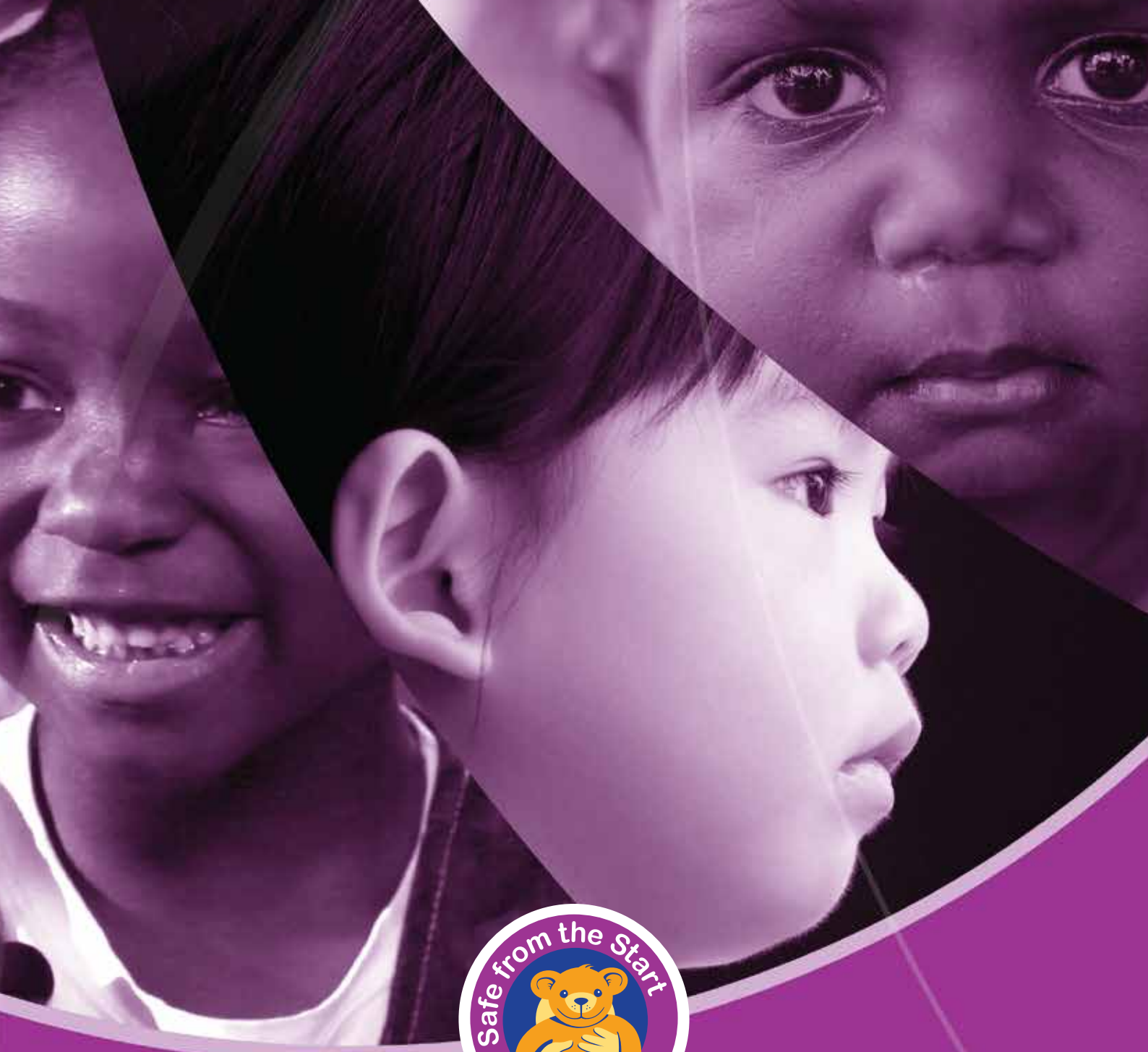

Safe from the Start™

Policy and practice directions for a domestic and family violence intervention for small children: 'Safe from the Start'

Final Report | January 2013 | Assoc. Prof. Erica Bell

The Salvation Army
Australia Southern Territory

UTAS
FACULTY OF HEALTH SCIENCE

Policy and practice directions for a domestic and family violence intervention for small children: 'Safe from the Start'

Final Report

January 2013

Erica Bell

A University Department of Rural Health (UDRH) report by Associate Professor Erica Bell of UDRH; commissioned by The Salvation Army and funded by the Commonwealth Government's Department of Families, Housing, Community Services and Indigenous Affairs

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Plain language overview

This evaluation is described in a main report with a separate document giving supporting data in appendices. The main document deals with a complex intervention and a large, complex dataset. This complex dataset is examined with the aim of using scientifically acceptable methods, not simple narrative descriptions of the language data that have poor reliability and acceptability in international best practice in evaluation research.

Accordingly, it is acknowledged that the report is a demanding read. However, it offers the first large and comprehensive study of practitioner perceptions of the intervention Safe from the Start i.e. the training session and the kit of resources for use with children.

The findings are, overall, very positive:

- 204 out of 335 practitioners indicated they were satisfied to very satisfied across each and every one of the 6 areas of the intervention measured – not just one area.

- Even when the evaluator searched comments that are most likely to be critical of the cultural relevance of the intervention (comments specifically about culture and Indigenous issues), these were positive. Practitioner comments were positive about 1) the usefulness of the intervention across cultures and 2) the ability of practitioners to translate the intervention across cultures.

Notwithstanding, there are minor areas for improvement and these are targeted in 10 recommendations for making this intervention even better into the future.

Executive summary

Background: Much domestic and family violence research is quantitative, focussed on mothers, and framed by traditional psychology and social medicine, rather than the broader needs of child and family workers, as well as focussed on the effects of domestic and family violence on children exposed to this violence. However, it is known that interventions that target resilience, narratives of the self and relationship-building are important to mediating the negative effects on children exposed to domestic violence. The cultural translation of such interventions is a major challenge.

Aim: This study examines Australian child and family support staff perceptions of the cultural translation issues in implementing an intervention for small children exposed to domestic and family violence.

Method: The participants in the study were 335 practitioners attending 15 urban and regional centres in all 8 Australian states. This represented 67.6% of those 495 who participated in the intervention administered over the six month period of its national implementation in 18 discrete day long training sessions. There were 178 practitioners who indicated they worked with culturally diverse and Indigenous client groups while 139 did not so indicate, and 18 left this item on the survey form blank. The data were collected on a survey sheet that was designed to be used by the participants to record their impressions of the two components of the intervention (the training and resource kit) throughout the training day. The questions targeted three dimensions of the training as well as the resource kit: quality, appropriateness for clients, and capacity of the intervention to make a difference to the clients or the practitioner's ability to work with clients. For each dimension, the survey form collected two kinds of data: primarily qualitative (answers to open-ended questions) and to a lesser extent

categorical (satisfaction ratings). The analysis of the survey forms involved a three stage method using elements of configurational and computational textual analysis as well as critical discourse analysis: 1) summary of types of configurations of satisfaction ratings provided by respondents using a simplified version of Boolean-based software drawn from case-based analysis 2) quantification of the entire conceptual content of the survey forms using Bayesian-based computational linguistics software Leximancer 3) critical discourse analysis of the way practitioners constructed concepts to do with cultural transmission of the intervention for culturally diverse communities and Indigenous clients.

Findings: *By far the largest group giving satisfaction ratings gave **all** very satisfied to satisfied ratings: 204 practitioners including 102 with culturally diverse or /and Indigenous clients and 102 who did not indicate they had such clients*. There were also two significant types of configurations with satisfied to neutral ratings only, given by 22 and 13 practitioners respectively. These two groups included 15 and 7 practitioners respectively who indicated working with culturally diverse or /and Indigenous clients. A total of 26 practitioners gave satisfaction ratings with at least one dissatisfied to very dissatisfied rating. Of these, 14 indicated that they worked with culturally diverse and/or Indigenous clients. In other words, *only 14 practitioners who indicated they had culturally diverse or /and Indigenous clients also gave satisfaction ratings with at least one dissatisfied to very dissatisfied rating*. The most common survey formwith a dissatisfied rating of any kind was from three practitioners, only one of which was a practitioner who indicated working with culturally diverse or /and Indigenous clients.

A total of 39 key concepts were found across all 335 practitioner responses. The total number of instances of these key concepts is 8,494 in 4,357 text blocks of about a paragraph

each. Practitioner responses were most focussed on issues to do with generic uses of the resources in play therapy and in engaging the feelings of their client group. They were less focussed on issues of cultural relevance or the individual components of the kit. *Concepts to do with Indigenous clients or cultural relevance occur with a 5% and 3% frequency across all 8,494 instances of the 39 key concepts in practitioner responses*. While 'domestic violence' as a concept has a relatively high presence in these responses, with a frequency of 22%, discussion of trauma has only a 4% frequency. In contrast, discussion of feelings, play, therapy, and engagement occurs with a 21%, 11%, 10% and 10% frequency respectively. The concept of play had a 100% likelihood of co-occurrence with the concept of therapy. In contrast, the cultural concept co-occurs with play with only a 2% likelihood. *The Indigenous concept does not co-occur at all with the concept of play. This suggests that the play concept is well-integrated with the therapy concept but that neither is well integrated with concepts to do with Indigenous and culturally diverse groups in practitioner responses.*

The frequencies for the most common paired co-occurrences for the concept cultural were ages (11%), risk (8%), and needs (6%). The least common paired co-occurrences have a frequency of 1% to 0% which in a dataset of 8494 instances will be less than 1 out of a hundred (raw counts are given in parenthesis): engage (2), ideas (1), use (6), books (3), resources (8), work (4), program (1), workers (1), play (1), knowledge (1), feelings (1). *This raises questions about the connectedness of practitioner responses about culturally diverse groups to concepts to do with the implementation of the intervention.* The frequencies for most common paired co-occurrences for the concept Indigenous were family (12% paired co-occurrence), risk (8%), DVD (7%) and ages (7%). The least common paired co-occurrences have a frequency of 1% (again, raw counts are given in parenthesis) as follows: use (9), workers (2), kit (5), feelings (4), ideas (1), service (1), training (5), helpful (1), program (1),

skills (1), information (1). Again, this raises *questions about how well connected concepts to do with the practical application of the intervention were to language about Indigenous client groups in these practitioner responses.*

In the 4,357 text blocks of about a paragraph each supplied by practitioner responses, there are 5,150 instances of the 20 concepts selected for the sentiment analysis. General comments about the resources and the kit were more positive across the different concepts. However, the concepts related to Indigenous and family were the least positiveof these two more positive categories. *Comments about the training and books also tended to be less negative than other categories of the intervention*. In relation to the books, the Indigenous, service and family concepts were the least common and least positive comments in that category. *The least positive comments across all categories were in relation to the cards and the puppets, but there is not sufficient data in these categories on the Indigenous or cultural concepts to make an observation*. The sentiment analysis was repeated, plotting the categories against each of the 14 regions in the study. It did not suggest any observable systematic differences with the following exceptions: more strongly positive comments about the video and DVD in Perth, more strongly positive comments about the DVD in Toowoomba and more strongly positive comments about the cards in Adelaide, although in all three regions the numbers involved in making more strongly positive comments were very small i.e. between <1% to 2% of all instances of sentiment associations. This added to the picture presented by regional analysis of the categories used to rate satisfaction with the resource and the training, suggesting relatively higher overall dissatisfaction among the Darwin workshop participants.

