


CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

Family Support Service





Doing It Our Way – Aboriginal and Torres Strait Islander-led early intervention program

From 2020 to 2021, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across the nation.

This is one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

Central Australian Aboriginal Congress

Family Support Service

Alice Springs and communities within 100km radius

ACRONYMS

ACCHS	Aboriginal community-controlled health service
ADHD	Attention Deficit Hyperactivity Disorder
AFSW	Aboriginal Family Support Worker
Congress	Central Australian Aboriginal Congress
FSNA	Family Strengths and Needs Assessment
FSS	Family Support Service
IFSS	Intensive Family Support Service
PTSD	Post-Traumatic Stress Disorder
NIAA	National Indigenous Australians Agency
TFSS	Targeted Family Support Service
Territory Families	Department of Territory Families, Housing and Communities (NT)



OVERVIEW

The Central Australian Aboriginal Congress (Congress) Family Support Service (FSS) is a two-pronged program that works with Aboriginal families and their children to build the capacity and resilience of each family and create safety and stability for Aboriginal¹ children. It offers a contextualised culturally safe service for vulnerable families in the Alice Spring area, some of whom may be in contact with Northern Territory child protection services; delivering its services through a bi-cultural pairing model, culturally adapted program tools and a holistic approach to care. It also leverages off its location within the Aboriginal community-controlled health service, its strong relationships with funders, and its committed and valued team members to ensure it is a best practice in early intervention programming.

Congress's FSS program is made up of the Targeted Family Support Service (TFSS) and the Intensive Family Support Service (IFSS). Both of these are evidence-informed services that strengthen and support families to make positive and sustained life changes, which in turn improve the health, safety and wellbeing of Aboriginal children. Through the bi-cultural model of practice, each family is allocated

an Aboriginal Family Support Worker (AFSW) and a caseworker. The pairs work with families to deliver a culturally safe and trauma-informed service through a strength-based child-focused approach. Case management is shared within the pair and each team member provides equal input. Aboriginal and non-Aboriginal ways of knowing and doing come together to create a high functioning space for knowledge co-creation and holistic practice.

THE PROGRAM IN CONTEXT: THE CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

Congress is the largest Aboriginal community-controlled health service (ACCHS) in the Northern Territory. Each year, it provides comprehensive and culturally appropriate primary healthcare to more than 15,000 Aboriginal people living in and near Alice Springs and the remote communities of Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.



As an ACCHS, Congress functions within the framework of a comprehensive primary healthcare model. Its principal aim is to address health inequities and close the health gap² between Aboriginal and non-Aboriginal people. Along with multidisciplinary clinical care, the organisation offers services and programs, such as the FSS, that address the broader social determinants of Aboriginal health.

A core organisational function of the ACCHS is to support child development and set Aboriginal children up with good health from an early age well into adulthood. This function is supported by the organisation's extensive history of providing evidence-based education and supports to vulnerable and at-risk Aboriginal children and their families in Alice Springs.

Congress views health as an issue of social justice and is determined to "ensure we only invest our focus in programs that are aligned with our values and are designed to improve the lives of our people, not the balance sheets of funding bodies."³ It uses multidisciplinary teamwork, intersectoral and interagency collaboration, cultural respect, and a public health perspective to achieve its goals.

*"We must champion Aboriginal solutions for Aboriginal problems ... We can use our combined creative energies by involving communities in sustainable solutions, building capacity, empowering people and creating partnerships"*⁴

William Tilmouth, former Congress Chairperson

ABORIGINAL COMMUNITY OWNERSHIP AND INVOLVEMENT

As an ACCHS, Congress is answerable to all members of the Central Australian Aboriginal community. These members inform the organisation about the needs of the local community and have a say in how services are delivered. They also elect the board of directors, who in turn govern the organisation. The board is comprised of eight Aboriginal community members and up to three specialist non-member directors (who have expertise in primary healthcare, finance and/or general administration, depending on gaps in the skillsets of community directors).

The organisation currently employs over 450 staff, of which 42% are Aboriginal people. The FSS program itself employs eight fulltime team members, of which four members (50%) identify as Aboriginal.

The four Aboriginal FSS team members are all employed as AFSWs, while the four non-Aboriginal members are caseworkers with formal qualifications in social work or similar. The Team Leader is a non-Aboriginal social welfare worker with extensive experience working with Aboriginal families in Central Australia.⁵ As discussed below, in the team and its work, both Aboriginal and non-Aboriginal knowledge bases are valued and drawn upon equally, ensuring the program employs an Aboriginal family- and community-centred approach.

