the Brisbane Link-Up, QLD organisation. This service employs a promotional officer whose role is to promote its programs and services in throughout the state. The Brisbane Link-Up service is also well-promoted during National Aboriginal and Islander Day of Observance Committee (NAIDOC) Week and Sorry Day activities in Brisbane.

Another service which has conducted numerous promotional activities is Nunkuwarrin Yunti in SA. Examples of activities conducted include a calendar, a SA Mission booklet and posters, the Finding Your Way resource, a Link-Up website, the Why Me? DVD, active promotion of Stolen Generations issues at health expos, educational activities with schools, SA Police and the Department for Families and Communities, and integration of Stolen Generations issues into a practice model across SEWB services.

Associated with the low levels of promotion of the Link-Up and BTH Programs, awareness of these services among communities is variable. They are generally well-known in their immediate vicinity (ie the town/city they are located in), but awareness tends to become patchier the greater the distance from the services. There appear to be the lowest levels of community awareness of the programs in locations which are furthest away from service outlets. As noted in Chapter 6, this disproportionately impacts on first generation Stolen Generations members, as they are more likely to be living in these locations.

GPP3: Link-Up and BTH services should conduct regular awareness-raising activities in their communities to ensure the existence and nature of the program is well-known in their entire catchment area.

7.2.4 Coordination with other programs and services

To operate effectively, the funded services need to liaise closely both with each other, and with external agencies, programs and services.

Coordination was regarded as particularly critical between the following funded programs: the SEWB RCs and Link-Up/BTH services (discussed in Chapter 9) and the Link-Up and BTH services.

Coordination between the Link-Up and BTH Programs

The standard contract recognises the importance of close liaison between the BTH and Link-Up programs, in stating that clients referred by Link-Up are an important target group for the program, and requires the services to 'develop and maintain close working relationships' with a range of agencies including Link-Up services 'to facilitate smooth referral pathways and a coordinated approach to the provision of counselling and other mental health care'.

The consultations confirmed that close liaison between the Link-Up and BTH services is critical. All Link-Up clients should be offered the option of being referred to a BTH Counsellor as a matter of course immediately upon becoming a Link-Up client. Where new clients decline this, they should be reminded of this option throughout the process leading up to and including their reunion. This allows the Link-Up client to be provided with support as required from a BTH Counsellor with whom they have an ongoing relationship, and preferably including attendance by the counsellor at the reunion. At the very least BTH Counsellors should provide post-reunion counselling.

The consultations indicated that this support for Link-Up clients is of vital importance, particularly given the often protracted, complex, emotionally draining, uncertain and unpredictable nature of the process leading up to identification of family members and/or a reunion.

> *It took me 15 years to find my mother, who was in the US. They flew me over with a [Link-Up] caseworker, but both me and my caseworker were traumatised. You need a counsellor to debrief after coming back from a reunion.*
>
> *(Link-Up client)*

However, the consultations indicated that in practice there often is not close liaison between Link-Up and BTH services, and only a minority of Link-Up services routinely give clients the option of referral to a BTH Counsellor at the beginning of the Link-Up process, who then works with clients up to and including any reunion. Most of the Link-Up clients consulted for the evaluation had not been referred to a BTH Counsellor (and vice versa), and most were unaware of their existence.

A key historical factor said to have contributed to the poor liaison between the two programs is that up until 2003 the two services were managed by different government agencies: ATSIC in the case of Link-Up, and OATSIH in the case of the BTH Program. Administration of the Link-Up Program transferred to DoHA on 1 July 2004.

There are several undesirable outcomes of the insufficient coordination between the Link-Up and BTH services:

- Link-Up clients can fail to receive access to BTH Counsellors. A number of the Link-Up clients consulted who were not connected to a BTH Counsellor would have liked this option. As noted in Chapter 5, this was one of the few key areas of client dissatisfaction with the Link-Up services;
- BTH clients can fail to access Link-Up services where this would be desirable; and
- Both services can end up fulfilling some of each other's role;
  - Link-Up staff can find themselves providing de facto counselling services to their clients. This is beyond their official role, and staff may often not have adequate skills or qualifications to conduct this activity. This in turn can contribute to staff burn-out; and
  - Some of the BTH services with poor connections to Link-Up services conduct some activities which are part of Link-Up's function, particularly relating to record searches. This finding is reinforced by the fact that the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) reports receiving requests from BTH services for family tracing training (which the Unit is unable to accommodate since its role is to assist Link-Up workers only). Therefore BTH services are using some of their staff resources to conduct Link-Up activities, at the expense of BTH Program activities. This illustrates that there is a lack of clarity and blurring of boundaries around the roles of the BTH Counsellors and Link-Up workers.

Those services with the most effective processes for liaison between the Link-Up and BTH programs tended to be those where one or both of the following factors were present:

- The two services were co-located and run by the same auspice organisation eg in Adelaide, SA and Albany, WA.
- There were formal local protocols around this issue between the two services. (Note that the MoU between National Link-Up Services provides a standard protocol for referrals between Link-Ups, but not between Link-Up and BTH service).

One strategy recently introduced in Victoria (2005) is the holding of regular Regional Forums in regional locations in Victoria every three months for staff from the Link-Up, BTH and Victorian SEWB RC services, the Victorian OATSIH office, the Koorie Heritage Trust (which runs the Family History Service), the Stolen Generations Organisation Victoria, and Aboriginal Affairs Victoria (which funds the Stolen Generations Organisation, Koorie Heritage Trust and Sorry Day activities). These Forums are

coordinated by the Vic RC, funded by the Vic office of OATSIH with surplus program funds ($20,000 for each Forum), and each Forum has a theme. One of the key aims of the Forums is to enhance coordination between all the relevant agencies working in this area, including the Link-Up and BTH services (between which coordination has been less than ideal in Victoria to date), the SEWB RC and the Link-Up/BTH services, Aboriginal Affairs Victoria and OATSIH, and the Stolen Generations Organisation Victoria and the funded services. This model has been operating in Nunkawarrin Yunti SA for a number of years.

Those locations where liaison between the Link-Up and BTH Programs was particularly weak tended to include those where:

- There were poor relationships more generally between the two auspice organisations running the two programs due to broader Aboriginal community politics; and
- There was not a Link-Up service in the same geographical location as the BTH service.

Social Health Coordinators also exist in Queensland and SA. They serve a bridging role in advancing the training and support needs of mental health workers, building on a demonstrated best practice approach. These Coordinators organise quarterly meetings of Aboriginal SEWB workers for professional development purposes. Some stakeholders argue that these Coordinators fulfil the intended role of the RC. There may be benefits in having a Social Health Coordinator based in each State.

GPP4: All Link-Up and BTH services should establish protocols for referral between the two programs. All new Link-Up clients should be immediately offered the option of referral to a BTH Counsellor by their Link-Up service. Where new clients decline this, Link-Up services should remind them of this option throughout the process leading up to and including their reunion. All clients participating in a reunion should be offered the opportunity to have a BTH Counsellor attend the reunion, and to have post-reunion counselling.

Coordination with external agencies, programs and services

Coordination by the funded programs with other external agencies, programs and services, including mainstream mental health services is also critical, as required by the two National Strategic Frameworks (Health and SEWB). The standard BTH contract recognises this, in requiring that the services 'develop and maintain close working relationships with relevant services including mainstream mental health services'.

From the consultations it appeared that overall most services liaise with other relevant agencies, services or programs either very well or moderately well. However, it was also apparent that there were some marked variations in the effectiveness of these processes between different services.

There were some types of agencies and services where the effectiveness of liaison was particularly variable. This included government and non-government record-keeping agencies (discussed in more detail in Chapter 9). The other main area was programs and services run by Commonwealth and State Government agencies which address the needs of this target group.

Relatively few services mentioned having contact with Commonwealth Government agencies or programs (other than record-keeping agencies), but the agency most frequently mentioned was FaCSIA, which runs programs concerning parenting, families and Aboriginal communities.

There tended to be more contact with State Government agencies dealing with related target groups – most frequently the State health departments (including physical and mental health and substance abuse services), and child welfare departments. Other State departments included justice-related agencies and Privacy Commissioners.

Mainstream mental health services run by the State health departments were the State programs regarded as those most relevant to the target groups for these programs (particularly the BTH Program), and there was agreement by most staff and external stakeholders that BTH services should be liaising closely with these services. (This is particularly critical for BTH services which do not have staff with mental health qualifications, since they can, or should be, more dependent on referrals to mainstream mental health services.)

However in practice, although many BTH services have close links with mainstream mental health agencies (in some instances facilitated by formal protocols), others do not, including some services which do not appear to regard this as critical to their role.

GPP5: Link-Up and BTH services should develop and maintain close working relationships with all relevant Commonwealth and State Government, and non-government, programs and services. A particular priority for BTH services is mainstream mental health services.

7.2.5 Attracting supporting resources

Some of the funded services have been able to attract supporting financial resources from OATSIH and other government and non-government organisations to support their Program activities. For example, some received grants under the Innovative Grants Program, which OATSIH administered in three rounds between 2001-2002 and 2003-2004 to a total of $2.1 million (the program has not been offered since that time). This program supported small one-off innovative projects that aimed to address the needs of those affected by the forced removal of children from their families. Projects that offered more traditional, culturally appropriate solutions to healing were funded, with preference given to those developed in collaboration with Link-Up services, Stolen Generations groups, and health services.

All OATSIH funded programs are also now eligible to apply to OATSIH for Enhancement and Expansion funding, and a number of Link-Up services have received additional funds through this process. Enhancement and Expansion is a national resource allocation process, introduced by OATSIH in 2004-2005. It allocates funding to States/Territories in proportion to the current Aboriginal population (with adjustments made for existing levels of OATSIH grant funding and differences in costs as a result of geographic remoteness). State and Territory offices develop purchasing plans which identify their strategic priorities and foci based on available evidence and in consultation with Forums and Partnerships established under the Aboriginal and Torres Strait Islander Health Framework Agreements. Following approval of purchasing plans, individual project proposals are developed by State and Territory offices in consultation with Forums and relevant service delivery organisations. Funds for service delivery activities are made available to organisations following finalisation of funding agreement negotiations.

OATSIH funded services are also eligible to apply for funding for Quality Improvement initiatives under the SDRF. This funding provides services with the opportunity to conduct an organisational review, develop their own three year quality plan and a 12 month continuous Quality Improvement Action Plan.

While attracting supporting resources is not part of the official role of the services funded under any of the programs, it appears that a capacity to do this has assisted some services to conduct further activities which complement their core role.

One service which has been particularly successful in attracting supporting funding is Nunkuwarrin Yunti in Adelaide, SA. The Link-Up Coordinator of this organisation (which includes the Link-Up, BTH and RC) takes on the role of identifying potential sources of funding from government and non-government sources, and submitting successful applications for this funding. (The Coordinator's background in marketing has assisted in this role.) This has helped fund activities such as the Why Me? DVD about one member of the Stolen Generations and other family members, development of story boards to tell the stories of the Stolen Generations members, and in its SEWB RC role conducting training on an outreach basis.

There are however, some factors which make it less likely that services will be able to attract these supporting resources:

- there is varying skills and knowledge amongst the Link-Up and BTH services about potential funding sources and how to successfully apply for these;
- this can be a time-consuming activity for staff who are hard-pressed with heavy caseloads; and
- there is no centralised source of information on funding sources for the services.

7.2.6 Case closure

The Link-Up and BTH services generally do not officially 'close' cases – at the most some classify cases as 'active' versus 'inactive'. A key factor here is that the services do not want clients to feel that they are 'closed off' from the possibility of contacting the service in the future.

This fact has two implications:

- The client numbers reported to OATSIH do not necessarily give a clear picture of the number of 'active' versus 'inactive' clients. 'Active' clients are those with whom services are working on a regular basis. On the other hand, 'inactive' clients are 'on the books' but the service is not actually working with them, unless for example they choose to re-contact the service in the case of the BTH services or some lost records are in fact located in the case of Link-Up clients; and
- This contributes to the heavy case loads of services, since they accumulate large numbers of cases over time, but are still maintaining some clients from year to year who require further assistance.

It was reported by the services and other stakeholders that in only very few cases do clients end contact with the services due to dissatisfaction with the service provided. Where this did occur, this tends to be for the reasons of client dissatisfaction identified in Chapter 5 (eg lengthy processes for Link-Up tracing of family members).

7.2.7 Data management

The key issues raised about data management were that:

- The Foxtrot data system, which is used by the Link-Up services to record program and client data, is cumbersome and not very user-friendly, which leads to the data collected being

unreliable. As discussed in Chapter 5, the key problems are that services do not complete all fields required (since it is very time-consuming and requires re-entry of data), and there are inconsistencies in how the database is used, depending on variable staff skill levels. Although the system has recently been upgraded, Link-Up staff felt that it still continues to display errors and there are regular technical problems with the system and how the data is recorded. It may be useful to develop some national archiving standards for records management in Link-Up services (eg defining 'active' versus 'inactive' clients);

- The system requires regular training of staff entering data into the system in order to use it efficiently and effectively, but this training is not provided on a regular enough basis to take account of updates to the system and staff turnover in the services;
- Some Link-Up services reported that when they request training for data management and recording, they have to pay for the accommodation of the trainers, which they are unable to cover from their existing budget; and
- Some OATSIH services were not confident that the data required to be reported to the Department gave a good enough 'feel' as to how the services were operating to enable them to adequately monitor the performance of the services. This view is supported by the consultants, considering the feedback from this evaluation and a review of the indicators required to be reported on to OATSIH. This issue is discussed further in Chapter 12.

Many Link-Up staff recommended that OATSIH fund a data entry position to coordinate the backlog of client files to be entered into Foxtrot. This position would also address the problem of client files not always being up-to-date (ie case notes and other missing information). Some staffing positions have been employed on an ad hoc basis with surplus funds at the State and Territory level.

7.2.8 Unspent funds

Only a minority of services have had unspent program funds. Services and the OATSIH State offices report that the key reason for this under-spend has been staff vacancies, and generally the services have been allowed to roll these funds over into the next financial year with OATSIH's approval.

7.2.9 Evaluation and monitoring

In order to develop and improve service delivery in any area, it is important that service providers have an ongoing commitment to regular evaluation and reflection, including to the concept of 'action research', where evaluation findings are fed back into and inform changes to and development of service delivery on an ongoing basis.

The consultations conducted for this evaluation indicated that most of the services under all four of the programs have done relatively little in the way of evaluation and monitoring beyond meeting the formal reporting requirements to OATSIH and participating in the present evaluation and in some instances, State-level evaluations of the programs (eg in Victoria and NSW). (There are some exceptions, such as Nunkuwarrin Yunti in SA.) The challenges experienced in organising the fieldwork for the evaluation (see Chapter 2) also suggest that many of the services may not see evaluation activities as a core activity which informs and feeds into their service delivery on a regular and ongoing basis.

Data from the annual BTH Questionnaire also demonstrates that there is a lack of emphasis on evaluation within the BTH Program. The Questionnaire seeks information on evaluation and monitoring strategies used by services receiving BTH funding. In 2004-2005 (the latest year for which information

is available), the great majority of services collected information on client characteristics and sought informal client feedback. However, only a very small proportion of services either measured client progress or made use of a client satisfaction survey on a systematic basis (see Table 7.1 below). An exception is the Victorian RC, which provides evaluation forms at the end of all its training sessions and the Regional Forums held on a three-monthly basis (see discussion earlier in this chapter).

Table 7.1: Monitoring and evaluation strategies

STRATEGY	2001-2002	2002-2003	2003-2004	2004-2005
Collecting information on client characteristics	98%	89%	81%	84%
Seeking informal client feedback	82%	86%	73%	80%
Systematic use of a client satisfaction survey	24%	18%	16%	15%
Systematic measuring of client progress	22%	24%	25%	19%
Other	33%	16%	34%	32%

Monitoring of the performance of individual Link-Up staff members at a local management level has also been inhibited by limitations of the Foxtrot system. Foxtrot does not allow differentiation between caseloads of staff members in many performance monitoring areas, which has meant that the services collective performance has largely been the only available tool. The outcome of this has been that:

- Management can only assess performance by individual staff members by their own observations or by reports from other staff. This makes justification of removal or disciplining of under-performing staff difficult, as it is based essentially on perception; and
- Staff who are achieving are resentful of others they believe are under-performing and resent their accepting collective acclaim for achievement. It was reported that the overall effect on morale has been negative.

Stepsoft Pty Ltd has agreed to build changes into the new web-based version of Foxtrot that will assist in producing identifiers which can be used to gauge individual performance/workloads. This is expected to be in place by May 2007.

Several factors contribute to this lack of emphasis on program evaluation and action research:

- Many of the staff employed in the programs may have limited or no skills in this area (since this is not part of their job descriptions);
- There is lack of guidance at a national or State level from OATSIH about this. There is no overall evaluation framework for any of the programs, despite this being strongly recommended by the Ministerial Council of Aboriginal and Torres Strait Islander Affairs (MCATSIA) in 2003 (p67);
- There are heavy workloads for services, which encourages a tendency to focus on immediate service delivery needs rather than other activities such as evaluation; and
- The Aboriginal SEWB sector is still a relatively young and under-developed field (see Chapter 4 and Appendix B).

Some OATSIH staff and other stakeholders consulted for this evaluation raised questions about the quality and accuracy of program-related information from services in their reporting to OATSIH. Reporting was said to suffer from services' fear of losing funding, as well as a lack of clear systems for collecting important information. (Very little information appears to be available on the work of some SEWB RCs and Mental Health Service Delivery Projects in particular.) Some felt that the information available from services funded under the programs does not allow for effective monitoring and evaluation of the programs from a national level.

This is of particular concern given that many State OATSIH offices have a 'hands off' approach to program management, and are therefore heavily reliant on the data reported annually to OATSIH to perform their program management function.

GPP6: All services funded under the BTH, Link-Up, SEWB RC and Mental Health Programs should conduct regular evaluation and monitoring activities using an 'action research' model whereby evaluation findings are used to inform service delivery on an ongoing basis.

Workforce Issues

8 Workforce Issues

This chapter examines workforce issues in the programs, including:

- recruitment and retention of appropriately skilled and qualified staff; and
- professional support for staff.

The consultations indicated that workforce issues are among the primary factors influencing the effective operation of the BTH, Link-Up and SEWB RC Programs, and that this area is one of the major limitations of the programs overall. The SEWB RC Program has a key role to play in relation to workforce issues, since its role includes providing personal and professional support, training and training needs assessments for the SEWB workforce.

8.1 Recruitment and retention

Many of the services, particularly the Link-Up and BTH services, have experienced significant problems recruiting and retaining appropriately skilled and qualified staff. This problem was consistently identified in both the consultations and data from the BTH Counsellor Questionnaire.

8.1.1 High staff turnover

High staff turnover was identified as a key problem for the Link-Up and BTH services, resulting in a loss of efficiency as resources are expended in recruiting and training new workers. Most frequently this turnover was attributed to staff 'burnout' as a result of the stressful and emotionally demanding nature of the work.

A symptom of high staff turnover is vacancy rates. According to the BTH Questionnaire data, a number of BTH services have reported difficulties in the recruitment of counsellors since 2002-2003, with vacancies in services ranging from 11% to 23%. Some of the Link-Up and BTH services visited for the evaluation, particularly Link-Up services, had one or more staff vacancies at the time of the visit.

8.1.2 Variable skill levels of Link-Up and BTH staff

There was much discussion (and some contention) amongst those consulted as to the skills and qualifications necessary for both Link-Up workers and BTH Counsellors, particularly the latter. The standard BTH contract with services does refer to a requirement that BTH staff 'have the appropriate qualifications and/or skills, or are trained and supported to work in this field', but does not provide any more specific requirements. In the consultations, stakeholders emphasised the need for both formal, university-based, 'western' style' education, and culturally appropriate, Aboriginal-specific, narrative-based training.

The consultations clearly indicated that there are variable levels of skills and qualifications amongst staff employed for the Link-Up and BTH programs, with some having very high levels of skills/qualifications, some having very low levels, and others having skills between these two ends of the spectrum.

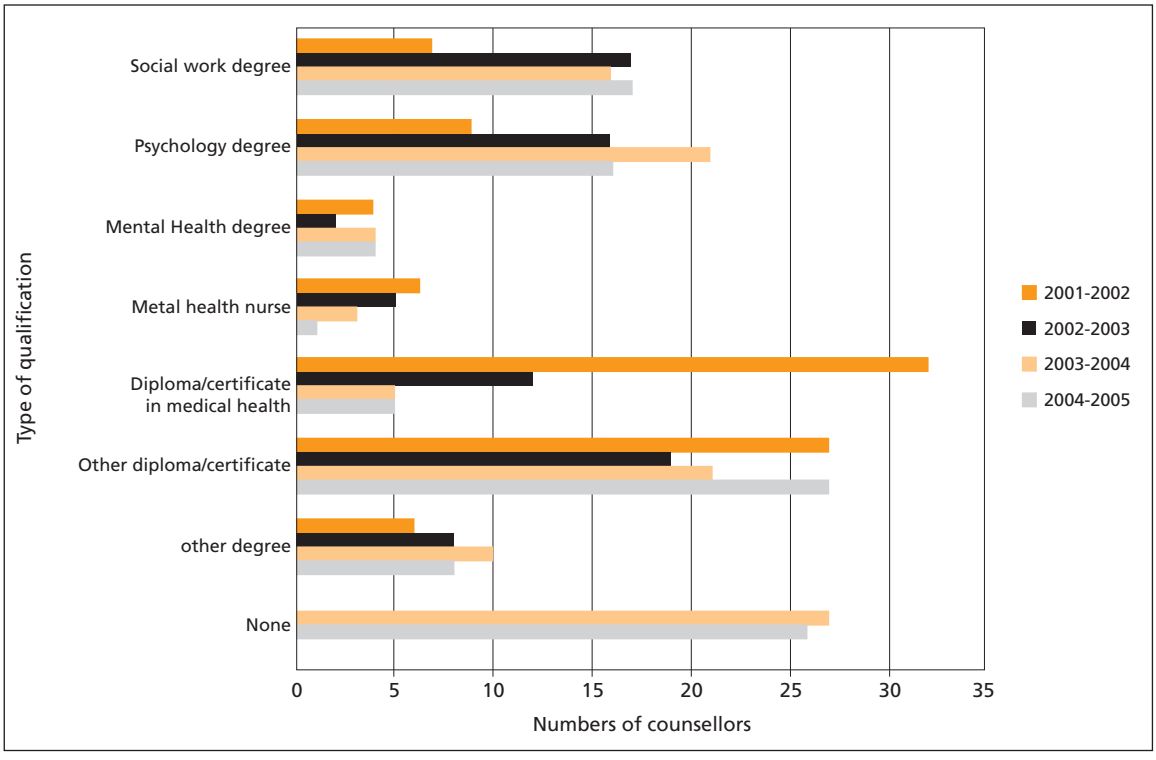
For instance, a key activity undertaken by Link-Up staff is accessing records to trace clients' family members that they have been separated from. It was reported that AIATSIS and various other record agencies have found that Link-Up staff are not making the most effective use of AIATSIS's enquiry service and, in turn other record-holding agencies.

