

# Evaluation of the Family Coping Toolkit



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## **Picture on front cover**

The Mat and components of the Family Coping Toolkit.

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# Contents

<b>1. Executive summary .....</b>	<b>5</b>
1.1. Main findings .....	8
1.1.1. <i>Is the program aligned with an evidence base?</i> .....	8
1.1.2. <i>Does the logic model align with good practice?</i> .....	8
1.1.3. <i>Is the program logic supported and implemented effectively?</i> .....	8
1.1.4. <i>How is the program performing?</i> .....	9
1.1.5. <i>Does the program meet stakeholder needs?</i> .....	9
1.1.6. <i>Recommendations</i> .....	11
1.2. Summary.....	14
<b>2. Introduction.....</b>	<b>17</b>
2.1. Background.....	18
2.2. Evaluation methodology.....	22
<b>3. Evaluation findings.....</b>	<b>25</b>
3.1. Program theory .....	25
3.1.1. <i>Theory of change</i> .....	25
3.1.2. <i>Literature underpinning the theory of change</i> .....	26
3.1.3. <i>Culture and the Family Coping Toolkit</i> .....	31
3.1.4. <i>Is the program aligned with an evidence base?</i> .....	32
3.2. Program logic.....	33
3.2.1. <i>The Program Logic Model</i> .....	33
3.2.2. <i>Does the logic model align with good practice?</i> .....	35
3.3. Program implementation .....	35
3.3.1. <i>Program activities, processes and documents</i> .....	35
3.3.2. <i>Working ‘in place’: staff and subsidiarity</i> .....	35
3.3.3. <i>Is the program logic supported and implemented effectively?</i> .....	36
3.4. Program outcomes.....	36
3.4.1. <i>Indications of short-term outcomes</i> .....	36
3.4.2. <i>How is the program performing?</i> .....	39
3.5. Program appropriateness: further stakeholder feedback.....	40
3.5.1. <i>Supporting communication</i> .....	40
3.5.2. <i>Facilitating changes</i> .....	44
3.5.3. <i>Trust and relationships</i> .....	45
3.5.4. <i>Versatility and variability</i> .....	46
3.5.5. <i>Facilitator skills and expertise</i> .....	49

3.5.6.	<i>Suggestions for improvement</i> .....	50
3.5.7.	<i>Barriers and solutions</i> .....	52
3.5.8.	<i>Summary: Does the program meet stakeholder needs?</i> .....	54
<b>4.</b>	<b>Summary &amp; recommendations</b> .....	<b>57</b>
4.1.	Toolkit facilitation .....	57
4.2.	Toolkit participation.....	60
4.3.	Application of subsidiarity .....	62
4.4.	Summary: strengthening families & communities .....	62
<b>References</b>	.....	<b>65</b>

## Figures

Figure 1:	Story mat and images in the Family Coping Toolkit.....	7
Figure 2:	Family Coping Toolkit in action .....	21
Figure 3:	Family Coping Toolkit Program logic.....	34

## Terminology

In this report, the following terminologies are used:

**Family Coping Toolkit** (the Toolkit) - The story may and images (Front Cover picture), flip-cards, videos and participants' worksheets.

**Facilitators** - CatholicCare NT workers and community workers trained to deliver intervention with the use of the Toolkit.

**Participants** – People engaged in interventions using the Toolkit (e.g. clients, service users, community members).

**Stakeholders** – Key informants and interview participants engaged in this evaluation.

## 1. Executive summary

This report sets out the findings of an evaluation into the effectiveness and appropriateness of the Family Coping Toolkit Program. The Australian Centre for Community Services Research at Flinders University was commissioned to undertake the evaluation during the period of March to August 2015. The evaluation focused on five broad questions:

- Is the Toolkit Program aligned with an evidence base?
- Does the Toolkit logic model align with good practice?
- Is the Toolkit logic supported and implemented effectively?
- How are Toolkit activities performing?
- Do the Toolkit interventions meet stakeholder needs?

The Family Coping Toolkit is an intervention resource that was designed and developed in consultation with education staff, health workers, community workers and members of Aboriginal communities. It was originally innovated by Aboriginal CatholicCare NT employee, Ms Caroline Busch, a Larrakia woman, who recognised in her early practice in alcohol and drug services that the family members of substance affected individuals were often neglected when it came to support services. While family members most often do the caring, they also experienced their own wellbeing concerns as a result of their associated stress (CatholicCare NT, 2014a, p. 1). Early versions of the Toolkit were used by Ms Busch and others at CatholicCare NT to engage with and support those family members.

The Toolkit assists community workers with communication, education, therapy and referral; Aboriginal carers, family and friends who are stuck in co-dependent cycles with others are guided by Toolkit facilitators to address their own mental health and wellbeing concerns. The Family Coping Toolkit comprises of a story mat and images (Figure 1 or 2), flip-cards, videos and participants' worksheets. The Family Coping Toolkit Program is inclusive of the Toolkit, a structured two-day training program, ongoing professional support, and the engagement of families and communities by facilitators who are trained in the use of the Toolkit.

The formal training and qualification process for Toolkit facilitators seeks to ensure that Toolkit activities are theoretically and evidence informed. Training 'in place' extends formal learning to members of communities who wish to be trained to support others. Activities learned in training include how to communicate, assist families, and engage families via culturally sensitive and empowering processes – with the use of all the Toolkit resources. Variable training locations, facilitated by Aboriginal CatholicCare workers in communities, successfully ensure that people are not denied access to training and education by virtue of geographical location. As well, it ensures that family members in communities have access to a support service 'in place'.

Contemporary use of the Toolkit at CatholicCare NT now extends beyond supporting family members implicated by another person's alcohol and drug use, to supporting families of individuals who may be affected by a range of social issues. The Family Coping Toolkit can be linked to any service or program and has proven a valuable tool that encourages family and community members to:

- Share their stories with others to learn they are not alone
- Externalise their issues as a means to reduce associated shame
- Assist with recognition of unhealthy response patterns and feelings that present as barriers to moving forward
- Build capacity for better utilising supports available to them
- Identify better ways to live and develop effective coping strategies.

The most recognised feature of the Toolkit is the story mat and images that are used in communication, education and intervention with participants (Figure 1).

The Family Coping Toolkit program is an example of a product and a training/support program that has evolved out of a partnership between the Aboriginal collective intellect and Western therapeutic models informing welfare practice. A large majority of facilitators trained to use the Toolkit are Aboriginal people who undertake welfare and support work in their own communities. Training takes place either on-site at CatholicCare NT offices in Darwin or Alice Springs. Some additional professional development takes place in communities. The Toolkit has evolved into a complete program that supports the development of local workers to learn how to join together with other community members in therapeutic alliances. Founded upon a stress-strain-coping support model, using a narrative therapy approach to therapy and with the inclusion of elements from

cognitive behavioural therapy, interventions using the Toolkit aim to enable participants to externalise their stories, change unhelpful and unhealthy thinking, feeling and behavioural habits, and develop more effective coping strategies – all in culturally appropriate ways.

**Figure 1: Story mat and images in the Family Coping Toolkit**



The two-day Toolkit training program supports ‘units of competency’ in four Community Service Qualifications (CHC40708 Certificate IV in Community Services Work; CHC43215 Certificate IV in Alcohol and other Drugs; CHC43315 Certificate IV in Mental Health; and, CHC40413 Certificate IV in Youth Work).

This report sets out the findings of the Family Coping Toolkit Program evaluation. In being qualitative by design, the evaluation draws its evidence from the observations and experiences of stakeholders comprised of CatholicCare NT employees, workers trained in the use of the Toolkit and others who have been participants (service users) in the Toolkit. The findings of this evaluation contribute to the relatively small documented knowledge base of programs and intervention tools that are evidence based, informed by the Aboriginal knowledge, and culturally appropriate for use with Aboriginal people. With some minor adaptations to the Mat and images in the Toolkit, it is potentially an effective and appropriate tool for use with non-Aboriginal people.



## **1.1. Main findings**

### ***1.1.1. Is the program aligned with an evidence base?***

The Family Coping Toolkit Program is appropriately aligned with the following evidence bases:

1. Therapeutic theory and research evidence informing individual, family and community change and applied to Toolkit intervention
2. Aboriginal knowledge and literature informing the cultural appropriateness of the Toolkit and how it is used.

Therapeutic evidence is appropriately informed by the 'stress-strain-coping-support' model, narrative therapy and elements of sequenced thinking via CBT. Family issues and community concerns are communicated, but with a strengths focus the Toolkit guides a solution based approach to intervention. The Aboriginal design of the toolkit and the way it is used honours the appropriateness of traditional yarning, as affirmed by Aboriginal knowledge and documented in literature.

### ***1.1.2. Does the logic model align with good practice?***

The logic model for the Family Coping Toolkit articulates a schema that connects intentions, actions and outcomes in accordance with community needs, government priorities, CatholicCare NT's values and desired outcomes for Aboriginal families and communities.

### ***1.1.3. Is the program logic supported and implemented effectively?***

Staff members who run the Family Coping Toolkit program are respected Aboriginal women, skilled with and educated in therapeutic engagements, and highly experienced in the intervention. They are appropriately qualified to train people to use the Family Coping Toolkit. The training is appropriately aligned to sound community work principles. The formal training and qualification process for Toolkit facilitators seeks to ensure that Toolkit activities are theoretically and evidence informed, and the training supports 'units of competency' in four Community Service Qualifications that are accredited in accordance with the Australian Qualifications Framework (AQF Council, 2013). Their practice is further underpinned by sound Toolkit activities, resources and documentation



which ensures that the Toolkit is predicated on evidence based theory of change and a coherent program logic which is implemented successfully.

#### **1.1.4. How is the program performing?**

Stakeholder responses indicate that the Family Coping Toolkit is performing suitably in respect to five short-term outcomes. These are:

- Facilitators successfully using the Toolkit to support people
- Participants' ability to communicate, make sense of and better respond to worries
- Knowledge of contexts and the support options available
- Referrals resulting from Toolkit
- Sense among family and community that coping and healing is possible.

Facilitators have reported success in using the Toolkit to engage and support families and communities to communicate and make sense of their circumstances, as well as to talk about their feelings and identify better pathways. It appears that participants come back repeatedly to seek support via the Toolkit on the basis of previous experiences of being supported. Referrals have been achieved via the use of the Toolkit and increased capacity among families and communities to identify and access support options available to them indicates Toolkit success.

#### **1.1.5. Does the program meet stakeholder needs?**

Stakeholder feedback confirmed that the Family Coping Toolkit is an effective and appropriate tool to use when supporting Aboriginal people to communicate issues, make sense of them, understand their feelings and work out potential solutions for themselves. While facilitators may not have used the language of therapeutic interventions, they spoke about using the toolkit in ways that were noticeably evidence informed.