The discussion that follows summarises the results of the critical discourse analysis, examining the enabling assumptions in the language that describes the value of the intervention for culturally diverse groups—the concepts associated with more negative sentiment. The two concepts of 'cultural' and 'Indigenous' are described with reference to the 47 and 73 instances respectively of these concepts across all practitioner responses. Dominant to lesser to least present discourses are identified across all practitioner responses. *The dominant discourse in practitioner responses was one asserting the generic cultural translatability of the kit. In this discourse, the universal and fundamental characteristics of the intervention, its essential perceived soundness, effectiveness, and diversity, made it potentially culturally translatable.* In this discourse, feelings are positioned as universally shared and represented in the kit. In this discourse of generic cultural translatability, the resource kit was described as appropriate for a wide range of ages across cultural and special needs groups, not necessarily only very small children.

However, five lesser discourses were produced in practitioner responses that provide a basis for developing the cultural translation of the intervention. The first lesser *discourse produced asserted that broadly culturally relevant content was needed incorporating culturally diverse and Indigenous contexts and language. In this discourse cultural translation was seen as arising from specificity of cultural contexts of violence, visual representation and non English language content.* In such a discourse, culturally appropriate training in the use of the kit was important to not only successful cultural translation but also to avoid possibly harmful effects of disclosure. A second lesser present discourse suggested that *the kit would not translate culturally due to complex issues of local cultural and geographic content specificity that could only be addressed through local consultative processes*. A third lesser discourse was produced about *the personal style and cultural*

knowledge levels of the trainers being central to creating the cultural empathy and confidence required for successful cultural translation by practitioners. A fourth lesser discourse related to *the importance of empowering research evidence in facilitating practitioner confidence in cultural translation. This discourse also involved practitioners bringing their knowledge to that evidence to see the connections between it and the task of cultural change.* In this fourth lesser discourse, research was positioned as having a universal value and as offering a language in which culturally enshrined beliefs about domestic violence could be challenged across different cultural contexts of violence. The use of evidence to deliver training was therefore described as important to creating practitioner confidence in the translatability of the kit content, as well as empowering practitioner efforts at cultural transformation to prevent domestic and family violence. Cultural translation was also described in a fifth lesser discourse as a function of *rigour and attention to cultural detail by trainers to inspire practitioner confidence, a confidence that was quickly lost with culturally inappropriate language use and errors of cultural expression*. In this discourse what is critical is the ability of language use by trainers to reflect recognition of the cultural history, including struggles for language use that appropriately reflects cultural experience.

There were also three least present discourses that offer a basis for further consideration in the development of the kit. Practitioner responses included a least present discourse asserting that cultural translation was a matter that fell within the role of practitioners. This discourse related to the preparedness of practitioners to take an active role in cultural translation and was characterised by professional autonomy and resourcefulness. A second least present discourse positioned the cultural relevance of kit content as a challenge to do with colliding program aims and roles in different child support contexts. In this discourse, conflicting program roles made cultural translation difficult. In a third least present

discourse, cultural translation was also described as being about access and related affordability issues. This was a language of local professional struggles and professional hardship, but also personal resourcefulness.

Trainer feedback from three survey forms suggested trainer qualities and experience as much as practitioner and (to a lesser extent) research experience were important to successful intervention delivery. A capacity to share a vision for delivery of the program was also seen as important. All trainers indicated they were very satisfied to satisfied with the national 'Safe from the Start' project, except for one item for one trainer who indicated 'neither satisfied nor dissatisfied' for the sustainability of the project. The diversity of participants was seen as a key challenge to successful intervention delivery. Data from the trainers suggested that the training days need to more strongly emphasise the distinctions between 'train the trainer' and less advanced sessions offering an introduction to the use of the resource kit.

In relation to the contents of the resource kit, the trainers were of the view that the resource kit gives children and their parents a language in which to articulate their experiences and build their relationships. However, data from trainers suggested that these must be developed in a systematic, evidence-based way i.e. with supporting research data for the choice of each item. In relation to sustainability, the trainers advised that the training program could be onerous for individual trainers and the selection of trainers' needs reinvigoration with skilled trainers. Currently The Salvation Army is reliant on outside contractors but ideally The Salvation Army should have a skilled member of its own staff in addition to current staff leading or involved in the project. Accordingly, it was the view of trainers that more thought needs to be given to succession planning for trainers and project

management. This was seen as more important than state or national issues in the management of the project.

Discussion and recommendations: Detailed conclusions are provided in the main report. The key recommendations arising are as follows, accompanied by key strategies.

R. 1. Develop the generic cultural translatability of the kit: Address the fundamental soundness, effectiveness and diversity of the intervention through direct engagement with a stakeholder s including culturally diverse and Indigenous groups to examine and determine the core set of resources.

R. 2. Develop broad culturally relevant content of the kit: Include more resources with culturally appropriate contexts and language.

R. 3. Develop the local cultural and geographic content specificity of the kit: Use local consultative processes and flexible formats to provide an additional set of optional locally specific elements to the core set.

R. 4. Ensure the trainers have high levels of cultural knowledge and culturally appropriate personal training styles, building the cultural rigour and attention to cultural detail by trainers. This should also model ways in which practitioners can take active roles in cultural translation of the intervention: Model this knowledge, roles and these training styles in a program to train trainers, drawing on well-established precedence and involving culturally diverse and Indigenous trainers.

R. 5. Build the presence of culturally empowering research evidence supporting intervention: Support the development of a collaborative research program underpinning the intervention

that produces empowering evidence for practical modelling and application in training sessions.

R. 6. Build better connections between the intervention and possibly different and possibly conflicting program aims and roles in different child support contexts: Include evaluation of implementation of the resource kit in services in a at least biannual cycle of formal review of the intervention, particularly the training, and the model the ways it fits with other programs in place in different child support contexts.

R. 7. Build improved access to the intervention: Investigate ways of ensuring the intervention is affordable and accessible to all practitioners, particularly those in poorly-resourced contexts, and include these strategies in the training program and on publicity materials for the intervention.

R. 8. Distinguish training sessions in ways that address the diversity of needs of participants for a general introduction to the intervention versus a training session that allows participants to train other staff in the use of the kit: Offer two different types of training: 1) less advanced sessions offering an introduction to the use of the resource kit and 2) training days specifically targeting advanced practitioners in 'train the trainer' sessions.

R. 9. Ensure that additions and subtractions of items from the kit are evidence-based: Include review of the contents of the kit in the biannual review process, using systematic, evidence-based research data for the choice of removing or adding all kit items.

R.10. Ensure the language used to describe the kit is located within the research evidence described in this report for its nature and efficacy: Review the intervention training and publicity materials to ensure the kit is described as a form of play-based activity (not 'therapy') intervening in the psycho-social outcomes of domestic and family violence,

including relationship building. Present the kit consistently as ‘a positive early intervention approach’ that is not designed to be used as a singular intervention, but rather within a wider program of intervention in domestic and family violence.

Background and definitions

There are 5,600 articles or reviews listed in the SCOPUS database since 2008 to January 29 2013 that include the terms ‘intimate partner violence’ or ‘domestic violence’ or ‘family violence’ in the title or abstract or keywords. Of these, 2003 also include the term ‘children’ in the title or abstract or keywords. In the discussion that follows, for reasons of accuracy in describing particular studies that distinguish, for example, ‘intimate partner violence’ or ‘interpersonal violence’ from ‘domestic violence’ and ‘family violence’, the terms used in the studies cited have been reproduced. However, in the main body of this study, the term ‘domestic and family violence’ is used to denote violence included by all these terms.

The effects of domestic and family violence on children

The importance of ending family violence is well known although recent reviews suggest that there is substantial variability in the outcomes for children of exposure to intimate partner violence (Hungerford et al., 2012). Effects in early childhood are known to be potentially extensive. Intimate partner violence is known to affect the capacity of mothers to provide basic care and nurturance (Nicklas and Mackenzie, 2013). Emerging literature suggesting that parental emotional functioning may have a key role in children’s neurocognitive functioning is also accompanied by suggestions that this may also help better understand why children exposed to intimate partner violence experience executive functioning deficits (Samuelson et al., 2012). Exposure to interparental violence has been linked to post-traumatic stress-disorder, depression, and reduced cognitive ability. Research suggests that unsupportive relationships and adverse experiences such as witnessing domestic and family violence may play a key role in the development of depressive styles such as self-criticism and dependency in adolescence (Thompson et al., 2012). It is known that the visual cortex of the brain is a very plastic structure and that brain regions that process and covey negative environmental input from abusive situations are modified (Tomoda et al., 2012). White matter disruptions

found in adolescents exposed to maltreatment in childhood may be linked to increased risk of depressive conditions and substance abuse issues (Huang et al., 2012). Emotional dysregulation has been indicated as one mechanism by which a child's exposure to intimate partner violence may lead to behavioural problems (Harding et al., 2013).

Evidence for the link between exposure to intimate partner violence and child physical health is not yet fully established, largely because of the confounded nature of such effects (Kuhlman et al., 2012). However, it is known that children exposed to intimate partner violence experience a higher degree of diverse physical health complaints, in sleeping, eating, self-harm, aches and pains, regardless of their exposure to other kinds of abuse (Lamers-Winkelman et al., 2012). Maternal intimate partner violence has been linked with higher under-mortality of children under five (Garoma et al., 2012). Fatal child abuse has been described in the literature most often for children four years and younger (Kauppi et al., 2012). Long-term effects of early childhood stress on health may be explained through the mechanism of erosion of DNA segments ('telomeres') linked to mortality and disease morbidity in adulthood (Shalev, 2012).

Exposure to family violence during childhood is not necessarily a cause of intimate partner violence in adulthood, however, its presence has been linked across cultures to violent responses in adult relationships as well as severe behavioural and attitudinal issues in adult relationships (Gelaye et al., 2010, Lee et al., 2013). Evidence from diverse regions such as the East Asia and South Pacific regions suggests that children who have witnessed parental domestic abuse are at median twofold greater risk of experiencing intimate partner violence in adulthood (Fry et al., 2012).

Activity-based play interventions for children exposed to domestic and family violence

Risks of negative outcomes from family violence for small children can be understood in terms of individual traits such as self-regulatory capacities, nature of the abuse such as its

duration, exposure issues such as degree and nature of violence, and family and parenting resources such as supports available (Low and Mulford, 2013). There is evidence that adverse childhood experiences are mediated by psychosocial characteristics and, consequently, interventions need to not only help reduce these experiences but also mediate their psychosocial outcomes (Mair et al., 2012).

