‘Get Up. Stand Up.’ Riding to resilience on a surfboard

Paul Morgan
Child Protection Counselling Service, Sydney Children’s Hospital, Sydney, New South Wales, Australia

ABSTRACT

Government policies sanctioning the systematic removal of Australian Aboriginal children from their families ended in the 1970s. However, trauma associated with removal remains active in the present day for those removed and their offspring, contributing to the pernicious interlinked set of health and social problems afflicting most Aboriginal communities. Child abuse and neglect are an important avenue of inter-generational transmission of trauma leaving many Aboriginal children challenge-averse and vulnerable to social disadvantage, substance abuse and mental health problems in later life. Child protection and health services have a poor record engaging and providing effective interventions to Aboriginal Australians. Sunset Surfers is a learn-to-surf programme targeting a disadvantaged urban neighbourhood with a high proportion of Aboriginal families. Qualitative evaluation shows that participants experienced positive effect associated with the challenging activity of learning to surf, allowing for reframing of children’s negative beliefs about challenge. By providing an appropriate balance of challenge and support, and encouraging physical activity, Sunset Surfers represents a holistic, preventative approach to a pernicious array of social and health problems.

INTRODUCTION

Sunset Surfers was a pilot school holiday programme aimed at building resilience in children from disadvantaged backgrounds through the provision of surfing instruction. The programme targeted children from an inner Sydney neighbourhood characterized by a high degree of social disadvantage and therefore high risk of child abuse (Garbarino 1995), as well as a high proportion of Aboriginal families. The aims of the programme were to establish a positive engagement between children at high risk of abuse and agencies providing child protection and family welfare services; to provide socially disadvantaged children with a positive and enjoyable physical activity; to enhance children’s sense of agency and resilience through the experience of mastering a safe, healthy, challenging and enjoyable physical activity.

CHILD WELFARE

For over a century until the 1970s, Australian government policies resulted in Aboriginal welfare practices known collectively as the ‘Stolen Generations’. Stolen Generations was the systematic, forced removal of Aboriginal children from their families to be raised in institutions or by non-Aboriginal foster families. The report of the National Inquiry into the Separation of Aboriginal and Torres Straight Islanders from their families estimated that between one in three and one in ten Aboriginal children were removed from their families, and that most Aboriginal families were affected ‘in one or more generations by the forcible removal of one or more children’ (Human Rights and Equal Opportunity Commission 1997, p. 4). A very high proportion of Aboriginal children removed from their families endured abuse, neglect, exploitation and violence while in care (Read 1981; Human Rights and Equal Opportunity Commission 1997). The original intent of these policies continues to be debated in Australian society. However, the actual human cost of the widespread forced removal of Aboriginal children has become far more apparent with recent advances in the science of developmental psychology.

Psychosocial trauma in early childhood can cause profound long-term developmental deficits (Rutter...
et al. 1997; Zeanah et al. 1997). The damage to attachment relationships caused by the forced removal of Aboriginal children along with the widespread and often severe abuse and neglect experienced in institutions and in many non-Aboriginal foster families represented profound early trauma for those children (Read 1981; Human Rights and Equal Opportunity Commission 1997). The consequent disruption to development of brain structures would have had a profound and lifelong negative impact on the socio-emotional functioning of removed children (Perry et al. 1995; Zeanah et al. 1997). Individuals exposed to chronic trauma in early childhood experience in adulthood higher rates of mental illness and substance abuse problems, and lower levels of social, emotional and cognitive functioning (Rodgers 1990; Swan & Raphael 1995).

Compounding this trauma, the forced fragmentation of families and wider traditional kinship structures denied removed Aboriginal children the primary experience human beings draw upon to become effective parents: experience of being parented. Consequently, many children who were removed and who went on to have their own families are in effect ‘unparented parents’ whose responsibilities for their own children are confounded by their lack of personal experience and knowledge of child-rearing practices (Human Rights and Equal Opportunity Commission 1997). The psychological consequences of early trauma, along with this disruption to cultural connections and the inter-generational transmission of traditional parenting practices caused by child removal often resulted in abusive parenting practices, and involvement with statutory child protection services for the next generation of Aboriginal children (Stanley et al. 2003).