Facilitators expressed benefits of working with the Toolkit, and community members confirmed their experiences of beneficial outcomes in terms of coping and opening up about their feelings, then exploring potential solutions with facilitators.

Some trained facilitators were not using the toolkit correctly, or not at all. Stakeholder feedback advised that some facilitators took too much control during the intervention, and others were not confident enough to use the toolkit. This information presents as neither faults of the Toolkit two-day training, nor the Toolkit itself. These facilitators may need more training or, alternatively, to have control over their choice to use other models of intervention in their practice.

Stakeholders shared their observations of successful engagement and change resulting from using the Toolkit. Key themes were:

- The Mat provided a starting point for thinking
- People with different languages could use the Toolkit
- The Mat enabled speaking with more than words, which takes away shame and shyness
- The Mat helps people to speak about the unspoken through depersonalising the issues
- The mat gives permission to communicate about sensitive issues
- The Mat is respectful of Aboriginal 'yarning' practices
- The Toolkit enables learning about right and wrong, such as substance problems or violence towards others
- The Toolkit brings people together to work things out together
- The Mat can be rolled out anywhere, so it can be used 'in place' and when the time is right for stakeholders

What was most important to stakeholders is that the development of trust with facilitators takes place sufficiently prior to engaging the Toolkit. For outsiders, this may take longer than for community facilitators, but many stakeholders observed the benefits of working with outsiders, because this helped preserve relationships in their families and communities. Others preferred Toolkit facilitators from their own community.

Feedback from some stakeholders suggested that the approval of an Elder was sometimes necessary before participants would engage with the Toolkit. Some community members were known to want Ms Caroline Busch to come to their community and facilitate the Toolkit, which was based on confidence in her as an Aboriginal Elder. In some instances, therefore, the Toolkit was forced to operate more in accordance with cultural practices than therapeutic models. What this

indicated is that toolkit facilitators skilfully adapted processes according to the participants' needs.

While people of other cultures may recognise or experience beneficial outcomes from using the Toolkit, many stakeholders expressed that the Toolkit is for Aboriginal people. For use with non-Aboriginal people, alternative colours and design were suggested by some facilitators.

Suggestions for improvement included:

- Using images that are familiar to relevant communities where those communities are geographically unrelated to those around which the Toolkit evolved
- Some participants suggested there needed to be fewer images, while others suggested that some more feeling images would be helpful or that fewer round buttons may assist locating particular images
- Recognition of the intellectual property issues inherent in the Aboriginal knowledge embedded within the Toolkit
- The Toolkit would benefit from a redesign for use by non-Aboriginal people.

Recommendations are provided next.

### **1.1.6. Recommendations**

In respect to Facilitation of interventions using the Family Coping Toolkit, this evaluation found that there may be insufficient supply of trainers to meet future training demands.

#### **Recommendation 1:**

Additional trainers are required to meet this demand to ensure sustainability of the Family Coping Toolkit Program.

To meet the viability and future of the Family Coping Program across vast geographical distances, alternative arrangements for training could be considered.

**Recommendation 2:**

Consideration towards Toolkit training being available via online learning or video link-up for distance learners.

More trainers in the use of the Toolkit are necessary to ensure longevity of the program beyond the working life of the current 'experts'.

**Recommendation 3:**

Implementation of a train-the-trainer program available to CatholicCare NT and Community Workers.

Ongoing professional development to Toolkit facilitators, or short modules as refreshers or for extending skills, could increase confidence among facilitators and help to increase sustained use of the Toolkit in practice.

**Recommendation 4:**

Additional supports are required for ongoing support and professional development in the use of the toolkit, which could take two forms:

1. Community trainers equipped with skills and knowledge to provide short ongoing professional development modules and refresher training modules
2. Options for online training engagement or via video link-up.

Facilitators need to be guided to adapt the toolkit to the particular community where it is being used, prior to use. This may include working through the images accompanying the toolkit to remove irrelevant images, and to make some new images that are locally relevant.

**Recommendation 5:**

Include a section in the Toolkit training, or as a short follow-up module: “Making the Mat and images appropriate for participants before you start.”

The issues of whose intellectual property informs the Toolkit, particularly the Mat, remain a complex subject.

**Recommendation 6:**

While the Toolkit is informed by both Aboriginal and non-Aboriginal knowledge, appropriate acknowledgement of intellectual property inherent in the Toolkit is necessary.

If it is viable to support Aboriginal people to manufacture products for their own use, then this is the best option in accordance with values of subsidiarity, CatholicCare NT’s Reconciliation Action Plan (2015) and principles informing community empowerment per IAP2 (2015).

**Recommendation 7:**

Manufacture of the Family Coping Toolkit, in so far as possible, by Aboriginal people.

The story mat in its ‘Aboriginal form’ is best reserved for use by Aboriginal people.

**Recommendation 8:**

The Family Coping Toolkit, especially the story Mat that is of Aboriginal design, be preserved for use with only Aboriginal people as a mark of respect for the Aboriginal knowledge contained within.

**Recommendation 9:**

Toolkits for use with non-Aboriginal people need to be distinctively different in colour and visual design.

It would be respectful to the Aboriginal people involved in innovating the Toolkit, and to Aboriginal knowledge co-informing the original development and design of the Toolkit, to be involved in future developments to extend use to non-Aboriginal people. This could be done so in partnership with non-Aboriginal communities, but consideration could be given to Aboriginal social enterprise being involved in the manufacture of any Aboriginal and non-Aboriginal versions to be made of the Toolkit.

In the application of subsidiarity, Aboriginal consultation regarding any future developments or manufacture of the Toolkit for use by both Aboriginal and non-Aboriginal people is required in accordance with 'Section 3: Opportunities' in CatholicCare NT's Reconciliation Action Plan (CatholicCare NT, 2015).

**Recommendation 10:**

Aboriginal people should participate in social enterprise related to Toolkit production.

## 1.2. Summary

This evaluation identified that Family Coping Toolkit was generally viewed by facilitators and community members as an effective and culturally appropriate intervention, which was strengthened when approved by Elders. Stakeholders confirmed that the toolkit achieved its aims by successfully providing a context within which Aboriginal people could communicate about issues of concern, and within which facilitators could provide advice and guide participants towards achieving a greater sense that they could cope. Stakeholders also reported that the Toolkit helped people to feel empowered, supported and be connected to other services via referral.

Greater uptake of the Toolkit needs to be underpinned by a sustainable training business model and appropriate acknowledgement of shared intellectual property to ensure an alignment of program provenance with Toolkit user values. A business model applied with the intention to increase Aboriginal partnership, participation and employment accords with 'Section 3: Opportunities' in CatholicCare NT's Reconciliation Action Plan (CatholicCare NT, 2015).

The logic model for the Family Coping Toolkit articulates a schema that connects intentions, actions and outcomes to community needs, government priorities, CatholicCare NT's values and desired outcomes. The logic model supports good practice.





## 2. Introduction

Based on all social indicators, Aboriginal people are the most disadvantaged people in Australia. They rank far lower than non-Aboriginal people in terms of health, mortality, education, employment, family violence and standards of living, and are vastly over represented in the criminal justice and child protection system. While the Australian Government's response has been the 'Closing the Gap' strategy, many critics have suggested that little has changed for Aboriginal Australians due to a lack of consultation with local communities, disregard of local wisdom, and program designs that are socially and culturally inappropriate (Human Rights Law Centre, 2011; Marks, 2008). Aboriginal people are less likely to engage with services which are not appropriate to them, and this renders some interventions and programs ineffective. A lack of consultation with Aboriginal people in community development has fostered reluctance among Aboriginal people to engage with various services and supports.

In many Aboriginal communities, there are well-established cultural healing and reconciliation practices among ordinary members of communities, but they are not often disseminated in written text. There is evidence of many promising local Aboriginal initiatives that may contribute to 'closing the gap', but which have not been formally evaluated. Adoption or adaptation of promising Aboriginal initiatives by other communities is disadvantaged when even major Aboriginal health and social wellbeing initiatives are not well evaluated, or not evaluated at all (Haby, Doherty, Welch, & Mason, 2012; Weatherburn, 2014, p. 154). Further, the lack of evaluation means that there is neither documentation of systematic knowledge about local initiatives, nor clear processes on how to evaluate the value of initiatives that are community driven and "deep rooted in cultural knowledge and values" (Allen, Mohatt, Beehler, & Rowe, 2014). The Family Coping Toolkit Program is one such example of an Aboriginal initiative that is known by CatholicCare NT, and Aboriginal families and communities 'to work'. This evaluation seeks to add a formal evidence base to that knowledge.

This evaluation report sets out the evaluation methods, processes and findings related to investigating the effectiveness and appropriateness of the Family Coping Toolkit Program. The Family Coping Toolkit Program, developed as an

alternative to non-Aboriginal ways of working with people, involves the training of facilitators who then use the Toolkit for narrative work with individuals, families and community. It can be attached to any program, or used as a direct intervention.

With offices in 10 locations across the Northern Territory and an extensive outreach service, CatholicCare NT has a preference towards supporting “the poor and those most in need” (CatholicCare NT, 2012b). While the Family Coping Toolkit is almost exclusively used with Aboriginal families and communities, it is reported by CatholicCare NT to have been used to engage people from with other cultural and linguistically diverse backgrounds. This includes “humanitarian entrants and recently arrived migrants and refugees, families experiencing homelessness, unemployment, drug and alcohol abuse, domestic violence, history of trauma, children in contact with the child protection system and young people leaving out of home care” (CatholicCare NT, 2008).

In this section, the organisational context and background of the Family Coping Toolkit Program is provided and the evaluation theory and method is explained. A scoping of existing research literature and theorising provides insight into the evidence for the effectiveness and cultural appropriateness of visual story tools, such as the Family Coping Toolkit, in social service interventions.

## **2.1. Background**

CatholicCare NT’s commitment to serving communities in the Northern Territory is instituted in its Catholic Social Teaching principles. At the very heart of these teachings is the mission to achieve a liberating presence in the world through value driven interactions between staff, clients, funders and community.

Fundamental to this mission are the principles of human dignity, the common good, subsidiarity and solidarity (CatholicCare NT, 2012b). These principles are grounded in CatholicCare NT’s stated values and commitments, and they are reflected in its approach to service design, delivery and evaluation. The approach is significantly driven by one of its core values – subsidiarity.

As articulated in its strategic priorities (CatholicCare NT, 2014b), subsidiarity articulates a vision and commitment towards valuing “the contributions of clients and their communities” in the development of “local community driven services”.

CatholicCare NT, therefore, is grounded in a philosophy that guides a grassroots approach to service design and delivery. This valuing of and prioritisation of local wisdom of everyday people in the communities where CatholicCare NT has a presence is, according to (Ife, 2009), essential to respecting and valuing the human dignity of every individual and the common good of all. According to the International Association for Public Participation (IAP2, 2015), drawing from the skills, knowledge and human capacities of individuals and their communities serves to mutually reinforce trusting relationships necessary for the organisations seeking to support them. As well, the process results in communities that are empowered through the process of community development that is of relevance to them. This form of participation of the grassroots is fundamental to CatholicCare NT's application of subsidiarity.