The importance of resources that can support generalist parenting programs for improving child-parent interaction has been emphasised within a framework of theory and accumulating evidence that parent-child interaction therapy may be effective in preventing child maltreatment (Thomas and Zimmer-Gembeck, 2011). This suggests the importance of cultural translation of interventions and research that examines the ways in which different cultural contexts present challenges to and opportunities for the cultural translation of interventions. However it is also known that interventions aimed at supporting maternal parenting need to be part of larger programs, for example, also targeting depressive symptomatology (Gustafsson and Cox, 2012).

Less is known about interventions for fathers, including maltreating fathers. While community-based group treatment programs have suggested some evidence for effectiveness, less is known about intervention in early childhood father-child interactions in the context of family violence (Scott and Lishak, 2012). Moreover, research indicates that resources that help children develop supportive relationships outside of the abusive nuclear family home can be part of effective strategies for supporting coping strategies that mediate the effects of family violence. Such coping strategies are important to developing resilience and the building of a rewarding adult life (O'Brien et al., 2013). The development of resilience and evidence supporting interventions that target resilience has been a major focus of priority-setting by research leaders in the intimate partner violence and child maltreatment (Wathen et al., 2012). Yet other work suggests that the development of evidence for interventions for

preventing psychological maltreatment and promoting positive parenting in contexts such as pediatrics lags far behind their potential for making a difference to the negative outcomes of this and other forms of mistreatment (Hibbard et al., 2012).

Research evaluating domestic violence interventions for children also suggest the importance of such interventions sitting within a larger program that targets the alleviation of guilt, self-esteem, building of trust, personal safety and assertiveness and prevention of the abuse (Lee et al., 2012). Work with children in crisis accommodation suggests that they produce narratives that are important to their development of positive ideation about their futures (Øverlien, 2012). Other work has drawn on attachment theory to describe how insecure or non-balanced models of the relational self may be helpful to understanding the mechanisms of maladaptive outcomes among mothers and children exposed to intimate partner violence (Levendosky et al., 2012). The development of evidence for specific interventions and mechanisms for their translation is a particular challenge of interventions informed by attachment theory addressing the insecure or disorganised attachments that maltreatment children may experience with their caregivers (Toth and Gravener, 2012).

Inter-active resources such as books for small children also have the potential to not only help build positive relationships within and beyond the home, but also to intervene early in the schematisation of violence. For example, research indicates that witnessing family violence is associated, even more intensely in girls, with aggressiveness, not necessarily victimisation (Calvete and Orue, 2013). Girls who have experienced childhood physical abuse may be more inclined to suppress anger which may leave them to be at greater risk of revictimisation as well as perpetration of intimate partner violence (Maneta et al., 2012). Interactive resources and play activity may have a role in mediating gender differences in management of emotions, including anger, important to understanding the outcomes of early childhood exposure to family violence.

Relatively less is known in the domestic and family violence field about practitioner perceptions of the cultural transmission of resources used in activity-based play to build positive relationships and schema. The whole area of translation studies is relatively new in the domestic and family violence field. A recent review of knowledge translation in the field of violence against women and children stated that there was a substantial gap between research and practice, and that researchers and practitioners faced substantial challenges in understanding how to translate knowledge across different contexts, with subsequent issues for meeting the needs of those who have been exposed to family violence (Larrivée et al., 2012). This deficit is particularly notable in the building of theory about knowledge translation. Yet studies of maternal perceptions of the content and nature of educational intimate partner violence materials suggest that these do require quite specific adaptation to be culturally relevant (Randell et al., 2012). This is in part because domestic and family violence is reproduced in particular cultural contexts that may be differently conditioned by wider cultural factors shaping, for example, help-seeking behaviours (Guimei et al., 2012). The incidence of intimate partner violence may also be shaped by cultural contexts interacting with socio-economic disadvantage or physical disability for some minority groups (Fusco and Rautkis, 2012). Disability is also known to be a risk factor for domestic and family violence which may also interact with culture to shape the nature and extent of violence experienced (Arulogun Dr et al., 2012). Yet motivating factors such as observed child improvement and quality of relationships with staff administering an intervention are also known to play a role in mediating the success of interventions in domestic violence treatment programs for different cultural groups (Becker et al., 2012).

This qualitative study of practitioner perceptions of cultural translation issues in a domestic and family violence intervention responds to recent conclusions in the research field of children exposed to domestic violence that

> …the field is dominated by studies that a) are quantitative, b) use the mothers as the informant and c) are represented by traditional psychology and social medicine, rather than social work. These studies have found substantial support for the negative emotional and behavioral consequences that children exposed to domestic violence suffer. However, many questions and problems remain unanswered.'(Øverlien, 2010)

In particular this study called for innovation in qualitative research methods with implications for practice.

Safe from the Start

Safe from the Start is a project initiated by The Salvation Army Tasmania in 2007/8 following recommendations from the research study 'States of Mind' (Bell, 2006), developed in a partnership between The Salvation Army, the University of Tasmania and Swinburne University. Safe from the Start addressed perceived imbalances in the ways adult and child needs are handled in the Australian domestic and family violence system.

The objectives of the original Safe from the Start project were to identify and develop a registry of appropriate intervention activities that could be used by child workers in front line services and which parents living in refuges could use for working with children. A secondary objective was to then train service workers to work with the identified resources.

Since it commenced in 2007/8, the project has grown into a national program, winning a Child Protection Award in 2010 and a National Crime & Violence Prevention Award in 2011. Reports on project outcomes along with other resources and information are available from The Salvation Army's website www.salvationarmy.org.au/safefromthestart.

Method

Overview and research questions

The three research questions were: ‘What concepts are present in practitioner accounts of the value of the domestic and family violence intervention ‘Safe from the Start’?’ and ‘How are these concepts related to concepts about the cultural translation of the intervention for specific minority client groups defined as culturally diverse and Aboriginal?’ and ‘What does this suggest about the optimal future development of the intervention and the cultural translation of others like it internationally?’

Intervention

The intervention was comprised of a day-long training session presenting a resource kit (‘the kit’) for use with small children exposed to domestic and family violence. The training session was led by one or two facilitators with practical experience in child and family services in the area of domestic violence. The intervention can be described as a form of play-based activity intervening in the psycho-social outcomes of domestic and family violence, including relationship building. Accordingly, the intervention was presented by the trainers as ‘a positive early intervention model’. The intervention was not designed to be used as a singular intervention, but rather within a wider program of intervention in family violence.

The training program had two parts: 1) discussion of domestic and family violence research to raise awareness among the wide range of participating child and family support workers of the nature and effects on child of this violence and 2) description and interactive discussion of the contents of the resource kit and their possible use with children. Participants in the training received a wide range of material to assist them in implementing the resource kit, such as copies of previous evaluation reports, a booklet with product descriptions and

suggestions for their use, and a DVD showing child and family support workers using the resource kit materials with children.

Box 1 presents the details of the items in the resource kit.

Box 1 *Safe from the Start tool kit Contents January 2013*

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32. (2x)The Salvation Army. (n.d). *Everything babies and toddlers experience affects their brains forever*. [Poster]. New Town, Tasmania: The Salvation Army.
33. (2x)The Salvation Army. (n.d). *Children growing up in non-violent homes are more likely to:*. [Poster]. New Town, Tasmania: The Salvation Army.
34. The Salvation Army. (n.d). *Safe from the Start Project*. [Flyer]. New Town, Tasmania: The Salvation Army.

Thomas, P., Harker, L. (2011). *Is it Right to Fight? A First Look at Anger*. Hauppauge: Barron's Educational Series Inc.

Participants

The participants in the study were 335 practitioners attending (not necessarily from) 15 urban and regional centres in all 8 Australian states. This represented 67.6% of those 495 who participated in the intervention administered over the six month period of its national implementation in 18 discrete day long training sessions. The recruitment of participants involved email flyers being sent, (with requests to forward the electronic flyer on to all potentially interested agencies) to: 1) all child and family services agencies known to each state branch of The Salvation Army 2) domestic and family violence networks in each state, national clearinghouses, as well as research institutes 3) agencies that had expressed interest in the intervention previously 4) advertisements in local newspapers 5) advertisements on the intervention website 6) direct email circulation to child protection agencies, foster care agencies, crisis accommodation services and other child and family support services identified through scrutinising publicly available lists of such agencies.

This recruitment method obtained the participation of a wide range of child and family services workers, from child and family support staff to child protection staff to family and school educators, nursing consultations, mental health support staff, psychologists and psychiatrists. There were 178 practitioners who indicated they worked with Indigenous and culturally diverse client groups while 139 did not so indicate, and 18 left this item on the survey form blank. Box 2 provides the qualitative details of the clients with whom the study participants work directly (one practitioner frequently indicated multiple groups).

Box 2 *Descriptions of the client groups reported by practitioners*
Client characteristics reported

- Women, Mothers and Pregnant Women
- Staff of child care centres and early childhood educators
- Parents, parents-to-be, young parents or parents with children removed
- Parent intervention groups, and support playgroups
- Adult carers and child carers, relative and kinship carers, grandparents, aunties, cousins and siblings
- Families, children aged between 0 - 18 years
- Indigenous people and Aboriginal / Torres Strait islanders
- People from non-English speaking backgrounds, multicultural and culturally and linguistically diverse (CALD) communities,
- Specific cultural groups such as Hindu, Muslim, African (Sudanese), Jordanian (middle eastern), Cambodia, Italian, Pilipino
- People in transitional or emergency care environments, for temporary or medium term
- Vulnerable or at risk clients and clients from low socio-economic backgrounds

Practitioners report dealing with clients in a wide range of circumstances:

- Families, women and children who have experienced, been affected by, or have suffered trauma, grief, and loss
- Children who have experienced parent separation
- Adults, mothers and children who have, are at risk of being abused ,or have suffered abuse sexually and/or physically
- Neglected children
- Families, women and children escaping domestic and family violence
- Adults and children with disabilities, behaviour issues or special needs such as Autism, Spectrum Disorder, Asperger's, Auditory Processing Disorder, Developmental Delay Attachment Disorder, Attention Deficit Disorders, speech disabilities
- Adults and children with mental health issues
- Children in child protection or under statutory protection orders
- Families, women and children at risk of being homeless or who are homeless

The widely recruited sample of participants may therefore be considered to be useful to the qualitative aim of considering a rich range of types of understandings of the intervention, not necessarily representative, particularly as it relations to the cultural translation of the intervention.

Data collection

The data were collected on a survey sheet that was designed to be used by the participants to record their impressions of the two components of the intervention (the training and resource kit) throughout the day. The questions targeted three dimensions of the training as well as the resource kit: quality, appropriateness for clients, and capacity of the intervention to make a difference to the clients or the practitioner's ability to work with clients. For each dimension, the survey form collected two kinds of data: qualitative (answers to open-ended questions) and categorical (satisfaction ratings).

Box 3 provides the details of the survey questions.

