Bicultural Practice
In The Northern Territory
Children And Families Sector

practitioners’ reflections of working two-ways

The Centre for Child Development and Education

Prepared by Kate McGuinness and Bernard Leckning | March 2013

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CCDE: http://ccde.menzies.edu.au
SAF,T: http://www.saft.org.au

Telephone: (08) 8922 8196
Email: info@menzies.edu.au

Address:
Menzies School of Health Research (Hq)
John Matthews Building (JMB)
Building 58, Royal Darwin Hospital Campus
Northern Territory, Australia 0810

Postal Address:
Menzies School of Health Research
PO Box 41096 CASUARINA NT 0811

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Specifically, we would like to warmly thank Anglicare NT, Anyinginyi Health Aboriginal Corporation, Australian Red Cross NT, Central Australian Aboriginal Congress, Council for Aboriginal Alcohol Program Services Inc (CAAPS), Mental Health Association of Central Australia (MHACA), Miwatj Health Aboriginal Corporation, NPY Women’s Council and Tangentyere Council.

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Central Australian Aboriginal Congress – Targeted Family Support Service
Mental Health Association of Central Australia – Suicide Story
Miwatj Health Aboriginal Corporation – Raypirri Rom Project
Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Women’s Council – Child Nutrition and Wellbeing Program
Tangentyere Council – Ketye Nwerneke Atlye Nwerneke Ltekgnerle Ntenetyke (Ketyeye)

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1. Glossary of terms

Aboriginal – the term ‘Aboriginal’ refers to people of Aboriginal and Torres Strait Islander descent, except where directly reproducing quotations for information from other sources.

Two-way – the term ‘two-way’ refers to a service delivery model that relies on the gathering of bicultural capital within organisational teams (knowledge and learning that is shared between two cultures, where individuals are able to gain competence within two cultures without losing their cultural identity or having to choose one culture over the other; for example, Aboriginal and non-Aboriginal). ‘Co-working’ models are a type of ‘two-way’ practice approach.

Participant classifications

Organisations and individual practitioners who contributed to the research for this report have been classified in discrete groups, as outlined below.

Practitioners – practitioners who have been quoted throughout the study have been classified in the following ways:

- Aboriginal practitioner or Non-Aboriginal practitioner – this distinction highlights the varying cultural perspectives put forward by people of both groups.
- CEO, Manager and Human Resource Manager – these labels refer to a practitioner’s professional role in order to highlight the differing perspectives being provided by participants at various organisational levels.

Organisations – organisations are classified as ‘Aboriginal or ‘mainstream’ to ensure the differing experiences of both organisational cultures are captured in the report.

NT children and families service system – it is acknowledged that this service system encompasses a broad range of government, non-government, Aboriginal-controlled, national, international and faith-based organisations delivering early intervention, targeted and tertiary or statutory programs. This study focuses on practice specifically in non-government organisations (NGOs) delivering services to children and families at risk of substance misuse, family violence and mental health issues, broadly labelled ‘NT children and families non-government sector’.
Parental substance misuse, mental health problems and domestic violence are described as “key risk factors” for child abuse and neglect that often co-occur as part of a complex set of social and family issues (Bromfield and Lamont, 2010). In culturally diverse contexts such as the Northern Territory (NT), where Aboriginal and non-Aboriginal practitioners are working together to support families experiencing these issues, there is an increasing recognition of the need to work in ways that harness bicultural capital. Developing effective working partnerships involves moving away from the assumptions of the linear model of cultural acquisition to a clearer understanding of the process of developing cultural competence as a ‘two-way street’ (LaFromboise, 1993).

Acknowledging that this is a contested area, this qualitative research project aimed to better understand how cultural models of service delivery are conceptualised. It then sought to identify key elements to inform the development of a two-way, bicultural practice framework for the children and families sector in the NT. It is not an evaluation. It is anticipated that learnings from this project will lead to a sharper policy and practice focus on cultural safety not only within the NT, but also the broader Australian Indigenous context.

Conducted as a collaborative project between Menzies School of Health Research and SAF,T (meaning Strong Aboriginal Families, Together), this exploratory study has three distinct components: 1) selective literature review, 2) interviews and focus groups and 3) thematic analysis.

Profiling nine organisations (six Aboriginal and three mainstream organisations) delivering services in remote, regional and urban settings across both the Top End and Central Australia, the research team explored practitioners’ perceptions of successful bicultural practice. In total, 74 participants, including chief executive officers, human resource managers, operational managers and frontline practitioners were interviewed. Approximately half (48%) of these participants were Aboriginal. A thematic analysis of these interviews and focus groups was then undertaken.

Overall, participants reflected the term ‘two-way’ best described their practice, perceived to be a continuous process of on-the-job learning and reflection at every level of an organisation. Co-working arrangements, where Aboriginal and non-Aboriginal practitioners share a caseload, offer a practice model that respectfully engages clients and provides peer support for practitioners. Developing a clear, documented two-way practice model was considered a critical first step in order to clarify what key practitioner competencies match a specific approach, and recruit to build a team of practitioners with complementary skills, experience and cultural expertise.

Cultural safety also emerged as the predominant lens through which participants viewed their practice with co-workers and clients. Cultural safety was not only discussed in terms of Aboriginal practitioners feeling safe in their workplace to express their views without being judged, but also in terms of the need for supportive cultural guidance to non-Aboriginal practitioners in their interactions with clients and community. Participants expressed strong views that the nature of the work can expose practitioners to safety risks that may be amplified by their lack of cultural understanding. Intensive cultural orientation for interstate recruits was therefore identified as a crucial two-way practice element.
At a governance level, organisations described the fundamental importance of underpinning values in shaping bicultural service delivery. Congruency between the underpinning values and ethos of an organisation and that of the practitioners, as individuals, was a recurring theme. The role of the operational manager was identified as pivotal to the success of a two-way practice model by providing structures to establish and reinforce cohesive, culturally safe team work. An effective operational manager was perceived to have the necessary skills to negotiate mainstream systems, and in doing so, act as a ‘bridge’ between program and community interests.

Building in time for reflective practice to improve the quality of interactions with each other and the clients with which they work, was also perceived to be a key element to support two-way practice. These reflections occur informally between practitioners, or more formally through regular, planned supervision sessions and quality assurance frameworks. Organisations were also aware of the need to support Aboriginal practitioners who may share the historical trauma that manifests in their clients’ lives and vicarious trauma that all practitioners may experience as a result of this challenging work.

At a systems level, participants identified ways that funding and reporting structures could be adapted to better support two-way practice. Participants highlighted challenges in existing funding arrangements that compartmentalised people’s lives and expressed a desire for new funding models that reflected an understanding of people as individuals within a family structure.