Exposure to chronic child abuse and neglect in the early years of life causes profound disruptions to neurological development, leading to problems of depression, aggression, social relationships, cognitive deficits, emotional regulation, substance abuse and criminality later in life (Perry et al. 1995; Guterman 2001). The abuse and neglect of children associated with parental substance abuse and mental illness resulting from the parent’s own experience of childhood trauma closed the circle, locking many families into an inter-generational cycle of poverty, violence, abuse and neglect. Child abuse and neglect represent significant avenues for the inter-generational transmission of past trauma into the present day lives of families.

Conventional child welfare approaches (investigation, legal sanctions, casework and counselling) tend to be individualistic, deficit focused, coercive and occur after abuse has taken place. These approaches have had very little success within Aboriginal communities. By and large they have failed to protect Aboriginal children (Libesman 2004), and most Aboriginal communities have rates of child abuse and neglect far in excess of the wider Australian community (Richardson 2005). In 2007, the rate of out-of-home-care for Aboriginal children was eight times the rate for other Australian children (Australian Institute of Health and Welfare 2008). Despite the well-documented ineffectiveness of conventional approaches, they continue to appropriate the vast majority of resources devoted to child abuse and neglect in Aboriginal communities. Service providers’ frustration with a policy environment that continues to rely on these ineffectual approaches, despite lack of either an evidence base or significant positive outcomes in the local community, was an important factor leading to the development of the Sunset Surfers programme.

HEALTH

On all major health indicators, the health status of the Aboriginal population is significantly lower than any other group in Australia. Indigenous people remain the least healthy sub-population in Australia (National Aboriginal and Torres Strait Islander Health Council 2003) with a disease burden 2.5 times and a life expectancy 17.6 years less than that of the general Australian population (Pink & Allbon 2008). Compared with the broader Australian population, Aboriginal people have significantly higher rates of circulatory disease, diabetes, respiratory disease, musculoskeletal conditions, kidney disease, and ear and eye problems (Pink & Allbon 2008). A history of health interventions targeting individual causal factors have been largely unsuccessful at improving Aboriginal health status (Ring & Brown 2002).

The Adverse Childhood Experiences epidemiological study finds a strong correlation between poor adult health status and the experience of child abuse. Clearly, the health status of adults and the experiences of their children are related (Felitti et al. 1998). This nexus between these two aspects of Aboriginal family life is compounded by the history of human service interventions in both fields that have more often been ineffectual or worse. Such multilayered, interconnected problems that have proved difficult to solve constitute what Conklin (2006) calls ‘wicked’ problems. Although wicked problems offer numerous intervention points, finding effective responses is
difficult because wicked problems are systemic and resistant to change, while responses tend to be fragmented and contradictory (Conklin 2006). For Aboriginal families, the range of challenges can be so broad and mutually reinforcing, that it is difficult to know where to start. Aboriginal Australians experience rates of mortality, morbidity, substance abuse, mental illness, exposure to family and community violence, unemployment and poverty considerably higher than those of the broader Australian community (Scougill 2008). For example, substance abuse-related and mental illness-related cognitive deficits undermine the effectiveness of standard social learning parenting programmes and cognitive behavioural therapy responses to child abuse. New models of working with Aboriginal families and communities are required.

Child protection and health social workers often experience great difficulty engaging Aboriginal families because of an accumulation of mistrust and hostility towards welfare services resulting from generations of negative interactions with child welfare services. Present-day child protection services are often seen as an extension of past genocidal welfare practices (Libesman 2004). For child protection social workers, just getting in the front door is challenging, let alone bringing about actual positive changes in the lives of children at risk. Like child protection services, health services have difficulty establishing effective engagement with Aboriginal communities (Ivers et al. 1997). There is a widespread perception among Aboriginal families that mainstream health services are not for ‘blackfellas’ (Ring & Firman 1998; Houston 2001). The comment of one Aboriginal client of the author captures this attitude succinctly: ‘Kooris (Aboriginal people) only go to hospital to have babies and die’. The first step in achieving improvements in Aboriginal health and child protection is the development of programmes that engage Aboriginal families and communities more effectively.

There is now widespread agreement that achievement of substantial improvements in indigenous health requires holistic, long-term collaborative approaches involving indigenous leaders and communities, the health and non-health sectors (Ring & Firman 1998; Lehmann et al. 2003). A similar consensus is the achievement of substantial improvements in Aboriginal child welfare requiring long-term, collaborative approaches involving Aboriginal communities, government and non-government sectors (Libesman 2004). In order to be effective, strategies for overcoming the transgenerational transmission of abuse need to be holistic, targeting neighbourhoods and whole communities rather than individuals and families; strength rather than deficit based; and focus on prevention and building family and community capacity (Langeland & Dijkstra 1995; Libesman 2004; Scougill 2008). A number of writers identify the difficulty of gaining an accurate picture of alternative child abuse prevention programmes for Aboriginal communities because such programmes are limited in number, ad hoc and short-term in nature and tend to occur at the grass roots rather than official level (Tomison & Poole 2000; Memmott et al. 2001; Stanley et al. 2003). This paper has been produced in the interests of documenting just such a programme.