THE PROGRAM

The FSS program provides support to and advocates for vulnerable Aboriginal families who have been experiencing a range of challenges in their lives, including involvement with the child protection system, homelessness, substance misuse, health issues, and domestic violence. Before their enrolment on the program, most of the families have had some level of engagement with Northern Territory child protection services, often where neglect has been a concern and/or complex issues have impacted on their parenting capacity.

The program aims to prevent child neglect and children's entry into out-of-home care by supporting families before and during crisis points. It is grounded in an understanding of the unique and often challenging social and cultural context of everyday life within Alice Springs and works with both highly vulnerable families and child protection services.

The FSS program is made up of two sub-programs:

- *Targeted Family Support Service (TFSS)* – an early entry / prevention family support program, which commenced in 2009 and is funded by the National Indigenous Australians Agency (NIAA). It is available to families with children aged 0-18 who live within 100km of Alice Springs.
- *Intensive Family Support Service (IFSS)* – a program that works directly with those families who may have entered the child protection system due to concerns relating to neglect. The IFSS started in 2012 and is funded by the Department of Social Services (DSS).

Participation in both sub-programs is voluntary and families must consent to a referral being made. When IFSS and TFSS commenced operations, both were funded to accept referrals from Northern Territory child protection services. However, the funding agreements have changed over the past few years, with TFSS now accepting referrals from the community while IFSS is now required to prioritise Northern Territory child protection referrals but also able to accept community referrals when there is capacity to do so.

Since July 2015, the FSS program has provided support to 210 unique families. A number of the families have been re-referred and provided with additional support. At any one time, the FSS program is supporting between 24-26 families, including up to 30-40 parents or carers and 50-60 children.

Over the past six years, 114 participating families have had their cases closed due to their goals and/or case plans being achieved, while five families have had their children removed by Northern Territory child protection services.

A recent paper on the FSS program, *It's about Time*, reflects that "the low number of removals can be in some ways attributed to the bi-cultural model of practice and the strong partnership that has been established with child protection in working with families jointly and being clear of each other's roles in working with highly vulnerable families."⁶ The paper considers these ways of working to be a transformative practice in an Aboriginal intensive family support service.⁷

BI-CULTURAL PAIRS

The bi-cultural pair model is fundamental to the program's success, with the AFSW role having subsequently been introduced into other Congress programs. This role ensures that a Western practice model does not influence or dominate the delivery of the service, but that the Aboriginal ways of being and knowing are central in every pair's work with families and that all challenges are contextualised.

The members of each pair work closely with one another and the families to assess each family's situation, determine the most suitable course of action, develop a plan, and guide and support the family as they work through this plan. The AFSW and the caseworker are equal in status and

decision-making within the pairing, and both are expected to bring their respective expertise to their roles.

While the caseworker comes into the team equipped with theoretical knowledge and social work qualifications, the AFSW is given the space and respect to bring in their cultural expertise, local knowledge and experiences to support each family. Each AFSW will use their cultural insights to note a family's strengths that can be built on, weaknesses that need to be addressed, and 'translate' behaviours that lead the caseworker to understand why a family 'is' and 'does' what it is and/or does.

*"While the caseworker may hold the risk for client outcomes in the 'formal world', the Aboriginal worker will hold the risk in the 'informal world'. In this way, both members of the pair share risk (equally but differently) and otherwise contribute equally"*⁸

The AFSWs come into the program with strong existing connections to the local community and culture, with some staff being fluent in a number of local Aboriginal languages. They are required to have, or to be working towards, a Certificate IV in the community services field, with many AFSWs having completed studies in social work and/or trauma-informed practice.