Synthesising evidence from the literature (see Appendix A and References) and interviews/focus groups, key elements for a bicultural practice framework have emerged using a two-way approach. No single organisation profiled in this study has incorporated all the proposed key elements of a two-way practice into their program models. The proposed framework could therefore be considered as a guide for all NT organisations delivering services to children and families at risk. Robust resourcing would allow for the additional mechanisms to facilitate two-way practice models and assist transition Aboriginal practitioners into leadership roles. However, it also important to note that a ‘one size fit all’ approach is inappropriate for the NT context and this framework should be used flexibly to take into account differences in remote and urban delivery settings.
### Two-way practice framework.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Strategies</th>
<th>Potential Outcome</th>
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</table>
| **Governance and Leadership** | • Meaningful membership and representation of Aboriginal people on organisational Board and/or Aboriginal Reference Group.  
  • Clear Constitution, Mission and Vision statements that reflect Aboriginal community values including cultural safety policies.  
  • Quality Assurance frameworks that regularly review targets and outcomes embedded in organisational structures. | • Strong links and accountability to local communities.  
  • Cohesive, culturally safe organisation.  
  • Improved quality of service for all clients. |
| **Recruitment and Training**  | • Documented practice model that key practitioner competencies can be linked to.  
  • Word of mouth recruitment effective alongside formal selection process.  
  • Job skills support for applicants during recruitment and selection phase.  
  • Cultural considerations when recruiting practitioners i.e recommendation of elders: Aboriginal representative on selection panel. | • Clear understanding of roles and responsibilities.  
  • Practitioner values congruent with two-way practice.  
  • Strengthening local workforce capacity. |
| **Operational Management**    | • Key role in negotiating mainstream systems and act as ‘buffer’ between practitioner and internal/external bureaucracy  
  • Relevant professional discipline and demonstrable key personal attributes i.e to model rather than teach.  
  • Support transition of Aboriginal practitioners into management roles. | • Practitioners can focus on direct work with children and families.  
  • Cohesive bicultural team.  
  • Promoting Aboriginal leadership. |
| **Co-working models**         | • Aboriginal and non-Aboriginal practitioners work in pairs to manage a shared case load, exchange knowledge and provide peer support.  
  • Bring together complementary skills and knowledge that are equally valued.  
  • Develop shared understandings of concepts relating to their practice. | • Culturally respected engagement of families i.e use of language.  
  • Consistency of service delivery for children and families. |
| **Cultural Safety**           | • Cultural consideration of gender, age, avoidance relationships, language.  
  • Establishment of cultural advisory group that is both proactive and reactive at a program level. | • Knowledge of local Aboriginal customs and cultural diversity.  
  • Supportive working relationships. |
| **Reflective Practice**       | • Time and resourcing for regular, planned professional supervision individually and as a team to continuously reflect and improve practice.  
  • ‘Cultural’ supervision as part of professional supervision.  
  • Practitioners given choice to access external or clinical supervision.  
  • Awareness and access to therapeutic support for practitioner’s own healing. | • Prevent practitioner burnout.  
  • Increase staff retention.  
  • Continuous quality improvement in service delivery to children and families. |
| **Service System Level**      | • Adapt reporting templates recognising diversity in language and lower levels of literacy and numeracy.  
  • Streamline funding arrangements to reduce administrative burden of multiple funding ‘pots’ and compartmentalisation of services approaches.  
  • Reporting requirements to accurately reflect practice and provide opportunities for Aboriginal practitioners to incorporate their culture into feedback and evaluation mechanisms. | |

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**Inter-organisational Level**

**Intra-organisational Level**

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**Two-way practice framework.**

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**SFAT | Through little one’s eyes**

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3. Introduction

Parental substance misuse, mental health problems and domestic violence are described as “key risk factors” for child abuse and neglect that often occur together as part of a complex set of social and family issues (Bromfield and Lamont, 2010). In the Northern Territory (NT) Aboriginal and non-Aboriginal practitioners are working together to support families experiencing these multi-faceted issues. An important step in developing effective working partnerships involves moving away from the assumptions of the linear model of cultural acquisition to a clearer understanding of the process of developing cultural competence as a two way exchange; to better understand, appreciate, and become skilled in one another’s cultures (LaFromboise, 1993). However, little is known about the specific organisational structures and practices which successfully support this approach.

Conducted as a collaborative partnership between a research institute (Menzies School of Health Research) and the NT Aboriginal peak body for children and families (SAF'T), this exploratory study has three distinct components: 1) selective literature review, 2) interviews and focus groups and 3) thematic analysis.

Profiling nine organisations (six Aboriginal and three mainstream organisations) delivering services in remote, regional and urban settings across both the Top End and Central Australia, the research team explored practitioners’ perceptions of successful bicultural practice. In total, 74 participants, including chief executive officers, human resource managers, operational managers and frontline practitioners were interviewed. Approximately half (48%) of these participants were Aboriginal. A thematic analysis of these interviews/focus groups was then undertaken. This analysis informed the development of a framework, identifying key elements of two-way practice that can be used as a guide for organisations working in this sector.

It is anticipated that learnings from this project will lead to a sharper policy and practice focus on cultural safety not only within the NT, but also the broader Australian Indigenous context. As an exploratory study, it is also anticipated that research findings form the basis for a more in depth study examining cultural models of service delivery in NT children and families sector.
4. Background

Northern Territory Context

Demographic Data

Population statistics highlight some of the unique characteristics of the Northern Territory (NT). Over one quarter (28.6%) of the 211,295 people living in the NT identified as Aboriginal or Torres Strait Islander, compared to 2.5% of the Australian population as a whole (Census, 2011), which is higher than the national average of 19.3% (Census, 2011). For example, 23.2% of the NT population are aged 14 or under compared to 19.3% of the Australian population. However 38% of the NT Aboriginal and Torres Strait Islander population are under 14 years of age, which is significantly higher than for the general population.

During 2010–2011, 83% of NT children aged 0–17 who were the subjects of substantiations of child abuse and neglect were Aboriginal (AIHW 2012). The most common substantiation type for Aboriginal children was neglect (54%). From 1999–2010, the overall annual rates of notification for maltreatment of Aboriginal children showed an increase of 21%, with the greatest increases in notifications for neglect and emotional abuse. There were parallel increases in rates of substantiated cases of maltreatment (Guthridge et al, 2012).

Service System

In both Australia and overseas, there has been a strong focus on integrating universal and early intervention children’s services to address social disadvantage within families, but “far less attention has been given to how traditionally adult-focused services” in such areas as mental health, substance misuse and domestic violence might become more responsive to the children of their adult clients (Scott, 2012).

In the NT, Aboriginal and non-Aboriginal practitioners work together in a range of Aboriginal–controlled organisations, international and local NGOs and government agencies to deliver services to individuals and families experiencing complex issues. Historically, many of the services and programs for individuals and families at risk have been delivered by Aboriginal community–controlled organisations such as Aboriginal Medical Services. These services were initially set up to reflect the growing demand for self-determination in Aboriginal communities. This continues to be expressed as the basis of most, if not all, Aboriginal community–controlled organisations.

The recent establishment of specialised ‘social emotional and wellbeing units’ within these Aboriginal Medical Services has highlighted the increased focus on the social determinants of health, and a greater recognition of the impact of these factors on the overall health of individuals, families, their children and the wider community.

There is a need for a concerted and sustained strategy to develop the Aboriginal workforce. The NT children and families service system has a large number of non-Aboriginal practitioners and there is a correspondingly high staff turnover rate (Northern Territory Government, 2010). With this in mind, a two-way practice framework was viewed as a useful guide for those practitioners and managers who are new to this context.

The first Aboriginal Medical Service was established in Redfern, NSW, in 1971. It was closely followed by the Territory’s Central Australian Aboriginal Congress, which was established in Alice Springs in 1973 following a town meeting that discussed ways of safeguarding and supporting the interests of Aboriginal people.
Cultural models of service delivery

Existing research in the broader human services sector indicates that an appropriate consideration of culture can improve program quality and effectiveness. The vast majority of the evidence base is drawn from the reflections of practitioners in various fields. This type of evidence is important to workforce development, policy makers and those managing and designing programs and services. Despite many claims of the therapeutic value of culture in the human services sector, very few studies examine the relationship between a consideration of culture and specific outcomes.

