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The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma

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ABSTRACT

This paper reports on the findings from a study exploring the efficacy of a training program for child protection practitioners. The training aimed to improve understanding of the sociohistorical context that underpins interactions between the welfare system and Aboriginal communities, the impact of past and present child protection laws, and the importance of trauma theory to guide practice when working with Aboriginal families. A pre-post survey design study was conducted. Findings demonstrated the preferred theoretical approach to practice was guided by attachment theory. No participant listed trauma theory as guiding their work with Aboriginal families. The study found the lack of skills and knowledge deficit of trauma-informed principles and the limited understanding of trauma theories can be and should be addressed in vocational training. As a result of the training, participants' knowledge about trauma significantly improved, as did their understanding of key concepts such as the difference between past and current welfare laws, assimilation, intergenerational trauma and trauma-related behaviours. Findings point to the need for high quality training in entry-level and professional development for welfare practitioners to support best practice in working with Aboriginal families, and the importance of rigorous evaluation of training to ensure that it is impactful.

IMPLICATIONS

- Welfare practitioners do not necessarily understand trauma theory and trauma-informed practice and do not understand the impact of trauma on Indigenous Australians.
- Mandatory in-service training about the past and ongoing traumatic impact of previous child welfare system laws, must be provided to welfare practitioners.
- Trauma theory needs to guide child protection practice when working with Aboriginal families.

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Throughout this paper, the word Indigenous is used respectfully and interchangeably with the terms Aboriginal and Aboriginal and Torres Strait Islander. All terms are used to

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This article has been corrected with minor changes. These changes do not impact the academic content of the article.

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acknowledge, describe, and honour the original inhabitants and traditional owners of Australia and their descendants.

We begin this discussion with a brief explanation to position ourselves as the authors. The lead author brings more than twenty years of experience working with statutory child protection services, ongoing experience as a consultant delivering training programs to government and nongovernment organisations, and more than ten years in academia. She is an Indigenous Australian woman from the Wonnarua people in the Hunter Valley, in New South Wales (NSW), and has both personal and professional working knowledge of the traumatic impact of forcible child removal in the Indigenous community. She also worked as a social worker on the Stolen Generations Inquiry at the Australian Human Rights Commission, where she was witness to hundreds of very personal and painful testimonies from Indigenous people who had been forcibly removed from their families. The co-author is a non-Indigenous academic with extensive experience in adult education, research, and in working to support improved outcomes for children and families who experience adversity.

Within colonised nations, such as Australia, Canada, New Zealand, South Africa, and the United States of America, there is ever growing awareness of the importance of culturally meaningful approaches to practice if we are to address the stark over-representation of Indigenous children in the child protection sector and the associated poor life outcomes (Filbert & Flynn, 2010; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Schiller & de Wet, 2019). At the heart of appropriate practice is the quality of training for welfare practitioners. This paper examines the impact of a training program for child protection workers that employs trauma theory as a foundation on which to understand the experiences of Australian Aboriginal people. Trauma is defined as an “intense fear, helplessness, loss of control and threat of annihilation” resulting from events that “overwhelm the ordinary human adaptations to life” (Herman, 1992, p. 33). The study recommends child protection professionals have their practice informed by trauma literature and understand trauma-informed principles if they are to be effective in providing meaningful support to Aboriginal children and families.

The child protection sector requires a highly trained professional workforce. Child protection services depend on workers who have the ability to make sound professional judgements and to make decisions based on best practice, who draw on information provided by families to determine the nature of the support required, and offer the best outcomes for children and young people. In addition to providing baseline training inducting practitioners into organisational culture, policies, and practices, it is essential that practitioners are provided with ongoing clinical supervision and training that relates specifically to their work practices so they can acquire the knowledge and skills that will support them in their day-to-day job (Bromfield & Ryan, 2007; Menzies & Stoker, 2015; Noble, Gray, & Johnston, 2016).