Only a minority of BTH Counsellors have mental health qualifications

One issue of concern in relation to variable staff skill levels, as noted in Chapter 6, is that only a minority of BTH Counsellors have formal mental health qualifications in counselling or psychology. This conclusion is supported by both the consultations and data from the BTH Questionnaire for the financial years 2001-2002 through to 2004-2005. The latter data source shows that:

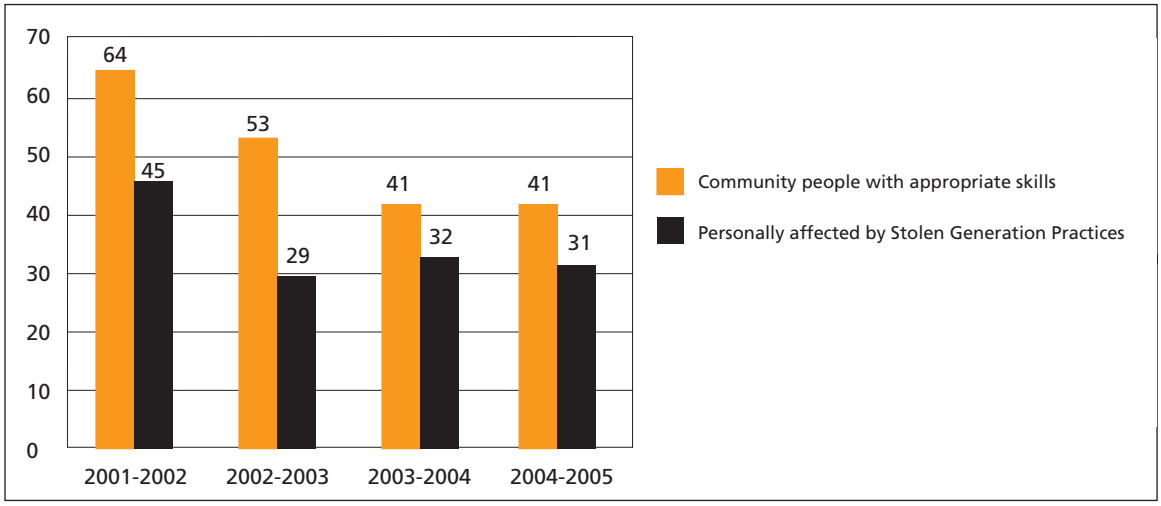
- In both 2003-2004 and 2004-2005, the majority of BTH Counsellors had some type of degree, diploma or formal training, ie. a psychology, mental health, social work or other degree; a diploma or certificate in mental health; or a mental health nurse (which requires some specific training after the generic nursing training);
- The education levels of BTH Counsellors were high in the period 2003-2004 and 2004-2005, with around 75% of counsellors holding academic qualifications. However, only a minority (45% in 2003-2004 and 41% in 2004-2005) of counsellors held formal qualifications in a mental health discipline ie psychology, social work or mental health degree, a diploma or certificate in mental health, or a mental health nurse;
- Over the four year reporting period (2001-2002 through to 2004-2005), there have been marked decreases in the number of BTH Counsellors with diploma/certificates in mental health or who are mental health nurses, and some increase in the proportion holding a psychology degree (see Figure 8.1); and
- The proportion of BTH counsellors with appropriate skills and experience, as judged by the community, also declined markedly over the four reporting periods: 64% in 2001-2002, down to 41% in 2004-2005 (see Figure 8.2).

Figure 8.1: Type of formal qualification held by BTH Counsellors, 2001-2002 to 2004-2005



* The number of counsellors in this category is not available for 2001-2002 or 2002-2003.

Figure 8.2: BTH Counsellors with appropriate skills and experience (as judged by the community) and personally affected by Stolen Generations practices



Associated with the fact that only a minority of BTH Counsellors have formal mental health qualifications, most BTH staff do not operate as 'counsellors' in the formal or Western sense (although many do act in this capacity at an informal, and often more culturally appropriate, level). In rural and remote areas in particular, where it is difficult to attract skilled staff and where health and community services cannot meet demand, BTH Counsellors often perform a de facto community worker role. Some BTH staff without mental health qualifications deliberately call themselves, for instance, 'BTH support workers' rather than counsellors to avoid giving community members the misleading impression that they are qualified counsellors.

Skills and life experience clearly cannot be discounted in selection of BTH Counsellors. The majority of BTH clients are also not suffering from clinical mental disorders (as discussed in Chapter 5). Nonetheless, in the consultants' view, the fact that most BTH Counsellors do not hold formal mental health qualifications is a concern for a large national counselling initiative such as this. This is particularly true given that the issues being dealt with (Stolen Generations issues) are so complex, demanding and inter-generational. It is unlikely that this situation would occur in a major national mainstream counselling program on similarly complex issues (eg. relationship counselling or sexual assault).

Ideally each BTH Counsellor employed should possess both formal mental health qualifications and cultural sensitivity skills. However, this may not always be possible – for example, non-Aboriginal people may be available with formal qualifications (only), and Aboriginal people may be available with cultural sensitivity skills (only). In our view, the critical issue here is ensuring that there is an appropriate mix of skills within each BTH team to ensure that both formal mental health qualifications and cultural sensitivity skills are represented and shared between team members, to ensure that the service delivered is both clinically rigorous and culturally appropriate. Further, where the BTH Counsellor is non-Aboriginal, it would be preferable for the Counsellor to work with an Aboriginal team member in counselling situations.

If both sets of skills are not represented within each BTH team, it is more likely that other problems will arise, including:

- services not best meeting clients' needs;

- services being more prone to provide a more generic Aboriginal SEWB program versus a counselling program targeting the Stolen Generations (a common problem, discussed in Chapter 6);
- staff being at higher risk of experiencing burn-out; and
- services being more likely to need to refer clients on to other counselling services for support. Given the lack of Aboriginal SEWB services available other than the BTH program (discussed in Chapter 5), this somewhat defeats the purpose of having the BTH Program to provide culturally appropriate counselling services (except for cases where clients have clinically defined mental illness and require specialist care).

There are similar issues regarding the need for a mix of formal qualifications and cultural sensitivity skills for Link-Up staff also (although there was less discussion of this amongst those consulted).

The inclusion of a mix of multi-disiplinary skills within staff teams, a relatively new concept now recognised at a national policy level, is consistent with the Social Health Team. The Social Health Team refers to the co-opting of various specialist skills from primary health care settings into a team to address the SEWB (as well as health and physical well-being) needs of clients in a holistic manner.

8.1.3 Reasons for recruitment and retention problems

The consultations and BTH Questionnaire data provide a consistent picture of the range of issues that contribute to the difficulties Link-Up and BTH services experience in recruiting and retaining appropriately skilled and qualified staff. These issues include:

- ***The combinations of quite specific skills which are ideally required for these positions.*** As discussed above, those consulted felt that there was a need for both formal, university-based education and culturally appropriate, Aboriginal-specific narrative-based training for Link-Up and BTH workers. It was also noted that Link-Up staff need skills both in working with Aboriginal clients and in desk research type skills (to enable record-searching). Stakeholders noted that it can be difficult to find staff with the combination of all the skill sets required;
- ***The nature of the work is emotionally stressful***, considering the traumatic nature of the issues clients may have been or are currently experiencing;
- ***Caseloads are too large***. The level of demand for the services delivered through BTH and (particularly) Link-Up Services was consistently said to exceed the capacity of these services to respond adequately and promptly, given the number of staff employed, leading to inordinately heavy caseloads. The average case load for a mental health worker in a mainstream service is 25, whereas the case loads of BTH and Link-Up staff can exceed 80;
- ***Community expectations of workers are very high***. Aboriginal staff can face particularly high demands to meet community expectations, be on duty '24/7' and act as a 'one-stop shop' for Aboriginal people in the community. There may also be further complications for Aboriginal staff arising from family and other connections with clients and potential clients in the community;
- ***Salaries in some locations are uncompetitive***, considering the skills required of workers. One factor contributing to this for BTH services is the marked variations in the proportion of funding retained by ACCHSs for each Counsellor position to cover management/overheads

costs. OATSIH provides a set amount of funding for each Counsellor – $95,818 in the 2006-2007 financial year – which needs to include all costs associated with that position. In some locations the proportion retained by the ACCHS for management/overheads (after on-costs such as superannuation) may be up to a half, which greatly reduces the amount of funds available for BTH Counsellors' salaries. One OATSIH State office reported receiving complaints about major disparities in salary rates amongst workers – the lowest salary paid was $11,000 for a part-time position and the highest $74,000 for a FTE (with most positions funded at an average of $41,000). This would leave an average of $53,000 retained by the ACCHS for management and overheads. The recognised standard in the community services sector is for auspice organisations to retain 15% of funds for management/overheads;

- ***Access to professional training and support is variable and often inadequate***. This issue is discussed in more detail later in this chapter;

- ***Particularly acute problems exist in regional and remote areas***, due to factors such as a general workforce shortage, limited professional and personal opportunities for staff (including professional isolation and limited access to staff development opportunities), lack of suitable housing and greater problems associated with personal connections with clients in the community etc; and

- ***Aboriginal people are very aware of the huge impacts on workers' individual SEWB while employed in these positions.***

One BTH Counsellor summarised many of the above challenges of the job:

> *The AMS, Indigenous community, government and mainstream have no idea what we go through in these positions. There are high expectations from everyone. You never get the positive comments about the work you do. Only get the negative comments and some people just don't understand that you can't deal with more than 30 or so Indigenous clients at one time. This would never be allowed in the mainstream. Mainstream would stipulate the amount of clients you can provide a service to. In black affairs, it is all about provide a service to everyone who wants it even if you are only one person for hundreds of people. What about my SEWB?*

It is clear that the difficulties recruiting and retaining staff for the Link-Up and BTH Programs is part of a much broader problem involving a shortage of Aboriginal people with appropriate skills and qualifications relevant to these programs. This in turn is linked to a range of issues including:

- Aboriginal people experience much higher levels of educational disadvantage, connected to their much higher levels of disadvantage on a range of other indicators;

- Aboriginal SEWB is only a relatively new and undeveloped field (as discussed in Chapter 4 and Appendix B);

- Generic mental health qualifications do not give adequate coverage of Aboriginal SEWB issues, and there is a lack of good career paths for those working in the Aboriginal SEWB field. For those workers with skills or qualifications in this area good career paths are primarily only available if they go into the mainstream mental health system; and

- There is a lack of specific training available for people wanting to become BTH Counsellors.

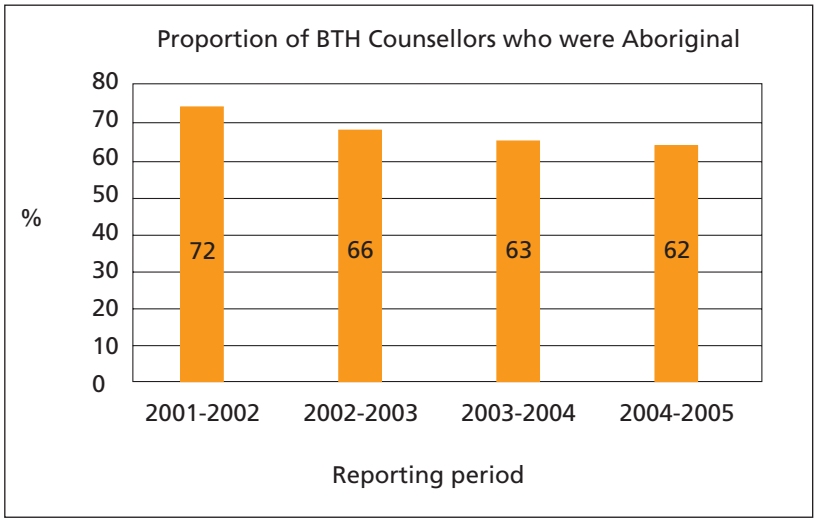
Aboriginal status of BTH Counsellors

The problems discussed above can make it more difficult to employ Aboriginal staff. Stakeholders consistently emphasised the importance of life experience and empathy with issues affecting Stolen Generations clients in the employment of BTH Counsellors. At the very least, it was said to be preferable to recruit Aboriginal individuals to Link-Up and BTH positions. While this is generally desirable for any Aboriginal program, it appears particularly critical for these programs, given that they connect so closely to the self-identity and cultural experiences of Aboriginal people. (It should be noted however that on occasion Aboriginal clients may prefer a non-Aboriginal BTH Counsellor due to concerns about confidentiality and/or personal connections with the counsellor.)

The proportion of Aboriginal counsellors has declined somewhat over time (72% in 2001-2002 down to 62% in 2004-2005), as shown in Figure 8.3.

The consultations indicated a tension here, in that where services are stricter about requiring formal qualifications (eg. for BTH positions), it is harder to find Aboriginal staff who meet these criteria. For example, one service which has adopted this stricter approach does not have any Aboriginal staff amongst the three BTH Counsellors employed.

Figure 8.3: BTH Consellors who are Aboriginal



Stolen Generations experiences of BTH Counsellors

Connected with the issue of Aboriginality, is the issue of whether it is desirable for BTH Counsellors to have personal experiences as Stolen Generations members. The consultations indicate that some, but certainly not all, of the Aboriginal BTH Counsellors have this experience. Data from the BTH Questionnaire indicates that the number of counsellors who had been directly affected by Stolen Generations practices declined over the four reporting periods (45% in 2001-2002 to 31% in 2004-2005).

The consultations indicated that BTH Counsellors having their own Stolen Generations history can have both advantages and disadvantages. On the one hand, it can be beneficial in giving workers greater understanding of the experiences of their clients, and some clients with BTH Counsellors having this history commented favourably on this fact.

On the other hand, a Stolen Generations history can also be a disadvantage, if workers have not fully dealt with or resolved their own issues. This can contribute to a higher risk of staff burnout and more blurring of boundaries in terms of who is the client requiring assistance. It is therefore important

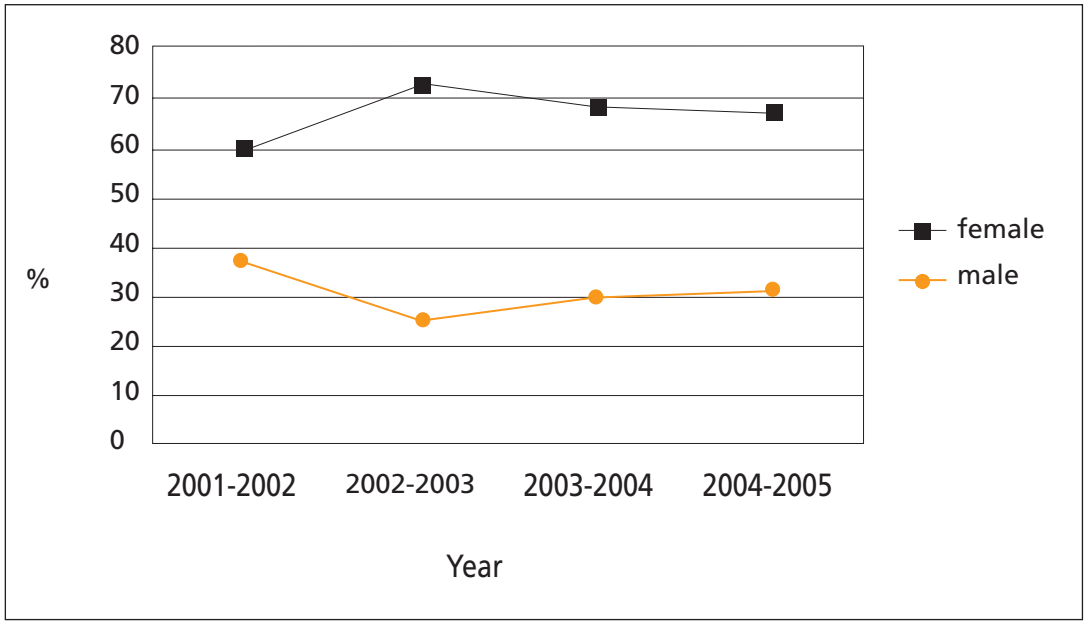
to ensure that where applicants for BTH positions do have their own personal Stolen Generations histories, they are far enough advanced on their own personal healing journey to be in a position to effectively assist clients of the service without their own issues interfering with this process.

This is a common issue with many service delivery areas dealing with personal problems (such as substance abuse) – they tend to disproportionately attract people with their own experiences of that issue, which can give them greater empathy with client's problems as well as greater risk of burnout.

Gender of BTH Counsellors

In terms of the gender of BTH Counsellors, data from the BTH Questionnaire indicates that the number of female BTH counsellors has consistently outnumbered the number of male counsellors since 2001-2002. While there was a significant drop in the proportion of male counsellors in 2002-2003, this has since been remedied. The proportion of female BTH Counsellors remains at around two-thirds of the total workforce. (These trends are illustrated in Figure 8.4.)

Figure 8.4: Gender of BTH Counsellors



In one view, the predominance of female BTH Counsellors is not a major concern given that there is a significant and similar predominance of female BTH clients – as reported in Chapter 5, around two-thirds of BTH clients are female. However, it may also be that the predominance of female counsellors is contributing to the predominance of female clients. The consultations indicated that ideally clients should be offered a choice of a male or female counsellor (and Aboriginal or non-Aboriginal) in order to meet client needs, and that at least some clients will have a strong preference for a counsellor of the same sex as themselves.

Having male counsellors available may therefore be an important factor in increasing the proportion of male clients. As discussed in Chapter 9, male clients tend to be a 'harder to reach' group, and similarly to first generation Stolen Generations members, can tend to prefer counselling approaches other than the traditional one-to-one clinical model (eg. group activities in community settings).

For example, one BTH service which temporarily had a male (non-Aboriginal) BTH Counsellor acting informally in the role while the position was vacant found that there was a marked increase in the

number of Aboriginal men (particularly first generation Stolen Generations members) approaching the service during that time. All these male clients came to the service by word-of-mouth through other male clients and through Aboriginal community activities.

However, the total number of BTH Counsellors in any one service may place some constraints over whether clients can be offered a choice of both Aboriginal status and/or gender.

GPP7: In most instances, Aboriginal clients prefer to see an Aboriginal BTH Counsellor. In some instances this may not be possible, or clients may prefer to see a non-Aboriginal BTH Counsellor. Where possible, client preferences should be accommodated. Likewise, clients should also have a choice of a male or female BTH Counsellor, as appropriate.

8.2 Professional support for staff

Given the variable skills and qualifications of staff in the Link-Up and BTH programs, and the specialised nature of the programs and target group, access to ongoing training and professional support (eg. debriefing, professional supervision) for staff is especially critical. The consultations indicated that access to both forms of this support is extremely variable, and overall inadequate. Training and other forms of professional support are discussed in turn below.

8.2.1 Training

The standard contract requires that BTH staff undertake continuing education and/or in-service training, including BTH related training, that encourages further skill development in addressing the needs of Aboriginal peoples (including the SEWB needs of those affected by past removal policies).

According to data from the BTH Questionnaire, most BTH Counsellors have undertaken some form of training for each of the years 2002-2003 through to 2004-2005, and in 2004-2005, half had undertaken training in Stolen Generations issues (see Table 8.1).

Table 8.1: Staff training undertaken by BTH Counsellors

	TRAINING IN STOLEN GENERATIONS	UNDERTAKING ACCREDITED ISSUES	OTHER FORMAL TRAINING TRAINING	NONE
2002-2003	40%	40%	87%	11%
2003-2004	31%	29%	75%	7%
2004-2005	50%	26%	77%	11%

However, according to the consultations, while staff of the Link-Up and BTH programs have access to some training, overall it is not enough to meet their professional development needs. Some staff have good access to training, others have taken part in no or minimal amounts of training, and other staff are located somewhere along this spectrum. High staff turnover also exacerbates issues concerning access to training.

Those staff who had better access to training tended to:

- Be located in metropolitan areas – those in more regional and remote areas tended to have less access due to the scarcity of local training opportunities (particularly on more specialised

topics of relevance to the programs), in some instances have lower levels of awareness of training opportunities, and incur the expense and time involved in attending training in metropolitan locations; and

- Have SEWB RCs who more effectively met their training needs (this is discussed further below in this chapter).

Some of the key areas identified for further training included applied skills such as suicide prevention, anger management, narrative therapy, substance abuse, conflict management, specific issues concerning counselling for Stolen Generations members, the trans-generational impacts of Stolen Generations experiences and record-searching (in the case of Link-Up staff).

As noted in the literature review (Chapter 4), there is a lack of documented material concerning mental health approaches specifically for Stolen Generations members, and the key program identified in the review was the Muramali Program. Many BTH and Link-Up staff consulted had undertaken this program, and all spoke extremely highly about how useful this training was.

GPP8: All BTH Counsellors should be given access to and participate in appropriate training on a regular basis.

The role of SEWB RCs

Clearly one of the primary responsibilities of SEWB RCs is to provide education and training for the BTH and Link-Up workforce, particularly in areas where staff currently lack skills and qualifications. Unfortunately, not all SEWB RCs are meeting this responsibility, meaning the workforce continues to miss out. While some SEWB RCs have been very active in supporting their local workers (eg in SA, Victoria and Rockhampton, QLD), in other States' SEWB RCs have not even undertaken an assessment of what training is needed. One Centre reportedly declines approaches from BTH and Link-Up workers for relevant training on a regular basis (and the Centre denied that it even receives any OATSIH funding for most of the consultation session).

As noted in Chapter 6, there appears to be some confusion about the role of the SEWB RCs, which has translated into limited training and other support for Link-Up workers and BTH Counsellors.

Where SEWB RCs are active and engaged with the SEWB workforce, workers have a greater understanding of their roles and enjoy better relationships with others in the sector. Where SEWB RCs are not providing adequate support, workers can feel professionally isolated and unsure of how their work relates to that of other services.

The role of the SEWB RCs and their performance is discussed in more detail in Chapter 9.

8.2.2 Debriefing, professional supervision and other support

Given the stressful and complex nature of the work conducted by Link-Up and BTH workers, access to debriefing, professional supervision and other support is a major area of need. This is recognised in the standard contract with services, which specifies that BTH workers must receive professional supervision and debriefing from a qualified mental health professional, and that the costs of this must be met by the lump sum funding provided for each BTH worker.

As with access to training, the consultations indicated that BTH and Link-Up workers' access to debriefing, professional supervision and other support is extremely variable, with some having access to good support processes and others not. Overall the support provided is inadequate to meet workers' needs. This is a particular problem in rural and regional areas, where BTH and Link-Up workers are more likely to feel professionally and geographically isolated. Those BTH Counsellors with better

professional supervision and support processes had access to professional supervision from either a qualified mental health professional within their team, a professional based at their RC, and/or an external agency. Only a small number of BTH Counsellors reported accessing support through the latter two channels.

Some further data on the kinds of support offered to BTH Counsellors is available in the annual BTH Questionnaire. The proportions of BTH Counsellors receiving the specific forms of support available have varied somewhat over time but the most common forms in 2004-2005 were telephone support (82%) and debriefing (82%), followed by case consulting (82%) and peer support (76%) (see Table 8.2).

