

# The social and emotional wellbeing needs of Aboriginal staff in out of home care: Walking in two worlds

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## ARTICLE INFO

### Keywords:

Aboriginal  
Indigenous  
Culture  
Two-world walking  
Trauma-informed  
Decolonising practice  
Social and emotional wellbeing  
Practitioners

## ABSTRACT

**Background:** There is a disproportionate representation of Aboriginal children in the Australian Out of Home Care system. An important strategy to ensure Aboriginal children experience trauma informed care that is culturally situated is to have access to Aboriginal practitioners. The experiences of Aboriginal practitioners working in Aboriginal Out of Home Care have not been explored thoroughly.

**Participants and setting:** This community led research was undertaken on Dharawal Country on the South Coast of the Illawarra region, Australia with an Out of Home Care program managed by an Aboriginal Community Controlled Organisation. The study included Aboriginal (n = 50) and non-Aboriginal (n = 3) participants connected through employment or community membership to the organisation.

**Objective:** We aimed to explore the wellbeing needs of Aboriginal practitioners working with Aboriginal children in Aboriginal Out of Home Care.

**Methods:** This co-designed qualitative research project used yarning sessions (individual and group), co-analysis with co-researchers, document analysis and reflexive writing.

**Findings:** Aboriginal practitioners are required to bring their cultural expertise to their work and with this, there is an expectation of cultural leadership and the fulfilling of cultural responsibilities. These elements bring with them emotional labour that must be acknowledged and accounted for in working in the Out of Home Care sector.

**Conclusion:** The findings point to the importance of establishing an organisational social and emotional wellbeing framework in recognition of Aboriginal practitioner's specific needs, centring cultural participation as a key wellbeing and trauma informed strategy.

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<https://doi.org/10.1016/j.chiabu.2023.106232>

Received 24 November 2022; Received in revised form 20 March 2023; Accepted 3 May 2023

Available online 21 May 2023

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## Implications

- Walking in two worlds is both a strength and an asset for Aboriginal practitioners and requires emotional labour that is not well recognised within the Aboriginal Out of Home Care (OOHC) sector.
- Aboriginal OOHC programs should ensure all Aboriginal staff can participate in cultural practices.
- Establishing a trauma-informed Social and Emotional Wellbeing (SEWB) framework in Aboriginal OOHC programs '*cocooned in culture*' should be prioritised.

The child protection systems within which Aboriginal, Out of Home Care (OOHC) are situated is often understood through a deficit lens generating deficit discourse (Tuck, 2009). This approach has meant continued failure to adopt decolonising practices, and in turn reinforces racist and oppressive approaches to working alongside Aboriginal and Torres Strait Islander people (Bennett, 2019). In this study the term Aboriginal is used at the request of research participants.

There is complexity in the OOHC space for the recognition and deliberate acknowledgement of Aboriginal identity and its value in supporting Aboriginal children to learn about their own identity and heal. Aboriginal practitioners in Aboriginal OOHC share stories of cultural pride and reclamation of their cultural heritage. This sharing takes effort and intention and is generally not acknowledged within workplaces. Alongside this strength of culture are the stories of sorry business, loss of connection to Country and identity. The consequences of working within a colonised and deficit-focused environment are reduced cultural participation and SEWB of the Aboriginal practitioners.

This paper aims to acknowledge this complexity recognising the inherent value of affording time for cultural connection for Aboriginal practitioners.

Part of a larger research project exploring the development and implementation of culturally-situated trauma-informed practice (CSTIP) in an Aboriginal Community Controlled Organisation (ACCO) Out of Home Care Program (OOHC) this article presents the findings of what hinders and supports the social and emotional wellbeing (SEWB) of Aboriginal practitioners. There is limited formal exploration of the importance of SEWB in the context of CSTIP for Aboriginal practitioners in the doing of Aboriginal OOHC. The following literature review provides context attending to the broader understanding of what is currently occurring within the OOHC sector for Aboriginal children, families and practitioners. A focus on the SEWB needs of Aboriginal practitioners is then explored as they strive to maintain culture and create a trauma-informed environment for Aboriginal children. Therefore, this paper addresses the following research question. What hinders and supports the SEWB of Aboriginal OOHC practitioners in the provision of CSTIP in an OOHC context?

### 1. Aboriginal families and OOHC

Structural issues increase the likelihood that an Aboriginal family will encounter child protection services. These issues include ongoing impacts of colonisation, historical and collective trauma, racism, loss of connection to culture and cultural practices, loss of family and community connection and socioeconomic disadvantage (Gatwiri et al., 2021). The history of colonisation and subsequent experiences of cultural dislocation and loss, disconnection of family and kin ties, poor educational experiences, ongoing psychosocial difficulties and lifelong poverty have resulted in large numbers of Aboriginal children being removed from their parents and placed in OOHC (Atkinson, 2013).

Australia's history of colonisation has its foundations in attempted cultural genocide with few Aboriginal people unaffected by past government policy decisions (Bennett, 2019). The author further states, government policies and practices were enacted to actively eradicate all evidence of Indigenous ways of knowing, being and doing. Assimilation policies were sanctioned with the belief that removing 'half-caste' (a derogatory term based on ideas of eugenics Robinson & Paten, 2008) or fair skinned Aboriginal children and placing them with white families would assist them to readily integrate into society with the intention of losing their Aboriginal identity (Bennett, 2019). The subsequent result of assimilation policies has been identified as the Stolen Generations. Survivors have struggled with experiences of loss, the repercussions of which are a continuing experience of grief through losing family, connection to culture, spirituality, language practices and land (Bamblett et al., 2010). Many of the Aboriginal children currently in the care system are children or grandchildren of the Stolen Generations, highlighting the impact of historical trauma and past policies on contemporary child protection outcomes (Bamblett & Lewis, 2007).