Lonne, Haries, and Lantz (2013) call for an “Indigenised” workforce to ensure that the practice of all workers is culturally responsive and safe. Some argue that the most effective strategy for improving the cultural competence of child protection professionals is to employ more Indigenous practitioners (Arney, Iannos, Chong, McDougall, & Parkinson, 2015; Bessarab & Crawford, 2010), while this is certainly an important strategy, it is also essential that non-Indigenous practitioners have high levels of cultural appreciation, cultural responsiveness, and knowledge of the lived experience of Indigenous Australians.

The acquisition of both clinical competence and cultural competence needs to work in unison for Indigenous and non-Indigenous practitioners. Clinical competence requires that all practitioners have an accurate understanding of the “Aboriginal experience of colonising practices, including removal, separation, assimilation and the phenomenon of multifaceted trauma” (Menzies & Gilbert, 2013, p. 53). Cultural competence requires all practitioners to have “a commitment to recognising and embracing cultural diversity and effective practice around navigating cultural norms and nuances” (Menzies & Gilbert, 2013, p. 53).

For those working in the child protection sector the importance of training cannot be underestimated, especially for welfare practitioners working with Aboriginal children and families. The importance of providing the historical and sociopolitical content of Aboriginal people’s experience within the welfare state in child protection training to welfare practitioners has recently been acknowledged in the *Family is Culture: Review Report*, which states “a fundamental requirement for professionals working in the child protection regulatory space in order to effectively understand and service the Aboriginal population in NSW” demands they must be “educated in the history of Aboriginal people in NSW” (Davis, 2019, p. 180). The Family is Culture report is the result of an independent review of Aboriginal children and young people in the New South Wales out-of-home care (OOHC) system which recommends that child protection staff have training that encompasses the “interaction between past child welfare authorities and Aboriginal people from the late 1800s in New South Wales” (Davis, 2019, p. 180).

The Australian Royal Commission into Institutional Responses to Child Sexual Assault (2016) points out that it is essential to understand the experience and impact of both the “historical context and its legacy of collective and intergenerational trauma” for Aboriginal people (p. 79). In the Australian context, significant trauma exists within Aboriginal communities as the result of the “Stolen Generations”, a term that describes those who were affected by government legislation between 1910 and 1970 that supported the forced removal of Aboriginal children from their families and communities (Grace, Burns, & Menzies, 2016). It is essential that welfare practitioners working with Aboriginal children and families have in-depth knowledge about collective, historical, and intergenerational trauma, the manifestation of trauma, and trauma symptomology (Menzies, 2019b).

Although the delivery of cultural awareness and cultural competency training programs for Australian welfare practitioners is widespread, these courses rarely adequately address the historical and sociopolitical context of forcible separation and assimilation and the personal impact on Indigenous families and communities. The quality of the existing training varies, it is rarely subject to rigorous evaluation (Finan, Bromfield, Arney, & Moore, 2018), and there is an identified lack of trauma content (Bromfield & Ryan, 2007; Davis, 2019). Trauma research specifically relating to Indigenous Australians and child neglect is very scant (Newtown, 2016). While applying trauma literature and implementing trauma-informed approaches in Australia is in its infancy (Royal Commission into Institutional Responses to Child Sexual Assault, 2016) there are also systemic challenges around the implementation of trauma-informed practice, and research is needed to evaluate the impact of this training on client wellbeing and service delivery outcomes (Davis, 2019; Wall, Higgins, & Hunter, 2016).

A highly trained and skilled child protection workforce is critical to ensure the best outcomes for vulnerable children. Evidence suggests practitioners in statutory and

nongovernment organisations benefit from vocational child protection training (Holzer & Bromfield, 2008; Martin & Healy, 2010) and this boosts organisational capability (Office of the Children's Guardian, 2019). Responses from child protection professionals to "sustained training and professional development have been found to build confidence in decision making and improve practice" (Gursansky, 2016, p. 4). However, there is an absence of literature evaluating child protection practitioners' responses to trauma training or evidence of practitioners undertaking trauma training when working with Aboriginal families in the NSW child protection sector. Despite the substantial national and international literature recognising the importance of trauma training and trauma-informed care for child protection services (Atkinson, 2013; Davis, 2019; Menzies, 2019b; Quadara & Hunter, 2016; Royal Commission into Institutional Responses to Child Sexual Assault, 2016). Furthermore, Quadara and Hunter (2016, p. 3) note "there is no central repository of information about current practice in trauma-informed care, making the picture of the current situation in Australia opaque and fragmented". A key element in bringing about organisational change is to provide high quality foundational training, postqualifying training and professional development that addresses the knowledge and skills deficit of trauma-informed principles and the limited understanding of trauma theories in child protection practice with Indigenous children, families, and communities.