Arguably, the extent to which culture can be quantified for such an evaluation is complex and the extent to which these measures meaningfully capture the effects of culture is debatable. However, a consideration of culture has provided a way to critique a narrow focus on outcomes at the expense of other important contextual factors that influence the quality and effectiveness of delivering services to Aboriginal clients (Bamblett and Lewis, 2007; Bessarab and Crawford, 2010; Blackstock, 2009; Weaver, 2004). Over the past few decades, a number of frameworks for practice have been developed that focus on these types of cultural considerations in service delivery contexts. They are briefly reviewed below.

Cultural Competence Continuum (Cross et al, 1989)

Cultural Destructiveness: Refers to attitudes, policies and practices that intentionally seek to destroy cultures, dehumanise individuals of different cultural backgrounds or are involved in the marginalisation or exclusion of people from different cultural backgrounds.

Cultural Incapacity: When systems of care are unintentionally destructive because they remain biased towards dominant cultural norms and, therefore, lack the capacity to assist clients from minority groups.

Cultural Blindness: Refers to the purported indifference towards cultural specificities that, in reality, disguises ethnocentric services, prejudicial treatment of clients from minority groups and/or forms of assimilation.

Cultural Pre-Competence: Implies the recognition of specific needs based on cultural differences and attempts at reaching out to minority groups.

Cultural Competence: Characterised by the “acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models in order to better meet the needs of minority populations” (Cross et al, 1989).

Cultural Proficiency: This ideal stage of development for systems of care, agencies and professionals meets the criteria identified by cultural competence and also includes holding culture in high esteem. Cultural proficiency involves high levels of congruence between service delivery and the cultural norms of client groups and activities that seek to promote the culture of client groups.

Cultural competence

One of the earliest attempts at drawing out these cultural considerations for children and families was developed by Terry Cross and colleagues (Cross et al, 1989). They proposed a concept of cultural competence to provide a theoretical basis for improving systems of care in order to better meet the needs of minority groups, specifically African Americans, Asian Americans, Hispanic Americans and Native Americans. This early model of cultural competence proposed was a way to identify and overcome prejudice and ethnocentricity and to properly recognise the value of culture to vulnerable groups.

Since Cross and his colleagues developed this model of cultural competence, the term has not only been widely adopted in Australia but it has also been the subject of further research and much debate. The general idea that cultural competence engenders something more than awareness of, or sensitivity to, cultural differences is widely accepted in Australia (Victorian Aboriginal Child Care Agency, 2008, Ethnic Communities Council of Victoria, 2006, SNAICC, 2012, Bamblett and Lewis, 2007, Hutchins et al., 2009, Durey et al., 2008, Downing et al., 2011). The adoption of this idea of cultural competence is best exemplified by the Cultural Competence Framework by the Victorian Aboriginal Child Care Agency (VACCA, 2008).
‘Both ways’

In the Northern Territory there have also been Indigenous-driven attempts to adapt to the presence of cultural diversity in a variety of situations. The most prominent of these is the idea of ‘both ways’ conceived in Arnhem Land during the 1970s to recognise and integrate the value of culturally different approaches to education in Aboriginal schools (Schwab, 1996). An important feature of ‘both ways’ is that it recognises the equal value of Indigenous and non-Indigenous approaches and advocates a collaborative approach to integrating them (Harris, 1993). Similar approaches have been developed by the Walpiri in Central Australia (Priest et al, 2008; Preuss and Dixon, 2012). However, these bicultural approaches also contain an implicit criticism of a purely functional idea of cultural competence that, in practice, might only amount to improving the cultural awareness or sensitivity of non-Aboriginal practitioners at the expense of Aboriginal involvement and control. They are aimed at changing systems, rather than solely at individuals.

Cultural responsiveness

Cultural responsiveness is a concept that has been offered up as an extension of cultural competence in its attempts to more fully and more actively integrate culture – it is cultural competence enacted (Perso, 2012). A similar motivation lies behind the idea of cultural safety (see Walker et al, 2009). In these and other recent developments, culture is considered not simply as a contextual factor for service delivery but to have its own significance as part of the processes and outcomes for services of all kinds (Walker et al, 2009; Perso, 2012).

Cultural safety

The more recent trend is to extending considerations of culture in service delivery towards approaches based on models of cultural safety (Brascoupe and Waters, 2009). Initially designed to capture the sense in which the expression of different cultural identities is supported in workplaces (Ramsden and Spoonley, 1993; Higgins, 2010; Hutchins et al, 2009; Zon et al, 2004), cultural safety has since been expanded to incorporate this same value for clients of services (Walker et al, 2009: 13). Importantly, this model helps to inform the better integration of Indigenous knowledge and practices into the design of programs and services (Blackstock, 2009), such as the increasing use of traditional Indigenous healing in health care (Brascoupe and Waters, 2009).

Continuum of Cross-Cultural Client Safety (Walker et al, 2009)

Discrimination, prejudice and indifference: Ways in which the consideration of culture leads to the differential provision of services that negatively impacts minority groups.

Cultural Awareness: Recognition of the presence of cultural diversity and an awareness of how it relates to inequity in service and treatment.

Cultural Sensitivity: Using cultural awareness to understand the specific cultures of client groups.

Cultural Responsiveness: Taking cultural sensitivities into account when dealing with clients.

Cultural Appropriateness: Responses to clients that are deemed acceptable from their unique cultural perspective.

Cultural Competence: Culturally appropriate service delivery that that is also seen to be effective.

Cultural Congruence/Integration: The incorporation of cultural knowledge and practices in service delivery to the extent that ensures equitable and effective care.
Another important contribution is the extent to which cultural safety is understood as a set of relationships as well as both a goal and process. Thus, following the diagram above, cultural safety is measured by the extent to which practitioners and clients see each other less as ‘them’ and more as an ‘us’. In this model culture is not simply a context for providing effective services. Cultural safety ultimately means the “minority group must not only receive care that is culturally competent, but also define it within a model of care that enriches and empowers their culture” (Walker et al, 2009).

Related to cultural safety, an emergent theme in the literature is the trauma practitioners may have be exposed to as a consequence of their own experiences or indirectly through their work with clients. Vicarious trauma is a concept used to describe the emotional and cognitive impact of ongoing exposure to graphic accounts of human cruelty, trauma, and suffering. This term was first coined by McCann and Pearlman (1990) in the context of psychotherapists working with trauma survivors within a therapeutic relationship that is facilitated through ‘empathic openness’.

‘Two-way’

As there are no clear definitions of two-way models of service delivery in the literature, this study has sought to clarify how it is conceptualised in the NT children and families sector. In this context it refers to a service delivery model that relies on the gathering of bicultural capital within organisational teams where practitioners with two complementary sets of knowledge and skills work alongside each other or within a team. Aboriginal practitioners bring the intimate and personal knowledge of Aboriginal cultures and Aboriginal family life in urban and remote settings while non-Aboriginal workers contribute their understandings of systems and processes. In these interactions, there is no sense that one set of knowledge is superior to another.
5. Study design and methods

Study design

Using a qualitative, multiple case study design (Yin 1994, Yin 1997), the research team undertook an exploratory analysis of two-way practice in organisations providing frontline services to Aboriginal children and families in the NT. This methodology was selected to gain an in depth understanding and extensive description of how Aboriginal and non-Aboriginal practitioners in these complex contexts are working together. The exploratory nature of the design was aimed at generating hypotheses for later investigation and testing in a second phase of research (Morra and Friedlander, 1993).