Table 8.2: Support offered to BTH Counsellors

	2001-2002	2002-2003	2003-2004	2004-2005
Debriefing	82%	77%	70%	82%
Case consulting	89%	86%	81%	82%
Counsellor networking meetings	44%	61%	52%	49%
Regular meeting with clinical supervisor or mentor	73%	66%	77%	72%
Telephone support	58%	48%	53%	82%
Peer support	n/a	76%	73%	76%
In-service training	49%	n/a	n/a	n/a
External training	67%	n/a	n/a	n/a
Other	18%	21%	31%	21%

Some services responding to the BTH Questionnaire indicated that BTH Counsellors take part in a mentoring relationship of some kind. Where a mentoring relationship exists, services are asked to indicate the types of people that provide this type of support.

In 2003-2004 and 2004-2005 the most common type of mentoring relationship was with a senior counsellor based at another service (see Table 8.3). In general, psychiatrists have been used least often for mentoring relationships.

'Other' types of mentoring arrangements listed by funded services in 2003-2004 and 2004-2005 included: community forums on specific issues, support from senior Elders and Aboriginal peers, BTH Counsellor program management staff, and medical and allied health professionals (eg social workers, mental health team professionals).

Table 8.3: Types of mentoring relationships used by BTH counsellors

MENTOR	2001-2002	2002-2003	2003-2004	2004-2005
Senior counsellor from own service	7%	28%	23%	25%
Senior counsellor based at another service	14%	43%	34%	32%
General practitioner	11%	28%	23%	24%
Psychiatrist	6%	34%	14%	13%
Other	12%	57%	42%	47%

As required by the BTH contract, counsellors in mainstream counselling programs would generally have access to professional supervision from a qualified mental health professional. While it is recognised good practice for this to be on a one-to-one basis by a qualified mental health professional from outside the organisation, in practice it is often a qualified mental health professional within their team (eg their manager), or an external qualified professional brought in to conduct group supervision sessions on a regular basis (which is more cost-effective).

Applying this here, it is important that at a minimum all BTH staff have access to regular supervision by a qualified mental health professional. This should be either, within their team if there is a team member qualified to conduct this role, or ideally through an external organisation if this is unavailable internally (on either a one-to-one or team basis). The latter is particularly likely to be required in regional/remote areas, which tend to have smaller BTH teams and less BTH Counsellors with mental health qualifications.

The consultations suggest that currently some but not most BTH Counsellors would satisfy these criteria for supervision.

The Adelaide, SA, Melbourne and Gippsland, VIC BTH services provide their BTH Counsellors with very regular external supervision with a qualified mental health professional (eg once a week for the Gippsland service), even though they all have qualified mental health professionals available within their teams.

GPP9: All BTH Counsellors should have access to regular supervision by a qualified mental health professional, either within their team or through an external organisation (on either a one-to-one or team basis).

Issues related to the four programs

9 Issues related to the four programs

This chapter addresses issues related to the four programs, where these have not been discussed elsewhere in this report. This includes:

- the Link-Up Program;
- the BTH Program;
- the SEWB RCs; and
- the Mental Health Service Delivery Projects.

9.1 The Link-Up Program

9.1.1 Access to records

One of the key challenges for the Link-Up services relates to accessing records. To undertake their work, Link-Up workers need to search for records held both by:

- Government agencies, including at both a State and (in the case of NT and ACT) Commonwealth level. These agencies include those with responsibility for child protection, community services, archives and records (eg AIATSIS, Births, Deaths and Marriages, government libraries, the Koorie Heritage Trust and Koorie Family History Service in Victoria, public records offices, immigration departments etc); and
- Non-government agencies, such as churches and schools.

As many Link-Up clients no longer reside in the State in which they were first removed, Link-Up services are often required to conduct searches across State/Territory jurisdictions. Many Link-Up services also reported that there has been an increasing necessity to conduct international searches for clients based overseas or clients living in Australia wanting to locate family members living overseas.

Some of the barriers experienced by services in relation to accessing records include:

- the costs of accessing and copying records for clients; and
- Link-Up services in regional areas reported that it is very costly and time-consuming to regularly travel to the capital city in their State to access records.

Link-Up workers in a number of States/Territories are said to experience considerable resistance from State Government agencies as they seek to access relevant records on behalf of clients. Legislation in each State affects the extent to which workers can acquire the right information and, in many cases, the heavy censorship of government-held records affects their ability to trace family members (this is also the case with some church-based organisations.) It was also reported that there can sometimes be major delays in receiving the records requested.

A critical factor which appears to influence the ease, efficiency and cost of accessing records from government and non-government organisations is the establishment of formal protocols between Link-Up organisations and the relevant agencies. This has occurred in some jurisdictions but not others. For example, Nunkuwarrin Yunti's Link-Up service has developed MoU's with all the major government and non-government agencies holding records in SA. Similarly in the NT a protocol has been developed between the Link-Up services and the NT Government (the Protocol for Access to NT

Government Records by Aboriginal People Researching their Families). Protocols have been beneficial in providing, in some instances, standard processes for accessing records, priority access for Link-Up clients, and discounted or waived fees associated with accessing and copying records.

In jurisdictions with no or less comprehensive protocols, such as WA, Link-Up services report that access to records is much more time-consuming and difficult.

Link-Up services reported that access to records held by non-government agencies was particularly challenging. There are fewer protocols in existence in relation to non-government agencies. As noted by the previous MCATSIA (2003, p19) evaluation, such agencies in some jurisdictions can be reluctant to release records due to fear of litigation and high monetary costs.

Those consulted felt there was a need for protocols to be established in all jurisdictions with all relevant government and non-government agencies to facilitate better access by Link-Ups to client and family information. (It was suggested that OATSIH would be well-placed to take a lead role in this process).

As noted in Chapter 9, it was reported that some record-searching/keeping agencies have found that Link-Up staff do not make the most effective use of AIATSIS's enquiry service and, in turn, accessing record agencies. This indicates that Link-Up staff could benefit from greater levels of skills and/or training in this issue.

There is also a back-log in enquiries to AIATSIS, and while the service prioritises requests by Link-Up services, there can be an 18 month delay in responding to requests from other sources.

In addition, as noted in Chapter 7, some BTH services with poor liaison with Link-Up are conducting some of Link-Up's role in searching records themselves, which is beyond the scope of the program.

While the Australian Government invested resources in improving access to records in its first round of BTH funding, there are still clearly some improvements required in this area.

Another issue raised is that establishing proof of Aboriginality is beyond Link-Up's formal role, but both Link-Ups and (in some instances) BTH services are assisting clients with this issue. Establishing this proof may be critical for Aboriginal people, because otherwise they cannot access some Aboriginal services (including Link-Up). The Commonwealth test for establishing proof of Aboriginality requires that three criteria be satisfied: the person has Aboriginal heritage, identifies him/herself as an Aboriginal person, and is accepted by the Aboriginal community in which he/she lives. Establishing these criteria can be particularly difficult for Stolen Generations members – for instance, because they may not be known or recognised as Aboriginal by their communities. Some Link-Up and BTH services also reported that if they could not establish their Aboriginality, some Stolen Generations members were reluctant to seek assistance with their needs arising from this, or to access other Aboriginal programs for fear of backlash from the Aboriginal community. Thus, even though establishing proof of Aboriginality is beyond the official Link-Up role, it appears to be an important function for them to continue to fulfil. It may also be a by-product of Link-Ups tracing Aboriginal family members from whom clients have been separated.

9.2 The BTH Program

9.2.1 A flexible approach extending beyond the mainstream clinical counselling model

A critical issue raised about the BTH program was the need to ensure that services are offered in a broad range of ways which extend beyond the mainstream clinical counselling model (and may not

even be labelled as 'counselling' to clients at all). This is critical in order to appeal to as broad a range of clients as possible, particularly groups which are 'harder to reach', such as first generation Stolen Generations members and men.

> *They [men] hold it in a lot more than we do – women sit down and cry about it, but men don't.*
>
> *(BTH client)*

This approach should offer group activities – including in community settings in which participants are comfortable – as well as one-to-one counselling. This may encompass, for instance, barbecues or fishing trips, trips to the bush or river or men's groups. These activities can include 'sitting around and having a yarn' which is in effect a group counselling session. These are widely considered to be healing activities.

> *Men's camps, it's an essential need, some of these brothers been in the big house [prison] a few times, some come out a bit screwed up culturally, take their frustration out on their family. Sometimes you have to get out of the community, talk about the problems. … a lot of us don't talk honestly with our wives because it's too hard.*
>
> *(BTH client)*

> *I went to the camp run by the health service which was only for the lost and Stolen Generations people for our region. We learnt about attachment, bonding and self-protecting techniques. We had yarn up sessions and were able to speak to a qualified psychiatrist who had done the cultural awareness training provided by the health service. It was run by Indigenous people who had an understanding of our issues. We all had the same type of issues – removal, kids being removed and drug and alcohol. I am so happy that we now have dedicated workers and more appropriate healing approaches to support the Stolen Generations people and to meet our needs so we don't feel so isolated and alone anymore.*
>
> *(BTH and Link-Up client)*

A number of BTH services conduct at least some of these group healing activities (eg Katherine in NT, East Gippsland in Victoria and Taree in NSW), but some do not conduct any. Those services which do so agreed that they often attract a different client base to the one-on-one counselling sessions. These low-level activities can mean that 'counselling' takes place in a context that is perceived as more relaxed, informal and safe than a one-on-one counselling session. Stolen Generations members who have lived in institutions may also find particular comfort in conducting group activities with others who have been through that experience. Group activities also provide an opportunity for participants to find out more about the BTH service and, in some instances, decide to attend for one-to-one counselling at a later stage.

The consultations with BTH staff and clients also indicated that it is important for BTH services to adopt a very flexible approach to service delivery, including being available at short notice to clients when they wish to see a Counsellor, and also being open to clients 'dropping in' to the service on an informal basis without an official appointment. The Katherine, NT, BTH service and the Stolen Generations Organisation in Victoria reported that members of the local Stolen Generations group, including many first generation members, often just drop into the service for an informal chat with a Counsellor over a cup of coffee, rather than coming for a formal one-to-one counselling session.

Another critical factor for both Link-Up and BTH services is offering services on an outreach basis.

> *I don't like going into a medical service and sitting around. [The BTH Counsellor] knows I can't go anywhere. He comes to my house when I really need it. … I say can you be here in five minutes and he'll come over.*
>
> *(BTH client)*

The consultations suggested that practices vary considerably in relation to the provision of outreach work. Some BTH services do this very well – for instance, some conduct regular outreach work to prisons (eg Shepparton, Melbourne, VIC) including some who have dedicated positions solely for this activity (eg Sydney, NSW, Adelaide, SA). This is highly desirable, given that, as noted in Chapter 5, prisons tend to have a high proportion of first and second generation Stolen Generations members.

Overall, most BTH services offer at least some outreach work, while some do very little or none. Most services acknowledge that ideally they would do more of this. Factors which appeared to promote greater use of outreach included having:

- a smaller geographical catchment area for the service (eg the Katherine, and the Victorian BTH services, which cover relatively small regional areas);
- ready access to a vehicle, preferably a designated vehicle for the sole use of the program; and
- a larger number of staff in the team, meaning staff absences are easier to manage.

It is important to note that there are duty of care issues to staff involved in conducting outreach work – for instance, two workers may need to be sent out for safety reasons in some instances.

BTH services should also promote contact with or development of good relationships with Stolen Generations organisations, including attending or complementing their activities as appropriate. For example in Katherine, NT, the BTH service allows the local Stolen Generations group to use their premises for their regular meetings, invites members to attend group activities and, as noted above members of the group often drop into the service to talk informally to a BTH Counsellor. A representative from one Stolen Generations group which has generally had a poor relationship with the local BTH service also expressed a desire for a BTH Counsellor to attend the organisation's premises on a monthly basis to provide services to members. There would also be scope for BTH Counsellors to attend other group activities organised by Stolen Generations groups.

GPP10: BTH services should adopt a flexible approach to service delivery that extends beyond the mainstream clinical counselling model. This includes conducting group activities in community settings, encouraging clients to drop into the service on an informal basis, being available at short notice, and offering services on an outreach basis. BTH services should liaise closely with Stolen Generations organisations to ensure that services meet the needs of these groups' members.

9.3 The SEWB RCs

As set out in Chapter 3, SEWB RCs have four roles:

- development of information systems to clarify the level of SEWB need in the region and inform the operations of the SEWB RC;

- provision of personal and professional support to the health workforce;
- development of curricula and/or;
  - adaptation of curricula and/or;
  - delivery of training and/or;
  - purchase/contracting training and/or; and
  - supporting, influencing or advocating for other agencies to meet training needs.
- development of appropriate cross sector linkages and inter-agency co-operation.

The consultations indicated that performance by the SEWB RCs of their roles has been extremely variable.

9.3.1 The need for further guidance on the roles of the SEWB RCs

As noted in Chapter 6, this evaluation has found that there has been insufficient guidance (eg through national guidelines) about the role of the SEWB RCs. This has been echoed in previous consultation forums – for example, a workshop held in Brisbane for SEWB RCs concluded that the current roles of the SEWB RCs are too broad, and need to be made more specific. It was suggested that the roles be revised as follows. The role of the SEWB RCs in consultation with the community and using the best available evidence, is that the SEWB RCs will work in partnership with relevant stakeholders to:

1. Provide personal and professional support to the health workforce in areas related to the social and emotional well-being of Aboriginal and Torres Strait Islander peoples.

   In relation to personal and professional support, this could include the following:

   - support provided on a day to day basis;
   - debriefing sessions;
   - longer term support (e.g. networks or professional supervision);
   - assisting workers to identify and address their training needs; and/or
   - support to employers in meeting their own obligations to SEWB staff.

   In relation to the health or emotional and social wellbeing workforce, this could include:

   - those working in ACCHSs; and/or
   - BTH counsellors/Link up workers:
     - Aboriginal mental health workers employed by State and Territory governments; and
     - Other Aboriginal and Torres Strait Islander workers in mental health and related fields (e.g. police liaison officers).

2. Develop curriculum and deliver training in relation to social and emotional well-being of Aboriginal and Torres Strait Islander peoples.

   In relation to curriculum and training, this could include:

- development of curricula;
- adaptation of curricula;
- delivery of training and/or;
- purchase/contracting training; and/or
- supporting, influencing or advocating for other agencies to meet training needs (Shannon 2006, p23-24).

9.3.2 Curriculum development and training

To date, most of the Centres have tended to focus exclusively or primarily on only one of their roles, namely curriculum development and training. Examples of activities conducted include:

- The Adelaide SEWB RC established a Peer Support Group in 2002 which brings all BTH Counsellors and Link-Up staff together four times a year. These forums are held in metropolitan and regional areas of SA. These forums have discussed a range of issues and resulted in a range of positive outcomes including improved coordination of services provided by Link-Up and BTH services, the National BTH Conference, and the Why Me? DVD. The Group also has contact between workshops and working groups on special projects – for example, preparation for healing camps;
- The Victorian SEWB RC provides the Diploma of SEWB and training sessions for BTH Counsellors. This training is now provided to SEWB workers, mental health workers, and Link-Up staff. Short courses provided by this SEWB RC in Melbourne and elsewhere have included challenging behaviours, communication, mental health, the Records Act, and caring for yourself as a worker; and
- Narrative therapy programs are offered by some of the SEWB RCs.

One limitation of the SEWB RCs, in relation to provision of training is that not all have current Registered Training Organisation (RTO) status. Some Centres (those in Sydney and Melbourne) are awaiting confirmation of their re-application for RTO status which was required by OATSIH as a result of legislative changes introduced in 2004.

9.3.3 Needs assessments, health workforce support and interagency linkages

However, the Centres have not focused enough on their three other core objectives (needs assessments, provision of support to the health workforce in terms of professional supervision etc, and development of cross-sector linkages). This is illustrated by the following findings.

Some, but not most, Centres have conducted needs assessments of the training needs of the Aboriginal SEWB workforce, which is a critical first step in ensuring that the SEWB RCs are meeting the most common or critical needs. This should be done at least annually.

Only a minority of the Link-Up and BTH staff consulted have received professional supervision through the SEWB RC on either a face-to-face or telephone basis. However, those who have, have found this support very helpful.

Some Centres have developed effective cross-sector linkages and played a key role in galvanising activity requiring an inter-agency effort. For example, the SEWB RC in Rockhampton, QLD, played a

key role in coordinating a prompt crisis response by Aboriginal and non-Aboriginal agencies to help support the community in the wake of a series of deaths of young people in the community. However, other Centres have further work to do in developing cross-sector linkages, particularly with services outside their immediate city/town.

Support by the SEWB RCs of BTH and Link-Up staff is critical to these workers' capacity to meet the needs of their clients, particularly given the variable skill and qualification levels of the staff employed (see Chapter 8). However, overall SEWB RCs are not felt to be adequately meeting the professional development needs of Link-Up and BTH staff. Workers located in services outside the immediate city/town in which the SEWB RC is located tended to express higher levels of dissatisfaction with the Centres. Difficulties cited included little or no training being provided on an outreach basis, the cost and time involved in attending training in the Centre's location, and insufficient notice being provided to make necessary arrangements to allow a staff member to be away to attend training. However, as discussed in Chapter 6, the Adelaide, SA, and Melbourne, VIC, SEWB RCs have had more success in meeting the needs of workers in regional areas since they regularly conduct training on an outreach basis in those areas. It is also reported that these Centres are in very regular contact with BTH and Link-Up workers in all parts of the State.

In some instances the SEWB RC funding has been used for service delivery activities instead with OATSIH's approval, since at the time this was felt to be a bigger community priority. However, this has meant that there is no organisation meeting the professional support needs of workers in this location. Another SEWB RC was until recently providing some activities which were in effect service provision activities (eg in relation to child abuse prevention); while these were regarded as valuable activities for the community at the time, they are still well beyond the formal role of a SEWB RC.

9.4 The Mental Health Service Delivery Projects

The 2001 Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Well Being Action Plan (1996–2000) found that a number of features of culturally appropriate mental health care had been identified, such as the employment of Aboriginal staff, the use of traditional healers, and the use of Aboriginal approaches to therapy, such as narrative approaches.

Accordingly, the main aim of the 19 Mental Health Service Delivery Projects funded within ACCHSs is to develop and evaluate culturally appropriate approaches to mental health service delivery for Aboriginal peoples. A summary of the projects is provided in Chapter 3.

9.4.1 Nature of the client group

Some limited information was available on the exact number of clients who were participating in these Mental Health Service Delivery Projects – five projects provided data on this in the survey, although it was not in a form that was readily comparable between the projects. This data does confirm, however, that the projects worked with quite large numbers of clients over a 12 month period – for example two worked with 156 clients, and one worked with 310 clients. In another instance, 80 treatment plans were developed. Yet another project reported that it had 2,565 'connections with clients' and provided 1,235 'episodes of care'.

Staff of many of the Projects consulted reported that the nature of the client group was very diverse in every community. Some services had a high number of young people participating in the projects, while others had larger numbers of older males presenting with a whole range of issues (eg substance abuse, child removal, sexual abuse, neglect, family violence and homelessness).

9.4.2 Key outcomes and achievements of the projects.

There are three key achievements of the projects: high levels of client satisfaction and positive outcomes; culturally appropriate service delivery; and conducting activities which contribute to community capacity building.

High levels of client satisfaction and positive outcomes and culturally appropriate service delivery

The projects have provided a very diverse range of strategies to provide culturally appropriate programs to Aboriginal people. Many projects generally focus on narrative therapy approaches, counselling services, health promotion, sexual health, and specialist mental health services. It was reported that the projects had gone to great lengths to provide different strategies to address their clients' needs.

Consultations with clients of some of the projects indicated that there was a high level of client satisfaction with the services provided by the projects.

Culturally appropriate service delivery

It was also reported that the projects have provided services in a culturally appropriate setting with Aboriginal Health Workers and professional and specialist staff who were culturally aware of the needs of Aboriginal clients.

Although the Mental Health Service Delivery Projects do not have a focus on the Stolen Generations, several BTH and Link-Up staff commented that the projects have been a positive step towards meeting the needs of this group in a culturally appropriate way. Some of the projects have actively involved BTH Counsellors as part of their programs and in providing debriefing support. Many of the Aboriginal Health Workers in the projects are participating in modules under the mainstream Mental Health Nursing Program (run through the Gippsland campus of Monash University, VIC) so that they can provide more culturally appropriate mental health service to Stolen Generations clients.

Some workers reported that more mainstream mental health services are recognising the existence of Stolen Generations members since the Mental Health Service Delivery Projects were developed.

Supplementary activities which contribute to community capacity-building

Some of the projects also conduct activities beyond direct service provision which contribute to community capacity-building for other services and community members within their Aboriginal communities. For example some of the Projects have conducted activities such as:

- Facilitating community events (eg National Aboriginal and Torres Strait Islander Children's Day), hosting local forums in relation to child protection and family support, supervising social science and community welfare students, participating in Mental Health Steering Committees which influence service delivery of other agencies and their interaction with the project's client group, and conducting other higher-level advocacy activities within the community; and
- Providing the only Aboriginal focused Mental Health First Aid trainer in Australia, to deliver a program to Aboriginal communities in the region where the project is located and elsewhere in the State.

One project who conducts activities of this nature did, however, observe that there is an ongoing tension between work of this nature and direct service provision, given that there is considerable demand for the service to be conducting both activities.

9.4.3 Limitations of the Mental Health Service Delivery Projects

There were three key limitations of the projects: long waiting lists, limitations in physical access; and a limited capacity to respond to clients' full range of needs.

Long waiting lists

A key limitation of the projects is that a number have long waiting lists. Some clients and services reported that they were often referred back to the BTH Counsellor, the Stolen Generations Organisation or Link-Up if staff from the project were unable to meet with them at the time they presented to the project. It was also reported that the projects cannot always meet the needs of Stolen Generations members due to the high demand for the services.

The long waiting lists often led to the client needing to access mainstream services which were not culturally appropriate to meet their urgent needs.

> *I was not able to access the [Mental Health Service Delivery Project] and was referred to a mainstream mental health service. I had to meet someone in a suit in a clinical room who was 20 years younger than me and as soon as they spoke to me it was really insulting so I left and have never gone back. After my bad experience, there was no investigation or follow up as to why I had not come back. I feel like I have slipped through the cracks in the system. I understand that there is a high level of need and I have to compete with other clients to access the services.*
>
> *(Client, Mental Health Service Delivery Project)*

Limitations in physical access

Most of the Mental Health Service Delivery Projects are located in regional areas. Some workers stated that it was sometimes difficult for their clients to physically access the projects, as public transport is often limited and, in some cases, not available at all.

It was further reported that some clients were not able to afford the costs of public transport, which in some instances was very expensive if a client was required to use it several times in the day to access many services.

Some but not all of the projects provide outreach services to see clients or drive them to appointments with other mental health professionals.

Limited capacity to respond to clients' full range of needs

Clients and workers of the projects identified that it is often difficult to address all the clients' issues whilst dealing with their mental health problems. While the programs generally try to adopt a holistic approach towards clients, resources limit the capacity to address all of their issues and needs.