BOX 3 *NATIONAL SAFE FROM THE START TRAINING PROGRAM*

EVALUATION FORM

For child and family services staff attending the training

PLEASE USE THIS FORM LIKE A JOURNAL OR DIARY OF YOUR EXPERIENCES THROUGHOUT THE TRAINING PROGRAM DAY:

JOT DOWN YOUR THOUGHTS, IMPRESSIONS AND FEEDBACK ABOUT THE TRAINING PROGRAM THROUGHOUT THE COURSE OF THE DAY (I.E. THE FORM IS NOT DESIGNED TO BE COMPLETED IN A HURRY AT THE END OF THE DAY)

PART A. Questions about the resource kit

Preliminary questions:
Date:_____
Name of town or city at which this training is being delivered:_____
Please provide a unique password so that the evaluator can locate this form in the event you request that it be withdrawn (this is an ethics requirement of the evaluator):_____
Approximately how many children aged 0-6 do you deal with professionally or have professional responsibility for over the course of a year (your best estimate is fine)?_____
Please describe the client groups you deal with (average age, cultural backgrounds, special needs etc.)

1. How did you become involved in the National Safe from the Start Training Training Project?
e.g. Can you describe how you became involved in the National Safe from the Start Training Project? Why did you attend the training and what did you hope to gain?

2. What do you think of the quality of the resource kit that training staff are using?
e.g. What about the resources do you like? What do you like about the resources? Are there aspects of the resource kit that you don't like? Do you think the resource kit could be improved?

3. What do you think about the appropriateness of the resource kit?
e.g. Is the resource kit relevant and well-suited to the needs of your client group? In what way is the resource kit not a good match to your particular client needs?

4. What difference could the resource kit make for children?
e.g. How do you think children in your client group would respond to these resources? How would using these resources assist in assessing the child's needs?

5. What could be done better if this project was to continue?
e.g. Are there things about the resources themselves that you would change? How could the trainer's use of the resources be improved? Could the project resource kit be improved in ways that better help children engage with the worker and respond to these resources?

6. Please complete the following section by ticking the boxes
Please indicate your level of satisfaction in the following areas of the National Safe from the Start Training Project

How satisfied are you with	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
6.1. The quality of the resource kit for your client group?					
6.2. The appropriateness of the resource kit—is it a good match to your client needs?					
6.3. The difference the resource kit could make to your child client group?					

PART B. Questions about the training delivered

7. How well was the training program conducted?
e.g. Describe what happened. What was good? Could it be improved? How? Was enough time allocated to the training?

8. Can you tell us how the training has impacted on you and your skills and knowledge?
e.g. What difference do you feel the training itself has made to your skills and knowledge? You might want to comment not only on your own impressions but how you saw others responding to the resources and the training given. Has the training changed your awareness of the issues?

9. What difference do you think the training will make to how well you work with your particular child clients?
e.g. In what ways do you think the training could affect the quality of how the resource kit will be used 'on the ground in services' by you with your clients? In what ways (if at all) will child services staff for your client group who have had the training be better equipped to use the resources for those particular child clients? What lessons have you learned from this training and how could these be incorporated into your ideas about how to use the resources with your own child clients?

10. Do you think the training program should be a Train the Trainer model (focus on training workers who can train others) or be offered as general training to interested professionals who may not be training others? Please explain your answer.

11. Please complete the following section by ticking the boxes

Please indicate your level of satisfaction in the following areas of the National Safe from the Start Training Project

How satisfied are you with…	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
11.1. The quality of the training program or how well it was conducted (i.e. trainer knowledge of the subject, training format, time allocated etc.)?					
11.2. How much you learnt or the 'value added' by the training to your knowledge and skills? (did the training really help you upgrade your knowledge and skills in intervening for small children 0-6 exposed to domestic violence?)					
11.3. The difference 'on the ground' the training could make to how well you work with your particular child clients (i.e. were the knowledge and skills given by the training actually useful for making a difference to your child clients)?					

Analytic procedure

The analysis of the survey forms involved a three stage 'configurational and critical computational analysis' involving 1) summary of types of configurations of satisfaction ratings provided by respondents using a simplified version of Boolean-based software drawn from case-based analysis 2) quantification of the entire conceptual content of the survey forms using Bayesian-based computational linguistics software Leximancer 3) critical discourse analysis of the way practitioners constructed concepts to do with cultural transmission of the intervention for culturally diverse communities and Indigenous clients.

Stage one: Summary of types of configurations of satisfaction ratings.

A major challenge in managing categorical data such as satisfaction ratings is summarising these data in ways that retain their configurational complexity. In this stage of the analysis software for case-based analysis was used to summarise the 335 configurations of individual satisfaction rating on 6 items relating to the resources and training quality, appropriateness and the capacity of the intervention to make a difference. That is, this stage attempted to summarise the answer to this question: if each of the 335 practitioners provided a configuration of six satisfaction ratings, how can the overall set of these configurations be summarised? The work of case-based researchers led by Charles Ragin, Professor of Sociology at the University of California, Irvine, described as Qualitative Comparative Analysis (QCA), has been extensively applied across multiple disciplines, including health services, but not specifically in the analysis of domestic violence interventions (Ragin, 2000, Ragin, 2008, Ragin, 2006). The method has its variants and different elements, including for the consideration of cases that lack empirical instances (Rihoux and Ragin, 2009). However, the fundamental principle involved is about a focus not on what case based analysts call 'correlational reasoning' but rather summarising datasets in ways that do not lose their within-case configurational complexity. For the present purposes, what is most relevant is the

ability of QCA software to help summarise, using Boolean algebra, the configurations of satisfaction ratings provided by individual practitioners in order to create an understanding of types of configurations i.e. most common or least common configurations across the dataset.

Accordingly, in this study, which is primarily focussed on analysing language data using computational linguistics software and critical discourse analysis, a simplified summary of empirical instances of configurations of satisfaction ratings was obtained using a relatively unsophisticated QCA software package TOSMANA (Cronqvist, 2011). It is emphasised that the configurational analysis in this study is descriptive only i.e. it focuses on cases that are empirical instances. Readers interested in more technical details on the QCA method and appropriate software for more complex treatments of the method are referred to the textbook (Rihoux and Ragin, 2009) and the accompanying software (Ragin et al., 2007). In this study, TOSMANA software is used to produce a table providing the distinct configurations of observed practitioner satisfaction ratings. The configurations are provided with information about whether they were obtained for those who did versus those to who did not indicate they have culturally diverse clients and/or Indigenous clients. The fundamental question answered by the analysis in stage one is descriptive: how different were the configurations of satisfaction ratings of these two groups of practitioners?

Stage two: Quantification of the conceptual content of the survey forms.

At this stage the relative frequency and co-occurrence of 39 concepts in the practitioner responses were mapped. For this purpose, the Bayesian-based computational linguistics software Leximancer was used (Gray et al., 2012). The software works iteratively to build and visually display the structure of large amounts of language data as a network of interrelated concepts. A wide range of data file types can be used, from PDF files to spreadsheets. A major advantage of the software is its capacity to provide multiple windows for the analyst to work iteratively with the original source data. This allowed for multiple

checks and researcher input through, for example, merging of like concepts for the purposes of analysis such as ‘multicultural’ and ‘cultural’ and ‘culture’ or ‘Indigenous’ and ‘Aboriginal’.

Two main types of analyses available in Leximancer were used in this study: the concept map and the sentiment analysis. For the concept map, Leximancer was used to visually represent all survey forms as a set of 39 interrelated concepts spatially mapped and colour coded in terms of their contextual proximity and relative frequency respectively. For the sentiment analysis, a selection of ten concepts was mapped each in terms of key components of the intervention (the kit and training). This allowed graphical representation of the presence of positive versus negative sentiment in references made by practitioners to specific elements of the intervention. For example, this allowed mapping of sentiment language for the ‘Indigenous’ concept in language about ‘books’ in the kit versus the ‘trainers’ delivering the training program attended by practitioners. The method of employing Leximancer in conjunction with critical discourse analysis is based on previous published studies (Bell and Seidel, 2012). However, there are over 700 applications of Leximancer across the disciplines, including in health services (Baker et al., 2011, Kuyini et al., 2011, Pakenham et al., 2012). Readers can consult the validity study of the software for further technical discussion of Leximancer’s features (Smith and Humphreys, 2006). Accordingly, this stage of the analysis answered this question: what content and sentiment defines the collective responses on the survey forms?

Stage three: Critical discourse analysis of the hierarchy of discourses in practitioner responses about cultural transmission of the intervention.

In this stage the researcher used more traditional qualitative analysis to describe the concepts to do with culturally diverse and Indigenous clients. Of the 39 key concepts in practitioner submissions identified in Stage two, there were two concepts that offered information on the cultural translation of the intervention: ‘cultural’ and ‘Indigenous’. These comments were

analysed using critical discourse analysis to identify the order of discourses about cultural translation in the language of practitioners. Put simply, this involved examining all the language instances identified by Leximancer in stage two and describing them in terms of the kind of cultural translation issues valued in the language of practitioners. Dominant to less dominant to least present discourses of cultural translation were identified.

In this study, the term ‘discourse’ refers to way that particular discursive practices or ways of narrating reality reproduce particular social realities and relations by ‘normalising’ certain assumptions (Fairclough, 2006; Foucault, 1972). The ‘order of a universe of discourses’ therefore refers to what kinds of discourses or ways of meaning-making are privileged over others (Fairclough, 1995). In the analysis for this stage, therefore, the identification of dominant to less dominant to least present discourses of cultural translation was not about counting the frequency and co-occurrence of concepts (quantification) but rather about analysing the nuanced ways in which language was used by practitioners to privilege some understandings of cultural translation and place less emphasis on others.

Critical discourse analysis is a complex and wide-ranging set of theories and practices for analysing language that will not be summarised here. However, it is united by a focus on the ways in which different social groups differently value different types of knowledge (Fairclough, 1995, Foucault and Rabinow, 1984). Key theorists include Habermas (Habermas, 1979; Habermas, 1987), Gadamer (Gadamer, 1976; Gadamer, 1994), Foucault (Foucault, 1977, Foucault and Rabinow, 1984) Derrida (Derrida, 1981, Derrida, 1973, Derrida, 1978) and Bourdieu (Bourdieu, 1977; Bourdieu, 1984; Bourdieu, 1991). Accordingly, in this stage, a key aspect of critical discourse analysis—the identification of a hierarchy of discourse about cultural translation—was used to better understand the nuanced aspects of the language of practitioners.

Critical discourse analysis has been extensively applied to thousands of studies across the discipline, however, in studies of domestic and family violence, its application is only starting to emerge. A SCOPUS search from January 1 2008 to January 31 2013 of all articles and reviews since 2008 with the terms ‘interpersonal violence’ OR ‘intimate partner violence’ OR ‘domestic violence’ OR ‘family violence’ AND ‘discourse analysis’ revealed ten studies in English. The ten studies relate to understanding constructions of self by women who have experienced this form of violence (Baly, 2010); the language women use in high stakes interviews for protective orders (Trinch, 2007); police, judicial and parliamentary discourses on domestic and family violence (Hamilton, 2010, Hart and Bagshaw, 2008, Lea and Lynn, 2012, Lorda, 2010, Pond and Morgan, 2008, Wells, 2012); the ways that advocates in domestic violence construct this violence (Schow, 2006); other cultural constructions of intimate partner violence (Harris et al., 2012). The prevalence of discourse analysis in socio-legal analyses in the field of domestic and family violence may relate to the wide dissemination of critical discourse techniques in sociology and crime prevention fields, and their association with the French philosopher Foucault, most notably his celebrated text *Discipline and Punish: The Birth of the Prison* (Foucault, 1977).