It is this combination of academic knowledge, brought in primarily by the caseworker, and local knowledge and cultural capabilities brought in through the AFSWs that has led to a well-developed bi-cultural model of practice. Without the AFSWs' insights, many understandings that ensure small wins would be absent, and when things are not going well, the AFSWs are able to pick up on and address the issues much more effectively than would have occurred without the bi-cultural knowledge of the pairs.⁹

"All team members clearly articulate the importance of valuing their respective knowledge bases ... rather than making any assumption about which knowledge has the greater validity, the team culture is such that they meet at an equal level at the cultural interface, the site of transformative practice ... the focus shifts from assuming or proving the superiority of one knowledge base over another to identifying opportunities for linking both and for building new knowledges and ways of understanding and being"¹⁰

The recent FSS paper also found that as almost all AFSWs have access to both knowledge bases – “the Aboriginal, cultural knowledge as well as the Western knowledge that underpins the social work profession”¹¹ – the model has developed its own culture and knowledge space. Rather than the model having created a “binary representation of knowledge”, it has established a “multi-layered and multi-dimensional space of dynamic relations”.¹² The pairs now merge cultures and worldviews as they assess, plan, seek solutions for and engage with the complex life stories of families, while at the same time learning each other’s languages and concepts. Through their daily activities and motivations to understand one another and the families, the pairs have become involved in the creation of communal knowledge and constant learning.

"The formal qualification does not shift the locus of knowledge from one to another, thereby reducing the need for bicultural pairs. Attainment of formal (codified) knowledge leads to further enhancement and enrichment, providing new language and concepts for the Aboriginal workers to assist non-Aboriginal workers to grasp concepts within the Aboriginal cultural domain that they may have previously been unable to describe with the depth and patience that their own deepening understanding of social work has provided."¹³

The bi-cultural approach is also invaluable for the wellbeing and resilience of team members. Working in pairs is helpful for members in managing their own stress, addressing vicarious trauma, and avoiding burnout, as well as providing a strong sense of reassurance and nurturing within the

team. These benefits are translating into high staff retention, which in turn improves service effectiveness through continuity of care and a sense of stability for families and children.¹⁴

CULTURAL SAFETY IN ALL PROGRAM ASPECTS

For Aboriginal families, culture and the maintenance of culture are central to the healthy development of their children. The degree to which culture, lifestyle and traditional lore impacts on individual Aboriginal children and family members may vary, but each family’s lifestyle does play a large part in keeping cultural lore strong. The FSS bi-cultural model of practice – both through worker pairing (detailed above) and culturally-adapted tools (detailed below) – helps the FSS team to provide a culturally-safe service.

All FSS team members are supported to appreciate and respect cultural differences within and across family groups. Rather than making assumptions about who is *family* and who forms *community* for a specific child, team members know to seek advice from the family about who should be involved in the particular assessments, interventions, and planning activities. In the event of communication barriers, the AFSWs are available to assist and interpreters are engaged if required.

With non-Aboriginal FSS team members working alongside AFSWs in a non-hierarchical relationship, they are continually gaining cultural knowledge and understandings and can seek cultural advice and support from the AFSWs. On many occasions, the AFSWs will take direct lead with families. The Team Leader regularly consults with the AFSWs about whether the model of practice is meeting the needs of the families to ensure that Western practices are not dominating service delivery.

The larger Congress organisation also places great importance on the role of culture in Aboriginal children’s and families’ wellbeing. All staff are required to attend cultural awareness training at the start of their employment with Congress.





OPERATIONALISING CULTURAL RESPECT

Even the program's operational procedures and tools reinforce the bi-cultural pair model and cultural safety, prompting the AFSWs' depth of cultural understanding during assessments and planning, and giving space for the AFSWs' voice in all activities. The structure of these procedures and tools ensures that AFSWs use their own voice to speak on behalf of families without having to defer to a perceived superiority of Western knowledge.¹⁵ This has been crucial in validating both Congress's and the program's goal of achieving Aboriginal solutions for Aboriginal problems.

FAMILY STRENGTHS AND NEEDS ASSESSMENT (FSNA)

Each family completes a Family Strengths and Needs Assessment (FSNA) at the start of their engagement with the FSS program. This informs the family's case plan and determines their goals. FSNA's are again completed at three-monthly case reviews and at case closure.

The aim of these assessments is to aid the team when working with families to accurately identify their needs and strengths, both within the family and the community, and provide direction and

guidance in developing the case plans. Together, the FSS pair completes the FSNA using information gathered through conversations, observations and interactions with the family and from agencies working with the family.

In 2009, when the FSNA was introduced into the Northern Territory child protection system, the TFSS team was invited to assist with modifications to the tool. In particular, the team helped develop the cultural considerations to be included in the definitions that inform the assessment. The TFSS program then piloted the tool for a 12-month period, allowing for continual consultations and modifications before the tool was fully introduced to the Northern Territory child protection system's suite of Structured Decision-Making tools.¹⁶

BICULTURAL TOOLS

The FSS pairs also use bicultural tools to strengthen engagement and build trust with participating families. This includes the Yarning Mat developed by Faye Parriman, the Parents Under Pressure (PuP) Framework developed by Prof Sharon Dawe and Dr Paul Harnett, and *being time*. The FSS team has adapted each tool by collaborating directly with the tools' developers to ensure each tool's integrity is maintained while also being culturally safe and contextually appropriate. Each tool is used at each family's pace.