An audit examining New South Wales Department of Family and Community Services case files for 80 Indigenous children with substantiated findings of emotional abuse and neglect found that "not a single file reviewed, explored, or explicitly questioned whether an intergenerational experience of previous removal had impacted on the family" (Libesman, 2013, p. 67). The study points out that the lack of practitioner awareness of intergenerational trauma and grief resulted in the absence of appropriate counselling services utilised to address such unresolved trauma and grief (Libesman, 2013, p. 68). Without access to specific services to assist Aboriginal people to deal with the impact of past and present trauma, parenting competence may be compromised and Aboriginal children are vulnerable to entering the OOHHC system. The high prevalence of trauma experienced by Indigenous Australians demands that welfare practitioners are job ready and equipped to work with clients with complex and challenging needs.

The study described in this paper responds to the call for research that investigates the ways in which child protection professionals are responding to the various levels of trauma present in Aboriginal families as the result of assimilation and family separation (Anderson et al., 2017; Finan et al., 2018; Menzies, 2019a). It specifically addresses the impact of practitioner training that details the historical and sociopolitical context of forcible separation and assimilation using trauma theory. The study looked at the increase in practitioner knowledge as the direct result of participation in the training.

Methods

Study Design and Research Question

A pre-post survey design was employed with child protection workers to ascertain the immediate impact of participation in the training program on their knowledge of concepts

that are key to effective working with Aboriginal children, families, and communities. The research question posed was: Does participation in professional training increase practitioner knowledge of the following: the historical and sociopolitical context that underpins current child protection policy as this relates to Australian Indigenous children; understanding of trauma; and how these experiences manifest on an individual and community level.

Participants

All child protection practitioners who attended the training program were invited to be part of the research study. All 55 people who attended the course also consented to participate in the research. A written invitation to participate in the study was sent to the NSW state government agency that provides child protection services, along with two of the largest not-for-profit child welfare organisations in NSW. Welfare services were asked to distribute the invitation to workers across their service through staff development mechanisms. The invitations sought out welfare practitioners to attend a free one-day training course, with meals provided. Signed consent forms were completed on the day of the training before the program commenced. Thirty participants were employed by the NSW statutory child protection organisation and 25 participants were from the non-government sector.

Training Workshops

A total of six workshops were conducted in different locations around New South Wales including in three Sydney metropolitan locations, one regional centre, and two rural locations. The training workshops were conducted in conference room facilities at motels in each town as the conference rooms provided a neutral location without the distractions of day-to-day work. The one-day practitioner training course was presented in three two-hour sessions:

- Session 1: A historical and sociopolitical analysis of past child welfare assimilation and separation laws, practices, and policies.
- Session 2: The personal impact of past laws, practices, and policies on Indigenous individuals, families, and communities.
- Session 3: Using a trauma framework to understand the Aboriginal experience of separation and assimilation. The training curriculum covered the impact of individual, intergenerational, and collective trauma.

A full description of the development and content of the course will be published elsewhere.

The training was delivered by the first author, an Indigenous woman with intimate personal experience, postgraduate qualifications in social work and in medical science, extensive experience working within the child protection sector, and experience in delivering adult education programs. The importance of the personal and professional experience of the training facilitator should not be underestimated as a key variable in the effectiveness of training of this nature.

Pre- and post-training questionnaires were administered at each of the six practitioner training workshops. The 11-item questionnaire asked the participants to respond to questions addressing the following issues:

- the theories they used in general child protection work and specifically in child protection work with Aboriginal families,
- what they perceived to be the barriers for Aboriginal families in working with their organisations,
- understanding of key concepts such as assimilation, intergenerational trauma and trauma-related behaviours.

