

## Case Study

### **Public Hearing – Inquiry into Regional and Remote Indigenous Communities**

*This case study was submitted by the Community Placements Program (CPP) – a foster care program delivered by UnitingCare Burnside in the Orana Far West. Approximately 44% of children and young people in this program identify as Aboriginal or Torres Strait Islander.*

#### **Community Placements Program: Working with communities to keep children and young people engaged in the program.**

Seth<sup>1</sup> is a young person who comes from a small rural community. He has been placed in foster care with CPP because a lack of parental supervision at home had resulted in Seth receiving little or no education and beginning to engage in activities that were attracting police attention.

It is important for Seth to maintain links with his community. CPP has planned for him to visit his home community on a regular basis, usually in school holidays. This provides the opportunity for family contact, and he is able to meet up and play with many of his cousins.

Young people such as Seth often find it difficult to return to their carers after their home visits, as they are connected with extended family members and miss them when they leave. Similarly, Aboriginal communities historically feel protective of young people in care due to the history of Australia's Stolen Generation and other historical factors surrounding the placement of Aboriginal children in out-of-home care. CPP has worked hard over a long period of time to gain the trust and co-operation of Aboriginal communities in supporting foster care placements such as Seth's.

CPP arranges for Seth to be accompanied on his visits home by a carer or a staff member who is well known and respected within the community. This staff member or carer ensures that the community is aware that Seth is in town, by informing significant people before his visit and at the time of his arrival. The community members then make sure that they know where Seth is at any time of the day.

When it is time for Seth to return to his carers in another town, the community members support CPP staff/carers in encouraging Seth to leave. If Seth is involved in an overnight visit, arrangements are made for Seth and his carer to stay in a Motel just outside the town.

CPP is active in recruiting staff and carers who have connections to the local communities. Staff/carers who have connections in rural and remote communities can build capacity in the CPP team so that CPP has a larger resource base to visit small communities.

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<sup>1</sup> Name has been changed

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#### **Julie's engagement with the Brighter Futures program**

Julie was referred to Brighter Futures by AMIHS (Aboriginal Maternal Infant Health Strategy) as a young Aboriginal 18 year old who was expecting her first baby. She was living with the expectant baby's father, but had none of her own family in Dubbo.

Community Services supported the referral with a phone call to inform us of their concerns for Julie. She had previously been referred to several agencies but had a reputation for not co-operating with anyone. Julie was often not home to receive outreach visits and regularly missed appointments. Other agencies had labelled her as being unmotivated or resistant to help.

The UnitingCare Burnside Brighter Futures program determined that an Aboriginal case worker would have the greatest chance of engaging Julie. When Vicki, the appointed caseworker, rang her to organise a visit, she was greeted with:

“ Yes. Can you come now?”

Vicki established fairly quickly that short visits made early in the morning, and at the same time every week, suited Julie best. Vicki also found Julie to be very interested in her pregnancy and how the baby was developing.

Each week the Early Childhood Facilitator, Cathryn, visited with Vicki to deliver Pre Natal PAT (Parents As Teachers) parenting program. Frank, Julie's partner, was also very motivated by this and made an effort to always be present for these visits.

We started out presenting PAT with pictures and keeping sessions short as Julie was reported to be illiterate. We soon discovered that Julie could read but had a very short attention span, so a routine was established where Frank and Julie read the hand-outs that were left for them each week and had their questions ready when Cathryn and Vicki returned each Monday morning.

When Julie went into labour AMIHS supported her at the hospital. Julie and baby Billy were flown to Sydney. AMIHS kept in touch with the doctors and medical staff at Westmead. Brighter Futures liaised with the counsellor and followed through with a support plan for when they returned home.

Julie and Frank often have visits from family. If it is only the grandmas or immediate family present, Julie has chosen to continue with the Brighter Futures home visit. If there are more people present we make a new time. We have explored taking Julie and Frank elsewhere for visits but Julie prefers to see us at home.