PROGRAMME DESIGN

Sunset Surfers was devised as an alternative to specialized medical treatments, and conventional, coercive, parent-focused, child protection interventions. The programme has a combined child protection and physical and mental health promotion framework operating at a number of different levels. Rather than targeting individual families after child abuse has occurred, Sunset Surfers took a preventative approach focusing on a high-risk community. Redfern-Waterloo, an inner urban, Sydney neighbourhood, has very high levels of social disadvantage and therefore high risk of child abuse (Garbarino 1995), as well as a high concentration of Aboriginal families. Child protection agencies have had great difficulty engaging families and providing an effective response to child abuse in this neighbourhood. Because resident families identify strongly with the local neighbourhood, the programme included a mix of Aboriginal (77%) and non-Aboriginal participants, reflecting community identity and composition. The programme consisted of a series of six 2-hour lessons with professional surfing instructors at a local Sydney beach, transport to and from the beach and a picnic lunch after the surfing. On the last day, the children’s families were invited to participate in a barbecue celebrating their children’s successful completion of the programme.

Sunset Surfers was developed as a collaboration between two community-based family support services and three government agencies. This allowed for a pooling of resources without which the programme would not have taken place. The programme was developed by frontline workers rather than those at more senior levels of these organizations. Rather than being a stand-alone project, it was conceived as one element of an integrated suite of family services that drew on agencies’ existing connections into the
community. Participating agencies tend to use strength-based approaches with client families (Saleebey 1996; Scott & O’Neil 1996; Berg & Kelly 2000). Rather than targeting deficits, agency workers identify and enhance existing family strengths. In order to overcome longstanding difficulties engaging families in this community, the programme took a lifecycle approach to the inter-generational nature of child abuse and health problems by initially targeting children in middle childhood (8–13 years), an age group that past experience has shown to respond enthusiastically to activity-based prevention programmes.

The programme design draws on resilience theory, ‘identifying and enhancing the processes that protect development from the ravages of hazardous growing conditions’ (Luthar 2003). Many of the children participating in Sunset Surfers come from ‘at-risk’ families and have much in common with children in care. Gilligan (1999) argues that adult mentors in cultural and sporting activities play a crucial role in building the resilience of children in care. Workers involved in this programme are seen as offering a similar mentoring role, providing ‘vital personal attention’ and ‘encouraging talents and interests in the young person which help to build confidence, self esteem and social skills’ (Gilligan 1999, p. 191). Accordingly, some of the programme workers are Aboriginal in order to provide mentors with whom Aboriginal children can identify.

Gilligan (1999) also argues that vulnerable children benefit from being involved in challenging sporting activities. Such participation enhances resilience by building self-esteem and mental health, and opening new social relationships beyond the care system and specialist treatments (Gilligan 1999). Resilience is fostered by experiences of success and achievement (Raphael 2000), and challenge (Jenkin 2001), and building a strong link between the act of engaging with challenge and a positively affected sense of mastery (success).

In order to have the experience of mastery, however, challenge needs to be pitched within the limits of a child’s capacity to respond successfully (Jenkin 2001). Learned helplessness theory recognizes that depression can result from recurring situations in which individuals have no sense of control over events in their lives (Abramson et al. 1978). Children subjected to chronic abuse by important carers at a young age experience such a sense of powerlessness (Crittenden 1996). In these circumstances, the developmental impulse to engage with challenge can become distorted into thrill-seeking behaviours that often expose children to great risk of harm with no developmental benefit (Manikam 2002).

Where children are neglected the dynamics are slightly different. Attachment theory holds that children’s early experiences of carers (attachment figures) are crucial to human psychosocial development. Interactional patterns of behaviour played out between carer and infant are internalized by the infant to provide fundamental internal working models of self and others (Bowlby 1980). A supportive attachment relationship is also necessary for the healthy expression and development of the Assertion-Exploration Motivational System, the drive to engage with, make sense of and master problems (challenges) presented by the environment. Successful expression of this motivational system results in the child’s behaviours of exploration and play, and in the experience of agency in the world, which in turn produce a positively affected sense of efficacy and competence (mastery), as well as the development of new skills (Lichtenberg 1989). In order for this learning of new skills to be consolidated, and for the development of an internal model of self as efficacious, it is necessary that children experience having their attempts at mastery witnessed and valued by supportive attachment figures (Crittenden 1996; Marvin et al. 2002).