Critical discourse analyses can be extensive and multi-layered. In this study, which also produces findings from machine-based Leximancer quantification of the content of practitioner responses, critical discourse analysis is used to answer this question: ‘What are the most important to least important knowledge about cultural translation of the intervention valued in the language of practitioners?’

Findings

Configurations of satisfaction ratings

This section examines the configurations of satisfaction ratings obtained from practitioners and whether they are different for practitioners who did versus those who did not indicate they had culturally diverse and/or Indigenous clients.

Table 1 provides the complete configurations obtained from practitioners' satisfaction ratings as follows:

v1: Quality of resources

v2: Appropriateness of resources

v3: The difference resources could make to clients

v4: The quality of training

v5: How much the practitioner learnt from the training

v6: The difference the training could help the practitioner make to clients

O: outcome of interest (where '1'=cultural diversity or and/ Indigenous clients and '0'= no such clients indicated and 'B' means both))

N# the number of configuration instances i.e. number of practitioners indicating that configuration of satisfaction

L: location ID (the location ID(s) where this configuration occurs)

'Dissatisfied' to 'very dissatisfied' ratings have been given a '0' value; 'neither satisfied nor dissatisfied' a '1' value; and 'satisfied' to 'very satisfied' a 2 value. There are a total of 314 survey forms in the table of configurations out of the total of 335 obtained in this study. A total of 170 of these are from practitioners with culturally diverse or /and Indigenous clients,

144 are for those who did not so indicate. Twenty-one survey forms were excluded from the table because respondents left one or more satisfaction ratings blank.

Table 1 suggests that the most common configurations of satisfaction ratings were as follows. By far the largest group giving satisfaction ratings responded to all ratings as either satisfied or very satisfied: a total of 204 practitioners including 102 with culturally diverse or /and Indigenous clients and 102 who did not indicate they had such clients. There were two other significant groups of configurations with satisfied to neutral ratings only that included 22 and 13 practitioners respectively. Fifteen and 7 practitioners in these groups respectively reported working with culturally diverse or /and Indigenous clients. A total of 26 practitioners gave satisfaction ratings with at least one dissatisfied to very dissatisfied rating. Of these, 14 indicated they had culturally diverse or /and Indigenous clients. In other words, only 14 practitioners who indicated they had culturally diverse or /and Indigenous clients also gave satisfaction ratings with at least one dissatisfied to very dissatisfied rating. The most common instance with a dissatisfied rating of any kind was from three practitioners, only one of which was a practitioner with culturally diverse or /and Indigenous clients.

Table 1
Configurations of observed practitioner satisfaction ratings

v1	v2	v3	v4	v5	v6	O	N#	L
2	2	1	0	0	0	1	1	Adelaide
2	2	2	2	2	2	B	204 (102/102)	Adelaide, Canberra, Darwin, Geelong, Hobart, Karratha, Launceston, Mackay, Melbourne, Perth, Sydney, Toowoomba, Townsville
2	2	2	2	1	1	B	13 (7/6)	Adelaide, Canberra, Darwin, Hobart, Launceston, Melbourne, Perth, Sydney, Toowoomba
1	1	2	2	2	2	B	4 (2/2)	Adelaide, Canberra, Darwin, Hobart
2	2	2	2	1	2	B	22 (15/7)	Adelaide, Canberra, Launceston, Mackay, Melbourne, Perth, Sydney, Toowoomba, Townsville
2	2	1	2	1	1	B	5 (2/3)	Adelaide, Canberra, Darwin, Karratha, Sydney
2	2	1	1	0	2	0	1	Adelaide
2	2	2	1	1	1	B	8 (7/1)	Adelaide, Darwin, Karratha, Launceston, Mackay, Perth
2	1	2	2	2	2	B	7 (5/2)	Adelaide, Darwin, Mackay, Perth, Sydney, Townsville
2	2	1	2	2	2	B	3 (2/1)	Canberra, Geelong
2	1	1	2	2	2	0	1	Canberra
2	1	2	1	2	2	1	1	Canberra
2	0	0	1	1	1	1	1	Darwin
0	0	0	1	0	0	1	1	Darwin
1	0	1	2	0	0	1	1	Darwin
0	0	1	2	1	1	1	1	Darwin
2	2	2	2	2	1	B	5 (2/3)	Darwin, Karratha, Mackay, Perth, Toowoomba,
1	1	1	1	0	1	1	1	Darwin
1	1	1	2	2	2	B	3 (2/1)	Darwin, Hobart
1	1	2	0	1	2	1	1	Darwin
1	0	1	2	2	2	1	2	Darwin, Sydney
2	2	2	2	0	1	0	3	Geelong, Hobart, Perth
2	2	2	1	0	1	B	2 (1/1)	Geelong, Mackay
2	0	0	2	2	2	1	1	Karratha
2	2	1	1	1	2	1	1	Karratha
2	0	2	2	2	1	1	1	Karratha
1	1	1	1	1	1	0	2	Karratha, Launceston
2	2	2	1	1	2	B	2 (1/1)	Karratha, Toowoomba
2	1	2	2	1	1	0	1	Mackay
0	0	1	2	0	0	0	1	Perth
2	2	2	0	1	1	1	1	Perth
1	0	1	1	0	0	1	1	Perth
2	2	2	1	2	2	1	1	Perth
2	2	1	1	2	1	1	1	Perth
2	1	1	2	2	1	1	1	Sydney

2	2	1	1	1	1	1	1	Sydney
2	0	1	0	0	0	1	1	Sydney
0	0	1	1	0	0	0	1	Sydney
1	1	0	0	0	0	0	1	Sydney
1	1	1	1	2	1	1	1	Townsville
2	2	2	2	0	2	B	3 (1/2)	Townsville
1	2	2	2	2	2	0	1	Townsville
							314(170/144)	TOTAL

The concept map

Figure 1 maps the 39 key concepts found across all 335 practitioner responses, which have been clustered by the software using the topical clustering algorithm. The total number of instances of these key concepts is 8,494 in 4,357 text blocks of about a paragraph each. The map is colour coded to suggest the relative frequency of concepts. The warmer (redder) the sphere, the greater the relative frequency of concepts. The relative placement or proximity of the concepts suggests their likelihood of co-occurrence with all other concepts in the analysis. That is, the holistic nature of the map showing both frequency and proximity or overall co-occurrence of concepts means that most but not all concepts in the warmer circles are the most frequent. The grey lines indicate the typical storylines or pathways between multiple concepts. The size of the grey dots for any one concept suggests the degree of their co-occurrence with the other concepts across all the participant responses. For example, the map suggests that, across all the practitioner responses, there was relatively little discussion of Indigenous issues or issues to do with risk (as suggested by the location of these concepts in blue spheres), but that when this discussion did occur, it was most often linked to discussion of family issues (as suggested by the grey lines). In contrast, responses focussed on generic issues to do with ideas for the use of the resources in play and therapy (concepts located and linked in the red sphere).

The broad finding of the Leximancer concept map in Figure 1 is that practitioner responses are most focussed on issues to do with generic uses of the resources in play therapy and in engaging the feelings of their client group. They are less focussed on issues of cultural

relevance or the individual components of the kit. Concepts to do with Indigenous clients or cultural relevance occur with a 5% and 3% frequency across all 8,494 instances of the 39 key concepts. While domestic violence as a concept has a relatively high presence in these responses, with a frequency of 22%, discussion of trauma has only a 4% frequency. In contrast, discussion of feelings, play, therapy, and engagement occurs with a 21%, 11%, 10% and 10% frequency respectively.

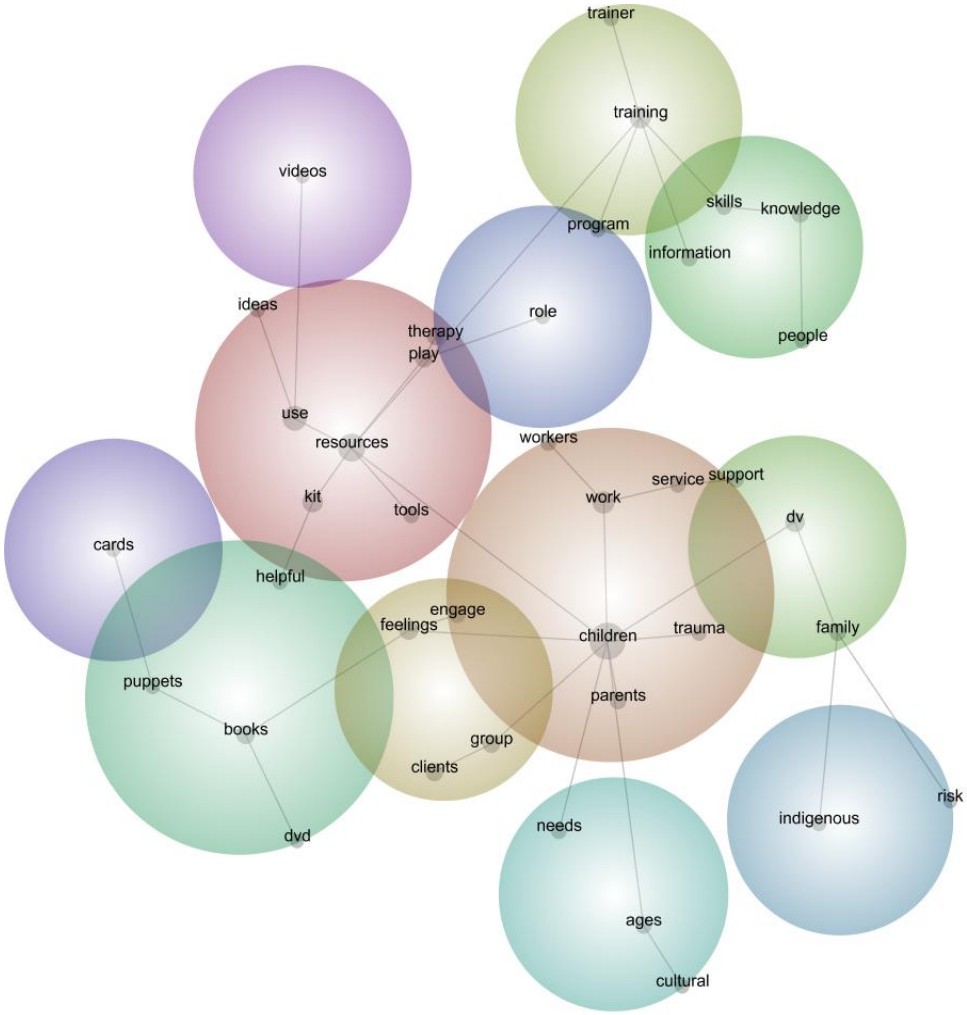

Figure 1
Concept map of participants' responses to the intervention (training and resource kit)

Further understanding of practitioner constructions of these concepts can be obtained by examining their co-relationships with other concepts. This offers a different picture from

the concept map which visualises relationships between one concept and all others simultaneously. In contrast, paired co-occurrences involve examining all paired instances of concepts found in the same text block. For example, the concept of play has a 100% likelihood of co-occurrence with the concept of therapy. In contrast, the cultural concept co-occurs with play with only 2% of likelihood. The Indigenous concept does not co-occur at all with the concept of play. This suggests that the play concept is well-integrated with the therapy concept but that neither is well integrated with concepts to do with Indigenous and culturally diverse groups.