As the rapport has grown between Julie and Vicki, Julie has disclosed some sensitive information about conflict between family cultural expectations and Billy's needs. This was a very hard thing for Julie to admit so Vicki has worked on ways to discreetly address this in a way that protects Billy's best interests and at the same time does not offend Frank's family.

Julie and Frank's trust in Vicki has allowed Vicki to address a recent report to the Helpline about visitors in the house and suitable baby sitters. Because of Vicki's good relationship with the young parents, she was able to discuss this with them in a constructive way that emphasised the importance of Billy's safety.

Cathryn and Vicki have helped to establish a network of people who Julie may need to call on if the Brighter Futures team is not available, like the local pharmacist and NSW Housing. On weekends, if she has concerns about Billy she now feels comfortable and confident in dropping in at the chemist to talk to someone there. She now also accesses NSW Housing independently.

Julie is a person who would have been regarded as 'hard to reach'. Her enthusiastic participation in Burnside's Brighter Futures program has shown that she was willing and able to engage, and that in fact the services around may have been 'hard to reach' despite their best efforts. Vicki and Cathryn have gained Julie's trust by addressing her needs and the needs of her child in an appropriate way.



# Our Aboriginal Service Delivery Principles



The following principles have been gleaned from a number of readings on Aboriginal governance, working with Aboriginal communities and inter-cultural organisational development. They have been discussed and endorsed by our Aboriginal and Torres Strait Islander staff. These principles focus on the development and implementation of services for Aboriginal and Torres Strait Islander people living in NSW.

## Respect, Integrity and Acknowledgement

The service needs to be provided in a way that respects the Aboriginal values, knowledge and culture. Any intellectual property used to establish or deliver the service, including design, needs to be acknowledged. To maintain integrity, services must do what they have agreed to do.

## Holistic Approach/ Connected Service System

Services users who present at non-government services often have multiple issues that need to be addressed. Services need to adopt a holistic approach that looks at all the issues impacting on the individual or family and then provide services in a system that is connected. Referral pathways between services need to be established and clear so that movement between services is supported and strong.

## Communication and Consultation

Good communication is part of a good relationship and partnership. Having a talk, yarn or conversation allows for the exchange of ideas that results in identifying what type of approach or service would best suit Aboriginal people or community. Feedback is an important aspect of the communication so that the communities can learn about progress and new developments. Consultation is important to gather views and ideas from partners in providing services and also the service users/ clients. This will assist in shaping the service in a way that will be appropriate and accessible.

## Capacity Building

Capacity building is important for both the mainstream organisation and the Aboriginal managed organisation we may be in partnership with. Capacity building includes training so that staff become culturally competent in providing services and working with Aboriginal or non-Aboriginal people, training on management and administration and service delivery requirements. The purpose of capacity building is to achieve sustainability and ability to provide quality services.

## Relationships and Trust

Trust between Aboriginal and non-Aboriginal people is weak due to the emotional qualities of stress, grief, loss, risk and other factors associated with colonisation and government policy impacts.

## Partnership

Partnership is perceived as the next step after a relationship and trust has been formed. It is more formal than a relationship and reflects an agreement has been made between two groups to do something together. Services need to be developed and provided in equal partnership.

## Access to Adequate Resources

Resources such as people, commitment, time, money and a place to provide the service are essential and they need to support the full scope of the service. The resources also need to be sustainable if any short-term, funding is used to establish the service.

## Community Participation

Each service provided for Aboriginal people, must have Aboriginal community participation in planning, service design, evaluation and implementation. This generates community ownership, and in some instances, community control of the service where all decisions are made by the appropriate members of the relevant communities.

## To Allow a Local Flavour

When recruiting Aboriginal staff, the existing local Aboriginal or Torres Strait Islander staff should be consulted when or before recruiting new Aboriginal or Torres Strait Islander staff as they have knowledge of their own community. Sharing community knowledge of individuals will be dealt with confidentially within organisational policy.