After invasion, Bennett (2019) there was an intentional destruction of social and political infrastructures that held Indigenous societies together. The author argues specific tactics were applied to strip away identity such as: removing Indigenous people from their land, fracturing and outlawing their traditional cultural practices, separating communities, removing children, and deprivation of key community roles such as Elders and Knowledge Holders. Indigenous history has been disregarded by the general Australian population and is a critical element in making sense of the current difficulties in the Aboriginal child protection system (Davis, 2019).

The contemporary effects of colonisation are seen by the large numbers of Indigenous people worldwide experiencing poor social and emotional wellbeing (SEWB) (Dudgeon & Bray, 2018). There are ongoing 'legacies of risk' (Gone, 2013, p. 301). These legacies have resulted in greater numbers of Indigenous people entering the justice system, experiencing reduced life expectancy, academic achievement, high levels of poverty, chronic health concerns, homelessness and mental health difficulties (Atkinson et al., 2010). She concludes the results of colonial policies are seen in the harmful effects such as reduced intergenerational ability to pass on cultural practices and knowledge to Aboriginal children.

## 2. Culturally-situated trauma-informed practice

The use of trauma-informed practice (TIP) has been identified by [Atkinson \(2013\)](#) as an approach for improving health, wellbeing and educational outcomes for Aboriginal children in OOHc and those being restored to the families. The author further claims knowledge of trauma increases understanding of the impact on individuals, families and communities and reduces the possibility of retraumatisation. Facilitating CSTIP with Aboriginal children is challenging, however, it can be achieved if consideration is given to ensuring cultural practices are embedded within the approach ([Gatwiri et al., 2021](#)).

There remains a gap in addressing what is needed to respond in culturally attuned ways within the wider child-serving systems for Aboriginal practitioners. TIP must incorporate an ecological approach encompassing the Aboriginal child's caregiving system and should be embedded within a cultural framework ([Cullen et al., 2021](#)). For these reasons the following section turns to reviewing literature that explores the development of a CSTIP approach in an ACCO.

## 3. The role of adults in culturally-situated trauma informed practice

Key to Aboriginal OOHc programs functioning effectively are Aboriginal practitioners and carers. These stakeholders create the conditions of possibility for of a child-focused, trauma-informed programs. For Aboriginal children the inclusion of Aboriginal practitioners increases the probability of the program being culturally attuned to their needs ([Lonne et al., 2013](#)). Aboriginal carers or carers with cultural understanding also increase the likelihood of Aboriginal children learning about culture and feeling strong in their identity ([Raman et al., 2017](#)).

### 3.1. Practitioners

Practitioners in OOHc work on the frontline of child protection in complex and often fraught circumstances that require specialist skills and the capacity to respond to competing demands ([Department of Auditor-General, 2018](#)). Working in child protection can be emotionally difficult with practitioners often exposed to multiple stressors throughout their workday ([Collings et al., 2021](#)). Stressors include: unpredictable working hours; exposure to distressing stories and high expectations from the workplace and can result in reduced wellbeing ([Department of Auditor-General, 2018](#)). Further risks to wellbeing for practitioners include; a paucity of mental health support for staff, increasingly stressful work environments, high staff turnover and unreasonable workload demands. For these reasons child protection agencies often experience substantial staff turnover and difficulties in staff recruitment. Recruitment and retention challenges impact workplace culture and increase pressure on the remaining workforce ([Lewig & McLean, 2016](#)). High staff turnover has implications for relationship building among peers, children and their families and has poor consequences for effective casework ([Collings et al., 2021](#)). Caseworker turnover has also been linked to placement instability ([Carnochan et al., 2013](#)).

Effective casework for Aboriginal children and their carers includes access to Aboriginal practitioners ([Lonne et al., 2013](#)). In Australia, there is a need to increase the Aboriginal child protection workforce by 30 % to account for the significant proportion of Aboriginal children in care ([Lonne et al., 2013](#)). Aboriginal practitioners provide knowledge, skills and world views that are a strength in engaging with Aboriginal families ([Oates, 2020](#)). Aboriginal families believe it is crucial they are provided the opportunity to work with Aboriginal practitioners from Aboriginal organizations ([Aboriginal Child, Family and Community Care State Secretary, 2020](#)). For these reasons Aboriginal practitioners are an integral asset in the child protection sector. To attract and retain Aboriginal practitioners there is a need for increased resources and support ([Lonne et al., 2013](#)).

To date there is little formal exploration of the experiences and needs of Aboriginal practitioners in the context of Aboriginal OOHc. This paper aims to address this gap by exploring Aboriginal practitioners social and emotional wellbeing (SEWB) needs when working in Aboriginal OOHc.

## 4. Method

This research was located on Dharawal Country situated between the land and sea on the east and mountains on the west on the South Coast of NSW. The research was conducted in collaboration with the Illawarra Aboriginal Corporation. Illawarra Aboriginal Corporation (IAC) is the only Aboriginal Community Controlled Organisation (ACCO) funded service provider for Aboriginal children in OOHc in the Illawarra. The authors of this paper comprise five Aboriginal men and women and three non-Indigenous women. Participants were recruited using a purposive sampling and snowballing method ([Creswell, 2013](#)). The inclusion criteria included all members of the IAC encompassing: the members of the board; the Aboriginal Advisory group; staff and kinship and foster carers of Myimbarr permanency support. Carers were required to have a child currently in their care being case managed by Myimbarr Permanency Support.

The research employed an Indigenous Participatory Action Research (IPAR) methodology, collaboratively researching with practitioners, carers and Aboriginal Advisory group members. An Aboriginal Advisory Group was established and maintained throughout the research providing cultural advice and leadership over the project. Indigenous standpoint theory is the theoretical frame used for this paper, holding 'Indigenous knowledges' at the centre ([Tuhiwai Smith, 2013](#)).

Multiple, interpretive data gathering methods were used including:

- Transcripts of yarns conducted with IAC practitioners, board members and community (n = 46) and carers (n = 7). Following Bessarab and Ng'andu (2010), five types of yarning were used including; social, collaborative, research, crossing-cultural and therapeutic yarns, conducted face to face.
- Ethnographic field notes of observations of IAC meetings and everyday work interactions were employed to explore the interactions between participants (Creswell, 2013).
- Artifact and document collection supported the understanding of the complexity of the Aboriginal OOHHC sector and translation of data into visual images.