The frequencies for the most common paired co-occurrences for the concept cultural were ages (11%), risk (8%), and needs (6%). The least common paired co-occurrences have a frequency of 1% to 0% which in a dataset of 8494 instances will be less than 1 out of a hundred times, with raw instances given in parenthesis: engage (2), ideas (1), use (6), books (3), resources (8), work (4), program (1), workers (1), play (1), knowledge (1), feelings (1). This raises questions about the connectedness of practitioner responses about culturally diverse groups to concepts to do with the implementation of the intervention.

The frequencies for most common paired co-occurrences for the concept Indigenous were family (12% paired co-occurrence), risk (8%), DVD (7%) and ages (7%). The least common paired co-occurrences have a frequency of 1% (again, raw instances are given in parenthesis) as follows: use (9), workers (2), kit (5), feelings (4), ideas (1), service (1), training (5), helpful (1), program (1), skills (1), information (1). Again, this raises questions about how well connected concepts to do with the practical application of the intervention were to language about Indigenous client groups in these practitioner responses.

Sentiment analysis

In the 4,357 text blocks of about a paragraph each supplied by practitioner responses, there are 5,150 instances of the 20 concepts selected for the sentiment analysis, as suggested by

Table 2. Figure 2 is a quadrant that offers a graphical representation of a sentiment analysis of 10 key concepts, categorised by 10 elements of the intervention (training program and kit). That is, Figure 2 displays the sentiment relationships between selected key concepts present in language discussing 10 aspects of the intervention listed as ‘categories’ for analysis in Table 2. The figure maps concepts in terms of how likely they are to be found in sentiment language, whether negative or positive, and also the strength of their association with positive or negative sentiment. A previous application of critical computational linguistics described the axes of the quadrant as follows: “‘Relative Frequency’ is, given occurrences of positive (or negative) sentiment, likelihood the concept is mentioned; ‘Strength’ is, given occurrences of the concept, frequency of association with a positive (or negative) sentiment” (Bell and Seidel, 2012).Therefore, concepts found in the bottom left quadrant are not strongly associated with sentiment terms generally and where they are found with sentiment language, they tend to be with less positive language. Concepts in the top right hand corner of the quadrant are found more often in sentiment language generally and where they are found tend to be associated with more positive language.

Table 2
Ranked Counts of concepts in the sentiment analysis

Concept	Count	Category	Count
children	1463	resources	819
feelings	305	training	525
clients	207	kit	361
family	164	books	303
parents	161	tools	110
therapy	146	trainer	104
workers	138	puppets	75
service	102	cards	17
Indigenous	73	videos	16
cultural	47	dvd	14

Accordingly, the analysis allows us to consider how likely it is that, for example, the Indigenous concept is associated with positive versus negative sentiment in language about the training versus the books versus the puppets and so on.

Speaking broadly, Figure 2 suggests that general comments about resources or the kit were more positive across the different concepts. However, the concepts of Indigenous and family were the least positive (and least common in sentiment language) of these two more positive categories. Comments about the training and books also tended to be less negative than other categories of the intervention. In relation to the books, the Indigenous, service and family concepts were the least common and least positive comments in that category. The least positive comments across all categories were in relation to the cards and the puppets, but there is not sufficient data in these categories on the Indigenous or cultural concepts to make an observation. The sentiment analysis was repeated plotting the categories against each of the 14 regions in the study but it did not suggest any observable systematic differences with the following exceptions: more strongly positive comments about the video and DVD in Perth, more strongly positive comments about the DVD in Toowoomba and more strongly

positive comments about the cards in Adelaide, although in all three regions the numbers involved in making more strongly positive comments were very small i.e. between <1% to 2% of all instances of sentiment associations. This added to the picture presented by regional analysis of the categories used to rate satisfaction with the resource and the training, suggesting relatively higher overall dissatisfaction among the Darwin and Sydney workshop participants.

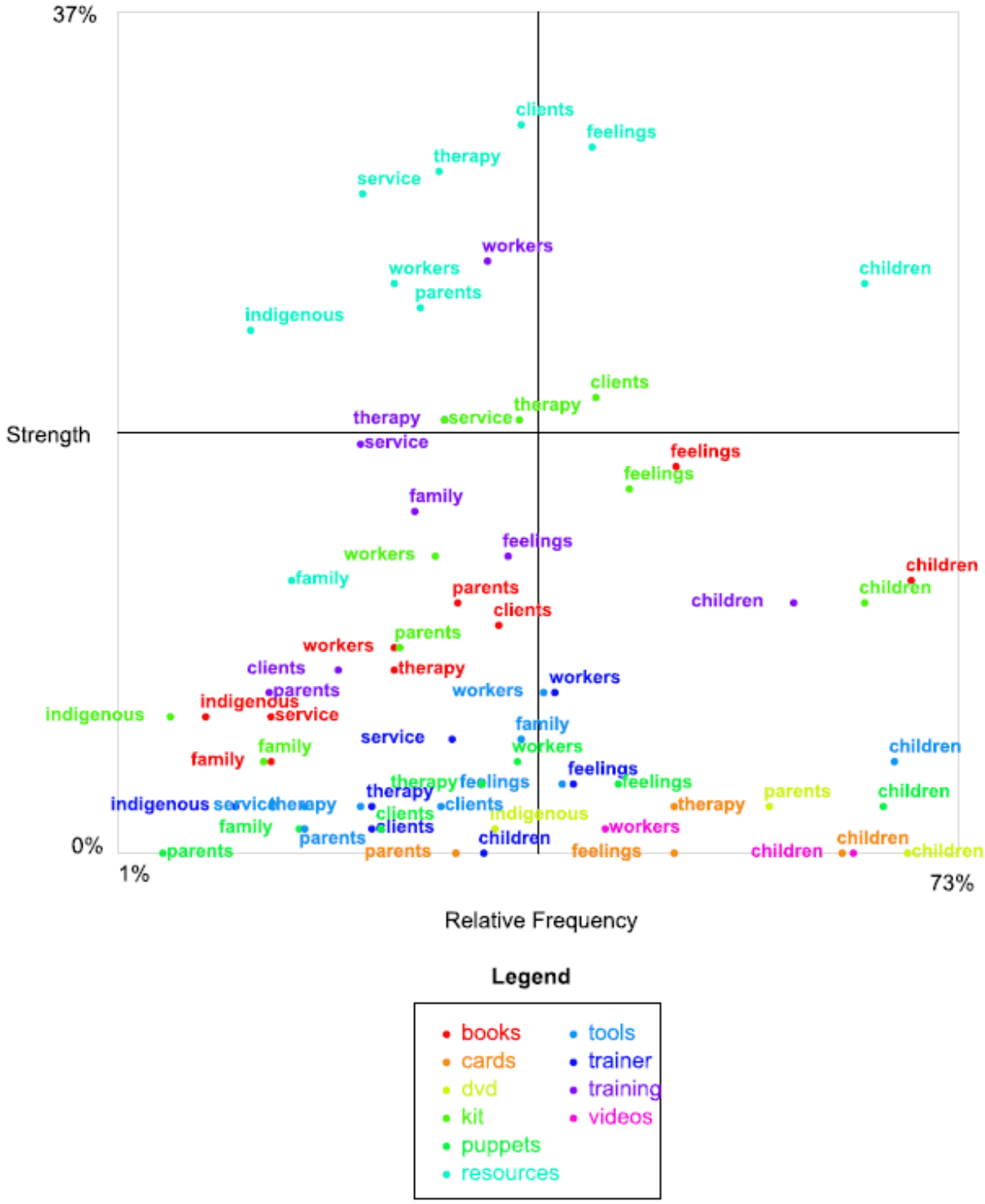

Figure 2
Sentiment analysis of 10 key concepts, categorised by 10 elements of the intervention (training program and resource kit)

Critical discourse analysis

The discussion that follows summarises the results of the critical discourse analysis to examine what were the enabling assumptions in the language describing the value of the intervention for culturally diverse groups—the concepts associated with more negative sentiment. The two concepts of 'cultural' and 'Indigenous' are described with reference to the 47 and 73 instances respectively of these concepts across all practitioner responses. Where the practitioner quoted indicated mostly satisfaction or dissatisfaction or neutrality on the satisfaction ratings on the survey sheets, this information is included (if different responses were equally indicated, both are included, for example 'satisfied and neutral'). Place names given indicate only the location of the workshop involved though, where available, information about the nature of the clients of the practitioner quoted is also included.

The dominant discourse was one asserting the generic cultural translatability of the kit. In this discourse, the universal and fundamental characteristics of the intervention, its essential perceived soundness, effectiveness, and diversity, made it potentially culturally translatable. In this discourse feelings are positioned as universally shared and represented in the kit. In the discourse of generic cultural translatability, the resource kit was described as appropriate for a wide range of cultural and special needs groups and ages, not necessarily only very small children. As one 'satisfied' Adelaide practitioner with client families with complex needs advised:

> I would rate the quality of resources very high as it provides child-centred ways of engaging with children from various backgrounds (cultural) and age groups. It introduces parents to have the means to learn (parental awareness) about ways to interact with their children in strengthening their developmental potential … builds parental knowledge, awareness, motivation to spend time with a child with a goal and sense of purpose.

Another ‘satisfied’ practitioner in the Katherine region commented, there is a ‘great array of resources and despite the need for updating with more culturally appropriate resources they are quite relevant to the purpose "educational awareness".’ Another ‘satisfied’ practitioner in Darwin who advised s/he was an Indigenous worker with Indigenous child clients appeared optimistic the kit could be adapted by workers: ‘I believe non Indigenous workers/staff can deliver this kit, but it would be even better with Indigenous support workers.’ One ‘very satisfied’ Toowoomba practitioner with small children in child safety contexts advised that ‘the resources could be used across multi-faceted situations and cultural aspects along with providing the opportunity to express underlying feelings of children, adolescents and some adults.’ There were other practitioners such as a satisfied Toowoomba practitioner working with Indigenous children who advised that ‘it is not 100% Indigenous specific but that isn't a real issue. It is a good idea to use mainstream resources—less isolating.’ Another ‘satisfied’ Sydney practitioner with culturally diverse clients advised that ‘I'm aware of the cultural specific edition of this but as far as books are concerned, I think they are universal concepts.’ Cultural translation was seen in this discourse as possible even without content specific to different cultural groups. One ‘satisfied’ Darwin practitioner responsible for training Indigenous playgroup staff advised that ‘The text books (in English) would not be meaningful to the Indigenous staff I work with as they think and speak in other languages, but the concepts are transferable in the images to illicit talks about feelings.’ Another ‘satisfied’ Perth practitioner with Indigenous clients advised, ‘I was unable to identify the resources that were in the kit as Aboriginal. Other than that I thought it was a great resource and am looking forward to learning how to use it.’