Methodology

The study aimed to integrate a review of the available evidence on two-way practice and related ideas into an analysis of the key themes and issues generated from the data. This data was collected through interviews and focus groups conducted with key personnel from organisations engaging in two-way practice in the NT. Other documentary material was collected from participating organisations to help describe examples of promising practice.

Ethics approval for this project was obtained for this methodology from the Human Research Ethics Committee of the Northern Territory Department of Health and the Menzies School of Health Research prior to conducting any research.

Overview of Methodology

 Interviews and Focus Groups

 Analysis

 Selective Literature Review

 Themes and Issues

 Matrix for Promising Two-Way Practice

 Cases of Promising Practice

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Selective literature review

Keyword searches were conducted in electronic research databases and Google Scholar to identify the literature documenting existing research, practices and policies relating to two-way practice. The search yielded a number of results across a wide diversity of disciplines and was limited to peer-reviewed material and reputable sources of grey literature. An initial review of the literature was used to produce matrix identifying aspirational elements of two-way practice (see Appendix A). This initial review was further synthesised to produce a theoretical overview of two-way practice and the associated concepts that inform this study (see Background). The data collected through interviews and focus groups was subsequently analysed against the theoretical frameworks and evidence presented in the literature in order to produce a set of themes used to establish the key elements of promising two-way practice.

Interviews and focus groups

Purposive sampling was employed to identify participants for the study (Hall, 2006). A list of all NT organisations providing services specifically in the areas of domestic/family violence, child sexual abuse, substance misuse and mental health was compiled. This information was sourced from SAFNT, NT Council of Social Service, Aboriginal Medical Services Alliance NT, Australian Department of Families and Housing, Community Services and Indigenous Affairs, and the NT Department of Children and Families (now Office of Children and Families) in August 2012. A list of inclusion criteria was developed to narrow down potential organisations. In order to participate, an organisation needed to meet all of the following criteria:

- to have been operational for at least two years;
- to have delivered services specifically to address drug and alcohol, mental health and family violence issues;
- to have teams comprised of both Aboriginal and non-Aboriginal workers.

Eleven organisations were approached and nine participated in the study. Reflecting their active role in the sharp end of service delivery to children and families, six Aboriginal organisations servicing North-East Arnhem Land, Tennant Creek and the Barkly region, Central Australia, the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) lands (which include Western Australia and South Australia) and urban Darwin and Alice Springs were profiled in this study. These organisations have a mix of Aboriginal and non-Aboriginal CEOs, managers and practitioners working together to improve the life outcomes of people within their communities. The study also includes three mainstream NGOs with promising bicultural models of practice at a program level—Anglicare NT, Mental Health Association of Central Australia and Australian Red Cross NT. Case summaries of these organisations are at Appendix B. Different models of bicultural practice were identified across participating organisations including:

1. Co-working models where Aboriginal and non-Aboriginal practitioners with complementary knowledge and skill sets work in pairs to manage a caseload of clients or deliver training. In general, non-Aboriginal practitioners will have tertiary qualifications and Aboriginal practitioners will have cultural knowledge and expertise. Their knowledge and skill sets are valued equally. (Four organisations)

2. Bicultural team models made up of a mix Aboriginal and non-Aboriginal practitioners who do not necessarily share a caseload but have opportunities to reflect on their practice as a group. In these models, Aboriginal practitioners generally have the cultural expertise including language to effectively engage clients while non-Aboriginal practitioners have specialist therapeutic skills. (Three organisations)

3. Local Aboriginal teams coordinated by non-Aboriginal Manager where there is a focus on strengthening the capacity of Aboriginal practitioners to assume leadership roles. (Two organisations)
CEOs, managers and practitioners from each organisation were invited to participate so the research team could explore a range of perspectives and experiences with two-way practice. Table A and B summarise participation in the study:

<table>
<thead>
<tr>
<th>Participant Profile</th>
<th>Focus Group Participants</th>
<th>Interviewed as a pair</th>
<th>Interviews Individually</th>
<th>All</th>
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**Participant profile Table A**

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**Participant profile Table B**

All interviews and focus groups were semi-structured, and were based on the interview schedule at Appendix C to draw out their observations and insights of what participants believe constitutes good two-way practice. Face-to-face, focus group, and telephone phone interviews were digitally recorded and these recordings were later transcribed verbatim, de-identified and uploaded to an NVivo database for coding and thematic analysis.

**Thematic Analysis**

Thematic analysis of the interview and focus group data was undertaken to establish and examine the patterns of meaning and significance (Krippendorff, 2003, Saldana, 2009) of two-way practice. Before conducting the analysis, the research team established a set of preliminary themes using their field notes written during the interviews and focus groups. The coding of transcripts was cross-checked for consistency and the themes and sub-themes were revised accordingly. This analysis is presented in the following section and was used along with material from the literature review to produce a matrix for promising two-way practice and a set of cases exemplifying key elements.
## 6. Findings of Thematic Analysis

### Two-way Practice Framework

<table>
<thead>
<tr>
<th>Themes</th>
<th>Strategies</th>
<th>Potential Outcome</th>
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| **Governance and Leadership**       | - Meaningful membership and representation of Aboriginal people on organisational Board and/or Aboriginal Reference Group.  
- Clear Constitution, Mission and Vision statements that reflect Aboriginal community values including cultural safety policies.  
- Quality Assurance frameworks that regularly review targets and outcomes embedded in organisational structures. | - Strong links and accountability to local communities.  
- Cohesive, culturally safe organisation.  
- Improved quality of service for all clients. |
| **Recruitment and Training**        | - Documented practice model that key practitioner competencies can be linked to.  
- Word of mouth recruitment effective alongside formal selection process.  
- Job skills support for applicants during recruitment and selection phase.  
- Cultural considerations when recruiting practitioners i.e recommendation of elders: Aboriginal representative on selection panel. | - Clear understanding of roles and responsibilities.  
- Practitioner values congruent with two-way practice.  
- Strengthening local workforce capacity. |
| **Operational Management**          | - Key role in negotiating mainstream systems and act as "buffer" between practitioner and internal/external bureaucracy.  
- Relevant professional discipline and demonstrable key personal attributes i.e to model rather than teach.  
- Support transition of Aboriginal practitioners into management roles. | - Practitioners can focus on direct work with children and families.  
- Cohesive bicultural team.  
- Promoting Aboriginal leadership. |
| **Co-working models**               | - Aboriginal and non-Aboriginal practitioners work in pairs to manage a shared case load, exchange knowledge and provide peer support.  
- Bring together complementary skills and knowledge that are equally valued.  
- Develop shared understandings of concepts relating to their practice. | - Culturally respected engagement of families i.e use of language.  
- Consistency of service delivery for children and families. |
| **Cultural Safety**                 | - Cultural consideration of gender, age, avoidance relationships, language.  
- Establishment of cultural advisory group that is both proactive and reactive at a program level. | - Knowledge of local Aboriginal customs and cultural diversity.  
- Supportive working relationships. |
| **Reflective Practice**             | - Time and resourcing for regular, planned professional supervision individually and as a team to continuously reflect and improve practice.  
- 'Cultural' supervision as part of professional supervision.  
- Practitioners given choice to access external or clinical supervision.  
- Awareness and access to therapeutic support for practitioner's own healing. | - Prevent practitioner burnout.  
- Increase staff retention.  
- Continuous quality improvement in service delivery to children and families. |

- Adapt reporting templates recognising diversity in language and lower levels of literacy and numeracy.  
- Streamline funding arrangements to reduce administrative burden of multiple funding ‘pots’ and compartmentalisation of services approaches.  
- Reporting requirements to accurately reflect practice and provide opportunities for Aboriginal practitioners to incorporate their culture into feedback and evaluation mechanisms.
To clarify how practitioners conceptualise their models of practice in the NT service delivery setting, interview and focus group participants were asked a series of questions relating to concepts identified on the Cultural Competency Continuum, described in the Background section.