One outcome of CatholicCare NT's application of subsidiarity is the Family Coping Toolkit. Following a number of years of involvement in Aboriginal communities throughout the Northern Territory, CatholicCare NT recognised the need for a resource to enable more effective engagement with the with families and carers of primary clients. With this in mind, Ms Caroline Busch was sponsored as a CatholicCare NT employee to attend a two week Holyoake Training Program in Perth on models of family coping. She realised that there were limited tools available to appropriately support Aboriginal people on family coping, particularly in the alcohol and drug sector where at that time she was working. These events and realisations led Ms Busch to develop the first version of the Family Coping Toolkit. The Toolkit is theoretically informed by a range of models and frameworks, particularly the works of Jim Orford and his colleagues since the 1990's (Copello, 2000; J. O. Krishnan, Colin Bradbury, Alex Copello, Richard Velleman, Mya, 2001; M. Krishnan & Orford, 2002; Orford, 1990, 1994, 2011; Orford, Copello, Velleman, & Templeton, 2010; Orford et al., 2001). These scholars recognised the stress and strain upon family members of a close relative who has substance misuse or other dysfunctional behaviours, and observed how appropriate supports helped alleviate strains. Ms Busch's integration of a family systems model has drawn upon her knowledge, as an Aboriginal woman, of the dynamic between individuals, family, community, culture and land in development of the Family Coping Toolkit.

Over many years Ms Busch has worked at CatholicCare NT with her daughter Ms Milly Hardy to further develop the Family Coping Toolkit. As a result of their

ongoing relationships and consultations with community members, the Family Coping Toolkit has passed through several iterations to the current version, which includes a training program for facilitators and outreach support.

The Family Coping Toolkit consists of a story board & images, flipcharts, family coping booklets, family coping DVDs & worksheets. It is designed as a tool to assist participants to communicate their 'story' and to be supported in making positive changes. A facilitator guides participants in the use of the tool with a view to 'unstick' themselves from life worries that are causing emotional concern. The images are moved around the mat. This assists participants to make relationships between their thoughts, their feelings and future actions, as opposed to the participants' actions/behaviours prior to intervention that have been unhelpful. With the use of the Mat, workers assist participants to address issues with a view to reducing their worry and concern for family members, developing sources of strength that family members already have, reducing the barriers to coping more effectively, assisting family members to feel less powerless and to feel they can do something, and help family members to develop coping strategies. When families are strong, this translates into strengthening child, family and community protective factors.

When meeting with family members, the process below is recommended by CatholicCare NT for use by Toolkit facilitators:

1. Provide the family member with an opportunity to talk about the issue in a non-judgemental and active listening scenario. Give the family member relevant and appropriate information about the issue, if needed
2. Explore with the family member how the situation makes them feel
3. Explore how the family member responds to and copes with the problematic family member and counselling about ways of coping
4. Explore social support and discuss ways to increase it and referral options
5. Explore with the family member how to create their preferred lifestyle, and 'move on' psychologically and emotionally.

This process occurs with the assistance of the Family Coping Toolkit, particularly the Mat and images.

When using the Family Coping Toolkit, specifically the Mat, participants are invited to commence at the inner circle labelled 'sharing their stories' (Figure 2).

With the participant being shown a range of disruptive activities, they are encouraged to identify which are currently affecting them. Each image has a Velcro button on the back. As they choose the images which represent what's affecting them, the client presses them onto the board. The red circle is the next stage of the intervention, and the client is asked to identify how the situation in the middle makes them feel. They choose the face/s which represent their feelings and these are pressed onto the red circle. The black circle is where the client places images which represent how they respond, how they cope, who they turn to for support, ways of letting go and options for referral. The burgundy outer region is where they place images representing how they would like their life to be.

**Figure 2: Family Coping Toolkit in action**



The Mat and images helps participants to organise concepts, events, thinking and the shaping of their story without necessarily using words. Using the Family Coping Toolkit helps individuals to externalise their personal worries, which reduces the personal shame. This is consistent with theories informing change and therapeutic evidence in the use of visual story tools, such as in art therapy, other visual story tools and Narrative Therapy.

Participants can share as much or as little of their personal story as they choose. The circle surrounding this inner circle encourages participants to make connections between the feelings that accompany their story; they can move the images around to assist communicating about the connections if spoken communication is too difficult. If based on all the elements of Cognitive Behavioural Therapy, the outer circle would logically contain the behaviours associated with the story and feelings. The outer circle of the Mat, however, is solution focused. This requires the worker and the client to talk about unhealthy behaviours associated with the story and feelings, and to visualise alternative ways that to manage behaviours as a means of coping with them in accordance with positive solutions on the Mat. The externalisation of issues and re-authoring helps individuals, families and communities to find less detrimental ways of responding to the issues affecting them. The embedded rings, in which the 'story' is central, acknowledge the system and the relationships between it. Footprints on the Mat represent participants' journey from problems to solutions.

In 2012, the first 20 commercially manufactured Toolkits were made and the Family Coping Toolkit Program was launched for use by CatholicCare NT across the Northern Territory, Australia. In accordance with the principle of subsidiarity, the Family Coping Toolkit was innovated, grown and further developed from the grassroots. It represents and is symbolic of a successful partnership between Aboriginal employees, Ms Busch and Ms Hardy, the communities from across the Northern Territory of Australia to which they are connected, and CatholicCare NT.

## **2.2. Evaluation methodology**

This evaluation is qualitative in design. The stakeholders interviewed for this evaluation included CatholicCare NT staff, Aboriginal and non-Aboriginal workers community workers trained in the use of the Toolkit, and Aboriginal community members who have participated in intervention that uses the Toolkit. Fieldwork interviews took place in Darwin, Alice Springs, Katherine, Daly River, Wadeye, Tiwi Islands and Belyuen in the Northern Territory. In addition, interviews were conducted at Indulkana, South Australia, as a result of CatholicCare NT extending its services into the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands that traverse Northern Territory, South Australia and Western Australia.



This evaluation draws from and is shaped by the subjective perceptions, opinions and knowledge about the Family Coping Toolkit of service providers and service users, and the outcomes perceived as a result of engaging with the Toolkit. Evaluators have documented the theories of change informing the Toolkit's development and application, and have documented the benefits for service users through interpreting the qualitative responses of participants.

The methodological approach taken in this evaluation is an interpretive phenomenological analysis (Braun & Clarke, 2013), as it is concerned with how people make sense of their lived experiences.

In accordance with the 'Families and Children Activity' program logic and performance framework (DSS, 2015), this evaluation is twofold in purpose. It seeks to appraise the Family Coping Toolkit and it also assesses the information, processes and outcomes relevant to the Toolkit Program. This involves an appraisal of:

- Program theory, including theory of change, literature underpinning theory and cultural theory
- Program logic, including alignment with good practice
- Program implementation, activities, processes, documents and application of subsidiarity
- Program outcomes as an indicator of program performance.

Program documentation was reviewed for comprehensiveness as well as for ease of readability. Literature was sought on topics that would provide theoretical evidence on the therapeutic models informing the use of the Toolkit, and empirical evidence on the likelihood that Toolkit intervention would contribute to positive outcomes for people, families and communities. Academic databases, government websites and the Internet were used to search for relevant research and grey literature. This literature was used to assess theories of change and program logic inherent in the Family Coping Toolkit Program.

The intention of seeking qualitative data informing this evaluation was to obtain 'rich' or 'thick' descriptions (Braun & Clarke, 2013, p. 24) of the contexts in which the Family Coping Toolkit developed and how it has been used.

Thirty-seven stakeholders were consulted for this evaluation. They included:

- CatholicCare facilitators:
  - Three members of CatholicCare NT management who are also Family Coping Toolkit trainers and facilitators
  - Five CatholicCare NT employees/former employees using the Toolkit
- Community facilitators:
  - Twenty-one community workers/former workers within Aboriginal communities who are trained to use the Toolkit
- Community members
  - Eight Aboriginal members of communities who have been participants in the use of the Toolkit.

Face-to-face interviews were held with stakeholders in Darwin, Alice Springs, Katherine, Daly River, Wadeye, Tiwi Islands and Belyuen, and Indulkana, South Australia (CatholicCare NT extends its services into the Anangu Pitjantjatjara Yankunytjatjara Lands that traverse Northern Territory, South Australia and Western Australia). The Family Coping Toolkit is also used in numerous other Aboriginal Communities across the Northern Territory.

An evaluator visited each targeted community during April-May 2015. Semi-structured interviews were conducted with Toolkit facilitators and community members at each location. All the community participants were Aboriginal. Some of the service providers were Aboriginal and some were not.

During one-on-one interviews, prepared questions were used as a guide to lead discussion about the benefits and criticisms of the Family Coping Toolkit. In this way, a constructively critical assessment was made of Family Coping Toolkit. Handwritten notes were taken during interviews as the data collection method. The Flinders University Social and Behavioural Research Ethics Committee granted approval for this evaluation to be conducted.

## 3. Evaluation findings

This section presents the results of the evaluation. Results relating to program theory include an appraisal of intervention effectiveness and cultural appropriateness from the perspective formal literature. This is followed by the program logic, and an appraisal of implementation activities and program outcomes. Finally, stakeholder feedback on the effectiveness and cultural appropriateness of the Family Coping Toolkit is provided.

### 3.1. Program theory

#### 3.1.1. Theory of change

The Family Coping Toolkit is informed by evidence-based intervention models and theory:

- The Toolkit is appropriately informed by the ‘stress-strain-coping-support’ model, which is evident in the design of the Mat and the associated facilitation process
- The use of a story mat is informed by evidence of the benefits of visual story telling tools as successful in facilitating communication about trauma, in psycho-education (sequencing thinking and in CBT) and externalisation of issues/re-narration (narrative therapy)
- The Mat itself does not express ‘problems’, rather is strengths based and solution focused
- The Toolkit design is informed by Aboriginal knowledge and respects the tradition of “yarning” and sharing wisdom, culture and experience among Aboriginal people that is respectful of the connectedness of individual, family, community, culture and land
- The Toolkit engages community members in a change process involving communication, education, therapy and referral to support participants to develop better ways to cope in accordance with a synthesis of Orford et al’s (2010) family coping model and Aboriginal knowledge.