THE FSS PARENTS UNDER PRESSURE (PUP) FRAMEWORK

The PuP program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The framework is home-based, designed for families with complex needs, and is highly individualised to each family. The team adopted this program as it provides a framework for practice and therapeutic family support within a strengths-based model, facilitating practitioners' and families' understanding of the complexities that exist in each family's context. As well as working closely with the FSS team to adapt the framework to the needs of Central Australian families, Prof Dawe and Dr Harnett trained all FSS team members on how to best understand and employ this framework.

THE YARNING MAT

The Yarning Mat is based on an extensive understanding of Aboriginal kinship systems and family life. It facilitates engagement between family services and Aboriginal families, giving families the opportunity to talk about their lives and concerns for their children in a safe non-shaming culturally sensitive way.

All FSS staff members are trained on how to effectively use the Yarning Mat and how to engage families to share their stories. This tool is also employed in a strengths-based manner, where families are made aware that they are both respected in deciding on their own case plan and that they are the experts in their lives.

The developer, Faye Parriman, is a Yamatji woman from the Nhanda clan in the wildflower country of the Western Desert area and a Noongar woman from the Balladong clan in southwestern Australia. She has experience in parenting research and family support through her work as a Parenting Research Centre implementation specialist and practice coach.¹⁷

BEING TIME

Being time is a practice strategy used with vulnerable families to build up familial engagement and relationships between FSS team members and a family. The family and their FSS pair spend time together, away from the family home, focused on being in a setting where people can relax and build a relationship through enjoyable fun experiences. This may be through a picnic in the park, at the swimming pool, or spending time in the riverbed cooking up kangaroo tails and damper.

During *being time*, staff can observe the relationships and the interactions between the child / children and parents. FSS staff have the opportunity to notice positive interactions and reflect on this with the parents. This act of reflection helps the parents build on their view of self as a parent.

The concept of *being time* was introduced to the FSS team by AFSW, Sonya Lemson. Sonya spoke about the importance of families just being, feeling safe, and unjudged as this enables trusting respectful relationships to be built between the FSS team members and the families.



RESPONDING TO THE HOLISTIC NEEDS OF FAMILIES

The FSS team supports families to access other services, both within Congress and in external organisations. This includes helping set up referrals with Congress Pre-School Readiness, Congress Social and Emotional Wellbeing, Northern Territory housing and tenancy support programs, financial support services etc. In providing this assistance, the team leverages off other parts of the organisation to provide a one-stop-shop approach as well as create wraparound inclusive supports for vulnerable families who often may struggle to navigate conventional services.

Some families, parents, or caregivers may have had negative experiences when they were young with the education system or medical services, and these experiences continue to impact on the way in which they and their children engage with these services. The parents may not verbalise this; however, the FSS team may sense a real apprehension on the part of the parents to engage their children with these services. When this happens, FSS team members now know that they need to spend time with the family, supporting them and educating the service, so that the family has positive non-judgemental experiences when engaging to have their needs met.

English can also be a second language for many Aboriginal families, which can be isolating, confusing and frustrating when navigating bureaucratic services. This requires families to have suitable on-hand support to understand the systems and how these work, such as the Northern Territory child protection system, Centrelink, housing services, the education system etc. The FSS pair may help family members with translating instructions, explaining forms, interpreting in meetings etc.

Congress and the FSS team have also developed a strong partnership with the Northern Territory Department of Territory Families, Housing and Communities (Territory Families) at the operational level. The investment into this relationship now allows both parties to build up a clear understanding of each other's roles and responsibilities as well as create a space where the team can work on a shared understanding of each family's strengths, challenges and concerns.