The questionnaire was administered immediately before the training program commenced, and immediately after the training program before participants left for the day. Participants were encouraged to complete each question but reminded that they could choose not to respond to any questions that made them feel uncomfortable. No prompting was given to the participants about desired responses in the pre- and post-course questionnaires. To minimise potential risk of bias, training materials, such as PowerPoint slides or other learning materials were not visible to participants while they completed both the pre- and post-course questionnaires.

Analysis

SPSS v19 for Windows was used to analyse the data from the pre- and post-course questionnaires. Open-ended questions were coded by the first author so that responses could be counted and analysed quantitatively. Simple descriptive statistics were used to summarise demographic data. T-tests and chi squared tests (for categorical variables) were used to look at changes between pre- and post-questionnaire responses. A small number of open-ended qualitative questions were analysed using a simple content analysis approach, providing supplementary information on participant experience of the training.

Ethics

Ethics approval for the study was secured through the Macquarie University Human Ethics Committee (Approval number 5201100896). There were ethical considerations unique to this study and mechanisms were in place to manage potential risks in case the participants were distressed by the content or participants were triggered by their own personal trauma. For instance, Aboriginal practitioners may have had family members who were removed, may have experienced separation themselves, or may have been dealing with the ongoing effects of intergenerational trauma. They were given the option to withdraw at any time if they were distressed by the curriculum. If Aboriginal welfare professionals chose to continue, emotional support and counselling was available, or referrals could be made to relevant agencies. Other ethical considerations were made for those research participants who had also experienced trauma or the loss of a child through miscarriage or stillbirth, or premature death of the child. If research participants were distressed during the training they were also given the option to withdraw. One of the two members of the research team, who has a background in psychology, attended

each training day to manage any distress experienced by research participants. All research participants completed all six practitioner workshops without drawing on any of the support mechanisms provided for each practitioner training course.

Results

Demographics

The demographic characteristics of the participants are summarised in Table 1. Notable in our analysis of the demographic data was the difference between levels of education for those working in the state statutory department compared to those from the two not-for-profit organisations. The number of participants who recorded having an undergraduate university degree was slightly higher for the welfare practitioners from the statutory department (52.6%) compared to the nongovernment welfare practitioners (47.4%).

Table 1 Demographics

Variable	Number	Percentage
Identified as female	52	94.5%
Employed in the state government statutory department	30	54.5%
Employed in the non-government sector	25	45.4%
Current role within the child protection sector:		
• Case worker	37	67%
• Case work manager	13	23%
• Senior Team Leader	5	9.9%
Length of service within the child welfare sector:		
• 5 years or less	20	37%
• More than 5 years	35	63%
Age:		
• 18–24 years	3	5.4%
• 25–34 years	15	27.3%
• 35–44 years	13	24%
• 45–54 years	15	27.3%
• 55–65 years	9	16%
Education level:		
• Technical and Training College diploma	7	12.7%
• Undergraduate degree	38	69.1%
• Master degree	8	14.5%
• Missing data	2	3.7%
Self-identified cultural background:		
• Anglo-Australian non-Aboriginal	40	72.7%
• Aboriginal Australian	7	12.7%
• Other cultural background*	8	14.6%

*Chilean, Croatian, Fijian, Dutch, Scottish, Swedish, Tongan, and unidentified.

However, there was a considerable difference in the number of statutory welfare practitioners with a Masters degree (75%) compared to the number of nongovernment welfare practitioners with the same level of qualification (25%). The majority of the participants representing nongovernment organisations had TAFE-college-level diplomas rather than university qualifications (71.4%).

Pre- and Post-Questionnaire Findings

Pre-Training Practitioner Responses: Sources of Information

In the pre-training questionnaire, participants were asked to identify their sources of information for understanding the difference between past child welfare laws and current child protection laws in relation to Aboriginal families. Responses included:

- in-service training ($n = 43$, 76.4%)
- tertiary studies ($n = 29$, 52.7%)
- personal experience ($n = 4$, 7.3%)
- professional experience ($n = 2$, 3.6%)
- reading and personal studies ($n = 2$, 3.6%)
- speaking to people in Aboriginal communities ($n = 1$, 1.8%).