Data analysis was completed using the six-phase approach to reflexive thematic analysis (Braun et al., 2019). All yarning sessions were recorded, transcribed verbatim and de-identified to ensure anonymity (Liamputtong, 2013). The transcripts were then read to explore themes as 'reflecting a pattern of shared meaning, organised around a core concept or idea' (Braun et al., 2019). Taking a deductive approach, the research question was the basis upon which themes were drawn from the data. Codes were generated from the data by using a systematic approach. The codes were then examined to identify patterns across the dataset. Through this process, central organising concepts were created, establishing themes to answer the research question (Braun et al., 2019). Following the initial stages of analysis, the themes were shared with the co-researchers (practitioners, carers and the Aboriginal Advisory group) in yarning co-analysis sessions. These sessions provided clarification and further sense making. The themes were then refined and named for final analysis and writing up. To ensure fidelity and credibility to the data analysis direct participant quotes are incorporated. As per ethical requirements for Indigenous research, ethics approval was granted by the Aboriginal Health and Medical Research Council (Approval no. 1491/19).

## 5. Findings

The data analysis identified five dominant themes:

- 1) Cultural responsibility and emotional labour;
- 2) Complexities of working in this space - boundary setting;
- 3) Community expectations;
- 4) Going back on Country; a well mob;
- 6) The emotional toll.

The findings are organised under these dominant interrelated themes and were agreed upon by the co-researchers. The themes demonstrate the enablers and restraints to Aboriginal practitioners' wellbeing when working in an ACCO providing CSTIP. The themes must be read within and through each other as they are understood as the entangled experiences of knowing, being and doing of Aboriginal people within this research.

## 6. Cultural responsibility and emotional labour

Cultural responsibilities and the emotional labour they entail was a dominant theme evident in the data. Navigating the boundary crossing between two worlds was found to be both a strength and a challenge. The two worlds are the 'Blak' (Deacon in Perkins & Williamson, 1994) world of an Aboriginal person and the colonial settler world. The term 'Blak' was coined by Destiny Deacon in 1990 as an act of reclaiming the word black to mean specifically First Nations people of Australia. Aboriginal participants shared what keeps them strong as they navigate working and walking between the two worlds. Aboriginal people in Myimbarr hold multiple roles in their work and personal lives. These roles include their substantive position as a worker or carer and the reciprocal obligations held within family and community. Many participants shared stories of personal struggle at the same time as managing the workload expectations within the program.

Aboriginal OOHHC practitioners, Kin and foster carers are required to centre cultural knowledge and practices. They are also expected to share these knowings, beings and doings in many environments, including the IAC, the community, external agencies (government and non-government) and with the children. There is no boundary between personal and work life for an Aboriginal person as described by some participants: "There is no nine to five" (Indigenous practitioner, Peter). There is an expectation an Aboriginal person will hold the roles of practitioner and Aboriginal community member twenty-four hours a day, seven days per week: "We keep community and family in mind all the time" (Aboriginal practitioner group yarning session (PYG)).

## 7. Complexities of working in this space - boundary setting

Navigating the landscape of acceptance and carrying out cultural responsibilities can lead to the community feeling betrayed by the Aboriginal practitioner, specifically when working in a OOHHC role. Melinda, a practitioner explains:

The boundaries for example ... it's just murky, everything is murky ... when I met with Roger he was saying it was a difficult place to be Aboriginal and work in your own community because of those difficult conversations ... it's seen as you're working for the government or close to the government and as he said you're a coconut, you've betrayed our trust.

The "murky" Melinda describes highlights the complexities for Aboriginal staff when working in an organisation supporting Aboriginal children who have been removed from their caregivers. The entangled nature of working in an Aboriginal OOHHC program and complying with the obligations of the state is complex and oftentimes problematic. Hosting difficult conversations with carers and

family members is complicated. Communication of this type requires a level of resilience and strength from Aboriginal practitioners to be able to hold the distress of the community whilst also maintaining the safety of Aboriginal children. If community perceives a wrongdoing, the practitioner may be considered a betrayer to community, implying the practitioner is following the way of the coloniser. This perception can have negative implications for the SEWB of the practitioner.

On the other hand, below we see a representative quote explaining the challenges of identity within community:

I know I shouldn't say it but I will, when you've got staff that say they're Kooris ... but they don't mix with the community or mix with the Koori community, or they don't know where they come from or they don't, they're not family orientated, how can they be working in a Blak organisation? (Aboriginal practitioner, Marjory).

When an Aboriginal person aims to set boundaries around home and work, it can be perceived as a lack of willingness to participate in what makes up Aboriginal life. All Aboriginal participants shared they were proud of their Aboriginal identity, yet at times, were exhausted by the responsibility this identity carried. If an Aboriginal person isn't willing to participate in community beyond the nine to five, some participants thought this meant the person shouldn't work for an Aboriginal organisation. Participants' views that Aboriginal people must be willing to participate in community was identified as important for identity and connection.

The implications of being known in community as it relates to the SEWB for Aboriginal people were considered through a researcher reflection:

If an Aboriginal person is working in this area [OOHC] but is not accepted or is not afforded time to carry out the cultural expectations of connecting to build relationships with the local community then it impacts on a sense of cultural safety. It struck me as I was considering the ideas of cultural responsibilities and emotional labour and the silencing of this process ... it is about having greater understanding of the challenges this additional load carries with it (Researcher reflection).

Holding multiple cultural responsibilities was raised regularly throughout the yarning sessions and was associated with both resilience and challenge. The multiple roles held by Aboriginal practitioners in Aboriginal OOHC identified SEWB was important. It is argued that the intersectional influences (ongoing colonial impacts, racism, lack of cultural safety, lack of recognition of cultural practices and their value) make it difficult to manage and work within oppressive systems and this takes its toll on Aboriginal practitioners.