This collaborative approach – in working alongside families, Territory Families and other

key stakeholders – has led to noticeable positive changes and improved outcomes for families and children, including preventing children from entering the out-of-home care system. The FSS team will meet with social workers to discuss a family's situation, challenges and strengths. When government child protection workers share their concerns, the FSS team is able to support the families in addressing these concerns with families, which in turn significantly decreases the likelihood that the children will be removed. Due to the experiences of the FSS team, staff are very aware that the preparation work prior to joint meetings with Northern Territory child protection services enables meeting with families to be open, empowering and solution focused. When joint meetings do not run so smoothly, the FSS team will reflect with the child protection workers on what may have 'gone wrong' and how similar cases can be better handled in future, with better outcomes achieved for families and children.

BUILDING TRUST, STRENGTHENING AND EMPOWERING FAMILIES

In 2020, Social Compass evaluated the IFSS program and its model.¹⁸ A key finding was that for services to effectively work with families, sufficient time and flexible engagement strategies are required. The family sets the time and pace, which sometimes can mean up to 12 months of engagement, goal setting and working towards steps in their plan. When part of the relationship or the plan is not working, small changes can be made, and the time is available to see if these changes make a difference. The FSS team has the option to trial different strategies until a case plan is successful.

"Enough time must be allowed before you can expect anything. This goes for developing the workplace culture that is needed, through to establishing relationships with clients ... Time is critical to everything"¹⁹

FSS team member

This flexibility and slow process allow the team to establish genuine trust with families. It also fosters trauma-informed care, with the team able to not



pressure families to share information that they are not ready to disclose or to face up to challenges that may still be overwhelming.

Success may not always be obvious, and progress is gradual, but when the team focuses on the small wins and turn these into strengths over time, they support families to develop transferrable skills, gain a sense of achievement, and feel a sense of control over their lives.²⁰ This also allows families to have a positive experience with the service, identify and build on their strengths, set longer-term goals, and ensure their continued participation on the program.

Supported with the program tools, the team is also able to help each family to understand, manage and build up their views of themselves as caregivers. The use of the evidence-informed and culturally appropriate resources, combined with the bi-cultural pair model of care, allows families to identify and build on their existing strengths and empowers parents and caregivers to make positive changes to their parenting practices.

PROGRAM EVALUATIONS

In 2017-18, FSS developed a client satisfaction survey to gather feedback from families. This survey is administered every six months and at a family's case closure, where practical and possible. To date, feedback from the surveys has been very positive. Of the questionnaires completed over the past two years, 80% of families were happy with the support that they received and felt that they were involved in decision-making relating to their lives.

Survey questions aim to determine if the family felt heard and involved in decision-making. This tool also gives participating Aboriginal families the opportunity to provide input into the program and influence program adaptations. Evaluation findings are fed back into program operations, so ensuring that vulnerable families are supported by the service, the likelihood of positive outcomes is increased, and strong collaboration with the program's Aboriginal stakeholders is evident.

Over the past 10 years, FSS has participated in four evaluations.²¹ Two evaluations were specifically on the program: one on TFSS in 2010 and one on IFSS in 2014. The other two evaluations included other family support programs across the Northern Territory.

Key findings coming out across all evaluations are:

- the clear need for the service within the community
- in working with highly vulnerable Aboriginal families, engagement with and positive outcomes for families improves when a bi-cultural model of practice is applied
- developing open and trusting partnerships and working collaboratively with key stakeholders improves outcomes for families
- the program needs to maintain a flexible approach when working with vulnerable families.

All findings have been fed back into and informed program design and adaptations.

A paper was also written in 2020-21 by Melissa Lindeman and FSS program members: *It's about Time – Transformation practice in an Aboriginal Intensive Family Support Service*. This paper – referenced in several parts of this profile – describes the bi-cultural model of practice and the features of the FSS model that contribute to program success. Five meta themes were identified: values, practice, people, environment, and transformative practice; with each made up of several sub-themes.

"The team's transformative practice is multi-faceted and possible only through the interaction of its components"²²

The paper identifies critical model components as: deep learning, embracing problems, motivation and empowerment, being client- and family-centred, working at a slow and intentional pace, knowledge co-creation within the team, the 'cultural interface' or 'third space', culturally safe and trauma-informed practice, and reflection.



CASE STUDY

[Some of the identifying features have been changed in this story to protect the privacy of the family]

Eight-year-old Ronnie first came to the attention of the FSS team in 2018, when he was referred by Territory Families because of concerns relating to Ronnie's exposure to domestic violence between his mother and father, Ronnie's own very aggressive and challenging behaviours, and his mother's alcohol use. Northern Territory child protection services were also concerned about neglect, and the family was known to have a long history of Territory Families involvement, dating back to 2011 when Ronnie was born. His other siblings were already permanently living with their extended paternal family.