### **3.1.2. Literature underpinning the theory of change**

Orford's (2010) stress-strain-coping-support model, one theory upon which the development of the Family Coping Toolkit was based, describes a five-step intervention process, which has shown positive results in both brief and extended intervention:

- Enabling the family member to talk about the other person's problem and make relationships with their feelings
- Providing information relevant to the circumstances of the other person's problem who is causing them stress
- Exploring how the family member copes and is responding to the other person's problem, including weighing up the advantages and disadvantages in relation to what they might be able to do differently
- Exploring their current social supports, including what can be done to draw upon the more positive and supportive social supports available while letting go of those that are not helpful
- Follow-up work and referral when needed (Orford et al., 2010).

Many research and evaluation studies have tested the 'stress-strain-coping-support' model and located positive results for family members in multiple domains. This includes extensive use of and trust in the model for family members of an individual with alcohol and drug issues (Copello, 2000; J. O. Krishnan, Colin Bradbury, Alex Copello, Richard Velleman, Mya, 2001; M. Krishnan & Orford, 2002; Orford, 1990, 1994, 2011; Orford et al., 2010; Orford et al., 2001), including for targeting support to families affected by alcohol misuse in Aboriginal communities (Calabria, Clifford, Shakeshaft, & Doran, 2012), in gambling (Dowling, 2014), for supporting family for supporting people with burnout or occupational stress (Lease, 1999; Leong & Tolliver, 2006; Taris, Horn, Schaufeli, & Schreurs, 2004), and in stress associated with bereavement (Velleman & Aris, 2009). The 'stress-strain-coping-support' model has been of long-standing use and widely accepted as an effective intervention model for supporting family in interventions focused on stress reduction via increasing appropriate support options and coping mechanisms.

However, any successful intervention depends on initial engagement and effective communication, particularly communication in ways by which those in

need can represent their knowledge, experiences and thinking. While oral and written language may be the most prevalent communication systems for sharing one's thinking, there are others. Although the 'stress-strain-coping-support' model is widely supported, it may be difficult to speak about issues. As an alternative - pictures, diagrams, maps or other ways to present a visual story may assist communication. These alternative representational systems are important for practitioners who are working with individuals and groups seeking to make sense of issues which are complex and difficult to grasp or to talk about.

The use of visual story tools to aid comprehension and communication is not new. Whether termed as story mats, event maps or story boards, these tools have been used for decades in educational settings for making graphical representations of the relationships between elements of a story. They are tested and known to enable individuals to visually organise information into coherent wholes, from which the individuals can convert their story to spoken language and share this with others (Davis & McPherson, 1989; Hoffman, 1987; Reutzell, 1985). Over time, researchers have learned that visual tools effectively assist comprehension, connection of elements and the organisation of thinking with students who have learning disabilities (Boulineau, Fore, Hagan-Burke, & Burke, 2004), behavioural disorders (Babyak, Koorland, & Mathes, 2000), and for both first- and second-language students (Boyle & Peregoy, 1990). In terms of emotional wellbeing of both the teacher and the learner, Williamson, Carnahan, Birri, and Swoboda (2015) proposed that perhaps the most significant outcomes for individuals using visual story tools was increased social engagement, a sense of safety and confidence.

The use of visual story tools to support welfare service delivery, capacity building, community development and therapeutic engagements, too, has a long-standing history in supporting change. For example, (Brashear, Kenney, Buchmueller, & Gildea, 1954) reported on the early use of visual aids in group workshops that were designed to help parents in a community mental health program to explore and talk about the impact of mental health issues on the parent child relationships. While the authors suggested that intervention methods and visual tools in themselves were not new, the interaction between lay persons trained to facilitate the groups with the use of these tools resulted in discussions about problems in which participants reported feeling more comfortable than in formal settings with professionals.

(Parry & Doan, 1994) proposed that storytelling and story re-visioning enables people to make sense of their feelings of being part of a story, but individual's stories are larger than themselves. The authors explain that individuals are enveloped in the stories of their culture and place, and that the ability to make sense of and to re-vision stories requires the ability to make representations of relationships between themes. These themes include the old story that has particular affiliations with dominant themes that include spirituality, racial ties, gender orientation, individual, family and community relations, traditions and history. In using a narrative therapy approach, Parry and Doan (1994) recommended that the old story should not be abandoned, but that clients benefit from omitting one or more components in creation of a new story. This provides hope and also retains sufficient aspect of the old story to maintain a sense of identity, such as with the interventions using the Family Coping Toolkit.

There have been many uses of visual tools for storytelling (diagrams, lists and pictures) and re-narrating. These have been tested and evaluated and found to successfully enable people to talk about their lives in ways that make them stronger (Denborough, 2008; Lande, Tarpley, Francis, & Boucher, 2010; Parry & Doan, 1994). The persistent success of narrative approaches in therapy has been well documented by the Dulwich Centre in Adelaide (Dulwich Centre, 2015a; White, 2011).

As well, systems theory locates the stories of individuals from collective cultures as expressions of the social relationship patterns of their families and communities (Robinson, 1997). A systems approach to moving forward, therefore, needs to recognise the importance of relationships made by the story-teller between their family group and communities with perceptions of broader historical, social, policy, welfare agency and cultural expectations of those groups and communities (Guzder & Rousseau, 2013; Hunter, 1991; Robinson & Tyler, 2008). The use of tools helps, particularly individuals with complex systems, to visualise and understand the relationships between the parts of their system.

In oral approaches to therapy, key elements to stories may be consciously or unconsciously omitted by individuals who have experienced traumatic life events. This is because they may fear their ability to deal with emotional re-traumatisation. Many authors have realised how art therapy, as a visual medium to support the processing of trauma and therapeutic engagement, helps trauma

sufferers seeking help with their healing (for example: Albert-Puleo, 1980; Beaumont, 2013; Gantt & Tinnin, 2007; Kozłowska & Hanney, 2001; Schouten, Gerrit, Knipscheer, Kleber, & Hutschemaekers, 2015; Steele, 2003; Tripp, 2007). For example, Lande et al. (2010) considered the use of art as a visual story tool that enabled tapping into people's nonverbal worlds. The use of art reportedly allowed individuals to develop a pictorial representation, which distanced them from the trauma. These individuals were observed to experience less emotional threat when reuniting with their memories, rethinking and re-authoring them. This is because physical representation was symbolic of the original trauma and externalisation provided a safety zone that lessened the anxiety associated with the original stories.

Likewise, Denborough (2008) reported on a narrative approach to working with groups of vulnerable individuals. Called the 'tree of life', the program was originally developed to assist practitioners in South Africa to engage and work with HIV/AIDS children. It engages group participants in drawing a pictorial representation of their own 'tree of life', including their 'roots', special people in their lives, dreams and hopes, skills and knowledges. Participants join their trees together into a 'forest of life' and they discuss with each other the problems ('storms') affecting their lives (e.g. their 'tree' and the 'forest'). While a static representation of a moment in time, this visual story tool is reported to enable the speaking about life events in ways that are less traumatising (Denborough, 2008). The 'tree of life' intervention has since being used in other contexts with refugees, victims of natural disaster, women experiencing family violence, mental health issues and, according to the Dulwich Centre website (2015b), there is an adaptation for use with Aboriginal and Torres Strait Islander peoples.

Symbolic visual representations of one's story, whether it is in an educational or therapeutic setting, provide a reference point for the owner of the story and others to talk. Connecting the use of visual story tools with a Cognitive Behavioural Therapy (for example: Freeman et al., 2015; Racco & Vis, 2015; Romano & Peters, 2015) to engage Aboriginal people in positive social service outcomes, is not new. Casey (2013) documented an example, the 'story telling board' developed in the early 1990s and used in the Northern Territory of Australia by the Petrol Link Up and Living with Alcohol Program, which successfully enabled workers to value the importance of the collective identity when applying culturally sensitive Cognitive Behavioural Therapy in counselling individuals. As a point of



departure, the Family Coping Toolkit is suitable for use by trained workers with groups and communities, thereby appropriately taking therapeutic practice away from a context involving one-on-one counselling with formally qualified professionals.

In summary, what is known from research is that the use of visual story tools in education and therapeutic contexts is reported to be beneficial for engaging individuals to “graphically organise and integrate concepts and events contained in a story” (Reutzell, 1985, p. 400). The use of objects in narrative approaches, such as in art therapy and the ‘tree of life’, enable traumatic stories to be externalised and told. Behavioural change intervention techniques inform the interaction between worker and client, which enables change in the way clients feel and behave in response to life contexts to take place. The Family Coping Toolkit draws from theoretical elements of each of these. However, understanding its use also serves to highlight a gap in the literature as it relates to the development and use of story tools for Aboriginal engagement.

This literature review has relied on textual sources. What it fails to do is acknowledge the value of visual story tools that are evidenced in the oral communications of Aboriginal people passed down through generations. In the final report of the development of the Family Coping Toolkit (CatholicCare NT, 2012a) it was noted that when the Family Coping Toolkit was launched, it received the blessings of Kungarakana Elder, Kathy Mills. In doing so, she spoke about “her mother and grandmother teaching her by drawing in the sand – a similar method to the story may.” We suggest that an Aboriginal cultural knowledge, contributing to the development of the Family Coping Toolkit, has been passed orally through generations and this knowledge is thousands of years old. The mere fact that story telling tools in Aboriginal culture have been sustained for so long should be sufficient evidence of the cultural appropriateness of visual story tools for communication and for intervention with Aboriginal people.

The colours of the Mat are consistent with the symbolic meaning of Australian Aboriginal Flag; black for representing Aboriginal people, yellow for the sun, life and protector, and red as the earth ceremonies and spiritual connection with the land. Goodwin-Smith, Hicks, Hawke, Alver, and Raftery (2013) noted from research on Aboriginal suicide that these symbolic representations are meaningful and also necessary when engaging with Aboriginal people.

### **3.1.3. Culture and the Family Coping Toolkit**

In a video recording of Ms Caroline Busch's explanation of the Family Coping Toolkit (CatholicCare NT, 2012c), she expressed how the Toolkit was visually attractive to Aboriginal people. This is confirmed in research identifying that cultural appeal of materials associated with Aboriginal services is important to Aboriginal people (Goodwin-Smith et al., 2013). In addition, Ms Busch noted how the use of visuals on the Mat and images helped to overcome literacy. The process of using the Toolkit, she advised, helped clients to focus on their current situations and connect that with their feelings. The power of the Toolkit rested in its ability to enable participants to visualise themselves coming out of 'the story', which was linked to their feelings and being able to visualise moving to a better place.

In focusing attention on the Family Coping Toolkit, Ms Busch (CatholicCare NT, 2012c) observed that the Toolkit's Mat and images allowed participants to align their gaze away from the worker or others, which not only engaged culturally appropriate communication when talking with others, but also lessened potential feelings of shame. This helped to build trust with the worker. Participants relate to the pictures and moving the images on the Mat enables participants to communicate their feelings without speaking the words. Long silences allow participants to process their story. These observations are consistent with the benefits of visual story tools reported in the literature, particularly how silences enable mental processing prior to speaking about trauma in ways that may lessen the likelihood of one's re-traumatisation (for example: Albert-Puleo, 1980; Beaumont, 2013; Gantt & Tinnin, 2007; Kozłowska & Hanney, 2001; Lande et al., 2010; Schouten et al., 2015; Steele, 2003; Tripp, 2007).