## 8. Community expectations

Aboriginal practitioners shared constraints that created challenges in connecting with community adding to the emotional labour of their roles. Vicky said they have: "No time to connect to community but an expectation to be 'known' within community". This comment reflects another common challenge, "Feeling like they may not follow protocol due to 'not knowing' what the protocol is for this Country" (Aboriginal PGY). Practitioners stated to fulfil their roles they needed time allocated to cultural reciprocity. Cultural connection was difficult at times because participants were sometimes unsure about who to connect with in community. On occasion this was the result of community conflict: "Elders and community members relationships where there is high conflict making it difficult to do cultural linking for the children" (Aboriginal PGY). While cultural responsibilities were important to participants, they recognised there were sometimes challenges in meeting those commitments and this had detrimental consequences for both their work and their SEWB.

## 9. Going back on country - a well mob

All Aboriginal participants believed it was important to acknowledge and address their own SEWB when working in Aboriginal OOHC and identified several ways wellbeing is adversely affected as well as strategies that may be supportive. A key practice associated with enabling a 'well mob' was 'going back on Country' (Aboriginal PYG). All Aboriginal participants spoke of the historical colonial experiences they or their family members lived with and connected this legacy to some of the difficulties they currently face in their work.

A need to return to Country was frequently identified by participants as essential for SEWB: "Going back on Country helps me feel more connected" (Aboriginal PGY). Participants were strengthened when they had connections to Country. Another participant shared her desire to return to Country: "Really wanting to reconnect with my Country and not being able to [due to COVID 19]" (Aboriginal practitioner email correspondence). The cultural responsibility of going back on Country was often silenced throughout the practitioner's workday and affected their wellbeing. Going back on Country was imperative for Aboriginal practitioners working at IAC, particularly those who are not from Dharawal Country, and is considered a practice that contributes to SEWB and enacting CSTIP.

## 10. The emotional toll

Most participants found working with Aboriginal children in OOHC upsetting and difficult work. An Aboriginal practitioner explained that the work they do is emotionally challenging: "Sad – this relates to the emotional toll the work takes on the staff" (Aboriginal PYG). Participants often did not have an outlet for expressing their feelings about the work and its impact on their wellbeing.

Several participants found coping with personal challenges and work commitments difficult. The following comment by Jane is representative:

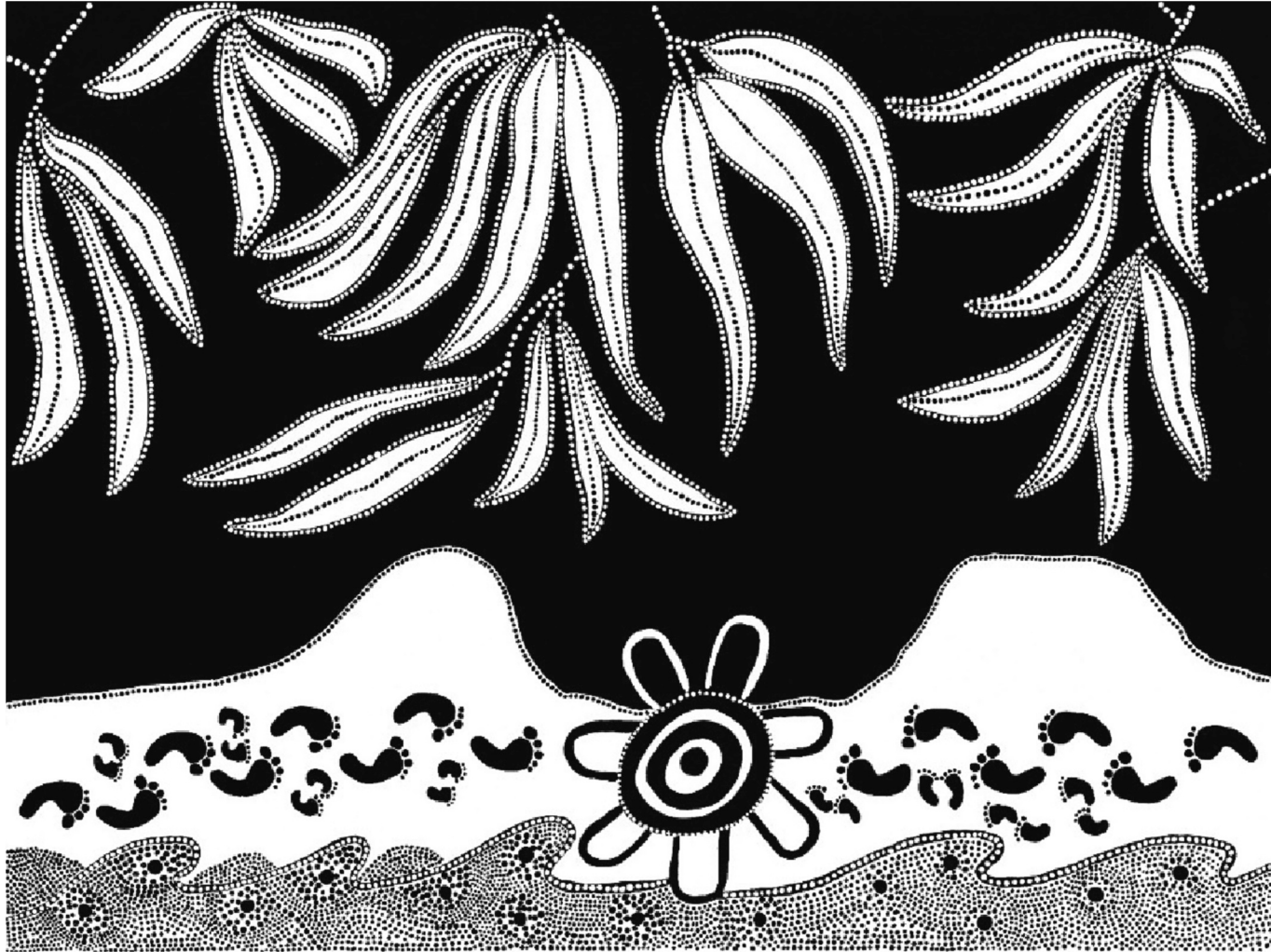


Fig. 1. Walking in Two Worlds.