Participants reflected that the term ‘two-way’ best described their practice which was perceived to be a continuous process of on-the-job learning and reflection at every level of an organisation. Participants indicated that effective two-way practice was contingent on the development of a shared understanding between practitioners within organisations of concepts such as, ‘mental health’ and ‘wellbeing’ (Kirmayer, 2012). Furthermore, the study found that Aboriginal practitioners often had to balance employment obligations with cultural, familial and personal obligations. Co-working models, where Aboriginal and non-Aboriginal practitioners share a caseload offer a promising practice model in respectfully engaging clients, and providing peer support for practitioners across the NT.

It was also evident that there were a number of different practice models in place across the NT children and families non-government sector, where Aboriginal and non-Aboriginal practitioners worked together, sharing their respective knowledge and skills (see Study design).

“I think that’s where that two-way learning does come in, because if you expect people to listen to you and to value what you’ve got to say, you’ve also got to be open to listening too.”

(Non-Aboriginal practitioner, Aboriginal organisation)
Definitions of bicultural practice

For an Aboriginal practitioner, bicultural practice “is about being an individual and living the two worlds and knowing when to start it and when to stop it”. This feedback indicates a high degree of adaptability and implies that Aboriginal practitioners have a perceived responsibility to live competently in two worlds, with the expectation that they possess all the ‘expert’ knowledge and skills to understand and operate effectively in both. Also implicit was an added pressure placed upon Aboriginal people that culture can be ‘turned on’ and ‘turned off’ depending upon the situation.

Nuanced distinctions also emerged between how participants conceptualised ‘two-way’ and ‘both ways’, the latter a commonly used term by Yolngu people in North East Arnhem Land. One perception shared among participants was that both ways was a parallel process; that Aboriginal and non-Aboriginal people work alongside and learn from each other, but that the two cultures remain distinct. In the education sphere (Harris, 1994), this meant two strands of education – Yolngu and mainstream – working separately on building different types of knowledge. ‘Both ways’ is a term used frequently in a broad range of disciplines to describe complementary knowledge being applied with equal respect.

Asked to define ‘cultural competence’, some non-Aboriginal practitioners thought that this conveyed a level of arrogance by suggesting that culture is something they have to master. One participant commented that the term “has a very colonial sort of positioning, like ‘I now understand – I’m now competent in your culture’”.

Overall, participants agreed that two-way best described their approach to working with children and families in the NT, commenting that the concept encompasses the idea that “we are co-constructing together” and “embracing both the white and Aboriginal culture and trying to find a balance”. There was also a strong sense from participants that two-way practice allowed them to place family culture at the centre of their work; that “broadly there are different ways of doing things but we’re interested in each family and how each family makes sense of their world”.

While it was evident within the focus groups that there is a solid commitment in this sector to the two-way concept, there was also an awareness of its limitations. This involved a deeper questioning of broader systems (e.g. political, health) within which organisations are operating are constructed, with one practitioner identifying a “sort of tension between the Western model and the cultural model”.

Participants also provided evidence that this structural tension could manifest on an individual level. One Aboriginal practitioner reflected that working across cultures was difficult “because I feel all the time, you know, as an Aboriginal, you’re being judged”, while a non-Aboriginal participant acknowledged: “Yeah, white fellas don’t have to consider their identity.”

While in-depth exploration of differences in how such concepts as ‘mental health’ are constructed in the NT context is beyond the scope of this study, it would be a valuable for further research to be undertaken in this area. Feedback indicated that some of this conceptualisation was being undertaken at an organisational level through workshops about Aboriginal concepts of mental health and wellbeing.
Two-way – a continuous process

“It’s got to be a two-way street.” (Aboriginal practitioner, Aboriginal organisation)

A central theme that emerged from this study was the depth to which participants reflected upon their own role, practice and interactions with both colleagues and clients and their openness to learning about another culture, exchanging knowledge and challenging their own world views. This was not simply perceived as a process of raising awareness about another’s culture, but as a continuous process of on-the-job learning and reflective practice, facilitated through respectful team work that began at their very first point of contact with their current organisation. Participants valued roles in which expectations about working together were clearly explained, as this signified that they were being invited to be part of that bigger picture.

In several interviews, participants described two-way practice as a “two-way street”. There was general consensus that for two-way practice to be meaningful, it has to be embedded in organisational culture at every level and at all stages of program development and implementation. There was an underlying perception that creating a sense of ownership through working together would have a positive impact on service delivery.

“You don’t bring in Aboriginal people to work with Aboriginal people as an afterthought. It’s done from the very beginning.” (Aboriginal practitioner, Aboriginal organisation).

“How would we affect cultural and two-way learning? I would say the number one way I would do it is through recruitment, okay. The number two way is we want to design it in our program and, number three way, we want to try and – everyone walk and talk the same beliefs.” (CEO, Aboriginal organisation)

Participants also expressed strong views that without shared knowledge and understanding of the interwoven nature of culture, kinship relationships and Aboriginal world views there would be limited outcomes for Aboriginal children and families. Two-way practice, through co-working or team work, was therefore perceived by participants as a fundamental approach in the NT context.

“So, if you’re looking at child neglect or maltreatment or abuse or parenting, how do I – with my [interstate] non-Indigenous eyes interpret what I am seeing? It’s a bit like if you don’t understand normal child development, it’s very hard to identify when things are not going well or off the rails. So I felt like I needed to be able to have a different lens to understand what I was seeing.” (Non-Aboriginal manager, Aboriginal organisation)

In discussing the example of establishing a new child and family program, a non-Aboriginal manager noted that it would not have been possible without enormous input from Aboriginal staff as the initial challenge was to “read the context”. This demonstrates a high level of insight and the flexibility to put aside assumptions, based on practitioners’ own experiences in another setting, and build a culturally respectful service that has two-way practice at its core.
Congruency of practitioner values within the two-way approach

Participants in the study highlighted that the need for effective two-way practice is contingent upon the values of the individual practitioners matching those underpinning the practice. Respect, honesty, flexibility and the importance of team work emerged as keystone principles of the two-way concept. Feedback suggested that these values are developed through experience and practitioners’ openness to have their own views challenged without being defensive.

“But the way that we work as a team is very much about listening to everybody’s voice in the team and making sure everyone can have a say. Now, sometimes people clearly disagree with each other but... I consider that to be a very healthy team environment. So people can have those sorts of conversations without feeling that it’s personalised or feeling too defensive.” (Non-Aboriginal manager, Aboriginal organisation)

**Flexibility**

Demonstrating flexibility was considered an important factor in supporting two-way practice. This applies both to how practitioners manage interactions among themselves and to how services are delivered to clients and families.