Participants from the statutory government department were more likely to have received information through in-service training (87%) than participants working in the nongovernment sector (64%). Practitioners in rural locations were more likely than those in city locations to have received in-service training (45% compared to 32.7%).

Pre-Training Practitioner Responses: Theories Used by Welfare Practitioners When Working with Families

In their pre-training questionnaire, research participants identified multiple theories that informed their professional practice in their general child protection work with families. They were then asked about theories that they use to guide their work specifically with Aboriginal families. Participants were allowed multiple responses. These responses are summarised in Table 2. Attachment theory was identified as the most employed theoretical approach in response to both questions. It should be noted that in the wording of the question participants were provided with three theories as examples, including attachment

Table 2 Theoretical Foundations to Child Protection Practice

Theories identified by participants as guiding their child protection (CP) practice	Used in general CP practice N (%)	Used in CP practice with Aboriginal families N (%)
Attachment	40 (72.7%)	18 (32.7%)
Psychosocial development	26 (47.3%)	11 (20.0%)
Systems analysis	20 (36.4%)	12 (21.8%)
Strengths-based approach	6 (10.9%)	5 (9.1%)
Child development	5 (9.1%)	4 (7.3%)
Trauma theory	2 (3.6%)	0
Grief and loss	1 (1.8%)	1 (1.8%)
Other (Attunement, dyadic brain development, psychotherapy, cultural knowledges, gestalt and terror approaches, behavioural cognitive and ecological theory, communication theory, narrative)	9 (16.4%)	5 (9.1%)

theory, grief and loss, and psychosocial development. It is possible that participants treated these examples as default answers, although very few listed one of the examples, grief and loss, as a theory that influenced their practice. It is notable that no research participant identified trauma theory as guiding their work with Aboriginal families. We did not observe differences in response depending on the level of practitioner qualification.

Pre- and Post-Comparison: Knowledge of Key Concepts

The Barriers Aboriginal Families Experience

Research participants were asked to self-rate the extent to which they agreed with a statement about being able to describe the barriers Aboriginal families experienced with their organisation using a Likert scale that ranged from (1) strongly agree to (5) strongly disagree. On average, most participants agreed with this statement on the pre-training questionnaire, that is, they believed they could accurately describe the barriers: 9.1% strongly agreed; 67.3% agreed; 18.2% were unsure; and 1 person (1.8%) disagreed.

The participants provided multiple examples of the organisational barriers experienced by Aboriginal families. The examples included past experience, including history of forcible removals (50%), poor worker performance/lack of education and training/lack of cultural competency (46.3%), fear and distrust (25.9%), inadequate services and resources (25.9%), lack of Aboriginal staff and programs (22.2%), and experiencing trauma (9.3%). Other examples identified by 5 or fewer participants included discriminatory practices, poor accessibility of services, reliance on kin rather than seeking help and support from services, the over-representation of Aboriginal and Torres Strait Islander children in the system, and low levels of literacy amongst Aboriginal people.

The Difference Between Past Child Welfare Laws and Current Child Protection Laws

On the pre-training questionnaire, the mean score for self-rating on the extent to which the participant understood the difference between past and present laws was 2.265 ($SD = 0.73$) (where 2 = agree). Post-training, this mean self-rating score was 1.265 ($SD = 0.45$) (where 1 = strongly agree). The difference between pre- and post-scores was highly statistically significant ($p < 0.001$).

Participants were asked to provide examples of the differences between past and present laws. The examples were then coded by the research team on a scale of 1–5 based on their accuracy (1 = accurate, 5 = completely inaccurate). Pre-training the mean accuracy score was 3.45 ($SD = 1.27$) (where 3 = somewhat accurate). Post-training the mean accuracy score was 1.25 ($SD = 0.65$) (where 1 = accurate). This difference from pre- to post-training was highly statistically significant ($p < 0.001$). This finding is depicted in [Figure 1](#) below.