For neglected children, early steps towards mastery usually go unnoticed. They receive no validation of their successes, no encouragement or assistance to manage feelings of frustration when their efforts fall short. Instead, they have repeated experiences of being overwhelmed by challenge. They become discouraged and develop an internal working model of self as ineffective, leaving them ‘unable to exploit the learning potential of their environment’ (Crittenden & Ainsworth 1989, p. 452). This in turn leads to loss of motivation to take on further challenge because of the expectation of future failure. This attitude becomes the basic psychological template underpinning all future situations involving challenge (Crittenden 1996). Also, the early experience of trauma also produces anhedonia, loss of the capacity to experience joy (van der Kolk et al. 1996). Developmental learning becomes decoupled from positive effect, so that there is no expectation of pleasure associated with the learning of new skills. The sense of self that emerges from such early experience is one of profound powerlessness and apathy – ‘Why bother?’ (Crittenden 1996).

By contrast, exposure to challenges with achievable goals, encouragement and support for managing frustration results a sense of mastery for the child. When abused and neglected children are involved in
structured programmes incorporating an element of challenge, such as scouts, sports or artistic activities, their experience of success fosters a sense of competence that allows them to abandon disempowering coping strategies resulting from the experience of abuse and to more effectively respond to the hazards of life (Gilligan 1999). Manageable challenge in a supportive context assists children to rework debilitating self-beliefs in the face of challenge, and it does this in an experiential fashion rather than through purely cognitive strategies of traditional counselling approaches (Kraft & Sakofs 1985; Newes 2005). These characteristics of the programme have strong parallels with the approach used in adventure therapy (Gass 1993).

Providing vulnerable children with experiences of meeting challenge successfully requires overcoming negative expectations and maintaining motivation in the face of the frustration that accompanies the learning of any new skill. In order to be of benefit, challenging activities need to include an element of personal control (challenge by choice) for children (Schoel et al. 1998; Newes 2005). Also, the activities must not be experienced as overwhelming, but must be balanced by appropriate levels of encouragement and support. It is important that coaches/mentors strike the right balance of challenge and support, a balance that enables abused children to rework their highly negative internal working models of self and others. The presence of supportive adults who acknowledge success and provide encouragement to re-engage with challenge in the face of failure is essential to the restructuring of dysfunctional internal working models (Gilligan 1999). The presence of Aboriginal workers on the programme allows Aboriginal children to more easily identify with and internalize positive adult role models.

Where challenge involves physical activity, resilience builds at a number of different levels. The body produces its own opiate-like peptides, called endorphins, during exercise (Farrell et al. 1982). Widely reported feelings of psychological well-being and euphoria experienced during aerobic exercise have been linked to the increased blood endorphin levels found during exercise (Biddle & Mutrie 1991; Schwartz & Kindermann 1992; Goldfarb & Jamurtas 1997). Clinically depressed patients and children show marked increase in self-esteem and well-being following exercise because they develop a sense of mastery as they exercise, resulting in a feeling of control over their life and positive psychological states (Biddle & Mutrie 1991; Dimeo et al. 2001). From the perspective of attachment theory, such psychological transformation can also be understood as the restructuring of internal working models of self with respect to challenge.

Also, from the biological perspective, voluntary exercise releases growth factors that stimulate brain cell growth, increasing brain plasticity (van Prag et al. 1999; Cotman & Berchtold 2002). This allows for repair of neural damage caused by the experience of abuse in early childhood and provides a biological substrate for the psychological restructuring of dysfunctional internal working models. Streeck-Fischer & van der Kolk (2000) state that children who have experienced chronic trauma early in life experience trauma-related hyperarousal and somatic numbing, resulting in an inability to relax and heightened irritability. They argue that treatment for these children must include ‘fun’ physical activities that endow ‘knowledge of what it feels like to be relaxed and feel a physical sense of mastery’ (Streeck-Fischer & van der Kolk 2000, p. 914). They recommend activities that promote physical synchronization, coordination and balance, all of which surfing does.