“Yeah, that’s it. So if they can see that you’re taking on board some of the things that they have to say and changing your practice around some of the logical things that they’ve got to say from their expertise, then they’re more likely to actually open their doors and listen to you as well. So sometimes you have to take the first step.” (Non-Aboriginal practitioner, Aboriginal organisation)

“Even us, we have our little clashes about how we should do things this way and how it reflects on rules, policy, regulations. Sometimes I think we adapt and bend it a little just to make it sit in so it suits them both ways,” (Focus Group participant, Aboriginal organisation)

**Team work**

Throughout the interviews and focus groups it was evident that effective two-way practice relies on solid teamwork. There was a remarkable consistency in the ways people expressed the need for teams to collaborate and share information. This might be practical information about preparing for a particular client meeting and could be as simple as, in one case cited in the interviews, the Aboriginal worker advising the non-Aboriginal worker to leave her pen and notebook behind in the car. Aboriginal workers in particular appeared to have a strong sense of responsibility for contributing to the team by sharing critical information. Participants described successful teamwork as continually reinforcing two-way practice.

“I don’t find anybody here that is not generous with the information and their advice.” (Focus Group, Aboriginal organisation)
Additional pressures for Aboriginal practitioners

Findings from this study highlighted that effective two-way practice requires a real understanding between Aboriginal and non-Aboriginal practitioners about the challenges each group faces when working in this context. It was evident that a strong motivation for all practitioners working in this sector is to improve the lives of community members, who may also include family members. With this comes the additional pressure from the fact that work does not finish at the end of the ‘official’ working day and practitioners may be called on for support during the night from family members and/or clients. The high level of disadvantage in Aboriginal communities can be particularly burdensome for Aboriginal people working in organisations delivering services at the sharp end.

“Theyir lives don’t stop between 8 and 5. Mine does. After 5 o’clock, mine’s not work. I’ve got that social life where I go home and sit there like a big couch potato. But the locals’ lives don’t stop at 5 o’clock. Theirs carry on regardless of whether it’s alcohol, domestic violence, whatever. And that’s one of the things a lot of people don’t stop and think about.” (Non-Aboriginal Manager, Aboriginal organisation)

One Aboriginal practitioner stated that at times they felt overwhelmed by the number of stressors that their work exposes them to, but their commitment to work and potential outcomes for community continued to drive them.

“For Aboriginal people they should be little bit more – what do you call it – more understanding … we have got two loads to deal with, with the Western way of responsibility, job, everything. But on the other side we’ve got this other one, too, family and other worries and concern that make us feel sick, even our health is low, we’re not healthy people.” (Aboriginal practitioner, mainstream organisation)

How best to support Aboriginal practitioners balance their work and family commitments emerged as a recurring theme in this study, with many organisations developing innovative approaches to matters likely to affect attendance and productivity. Many managers perceived their role as going beyond what happens in the workplace: “It’s supporting the person [to get], you know, some of their personal affairs in order for them to concentrate on their work”, even to the extent of assisting with child care, financial management and domestic violence. Managers also perceived the need to manage their own boundaries effectively:

“You’ve got to just kind of be constantly working out just how much input you’re going to put into things like that and where you’ve got to say to people, ‘Sorry, you have to fix that yourself’ … and it’s a really hard thing.” (Non-Aboriginal Manager, Aboriginal organisation)

“So [Aboriginal] people end up, essentially, they get paid on Thursday and people usually don’t have any money by Monday. They’ve got nothing, they’ve got nothing at all. And so [we did things like] setting up systems where they had money that couldn’t be accessed by other people or they weren’t carrying around cash.” (Non-Aboriginal manager, Aboriginal organisation)

“And living in community and the chaos and the humbug [demanding money of relatives] that goes with that, yet still turning up and looking respectable and being alert and – so not only just the turning up, being effective and being a positive role model and the stresses that that places – and what support that takes, in understanding from the manager” (CEO, Aboriginal organisation).
On a small scale, one Aboriginal organisation provides showers and washing machines to staff who may find it difficult to come to work in clean uniforms because of overcrowded and poor living conditions. On a much larger scale, this same organisation is building accommodation for Aboriginal workers and their families to live to provide a safe home environment. Practical issues such as food and home security were also identified by other organisations as factors impacting on workplace efficiency as “people can’t work if they’re hungry and if they’re hassled”.

One organisation described Aboriginal staff who come and go two or three times a year due to cultural obligations, such as to return to community for funerals and other ceremonies or to develop cultural strength within themselves to deal with their own personal issues. Aboriginal staff often find themselves in the unique position of being positive role models while still struggling with exposure to the same risks and temptations fracturing their communities. One manager told the following story:

“There was a community support worker who came in once and said [to me], ‘... I can no longer be a community support worker and tell people about home security or providing a safe home and no drinking and everything else.’ And I said, ‘Why can’t you do that?’ and he said, ‘I’m doing it in my own home,’ he said, ‘I feel like a hypocrite, I can’t tell the people in my house to stop drinking, every now and then I get drunk – you know, they get me down.’ And I had to talk to him to say, ‘The very reason why you need to be in this position is to show the strength that you have to not [drink]’ – but anyway, he felt that strongly about it that he did end with us.”

Practitioners acknowledge that staff, particularly new, younger non-Aboriginal employees, can often find it difficult to understand why their co-workers may be absent from work for long periods, particularly because the reasons may not be clearly articulated. One manager from a mainstream organisation said:

“We’ve got a long way to go in learning how to support, really understanding the challenges of staff on the ground in the remote environment, and that’s from [community] staff working and going home and living the [community] life non-stop, 24/7.”

Advantage of non-Aboriginal workers

Working two-ways was considered to be culturally safe when delivering services in the areas of domestic violence, substance misuse and family violence where there is the potential for statutory child protection intervention. The trauma of the Stolen Generations which involved the forced and discriminatory removal of Aboriginal children from their families continues to be felt strongly by many Aboriginal families and communities. It is another of the challenges facing Aboriginal practitioners.

Speaking about an incident where child protection officers visited an Aboriginal practitioner’s remote community for the first time, she recalled her fear. It brought home the reality that a child could be removed and, as she was working with the family, the Aboriginal practitioner perceived that she herself could be blamed. As a consequence, she thought about leaving her job. To resolve this dilemma and avoid potential conflict within the community, this particular practitioner works alongside a non-Aboriginal practitioner who now has the responsibility for liaising with statutory agencies.

“If we need to talk to Child Protection, I often take that side on but I always talk to [Aboriginal co-worker] and say, ‘What’s happening?’ Or, when they come out, I always want [Aboriginal co-worker] to be there as well. But I might have some of the tricky conversations with them but talk to Aboriginal co-worker first and say, ‘What do you think we should say or what are we doing?’” (Non-Aboriginal practitioner, non-Aboriginal organisation)
“For me as a worker, I think … it gives you that distance between you and the family having a non-Aboriginal worker there. I don’t know why but it’s just – and it works both ways for the family and for me. It gives it a buffer there, yeah, gap.” (Aboriginal practitioner, Aboriginal organisation)

In some circumstances, Aboriginal practitioners stated that they could not work with specific families for cultural reasons as they felt ‘too close’ to the families in question. Feedback also indicated that in some instances, clients and families expressed a preference to talk to a non-Aboriginal practitioner because they are perceived to play a ‘neutral’ role in community life.