A lesser discourse was also produced asserting that broadly culturally relevant content was needed incorporating culturally diverse and Indigenous contexts and language. In this discourse cultural translation was seen as arising from specificity of cultural contexts

of violence, visual representation and non English language content. In such a discourse, culturally appropriate training in the use of the kit was important to not only successful cultural translation but also to avoid possibly harmful effects of disclosure. Where these were concerns about the specificity of the kit content for Indigenous contexts these suggested the different ways in which cultural relevance is constructed by child and family support practitioners. One 'satisfied' Sydney practitioner working in NGO and church groups with diverse clients stated that 'the mixture of books, toys, visual and tactile' was valuable although the representation of different cultures and 'different colour skin' was important if the kit was not to be 'too mono-cultural': 'obviously in our multi-ethnic society it would be great to see these great resources in various languages.' Another 'satisfied' practitioner in Sydney with culturally diverse clients indicated that 'I would read different books with the children and then encourage the mothers to read to their children. I would also like the resources in different languages so mothers with no English or limited English can read to their children.' One satisfied Katherine practitioner with both Indigenous and non Indigenous clients advised that the resources 'need to fit the context of the Northern Territory with two-way violence'. Another 'neutral' practitioner in Darwin working with Indigenous children in remote communities advised that 'some of the resources are relevant' but that s/he 'would need to present this to our Indigenous workers to explore appropriateness of resources' adding that 'the resource is presented in a way which allows anyone to use, however, if used inappropriately without proper training would actually harm children if issues that are disclosed are not dealt with in a safe therapeutic context.' Perceptions of the adequacy of the resources were also shaped by the cultural visibility of alternative resources. A 'mostly satisfied' Karratha practitioner with 50% of clients being Indigenous children advised that 'The resource kit appears to be well-rounded for different issues for European -heritage Australians. As has already been identified, there aren't any for Aboriginal Australians.'

Another lesser present discourse suggested the kit would not translate culturally due to complex issues of local cultural and geographic content specificity that could only be addressed through local consultative processes. A ‘dissatisfied’ practitioner in Darwin with remote Indigenous clients urged the resource designers to ‘include more Indigenous specific resources from communities. Many have produced their own story books and other child development/safety focussed resources.’ For at least one ‘dissatisfied and neutral’ practitioner in Perth with Indigenous clients in child protection the lack of Indigenous specific content meant a lack of content that could be translated:

> Very little, if any, are Aboriginal focused. As 100% of the children I work directly with are Indigenous this is of concern. Many Aboriginal families will be a little dismissive of the message trying to be relayed—it doesn't relate to them. They would recognise some of the books from school but would also realise that no one has brown/black skin. Both white and brown faces reinforce that many of these experiences are shared and occur in both Indigenous and non Indigenous families.

Yet this practitioner also pointed out that addressing this content specificity problem is as complex as the landscape with which Indigenous people have a relationship: ‘A possum as one of the puppets is relevant to places that have possums. There are not many possums in the Kimberlies so this is not a puppet (animal) that would be familiar to Kimberly children.’

Practitioners suggested that the process for creating culturally relevant content was by definition local and regionally specific and shaped by consultation and engagement. As one ‘satisfied’ Darwin practitioner with mixed Indigenous and nonIndigenous clients advised, adding Indigenous resources will require consultation with heterogeneous groups within the Aboriginal community: ‘When the Indigenous resources are made there needs to be consultation with different states, not just Tasmanian Indigenous people as they are so different.’ There was a perception that this may involve adding local resources to the kit for

primarily local use. As one satisfied Darwin practitioner advised: ‘I don't really deal with children but with mothers and often extended family. I work with Indigenous and remote communities and perhaps some additional material developed locally could also be included.’

Cultural translation was also understood in this discourse as facilitated by flexible alternative format for the kit, specific to local needs defined by geography. As one ‘satisfied and neutral’ Katherine practitioner advised, ‘the resources are useful for our playgroups centres’ and ‘the books are excellent’ but the designers ‘need to consider Indigenous parents and their literacy levels’ and requested them to consider including ‘small day packs’ or smaller combinations of the resource kit. These references were primarily to more content with not simply Indigenous content, but rather rural and remote Indigenous cultural content, as specified by one ‘satisfied’ Perth practitioner with Indigenous clients.

A lesser discourse was produced about the personal style and cultural knowledge levels of the trainers being central to creating the cultural empathy and confidence required for successful cultural translation by practitioners. The day-long training program was, of course, designed to assist practitioners make the cultural translation yet feedback from them about cultural relevance related largely to aspects of the kit content, not the training. However, there were some comments about the style and cultural knowledge levels of the trainers and its importance in helping those who are already working for Indigenous clients feel confident with the intervention. One ‘satisfied’ Darwin practitioner working with remote clients felt that the trainers were appropriately inclusive of Indigenous culture: ‘as an Indigenous Australian I was glad to hear … the opinion of the facilitators that provided awareness of how our Indigenous people provide and support our extended families through tough times’ adding that the ‘Facilitators were passionate and sensitive and know their stuff.’

Another lesser discourse related to the importance of empowering research evidence in facilitating practitioner confidence in cultural translation. This discourse also involved

practitioners bringing their knowledge to that evidence to see the connections between it and the task of cultural change. In this discourse, research was positioned as having a universal value and as offering a language in which culturally enshrined beliefs about domestic violence could be challenged across different cultural contexts of violence. The use of evidence to deliver training was therefore described as important to creating practitioner confidence in the translatability of the kit content, as well as empowering practitioner efforts at cultural transformation to prevent domestic and family violence. One 'satisfied' Sydney practitioner with clients from diverse cultures emphasised, as did others, the importance of an 'evidence based' approach to training because while 'training is also about sharing ideas and networking', 'domestic violence and child protection happens across all the cultures and in certain cultural frameworks beliefs do not prefer the feministic approach. The research papers are helpful documents to challenge some of those beliefs.' Another satisfied Adelaide practitioner with client families with complex needs suggested the need for 'Information on effective resource/tools used in other Australian states and internationally' as well as evidence-based information about 'role plays on how to interact/engage with CALD and Aboriginal children.'

Cultural translation was also described in one lesser discourse as a function of rigour and attention to cultural detail by trainers to inspire practitioner confidence, a confidence that was quickly lost with culturally inappropriate language use and errors of cultural expression. In this discourse what is critical is the ability of language use by trainers to reflect recognition of the cultural history, including struggles for language use that appropriately reflects cultural experience. In this discourse, language use suggested the extent to which trainers felt empathy for the historical experiences and efforts to create understanding of that experience made by cultural groups. Such issues of language use were seen in this discourse to work against the goals of culturally inclusive program s and

practitioner confidence in the cultural relevance of program. In such discourse, culturally relevant language use was seen as sentinel evidence in trainers of empathy with cultural history and the struggle for recognition of this history in language. A ‘satisfied and neutral’ Darwin practitioner with adolescent and young adult clients from diverse cultures advised that the use of language in the training program could work to disempower Indigenous people: ‘”family violence” was coined as a way of describing the experience of Indigenous families re: aunty, uncles, brother and cousins… using these words interchangeably, i.e. domestic violence and family violence, takes away from Indigenous experience and is disempowering.’ The comments on the cultural translation of the training, like the comments on the kit, also suggested the importance of creating content in which people can see and experience their own knowledge and experience, including in language use and use of key terms. As a ‘satisfied’ Katherine practitioner with both Indigenous and non Indigenous clients advised that there is a need for the training to draw on the knowledge of the ‘experienced audience.’

Practitioner responses also included a least present discourse asserting that cultural translation was a matter that fell within the role of practitioners. This discourse related to the preparedness of practitioners to take an active role of cultural translation and was characterised by professional autonomy and resourcefulness. There were practitioners who advised that they had their own suites of resources that are culturally relevant. For example, one ‘satisfied and neutral’ Darwin practitioner with Indigenous clients advised that ‘the resources that I have used (from my own resources that I already own) have already been well received.’ There were also differences in how practitioners understood their role in translating the content locally. One ‘satisfied’ Melbourne practitioner advised that ‘the vast majority of our clients are from CALD backgrounds’ yet while ‘the mothers would not be able to use the books (most of them) without an interpreter’, ‘We do have different cultural

workers that would be able to do group sessions and we could do translations and attach these to each book.'

A least present discourse positioned the cultural relevance of kit content as a challenge to do with colliding program aims and roles in different child support contexts. In this discourse, conflicting program roles made cultural translation difficult. Practitioners in remote child support contexts with existing programs also suggested that they needed more specific support translating the resources to these existing programs. As one mostly 'dissatisfied and neutral' practitioner with remote Aboriginal clients observed 'while I might be able to share knowledge about the resource kit, the ten week program that is delivered has a focus on the parent-child relationship and reflective practices and I would find it difficult to incorporate these resources.'

In another least present discourse, cultural translation was also described as being about access and related affordability issues. This was a language of local professional struggles and professional hardship, but also personal resourcefulness. For example, one 'satisfied' practitioner in Katherine with Indigenous clients advised that 'as I am a remote school counsellor with a zero operation budget, it is often difficult for me to access great resources such as these unless I purchase them from my own personal funds, so some information on a grant or a way to access to the kit would be great.'

Table 3 summarises the key discourses of cultural translation in the language of practitioners in this study and the extent to which they were dominant in these data.

Table 3
Hierarchy of discourses about cultural translation in the language of practitioners

Discourse definition	**Key enabling assumptions**	**Presence in hierarchy if discourses in these data**
Generic cultural translatability	The fundamental soundness, effectiveness and diversity of the intervention	Dominant
Broad culturally relevant content	Requires culturally appropriate contexts and language	Lesser discourse
Local cultural and geographic content specificity	Complex issues of local cultural and geographic content specificity that should be addressed through local consultative processes and flexible formats	Lesser discourse
Personal style and cultural knowledge levels of the trainers	Central to creating the cultural empathy and confidence required for successful cultural translation by practitioners	Lesser discourse
Culturally empowering research evidence supporting intervention	Research evidence that facilitates practitioner confidence in cultural translation, allowing them to bring their knowledge to that evidence to see the connections between it and the task of cultural change.	Lesser discourse
Cultural rigour and attention to cultural detail by trainers	Inspires practitioner confidence in the cultural relevance of the intervention, avoiding loss of trust through culturally inappropriate language use and errors of cultural expression. The ability of language use by trainers to reflect their recognition of the cultural history of client groups, including struggles for language use that appropriately reflects cultural experience.	Lesser discourse
Practitioner preparedness to take active roles in cultural translation of intervention	Reliant on professional autonomy and resourcefulness	Least present discourse
Colliding program aims and roles in different child support contexts	Conflicting program roles make cultural translation of the intervention difficult.	Least present discourse
Access	Affordability of the intervention, linked to local workplace struggles and professional hardship but also personal resourcefulness.	Least present discourse

Data from trainers

This section summarises the findings of data collected from the three trainers involved in delivering the intervention. A broad overview only, not detailed discussion, is given to ensure individual trainers are not identified. Appendix 6 gives the details of the questions asked of trainers for this evaluation.