Understanding Assimilation

In the pre-training questionnaire, 51.4% of participant definitions of assimilation were incorrect. In the post-training questionnaire only 15% were incorrect. This is a statistically significant improvement ($p = 0.034$). No relationship was found between accuracy of response and education level, length of time in service, or whether the participant was employed within a nongovernment organisation (NGO).

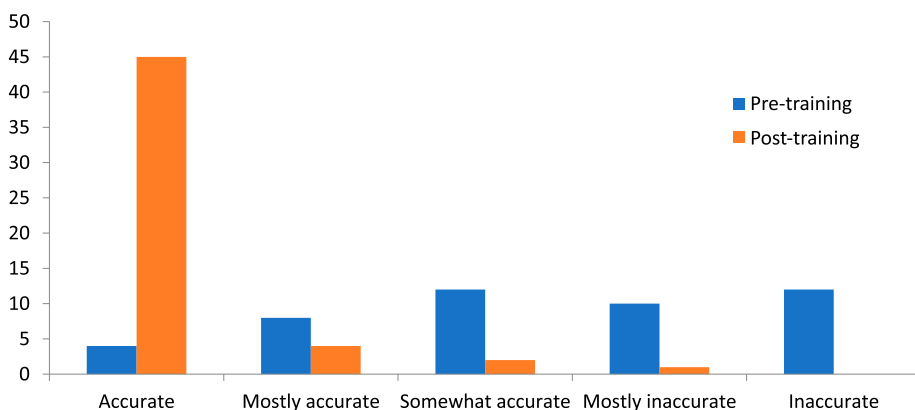


Figure 1 Participant accuracy in describing the difference between past child welfare and current child protection laws

Understanding Intergenerational Trauma

In the pre-training questionnaire, 72.7% of participants were able to accurately define intergenerational trauma. In the post-training questionnaire this had improved to 90.9%. While there was a clear improvement, it did not reach statistical significance because the number of correct responses was high to start with. We did not find a relationship between accuracy of response and education level, length of time in service, or whether the participant was employed in the government or NGO sector.

Understanding Trauma-Related Behaviours

The mean score on a 5-point Likert scale assessing self-rated understanding of trauma-related behaviours was 2.36 ($SD = 0.53$) (where 2 = mostly accurate). Post-training the mean score was 1.33 ($SD = 0.48$) (where 1 = accurate). This was a statistically significant improvement ($p < 0.001$).

Participants were asked to provide examples of trauma-related behaviours and these responses were scored by the research team according to level of accuracy. These data demonstrated a statistically significant change in the accuracy of the examples provided ($p < 0.001$). The mean score improved from 2.57 ($SD = 1.39$) (2 = mostly accurate) to 1.18 ($SD = 0.45$) (accurate).

Participant Reflections on Past and Current Training Experiences

Participants were asked to reflect on any previous training they might have had that focused on trauma for Aboriginal families. The majority ($n = 43$, 79.7%) said they had received no prior training on trauma within Aboriginal families. More NGO sector employees reported having had previous training on trauma than the statutory participants. For those who did report having received training on trauma previously, all participants reported that the training was not comprehensive or adequate. For example, “The issue of trauma was touched on [in my past training] but not actually acknowledged as being based in the here and now. Never explained the how and why Aboriginal families and communities are still traumatised.”

A participant who received training on trauma in Aboriginal families for the first time as part of this research study commented:

This training provided me with insight into the Stolen Generations. I could recognise the trauma in families that I currently deal with but now I can relate the trauma to their current behaviours and it gives me greater understanding [and] gives me a different lens in which to work with families. Although this is specifically for Aboriginal families, I believe this information will allow me to work with a different set of skills for families displaying trauma symptoms and children displaying trauma symptoms.

Another said: “This training is comprehensive and able to access emotionally, doesn’t create feeling of guilt, allows me to feel that I have a role and place working with Aboriginal people. (I am non-Aboriginal).”