> *It is really hard to provide appropriate permanent housing for some of our clients with severe mental health problems. On the occasions that we have been able to*

find appropriate and affordable housing the client is seeking home-based outreach support from our service. When we do provide this outreach support the client is often not at home and it makes it difficult for our program and service to meet the ever changing needs of the clients and community. This also impacts greatly on trying to provide an effective service to our other clients.

(Staff, Mental Health Service Delivery Project)

In one regional area, there are about 60 Stolen Generations members accessing the Mental Health Service Delivery Project. This project has had to extend its geographical coverage due to closure of other services in the area. However, this service provision is not sustainable in the long term since the service is spread too thin, which tends to aggravate the overall situation faced by Stolen Generations clients.

In some instances, workers within the Mental Health Service Delivery Projects were unable to meet with clients when they took the initiative to come into the service in the first instance. Many of the clients were turned away due to lack of resources to cope with the high level of demand. Some clients present with severe mental health problems relating to long term use of alcohol and drugs, acquired brain injury symptoms, depression etc. There is also no follow-up provided by the Mental Health Service Delivery Projects.

Likely future demand

10 Likely future demand

This chapter addresses the likely future demand for the third Programs. This includes:

- the Link-Up and BTH Programs;
- the SEWB RCs; and
- the Mental Health Service Delivery Projects.

10.1 Link-Up and BTH services

10.1.1 Statistical data on the BTH and Link-Up Programs

Data on the number of client contacts and client reunions for Link-Up (1998-1999 through to 2005-2006), and client contacts for the BTH Program (2001-2002 through to 2004-2005) were presented in Chapter 5. These data demonstrated that, for both programs, there have been marked variations in the numbers of client contacts/reunions over time, with no clear pattern of increase or decrease. As noted in Chapter 5, these program data also have some major limitations, and they should therefore be treated with some caution.

No other statistical data was identified by the consultants which could inform accurate assessments of the likely future demand for the services delivered under the Link-Up, BTH and SEWB RC Programs.

10.1.2 Qualitative data from the consultations

Currently, both the Link-Up and BTH services have very heavy caseloads and face greater demand for services than they can meet with their level of resourcing (see Chapter 8). The consistent view from staff of the programs and external stakeholders is that it is likely that the demand for both Link-Up and BTH services will remain at least at the same level, or possibly increase, in the future (especially if there is proactive promotion of the services/programs).

It was observed that the overall number of first generation Stolen Generations members in Australia is likely to slowly decline over time, given their age (many but not all are now more elderly) and the much lower life expectancy of Aboriginal people compared to non- Aboriginal people. However, as noted in Chapter 5, this evaluation has concluded that the Link-Up and BTH services have not placed nearly enough emphasis on targeting the first generation members, and if they did so, it is likely that there would be much greater demand for the services from these members.

Turning to demand from the second and subsequent generations (the primary target group in practice for both the Link-Up and BTH services currently), it was consistently felt that this will continue at least at the same levels or greater in the future since:

- The severity and incidence of the problems associated with the trans-generational impacts of Stolen Generations experiences does not appear to be decreasing and is unlikely to do so in the future;
- There will be even more 'generations' affected as time goes on; and
- There is a growing awareness of, and demand for, Aboriginal SEWB services, and increasing willingness by Aboriginal people to access services such as these.

The ATSIS (2003, p98) evaluation of Link-Up Tasmania concluded that most people who were going to utilise the Link-Up service have already done so, and that therefore it was time to move the service scope on to support the further needs of these people. However, none of the services, stakeholders or OATSIH staff consulted for this evaluation expressed the view that either the Link-Up or BTH services had in effect reached their logical conclusion. There is currently no Link-Up service in Tasmania (since 2004), although other Link-Up services have argued that there is a need for a service in this location.

Several of the areas identified for future action by this evaluation could potentially have a significant impact on demand for Link-Up and BTH services. On the one hand, demand could be increased by the services proactively seeking out and tailoring services to meet the needs of first generation members, more generally proactively promoting the programs to the Aboriginal community, and providing a broader mix of services to better meet the needs of a wider range of Stolen Generations members (eg through outreach work, group work in community settings etc).

As discussed in Chapter 7, program promotion has been very weak for both the Link-Up and BTH Programs. Without any of the services having conducted much program promotion, it is hard to accurately assess what might be the level of 'latent demand' for the services. The 1999 evaluation of Link-Up services recommended that the Australian Government fund outreach activities for a period of three years (until 2002), with a focus on identifying demand, and then make a decision as to whether to meet demand in regional and remote areas by establishing a regional service in each State/Territory or providing outreach services from existing Link-Up services (KPMG 1999a, pp85-86). This did not occur in practice.

On the other hand, demand for the BTH services could be decreased if there were other services providing general Aboriginal SEWB counselling services in Aboriginal communities. This would make it easier for BTH services to focus on their intended core business.

10.2 SEWB RCs

As discussed in Chapter 9, the performance by SEWB RCs of their roles has been very variable and partial. The consultations indicated strongly that there is a high demand for the Centres to be meeting the professional development needs of the Aboriginal SEWB workforce, particularly Link-Up and BTH workers. The demand for the Centres to be fulfilling their roles – and fulfilling them effectively – is likely to continue at least at the same level as currently.

As with the Link-Up and BTH Programs, some of the suggested areas for future action outlined in this evaluation could have a marked impact on demand for these services. Demand for services could increase in the future if:

- All SEWB RCs effectively fulfil all of their roles, including those which have been given insufficient attention to date (assessments of training needs, meeting the professional development needs of the Aboriginal SEWB workforce, and inter-agency coordination);
- SEWB RCs give more attention to meeting the needs of Aboriginal SEWB workers in regional and remote areas, including conducting training on an outreach basis and exploring alternative cost-effective training models such as teleconferencing and web-based strategies; and
- Separate Aboriginal SEWB services are available in the Aboriginal community to complement the BTH services.

10.3 Mental Health Service Delivery Projects

It is likely that demand for the Mental Health Service Delivery Projects will continue at least at the same level in the future, given that many of the projects currently have waiting lists.

Conclusions and suggested future directions

11 Conclusions and suggested future directions

This chapter:

- summarises the key findings of the evaluation in relation to each of the Terms of Reference;
- provides the list of GPPs set out throughout the report; and
- discusses suggested future directions for the programs.

11.1 Key findings of the evaluation against the Terms of Reference

11.1.1 Assess the impact of each program on its target client group(s), whether it is meeting the needs of Indigenous people affected by past Government policies of forced removal (including those identified in the Bringing Them Home Report, and the likely future demand for the services it provides

The four programs have had a number of positive impacts including:

- The Link-Up and BTH Programs have provided services to a large number of Aboriginal clients;
- The Link-Up, BTH and SEWB RC Programs have provided services to people who in most instances would not have received services otherwise;
- The programs have generally provided services in a culturally appropriate manner; and
- There is a generally high level of client satisfaction and positive outcomes for clients of the Link-Up, BTH and Mental Health Programs.

The Link-Up and BTH Programs have had positive impacts on Stolen Generations members. However, the benefits have been far greater for second and subsequent generations of the Stolen Generations (who constitute the majority of clients of both programs) than for first generation members. There has been insufficient focus on the first generation members, and the Link-Up and BTH programs are only very partially meeting the needs of this group. Although no statistical data is available to confirm this, this was a strong finding from the qualitative consultations, and it is likely that there are many first generation members who could benefit from both programs but have not accessed them to date. The programs can therefore not be said to have met their intended aims in responding to the BTH Report and the needs identified there.

The BTH Program has also benefited the general Aboriginal community by providing generic Aboriginal SEWB services, even though this is beyond the program's intended target group.

The Link-Up, BTH and SEWB RC Programs have had much greater impact on the client groups in their immediate vicinity or within the boundaries of the ACCHS (in the case of BTH services), since the programs have often focused primarily or disproportionately on these groups due to limited resources. Their impact has been much weaker for clients located further away. This impediment is addressed by the strategies set out below.

The SEWB RCs have had some positive impact in meeting the professional development needs of the Aboriginal SEWB workforce, but have not reached their full potential at this stage (see further discussion below).

Future demand for each of the programs is likely to at least stay the same, or possibly to increase. Some key factors which could potentially ***increase*** the demand include more proactive marketing of the programs and targeting first generation members in particular, and BTH organisations providing services to meet the needs of a wider range of Stolen Generations members. Increasing public attention to Stolen Generations issues could also have an impact in some jurisdictions. However, demand for BTH services could potentially ***decrease*** if there were other general Aboriginal SEWB services available, and the services were better directed towards the intended target group of Stolen Generations members.

11.1.2 Examine how effectively and efficiently each program is being delivered. As part of this, assess the extent to which the programs are being delivered in ways that are consistent with the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Social and Emotional Well Being 2004-2009

The data collected for this evaluation indicates that all four programs evaluated here are being delivered in a somewhat efficient and effective manner, in that they have achieved some significant outcomes (outlined below). However, there is considerable scope for improving the effectiveness and efficiency of all four programs.

The main limitations on the efficiency and effectiveness of service delivery of the Link-Up and BTH Programs are that:

- The staff employed have variable skill and qualification levels, and in many instances inadequate access to training and professional support mechanisms to enable them to conduct their roles most effectively;
- Staff burnout and turnover adversely impacts on the efficiency of service delivery;
- An undesirably large proportion of the resources allocated to the BTH program is being expended on activities other than the core business of the program, in terms of supporting other ACCHS activities and providing general Aboriginal SEWB services;
- The two programs do not liaise together as well as they should, leading to services under the two programs performing some aspects of each other's role in some instances; this reduces the effectiveness of program delivery because it: diverts resources from the intended function of the programs, means staff are conducting work for which they may not be skilled/ qualified; and contributes to staff burnout;
- The programs have more limited geographical coverage than intended, due to services concentrating inordinately on clients closer to the service delivery outlet;
- Most do little to proactively target and shape the nature of the client group they serve, and this approach does not work effectively for clients who should be the highest priority target group for the services (ie first generation members); and
- There is a lack of national consistency in service delivery between services under both programs.

The main limitations on the efficiency and effectiveness of service delivery of the SEWB RCs are that:

- they are focusing primarily on only one of the four core objectives and giving insufficient attention to their other three key roles (see further discussion below);

- they are not adequately servicing Aboriginal SEWB workers in areas further away from the Centres;
- they are not inviting all Link-Up and BTH services to participate in their programs; and
- there is variable understanding, and lack of guidance, about their role.

Very limited feedback was available on the Mental Health Service Delivery Projects beyond some of the projects themselves and a small number of clients. The main limitations identified in relation to these projects is that they have:

- long waiting lists, and are not always able to respond to Stolen Generations members who approach the service;
- limited physical access due to transport and other difficulties, and limited provision of outreach services; and
- limited capacity to respond to clients' full range of needs.

All four of the programs are generally being delivered in ways that are consistent with the two National Strategic Frameworks (Health and SEWB). Delivery of the programs is consistent with the following relevant key themes:

- Cultural respect;
- Recognising and promoting aboriginal concepts of holistic healing;
- Promoting community control of primary health care services; and
- Responding to grief, loss, anger and stolen generations issues.

However, there are some principles in these frameworks where implementation could be improved:

- Effective coordination of services with other agencies and planning processes;
- Ensuring staff with appropriate skills are recruited, retained and supported through ongoing training; and
- Collecting, analysing and publishing data to evaluate programs in a way that enables comparison across jurisdictions and use of data to improve service delivery.

11.1.3 Identify any impediments that services are experiencing in delivering the programs and propose strategies for addressing these

There are three major impediments to effective delivery of the Link-Up and BTH programs:

- The lack of general SEWB services in the Aboriginal community. The considerable unmet need for such services makes it difficult for specialised, targeted services such as the BTH Program to focus on their intended core business ie Stolen Generations members. This is the most critical impediment identified for the BTH Program, and is addressed by the strategies set out below;
- Variable skills and qualifications of staff, compounded by variable access to training and professional support and supervision. This impediment to delivery of the BTH and Link-Up Programs is addressed by the strategies outlined below; and

- The lack of national consistency in service delivery, flowing from major variability in the understanding of and implementation of the programs, and a lack of national guidelines. This impediment to all four programs is addressed by the strategies set out below.

11.1.4 Develop recommendations to inform future program objectives, directions and alignment, with a view to achieving greater synergies among the programs

These are provided further below in this chapter.

No changes are required to the program objectives, other than that there could be benefits in requiring BTH services to conduct at least some group activities.

11.1.5 With regard to SEWB RCs, assess their capacity to provide services to personnel who are widely dispersed within their state. Investigate and comment on whether the current locational and organisational arrangements are appropriate

To date the performance by SEWB RCs of their roles has been very variable. Most have focused on only one of their four core roles (curriculum development and training), and have not given enough attention to their other three roles (training needs assessments, provision of support to the health workforce in terms of professional supervision etc and development of cross-sector linkages).

Overall, most SEWB RCs have only had very limited success in providing services to personnel who are widely dispersed within their State. Workers who are further away from the location where the SEWB RC is physically based are less likely to have their training and professional support needs met by the Centre. Exceptions include the Adelaide, SA and Melbourne, Vic, SEWB RCs, which have been more successful in this area, through strategies such as provision of training on an outreach basis to regional areas.

In terms of the current locational and organisational arrangements, it would be preferable to require all SEWB RCs to be RTOs.

The SEWB RCs also vary in whether they intended to cover the whole or only part of the State/Territory. The results of this evaluation indicate that it is harder for SEWB RCs to effectively cover larger areas such as the whole of the State. However, the fact that the Adelaide, SA and Vic SEWB RCs have done so demonstrates that this can be achieved. The most critical factors for success appear to be:

- SEWB RCs being clear about their roles and responsibilities;
- effective planning and coordination in advance each year so that workers have plenty of notice of training opportunities;
- attention by the Centres to developing and implementing strategies to effectively meet the needs of workers in areas further away from the Centre eg regularly conducting training on an outreach basis; and
- exploring alternative models for this such as videoconferencing, teleconferencing, web-based models.

It is suggested that one SEWB RC be retained for each of the following States: Victoria, NSW, SA, and ACT, and that two be retained for the States of WA, NT, and Queensland. This represents a reduction in the number of Centres currently in operation. However this would appear to be more logistically efficient and result in more Centres providing a State-based service rather than a region-based service (other than in the larger States/Territories ie WA, NT and Queensland where the size of the jurisdiction

would make it difficult for one Centre to provide State-wide coverage).

11.1.6 Develop recommendations on strategies for strengthening coordination and collaboration among service providers at local and regional levels, with a view to achieving a more integrated, client-focussed service for Indigenous people affected by past Government policies of forced removal

Some suggested strategies to enhance the coordination between the Link-Up and BTH services, and improve the operation of the SEWB RCs (including coordination with the Aboriginal SEWB workforce) are set out below.

As noted below, the key alternative service delivery model involves co-locating Link-Up and BTH services (and preferably the SEWB RC where applicable) in a well-structured and governed Aboriginal-controlled service.

11.1.7 Identify strategies for engaging other stakeholders who have a role to play in meeting the needs of this group. In particular, identify other Commonwealth and State Government programs that address the needs of this target group, and provide advice on how the BTH and Indigenous Mental Health Programs should relate to these

The key Commonwealth and State organisations that address the needs of this target group in some way include both record-keeping/searching organisations and agencies providing support services to Aboriginal Australians.

Record-keeping and searching organisations

One key group of agencies addressing the needs of the BTH/ Link-Up target group is Commonwealth and State record-keeping or searching organisations. These include, for instance, AIATSIS, Births, Deaths and Marriages, public records offices, the Koorie Heritage Trust and Koorie Family History Service in Victoria, immigration departments and State welfare departments (in relation to their past practices of removal). Suggestions on how to improve liaison by Link-Up with these agencies are set out below.

Agencies providing support services to Aboriginal people

The other key group of agencies is Commonwealth or State agencies providing services to Aboriginal families as part of mainstream or Aboriginal-specific programs, particularly at a:

- Commonwealth level, FaCSIA and DoHA; and
- State level, agencies with responsibility for health (including physical health, mental health, substance abuse services and hospitals), families/parenting, child welfare and justice-related programs/services, and State Privacy Commissioners and Departments of Aboriginal Affairs.

It should be noted, however, that these services are only incidentally meeting the specific needs of the target group, in that they offer assistance with various problems which are symptomatic of their Stolen Generations histories rather than their Stolen Generations histories per se.

Mainstream mental health services obviously have a key role to play in meeting the mental health needs of Stolen Generations members (including in making referrals to, and receiving referrals from, BTH services). However, there is significant variation in how closely and effectively the BTH services liaise with them, and many mainstream services are not currently skilled at delivering services in a culturally appropriate manner.

OATSIH could develop national clinical guidelines which can be provided by BTH services to mainstream mental health and related services (eg substance abuse) to help facilitate closer liaison with these organisations and more culturally appropriate practices in working with Aboriginal people. A particular focus here should be on identifying and providing services to Stolen Generations members.

Similar guidelines in relation to Aboriginal drug-using clients are being developed by DoHA under the COAG initiative for use by Aboriginal and (primarily) mainstream services.

11.1.8 Identify best practice models and possible alternative service delivery models for consideration

There needs to be some caution in using the term 'best practice models' in this context since it can set an unrealistically high benchmark; it appears preferable to use the term 'good practice models'.

A set of GPPs is provided below, which distils the key findings of the evaluation in relation to the good practice models identified.

The key possible alternative service delivery model identified is that there would be advantages in co-locating Link-Up and BTH services in a well-structured and governed Aboriginal-controlled service which is suitable to house both services in terms of its physical location, auspice agency etc. This would considerably enhance coordination between the two programs, which is critical to the effectiveness of both. For example, co-location of the Link-Up and BTH services (and RC) has assisted Nunkuwarrin Yunti in Adelaide, SA, to provide a greater level of support to both clients and the Aboriginal SEWB workforce.

11.1.9 Develop recommendations to improve reporting and accountability

Accountability would be improved by adding some further items to the current annual reporting and contractual requirements for the four programs. These suggestions should be considered in the context of the SDRF reporting process, to ensure consistency and synergy.

All four programs (Link-Up and BTH services, SEWB RCs and Mental Health Service Delivery Projects)

The following contractual conditions could be added:

- compliance with the national guidelines developed for the program;
- a specified level of outreach work must be conducted; and
- that any unspent program funds (eg due to staff vacancies) can be spent on other activities to directly support the program (and be reported to OATSIH).

Separate funding line items could be added to cover:

- conducting evaluation activities on at least an annual basis, including collecting and reporting on data in a manner consistent with the Evaluation Framework and a supporting manual developed for each program;
- back-filling of positions to cover workers attending training; and
- travel and other expenses associated with conduct of outreach work.

Link-Up and BTH services

The following reporting items could be added to the BTH Questionnaire:

- The Stolen Generations status of clients, including whether they are first, second, third, fourth etc generation, or do not have a Stolen Generations history at all;
- A breakdown of client contacts according to whether they are 'active' or 'inactive' clients;
- Clients to whom services were provided in groups;
- The amount, level or range of training completed by each worker (against a standard system for counting this);
- The frequency and source of professional supervision and debriefing provided by a qualified mental health professional to staff, on either a group or one-to-one basis;
- The nature and extent of liaison with Stolen Generations organisations to inform the work of the service; and
- For Link-Up services, the number of clients offered a referral to a BTH Counsellor, and the number who accepted this offer; and for BTH services, the number of clients referred from Link-Up or who are Link-Up clients.

The following item could be added to the SDRF reporting process:

- Reporting against targets developed by the service for activities to identify, appeal to and prioritise the needs of first generation Stolen Generations members.

The following contractual conditions could also be added:

- Minimum skill/qualification levels for workers and/or the skill/qualification mix that must be satisfied for the team as a whole;
- The maximum proportion of funds allocated to each worker that can be retained by the auspice organisation to cover management/administrative costs;
- All workers to undertake a specified minimum amount of training annually;
- The services must regularly liaise with any relevant Stolen Generations groups locally, or at a State/national level (to inform their work); and
- The services must comply with a standard national protocol to be developed for referral between Link-Up and BTH services, and develop BTH/Link-Up protocols with the services they should be liaising with on a regular basis.

BTH services

A separate funding line item could be added to cover supervision by an external mental health professional, where such a person is not available within the auspice organisation.

SEWB RCs

Performance measures should be established for the Centres, and the Centres be required to report against them as part of their contractual requirements. In addition, the following contractual conditions could be added:

- The SEWB RC must be an RTO, and maintain this status for the duration of the contract. The majority of training offered must be accredited at either the national or State level;
- Training needs assessment of the Aboriginal SEWB workforce in the area covered by the SEWB RC must be conducted at least once a year. Priority should be given to staff with OATSIH-funded services; and
- All SEWB RCs to ensure that they invite all Link-Up and BTH services (and Stolen Generations organisations where relevant and appropriate) to participate in all training activities organised.

All of the above suggestions are discussed in more detail below.

11.2 Good practice principles

The following GPPs have been identified throughout the report. Here they are grouped together in relation to particular topic areas. A number of these GPPs have funding implications which would need to be considered.

11.2.1 Location of services

GPP2 Link-Up, BTH and SEWB RC services should be located in Aboriginal community controlled organisations. Link-Up and BTH services should be located in premises which: provide confidentiality (both in terms of access to the service and within the service); are convenient to access, including by public transport; have a 'community' rather than 'clinical' feel; and are not near places with negative associations for Aboriginal people.

11.2.2 Service delivery issues

GPP1 Link-Up and BTH services should provide regular outreach services to clients to ensure that they provide an adequate service to their whole catchment area. First generation members should be given priority access to outreach services by Link-Up and BTH services. SEWB RCs should provide outreach support to mental health workers in these services.

GPP7 In most instances, Aboriginal clients prefer to see an Aboriginal BTH Counsellor. In some instances this may not be possible, or clients may prefer to see a non-Aboriginal BTH Counsellor. Where possible, client preferences should be accommodated. Likewise, clients should also have a choice of a male or female BTH Counsellor, as appropriate.

GPP10 BTH services should adopt a flexible approach to service delivery that extends beyond the mainstream clinical counselling model. This includes conducting group activities in community settings, encouraging clients to drop into the service on an informal basis, being available at short notice, and offering services on an outreach basis. BTH services should liaise closely with Stolen Generations organisations to ensure that services meet the needs of these groups' members.

11.2.3 Inter-agency relationships

GPP4 All Link-Up and BTH services should establish protocols for referral between the two programs. All new Link-Up clients should be immediately offered the option of referral to a BTH Counsellor by their Link-Up service. Where new clients decline this, Link-Up services should remind them of this option throughout the process leading up to and including their reunion. All clients participating in a reunion should be offered the opportunity to have a BTH Counsellor attend the reunion, and to have post-reunion counselling.

GPP5 Link-Up and BTH services should develop and maintain close working relationships with all relevant Commonwealth and State Government, and non-government, programs and services. A particular priority for BTH services is mainstream mental health services.

11.2.4 Staff support

GPP8 All BTH and Link-Up staff should be given access to and participate in appropriate training on a regular basis.

GPP9 All BTH Counsellors should have access to regular supervision by a qualified mental health professional, either within their team or through an external organisation (on either a one-to-one or team basis).