I have a lot of personal family issues happening that I don't talk about, so it feels like everything goes well for a bit, then BOOM! Here's something else to spark your anxiety and stress levels ... I feel like I'm struggling to manage my day at present (Aboriginal practitioner email correspondence).

Managing family issues can affect wellbeing to the point that it increases anxiety and dealing with this can be difficult in the workplace. Many participants experienced multiple adversities increasing their difficulty in managing work and personal responsibilities: "I am finding it very difficult to concentrate and complete tasks on time" (Practitioner email correspondence). These adversities sometimes resulted in reduced work performance.

## 11. Discussion

The discussion is presented in two sections: two world walking; and fostering sustainability- SEWB for Aboriginal practitioners. Together they answer the question- what hinders and supports the SEWB of Aboriginal OOHc practitioners in the provision of CSTIP in an OOHc context? Although these sections are presented separately, they are inherently interrelated.

### 11.1. Two world walking

This study finds there is interlinking complexity and competing expectations for Aboriginal people working in OOHc. Two world walking, in the context of this paper, is the complex, entangled, and situated position Aboriginal people are in. The two worlds are the Aboriginal world with cultural connections, obligations, and responsibilities to community and Country, and the dominant western world where there is a requirement to comply with legislation, policy and practice. There is a 'false binary' between Aboriginal staff and community (Bulloch et al., 2019, p. 18). The concept of bounded workplaces where a practitioner completes their day at 5 p.m., did not occur for Aboriginal participants in this research. For Aboriginal practitioners, managing the emotional, cultural, psychological and spiritual load of care work whilst also holding community responsibilities within their personal lives is inseparable (Fredericks, 2007). The practitioners are the community and are expected to be part of community to fulfil their roles. Connecting to Elders, community, learning about culture (if off Country), and teaching children and non-Indigenous carers are twenty-four hours a day, seven days per week expectations. For these reasons Aboriginal identified positions in OOHc require much more of the Aboriginal person than a non-Indigenous person.

The cultural responsibilities expected of Aboriginal practitioners in OOHc are inextricably linked to the emotional labour required to exercise these obligations (Deroy & Schütze, 2019). Aboriginal practitioners are expected to be members of their local communities and the communities they work in, for this reason they are often required to be immersed in local cultural practices. Throughout the yarning sessions it was evident that for Aboriginal participants there is an appreciation and honouring of cultural responsibilities.

These responsibilities kept participants strong in culture and accountable to community (Dudgeon & Walker, 2015). Whilst this assists Aboriginal practitioners to provide cultural care and knowledge to carers, non-Indigenous practitioners, and children, these practices also increase emotional labour (Roche et al., 2013). At the same time this 'system' of expectation lies underneath the work, invisibilised and therefore unaccounted for by funding and governance bodies in the context of Aboriginal OOHc.

The personal and collective cultural responsibilities an Aboriginal person is required to hold when working in community cannot be ignored (Deroy & Schütze, 2019). Aboriginal practitioners sit at an important intersection between the community, the agency, and government agencies. Considering emotional labour through an intersectional frame may assist with understanding what is happening for Aboriginal people as they work in Aboriginal OOHc. They are required to understand, manage, and maintain cultural expertise in all areas whilst also dealing with their own life intricacies which are themselves often impacted by previous and current government policies.

Emotional labour is often not recognised as work that contributes to the economy. The multiple demands result in high workloads and can lead to excessive staff turnover (Roche et al., 2013). These structural drivers are often ignored in terms of government requirements, particularly regarding resourcing Aboriginal OOHc programs in ways that account for the additional responsibilities. These responsibilities and the emotional toil required to fulfil them cannot be compared with those of colonial settler agencies and generalist workers.

Suzanne Trueman, a proud Yuin woman with family connections to the South Coast of NSW and a member of the Aboriginal Advisory Group, translated the findings of 'walking in two worlds' into a painting. The intention was to provide an Aboriginal interpretation of the participants' stories to represent the sharing of the experience of walking in two worlds. Trueman (2021) explains the painting 'comes from my heart' (Fig. 1).

Trueman describes the painting:

*The painting depicts Dharawal Country with the two mountains Mt Keira and Mt Kembla which are significant to the Illawarra where our song and story lines began. The circle in the middle represents Myimbarr which is located between the mountains and the sea. There are Aboriginal and non-Aboriginal coming together sitting around a circle. The footprints represent the workers and the children coming to Myimbarr from many different Aboriginal Nations with their own perspective on culture. Culture is within you; you have lived it learning from the day you are born about how and why things are. Being taught in subtle ways to have a strong cultural base by our Aboriginal mothers, fathers and grandparents who learnt from the Elders before them. For our children in OOHc it's important they also learn about culture to keep their spirit strong. The painting is intentionally black and white representing both black and white cultures and the dual role "walking and working in two worlds" to reflect Aboriginal workers cultural responsibilities and obligations as well as the responsibilities and formal requirements of working with the children in OOHc and the Department of Communities and Justice.*

Mountains and trees represent knowledge, strength and wisdom. The leaves depicted in the painting are part of the trees and they are continually renewing themselves with the many challenges they face from wind, rain, drought and fire through the changing of seasons. In the painting each leaf represents the many challenges workers are faced with working in an OOHC situation such as cultural values, cultural beliefs and cultural practices, working in an ACCO, country, personal identity, mob, family, community, totems, expression of culture in the workplace, political pressure, systemic racism, stolen generations, structural oppression, stories of colonial trauma, history of colonisation, transgenerational trauma, building connections to this country, sorry business, collective trauma and interlinking complexity of working in this space. Their challenges are not static they are continually evolving. Working in this space can be unbalanced, sharing the history and current experience of Aboriginal People is important. It represents the concepts of having a 'double job' holding the roles and responsibilities of being an Aboriginal person whilst also complying with the requirements of the colonial world. Often the culture comes secondary to all the things the worker has to do with mandatory reporting, note recording, it overlooks everything and that is the hierarchy. Workers don't get paid for yarning about culture which is an important component when working with Aboriginal children to promote a strong cultural identity. Workers can't be told what to do in a cultural sense as it is ways of knowing, being and doing. Cultural ways of coming together bringing food and yarning about challenges and finding solutions should be considered as work as this requires workers to use their cultural knowledge and skills as part of their roles. Our Aboriginal workers have to juggle all of these elements. This image is to empower Aboriginal people working in this space and recognise their commitment to our Aboriginal children who are our future.