“There are some things that… I can’t say that to that client … as a non-Indigenous person [you can] ask that straight out or say it, but I can’t.” (Aboriginal practitioner)

Co-working – working in pairs

Participants in this study discussed models of co-working as a type of two-way practice where Aboriginal and non-Aboriginal practitioners exchange knowledge and skills and work together to provide a culturally safe service to individuals and families. NPY Women’s Council, for example, refers to this way of working as the malparara way, which means Aboriginal and non-Aboriginal workers working in pairs as equal partners. This model requires that each non-Aboriginal worker goes into the field with a malpa, an Aboriginal co-worker. From this two-way practice, participants reflected that this way of work allowed genuine sharing of knowledge and skills, not just a lip service to it. Distinct advantages of working in pairs include the importance of cultural brokerage; creation of a supportive working environment for practitioners; strong engagement of families; and a high level of service consistency for clients. From the interviews and focus groups it was also clearly evident that there was a high level of professional respect amongst practitioners working in partnership.

Two-way practice case study: Anglicare Family Skills Facilitator Service

“It’s both worlds, it’s building a bridge, me and her working together.”

In remote North-East Arnhem Land, Anglicare has developed a model of service delivery that provides family skills facilitators to vulnerable families and children. In this model, a Darwin-based, non-Aboriginal worker with specialist social work training and skills is employed to work with a local Aboriginal worker who has both cultural expertise and strong community links. This model requires the non-Aboriginal worker to fly into the community for one week every three weeks, while the local worker lives and works there full-time. They work with the same families in partnership, sharing their complementary skills and knowledge.

As families from remote communities often have to go to Darwin for specialist medical treatment or other personal reasons, having a worker based in Darwin as well as one in the community allows for continuity of support. Families have already built a relationship with the non-Aboriginal practitioner though community visits and being introduced by a respected local community member. Establishing this trust leads to a greater level of engagement for families to be supported in Darwin while they are trying to engage with complex systems such as hospitals, public housing or domestic violence and legal services.

The success of this model is underpinned by constant communication between the two workers. The Aboriginal practitioner plays a crucial cultural brokerage role by providing important information about events in the community, kinship networks and connections, while the non-Aboriginal worker plays a brokerage role in negotiating government systems.
There was general consensus among focus group participants about the importance of the role of Aboriginal practitioners in mediating the interactions between non-Aboriginal practitioners and families. This was of significance in situations where English was not the client's first language. Practitioners were aware of the concept of “doing no harm” when working in a bicultural context, and spoke of a two-way, co-working framework as being a reassuring that they were on the right path.

One organisation delivering services in remote settings described this as a conceptual translation role where a local practitioner provides ongoing advice to their non-Aboriginal colleague about cultural norms and expectations.

“They’ve always been confident enough to tell you, not pull you into line, but just be able to pull you aside and say, Look, let’s maybe try that this way or that way’ and I think we’ve developed that respect to know that we often take the lead from them.” (Non-Aboriginal practitioner, Aboriginal organisation)

Aboriginal practitioners expressed confidence in taking on this cultural translation role to make services safer for families and also to improve the quality these services. For example, one Aboriginal practitioner spoke about a training situation where their non-Aboriginal colleagues were presenting material, aimed at a mainstream audience, in an Aboriginal community context.

“Everybody was yawning, falling asleep or looking the other way, shuffling their feet. And I stopped them and said, ‘[Name of colleagues] excuse me, can I say something?’ I jumped in. I could see it. I could feel it. ‘Let me present this tomorrow. I will put it into a cultural context’. “ As a result, the training was adapted and there has been ongoing dialogue between practitioners about how it can be continually improved.
Supportive working environment for practitioners

Working in the NT children and families sector is extremely demanding, with the potential for high rates of burnout (Memmott 2006). The benefits of a two-way co-working emerged as a predominant theme throughout this study as a model of promising practice in supportive working where a caseload is shared. However, not all organisations are funded at the level to afford an Aboriginal and non-Aboriginal practitioner to share their workload. As one practitioner commented:

“Ideally, what I would love is to have someone working alongside me, who’s got the cultural knowledge, and we absolutely work in partnership together.” (Non-Aboriginal practitioner, Aboriginal organisation)

There was a strong sense from the interviews and focus groups that co-working meant that the caseload was shared and that pressure was reduced by practitioners taking turns to be the lead worker with a family. This perceived to diffuse the intensity of client interactions, an important factor in preventing practitioner burnout. It was also suggested that co-working facilitates a continuous quality improvement process as “it really helps you to just sometimes help to question your work all the time, like, is this working? Is this not? Or let’s try this or let’s try that.” This questioning was deemed important when working with different families experiencing a variety of issues.

“If I carry 10 families on my own... you just can’t do what you want to do ‘cause it’s just so demanding and it’s just having somebody there.” (Focus Group, Aboriginal organisation)

One practitioner articulated that working in pairs enhanced their accountability both to the families and their colleagues as “the work isn’t invisible... the work is transparent and open.” However, there was a word of caution that co-working can challenging, with some families “playing you off against each other”, emphasising the importance of constant communication, “checking in” and “not making promises for each other”.

Strong engagement of families

Interview participants who used a two-way, co-working model of practice broadly agreed that it made a positive difference to engaging with Aboriginal families. The chronic nature of family violence, substance misuse and mental health often makes it hard to reach those families experiencing these issues. Unlike the medical or education sectors, where families and children go to a specific site such as a clinic or school for services, family support work generally involves outreach in the home or community of clients, particularly in the initial stages of engagement. Having an Aboriginal practitioner who can speak language and is aware of the local norms was perceived as pivotal to helping new staff settle into their role and gain confidence in a bicultural context. This sets a solid foundation for engaging Aboriginal families.

“I think that the idea of trying to have – or having local people working with us as part of our teams is hugely important...... it makes a difference in terms of how you are perceived in communities as well.” (Manager, Aboriginal organisation)

Building relationships is the basis of social work and community development. It can take some time to achieve in a context of intergenerational trauma, mistrust of government and a high turnover of non-Aboriginal staff. Working with a local Aboriginal practitioner who can introduce their co-worker to families and mediate the purpose of their role in community is a way of developing the trust relationships necessary for therapeutic support to occur.

“So if you don’t know the family, it could take up to 12 months but if we have a bit of a knowledge about the family and a bit of history in our own town and we can express that, we can actually open that relationship and develop that relationship a lot quicker.” (Aboriginal practitioner, Aboriginal organisation)
As mentioned previously, having non-Aboriginal practitioners working in this area can be advantageous because there may be situations where a local Aboriginal practitioner's family members are referred to the service, which makes it complicated for them to be involved. It can also be argued that an Aboriginal practitioner who is not related could also step in. In co-working models, the pairs do not necessarily share every case. For example, one service manager described the allocation of cases based on a ‘mix and match’ of practitioner skills for each family referred, which gives practitioners within the team the opportunity to identify which families “they can and can’t work with”. Consulting with the team about case allocation was an important element of two-way practice as it guided the manager in allocating cases that were culturally safe for both practitioners and families.

**High level of service consistency for clients**

Another advantage of a two-way, co-worker model identified in this study was the high level of service consistency for clients. Working with individual and families with complex, chronic needs requires reliable, long-term intervention. As relationships are crucial to therapeutic outcomes, there is a particular imperative for practitioners to provide a consistent service. For example, co-working allows clients to develop a relationship with two practitioners who can cover for each other when one is on leave or can provide follow up support between two geographic locations, an important factor when families are often moving between remote and urban areas to receive essential medical services.