11.2.5 Activities to complement service delivery

GPP3 Link-Up and BTH services should conduct regular awareness-raising activities in their communities to ensure the existence and nature of the program is well-known in their entire catchment area.

GPP6 All services funded under the BTH, Link-Up, SEWB RC and Mental Health Programs should conduct regular evaluation and monitoring activities using an 'action research' model whereby evaluation findings are used to inform service delivery on an ongoing basis.

11.3 Recommendations for suggested future directions

The findings of this evaluation suggest a number of areas for future action to improve the operation of the four programs.

The findings of this evaluation are highly consistent with those of previous evaluations of the programs, with a similar range of strengths and limitations being identified. While this provides some confirmation of the accuracy of the findings reported here, it also demonstrates that the limitations of the programs are quite entrenched, and have not been fully addressed to date.

Nonetheless, DoHA is in a good position to address some of the limitations of the programs identified, and to improve the effectiveness of and synergies between the programs. This is particularly true now that DoHA is responsible for administration of the whole suite of four programs.

As with the GPPs, many of the suggested areas for future action have funding implications which need to be considered.

11.3.1 Ensuring Link-Up and BTH services have a stronger focus on first generation Stolen Generations members

The most critical priority for the Link-Up and BTH Programs is to adjust the way they deliver their services, to ensure that there is a clear targeting of first generation Stolen Generations members. While some services already do this, most do not.

While it should be regarded as legitimate and important for Link-Up and BTH services to continue to provide services to second and subsequent generations, in a context of limited resources first generation members should be given first priority of access to services.

The following strategies could assist with this.

Services to record and report on the Stolen Generations status of clients

BTH services could be required to record and report on whether their clients have a Stolen Generations history, and both BTH and Link-Up services could be required to record whether their clients are first, second, third generation etc. For this to operate effectively, it would be advisable for OATSIH to consult with the services and Stolen Generations groups as to:

- ***A common definition to be used across the services to record Stolen Generations status***. This should be based on the definition used for the programs (Aboriginal people affected by past government removal policies and practices). However, there may be differing views as to whether only direct descendants of first generation members should be included (ie their children, grandchildren etc), or a broader group of descendants. If a broader group is included, priority should be given to direct descendants since the consultations for the evaluation indicated that these people have experienced the most negative impacts of Stolen Generations experiences;

- ***The best way to use these figures to inform the organisations' service delivery.*** The consultations indicated that it would not be advisable to set standard national quotas across or within the two Programs, since the number of first generation members seems to vary markedly between different locations. However the services should monitor these figures to establish whether their strategies have been successful in attracting first generation clients. To inform this process, services would also need to conduct some research within their communities to get a more accurate idea of the numbers of first generations members; and

- ***Whether an effective standard intake process could be adopted by the Link-Up and BTH services to enable early and accurate identification of clients'/potential clients' Stolen Generations status.*** The BTH services report that currently they often do not find out about clients' Stolen Generations history until some way into their work with clients. However, there are appropriate ways that this might be established in the initial intake process with new or potential clients – for example, asking concrete factual questions such as whether clients know who their family members are and where they live (the term 'Stolen Generations' should generally be avoided given its emotive associations). Referral agencies may also be able to provide this information in some instances, subject to relevant privacy requirements.

Proactively seeking out and tailoring services to meet the needs of first generation members

It would also be advisable for the Link-Up and BTH services to more actively seek out and tailor their services to meet the needs of first generation members. This will require quite a major shift in the way the services conduct their business currently – which is passively responding to the (considerable numbers) of Aboriginal people who walk through their doors.

Strategies to achieve this could include requiring Link-Up and BTH services to:

- Develop annual Strategic Plans including activities designed to identify, appeal to and target the needs of first generation members. This could be incorporated into the SDRF reporting process;

- As part of the above, develop proactive approaches to publicise the intended role of both programs, inform community members, current and potential clients and other agencies to understand the intended roles of the services, including that they have a focus on Stolen Generations members and particularly first generation members. This could also include developing strategies and processes to manage community expectations of the services;
- Conduct and report on some or all of the following activities likely to appeal particularly to first generations members:
  - group counselling activities (preferably in community settings);
  - outreach work, particularly to first generations members or geographical areas/settings which have high proportions of first generation members (eg prisons);
  - providing informal drop-in facilities, including off the premises of the service where feasible;
  - activities conducted in liaison with local Stolen Generations groups (eg BTH Counsellors attending their group activities, or regularly attending their premises for one-on-one or group counselling sessions);
  - supplementary activities for Stolen Generations members which may encourage them to access the service eg developing resources to enable them to tell their stories such as digital story-telling (as used by Nunkuwarrin Yunti in Adelaide); and
  - The resource implications of this would need to be carefully considered, given that the Link-Up and BTH services are currently over-stretched. However, clearer targeting by the services of their resource expenditure should also be factored in.
- Develop processes, where possible, to facilitate referral on of clients who do not have Stolen Generations history, or whose needs are not related to this.

Given that State and Territory Governments are responsible for prison systems, these Governments should also fund provision of BTH Counsellors and Link-Up services in those facilities.

11.3.2 Actions to address workforce issues

Requiring minimum skill levels for Link-Up and BTH workers

Consideration should be given to requiring Link-Up and BTH services to meet one or both of the following requirements:

- Only employ workers with certain minimum skill/qualification levels, including both formal qualifications and cultural sensitivity skills. This could be tied to standard awards in relevant fields, such as employment standards for the industry. In relation to BTH Counsellors, consideration should be given to the role of formal mental health qualifications, bearing in mind that: it is desirable to have Aboriginal staff members, but Aboriginal people are less likely than non- Aboriginal people to have these qualifications; and those with formal mental health qualifications such as psychology may be more prone to adopting a narrower, more traditional clinical model of practice than is desirable here;
- Where not all staff have all of the skills/qualifications ideally required, ensure that the team as a whole possesses all of these skills, and seeing that there are processes in place to ensure effective skill-sharing within the team (eg a non-Aboriginal BTH Counsellor with mental

health qualifications works closely with an Aboriginal BTH worker who has cultural sensitivity skills but no formal qualifications); and

- Providing timely introductory training for new employees who are new to the Aboriginal SEWB sector and/or the Link-Up/BTH Counselling services.

OATSIH should consult closely with its State/Territory offices, the services and other stakeholders with expertise relating to Aboriginal SEWB service delivery and education/training to inform decisions about the above requirements. This consultation process should take into account practical considerations about the pool of potential applicants available in regional and remote areas in particular.

It would also be beneficial for the standard contract with Link-Up and (particularly) BTH services to specify the maximum amount that can be retained by the service to cover management/ administrative costs. This decision should be made in consultation with the State/Territory OATSIH offices, other government agencies which fund Aboriginal services (eg FaCSIA) and other stakeholders with expertise relating to Aboriginal health/SEWB service delivery.

It should be noted that two new packages will complement and support the development of skills in relation to the four programs:

- The Health Training Package recently endorsed by the National Quality Council. As noted in Appendix B, the community care stream of the Aboriginal health certificate to be provided under this package will include Aboriginal SEWB issues; and
- The Council of Australian Governments mental health package, which is currently being rolled out. This $1.9 billion package (over five financial years) includes a measure 'Improving the Capacity of Workers in Indigenous Communities' (funded at $20.8 million). Aboriginal Health Workers, counsellors and clinic staff in Aboriginal health services will be trained to identify and address mental illness and associated substance use issues in Aboriginal communities, to recognise the early signs of mental illness and make referrals to treatment where appropriate. Support staff, such as transport and administration staff, will be trained in mental health first aid. The measure also provides an additional ten mental health worker positions.

Actions to improve the pool of potential workers

To increase the potential pool of suitable applicants for Link-Up and BTH positions, OATSIH could:

- Establish scholarships and traineeships for Aboriginal people wanting to undertake suitable education and training courses which would qualify them to work as Link-Up or BTH workers. A condition of these could be working as a Link-Up or BTH worker for a certain minimum period (eg two years) following completion of the education/training course. This could be part of the planned OATSIH initiative (as part of the COAG mental health budget) which will create 25 scholarships under the Puggy Hunter Memorial Scholarship Scheme for Aboriginal students to undertake studies in the mental health discipline; and
- Liaise with other Commonwealth and State government or non-government organisations which provide scholarships for Aboriginal people to undertake education/training courses, to assess whether any of these organisations could earmark some positions for applicants wishing to undertake the suitable education and training courses mentioned above. For example, the Department of Human Services in Victoria has an 'In Train' scholarship program

for Aboriginal people to conduct study in fields relevant to the work of the Department, including counselling and psychology, and some BTH Counsellors have participated in this. The Department of Justice in Victoria also has a similar scholarship scheme.

These measures are important but would obviously take some time to have an impact – they would not provide a 'quick fix' solution.

A complementary measure, which might have greater impact in a shorter timeframe, would be to require one or more of the SEWB RCs to develop, and for all the Centres to deliver an accredited training program which can be undertaken by Aboriginal SEWB workers preparing them specifically for undertaking employment as Link-Up and BTH workers.

Actions to ensure BTH and Link-Up workers have access to regular training and professional support

- Requiring in the contract with Link-Up and BTH services that all new Link-Up workers and BTH Counsellors receive timely induction training into the sector and the work they are required to undertake.
- Developing a training guide/textbook for use by Link-Up and BTH services.
- Requiring in the contract with Link-Up and BTH services that all workers to undertake a certain minimum amount of training annually (eg according to a standard 'points' system), and reporting this to OATSIH on an annual basis. This is a system used for various other professions, such as lawyers, market researchers and financial planners. It would be particularly beneficial for all BTH and Link-Up staff to undertake the Muramali program or similar, which concerns Aboriginal SEWB with particular reference to the Stolen Generations.
- Requiring in the contract with BTH services not only that all BTH Counsellors receive professional supervision and debriefing from a qualified mental health professional (as currently), but also that the services report annually to OATSIH on the frequency and source of the supervision received by each Counsellor. This should be provided by an external professional on either a one-to-one or group basis where a qualified mental health professional is not available within the auspice organisation.
- Requiring SEWB RCs to provide professional supervision and debriefing to staff of the Link-Up and BTH services where services cannot provide this themselves, or facilitating access to this through brokerage arrangements.
- OATSIH providing separate line items in the standard Link-Up and BTH funding contracts for:
  - supervision by an external mental health professional, where such a person is not available in-house;
  - training for workers; and
  - back-filling of positions to cover workers attending training.
- Requiring that all SEWB RCs be registered as RTOs, so that all the training they conduct can be officially recognised and accredited. This will make it more appealing for workers to attend the training, and help justify it to their managers.

11.3.3 Develop national guidelines for all four programs

Another key area for suggested future action is developing national guidelines for each program. This is a particularly critical need for the BTH Program and the SEWB RC Program.

For the Link-Up and BTH programs these guidelines could include guidance on, for example:

- their aims and intended target groups;
- examples of standard protocols which should be developed around key issues (eg referral between Link-Up and BTH services, case closure, archiving standards for records management eg definitions of 'active' and 'inactive' clients);
- staff skills required;
- human resources issues such as Occupational Health and Safety, time in lieu etc; and
- good practice principles and models in service delivery, including models to facilitate skill-sharing between team members who do not have all the skills/qualifications ideally required for their positions.

The guidelines for the Mental Health Service Delivery Projects could be much briefer than those for the other four Programs, given the diverse nature of the projects funded under that program.

To complement the national guidelines, a national or State-level training program should be implemented (tied to other training forums where possible) to educate program staff about the guidelines and their requirements.

State OATSIH Offices should also be more proactively involved in monitoring and supporting the funded services, in order to encourage adherence to the above guidelines.

11.3.4 Extending the geographical reach of the programs

A range of possibilities could be explored for extending this coverage. For the Link-Up and BTH workers this might include:

- Requiring a certain amount of outreach work to be conducted by each service, particularly to first generation members and areas/settings with high proportions of first generation members; and
- Exploring innovative models to provide services in a cost-efficient manner to locations outside of those where services are located – for instance, brokerage models to allow services to be purchased for individuals from local providers. For instance, BTH services could be delivered by other mental health professionals who have undergone appropriate training by SEWB RCs.

11.3.5 Improving the operation of SEWB RCs

The operation of the SEWB RCs could be improved by:

- OATSIH developing detailed national guidelines for the Centres (see above), incorporating some key aspects into the standard funding contract for the Centres and requiring some indicators to be reported on an annual basis to OATSIH eg conducting training needs

assessments of the Aboriginal SEWB workforce in their catchment area on at least an annual basis;

- OATSIH requiring all SEWB RCs to be accredited (see above);
- Requiring the Centres to better meet the needs of Aboriginal SEWB workers in locations further away from the Centres through strategies such as:
  - providing more training on an outreach basis (as with Nunkuwarrin Yunti in SA);
  - alternative cost-effective methods for SEWB RCs to provide training eg teleconferencing, web-based methods;
  - providing workers with as much notice as possible of training opportunities; and
  - providing professional supervision to Link-Up and BTH workers where the services cannot provide this themselves, or facilitating access to this through brokerage.
- Retaining one Centre in each of Victoria, NSW, SA and the ACT, and two each for WA, NT and Queensland.

It is critical that the cost-implications of the above strategies be carefully considered in future funding agreements.

It should be noted that not all SEWB RCs are based in ACCHSs, and this may have implications for the implementation of the above.

11.3.6 Encouraging evaluation and good practice activities

Developing an Evaluation Framework and supporting manual

There has, to date, been uneven attention given to evaluation and action research by the services, with some conducting rigorous evaluation activities but most not. It is also likely that there is limited relevant experience and expertise concerning evaluation amongst the service providers.

Various strategies could be adopted to encourage a greater focus on evaluation and research. These include:

- Developing a detailed Evaluation Framework for each of the four programs, in order to encourage a greater focus on evaluation. This could include specifying suitable Performance Indicators, and the type of data that could be collected to demonstrate progress. The Framework would need to be developed by people with expertise in evaluation and research, and in consultation with OATSIH and the services. It should dovetail well with services' existing data collection systems, and collect information that is useful for the services themselves in informing their service delivery. The contract with the service providers could require that all services collect and report on data according to this Framework. The Framework would need to be positioned relative to the SDRF reporting framework;
- Developing a supporting manual for the Framework, which provides information in a user-friendly format about key principles of evaluation/action research, further guidance and practical examples of how to collect data, and ideas about who will conduct this activity. The manual developed by the Department of Families, Community Services and Indigenous Affairs for service providers under the Reconnect program provides an example;

- Holding national or State-level training workshops on how to implement and use the Evaluation Framework and supporting Manual, as occurs with the Reconnect program; and
- Providing a separate line item of funding for evaluation activities for Link-Up and BTH services (preferably by an external evaluator), and requiring annual reporting on how this money is spent.

Regular good practice forums

Currently OATSIH convenes national Link-Up and SEWB RC Forums on an annual basis.

OATSIH could convene regular national/State-level forums for service providers to share, develop and document good practice (as already occurs in Victoria). The proceedings from these forums should be published and disseminated to all services, and provided on the new website which could be established (see below). The cost of attendance at these should be integrated into core funding for the services.

Given that Aboriginal SEWB is a relatively undeveloped field, the sharing and development of good practice should include examining whether there are good practice service delivery approaches in other fields that can inform development of good practice in this area.

For example, the Aboriginal Family Decision-Making Program, run by the Department of Human Services in Victoria, is run in partnership with the Victorian Aboriginal Child Care Agency. The program encourages families who have had their children removed through current child welfare processes to maintain family contact and access support services. Although this program has not been evaluated, there is anecdotal feedback that it is working well at engaging with families. Lessons could potentially be learnt here about how to access an Aboriginal client group which is traditionally reluctant to access services (ie families from whom children have currently been removed, vis a vis first generation members).

Establishing a website for the programs

OATSIH could establish a website to provide various sources of information such as:

- the national guidelines for the four programs;
- resources on good practice in Aboriginal SEWB, particularly where these deal with the Stolen Generations target group in particular, including proceedings from good practice forums (see above); and
- information on potential sources of funds to conduct activities which complement the activities of the four programs.

This site could be set up as part of either the DoHA website, or another complementary website (eg the Aboriginal health clearinghouse). If the former option is adopted, care should be taken to ensure that it is easy to find, since in the consultants' experience, the DoHA site can be difficult to navigate and locate particular documents on.

11.3.7 Provide additional funding for complementary programs

In order to make the Link-Up and BTH Programs operate more effectively, it would be beneficial to have three additional programs funded: a national Aboriginal SEWB program; the Innovative Grants

Program; and funding for Stolen Generations groups. As discussed in Chapter 7, all OATSIH-funded programs are also eligible to apply to OATSIH for Enhancement and Expansion funding, and funding under the Quality Improvement initiatives under the SDRF.

A national Aboriginal SEWB program

There is a clear need to significantly increase the general SEWB services available to Aboriginal people, particularly through ACCHSs. OATSIH could fund additional, ear-marked positions in these services for this purpose. Alternatively, a separate national Aboriginal SEWB program could be established to provide general SEWB services to the whole community. This program would work closely with the BTH Counsellors to ensure effective referral as required, and that the BTH Counsellors focus on Stolen Generations clients only. This would assist the BTH services to focus better on their core business, and address the considerable unmet need for such services in the Aboriginal community.

This program would need to be aligned with the National Framework (SEWB).

Innovative Grants Program

OATSIH could re-establish the Innovative Grants Program, which it administered between 2001-2002 and 2003-2004. This program supported small one-off innovative projects that aimed to address the needs of those affected by the forced removal of children from their families. Priority should be given to projects which complement the work of Link-Up and BTH services and meet the needs of first generation Stolen Generations members eg back-to-country reunions, activities conducted in collaboration with Stolen Generations groups etc.

Funding for Stolen Generations groups

It was apparent from the consultations for this evaluation that:

- Stolen Generations groups play an important role in identifying, bringing together and emotionally supporting members of the Stolen Generations, especially first generation members; and
- In areas where these groups are absent, it is much harder for services and others to identify members and target them for service delivery. For example, it was apparent that it was not possible to find efficient mechanisms to bring Stolen Generations members together for research consultations in the absence of such groups.

Stolen Generations groups should therefore be viewed as important 'peak bodies' for a hard-to-reach target group. Establishment of these groups in as many of the Link-Up/BTH service locations as possible is an important pre-cursor to the services more effectively targeting this group. Small funding grants could therefore be provided to these groups to support the establishment and activities of such groups. A condition of funding could include that the groups work with the Link-Up and BTH services to ensure that they best meet the needs of those groups' members.

Funding could also be provided to assist Stolen Generations organisations to participate in regular Regional Committee meetings (see above), and establish specialist advisory committees relating to trauma and grief (with representatives with mental health expertise, Elders etc), to provide advice to Link-Up and BTH services. The recently established Victorian Stolen Generations organisation conducts both these activities.

11.3.8 Enhancing coordination between Link-Up and BTH services

The standard funding contracts for the Link-Up and BTH services could require that:

- Link-up as a matter of course offer new clients the opportunity to be referred to a BTH Counsellor, and where this offer is declined, regularly remind clients of this opportunity;
- Where this offer is accepted, Link-Up work closely with the BTH Counsellors to ensure that they are accessed by clients at the most critical times;
- All clients attending a reunion should have the option of a BTH Counsellor attending (where the client has been working with a Counsellor before the reunion, this Counsellor should attend the reunion wherever possible); and
- Link-Up services report on the number of clients who have been offered referral to a BTH Counsellor, and have taken up this offer; and BTH services report on the number of their clients referred by or using Link-Up services.

It would also be valuable for regular Regional Committee meetings to be held for BTH and Link-Up services, SEWB RCs, Stolen Generations organisations, OATSIH and other relevant stakeholders as occurs in Victoria.

11.3.9 Improve processes for accessing records

To make the process of searching for records more effective and efficient for Link-Up workers:

- Protocols could be developed with all key government and non-government record-holding agencies in all jurisdictions, and a comprehensive list of these be provided on the new website to be developed for the programs (see below). OATSIH could play a role in developing and promoting these, particularly through MCATSIA; and
- All Link-Up workers could be encouraged or required to undertake regular training on record-searching – this training could be conducted, for example, by AIATSIS or the SEWB RCs.

11.3.10 Research

It would be beneficial to undertake further research on:

- The trans-generational impacts of Stolen Generations experiences, and how these are similar to or different from the impacts on first generation members. This research should be used to inform practice by BTH Counsellors; and
- The various groups of clients of the Link-Up and BTH Programs, and their needs in relation to the programs. For example, as well as the specific needs of first and subsequent Stolen Generations members, more needs to be known about the needs of families and communities from whom children were removed, both in terms of the impacts of the removal and their capacity to cope with the return of lost members.