Discussion and Conclusion

This paper describes a research project that evaluated the efficacy of a training program designed for welfare practitioners to support their understanding of the historical and sociopolitical context that underpins their child protection work with Aboriginal families and the importance of acknowledging the impact of forcible separation and assimilation, and recognising the symptoms of collective and intergenerational trauma that exist within Aboriginal communities (Menzies, 2019b). We found that the participating practitioners were limited in their use and understanding of theories to guide practice. A lack of theoretically guided practice was even more prevalent when practitioners were working with Aboriginal families compared to their general child protection practice. There was a strong reliance on attachment theory, and very little use of trauma or grief and loss theory. The limited understanding and lack of trauma-informed practice in child protection with Aboriginal families is a skills and knowledge deficit that can and should be addressed in both entry level training, post-qualifying training, and ongoing professional development. Trauma theory and trauma-informed principles can guide the integrity of child protection work more generally, but it is fundamental knowledge for working with Aboriginal families (McAuliffe et al., 2016; Menzies, 2019a).

The practitioners who attended the training program demonstrated statistically significant improvement in their confidence and accuracy in describing key concepts, including the difference between past and present welfare laws, assimilation, intergenerational trauma, and trauma-related behaviours. It was notable in our analysis that, compared to those who worked in the NGO sector, practitioners who worked for the state statutory department had higher levels of education and reported more in-service training that related to working with Aboriginal families. Despite this difference, there were no significant differences between the government and NGO practitioners in their self-rated confidence in describing key concepts and in the accuracy of their descriptions of key concepts. What this finding suggests is that any training that was offered at the preservice level or was part of professional development was not impactful enough to distinguish those with this experience from those with less qualifications and less training.

The mandatory in-service entry level training for Caseworkers provided by the New South Wales Department of Family and Community Services was reviewed in the *National Comparison of Statutory Child Protection Training in Australia*, which found

that cultural awareness programs regarding Aboriginal and Torres Strait Islander culture were included, however information and theory about trauma was absent (Bromfield & Ryan, 2007). Training programs on cultural awareness and cultural competence “fails to address or challenge socio-political inequalities at structural, institutional and interpersonal levels” (Morrison, Rigney, Hattam, & Diplock, 2019, p. 53). Efforts to be “competent” and in the cultural norms and nuances of each Aboriginal and Torres Strait Islander community ultimately results in “superficial, essentialist and reductionist” understandings of a culture (Morrison et al., 2019, p. 54).

We argue that this is evidence for the importance of reviewing the training on offer, scrutinising its quality, and ensuring that the content addresses those issues that are most important to the day-to-day work of welfare practitioners working with families in the area of child protection. To support the role of child protection practitioners, organisations need to implement trauma-informed principles and ensure that their policies and procedures are informed by trauma literature. Child protection services that operate within a trauma-informed framework require trauma content in entry-level training, ongoing professional development and must incorporate trauma literature across all sections of the agency to ensure trauma-informed principles and theories are embedded in best practice guidelines, models, policies, procedures, and protocols (Strand, 2018, p. 22).

Interpretation of the results of this study must be understood in light of study limitations. It is possible that there was bias within the participant sample. We were not able to ascertain how the child protection agencies selected staff to attend the training. It may be that workers volunteered to attend because they already had an interest in this area, effectively excluding child protection workers who were disinterested or negatively predisposed in their attitudes towards working with Aboriginal people. Alternatively, selection bias may have meant that workers with an already well-developed knowledge of the issues being discussed opted not to attend the training. A further limitation of the study is that the post-training survey was conducted immediately following the training, and so the findings reported here do not assess the sustained impact of the training program. A follow-up study was conducted, and those findings will be published. While there are limitations, this study makes an important contribution to the literature in an area where there is a scarcity of rigorous research looking at the impact of training for child protection workers in how to work effectively with Aboriginal children and families.

The significant over-representation of Aboriginal children in the child protection sector makes it imperative that practitioners receive high quality ongoing training to support appropriate child protection practice. There is an urgency to ensure that training is not just provided, but is provided in a way that improves knowledge, skills and understanding, is rigorously evaluated, and leads to improved practice. We argue that the training described in this paper provides a best practice model.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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