Surfing is an innately pleasurable activity. Surfers consistently report that surfing induces intense endorphin-related euphoric states, and small versions of such states are experienced by most people from the earliest stages of learning to surf (Kotler 2006; Gibbons 2007). The experience of surfing as ‘fun’ is a key aspect of the Sunset Surfers programme and is important on many levels. The experience of feelings of pleasure is a powerful motivating factor in the process of learning to surf. It maintains enthusiasm until the pleasure associated with a sense of mastery is achieved. It enables the learner surfer to tolerate the frustration inherent in the repeated experiences of failure that are part of learning a complex new skill, and to persist in spite of frustration until they experience a sense of mastery. It appears to amplify the positive effect associated with the experience of mastery. This heightened positive effect promotes a recoupling of pleasure with mastery experiences and a gradual restructuring of internal working models of the self with respect to challenge to a more efficacious sense of self. The positive effect also becomes associated with workers involved in the project, building trust and enhancing engagement. The ‘cool’ image of surfing helps counteract initial negative expectations often associated with physical exercise programmes.

Preventative health aspects of this programme extend beyond these mental health and child protection issues. Lehmann et al. (2003) report finding significant reductions in rates of skin and ear infections among children in remote Aboriginal communities.
after the introduction of saltwater swimming pools into those communities. Childhood skin diseases have also been linked to the extremely high prevalence of adult renal problems and acute rheumatic fever among the adult Aboriginal population. Ear infections have been linked to deafness and literacy problems (Lehmann et al. 2003). By providing the opportunity for regular immersion in saltwater, the Sunset Surfers programme is seen as replicating the conditions used in the Lehmann study, which found that ‘swimming in salt water provides the equivalent of nasal and ear washout and cleans the skin’ (Lehmann et al. 2003, p. 417). Furthermore, the programme is seen as providing fitness benefits resulting from the strenuous physical activity necessary for successful surfing.

On the final day of the programme, parents were invited to participate in a barbecue to celebrate their children’s successful completion of the programme. This gave parents the opportunity to observe and celebrate their children’s accomplishments and gave the children the experience of having their success reflected back to them by proud parents, reinforcing their sense of achievement and self-esteem. By including parents in this way, the programme reinforced existing strengths in family relationships and deepened positive engagement with services.

**EVALUATION METHOD**

Some of the participating children and parents who attended the closing barbecue undertook a semi-structured interview. Several parents who did not attend the barbecue were interviewed over the phone. Evaluation was conducted by recording verbal feedback to these interviews of eight children and seven parents. This evaluation is not intended to measure child protection or health outcomes. Instead, it offers qualitative accounts of participating children’s and their parents’ subjective experience of the programme, particularly the quality of their engagement with the programme. In order to evaluate service delivery aspects of the programme, workers participated in a focus group after the conclusion of the programme.

**RESULTS**

Participating children expressed a very strong sense of ‘fun’ (pleasure) associated with their involvement in the programme. ‘Yes, I would do it again] cause it was heaps of fun./ It was cool./ Mad. . . . fun. . . . learning how to stand, surfing waves, meeting people./ Every-
the roll-out of the programme which they attributed to poor communication and cultural differences between the services involved. They felt that the success of the programme relied on the pooling of resources (financial and human) that the inter-agency partnership made possible. Two staff members questioned whether the programme might have been more effective if it was identified as Aboriginal only rather than as a neighbourhood programme. All staff members expressed a high level of personal satisfaction, and were overwhelmed by the opinion that the programme was very successful.

DISCUSSION

Sunset Surfers was developed to provide an intervention across a range of domains. It is evident that Aboriginal and other children from the high-risk community of Redfern-Waterloo engaged very positively with this programme. The results reflect a high level of enthusiasm for and enjoyment of the programme. The enjoyment of surfing appears to have motivated participants to persist at the activity, in spite of the physical challenge it posed. The results also support one of the central tenets of the programme design – that learning the activity of surfing in a supportive context results in a positively affected experience of challenge for a high-risk group of children. Reported improvements in mood and behaviour indicate that children experienced short-term benefits from the balance of support, challenge and fun offered by the programme.