Appendix A: Stakeholders Consulted

Adelaide

NAME	POSITION	ORGANISATION
BTH/SEWB RC staff		
3 Staff Members		BTH; BTH Berri; BTH Murray Bridge
1 Staff Member		SA SEWB RC
1 Staff Member		SARCP (Nunkuwarrin Yunti)
1 Staff Member		SEWB RC
1 Staff Member		SA Link Up
OATSIH South Australia		
7 Staff members		OATSIH SA
External stakeholders		
1 Staff Member		Dulwich Centre
3 Staff Members		Nunkuwarrin Yunti
1 Staff Member		Film Maker
Stolen Generations members		
6 Members of the National Sorry Day Committee		
Other South Australian Organisations		
1 Staff Member		Aboriginal Health Care (Mental Health Unit) SA
1 Staff Member		Department of Health
1 Staff Member		Nunkuwarrin Yunti Indigenous Psychologist

Port Augusta

NAME	POSITION	ORGANISATION
3 Staff Members		Pika Wiya Health Service
External Stakeholders		
1 Staff Member		CAMHS
1 Staff Member		Families SA

Brisbane

NAME	POSITION	ORGANISATION
Queensland BTH Counsellors – phone link-up		
2 Staff Members		BTH Rockhampton
2 Staff Members		BTH Townsville
2 Staff Members		BTH Palm Island
1 Staff Member		QAIHC Brisbane
Link-Up – Staff and Board		
7 Staff Members		Link-Up - Brisbane
OATSIH Queensland		
5 Staff Members		OATSIH
External Stakeholders		
3 Staff Members		Bidgerdii
2 Staff Members		QAIHC
3 Staff Members		ATSICHET
1 Staff Member		Royal Flying Doctor Service
1Staff Members		National Sorry Day Committee
Clients of Link-Up/BTH		
1		
Other Queensland Organisations		
1 Staff Member		Wuchopperen AMS Cairns
1 Staff Member		Queensland Health, School of Population Health University of Queensland

Rockhampton

NAME	POSITION	ORGANISATION
Staff		
2 Staff Member		Bidgerdii Community Health Service
1 Staff Member		RC
External Stakeholders		
1 Staff Member		DCS
1 Staff Member		Mental Health
2 Staff Members		Darumbal Youth Service Inc
1 Staff Member		MHDC
1 Staff Member		Lifeline CQ
2 Staff Member		Women's Health Centre
1 Staff Member		Regional Centre
1 Staff Member		Yulla Muna
1 Staff Member		Police

Melbourne

NAME	POSITION	ORGANISATION
BTH Counsellors and/or Coordinators		
2 Staff Members		Mildura Aboriginal Corporation
1 Staff Member		Gippsland and East Gippsland Aboriginal
1 Staff Member		Co-operative - Bairnsdale
2 Staff Members		Ballarat & District Aboriginal Cooperative Ltd
1 Staff member		Ramahyuck and District Aboriginal Corporation – Latrobe area
		Yarra Valley Community Health Service Indigenous Health Team, Healesville
Link-Up Victoria		
3 Staff Members		Link-Up Victoria
Regional Centre staff		
2 Staff Members		SEWB Unit, Regional Centre
OATSIH Victoria		
3 Staff Members		OATSIH Victoria
Clients of Link-Up/BTH		
13		
Stolen Generations members		
9 (members of the Stolen Generations Organisation Victoria)		
Other Victorian Organisations		
1 Staff Member		SNAICC
1 Staff Member		Congress of Aboriginal and Torres Strait Islander
Nurses		
2 Staff Members		Department of Justice
3 Staff Members		Aboriginal Affairs Victoria
1 Staff Member		Koorie Family History Unit

Shepparton

NAME	POSITION	ORGANISATION
Staff		
4 Staff Members		Rumbalara Aboriginal Co-operative Ltd
External Stakeholders		
1 Staff Member		Rumbalara Aboriginal Co-operative Ltd
3 Community Members		
3 Staff Members		Goulburn Valley Area Mental Health
Client of Mental Health Service		
1		
Stolen Generations members		
1		

Sydney

NAME	POSITION	ORGANISATION
Daruk Aboriginal Medical Service/Therawal Aboriginal Corp (BTH service) (Mount Druitt)		
2 Staff Members		Daruk Aboriginal Medical Service
1 Staff Member		Therawal Aboriginal Corp,
Link-Up NSW		
10 Staff Members		Link-Up
Regional Centre Staff		
1 Staff Member		Redfern AMS
OATSIH New South Wales		
8 Staff Members		OATSIH NSW
External Stakeholders (Redfern)		
1 Staff Member		Crossroads Aboriginal Minister
1 Staff Member		Advisor to Kinchella Boys Home Corp
1 Staff Member		Coomaditichi United Aboriginal Corp
1 Staff Member		Aboriginal Catholic Ministry
1 Staff Member		Redfern AMS
Clients – BTH and Link-Up		
9		
Stolen Generations members		
5 (Members of the NSW Sorry Day Committee/ Kinchela Boys Home)		
Other New South Wales Organisations		
1 Staff Member		BTH programs
1 Staff Member		Link-Up program
1 Staff Member		NSW Link-Up
1 Staff Member		School of Medicine,
University of Western Sydney		
1 Staff Member		Wellington Aboriginal Corporation Health Service

Taree (no Link Up or OATSIH staff)

NAME	POSITION	ORGANISATION
Biripi Aboriginal Medical Service (BTH service)		
5 Staff Members		Biripi AMS
External Stakeholders		
6 Staff Members		Hunter New England Area Health Service
Alcohol & other Drugs		
1 Staff Member		Port Macquarie Base Hospital
1 Staff Member		Sexual Health, Taree Community Health
1 Staff Member		Manning Base Hospital
1 Staff Member		Probation & Parole Kempsey
2 Staff Members		Lyn's Place Women's Refuge

Darwin

NAME	POSITION	ORGANISATION
Danila Dilba (BTH Service)		
2 Staff Members		BTHC Service
6 Staff Members		Danila Dilba – SEWB
Karu (Link-Up)		
5 Staff Members		Karu AICCA
OATSIH Northern Territory		
2 Staff Members		OATSIH
BTH Clients		
7		
Link-Up Clients		
2		
Stolen Generations Corporation members		
17 members of the NT Stolen Generations Corporation (in Rounds 1 and 2 of the fieldwork), 1 from Kahlin Compound, 2 from Retta Dixon Corporation		

Katherine

NAME	POSITION	ORGANISATION
Wurli Wurlinjang Health Service (BTH service)		
4 Staff Members		Wurli Wurlinjang Health Service
External Stakeholders		
2 Staff Members		Good Beginnings
1 Staff Member		Anglicare NT Employability
1 Staff Member		Katherine Women's Information and Legal Service
1 Staff Member		Aboriginal Hostel Katherine
1 Staff Member		Katherine Mental Health
1 Staff Member		FACS
1 Staff Member		NT Police
Stolen Generations members		
1 member of Stolen Generation Corporation		
Other Northern Territory Organisations		
1 Staff Member		Department of Justice NT Government

Alice Springs

NAME	POSITION	ORGANISATION
Central Australian Aboriginal Corporation (BTH Service)		
8 Staff Members (CAAC)		Central Australian Aboriginal Corporation
Stolen Generations Corporation (Link-Up)		
4 Staff Members		Stolen Generations Corporation
3 Staff Member		Central Australian Stolen Generations and Families Aboriginal Corporation (CASG&FAC)

Perth

NAME	POSITION	ORGANISATION
BTH/Link-Up Services		
2 Staff Members		SWAMS
1 Staff Member		MHS
1 Staff Member		GRAMS
2 Staff Members		CMSAC
1 Staff Member		CMSAC/Carnarvon
1 Staff Member		CMAPA BSF
1 Staff Member		Wangra May
1 Staff Member		Goldfields Esperance – Federation of Aboriginal Health
1 Staff Member		DYHS
1 Staff Member		BSF Link-Up DYHS
1 Staff Member		Mawarnkarra
OATSIH Western Australia		
6 Staff Members		OATSIH WA
External Stakeholders		
2 Staff Members		Dept of the Attorney General
1 Staff Member		DCD
1 Staff Member		Yorgum
1 Staff Member		Office of Aboriginal Health
Stolen Generations members		
1 (Member of the National Sorry Day Committee)		
Other Western Australia Organisations		
1 Staff Member		Indigenous Psychological Services
1 Staff Member		Perth Regional SEWB Centre
1 Staff Member		Youthlink WA
1 Staff Member		Australian Indigenous Doctors Association
1 Staff Member		WA Department of Health

Albany

NAME	POSITION	ORGANISATION
Link-Up/BTH Staff		
6 Staff Members Southern Division of General Practice		Greater
External Stakeholders		
1 Staff Member		Ngullah-Mia Aboriginal Corp
3 Staff Members		Centrelink
1 Staff Member		Great Southern Aboriginal Health
1 Staff Member		Strong Families
1 Staff Member		Noongar Elder
Clients BTH/Link-Up		
4		
Stolen Generations members		
3		

Broome

NAME	POSITION	ORGANISATION
Link-Up/BTH Services and Regional Centre Staff		
1 Staff Member		SEWB & Health Promotion Unit
1 Staff Member		SEWB, KAMSC
1 Staff Member		Ord Valley Aboriginal Health Service
3 Staff Members		KAMSC Regional Centre
1 Staff Member		Link-Up, Kimberley, Stolen GAC
2 Staff Members		Wirraka Maya Health Service
1 Staff Member		Kimberley Stolen Gen Aboriginal Corp
External Stakeholders		
1 Staff Member		Marnia Jarndo Women's Refuge
1 Staff Member		Kin Way/Anglicare WA
1 Staff Member		NorthWest Mental Health Service
1 Staff Member		DoHA
1 Staff Member		Notre Dame University

Kununurra

NAME	POSITION	ORGANISATION
BTH Staff		
1 Staff Member		SEWB
1 Staff Member		BTH
1 Staff Member		Ord Valley Aboriginal Health Service
External Stakeholders		
1 Staff Member		Strong Families
1 Staff Member		Community Health
1 Staff Member		NorthWest Mental Health Service
BTH Clients		
6		

Canberra

NAME	POSITION	ORGANISATION
1 Staff Member		OATSIH Central Office
2 Staff Members		National Sorry Day Committee
1 Staff Member		Social Justice Team
		Human Rights and Equal Opportunity Commission
1 Staff Member		Office for indigenous Policy Coordination
1 Staff Member		Australian Institute of Aboriginal and Torres Strait Islander Studies
1 Staff Member		ACT Registrar-General's Office

Tasmania

NAME	POSITION	ORGANISATION
OATSIH Hobart		
3 Staff Members		OATSIH Tasmania

Written Submissions

NAME	POSITION	ORGANISATION
1 Staff Member		NSW Health Department
2 Staff Members		Torres Strait and Northern Peninsula Area District Health Service
1 Staff Member		Office of Multicultural and Aboriginal and Torres Strait Islander Affairs Disability, Housing and Community Services ACT
1 Staff Member		AIATSIS Library ACT
1 Staff Member		NT Archives Services Department of Corporate and Information Services
2 Staff Members		Department of Justice and Attorney-General Queensland Government
1 Staff Member		State Library of South Australia
1 Staff Member		Registry of Births Deaths and Marriages WA
1 Staff Member		Family Counselling Service of the Victorian Aboriginal Health Service
1 Staff Member		Indigenous Identities
1 Staff Member		NSW Department of Aboriginal Affairs
1 Staff Members		NSW Registry of Births Death and Marriages
1 Staff Member		Department of Community Development Government of Western Australia
1 Staff Member		Queensland State Archives
1 Staff Member		NACCHO
1 Link Up/BTH Client		

Appendix B: Literature review

1 Literature review

The findings of the literature review are outlined below. This includes:

- the aims of the review;
- sources used;
- limitations of the review;
- a survey of the history of forced removal in Australia;
- the BTH Report;
- government responses to the BTH Report;
- the history of forced removal overseas and government responses;
- effects and consequences of removal in the Australian context;
- provision of mental health services to Aboriginal Australians;
- good practice; and
- findings from previous evaluations of the Link-Up, BTH and SEWB RC Programs.

1.1 Aims of the literature review

The aim of the literature review was to identify current and emerging issues, policies and approaches to meeting the mental health and SEWB needs of Aboriginal peoples, who have been affected by forced removal from families, grief, trauma and loss. This was to include identification of best practice models and possible alternative service delivery models for consideration.

The literature review sought to identify:

- current thinking about best practice strategies for meeting the SEWB needs of Stolen Generations groups, both within Australia and internationally – including aspects ranging from counselling approaches to organisational and locational arrangements;
- examples of good practice in meeting those needs; and
- the current situation regarding Stolen Generations people in Australia and any future trends.

1.2 Sources used

Material produced within the last five years (1999-2004) was collected, as well as some seminal references from before this time. The primary emphasis was on Australian material, but a small amount of overseas literature was also collected where it was directly relevant to the Australian context.

Various sources were used to identify resources for the literature review:

- searches of a range of Australian and overseas literature databases concerning health, psychology and Aboriginal issues;
- internet searches; and

- sources identified by OATSIH, the Reference Group for the evaluation and staff and external stakeholders consulted on the fieldwork.

1.3 Limitations of the review

There were some key limitations to the review, which meant that little of the material very directly addressed its intended aims. It became apparent that there is, in fact, very little published literature specifically relating to best practice strategies for meeting the SEWB needs of Stolen Generations groups. Although there is an emerging body of literature on SEWB approaches, and also on mental health approaches for Aboriginal Australians, this literature has tended to focus on the Aboriginal population as a whole, rather than specifically on the Stolen Generations.

Where the literature on SEWB does address issues relating to Stolen Generations, these are usually in conjunction with various other causes of social and emotional difficulties, such as unresolved grief and loss, physical health issues, incarceration, cultural dislocation, racism and discrimination or social disadvantage (Auseinet 2006).

Further, the literature that does relate directly to Stolen Generations people largely focuses on legal, political, social justice and human rights issues rather than SEWB issues – reflecting the fact that 'public debate in Australia remains focussed on the issue of recognising historical injustices and the resulting trauma' (AHF 2006, p34).

1.4 A summary of the history of forced removal in Australia

Outlined below is a brief summary of the history of forcible removal of Aboriginal Australians, drawn from the BTH Report (HREOC 1997).

Aboriginal children have been forcibly separated from their families and communities since the very first days of the European occupation of Australia.

1.4.1 The 'protectorate' system

In the nineteenth century, the British government appointed a Select Committee to inquire into the condition of Aboriginal people, in response to reports of massacres and atrocities committed against Aboriginal people. Noting the particularly bad treatment of Aboriginal people in Australia, the Committee recommended that a 'protectorate system' be established in the Australian colonies. Under this system, two policies were to be adopted; namely segregation (by creating reserves and relocating Aboriginal communities to them), and education (focusing on the young and relating to every aspect of their lives). The protectorate system was based on the notion that Aboriginal people would willingly establish self-sufficient agricultural communities on reserved areas modelled on an English village and would not interfere with the land claims of the colonists (HREOC 1997, p23).

1.4.2 Policies of 'merging'

The failure of the protectorate experiment in the mid-nineteenth century saw responsibility for the welfare of Aboriginal people assigned to a Chief Protector or Protection Board in each State. By the late nineteenth century, it had become apparent that the full descent Aboriginal population was declining, but the mixed descent population was increasing. Government officials theorised that by forcibly removing Aboriginal children from their families and sending them away from their communities to work for non-Aboriginal people, this mixed descent population would, over time 'merge' with the non-Aboriginal population.

In the early twentieth century, removal of Aboriginal children generally occurred by virtue of 'protectionist' legislation. This was preferred to the general child welfare legislation, as government officials acting under the authority of the Child Protector or the Board could simply order the removal of an Aboriginal child without having to establish to a court's satisfaction that the child was neglected.

1.4.3 Assimilation

The 1930s and 40s saw a shift in Aboriginal policy from one of 'merging' to 'assimilation'. This shift arose largely as a result of the first Commonwealth-State Native Welfare Conference in 1937, attended by representatives of all the States (except Tasmania). This was the first time that Aboriginal affairs had been discussed at the national level.

From this time on, State began adopting policies designed to assimilate Aboriginal people of mixed descent. The BTH Report points out that:

> ***whereas 'merging' was essentially a passive process of pushing Indigenous people into the non-Indigenous community and denying them assistance, assimilation was a highly intensive process necessitating constant surveillance of people's lives, judged according to non-Indigenous standards. Although Neville's model of absorption had been a biological one, assimilation was a socio-cultural model.***
>
> *(HREOC 1997, p27)*

From the 1940s, the States and Territories adopted changes to their Aboriginal welfare models in accordance with the assimilationist welfare model. The removal of Aboriginal children was governed by the general child welfare law, although once removed, Aboriginal children were treated differently from non-Aboriginal children. State government institutions and missions housing Aboriginal children who had been removed received a financial boost after 1941 with the extension of Commonwealth child endowment to Aboriginal children. The endowment was paid to the institutions, rather than to the parents of the removed children.

During the 1950s and 1960s even greater numbers of Aboriginal children were removed from their families to advance the cause of assimilation. Not only were they removed for alleged neglect, they were removed to attend school in distant places, receive medical treatment and be adopted out at birth.

The NSDC points to the fact that there were 'extraordinary contradictions between the stated aims of the removal policies and the actual outcomes' (NSDC 2002, p8). The Committee's report indicates that many children were moved with the promise of receiving an education whilst, for others, non-attendance at school was the stated reason for removal. As they were being trained for servitude, the children rarely received a challenging educational experience and many left the homes barely literate, thereby crippling their chances of gainful employment. A number of those taken because of 'parental neglect' or because they were alleged to be abused were placed in institutions in which they were physically, emotionally, psychologically and culturally abused, and in which significant numbers died (NSDC 2002). Others were placed with non-Aboriginal households to work as domestic servants and farm hands.

By the early 1960s it was clear that, despite the mandatory way in which the assimilation policy had been expressed, Aboriginal people were not being assimilated. Following the successful 1967 constitutional referendum, a Federal Office of Aboriginal Affairs was established and made grants to

the States for Aboriginal welfare programs. At this time, the policy of 'assimilation' was discarded in favour of 'integration', although the practices themselves changed little.

1.4.4 Self-determination

The election of the Whitlam Labor Government in 1972, on a policy platform of Aboriginal self-determination, provided the means for Aboriginal groups to receive funding to challenge the very high rates of removal of Aboriginal children.

In the 1980s, the establishment and activism of Aboriginal organisations such as Link-Up (NSW) and the Secretariat of Aboriginal and Islander Child Care (SNAICC), and the growing awareness by welfare workers of the ways in which government social welfare practice discriminated against Aboriginal people, forced a reappraisal of removal and placement practice. These Aboriginal services formulated the Aboriginal Child Placement Principle and lobbied for its adoption by State and Territory welfare departments as a mandatory requirement. This Principle has now been incorporated into the child welfare legislation and/or the adoption legislation in the NT, the ACT and all States other than Tasmania and WA, where it takes the form of administrative guidelines (HREOC 1997).

1.4.5 Prominence of the issue of the 'Stolen Generations'

The issue of the Stolen Generations rose to prominence in 1987 during the Royal Commission into Aboriginal Deaths in Custody (RCIADIC). The Royal Commission acknowledged that, of the 99 Aboriginal deaths investigated, 43 had experienced separation from their families, communities and culture as children. The RCIADIC Recommendations made specific reference to addressing the needs of the Stolen Generations (DVC 2003, p7).

The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children was established in May 1995, in response to efforts by key Aboriginal agencies and communities. They were concerned that the general public's ignorance of the history of forcible removal was hindering the recognition of the needs of its victims and their families and the provision of services. The Going Home Conference in Darwin (1994) provided further impetus - representatives from every State and Territory met to share experiences, to bring to light the history and its effects in each jurisdiction, and to devise strategies to meet the needs of those children and their families who survived (HREOC 2006).

The issue of restitution, compensation and rehabilitation for victims of gross violations of human rights and fundamental freedoms was also receiving attention on the international stage, with the publication of the 'Van Boven Principles'. These principles arose from a report commissioned by the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities. The report and the ensuing principles recognise a right to remedy for these victims, and that victims of violations may be direct and indirect, thus including the children and families directly affected together with entire communities (HREOC 1997, p240).

1.5 The BTH Report

1.5.1 Terms of Reference

The Terms of Reference for the Inquiry required the HREOC to:

- trace the past laws, policies and practices which resulted in the separation of Aboriginal and Torres Strait Islander children from their families;

- examine the adequacy of and the need for any changes in current laws, practices and policies relating to services and procedures currently available to Aboriginal and Torres Strait Islander Australians who were affected by separation;
- examine the principles relevant to determining the justification for compensation for persons or communities affected by such separations; and
- examine current laws, practices and policies with respect to the care and placement of Aboriginal and Torres Strait Islander children and advise on any changes required, taking into account the principle of self-determination by Aboriginal and Torres Strait Islander peoples.

1.5.2 Key findings

The BTH Report indicates that it is not possible to state with precision how many children were forcibly removed (despite various attempts to do so). However,

> *Nationally we can conclude with confidence that between one in three and one in ten Indigenous children were forcibly removed from their families and communities in the period from approximately 1910 until 1970. In certain regions and in certain periods the figure was undoubtedly much greater than one in ten. In that time not one Indigenous family has escaped the effects of forcible removal... Most families have been affected, in one or more generations, by the forcible removal of one or more children.*
>
> *(HREOC 1997, p31)*

With regard to compensation for persons or communities affected by separation, the Inquiry's principal conclusion was that 'an appropriate and adequate response to the history and effects of forcible removals requires reparations which include, as one form of reparations, monetary compensation for defined victims' (HREOC 1997, p14).

The Inquiry also found that self-determination for Aboriginal peoples provided the key to reversing the over-representation of Aboriginal children in the child welfare and juvenile justice systems of the States and Territories, and to eliminating unjustified removals of Aboriginal children from their families and communities.

1.5.3 Recommendations

There were 54 recommendations that emerged from the BTH Report, which included those relating to:

- reparations;
- acknowledgment and apology;
- guarantees against repetition;
- measures of restitution;
- measures of rehabilitation; and
- monetary compensation.

Of the 54 recommendations that emerged from the BTH Report, the NSDC points out that the 17 recommendations that have received attention are 'mainly those dealing with rehabilitation, mental

health and family reunion… Most recommendations received no attention including those dealing with apology and reparations' (NSDC 2002, p12).

The importance of the health, mental health and family reunion aspects of the response to the BTH Report should not be underestimated. Nevertheless, the attention that these aspects have received compared with other aspects suggests there has been a 'medicalisation' of issues originally investigated in a social justice and human rights context (HREOC 1997).

1.6 Government responses to the BTH Report

1.6.1 Implementation of recommendations from the BTH Report

The Australian Government set aside $62.85 million over the period 1998-2001 to address the needs identified in the BTH Report, which included:

- $16 million devoted to the BTH Program (managed by OATSIH);
- $17 million for education and training, including the SEWB RC Program (managed by OATSIH);
- $11.25 million to establish a national network of Link-Up services (this was initially managed by the former Aboriginal and Torres Strait Islander Commission between 1998-2003, but then transferred to OATSIH);
- $5.9 million to be spent on parenting support programs (management of most of these funds was subsequently transferred to the Department of Families, Community Services and Indigenous Affairs);
- $9 million had already been allocated to support Indigenous languages and culture; and
- small additional sums for archiving, preservation of records and oral history recordings.

The primary area targeted by the government response to the BTH Report was the SEWB and family reunion aspects of the report (recommendations 30 and 33-35).

In addition, in 2001-2002 the Australian Government allocated $53.8 million over four years (to June 2006) to continue the Link-Up services and the education and training, counselling and parenting elements of the original package of measures. This brought the total package of expenditure to $116.65 million for the period to June 2006.

The programs that are subject to this evaluation therefore represent the primary government response to the Bringing Them Home Report.

1.6.2 Adequacy of the response to the BTH Report

Reports which have examined the adequacy of the government's response to the BTH Report have concluded that there is inadequate information on this issue, and the response has been poorly coordinated and insufficiently targeted to meet the needs of the Stolen Generations.

For instance, in November 1999 the Senate's Legal and Constitutional References Committee undertook an Inquiry into the Federal Government's implementation of the recommendations in the BTH Report. The Inquiry was asked to determine, amongst other matters:

- whether the Australian Government's response had been adequate and effective;
- ways for governments to establish an alternative dispute resolution tribunal;

- ways for the Australian Government to set up adequately funded mechanisms for counselling and recording testimonies of the Stolen Generations;
- effective ways of implementing the recommendations; and
- the consistency of the Australian Government's response with the hopes, aspirations and needs of the Stolen Generations and their descendants.

The Inquiry commenced in December 1999, and concluded in May 2000. In its majority report from the Inquiry, 'Healing: A Legacy of Generations', the Senate Committee reported on the limited nature of the data and evidence that the Australian Government departments and States were able to bring to its Inquiry. Unfortunately, a number of States did not respond to the Inquiry. Responses from all States would have been of considerable assistance in assessing whether: projects were in place; links had been established on national projects such as preservation of and access to records; and States were aware of the concerns raised with the Committee relating to those programs in which they were participating (SLCC 2000, p3).

The Inquiry found that the lack of effective coordination and monitoring of implementation meant that there was insufficient current and accurate information and data on the progress of programs (p3), and that there was insufficient consultation on a range of issues.