In consideration of a family systems approach to working with Aboriginal people, Ms Busch (CatholicCare NT, 2012a) expressed how the 'sharing stories' section of the Mat helps to locate their worries as a family and community concerns. Some participants, she noted, get stuck in the middle of the mat where they are 'sharing stories', but once they are supported to make relationships with their feelings, participants realise they do not like being "stuck in the middle with those feelings." This enables discussion around barriers and, working from the participants' perspectives, on how to overcome the barriers. 'Small feet' on the Mat represent "small steps and the feet get bigger as they come out as they are learning ... how to get back to the good stuff with your family." The outer circle of

the mat provides some suggestions of positive ways to support participants to become liberated from particular aspects of their stories. This narrative approach, in which participants are supported to externalise their stories, makes it possible for participants to find their own solutions and thereby re-author their lives. Consistent with the explanation of participatory processes by (Kendall, Sunderland, Barnett, Nalder, & Matthews, 2011), the Family Coping Toolkit returns delegation of control back into the collective identity of the Aboriginal participant and thereby back into the hands of Aboriginal people.

Ms Busch's (CatholicCare NT, 2012c) observations of the effectiveness and appropriateness of the Family Coping Toolkit are consistent with the reported benefits of other visual story tools used in therapies underpinned by narrative therapy, including with Aboriginal people, as reported in the literature (Denborough, 2008; Lande et al., 2010; Parry & Doan, 1994). In a simulation of the toolkit with the evaluators, the power of the Toolkit to facilitate communication of one's story, externalisation, relationships between the parts (story, feelings and behaviours) and re-authoring the story with better solutions was experienced and confirmed.

#### **3.1.4. Is the program aligned with an evidence base?**

The Family Coping Toolkit Program is appropriately aligned with the following evidence bases:

3. Therapeutic theory and research evidence informing individual, family and community change and applied to Toolkit intervention
4. Aboriginal knowledge and literature informing the cultural appropriateness of the Toolkit and how it is used.

Therapeutic evidence is appropriately informed by the 'stress-strain-coping-support' model, narrative therapy and elements of sequenced thinking via CBT. Family issues and community concerns are communicated, but with a strengths focus the Toolkit guides a solution based approach to intervention. The Aboriginal design of the toolkit and the way it is used honours the appropriateness of traditional yarning, as affirmed by Aboriginal knowledge and documented in literature.

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Campbell, Pyett, McCarthy, Whiteside, and Tsey (2007) note a causal relationship between community engagement in program design and empowerment outcomes for community members. The level of application of subsidiarity has a direct association with longer term project outcomes and sustainability.

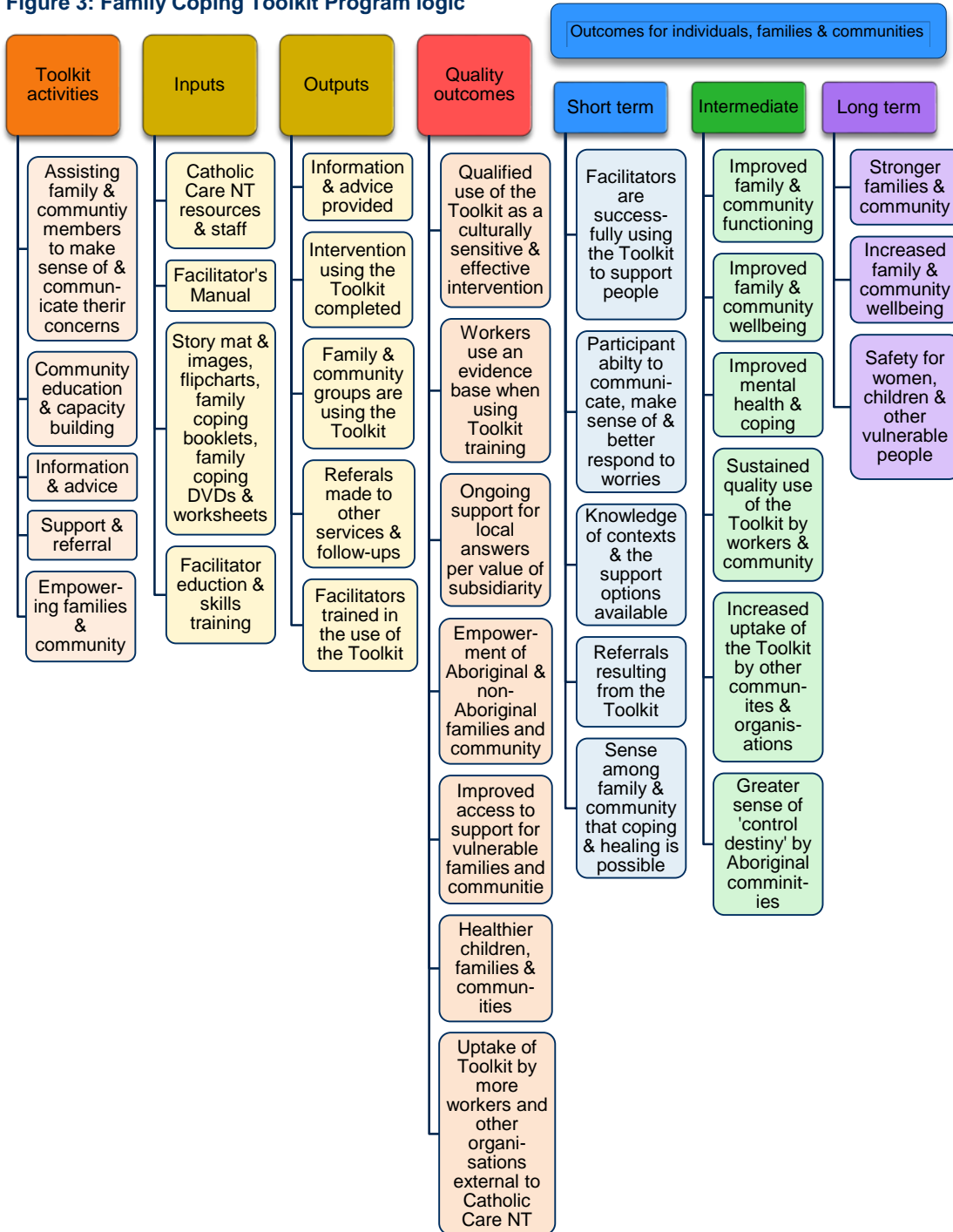
## **3.2. Program logic**

The Family Coping Toolkit is drawn from a model of practice informed by “family systems theory, stress-strain-support model, spiritual and cultural recognition, and group sharing as valid methods for peer support” (CarholicCare NT, 2008), and includes elements of narrative therapy and cognitive behavioural theory. The Toolkit is used independently as an intervention and capacity building tool and also to link families and communities to other services and programs providing a range of supports to vulnerable children, young people, their families and communities.

### ***3.2.1. The Program Logic Model***

Strategies and activities associated with the Family Coping Toolkit should align with outcome objectives via a causal relationship between the two. This linear relationship is demonstrated in the Toolkit’s Program Logic Model (Figure 3).

Figure 3: Family Coping Toolkit Program logic



### **3.2.2. Does the logic model align with good practice?**

The logic model for the Family Coping Toolkit articulates a schema that connects intentions, actions and outcomes in accordance with community needs and in alignment with evidence based theory of change. The logic model supports good organisational practice.

## **3.3. Program implementation**

### **3.3.1. Program activities, processes and documents**

The Family Coping Toolkit is culturally appropriate for working with Aboriginal people. It honours the practices of yarning and sharing wisdom, culture and experience. Interventions using the Toolkit are underpinned by well documented theory, processes and resources to inform and enable good practice. The Toolkit is predicated on sound program logic and well developed materials

In sum, the activities undertaken in the program and the resources which underpin them are well developed and documented, and activities match good practice in addressing the needs of the target group

### **3.3.2. Working 'in place': staff and subsidiarity**

The portability and versatility of the Family Coping Toolkit enables it to be used indoors or out in the open with individuals, families and communities. The Mat and images, which are the central feature of the Toolkit, are designed to be placed on the ground with the worker and others sitting together around it. The Mat seeks to assist participants to talk with workers about their stories, which are often difficult or culturally inappropriate to communicate in traditional Western and/or individualistic ways.

CatholicCare NT advised of their observations that the Family Coping Toolkit works best 'in place' with Aboriginal communities. The primary reasons for this are:

- The program is best delivered by Aboriginal people
- It has been designed by Aboriginal people and is informed by Aboriginal knowledge

Delivering services to the right people, in the right place and at the right time is important to CatholicCare NT, and the CatholicCare NT practice of working in place via trained, local facilitators (who are connected to or known to communities) ensures that staff who are culturally appropriate and accepted are delivering services in the right way: there is a requisite cultural knowledge required to underpin best practice when working with communities.

In sum, staff using the Family Coping Toolkit are the right staff: they are appropriately trained and, in accordance with an agency value of subsidiarity, they are appropriately working in place and in alignment with sound community work principles.

### ***3.3.3. Is the program logic supported and implemented effectively?***

Staff members who run the Family Coping Toolkit program are respected Aboriginal women, skilled with and educated in therapeutic engagements, and highly experienced in the intervention. They are appropriately qualified to train people to use the Family Coping Toolkit. The training is appropriately aligned to sound community work principles. The formal training and qualification process for Toolkit facilitators seeks to ensure that Toolkit activities are theoretically and evidence informed, and the training supports 'units of competency' in four Community Service Qualifications that are accredited in accordance with the Australian Qualifications Framework (AQF Council, 2013). Trained facilitators are the right staff by virtue of 'in place' credentials. Their practice is further underpinned by sound Toolkit activities, resources and documentation which ensures that the Toolkit is predicated on evidence based theory of change and a coherent program logic which is implemented successfully.

## **3.4. Program outcomes**

### ***3.4.1. Indications of short-term outcomes***

Stakeholders provided evidence of short term outcomes being achieved (see Toolkit Program Logic Model, Figure 3). Outcomes achieved included: Facilitators successfully using the Toolkit to support people; Participants' ability to communicate, made sense of and better respond to worries; Knowledge of contexts and the support options available; Referrals resulting from Toolkit; Sense



among family and community that coping and healing is possible. Examples of stakeholder feedback indicating outcomes achieved are provided hereunder.