Connection to Country, kin and cultural practices are known to be protective and linked to improved health outcomes (Balla et al., 2022). SEWB is made more possible for Aboriginal people when they are afforded opportunities to connect to Country, culture and mob (Balla et al., 2022). Given the responsibilities and demands on Aboriginal OOHC practitioners, alongside limited resourcing, this points to the need to ensure a comprehensive SEWB framework is established. The framework must incorporate acknowledgement of the additional workload required of Aboriginal practitioners in OOHC and provide increased support to them. Increased support must be provided through government funding bodies to ensure there are resources to enable Aboriginal practitioners' cultural participation. Releasing Aboriginal practitioners to participate in cultural connections has significant implications for Aboriginal OOHC service delivery. Accordingly, the value of Aboriginal OOHC practitioners engaging in cultural practices and the positive flow-on effects for children in OOHC, their carers and community must be explicitly acknowledged in funding agreements.

## 12. Fostering sustainability: social and emotional wellbeing for aboriginal practitioners

This research found that for Aboriginal people working in Aboriginal OOHC walking in two worlds has implications for Aboriginal practitioners' SEWB (Bessarab & Crawford, 2010). This finding demonstrates the importance of providing improved resourcing to OOHC programs within ACCO's to ensure the collective sustainability of practitioners is foregrounded (Gee et al., 2014).

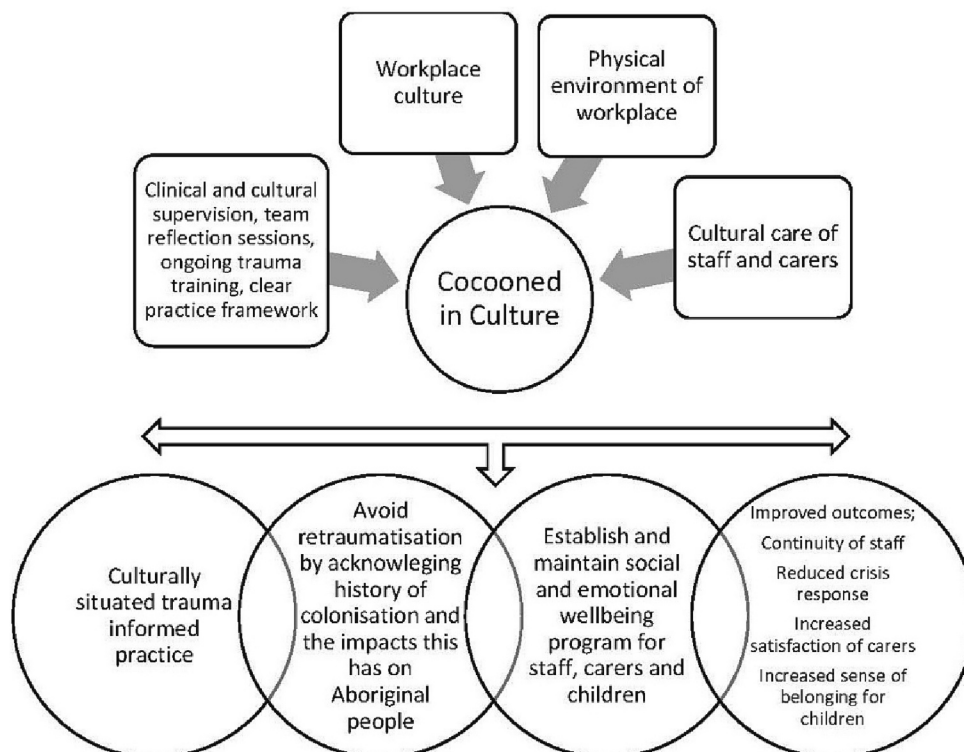


Fig. 2. Here social and emotional wellbeing for aboriginal practitioners and carers.

Issues of ‘burnout’ and ‘vicarious trauma’ may be addressed through a focus on practices of collective sustainability (Reynolds, 2014). Collective sustainability refers to ‘aliveness, a spirited presence, and a genuine connectedness with others’ (p. 149). Cultural safety, collaborative teamwork, strong leadership, supervision, peer support and professional development are all elements demonstrated to improve practitioner SEWB and increase staff continuity (Deroy & Schütze, 2019). To resist burnout there is a need to be sustained in the work and this happens through relationships of trust, hope and offering ourselves as useful contributors with the people we work with (Reynolds, 2014). Connecting relationships for Aboriginal people supports and enhances SEWB (Gee et al., 2014). A strategy found to be affective as part of the IPAR process was regular reflexive yarns. These yarns were introduced as a specific practice and involved practitioners exploring their own needs in a culturally safe environment. They were also used to identify the cultural and practical needs of the children they were supporting. This practice became an important element in enhancing the SEWB of Aboriginal practitioners whilst also affording opportunities to increase cultural knowledge sharing.

Working in the OOHHC context requires much by the way of embodied psychological, social, spiritual and physical presence for any practitioner (Lonne et al., 2013). This research identifies that there is an urgent need to recognise and acknowledge Aboriginal staff as being deeply impacted by this work. For these reasons, a SEWB framework must be a key feature of an Aboriginal OOHHC program. A framework needs to include all elements considered to be important to Aboriginal communities’ SEWB; ‘connection to Country, kin, family, community, land, spirit, spirituality, ancestry, body, mind and emotion’ (Dudgeon & Walker, 2015, p. 286). Further the framework should also include the physical, social, emotional, psychological, economic, political elements and consider Aboriginal people’s collective understandings and views.