The Inquiry observed that it was not entirely clear from the BTH Report who was to be included in the target group of various recommendations relating to reparation and compensation, which may have created some confusion in terms of the implementation of recommendations from the report.

Findings from the Inquiry included that:

- considerable progress could be made towards reconciliation and progress if the Commonwealth and NT parliaments (and to a lesser extent, police forces other than that of NSW) apologised for their role in the past policies and practice of forcible removal;
- the Government's response did not indicate attitudes and policies which reflect an awareness of the past, and that limited change had occurred since the release of the BTH Report;
- the failure to develop an effective monitoring and evaluation system for implementation of recommendations from the BTH Report was an example of an inability to provide effective leadership, or evidence of disinterest in demonstrating changes that may be occurring;
- there was a serious lack of accurate and up to date information regarding implementation readily available in a user-friendly format; and
- establishment of an efficient and objective clearing-house was required to provide information on progress of implementation of recommendations.

The Inquiry concluded that:

> *There are many problems with the extent and nature of the response by the Commonwealth and others. The problems reflect an under-funded and badly directed response [which]… relate to the Indigenous community in general rather than to the Stolen Generations.*
>
> *(SLCC 2000, p281)*

The Stolen Generations of the NT asserted that current services do not meet the needs of the Stolen Generations people, and that those most in need are denied access to current services. Thus, 'the allocated $63 million in 1997, and the allocated $54 million in 2001, are funds that have been misdirected' (CASG&FAC 2002, p4).

The Canadian organisation the Aboriginal Healing Foundation (AHF) compared the Australian experience to that of other colonised nations with similar histories. It concluded that this experience has demonstrated:

> *failures on the part of governments to formally recognise and affirm Indigenous rights and to accept responsibility for past policies aimed at assimilating Indigenous people is an impediment to healing, both symbolically and with respect to the development of policies and programs that support individual and community healing.*
>
> *(AHF 2006, p51)*

1.7 The history of forced removal overseas and government responses

It is instructive to examine the history of forced removal overseas and government responses to this, as it demonstrates in relation to Australia that:

- there have been similar practices of forced removal of Aboriginal peoples in other countries;
- there have been similar very negative SEWB consequences for these peoples; and
- the government responses to removal practices and their consequences have differed, with a broader range of responses in Canada in particular (including a formal government apology and compensation).

The experiences in Canada, New Zealand, the United States and Greenland are described below.

1.7.1 The Canadian residential school system

Between 1892 and 1969, generations of Aboriginal children in Canada were sent to government-sponsored residential schools run by the Roman Catholic, Anglican, United, Presbyterian and other churches (AHF 2006, piii). Many of the children in residential schools suffered physical and sexual abuse, as well as imposed alienation from families, communities and cultures, which have in turn led to a legacy of abuse and intergenerational trauma (AHF 2006, piii). Outside of the residential school system, large numbers of Aboriginal children were also taken from their families and communities and placed in foster care from the 1960s.

Narratives and life histories suggest that the residential school experience has had enduring psychological, social and economic effects on survivors, and that 'the residential school system inflicted terrible damage not just on individuals but on families, entire communities and peoples' (LCC 2000, p2). Trans-generational effects from the residential schools system include:

- structural effects of disrupting families and communities;
- transmission of explicit models and ideologies of parenting based on experiences in punitive institutional settings;
- patterns of emotional intimacy in childhood;
- repetition of physical and sexual abuse;
- loss of knowledge, language and tradition; and
- systematic devaluing of Aboriginal identity (Kirmayer et al 2003, p18).

Individual and collective trauma

For Canadian Aboriginal peoples, the revelations of the residential schools experience have made the notion of individual and collective trauma salient. The literature notes that metaphors of individual and collective trauma may have both positive value and limitations. On the one hand, the metaphor of trauma 'draws attention to the severity, shock and violence of the physical and psychological injuries inflicted on Aboriginal peoples', locating the origins of problems in a shared past, thus motivating the reconstruction of historical memory and collective identity. On the other hand, current trauma theory and therapy tend to focus on the psychiatric disorder of post-traumatic stress disorder, and:

> *may give insufficient attention to the other dimensions of experience that may be profoundly transformed by massive trauma and abrogation of human rights, [including] issues of secure attachment and trust, belief in a just world, a sense of connectedness to others and a stable personal and collective identity.*
>
> *(Kirmayer et al 2003, p20)*

Restoring Dignity – the report of the Law Commission of Canada

In 2000, the Law Commission of Canada (LCC) published a report entitled Restoring Dignity: Responding to Child Abuse in Canadian Institutions. While the report focused broadly on the issue of child abuse in institutions, it drew particular attention to the experience of Aboriginal children in residential schools. This included disclosures of physical and sexual abuse which has left many communities the legacy of these issues as well as family violence, and drug and alcohol abuse (LCC 2002).

The Restoring Dignity Report indicated that survivors seek:

> *an acknowledgement of the harm done and accountability for that harm; an apology; access to therapy and to education: financial compensation: some means of memorialising the experiences of children in institutions; and a commitment to raising public awareness of institutional child abuse and preventing its recurrence.*
>
> *(LCC 2000, p3)*

The Canadian response to the residential schools system has included:

- Issuing of a Statement of Reconciliation (1998) that expressed profound regret to the Aboriginal community for its past mistakes and acknowledged the role the Government played in the development and administration of the residential school system;
- Facilitating a series of nine exploratory dialogues across the country with survivors of residential schools abuse, Aboriginal leaders and healers, and churches' representatives, reflecting principles of respect and engagement with those affected, helping to open lines of communication and assisting all involved to understand the needs of survivors and their communities and to develop options for addressing those needs;
- Building and implementing models to provide appropriate responses to claims relating to abuse at residential schools, including a number of dispute resolution pilot projects. While each of these is negotiated directly with a group of survivors, reflecting particular needs and priorities, there are a number of common elements among the different projects to protect the fairness and accountability of the process, and respond to survivors' needs;

- Funding to support community-based healing initiatives to address the legacy of physical and sexual abuse in residential schools; and
- Funding to support a broad spectrum of initiatives to preserve and advance Aboriginal languages and culture (LCC 2002).

1.7.2 New Zealand

The history of colonisation in New Zealand was marked strongly by wars, disease and the large-scale relocation of Maoris from hilltop land to coastal areas, resulting in a serious decline in the Maori population. Maoris were schooled in missionary schools which were required to teach in English and suppressed Maori history, language and culture. Beyond this however, there do not appear to be extensive parallels between the New Zealand experience and the brutality and abuse experienced in the industrial schools system in the US, the residential schools system in Canada, or removal practices in Australia.

However, post-colonial program and policy responses in New Zealand have produced a number of good practice approaches from which other colonised nations can learn. These are discussed in sub-section 1.9.

1.7.3 United States

The United States introduced a system of missions and schools in the 1600s, and industrial boarding schools in the late 1800s. Indigenous American students in the militaristic industrial boarding school system were forcibly taken from their families as hostages to 'guarantee their parents' and communities' good behaviour and cooperation with federal agents' (Archuleta et al 2000, p14). Adolescents attending boarding schools were placed in non-Native households to work as farm hands and domestic servants during holidays as part of the 'outing' program. The underlying purpose of the industrial schools system and the 'civilizing' process of placing Indian children in white households was assimilation into non-Indian culture.

The issue of the Meriam Report by the federal government in 1928 radically altered the overt policy goal of assimilation. The Report attacked the physical conditions of the boarding schools, the enrolment of pre-adolescent children and the inadequate staffing. A new era of progressive education followed, which allowed for the introduction of cross-cultural components, such as local customs, practices, art, music and religion (Szasz 1999). Assimilationist policies returned following World War II however, and remained until the release of the Kennedy Report in 1969, which stated that conditions for American Indians had not changed since the Meriam Report. In 1970, the American government issued its Indian self-determination policy and reaffirmed the special legal status of Indians.

There were a number of parallels between the American industrial schools system and the Canadian residential schools system – 'violence, abuse and neglect stemmed from the boarding schools' entrenched commitment to erasing Indian identity' (Archuleta et al 2000, p42).

Duran and Duran (1995; 2000) are strong proponents of post-colonial psychology in the US, and they have developed a therapeutic treatment model that addresses the intergenerational effects of PTSD. Critical to the model is the Native American psychology and worldview rooted in the particular culture, values and tribal conditions of the client.

As was observed in the Australian context in Ways Forward, Duran and Duran observe that 'many Native American people are diagnosed based on erroneous criteria; the diagnostic process never takes a historical perspective in the placing of a diagnosis on the client' (2002, pp52-53).

1.7.4 Greenland

According to the AHF, the colonisation process appears to have been less overtly brutal in Greenland than in the United States, Australia and New Zealand. And while Denmark's influence is certainly felt, the fact that Inuit have remained the majority population 'had a mitigating effect' (AHF 2006, p35). Greenlandic Inuit, despite the benefits of being a population majority and having achieved a level of political self-determination, have nonetheless experienced 'distressingly high suicide rates' (AHF 2006, p37).

A series of studies of the Inuit in Greenland suggested that suicidal thoughts were found to be more prevalent in those with the least traditional childhood and who speak the least Greenlandic, leading the authors to conclude that 'a more traditional lifestyle mitigates against suicide' (AHF 2006, p36).

Examples of good practice from overseas are contained in sub-section 1.9 below.

1.8 Effects and consequences of removal in the Australian context

The literature on the effects of removal policies and practices in Australia demonstrates that:

- there have been numerous negative and severe effects and consequences for SEWB, including loss, trauma, grief, offending behaviour, adverse life outcomes, substance abuse, higher rates of mental health problems, suicide and violence, parenting problems, poorer physical health; and
- these effects and consequences are trans-generational ie they impact not only on those directly removed but also their children, families and communities.

1.8.1 Impacts on those directly affected by removal

Various reports have documented the negative impacts of removal on those directly affected by forcible removal practices (ie first generation Stolen Generations members). For example, one key source of data is the report by MCATSIA (2006), which uses large datasets collected for the National Aboriginal and Torres Strait Islander Social Survey and the National Aboriginal and Torres Strait Islander Health Survey to compare outcomes for Aboriginal people removed from their families, versus those who had not been removed.

The effects on first generation members documented in the literature include:

- ***Loss, trauma and grief*** – Swan and Raphael (1995) identified loss, trauma and grief as 'overwhelming problems, both related to past history of loss and traumatisation and current frequent losses with excess mortality in family and kinship networks'. Trauma and grief are identified as 'amongst the most serious, distressing and disabling issues faced by Aboriginal people – both as a cause of mental health problems, and as major problems in their own right' (Swan and Raphael 1995). Furthermore, Koolmatrie suggests that the actions of removing children have 'left a powerful residue of unrecognised and unresolved grief that [have] pathological effects on Indigenous communities' (Koolmatrie and Williams 2000, p163);
- ***Criminal offending behaviour*** – Edney (2003) suggests that there are links between childhood separation and contact with the criminal justice system, noting for example links between the findings of the RCIADIC and the BTH Report, and that 'childhood separation and removal often figured in the life story and deaths of the 99 Indigenous people who were part of the RCIADIC brief' (2003, p10);

- ***Adverse life outcomes*** – the range and type of adverse life outcomes experienced by those forcibly removed (compared to those who had not been removed) include lower employment, significantly poorer health, greater contact with the criminal justice system, greater alcohol consumption, and greater experiences of physical violence (ATSIS 2003, p71);
- ***Problems caused by the overuse of alcohol or gambling*** (WAACHS 2005);
- ***Greater contact with mental health services*** (WAACHS 2005);
- ***Higher likelihood of offending*** – eg in the MCATSIA (2006, p9) study 14.6% of removed Aboriginal people had been arrested more than once in a five year period versus 8.8% of non-removed Aboriginal people;
- ***Higher rates of criminal victimisation*** – for example in the MCATSIA study 33.5% of removed Aboriginal people had been a victim of physical or threatened violence compared to 18.1% of non-removed Aboriginal people (MCATSIA 2006, p9); and
- ***Poorer outcomes on educational and employment indicators*** compared to Aboriginal people not removed from their families, for instance in the MCATSIA study lower rates of completion of Year 10-12 schooling (28.5% versus 38.5%), lower rates of retention to Year 10 (28.5% versus 38.5%), and lower rates of full-time employment (17.8% versus 24.8%).

1.8.2 Impacts on subsequent generations

The BTH Report highlighted a number of intergenerational effects of removal, and found that 'the overwhelming evidence is that the impact does not stop with the children removed. It is inherited by their own children in complex and sometimes heightened ways' (HREOC 1997, p189). This was reiterated by the findings of the recent West Australian Aboriginal Child Health Survey (WAACHS), which reported that 'significant associations exist between the SEWB of Aboriginal carers and their children (aged 4-17 years) and the past policies and practices of forced separation of Aboriginal people from their natural families' (WAACHS 2005, p465).

The WAACHS is the most systematic and direct investigation of the inter-generational effects of past government removal policies and practices, however it is limited in that it only covers WA. (In order to establish a more comprehensive picture of the inter-generational effects, research of this nature needs to be undertaken on a national scale.) To date replication of this research has been restricted due to the significant cost involved.

A wide range of adverse intergenerational consequences of Stolen Generation experiences are highlighted in the literature, including:

- high rates of depression and mental illness (HREOC 1997, pp189-194), clinically significant emotional symptoms, conduct problems, hyperactivity, self-harm and contact with mental health services;
- denial of being parented or cared for by a person to whom removed children were attached, which is the very experience people rely on to become effective and successful parents themselves; this was the most significant of the major consequences of removal reported in the WAACHS (2005) study;
- ongoing symptoms and effects of unresolved trauma, loss and grief (Koolmatrie and Williams 2000);

- lesser likelihood of having someone with whom to discuss and share problems (WAACHS 2005, p474);
- higher levels of substance abuse (eg petrol sniffing, alcohol problems), smoking and gambling problems;
- lower self-reported health status;
- higher rates of offending, including domestic violence;
- higher levels of stressful life events; and
- over-representation of Aboriginal children in the child welfare system (HREOC 1997).

While the 'Stolen Generations' are defined in this report as Aboriginal and Torres Strait Islander people affected by past government removal policies and practices, some underlying causes of the over-representation of Indigenous children in the child welfare system include the legacy of past policies of the forced removal of Aboriginal children from their families, intergenerational effects of previous separations from family and culture, poor socio-economic status and cultural differences in child-rearing practices (AIHW 2006, pp22-23).

The most recent report analysing national child welfare data for 2001-2002 through to 2005-2006 indicates that Aboriginal children are clearly over-represented. For example, Aboriginal children are almost five times more likely to be the subject of substantiated child protection notifications, more than six times more likely to be on care and protection orders, and over seven times more likely to be in out-of-home care, compared to other children (AIHW 2007).

While the Aboriginal Child Placement Principle sets out an order of preference for the placement of Indigenous Children in practice the application of the principle has seen varying rates of placement of children with Aboriginal caregivers (AIHW 2006, pp51-53).

1.9 Provision of mental health services to Aboriginal Australians

The literature indicates that mainstream mental health responses to Aboriginal people are often inadequate, and that the Aboriginal mental health workforce suffers from shortages and an under-valuing of workers. These issues are discussed in more detail below.

1.9.1 Limitations on the provision of culturally appropriate mental health services

The seminal Ways Forward report identifies that Aboriginal concepts of mental health are holistic and are defined as follows:

> *Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.*
>
> *(Swan and Raphael 1989)*

The findings from Ways Forward indicated that:

> *Aboriginal people perceived mainstream mental health services as failing them, both in terms of cultural understanding and response, and repeatedly identified the need for Aboriginal mental health services which took into account their concepts of the holistic value of health and their spiritual and cultural beliefs, as well as the contexts of their lives.*
>
> *(Swan and Raphael 1989)*

More current literature on Aboriginal mental health suggests that the mental health of Aboriginal peoples has largely been neglected in Australia, and that mental health has only recently been identified as a policy priority (Vicary and Bishop 2005; AIHW 1998). It also suggests that mental health approaches for Aboriginal Australians continue to be inappropriate and inadequate, and that Aboriginal people are 'less likely to engage in mental health services, [and] are also more likely to engage at a more chronic level, and for shorter periods of time' (McKendrick and Thorpe 1994; Vicary 2002).

Vicary and Bishop (2005) assert that the difficulty many Aboriginal people have in talking to mental health professionals is due to 'stigma, cultural misunderstanding, involuntary confinement, and the failure of past mental health approaches' (p8). Other authors have pointed to the cultural inappropriateness of existing services, and the failure of mental health services and clinicians to embrace Aboriginal conceptualisations of health and wellbeing (Westerman 2004; Dudgeon 2000; Garvey 2000). Yet others have argued that the failure of mental health services to respond to the mental health needs of Aboriginal Australians is due to the lack of national data measuring the impact of loss, separation and traumatic experiences upon the Aboriginal population, and the nature of trauma, grief and loss and their impact upon the physical and mental health of Aboriginal people (Vicary and Bishop 2005, p9).

In addition, it is suggested that the notion of SEWB is still not well understood by mental health practitioners in Australia (Emden et al 2005). SEWB is described as touching on all aspects of life, including social and emotional factors, as well as economic and physical factors. Vicary and Bishop have identified a number of determinants of 'wellness' in the Aboriginal concept of wellbeing, which may include (but are not restricted to) employment status, substance abuse, family violence, effects of the Stolen Generations, cultural identity, and housing and financial problems (2005, p11). Emden et al have also identified a range of issues that can impact on SEWB including:

- grief for family members who have died through suicide, overdose, violence, accident or ill health;
- anger at past and continuing injustices towards Aboriginal people by the non- Aboriginal population of Australia, including incarceration issues;
- feeling overburdened and overwhelmed by constant carer responsibilities;
- chronic poverty, sub-standard living arrangements, inadequate transport, malnutrition and poor physical health leading to chronic feelings of hopelessness, inadequacy and powerlessness;
- confusion and unhappiness over Stolen Generations family members; and
- disputes and tensions between family and community members concerning marriage breakdowns, children's misbehaviour, unemployment, lack of money, inter-community conflicts and rivalries (2005, pp83-84).

Literature from other comparable colonised nations such as Canada, the US, New Zealand and Greenland suggests that Western medical practitioners are generally challenged by holistic healing practices encompassing the mental, physical, emotional and spiritual aspects of the individual as well as families, communities and the physical environment. Further, a holistic approach also challenges many practitioners who separate physical and mental health and do not deal with the spiritual dimension. Such approaches also challenge governments that compartmentalise funding through departments such as health, education and housing, which are natural to Aboriginal service providers (AHF 2006, p51).

It is also important to note that the inadequate emphasis on Aboriginal SEWB issues in Australian mental health service delivery is part of a broader problem within that system: that the bulk of mental health resources are targeted towards acute care and the treatment of mental illness through hospital-based services (Senate Select Committee on Mental Health 2006, pp151-182).

1.9.2 Workforce issues

Connected to problems with mental health service provision to Aboriginal Australians are workforce issues. The Royal Australian College of General Practitioners (RACGP) observes that there are mental health workforce shortages for Aboriginal communities and remote communities in particular - 'rural health continues to be out of sight, out of mind and out of funding. Remote Aboriginal communities encounter this doubly' (RACGP 2005, p8). This finding was reinforced by the recent Senate Select Committee on Mental Health (2006, pp445-8, 452-456). In SA it has been similarly observed that:

> *services for Aboriginal Australians continue to be acutely under-funded, struggling to meet basic needs... Workforce development for Aboriginal health workers in mental health is much needed, as well as these workers being able to easily access specialist support.*
>
> *(SADGP 2005, p8)*

As well as workforce shortages, the literature points to the under-valuing of the Aboriginal mental health workforce. Brideson (2004) characterises this workforce in Australia as being subject to 'Seasonal Work Syndrome', in which workers are akin to seasonal workers or labourers. Aboriginal mental health workers are frequently responsible for limited tasks and specific roles (often repetitive) in the workplace that are generally viewed by others as being much less important, and/or made to feel that their role is much less important than other 'real professions' (Brideson 2004, p2). Aboriginal mental health workers may also experience limited recognition of their role, frustration in the workplace, increased stress levels, limited opportunities for training, and a lack of systematic career development and professional opportunities (Brideson 2005, p8).

Similarly, the Royal Australian and New Zealand College of Psychiatrists (RANZCP 2002) has acknowledged that there is 'a general sense of frustration with the lack of recognition of the value and skills of Aboriginal mental health workers by other professionals and managers in health services' (RANZCP 2002, p1).

The RANZCP has also devised a position statement which recognises:

- the complexity of mental illness in Aboriginal mental health and the need for an understanding of a range of cultural, historical, family and societal issues;
- the relationship between Aboriginal mental health workers and their clients often extends outside the normal clinical experience of the patient-therapist relationship;
- the nature of the work of Aboriginal mental health workers is often demanding, being outside the normal time and geographical boundaries of the work of other mental health workers;
- mature Aboriginal people with no formal educational qualifications may possess a unique knowledge and particular skill in dealing with mental health issues within their local community;

- cultural awareness courses are a valuable tool for any service dealing with Aboriginal people, and should be credited as part of any workers' continuing education; and
- resource allocation should reflect the standards expected by any other mental health workers, for example in terms of staffing levels, appropriate resources to enable them to do their work effectively, and occupational health and safety requirements (RANZCP 2002).

1.10 Good practice

The literature on good practice indicates that:

- it is critically important for mental health services to be provided to Aboriginal people in a culturally appropriate manner, through use of traditional healing approaches and ensuring that mainstream mental health services are delivered in this manner; and
- there is some literature describing good practice approaches to Aboriginal SEWB services, but very little that refers specifically to provision of services to people affected by forcible removal practices (the key exception is the Marumali Program).

1.10.1 Culturally appropriate practice

It is widely acknowledged in the literature that there is a need for cultural awareness, sensitivity and appropriateness in mental health service provision for Aboriginal people (Koolmatrie and Williams 2000; RANZCP 2002; Westerman 2004). Indeed, this issue was specifically raised in the BTH Report, which noted that without culturally appropriate mental health services, critical problems arise relating to misdiagnosis, consequent inappropriate treatment, or failure to treat altogether (HREOC 1997, p321).

The literature identifies two key strategies for ensuring culturally appropriate treatment – namely the need for greater recognition of traditional healing methods and approaches, and also ensuring that 'mainstream' mental health service delivery is more culturally appropriate for Aboriginal clients. There is some contention regarding the latter approach however, as some writers have argued that attempting to employ a non-Aboriginal mental health system, which is essentially mono-cultural, with Aboriginal people is a form of racism (Waldegrave 1985). Others have viewed the Western use of psychotherapy with Aboriginal people as a form of colonisation (Tapping 1993).

While both of these needs are widely acknowledged in the literature, numerous authors have observed that there is a dearth of published material regarding effective preventative programs, therapeutic interventions with Aboriginal peoples, and studies providing a detailed and practical insight into the Aboriginal worldview (Westerman 2004; Vicary and Bishop 2005). In particular, there is a lack of material that outlines Aboriginal beliefs relating to psychotherapy, mental health and non-Aboriginal counsellors and therapists. Westerman observes that the paucity of published examples has affected service delivery at the individual clinical level and at broader system levels, 'the combined effect being inequity in access to mental health services by Indigenous people' (2004, p1). While examples of good practice exist (some examples are provided in this report at sub-section 1.9), there is no central collection point for these resources, nor is there any method for sharing this information with mental health practitioners so as to provide opportunities for 'empirical and cultural validation or replication across different contexts' (Westerman 2004).