Trainers had extensive postgraduate qualifications and/or practitioner experience. They indicated that trainer qualities and experience as much as practitioner and (to a lesser extent) research experience were important to successful intervention delivery. A capacity to share a vision for delivery of the program was also seen as important. All trainers indicated they were very satisfied to satisfied with the national 'Safe from the Start' project, except for one item for one trainer who indicated 'neither satisfied nor dissatisfied' for the sustainability of the project (item 8.6 in Appendix 6).

The diversity of participants was seen as a key challenge to successful intervention delivery. Data from the trainers suggested that the training days should more strongly emphasise the distinctions between 'train the trainer' and less advanced sessions offering an introduction to the use of the resource kit.

In relation to the contents of the resource kit, the trainers are of the view that the resource kit gives children and their parents a language in which to articulate their experiences and build their relationships. However, data from trainers suggested that these must be developed in a systematic, evidence-based way i.e. with supporting research data for the choice of each item. While the trainers do not feel there are notable omissions in the kit, the reality is that if items are added, others must go. For example, the hand puppet with 'faces on fingers' is relatively cheap, however the 'Cars R Us' cards are expensive, and trainers advised that the choices of items will need to take into account such factors as price to ensure the total cost of the kit does not go too far above $500. Trainers were of the view that some

items appeal to more children, and others have a more limited client appeal but are greatly appealing to a small number of clients, and that this diversity is important to ensuring the kit meets the needs of different clients. The trainers also advised that the kit as it currently stands hasn't yet incorporated the CALD and Indigenous resource kit elements currently being trialled separately by The Salvation Army in collaboration with Dr Angela Spinney at Swinburne University in separately funded projects that won't be complete by July 2013. However, it is not envisaged that there will be a separate resource kit for these groups.

In relation to sustainability, the trainers advised that the training program could be onerous for individual trainers and the selection of trainers needs reinvigoration with skilled trainers. Currently the Salvation Army is reliant on outside contractors but ideally The Salvation Army should have a skilled member of its own staff in addition to current staff leading or involved in the project. Accordingly, it was the view of trainers that more thought needs to be given to succession planning for trainers and project management. This was seen as more important than state or national issues in the management of the project. Trainers further advised there is also an issue with how universities count research income that limits the accessibility of university-based consultants i.e. consultancy income does not count as research income in metrics of university academic performance, limiting the ability of academics to perform such community engagement work. Program sustainability was also discussed in terms of specific actions such as developing the SFTS website and establishing a list of trainers for SFTS who had undergone a 'train the trainer' program.

Discussion

This study illustrates some of the challenges in examining cultural translation issues in interventions in a context in which much domestic and family violence research is quantitative, centred on mothers' needs, and framed by traditional psychology and social medicine, rather than the broader needs of child and family workers, as well as focussed on the effects of domestic and family violence on children exposed to this violence. Such studies need to offer better theory and directions for intervention development for diverse cultural contexts. This suggests that interventions that target resilience, narratives of the self and relationship-building are important to mediating the negative effects on children exposed to domestic violence. Cultural translation of such interventions is known to be a major challenge but has been poorly understood and theorised at the practice level.

This study aimed to examine Australian child and family support staff perceptions of the cultural translation issues in implementing an intervention for small children exposed to domestic and family violence. In so doing, it suggested that such studies can use elements of novel software and methods for analysing qualitative data. Such methods face challenges of acceptability and understanding, in the domestic and family violence fields, where even well-established methods such as critical discourse analysis have not been so well disseminated.

Methodological implications

The analysis of configurations suggested the potential of configurational or case-based analysis for understanding categorical data. However, ideally such methods would be applied to more complex and multi-faceted data analyses than descriptive analyses of practitioner satisfaction ratings in this study allowed. Case-based analysis offers opportunities to consider individual case configurations and retain within-case complexity. This is particularly important when considering a wide range of responses to interventions, as well as comparing the efficacy of different kinds of interventions.

The quantification and scoping of concepts in the practitioner responses suggests the strengths and limitations of this method. It identified the limited presence of concepts to do with Indigenous clients or cultural relevance in the dataset overall, questioning assumptions that a practitioner group with a majority with culturally diverse and Indigenous clients will necessarily focus on issues of cultural specificity. Quantification of concepts raised questions about how to translate such interventions in ways that strategise such activity-based play interventions for Indigenous and culturally diverse groups. The quantification of connections between concepts suggests a fruitful area of inquiry and development is modelling the implementation of interventions, at the conceptual and practical level, for culturally diverse and Indigenous groups.

Sentiment analysis (of both the manual and automated kinds) has well known limitations (Pang and Lee, 2008) , however, it has value as an adjunct analysis. Such an analysis allows element of an intervention to be more greatly distinguished in language analyses. For example, the study distinguished practitioner comments about the training and books as being less negative (having higher proportions of positive sentiment) than other categories of the intervention. Comments about the cards and the puppets were found to be the least positive, with higher proportions of negative comments. However, the robustness of such observations also relies on having a sufficiently large language corpus to make such distinctions and there is uncertainty that this was the case with the sentiment analysis of the last mentioned finding in this study. Sentiment analysis can also be applied to compare regions, where data permit.

The critical discourse analysis suggested the value of supplementing computational textual analysis with more traditional qualitative methods to analyse the nuance of language in a particular set of interest.

Constructs of cultural translation

Table 3 offered a number of new theoretical constructions for understanding the cultural translation of such complex interventions. It suggested a new construct of ‘generic cultural translatability’ may be more important than has been previously understood. More work needs to be done investigating what are the generic features of culturally transmissible interventions that do not necessarily have culturally specific content and how the generic strengths of such interventions can be better developed. In relation to the developing the cultural specificity of the intervention, the discourse analysis suggested that a distinction could be made between broadly culturally relevant content and more locally relevant cultural and geographic content. It suggested that the cultural translation of such interventions may involve an attention to both constructions or levels of cultural relevance. The study also suggested that the creation of cultural confidence in practitioners is important and perceived to be linked to the personal style and cultural knowledge levels of the trainers, the presence of culturally empowering research evidence supporting interventions, and the cultural rigour and attention to cultural detail by trainers. Little is known about how such mechanisms might work, although the potential for better understanding, for example, how research can help create a language in which to contest culturally inscribed rationales for violence across all cultures were suggested by these data. Accordingly, the study suggested that the construct of cultural relevance is a multi-faceted one that involved different styles of relevance and empowerment of practitioners and different mechanisms of cultural translation.

The three least present discourses in the critical discourse analysis are also important to better understanding the cultural translation of interventions. Little is known or understood about practitioner preparedness to take active roles in cultural translation of interventions, however, this was also a part of the language of cultural translation in this study. In a context in which interventions may be introduced to complex practice contexts, little is also known

about colliding program aims and roles in different child support contexts and how these shape cultural translation. Fundamental issues of access to do with resources and funding are differently responded to by practitioners and also had a place, albeit a least present one, in these data.

Trainer feedback

Trainer feedback from three survey forms suggested the critical importance of ensuring trainer continue to have high levels of qualifications and/or relevant practice experience. Attention needs to be paid to challenges to do with the diversity of participants which was seen as a key challenge to successful intervention delivery. Data from the trainers suggested that the training days should more strongly emphasise the distinctions between 'train the trainer' and less advanced sessions offering an introduction to the use of the resource kit.

In relation to the contents of the resource kit, the trainers are of the view that the resource kit gives children and their parents a language in which to articulate their experiences and build their relationships. However, the study also suggested the importance of ensuring that these must be developed in a systematic, evidence-based way i.e. with supporting research data for the choice of each item. In relation to sustainability, the trainers data suggested the importance of 1)reinvigoration with skilled trainers and 2) that the Salvation Army have a skilled member of its own staff in addition to current staff leading or involved in the project, consistent with succession planning for trainers and project management.

Policy and practice recommendations

Table 4 provides the policy and practice recommendations arising from the data.

Table 4 *Policy and practice recommendations arising from the data*

Recommendation	Key strategies
R. 1. Develop the generic cultural translatability of the kit	Address the fundamental soundness, effectiveness and diversity of the intervention through direct engagement with a stakeholder s including culturally diverse and Indigenous groups to examine and determine the core set of resources
R. 2. Develop broad culturally relevant content of the kit	Include more resources with culturally appropriate contexts and language
R. 3. Develop local cultural and geographic content specificity of the kit	Use local consultative processes and flexible formats to provide an additional set of optional locally specific elements to the core set
R. 4. Ensure the trainers have high levels of cultural knowledge and culturally appropriate personal training styles, building the cultural rigour and attention to cultural detail by trainers. This should also model ways in which practitioners can take active roles in cultural translation of the intervention	Model this knowledge, roles and these training styles in a program to train trainers, drawing on well-established precedence and involving culturally diverse and Indigenous trainers
R. 5. Build the presence of culturally empowering research evidence supporting intervention	Support the development of a collaborative research program underpinning the intervention that produces empowering evidence for practical modelling and application in training sessions
R. 6. Build better connections between the intervention and possibly different and possibly conflicting program aims and roles in different child support contexts	Include evaluation of implementation of the resource kit in services in at least biannual cycle of formal review of the intervention, particularly the training, and the model the ways it fits with other programs in place in different child support contexts.
R. 7. Build improved access to the intervention	Investigate ways of ensuring the intervention is affordable and accessible to all practitioners, particularly those in poorly-resourced contexts, and include these strategies in the training program and on publicity materials for the intervention
R. 8. Distinguish training sessions in ways that address the diversity of needs of participants for a general introduction to the intervention versus a training session that allows participants to train other staff in the use of the kit.	Offer two different types of training: 1) less advanced sessions offering an introduction to the use of the resource kit and 2) training days specifically targeting advanced practitioners in 'train the trainer' sessions
R. 9. Ensure that additions and subtractions of items from the kit are evidence-based.	Include review of the contents of the kit in the biannual review process, using systematic, evidence-based research data for the choice of removing or adding all kit items .

R.10. Ensure the language used to describe the kit is located within the research evidence described in this report for its nature and efficacy	Review the intervention training and publicity materials to ensure the kit is described as a form of play-based activity (not 'therapy') intervening in the psycho-social outcomes of domestic and family violence, including relationship building. Present the kit consistently as 'a positive early intervention approach' that is not designed to be used as a singular intervention, but rather within a wider program of intervention in domestic and family violence.

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