Facilitators advised that the engagement of community members via the Toolkit was successful (including one facilitator advising they had “47 communities using the Mat”), and that they had observed short-term changes as a result of Toolkit interventions (**Outcomes achieved:** Facilitators successfully using the Toolkit to support people; Participants’ ability to communicate, make sense of and better respond to worries; Sense among family and community that coping and healing is possible):

CatholicCare NT facilitators:

*I have had personal experience in using the Mat to intervene in a suicide epidemic, in a session with six suicide attempters who have not attempted suicide since exploring the issue on the Mat.*

*(The Mat) works as a counselling, education and community engagement tool.*

*Use of the Mat (has been successful) with children in schools around suicidal ideation, or missing from home (for children in boarding schools).*

In particular, feelings associated with the successful engagement of community members by community facilitators using the Toolkit were frequently noted (**Outcomes achieved:** Facilitators successfully using the Toolkit to support people; Participants’ ability to communicate, make sense of and better respond to worries):

Community facilitators:

*It scores 100% satisfaction.*

*It made life easy, comfortable, confident for me.*

*I didn’t need to formulate questions, they were already there; the client chooses, they direct the conversation.*

*I had no problems with the Mat.*

Even if participants in the Family Coping Toolkit relapsed, getting them into a cycle that may eventually result in sustained change was viewed as an indicator of success. This is because the purpose of the Toolkit is to help communication of stories, to enable conceptualisation of issues, and to engage participants in ongoing work towards change. Hence observations of progress, even if small and within cycles of relapse, were indicators of positive outcomes of the Toolkit (**Outcomes achieved:** Facilitators successfully using the Toolkit to support people; Participants' ability to communicate, make sense of and better respond to worries; Sense among family and community that coping and healing is possible):

Community facilitators:

*Success is measured in engagement, conversation, if someone is able to get out of the old ways, even if they relapse.*

*Lots of participants are under court orders (e.g. licence suspended). If they did training with the Mat, they could get their licence back.*

*You can observe changes from one month ago so you see success.*

*You recognise harmful effects, such as wasting money, and see harm reduction and immediate changes.*

*You see small stages of change and target groups for changes.*

One community facilitator identified change in participants of the Toolkit, including how that translated into benefits for their community (**Outcome achieved:** Sense among family and community that coping and healing is possible):

*Mat benefits others in community.*

Finally, there were also observations of increased engagement with formal supports and also referrals made to formal support services. These present as indications of short-term outcomes achieved (**Outcomes achieved:** Facilitators successfully using the Toolkit to support people; Participants' ability to communicate, make sense of and better respond to worries; Knowledge of contexts and the support options available; Referrals resulting from Toolkit):

CatholicCare NT facilitators:

*(I) ask them if they would like to see a counsellor. Sometimes they recognise this themselves.*

*(I) tack the Mat onto already existing programs (e.g. in schools)*

*Having older ladies there telling stories helps younger women (mentoring and connecting with informal supports).*

While the tool may facilitate referrals, one community facilitator identified that appropriate agencies needed to be available. Hence the Tool is only successful as it relates to service availability in communities:

*Referrals depend on what is available in a certain community: Drug and Alcohol Services of South Australia (DASSA), health clinic, 'money mob'/financial counselling, visiting nurses/ mental health services or GPs, Department of Corrections, etc.*

### **3.4.2. How is the program performing?**

Stakeholder responses indicate that the Family Coping Toolkit is performing suitably in respect to short-term outcomes. These are:

- Facilitators successfully using the Toolkit to support people
- Participants' ability to communicate, made sense of and better respond to worries
- Knowledge of contexts and the support options available
- Referrals resulting from Toolkit
- Sense among family and community that coping and healing is possible.

Facilitators have reported success in using the Toolkit to engage and support families and communities to communicate and make sense of their circumstances, as well as talk about their feelings and identify better pathways. It appears that participants come back repeatedly to seek support via the Toolkit on the basis of previous experiences of being supported. Referrals have been achieved via the use of the Toolkit and increased capacity among families and communities to identify and access support options available to them indicates Toolkit success.

### 3.5. Program appropriateness: further stakeholder feedback

Further findings from 37 stakeholder consultations (described at section 2.2) on their experiences with and insights into the toolkit, and the extent to which they found the engagement beneficial and appropriate for family and community needs, are presented next.

Qualitative feedback from stakeholders that included CatholicCare NT facilitators, community facilitators and community members is provided. These results give indications of the cultural appropriateness of the Family Coping Toolkit activity in terms of how it is used, its impact and design.

#### 3.5.1. Supporting communication

From all respondents, there was a positive response to their experience with the use of the Family Coping Toolkit, either as facilitator or participant. The two main themes expressed were that communicating via the Toolkit first required trust and a relationship. Without either of these, the effectiveness of the Family Coping Toolkit in facilitating communication is markedly diminished. For use in Aboriginal communities and with Aboriginal people, acceptance of the facilitator is essential.

##### CatholicCare NT facilitators:

*Knowing and trusting the facilitator is important. Knowing people is important with the Mat. Know them and they trust you.*

*It is helpful if you are already respected in the community to then run a program like Mat (rather than someone new to a community trying to run it).*

##### Community Workers:

*You cannot open the Mat immediately; you need to establish a relationship and build trust. The relationship is important here.*

*First you need to see Elders and also people working in the community in different organisations: introduce yourself through these. Then they introduce me to people in the community*

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*Still need to develop trust: first meeting I introduce myself. I have at least three meetings with them before I introduce the Mat.*

A strong emphasis which came through was the value and use of the pictures as enablers of conversation and ultimately healing.

CatholicCare NT facilitators:

*The visual aspect of the Mat enables 'stories in language'.*

Community Workers:

*I see the pictures as a useful tool in opening up a conversation.*

*Pictures guide conversations which would otherwise be too open and wandering.*

*I think that the visual dimension of the Mat makes it brilliant for using with Aboriginal people as it allows a bridge beyond 'white fella English'.*

The visual aspect of the Mat was recognised as adding an extra dimension to overcome barriers to personal sharing. As well, a number of stakeholders spoke of the Toolkit as an effective tool to enable community members to talk more openly about their life situations, with pictorial communication being less threatening than only speaking orally about them.

CatholicCare NT facilitators:

*It's hard to explain the power of this tool but it's extraordinary in action.*

*The Mat allows conversation to open by talking about feelings or issues in the abstract and then bringing the 'I' back in at the appropriate time.*

Community facilitators:

*I focus on the pictures rather than the participants as this takes the pressure off and helps people get over their shyness.*

In regard to particular behaviours taking place in families and communities that were harmful to rights, safety and wellbeing, the Family Coping Toolkit was experienced as helpful for addressing and educating participants on these issues.

Community facilitators:

*More men are breaking Domestic Violence Orders and hurting women. The Mat is about educating these women about their rights and how to get past the barriers of keeping them here (in the Central Australian Aboriginal Alcohol Program Unit) so they are not stuck in the yellow circle.*

*I might pick up a picture card; say about young women who are into nasty texting. Elders in a community support and help young people, also support them if a young person wants to give up bad aspects of their life.*

Issues of 'blame and shame' are removed when community members discuss issues using the Mat.

CatholicCare NT facilitators:

*It takes the 'I' out of the conversation and lets you talk about a subject without talking about a personal problem – for example, the problem with gunja instead of my problem with gunja. This allows a conversation to begin and then a reflection to unfold, with pictures helping people to articulate feelings. It provides language where language isn't obvious.*

Depersonalising issues and putting them 'on the mat' gives licence and authority to talk about issues where there are cultural inhibitors to talking about 'my' or 'your' problems. This transfer of the locus of attention is facilitated by having pictures to act as prompts to discuss the issues which they represent.

CatholicCare NT facilitators:

*After depersonalising issues on the Mat, conversations open up and people bring their personal and shared experiences in.*

*Sessions and conversations can be guided by selecting relevant cards for the session.*

Community facilitators:

*Pictures give permission to open up a conversation.*

An emphasis in some communities was the value of the presence of Elders. A targeted session might be guided by Elders, for example, indicating that the community needs to talk about gunja. Selected pictures can then be included to target these conversations.

CatholicCare NT facilitators:

*Always have an Elder present when using the Mat for validation of interpretations, for permissioning, and because you never know what is going to come up.*

The value in the Toolkit is that it is not prescriptive. Therefore, it lends itself to the needs of individual clients. It is a tool which enables often intimate conversations to occur in a non-threatening environment.

CatholicCare NT facilitator:

*The Mat contains no corners or arrows which might be culturally or even subconsciously symbolic of judgement. The circle is important.*

Community facilitator:

*My positive experience was that it was easy to start a conversation with clients.*

*The Mat talks by itself; helps solve the issue of communication.*

*Cultural aspects are different (between me and the client) so Mat resolves issues of understanding and culture.*

*This is a powerful tool which could be used to make families stronger.*

*There's a cultural licence which comes from the idea of 'leaving it on the Mat'.*

*The Mat is an effective conversation opener. The Mat promotes sharing and conversation with purpose.*

Community member

*A respected strong male leader would use the Mat. Turning issues into story telling makes them less confronting.*

### **3.5.2. Facilitating changes**

The Family Coping Toolkit has made positive differences in the lives of individuals and communities that have participated in its use.

CatholicCare NT facilitators:

*The Mat helps them to make changes in their lives.*

*The Mat is seen as a starting point to think again about family and personal situations.*

*People want to use the Mat to get things clear and to sort out what is happening in their lives.*

For some, the Family Coping Toolkit gives an opportunity to stand back from their personal situation and re-evaluate their lives. It can also cement learning from previous occasions.

CatholicCare NT facilitators:

*Often it is not just a one-off but a cyclic process; people can come back and reuse the Mat.*

*Some people want to use the Mat again because they are falling back into their old ways.*

For others, the Toolkit can potentially prevent participants from entering life situations which they will later regret.

CatholicCare NT facilitators:

*No need to wait until there are problems. The Mat can be used as an early intervention tool with young people, to put them on a good track early.*

*I have used it in a high school setting. I have used it successfully with Aboriginal and non-Aboriginal people.*

In some situations, it is viewed as both educational and therapeutic tool when enabling experiences to be shared.



CatholicCare NT facilitators:

*Women like it. It helps to bring people together and recognise that issues are shared.*

Community members:

*It helps your heart. It helps to cry.*

The Toolkit is therapeutic when it opens up conversations about issues that are sensitive or traumatic to families and communities. In particular, it helps to share the experiences of individuals, feel they are not alone and locate worries as a shared concern.

### **3.5.3. Trust and relationships**

A consistent message was provided by facilitators and community members from a range of community locations throughout the Northern Territory: personal discussions occur in the context of relationships, but also in settings in which the participants are comfortable.