Congress IFSS could not engage the family for the first six months and had to close the referral. No-one in the family appeared willing to take responsibility for Ronnie or sign consent to enable the IFSS team to provide the family with support.

In May 2019, the family was re-referred by Territory Families. Ronnie's mother was unable to manage his behaviours and she would often leave him with other family members to go out drinking. Ronnie's father was in and out of their lives, and Ronnie now lived between his father's side of the family in an Alice Springs town camp or with his mother who moved between a women's shelter and an Alice Springs Aboriginal hostel. Ronnie frequently missed school and was often suspended because of his aggressive behaviour. He had been referred to a child psychiatrist with the Department of Health's Child and Youth Mental Health Service in Alice Springs because of his behaviours towards his mother, peers and other adults, and had been diagnosed with childhood post-traumatic stress disorder (PTSD) and attention deficit hyperactivity disorder (ADHD). He was prescribed Ritalin to help manage his behaviours and his school would only allow him to attend if he was regularly taking his medication. Eventually, it was arranged that the school could administer his medication and, when he did attend, this helped stabilise him at school.

When the IFSS team managed to engage Ronnie and his mother on the program, their relationship was visibly turbulent. Ronnie appeared to be the "boss"

of his mother, and he was verbally and physically aggressive towards her. Ronnie's mother was still drinking and was unreliable and unpredictable. Ronnie often did not know who would be looking after him, still staying between his paternal family or with his mother at the Aboriginal hostel. His aggressive behaviour eventually resulted in his mother being asked to leave the hostel, which forced them into homelessness.

Gradually, the IFSS team built up regular contact with Ronnie's mother, who requested support to reduce her drinking and to learn strategies to manage Ronnie's behaviour and properly care for her son. She was referred to Congress's Social and Emotional Wellbeing Service team and, through brokerage assistance from IFSS, she obtained secure accommodation. Progressively, Ronnie's mother started to develop a trusting and respectful relationship with the IFSS workers and showed that she was very receptive to the team's advice on parenting strategies and emotional regulation education.

When IFSS started working with the family, Ronnie would become extremely angry towards his mother. She would respond by making inappropriate threats, including "I will ring the police", "Welfare can have you", or requesting that the workers call police for assistance to de-escalate him. On each occasion, the team were able to assist and avert police involvement.

During these incidents, workers would observe that Ronnie's emotional distress would become heightened in response to the threats. The team reflected with the mother about the impact that her reactions and threats had on Ronnie, working through strategies on how the mother could manage her own emotional responses and how these other ways of behaving would have a positive impact on Ronnie's behaviour. The team also provided her with information that could assist her to have realistic expectations around her son's behaviour.

Over 13 months, the team supported Ronnie and his mother in several ways, including:

- Liaising and case managing in collaboration with Territory Families, Ronnie's school, the Alice Springs' Aboriginal hostels, Tangentyere Council, Anglicare Northern Territory, Women's Safety Services of Central Australia, and Child and Adolescent Mental Health Services.
- Bringing Ronnie and his mother in for appointments with the psychiatrist at the Department of Health's Child and Youth Mental Health Service, and liaising with the doctor about Ronnie's medication, assisting the mother in getting prescriptions filled, and dropping medications off at school.
- Organising family outings and *being time*, to create positive family interactions and memories and create opportunities to reflect on what works well for Ronnie and his mother, and the family providing the team with their own observations (strength-based approach).
- Incorporating Parents Under Pressure activities, where Ronnie and his mother were invited to identify their own and each other's strengths.
- Discussing trauma and its impacts on her and Ronnie with Ronnie's mother.
- Organising an activity pack for Ronnie to use during COVID-19 pandemic lockdown and school holidays, as a strategy to keep Ronnie busy and encourage his mother to spend quality time playing with Ronnie using age-appropriate tools.
- Setting up Ronnie's mother's referral to a supported accommodation service and brokering the family's accommodation where payment was required upfront.
- Financially assisting and supporting financial management referrals, such as repaying Aboriginal hostel debts.
- Coordinating services at case closure to ensure the family still has access to necessary supports.

By the time that their case was closed, the team, Ronnie and his mother had managed to secure accommodation; Ronnie was enjoying school and attending fulltime; Ronnie and his mother's relationship was strong; his mother had developed a good understanding of her son's behaviour; the two were actively linked into other supports; his mother was no longer in a violent relationship or drinking; and her view of herself and her confidence in her ability to parent had significantly increased.