In order to increase access to mental health services by Aboriginal people, Westerman argues that there is a need to integrate 'specific cultural and clinical competencies within the system and practitioner levels' (2004, p2).

At the same time, other literature suggests that traditional approaches are widely used in Aboriginal communities and that the role of the traditional healer has been and continues to be an important one (Dudgeon 2000; Vicary and Bishop 2005). Recent research by Vicary and Bishop (2005) indicates that Aboriginal people in some communities may access Western or mainstream mental health services 'only when all traditional avenues had been exhausted and there was no other treatment option available' (2005, p11). Participants in the research reported that they believed that Western psychotherapy lacked validity when used with Aboriginal clientele, and that they generally perceived Western style therapy as culturally inappropriate or irrelevant.

Vicary and Bishop have identified a number of treatments that Aboriginal people from the Kimberley would either use prior to or exclusively of Western treatments. The hierarchy consisted of:

- support, advocacy, yarning, practical advice from immediate family members;
- assistance from extended family members;
- assistance from the community and Elders;
- a return to country to make a spiritual reconnection with the land; and
- referral to a spiritual healer for specialist assistance (Vicary and Bishop 2005, p13).

The study indicated that, although the participants generally preferred to use traditional or Aboriginal-specific services, there was also recognition that at times accessing Western mental health services may be required for confidentiality purposes or because of a lack of traditional or same-culture services. The authors therefore recommended that non-Aboriginal practitioners should make themselves aware of traditional practices and processes for the treatment of mental health difficulties.

Similarly, Westerman (2004) suggests that there is a need to acknowledge existing frameworks of healing within Aboriginal communities and in particular those relating to treatment of culture-bound disorders, for example by: offering Aboriginal clients the option of traditional methods of healing as a primary treatment; recognising and respecting the traditional processes that exist for Aboriginal people to resolve mental health problems; and facilitating traditional methods of healing through engaging with traditional healers and cultural consultants (Westerman 2004, p5).

Various good practice guidelines have been developed which are of relevance to Aboriginal mental health. These include the:

- ***National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) 2003-2013*** (Australian Health Ministers' Conference 2003);
- ***National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2004-2009*** (Social Health Reference Group 2004);
- ***National Practice Standards for the Mental Health Workforce*** (Department of Health and Ageing 2002);
- ***Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*** (Australian Health Minister's Advisory Council on Aboriginal and Torres Strait Islander Health Working Party 2004); and

- ***RANZCP Position Statement #50, Aboriginal and Torres Strait Islander Mental Health Workers*** (Royal Australian and New Zealand College of Psychiatrists 2002).

The two National Strategic Frameworks identify a number of key good practice principles in relation to Aboriginal health and mental health/SEWB respectively. Some of these principles of greatest relevance to the delivery of the four programs being evaluated here include: cultural respect to ensure that Aboriginal people's diversity, rights and values are respected; recognising and promoting Aboriginal concepts of holistic healing; promoting community control of primary health care services; responding to grief, loss, anger, and Stolen Generations issues; effective coordination of services with other agencies and planning processes, including facilitating improved access and responsiveness of mainstream mental health care for Aboriginal people; ensuring staff with appropriate skills are recruited, retained and supported through ongoing training; and collecting, analysing and publishing data to evaluate programs in a way that enables comparison across jurisdictions and use of the data to improve service delivery.

1.10.2 Good practice - training and professional development

As discussed above, various authors have observed that there is no central collection point or method of dissemination for examples of good practice in Aboriginal mental health service provision or therapeutic approaches. During the course of the evaluation, the consultants were referred to a number of examples of good practice in service provision, relating to both training and professional development and therapeutic approaches. A brief outline of these examples is provided below. It should be noted, however, that this is by no means an exhaustive list.

Djirruwang Aboriginal and Torres Strait Islander Mental Health Program

The Djirruwang Program at Charles Sturt University (CSU) delivers a three-year Bachelor of Health Science (Mental Health) degree, with exit points at Degree, Diploma and Certificate levels. Course entry is restricted to Aboriginal people. The course was initially developed in a collaborative process between the mental health services and Aboriginal people, which involved a National Reference Group consisting of a range of representative stakeholders from the mental health industry, the Aboriginal community controlled sector and the education sector including CSU. The course is delivered by Aboriginal and non-Aboriginal mental health professionals as well as university lecturers.

The Djirruwang Program has aimed to consistently align itself with broader developments in the Aboriginal mental health arenas, and to remain consistent with relevant mental health policy directions and broader health industry policies and initiatives.

Of the program, Brideson and Kanowski have commented that:

> *If the Aboriginal mental health workforce is allowed to grow into a valued, respected and essential component of the workplace those people occupying the professional positions will provide the cultural context to the workplace. The inclusion of the National Practice Standards into the program has provided a vehicle to establish equivalence as professionals in their own right and to move into 'adulthood' in respect to mental health service delivery.*
>
> *(Brideson and Kanowski 2004, p7)*

OATSIH has provided funding to the CSU to conduct the Djirruwang Aboriginal and Torres Strait Islander Mental Health Program (DATSIMHP) at its Wagga Wagga campus in the 2003 to 2005 academic years, and again in 2007 (CSU self-funded the course in 2006).

Aboriginal Health Worker Training Package

Another key source of training in relation to Indigenous SEWB in the near future will be the Health Training Package recently endorsed by the National Quality Council. One of the two certificate courses relating to Indigenous health is relevant here – the community care stream of Certificate IV in Aboriginal and Torres Strait Islander Health Care. This stream contains units of competencies, including orientation to mental health work as a compulsory unit. A number of electives also cover issues relating to Indigenous SEWB, including 'The Provision of Non-clinical Services for People with Mental Health Issues'. The Health Training Package also includes a community stream of the Diploma in Aboriginal and Torres Strait Islander Health Care.

1.10.3 Good practice - therapeutic approaches

Literature from Australia and elsewhere suggests that, although understated within mainstream service provision, the role of traditional healing frameworks is highly valued by Indigenous people internationally. Kirmayer et al (2003) states that 'notions of tradition and healing are central to contemporary efforts by Aboriginal peoples to confront the legacy of historical injustices and suffering brought on by the history of colonialism' (p15).

In the Australian context, the importance of Aboriginal healing approaches outlined in the recommendations of the BTH Report, includes a requirement that all services and programs provided for survivors of forcible removal emphasise local Aboriginal healing and wellbeing perspectives (HREOC 1997, p563, Recommendation 33a).

Narrative therapy

The 'narrative approach' has been identified by Aboriginal people in a variety of contexts as offering the possibility of culturally sensitive and appropriate counselling practices. This is said to be because it 'starts from the premise that the job of the counsellor is to help people identify what they want in their own lives, and to reconnect with their own knowledges and strengths' (AHCSA 1995, p18). The narrative approach also asks questions that bring forth the history of problematic truths – 'exploring the history of a person's ways of being and thinking creates the opportunity for that person to identify the real effects of these ways of being and thinking on their life' (AHCSA 1995, p19).

Although the narrative approach has been put forward as a culturally appropriate and sensitive practice, there does not appear to be a widely accepted resource to guide practitioners who may wish to use this approach. There were a few isolated examples of resources relating to narrative therapy in the literature, however these were largely descriptive in nature.

A leading example of the narrative approach being used successfully is the Camp Coorong project in SA. This initiative responded to the needs of families and communities affected by Aboriginal deaths in custody. It provided a context for Aboriginal People to express and address their grief in relation to the loss of their loved ones, and to participate in appropriate healing ceremonies. The use of narrative therapy in the project has been documented, and was described as follows:

> *The project recognised the importance of Aboriginal people taking the primary role in the telling of their stories, and the importance of an exploration of these stories so that their special knowledges and skills relevant to healing processes might be honoured and re-empowered. As well, the project aimed at providing support for Aboriginal people to take further steps to break free of the destructive stories that*

have been imposed upon them by the dominant non-Aboriginal culture, including many of the ideas of health and wellbeing that are so often imposed by mainstream services. Narrative therapy offers a way for Aboriginal counsellors to develop practices that are culturally sensitive and appropriate. This model is not fixed or rigid, and will continue to evolve for Aboriginal use in consultation with Aboriginal people.

(AHCSA 1995, p20)

Nunkuwarrin Yunti also offers a diploma in narrative therapy.

Spiritual healing for loss and grief

Wanganeen comments that successful healing should involve:

- awareness;
- identification and acknowledgment of losses;
- identification and acknowledgement of emotional legacies; and
- reclaiming unrecognised emotional losses eg a sense of identity or power, trust, confidence, self-esteem, safety (Wanganeen 2001).

1.10.4 Culturally appropriate practice for people affected by forcible removal practices

Marumali Program, NSW

The Marumali Program is a five-day model of healing developed by a member of the Stolen Generations. The Program is designed to equip counsellors with the skills they need to aid Aboriginal people who are suffering from grief and trauma as a result of separation. An important aspect of the training is to respect the rights of the survivors of the removal policies and to allow them to control the pace, direction and outcome of their own healing journey. The Program provides a basis for identifying and understanding common symptoms of long-standing trauma and an overview of the healing journey and how it may unfold. It offers clear guidelines about what type of support is required at each stage. It identifies core issues to be addressed and some of the risks associated with each stage (including misdiagnosis issues), suggests appropriate support to minimise the risks, and offers indicators of when the individual is ready to move onto the next stage of healing.

Training provided under the Marumali Healing Model is designed to empower Aboriginal counsellors to take the lead in this area of work. All participants in the counsellor training are required to have had previous formal training or work experience as counsellors (OATSIH 2001, p3).

Marr Mooditj

Marr Mooditj is a training college that conducts education and training of Aboriginal people, to empower them to competently deliver and manage health care and community services programs in a culturally appropriate manner to the Aboriginal community. It aims to develop and provide holistic programs covering cultural and political issues, provide culturally appropriate health and spirituality programs, incorporate Aboriginal perspectives in environmental health and traditional methods and foods, and promote and preserve cultural differences between Aboriginal communities.

Marr Mooditj delivers a range of training programs, including certificates in Aboriginal and/or Torres Strait Islander Primary Health Care, Home and Community Care and diplomas of Aboriginal and/or Torres Strait Islander Primary Health Care, incorporating mental health care elements.

1.10.5 Good practice examples from comparable nations

The Assembly of First Nations identified a number of common strengths among the projects it reviewed in a paper on successful Aboriginal health programs in Canada, the United States and Australia. Specifically, these features are that:

- projects tend to be tradition-based and value-based;
- interventions focus on the entire family;
- links are made between spirituality and therapy;
- there is an intimate knowledge of the tribal community and a drawing together of traditions;
- projects respond to the needs of the community; and
- the community supported healing and recovery (AFN 1997).

In addition, the Canadian organisation AHF has observed a number of approaches to and elements of healing practices for Indigenous peoples across colonised nations. These include:

- learning about the history of colonisation;
- mourning the losses;
- reconnecting with traditional cultures, values and practices;
- use of culturally sensitive screening and assessment tools to complement holistic and relational worldviews ;
- at the community level, culturally appropriate healing interventions are most effective when rooted in local practices, languages and traditions ; and
- specific strategies are needed to meet the needs of Indigenous people who do not have strong cultural ties (AHF 2006, pp49-51).

However, the AHF warns of the dangers of assuming that healing programs working well in one context can be successfully transported to another social, cultural or political milieu, even within nations. Of the Australian context, Yava-Hamu-Harathunian notes that:

> *Too often the easy option is to believe, accept and then practice under the notion that what is good in treatment for some Indigenous groups in Canada or elsewhere will translate as good and effective for Australian Aboriginal clients with diverse often multiple language use, from diverse cultural backgrounds, and from diverse Aboriginal lifestyles.*
>
> *(Yava-Hamu-Harathunian 2002, p21)*

Many communities in Canada have experimented with various forms of 'sentencing circles' for healing and reintegrating offenders who might otherwise be ostracised and handled entirely within the penal system. Other uses of meeting in circles include:

- talking circles, in which people speak openly and listen to others' stories to begin to become aware of original hurts;

- sharing circles, in which a high degree of trust is established and people express painful emotions;
- healing circles, where people can work through memories of painful experiences; and
- spiritual circles, in which people develop trust in their own experiences of spirituality as a source of comfort and guidance (Kirmayer et al 2003, p20).

Kirmayer et al (2003) assert that the social origins of prevailing mental health problems require social solutions. Following from this, they argue that:

> *…although conventional psychiatric practice tends to focus on the isolated individual, the treatment of mental health problems as well as prevention and promotion among Aboriginal peoples must focus on the family and community as the primary locus of injury and the source of restoration and renewal… Mental health promotion with Aboriginal peoples must go beyond the focus on individuals to engage and empower communities.*
>
> *(Kirmayer et al 2003, p21)*

Other lessons to be gleaned from comparable countries are as follows:

- ***United States*** – postcolonial psychologists Duran and Duran have developed a treatment model that involves reconnecting clients with their Native American identity; this improves self-esteem and sense of identity, which are correlated with healthy functioning. An increased awareness of historical factors reduces guilt and internalized oppression.

  Duran and Duran note that the effects of colonisation have been especially severe for American Indian men, and that treatment models that address issues of the destruction of economic and cultural roles, and a deep psychological trauma of identity loss is effective in treating addictions and addressing family violence (AHF 2006, p30);

- ***New Zealand*** - the cultural renaissance in New Zealand among Maori peoples which resulted in a greater awareness of colonialism and its impacts has seen a number of positive developments. Settlement of claims under the Treaty of Waitangi has allowed some tribes to establish social and mental health services. The National Body of Traditional Maori Healers has been established, and traditional healing is now offered in many primary health care settings. This body recognises regional and tribal variations in healing traditions but also works to achieve a collective approach to issues such as professional standards, policy and access to funding. The Ministry of Health has published standards for traditional Maori healing, with support from the National Body of Traditional Maori Healers (AHF 2006, p31); and
- ***New Zealand*** - the existence of treaties that are recognised and respected by government and incorporated into government policy provide an environment conducive to the development of healing programs designed, delivered and controlled by Aboriginal people.

1.11 Findings of the previous evaluations of the Link-Up, BTH and SEWB RC Programs

There have been a number of major previous evaluations/reviews of and reports on the Link-Up, BTH and SEWB RC Programs. These include:

- overall evaluations or surveys of the government's responses to the BTH Report, including those by, or for:
  - government organisations eg a major inquiry by the Senate Legal and Constitutional Committee (SLCC 2000), and an evaluation by the Ministerial Council of Aboriginal and Torres Strait Islander Affairs (MCATSIA) (Success Work 2003); and
  - Stolen Generations organisations eg a survey of progress as at November 2002 by the NSDC (O'Brien and Bond 2002), and a discussion paper by the Central Australian Stolen Generations and Families Aboriginal Corporation (CASG&FAC, 2002).
- in relation to Link-Up, evaluations at both a national level (KPMG 1999b; ATSIS 2003a) and a State/Territory level in:
  - NT (Bentleys MRI);
  - WA as part of a review of the BSF Program (OTS Management 2005); and
  - NSW, in addition to the BTH services, as part of a review of SEWB services in that State (IPS 2006);
- in relation to the Link-Up, BTH and SEWB RC Programs, a report on the national BTH Workshops held in 2004 (Kuracca Consultancy nd); and
- in relation to the SEWB RCs, an evaluation of the Emotional and Social Well Being (Mental Health) Action Plan, which includes the SEWB RCs (Urbis Keys Young 2001) and a report on a national SEWB RC Workshop held in 2004 (Kuracca Consultancy 2005).

This sub-section briefly identifies the key lessons from the above reports of greatest relevance to this evaluation.

1.11.1 Valuable services with high levels of satisfaction

The national and State-level evaluations of the Link-Up and BTH programs have concluded that overall they are providing a valuable and useful service (Bentleys MRI, p21).

Where feedback from clients has been available, there have generally been high levels of client satisfaction with the services provided (ATSIS 2003a).

1.11.2 Good practice

Several reports have examined good practice in relation to the Link-Up and/or BTH services (Success Works 2003, pp59-60, 611-62; KPMG 1999b; IPS 2006). The key themes in relation to this have included:

- ***Clear directions, planning, leadership and vision*** – a clearly defined organisational vision, encompassing planning and direction (Success Works 2003);
- ***An integrated holistic approach to service delivery***, which meets client needs through a variety of available services (IPS 2006; Success Works 2003);
- ***Flexibility and responsiveness to clients*** – encouraging ways of working which suit the client group, incorporate a culturally appropriate manner of working, and build trust by providing a physically and emotionally safe environment (Success Works 2003);

- ***Appropriate identification of client base*** without exceeding the boundaries of service provision (IPS 2006);
- ***Integrated teamwork by a highly skilled workforce*** with clinical (in the case of BTH workers) and cultural competence. This includes the provision of training opportunities, support, supervision and opportunities for debriefing among colleagues and as part of professional supervision (Success Works 2003);
- ***Established networks*** and a commitment to collaboration and partnerships with other key organisations (Success Works 2003). This includes effective referral networks with both Aboriginal and mainstream organisations (KPMG 1999b);
- ***Auspice agencies which are viable and sound*** – this includes having longer term viability, an ability to combine resources rather than funding dollar allocations, flexibility to meet the changing needs of the community (IPS 2006), and sound policies and procedures (Success Works 2003); and
- ***Developing quality assurance and evaluation processes*** to ensure the services engage in an action research process of continually improving the services they provide (KPMG 1999b; see also Success Works 2003).

1.11.3 Limitations of the programs

The main limitations of the Link-Up and BTH Programs identified in previous reports are that:

- ***The programs are not adequately meeting the needs of the Stolen Generations*** – this has been the conclusion of both government reports (SLCC 2000; Success Works 2003) and Stolen Generations organisations (O'Brien and Bond 2002; CASG&FAC 2002) which have assessed the government response to the BTH Report;
- ***The funded services have targeted the whole Aboriginal community rather than Stolen Generations members*** (SLCC 2000, p281; O'Brien and Bond 2002, p15);
- ***There has been inadequate consultation by OATSIH or the services with Stolen Generations members*** to enable them to have sufficient input into the nature of the services provided (CASG&FAC 2002, p20), especially during the establishment and operation of the programs;
- ***Stolen Generations members are dissatisfied with the services provided*** for various reasons, including: not finding the counselling services culturally appropriate (IPS 2006, p21); not wanting to access Link-Up services which are co-located with mental services since 'they have no wish to be stigmatised as people with mental problems' (O'Brien and Bond 2002, p33); and being reluctant to access support from agencies associated with government (Success Works 2003, p16). One of the factors prompting the recent NSW review was an awareness that 'many Stolen Generations people were choosing to access support from each other rather than through the funded BTH programs' (IPS 2006, p16);
- ***Services have predominantly been provided to second and subsequent generations of the Stolen Generations***, rather than the first generation (Bentleys MRI nd, p16). The NSDC reports that provision of any services to second and subsequent generations is a 'contentious issue in several States' (ie amongst first generation members) (O'Brien and Bond 2002, p15);

- ***BTH resources have sometimes been redirected into other activities conducted by the auspice organisations*** (OTS 2005, p6; Bentleys MRI nd, p84-85);
- ***The services have generally adopted a reactive rather than proactive and strategic approach to service delivery*** (OTS 2005, p4) – for example, mostly responding to clients who approach the service (Bentleys MRI nd, p16);
- ***Insufficient promotion of the programs in the Aboriginal community and more broadly***, which is connected to the factor above (Success Works 2003, p65; IPS 2006, p22);
- ***The need for stronger links with other agencies and service providers***, including at a Commonwealth and State government level (Success Works 2003, pvi). For example a survey of major organisations for the evaluation of the WA BSF Program found that 70% of respondents were not aware of the BSF services in their region. There was also some confusion about the role and potential benefits of the program for clients (OTS 2005, p5, 8);
- ***The lack of national service standards for the programs, particularly in relation to Link-Up services*** (OTS 2005; ATSIS 2003a; KPMG 1999b, p9);
- ***Inadequate coordination between the programs,*** especially the BTH and Link-Up Programs (Bentleys MRI nd, p15; ATSIS 2003a) ***and the Link-Up/BTH and*** SEWB ***RC Programs*** (Kuracca Consultancy nd, p5);
- ***Workforce issues,*** including: variable skill and qualification levels of staff, with Indigenous staff being much less likely to have, for instance, formal mental health qualifications (IPS 2006, p18); problems with staff retention and turnover related to such issues as staff burnout, the stressful nature of the work, uncompetitive pay (Bentleys MRI nd, p87; see also IPS 2006, p19); variations in job descriptions (Kuracca Consultancy 2005, p5); and insufficient access to training and professional support (ATSIS 2003a, p101; Kuracca Consultancy nd, p5, 7; IPS 2006, p19);
- ***More outreach work is required by the services*** (ATSIS 2003a), including to areas where Stolen Generations members live (IPS 2006, p22; O'Brien and Bond 2002, p33);
- ***Difficulty engaging male clients*** (IPS 2006, p21);
- ***Lack of attention to evaluation and monitoring*** (eg OTS 2005, p8; Success Works 2003, pvi). The MCATSIA report recommended an overall evaluation framework be developed for BTH activities (Success Works 2003, p67); and
- ***Difficulties experienced by Link-Up in accessing records.*** For example the MCATSIA evaluation recommended a national policy be developed to provide unhindered access to records (Success Works 2003, p19).

Previous reports examining the SEWB RCs have generally concluded that there are major limitations in how they are performing their roles (Urbis Keys Young 2001, ppiii-iv). This has included lack of clarity around their functions (Kuracca Consultancy nd, p8), and a failure to adequately meet the professional development needs of Link-Up and BTH workers (O'Brien and Bond 2002, p33; IPS 2006, p22).

1.11.4 Future demand

The ATSIS evaluation of Link-Up concluded that in Tasmania, most people who were going to access the Link-Up service had already done so, and it was time to move the service scope on to support the

further needs of these people (ATSIS 2003a, p9). However, no other reports examined by this review argued that the Link-Up or BTH services may have reached their logical conclusion.

Some reports have noted that it is difficult to estimate the potential demand for the Link-Up and BTH programs (in addition to the actual demand currently), but suggest that it may possibly be quite large:

- The 1999 national evaluation of Link-Up services recommended that outreach activities be funded for three years with a focus on identifying demand, and that a decision then be made as to whether to meet demand in regional areas by establishing a regional service in each State/Territory or providing outreach services (KPMG 1999a, pp85-86);
- The evaluation of the BSF program in WA concludes that there is likely to be a considerable level of potential demand (termed 'latent demand') from second and subsequent generations of the Stolen Generations, due to the larger number of generations affected and an increasing realisation by subsequent generations that they have passed on their own sense of pain at what happened to future generations (OTS 2005, p2); and
- Surveys by the NSDC found that several thousand people, particularly in country and rural areas, would make use of Link-Up services if they could access them (O'Brien and Bond 2002, p33).

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