CatholicCare NT facilitators:

*I have been using the Mat for more than 2 years. One session can last between 1-3 hours. It is important that there is practical stuff happening along with the yarning (such as cooking). They won't just sit in a room and talk.*

*I talk to women, mothers and younger women (in the Central Australian Aboriginal Alcohol Program Unit). I teach hygiene and cooking, etc., along with emotional stuff. I take food and cook it and use the Mat while cooking.*

Community facilitators:

*Sometimes I go out with a group of men. We might be together for 4 hours. They will catch a kangaroo and cook the tail. Then we yarn using the Mat.*

*Most of my experience is with men but also in a community there might be a whole family together. So you need to bring food and need three hours for this. People start talking later during this time.*

The facilitator has a key role to initiate conversation and ask appropriate questions to ensure that momentum is not lost. Following discussion of personal issues based on the inner/yellow circle, conversation will then be directed to the intermediate/red circle and ultimately the black outer circle to find resolution and referrals to deal with the issues that are raised (refer to Figure 1 or 2).

CatholicCare NT facilitators:

*The order of the Mat is to do the inside yellow circle first, then move outwards to the red circle and talk about feelings and then the black circle with outcomes and referrals*

*So the yellow is about sharing stories/yarning/ good and bad stories*

*When they run out of stories, I take it back to them and ask how they feel – this leads to the red circle.*

*You are able to sense when they move from yellow to red. Sadness and anger can be expressed due to alcohol/drugs*

The facilitator requires a level of skill to direct conversation and to know when to move from discussion of issues (yellow circle) to feelings associated with those issues (red circle) and onto appropriate referrals and possible resolution (black circle) (refer to Figure 1 or 2).

#### **3.5.4. Versatility and variability**

While the Toolkit was originally developed to enable family members to more effectively live with and manage a person inappropriately using alcohol and other drugs (AOD), the developers of the Toolkit, managers of CatholicCare NT and facilitators of the Family Coping Toolkit have recognised the validity of using the Toolkit in a wide range of contexts.

CatholicCare NT facilitators:

*One group might be petrol sniffers (or other volatile substances). One group might be younger people: talk about why they don't respect their families. Another group might be an older group or a middle aged group.*

*Kids see parents getting drunk and fighting, so the Mat can be helpful for young people.*

*It can be used as a financial management service delivery tool.*

Community facilitators:

*(The Toolkit can be used to deal with issues of) gambling, domestic violence, grog, gunja (marijuana), humbugging, drink driving, unlicensed driving, smoking, petrol sniffing, peer pressure, money problems.*

*Family violence, cultural and spiritual issues, communication.*

*There would be lots of services, including schools, on community which could use the Mat.*

In other words, as one interviewee said, 'The Mat is relevant to all issues, whatever is concerning the individual.' It can appropriately be used in a wide range of contexts with an extensive range of participants.

Community facilitators:

*The Mat is the best tool for working with low literacy.*

An important point was made by several interviewees, which is highlighted in this final quotation. Use of the Toolkit does not depend on literacy and can be conducted in a language most comfortable for participants.

In terms of versatility as the Toolkit relates to working with individuals or in groups, there was some variation in response by stakeholders. The overriding response was that the Toolkit works best in a group situation. Two facilitators (both male) commented that they had used it with individuals as well as in groups and that this had been effective.

CatholicCare NT facilitators:

*Usually meet with two or a few together.*

*It is best done in a group; don't use the Mat in a one-on-one situation.*

*Aboriginal culture is a sharing culture; if you have something, you are obligated to share.*

Community facilitators:

*I use (the Mat) with both individuals and groups.*

*Sometimes one man will approach me for a conversation based on the Mat.*

*In a community, sometimes it might be a family or two individuals together.*

In terms of work with individuals or groups having discussions with facilitators, the predominant issue remained to gain the trust of participants and ensure that conversations around the Toolkit occurred in a relational setting.

Although no definitive response was received regarding the value of the Toolkit for use with more than one participant, the overriding sense was that the participants themselves need to be comfortable in the group setting and prepared to share their personal experiences. Usually this would mean a group of between two and six participants.

CatholicCare NT facilitator:

*When I meet with people, I take two Mats. I go through the Mat and then give it out to two groups. Usually not split by gender but mixed groups.*

*Mat works best in a group in a public space – in a room or outside but away from others in the community.*

*Rules and confidentiality in a group are important.*

*In a group, often all have the same problems so respect each other and there is sharing: You've experienced what I've experienced.*

*The group is powerful, I am not alone.*

*More and more women are talking and standing up for themselves and their children.*

Community facilitator (agreed by community members present):

*Group members witnessed the Mat working effectively with a men's group, working to promote a deep level of conversation.*

*(There was a consensus that conversations and engagements go much deeper and much faster with the Mat, especially around sensitive issues such as suicide, where the level of depth achieved is essential for secondary and tertiary interventions.)*

**3.5.5. Facilitator skills and expertise**

The presence of a facilitator in the conduct of a group was essential. The facilitator needed to be someone with group skills who appropriately applied the theories and processes received in training. When the facilitator was a professional employed by CatholicCare NT, not from the community where the Toolkit was being used, they needed to have the confidence of the community members. This included community belief that external facilitators were knowledgeable in the issues of the community members, including having an awareness of the resolution of these issues over time.

CatholicCare NT facilitators:

*In (community) they say: Can you tell Caroline to come back? We want to use the Mat again.*

Community facilitators:

*They need to trust you. It is important to get to know the person first. It is different in community (compared to Alice Springs). You become comfortable with a person or group.*

*It doesn't matter (if have a non-Indigenous facilitator). It is more dependent on the skills/ facilitation, the attitude you bring to the Mat.*

*Sometimes a client violates cultural rules and it can be easier for them to tell someone outside of community.*

The facilitator needed to be someone knowledgeable in the issues but also sensitive and trustworthy toward members of the community. When there were new facilitators, they needed to be introduced to the role.

CatholicCare NT facilitators:

*When a new facilitator commences, it is good for them to work with an experienced facilitator for a while.*

*Some pick it up quickly and others take longer.*

**3.5.6. Suggestions for improvement**

Stakeholders interviewed were asked about factors that could enable the Toolkit to work better. Some responses related specifically to the design of the Toolkit in terms of the quantity of images, suitability of the mat for different communities or cultural groups, and language on the Mat.

CatholicCare NT facilitators:

*It is best to modify cards to make them local and relevant.*

Community facilitators:

*Need to make more 'buttons' so that it is more adaptable and familiar to different communities.*

*More picture choices, especially with emotions, would be good.*

*In Central Australia, people are not familiar with wharves and water.*

*Get buttons/pictures based on real experiences of local people in a community.*

*It is important to design the cards for the locality. Some of the pictures are not appropriate.*

*Use an appropriate language (e.g. Pitjantjatjara) or no writing.*

While the value of the Toolkit has been observed and recognised, so too has its visual design for engaging Aboriginal people. However, stakeholders observed that others are reluctant to use the Toolkit because it is obviously Aboriginal Australian in design, and perceived by non-Aboriginal people to be for Aboriginal use.

CatholicCare NT facilitator:

*You could use the Mat with non-Aboriginal people but the pictures would need to change and a neutral coloured Mat would be good for various family groups.*

*There are complex identity issues. The first thing non-Aboriginal people see are the colours.*

Community facilitator:

*It is great in Aboriginal contexts.*

*I think non-Aboriginal clients would respond negatively to a tool which is very Aboriginal in look. I have heard reports of the Mat being used with a non-Aboriginal family where the family rejected the Mat. I think the Mat (with its use of Aboriginal colours) is only a fit for Aboriginal people, not including Torres Strait Islander people.*

*It is intended for Aboriginal people.*

In terms of suggested improvements from stakeholders, feedback indicated that there were some trained community facilitators who were not using the Toolkit. There were a few reasons hypothesised, including personal preferences for engaging families and communities in other ways, not all workers finding ways to use the Mat, or that frequent use was necessary to build facilitator and community member confidence to using the Toolkit.

Community facilitators:

*(Not using because) they might prefer different ways to converse personally and meaningfully.*

*(Not using) could be due to personality or individual perceptions of the Mat itself.*

*There are six community workers. Some are using (the Mat) and some are not.*

*So not all workers find ways to use it.*

*Some complain. It might be due to individual understanding, the extra load on the worker.*

*It needs constant usage (so that workers in communities are familiar with it).*

*I like using it, but I need more familiarity to get comfortable. It needs to be out there more so people get used to it.*

### **3.5.7. Barriers and solutions**

Two responses suggested that the skills or patience of some workers may have inhibited successful use of the Toolkit, along with an unwillingness to put the input and expertise of the client at the centre of the engagement.

#### Community facilitators:

*Some workers emphasis a particular problem and don't let the community members discuss their own issues.*

*The Mat forces deep practice, deep conversations, deep feelings. It locates the story telling expertise within the client and some workers don't like that.*

*The problem might be with the worker, if trust is not established with the client.*

Some feedback highlighted a call for increased training. The current training business model, in which two trainers travel to communities to train individual facilitators, is potentially unsustainable. A train-the-trainer model was offered as a potential solution.



CatholicCare NT facilitators:

*(We) want to see the Mat more widely used (but there are not enough trainers to accommodate growth).*

*I have used the Mat but (I) need a training refreshment. I would like to use it again and I appreciate the visual aspect of the tool.*

CatholicCare NT facilitators:

*It would be good to train up Aboriginal staff to do the training.*

Some stakeholders expressed visions for the Toolkit being more widely used by Aboriginal communities across Australia, and by non-Aboriginal communities, including community members who envisaged sharing the Toolkit's benefits.

CatholicCare NT facilitators:

*The Mat could be a potentially useful tool with CALD communities which either have low literacy or low English literacy.*

Community members:

*Get it out there, inside and outside of CatholicCare NT, without constant delay.*

One issue raised during stakeholder engagement for this evaluation was that of intellectual property, and whether Aboriginal knowledge held by the creators of the Toolkit had been appropriated without sufficient recognition. The evaluators acknowledge this issue as a risk in terms of the potential for broader uptake of the Toolkit.

CatholicCare NT facilitators:

*The Mat is based on theory but also on Aboriginal knowledge. Intellectual property needs recognition – needs to be worked through Reconciliation Action Plan.*

As well, CatholicCare NT facilitators proposed that if the Toolkit was manufactured locally that it would support the development of a community social

enterprise. This accords with 'Section 3: Opportunities' in CatholicCare NT's Reconciliation Action Plan (CatholicCare NT, 2015).

CatholicCare NT facilitators:

*Manufacture it locally as a community social enterprise*

Local manufacture has the potential to gain respect for the Toolkit among Aboriginal communities, which could translate into increased engagement by those who had unresolved intellectual property concerns with it.

**3.5.8. Summary: Does the program meet stakeholder needs?**

Stakeholder feedback confirmed that the Family Coping Toolkit is an effective and appropriate tool to use when supporting Aboriginal people to communicate issues of concern, make sense of them, understand their feelings and work out potential solutions for themselves. While facilitators may not have used the language of therapeutic interventions, they spoke about using the Toolkit in ways that were noticeably evidence informed.