ENDNOTES

1. In this paper, the term 'Aboriginal' refers to all Aboriginal and Torres Strait Islander peoples.
2. Australian Government 2020, *Closing the Gap In Partnership: National Agreement on Closing the Gap* webpage.
3. Central Australian Aboriginal Congress 2019, *Strategic Plan 2019-2023*, Alice Springs, p. 1.
4. Ibid.
5. Lindeman, MA, Hampton, A, Le, C, Clarke, D, White, F, Tate, K-A, Schwer, L, Hickey, P, Lemson, S & Millerick, T 2021, *It's About Time: transformative practice in an Aboriginal intensive family support service*, Central Australian Aboriginal Congress, Alice Springs, p. 9.
6. Ibid.
7. Lindeman et al. 2021.
8. Lindeman et al. 2021, p. 9.
9. Lindeman et al. 2021, p. 25.
10. Lindeman et al. 2021, p. 29.
11. Lindeman et al. 2021, p. 28.
12. Lindeman et al. 2021, p. 29.
13. Lindeman et al. 2021, p. 28.
14. Social Compass March 2020, *Evaluation of the Intensive Family Support Service for the Department of Social Services*, VIC.
15. Lindeman et al. 2021, p. 10.
16. Structured Decision-Making tools have since been replaced in the Northern Territory child protection system with 'Signs of Safety' tools. The FSS program continues to use the FSNA, which it finds valuable and appropriate in its context.
17. Hunter, S-A, Burton, J, Blacklaws, G, Soltysik, A, Mastroianni, A, Young, J, Jones, M, Jayakody, N, Bhathal, A, Krakouer, J, Tan, WW, Parolini, A, Tilbury, C & Shlonsky, A 2020, *The Family Matters Report 2020: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*, SNAICC, p. 120. Social Compass March 2020.
18. Social Compass March 2020.
19. Lindeman et al. 2021, p. 7.
20. Lindeman et al. 2021, p. 12.
21. Guenther J, Arnott, A & Williams, E 31 August 2009, *Evaluation of the Northern Territory Differential Response Pilot Project – draft final report*. Charles Darwin University, Darwin;
Guenther J, Arnott, A & Williams, E 30 July 2012, *Final Evaluation Report: Evaluation of the Northern Territory Targeted Family Support Service*. Charles Darwin University, Darwin;
Social Compass March 2020;
University of South Australia's School of Population's Health economics and social policy group 2014, *Evaluation of an Intensive Support Service for Indigenous families in Central Australia*. Unpublished.
22. Lindeman et al., p. 6.

REFERENCES

Australian Government 2020, *Closing the Gap targets and outcomes*. Available at: www.closingthegap.gov.au/national-agreement

Central Australian Aboriginal Congress 2019, *Strategic Plan 2019-2023*. Available at: www.caac.org.au/uploads/pdfs/Congress-Strategic-Plan_20192023.pdf

Guenther J, Arnott, A & Williams, E 31 August 2009, *Evaluation of the Northern Territory Differential Response Pilot Project – draft final report*. Charles Darwin University: Darwin.

Guenther J, Arnott, A & Williams, E 30 July 2012, *Final Evaluation Report: Evaluation of the Northern Territory Targeted Family Support Service*. Charles Darwin University: Darwin.

Hunter, S-A, Burton, J, Blacklaws, G, Soltysik, A, Mastroianni, A, Young, J, Jones, M, Jayakody, N, Bhathal, A, Krakouer, J, Tan, W.W, Parolini, A, Tilbury, C & Shlonsky, A 2020, *The Family Matters Report 2020: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*, SNAICC. Available at: www.familymatters.org.au/the-family-matters-report-2020

Lindeman, MA, Hampton, A, Le, C, Clarke, D, White, F, Tate, K-A, Schwer, L, Hickey, P, Lemson, S & Millerick, T 2021, *It's About Time: transformative practice in an Aboriginal intensive family support service*, Central Australian Aboriginal Congress, Alice Springs. Available at: <https://www.caac.org.au/who-we-are/corporate-publications>

Social Compass March 2020, *Evaluation of the Intensive Family Support Service for the Department of Social Services, VIC*. Available at: www.dss.gov.au/sites/default/files/documents/11_2020/attachment-c-ifss-final-evaluation-report.pdf