Aboriginal health views people holistically and is inclusive of the wellbeing of the whole community (Gee et al., 2014). Fig. 2 is a summary of the elements considered by the participants as essential in the development of a SEWB approach for Aboriginal practitioners and carers in OOHHC. There are four elements at the top of the figure comprising supervision and education needs of practitioners and carers, cultural safety and belonging, increased Aboriginal representation in the form of artwork and other artifacts, and the reinforcement of cultural care of practitioners and carers. Each of these elements must be cocooned in culture. The diagram below applies Gee et al. (2014) SEWB definition. This definition recognises SEWB is holistic and includes interrelated domains of Country, spirit, community, cultural practices, the physical body and emotions.

### 13. Conclusion and recommendations

The provision of OOHHC services to Aboriginal children through an Aboriginal organisation cannot be compared to generalist agencies or regulatory bodies. Aboriginal practitioners require a culturally safe workplace in a collaborative team offering regular supervision, good leadership, peer support, continuous training (Deroy & Schütze, 2019), and acknowledgement of and access to cultural practices (Gee et al., 2014). The practice of translating verbal representations into culturally appropriate images was found to be supportive of Aboriginal practitioners SEWB. As demonstrated within this paper Trueman’s (2021) painting represents the knowing, being and doing of Aboriginal practitioners’ and the ways they are emotionally impacted by the work they do. Importantly, the approach must be cocooned in culture and underpinned by trauma-informed practices. For practitioners’ SEWB and workforce sustainability, relationally-based reflexive yarning is required centring children, families, carers, and practitioner relationships (Carter et al., 2018).

This paper argues a SEWB framework for an Aboriginal OOHHC program must take an Indigenous standpoint and be cocooned within culture. Further, inclusion of the impacts of colonial influence, and the political, historical, and social factors that have shaped the SEWB of Aboriginal people must be acknowledged. It is important to consider the many nuanced elements of a SEWB framework, for this reason, the approach needs to be developed locally and situated within the specific agency it is aiming to support. Acknowledging and resourcing the findings of this research may assist in recognising the multiplicity and complexity in Aboriginal OOHHC and work towards improving the SEWB of Aboriginal practitioners. Improving SEWB is likely to reduce turnover of practitioners

**Table 1**  
Summary and implications of main findings here.

| Main findings                                                                                                      | Implications for practice and policy                                                                                                                                                                      | Implications for research                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Aboriginal children in OOHHC need enhanced connections to culture to support the building of Aboriginal identity.  | Appropriate funding is needed to enable staff to provide cultural learning and connections for children.                                                                                                  | Evaluate the effectiveness of increased connections to culture on Aboriginal children’s wellbeing in OOHHC.                             |
| Valuing culture is a driving force to stay with the struggle.                                                      | Program deliverables should state that all staff have time provisions for participation in cultural activities for example: going back on Country for Aboriginal staff.                                   | Evaluate the effectiveness of increasing Aboriginal staff access to cultural activities as part of their case work role.                |
| Aboriginal staff require SEWB support to work in OOHHC.                                                            | Immediate priority should focus on resourcing and establishing a situated SEWB framework ‘cocooned in culture’.                                                                                           | Evaluate the effectiveness of improved SEWB on practice outcomes.                                                                       |
| Establishing and maintaining regular opportunities for reflexive yarning.                                          | Social, collaborative and therapeutic yarning for individuals and groups must be established as consistent practice to enhance SEWB and increase opportunities to share cultural knowledge and practices. | Evaluate the effectiveness of providing opportunities for yarning as it relates to children, carers and practitioners needs.            |
| Translation of verbal representations into culturally appropriate images is a practice that is supportive of SEWB. | Aboriginal imagery is utilised within ACCO workplaces as representations of SEWB.                                                                                                                         | Investigate the translation of research findings into culturally-situated visual representations as a useful Indigenous research method |

and increase continuity of practices within an Aboriginal OOH setting (Table 1).

Findings generated from this study are limited to the experiences of Aboriginal people connected to the IAC and their understanding of what hinders and supports the SEWB of Aboriginal OOH practitioners in the provision of CSTIP in an OOH context. However, the findings may be of interest to ACCO's and Aboriginal Community Controlled Health Organizations who hold responsibility for caring for Aboriginal children in OOH.

## Authors' information

Four authors are Aboriginal Australians. Three authors are non-Indigenous Australians.

## Funding

This work was supported by the Illawarra Aboriginal Corporation and the University of Wollongong.

## Declaration of competing interest

There are no conflicts of interest to declare.

## Data availability

The data that has been used is confidential.