Facilitators expressed benefits of working with the Toolkit, and community members confirmed their experiences of beneficial outcomes in terms of coping and opening up about their feelings, then exploring potential solutions with facilitators.

Some trained facilitators were not using the Toolkit correctly, or not at all. Stakeholder feedback advised that some facilitators took too much control during the intervention, and others were not confident enough to use the Toolkit. This information presents as neither faults of the Toolkit two-day training, nor the Toolkit itself. These facilitators may need more training or, alternatively, to have control over their choice to use other models of intervention in their practice.

Stakeholders shared their observations of successful engagement and change resulting from using the Toolkit. Key themes were:

- The Mat provided a starting point for thinking
- People with different languages could use the Toolkit

- The Mat enabled speaking with more than words, which takes away shame and shyness
- The Mat helps people to speak about the unspoken through depersonalising the issues
- The Mat gives permission to communicate about sensitive issues
- The Mat is respectful of Aboriginal 'yarning' practices
- The Toolkit enables learning about right and wrong, such as substance problems or violence towards others
- The Toolkit brings people together to work things out together
- The Mat can be rolled out anywhere, so it can be used 'in place' and when the time is right for stakeholders.

What was most important to stakeholders is that the development of trust with facilitators takes place sufficiently prior to engaging the Toolkit. For outsiders, this may take longer than for community facilitators, but many stakeholders observed the benefits of working with outsiders, because this helped preserve relationships in their families and communities. Others preferred Toolkit facilitators from their own community.

Feedback from some stakeholders suggested that the approval of an Elder was sometimes necessary before participants would engage with the Toolkit. Some community members were known to want Ms Caroline Busch to come to their community and facilitate the Toolkit, which was based on confidence in her as an Aboriginal Elder. In some instances, therefore, the Toolkit was forced to operate more in accordance with cultural practices than therapeutic models. What this indicated is that Toolkit facilitators skilfully adapted processes according to the participants' needs.

While people of other cultures may recognise or experience beneficial outcomes from using the Toolkit, many stakeholders expressed that the Toolkit is for Aboriginal people. For use with non-Aboriginal people, alternative colours and design were suggested by some facilitators.

Suggestions for improvement included:

- Using images that are familiar to relevant communities where those communities are geographically unrelated to those around which the Toolkit evolved
- Some participants suggested there needed to be fewer images, while others suggested that some more feeling images would be helpful or that fewer round buttons may assist locating particular images
- Recognition of the intellectual property issues inherent in the Aboriginal knowledge embedded within the Toolkit
- The Toolkit would benefit from a redesign for use by non-Aboriginal people.

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## 4. Summary & recommendations

With 20 years of work invested in the Toolkit by Ms Caroline Busch, and Ms Milly Hardy, via community consultative processes with Aboriginal Communities, there is sound evidence from the evaluation of the application of subsidiarity by CatholicCare NT in the development of the Toolkit. Participatory processes have been applied in the development of the Toolkit via consultative processes and an ongoing community engagement in refining its design. The development of the Toolkit has resulted in a culturally appropriate intervention, which is largely delivered by Aboriginal People to Aboriginal people.

### 4.1. Toolkit facilitation

The Family Coping Toolkit is well aligned with an evidence base. This includes therapeutic approaches articulated in the literature on practice theory and models, and research on interventions and culturally appropriate approaches for working in community development with Aboriginal people. As well, people are trained to deliver Toolkit interventions largely 'in place', and training supports 'units of competency' in four Community Service Qualifications that are accredited in accordance with the Australian Qualifications Framework (AQF Council, 2013) which indicates that Toolkit training is a quality program that includes theory, practice and application.

There are currently about 30 Family Coping Toolkits in circulation across the Northern Territory and in the APY Lands. Approximately 70 people have been trained since 2012 in the use of the Family Coping Toolkit at CatholicCare NT office locations; 25 have been trained on-site in communities. Stakeholders advised that there were not enough trainers to meet current needs or to accommodate expanded use of the Mat.

**Recommendation 1:**

Additional trainers are required to meet this demand to ensure sustainability of the Family Coping Toolkit Program.

The supply of Toolkit training is limited by current models whereby the few expert trainers travel vast distances to provide training in communities. As well, there is a high turnover among staff and community workers trained as Toolkit facilitators, which means that training new facilitators is constant. The Toolkit training in itself appears to be effective, but the business model for training and ongoing support needs a more cost effective and sustainable approach.

**Recommendation 2:**

Consideration towards Toolkit training being available via online learning or video link-up for distance learners.

It is important to give value to the knowledge of Aboriginal Elders, such as Ms Caroline Busch, and the specialist knowledge informing Toolkit activities for working with vulnerable people. However, sustainability of the Family Coping Toolkit beyond the working life of a few 'experts' highlights a serious vulnerability for the program. There is a clear need to build the capacity of others to facilitate Toolkit training.

**Recommendation 3:**

Implementation of a train-the-trainer program available to CatholicCare NT and Community Workers.

Stakeholders interviewed were primarily facilitators who were actively using the Toolkit and who had confidence in outcomes resulting from their use of the Toolkit. They provided insight into why sustained use among some other Toolkit facilitators has not been achieved.

This includes:

- Confidence or experience with using the Toolkit
- Preference for alternative intervention models.

It appears that some Toolkit facilitators may need additional and ongoing supports to use the toolkit until sufficient confidence and expertise is achieved. Stakeholder observations indicated, too, that the Toolkit was not being used by all facilitators correctly. As well, stakeholders expressed that refresher training may be beneficial. Ongoing and refresher training could be integrated with Recommendation 2.

#### **Recommendation 4:**

Additional supports are required for ongoing support and professional development in the use of the toolkit, which could take two forms:

1. Community trainers equipped with skills and knowledge to provide short ongoing professional development modules and refresher training modules
2. Options for online training engagement or via video link-up.

Some stakeholders said that the images in the Toolkit (or language in other components of the Toolkit) were not suitable for all communities or regions. Others suggested that there were too many images to sort through or that the shapes of images made them difficult to locate.

#### **Recommendation 5:**

Include a section in the Toolkit training, or as a short follow-up module: "Making the Mat and images appropriate for participants before you start."

While a consultative process took place in the designing the Toolkit, the result is that the story may be obviously Australian Aboriginal in visual appearance. As a result, some stakeholders expressed a need to acknowledge Aboriginal intellectual property. Further feedback was offered in regards to community

potential to benefit from the Toolkit as an Aboriginal product made by Aboriginal people.

**Recommendation 6:**

While the Toolkit is informed by both Aboriginal and non-Aboriginal knowledge, appropriate acknowledgement of intellectual property inherent in the Toolkit is necessary.

**Recommendation 7:**

Manufacture of the Family Coping Toolkit, in so far as possible, by Aboriginal people.

This evaluation underlines the importance of work in Aboriginal communities being community-driven. Very clear community development principles have been valued by CatholicCare NT in accordance with subsidiarity through respecting stakeholder engagement in the development of the Toolkit. This can be strengthened by engaging stakeholders in ongoing developments in future training and manufacture as it relates to the Family Coping Toolkit. This is an important potential application of the principle of subsidiarity.

## 4.2. Toolkit participation

Over several years, and through a number of iterations, the Family Coping Toolkit has been shown to be an effective tool to assist workers from CatholicCare NT to connect with individuals, families and communities. Key themes underpinning successful participation with the Toolkit are reiterated below:

- The Mat provided a starting point for thinking
- People with different languages could use the Toolkit
- The Mat enabled speaking with more than words, which takes away shame and shyness
- The Mat helps people to speak about the unspoken through depersonalising the issues



- It gives permission to communicate about sensitive issues
- The Mat is respectful of Aboriginal 'yarning' practices
- The Toolkit enables learning
- The Toolkit brings people together to work things out together
- The Mat can be rolled out anywhere, so it can be used 'in place' and with the time is right for stakeholders.

Many stakeholders expressed pride in the Family Coping Toolkit, particularly in relation to the Toolkit being in Aboriginal in design. There was a sense of collective Aboriginal ownership in respect to it. The most prevalent perception is that the Toolkit, particularly the Mat, is for Aboriginal people. This indicates a preference among stakeholders that it is maintained for use with Aboriginal people.

#### **Recommendation 8:**

The Family Coping Toolkit, especially the story Mat that is of Aboriginal design, be preserved for use with only Aboriginal people as a mark of respect for the Aboriginal knowledge contained within.

Many stakeholders said that trust in the facilitator was important to participants, which can take time to develop. The approval to engage in the Toolkit by an Elder was also an influential feature for participating in the Toolkit. What this suggests is that the Toolkit cannot function separately to the approval of Elders, particularly the cultural practices of the particular Aboriginal community engaged in the Toolkit intervention. How the Toolkit was viewed by Elders in terms of 'control factor' is therefore influential in approval of its use. This reinforced Recommendation 7.

While people of other cultures may recognise or experience beneficial outcomes from using the Toolkit, many stakeholders expressed that the Toolkit is for Aboriginal people. For use with non-Aboriginal people, alternative colours and design were suggested by stakeholders.

**Recommendation 9:**

Toolkits for use with non-Aboriginal people need to be distinctively different in colour and visual design.

**4.3. Application of subsidiarity**

There was strong evidence of the application of the principle of subsidiarity in the design of the Toolkit, particularly the community consultative processes and engagement in launching the Toolkit across the Northern Territory during 2012. However, the extent of 'control destiny' could not be determined in this evaluation. An appropriate acknowledgement is necessary to ensure that community development by a non-Aboriginal organisation is, despite authentic intentions for subsidiarity, not inadvertently disempowering for Aboriginal Australians.

In the application of subsidiarity, Aboriginal consultation regarding any future developments or manufacture of the Toolkit for use by both Aboriginal and non-Aboriginal people is required in accordance with 'Section 3: Opportunities' in CatholicCare NT's Reconciliation Action Plan (CatholicCare NT, 2015).

**Recommendation 10:**

Aboriginal people should participate in social enterprise related to Toolkit production.

**4.4. Summary: strengthening families & communities**

This evaluation identified that where the Family Coping Toolkit is met favourably by facilitators and community members, and approved by Elders, it proved to be an effective intervention that supported information and advice giving, communication, increased coping and feeling empowered, support and referral and community education. Aboriginal knowledge

The logic model for the Family Coping Toolkit articulates a schema that connects intentions and actions to outcomes, in alignment with community needs and

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CatholicCare NT's value of subsidiarity. This logic model is theory and evidence based and underpins sound implementation of the Toolkit. This evaluation makes a number of recommendations which are drawn from an analysis of feedback from Family Coping Toolkit stakeholders. The evaluators offer these recommendations as suggestions to enhance a Toolkit which, in its current form, already presents as an innovative and well regarded intervention tool which produces successful outcomes and which is welcomed in the communities within which it is used.



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