This programme offers participating children an experiential reframe of negative coping strategies. Most of these children have internalized a pattern of negative experiences of engaging with challenge. Learning to surf offers them manageable challenge in a supportive context. For children so much of whose experience of being challenged has been overwhelmingly negative, they found that rising to a challenge can be both fun and satisfying. And they are learning this reframe in their bodies – in the very cells and tissues of their bodies. They not only are getting a psychological reframe. They are building physical health while they do it. Parental reports of positive changes in mood persisting into the evening after the surfing programme suggest that the positive effects are sustained beyond cessation of the activity. However, longer-term benefits such as increased resilience resulting from changes to internal working models of self as powerless or prone to failure would not be expected to be significantly altered by such a short-term intervention. The restructuring of such deeply held beliefs would require numerous repetitions of the reparative positive experiences of engagement with challenge the programme provides. The children’s responses indicate that they saw the programme as providing their access to the activity of surfing. In order to establish surfing as a sustained, self-motivated, health-promoting activity in children’s lives, the programme would need to be of considerably longer duration. Nonetheless, the strong association between the experience of significant challenge and positive effect demonstrated here is encouraging. The very positive response of high-risk children to Sunset Surfers does suggest that it would be useful to continue the programme beyond this brief pilot.

One of the major barriers to effective service provision to this community has been a history of poor engagement with services. The positive responses to the evaluation of the programme indicate that participating children engaged enthusiastically in this programme. By targeting middle childhood rather than adolescence, the programme was able to mobilize and benefit from the innate enthusiasm characteristic of this age group. Children’s responses indicate that the programme is not perceived as ‘therapy’ or as a child protection service (‘The Welfare’) or a healthy lifestyle programme, but as a ‘fun’ activity. It raises a question as to whether this positive perception increases the likelihood of children staying engaged with the programme, which the evaluation did not explore.

Evaluation responses indicate that to some degree, this positive attitude towards services has been picked up by parents. Inviting parents to a barbecue to celebrate their children’s success at the end of the programme not only gave them an opportunity to express pride in their children. It also gave parents, most of whom had previously avoided contact with services, a positive experience of services, increasing the likelihood of future engagement. Although Sunset Surfers is described as holistic, it is not envisaged as a complete response in itself, but an effective initial point of engagement that is one part of a larger integrated set of services. In this wider service context, the positive response to the programme raises a further question. Is it possible that children’s positive experience becomes associated with workers and services involved in delivering the programme, building up a bank of goodwill and trust that transfers across to other programmes offered by those services, improving engagement? Child protection and health services have found the engagement of Aboriginal families to be extremely challenging. This study raises the possibility that a family approach, which initially targets
Riding to resilience on a surfboard P Morgan

children with fun but challenging activities, may provide a useful entree into engaging reluctant Aboriginal families.

Sunset Surfers operates at a number of levels, the psychological, the physical, the individual, the family, but not at the level of community. If the programme were to continue, it may be useful to work at the community level to develop a club structure to support children’s more frequent ongoing participation in surfing outside the programme, in order to achieve sustained changes in children’s attitude towards challenge. The question of whether to target such community activities at the Aboriginal community or the neighbourhood community has been raised but not answered here.

The evaluation made no attempt to measure broader outcomes predicted by the theory discussed earlier in the paper and implied in the programme design such as improvements to family functioning, increases in levels of children’s physical activity, resilience, health status, reductions in the incidence of child abuse and neglect, and an increased willingness of participating families to engage with services. It is unlikely that such a brief intervention would produce measurable improvements in these domains, and significantly higher levels of programme resourcing would be required to measure such changes.

Responses from staff indicate that involvement in the programme convinced staff that it is possible to successfully pool resources to run a multi-agency collaboration. Frustrations associated with collaborative activities were not so great that they overwhelmed the positive outcomes of the programme. Through the process, workers have learned an enormous amount about the logistics of staging a surfing programme as well as the practicalities of working collaboratively with multiple agencies. The positive response to the pilot programme has been encouraging enough to warrant its expansion into a long-term programme with a somewhat altered format in order to develop skills and reinforce the psycho-emotional learning the programme offers. It is hoped that a long-term programme will result in sustained improvements in children’s physical and psychological resilience, as well as reinforcing the sense of connectedness at a family level.

CONCLUSION

Australian Aboriginal people face a ‘wicked’ complex of social challenges that exclude them from many of the benefits enjoyed by non-Aboriginal Australian society. This study argues that social work practice with Aboriginal families benefits from a broadening of approach away from a purely individualistic, psycholog–
cistic, deficit-focused approach to one that is more holistic and strength based. Participation in an enjoy–
able, physically demanding activity such as surfing encouraged by supportive mentors improves both physical health and psychological resilience in vulnerable Aboriginal children.

REFERENCES


Old guys surfing? You betcha! Thrive NYC