## References

- Aboriginal Child, Family and Community Care State Secretary. (2020). Hearing the voice of Aboriginal people in child welfare. <https://absec.org.au/wp-content/uploads/2021/10/AbSec-CaseStudy-Report-FINAL-Digital.pdf>.
- Atkinson, J. (2013). Trauma-informed services and trauma-specific care for Indigenous Australian children: resource sheet no. 21 produced for the closing the gap clearinghouse. Retrieved from Australian Institute of Health and Welfare, Government of Australia [http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/20\\_13](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/20_13).
- Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal Torres Strait Islander mental health wellbeing principles practice* (pp. 135–144).
- Balla, P., Jackson, K., Quayle, A. F., Sonn, C. C., & Price, R. K. (2022). "Don't let anybody ever put you down culturally.... it's not good...": Creating spaces for Black women's healing. *American Journal of Community Psychology*, 70(3–4), 352–364.
- Bambllett, M., Harrison, J., & Lewis, P. (2010). Proving culture and voice works: Towards creating the evidence base for resilient Aboriginal and Torres Strait Islander children in Australia. *International Journal of Child and Family Welfare*, 13(1–2), 98–113.
- Bambllett, M., & Lewis, P. (2007). Detoxifying the child and family welfare system for Australian Indigenous peoples: Self-determination, rights and culture as the critical tools. *First Peoples Child & Family Review*, 3(3), 43–56.
- Bennett, B. (2019b). The importance of Aboriginal history for practitioners. In B. Bennett, & S. Green (Eds.), *Our voices: Aboriginal social work* (2nd ed., pp. 3–30). Red Globe Press.
- Bessarab, D., & Crawford, F. (2010). Aboriginal practitioners speak out: Contextualising child protection interventions. *Australian Social Work*, 63(2), 179–193.
- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*, 3(1), 37–50.
- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 843–860). Bulloch, H., Fogarty, W., & Bellchambers, K. (2019). *Aboriginal health and wellbeing services*. Lowitja Institute, Australian National University.
- Carnochan, S., Moore, M., & Austin, M. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work*, 10(3), 235–253.
- Carter, S., Laurs, D., Chant, L., & Wolfram-Foliaki, E. (2018). Indigenous knowledges and supervision: Changing the lens. *Innovations in Education and Teaching International*, 55(3), 384–393. <https://doi.org/10.1080/14703297.2017.1403941>
- Collings, S., Wright, A., McLean, L., & Buratti, S. (2021). Trauma-informed family contact practice for children in out-of-home care. *The British Journal of Social Work*, 52(4), 1837–1858.
- Creswell, J. (2013). *Qualitative inquiry & research design choosing among five approaches*. Sage.
- Cullen, P., Mackean, T., Walker, N., Coombes, J., Bennett-Brook, K., Clapham, K., Ivers, R., Hackett, M., Worner, F., & Longbottom, M. (2021). Integrating trauma and violence informed care in primary health care settings for first nations women experiencing violence: A systematic review. *Trauma, Violence, & Abuse*, 1–16. <https://doi.org/10.1177/1524838020985571>
- Davis, M. (2019). *Family is culture*. NSW Government.
- Department of Auditor-General. (2018). *Maintaining the mental health of child protection practitioners*. Victoria. <https://www.audit.vic.gov.au/sites/default/files/2018-05/20180510-Child-Protection.pdf>.
- Deroy, S., & Schütze, H. (2019). Factors supporting retention of Aboriginal health and wellbeing staff in Aboriginal health services: A comprehensive review of the literature. *International Journal for Equity in Health*, 18(1), 1–11.
- Dudgeon, P., & Walker, R. (2015). Decolonising Australian psychology: Discourses, strategies, and practice. *Journal of Social Political Psychology*, 3(1), 276–297.
- Dudgeon, P., & Bray, A. (2018). Indigenous healing practices in Australia. *Women & Therapy*, 41(1–2), 97–113. <https://doi.org/10.1080/02703149.2017.1324191>
- Fredericks, B. (2007). Australian Aboriginal women's health: Reflecting on the past and present. *Health and History*, 9(2), 93–113. <https://doi.org/10.2307/40111577>
- Gatwiri, K., McPherson, L., Parmenter, N., Cameron, N., & Rotumah, D. (2021). Indigenous children and young people in residential care: A systematic scoping review. *Trauma, Violence, & Abuse*, 22(4), 829–842.
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Commonwealth of Australia: Vol. 2. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 55–68). Canberra, Australia: Commonwealth of Australia.
- Gone, J. P. (2013). Redressing first nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50(5), 683–706. <https://doi.org/10.1177/1363461513487669>
- Lewis, K., & McLean, S. (2016). *Caring for our frontline child protection workforce*. Australian Institute of Family Studies. <https://aifs.gov.au/resources/policy-and-practice-papers/caring-our-frontline-child-protection-workforce>.
- Liamputtong, P. (2013). *Qualitative research methods*. Australia Oxford University Press. <http://ezproxy.uow.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cot3332a&AN=uow.b1994292&site=eds-live>.

- Lonne, B., Harries, M., & Lantz, S. (2013). Workforce development: A pathway to reforming child protection Systems in Australia. *British Journal of Social Work*, 43(8), 1630–1648. <https://doi.org/10.1093/bjsw/bcs064>
- Oates, F. (2020). Racism as trauma: Experiences of aboriginal and Torres Strait islander Australian child protection practitioners. *Child Abuse & Neglect*, 110, Article 104262. <https://doi.org/10.1016/j.chiabu.2019.104262>
- Perkins, H., & Williamson, C. (1994). *Blakness: Blak city culture (exhibition)*. Melbourne, Australia: Australian Centre Contemporary Art. [https://content.acca.melbourne/legacy/files/1994\\_Blakness%20Blak%20City%20Culture\\_catalogue.pdf](https://content.acca.melbourne/legacy/files/1994_Blakness%20Blak%20City%20Culture_catalogue.pdf).
- Raman, S., Ruston, S., Irwin, S., Tran, P., Hotton, P., & Thorne, S. (2017, Nov). Taking culture seriously: Can we improve the developmental health and well-being of Australian Aboriginal children in out-of-home care? [Article]. *Child Care Health Development*, 43(6), 899–905. <https://doi.org/10.1111/cch.12488>
- Reynolds, V. (2014). A solidarity approach: The rhizome and messy inquiry. In *Systemic inquiry: Innovations in reflexive practice research* (pp. 127–154).
- Robinson, S., & Paten, J. (2008). The question of genocide and indigenous child removal: The colonial Australian context. *Journal of Genocide Research*, 10(4), 501–518.
- Roche, A., Nicholas, R., Trifonoff, A., & Steenson, T. (2013). *Staying deadly: Strategies for preventing stress and burnout among Aboriginal & Torres Strait Islander alcohol and other drug workers*. Flinders University, Adelaide, SA: National Centre for Education and Training on Addiction (NCETA).
- Trueman, S. (2021). *Walking in two worlds*. Illawarra.
- Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, 79(3), 409–428.
- Tuhiwai Smith, L. (2013). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books Ltd.