**Barriers to co-working**

While the perceived effectiveness of a co-working model emerged as a clear theme, there were identifiable barriers in the detail of implementation. While it is difficult to generalise these barriers across the participating organisations, it is valuable to highlight some of the difficulties that have arisen.

One of the human resource managers interviewed reflected that Aboriginal staff on casual contracts may feel less valued because they are not getting access, in some circumstances, to equivalent benefits such as the use of vehicles, housing, computers, individual email accounts and equal pay. For Aboriginal staff based in remote communities, access to computers and email can be a great expense that current funding levels do not necessarily cover.

Regarding pay scales, one manager highlighted that it was easier for practitioners with a university degree to progress up to the highest point in the scale for their position whereas Aboriginal practitioners without formal qualifications are unlikely to proceed to similar levels on the scale. Participants identified that pay inequity may impact on practitioners’ willingness to share cultural knowledge if there is a perception that this knowledge is not equally valued.

“*We’ve worked very hard around the equal exchange. The only bugbear still, I’m sure, for Aboriginal workers is the pay. Yeah... because in every other way, everything reflects and equality and the valuing – the same valuing of knowledge and skill and everything, it’s – yeah, there’s an issue. And I actually argued early on for reclassification, so our positions are paid higher than most of the other ones in [the organisation].*” (Non-Aboriginal Manager, Aboriginal organisation)
Knowledge exchange

Two-way practice was conceptualised as an exchange of complementary knowledge, “taking the good things from the old ways and from the new ways ... and drawing on different cultural sense of knowledge and using commonalities.” In the study, most practitioners who held professional social work qualifications were non-Aboriginal. In general, these practitioners were perceived to possess a distinct set of formal academic or technical skills which gave them greater proficiency in negotiating bureaucratic systems, writing assessment and court reports and, as a result, gave them overall responsibility for case management.

The ‘sharp end’ nature of the work demands a high level of professional skill where practitioners have to “hold to account health, welfare, child protection, legal, educational, specialists and providers”. It also demands the cultural knowledge and expertise of Aboriginal practitioners to engage clients “that we [non-Aboriginal practitioners] wouldn’t get anywhere near”. Non-Aboriginal managers and co-workers expressed an absolute reliance on respected, local Aboriginal practitioners who have the cultural authority to deliver safe, effective services to Aboriginal families.

“The families probably wouldn’t really trust me if I was doing this on my own ‘cause it’s arrogant to assume that we as non-Indigenous people can understand the issues that they face in community. Doesn’t matter what training or university degree we have, we can’t assume that. So we both bring – I bring different knowledge and [Aboriginal co-worker] brings a different knowledge and it’s working in the best interest of the family as well.”

(Non-Aboriginal practitioner, non-Aboriginal organisation)

Many non-Aboriginal participants believed that an ideal goal of community development would be to have enough local capacity so that an Aboriginal person could replace them. One manager of a team of remote Aboriginal workers suggested that a way to strengthen management capacity would be to fund two positions to work side-by-side for a year, as part of succession planning. This would make time and space to develop the skills required for administrative tasks such as monitoring, evaluation and external reporting. However, participants stated that there will always be a need for non-Aboriginal staff to bring professional skills to remote regional areas because there continued to be a shortage of trained Aboriginal staff in this sector.

key practice elements: two-way practice

While the structure of the two-way models varied, there were common key elements identified in this context that will be explored in this theme:

- In general, practitioners reflected that the term two-way best described their practice.
- To establish effective two-way practice, practitioners need to have opportunities to develop a shared understanding of concepts such as ‘mental health’ and ‘wellbeing’.
- Two-way practice is perceived to be a continuous process of on-the-job learning and reflection at every level of an organisation.
- Respect, honesty, flexibility and the importance of team work emerged as keystone principles of two-way practice, with which practitioners’ own values must be congruent.
- Aboriginal practitioners often balance a range of competing priorities in regard to their family, cultural and employment obligations as well as their own wellbeing.
- It can be advantageous to have a non-Aboriginal practitioner take responsibility for liaising with statutory agencies, particularly in remote settings.
- Pay equity for practitioners sharing caseloads to acknowledge equal value of complimentary knowledge and skills.
In all organisations, governance boards were identified as critical for setting the framework of underpinning values. They determine constitutional objectives and refine these into mission statements, and value statements. They use these values as a lens through which they assess strategic plans and business plans, which staff develop for approval. These objectives and values form the basis of policy decisions which define an organisation’s relationship with the outside world and its interface with the political sphere and funding bodies. Effective boards have authority and make decisions.

Participants described the fundamental importance of governance structures that shape bicultural service delivery in the children and families sector. How an organisation approaches their work with families was an important consideration for many of the participants in this study. Congruency between the underpinning values and ethos of an organisation and that of the practitioners as individuals was a recurring theme. Participants clearly identified the values and strategies required to support effective two-way practice, with consensus that these values are foundational to providing quality services to children and families in the NT. Values such as cultural respect, equality, community development and collaboration all underpin capacity building and the key elements of two-way practice.

Aboriginal-controlled organisations also highlighted strong accountability between community and organisations, with CEOs and managers consistently describing their role as drawing on local cultural expertise and putting the strategic vision of their board of directors into practice. For mainstream NGOs delivering a range of services to both Aboriginal and non-Aboriginal clients, managers identified the need to have Aboriginal leadership and input at the program level to facilitate meaningful two-way practice. One mainstream organisation highlighted a successful model in which Aboriginal community members have decision-making authority through their active membership in local governance committees. This has led to local Aboriginal volunteers becoming paid employees who “act as the go-to between the community and [organisation] sitting here in Darwin.”

In the NT context, the boundaries between the governing board of an organisation, its staff, families and clients are understandably blurred; they are often part of a small population with high levels of disadvantage, living in geographically isolated communities. Staff employed in this sector might be the mothers, brothers, cousins, daughters or grandmothers of those seeking access to support services and may also be service users themselves.
Underpinning values and strategy

Agencies that are explicit about their values (in mission and value statements) tend to recruit people whose values are congruent with their organisational value systems. These values may include active support for Aboriginal community control and sophisticated understandings of the need to treat all clients equally and with respect for their cultures. The study highlighted the importance of establishing a strong, value-based reputation, in not only building an Aboriginal workforce, but attracting committed non-Aboriginal staff (needed to fill current skills shortage).

Cultural respect

The value of cultural respect, as defined by participants in this study, refers to the quality of relationships and interactions across cultural differences.

“In our policies and procedures manual there is a whole thing on cultural respect and cultural diversity. But also, I think, the main point of it is ... that being honest about everything and willing to accept people that are a bit different ... I suppose working in AOD [alcohol and other drugs], you have got to accept people that are different anyway.” (Aboriginal practitioner, Aboriginal organisation)

“[The board’s] cultural expertise is embedded in all frameworks here. That is absolutely the foundation.” (CEO, Aboriginal organisation)

However, it was argued that policies and procedures alone are not enough to cultivate and translate key organisational values into practice. Working biculturally is not simply about ticking boxes, but about developing relationships, developing knowledge and exchanging knowledge.

“I could have all of those skills to be able to do the job. If I can’t get on with people and value people then it’s just not going to happen.” (CEO, Aboriginal organisation)

A non-Aboriginal practitioner expressed the view that there is “an absolute element of trust” that needs to be established through a commitment to being in a job for a period of time and having the structure and the supervision to help develop ideas and ways of thinking that foster cultural respect. Acknowledging and drawing upon the experience and expertise of colleagues and directors as well as the expertise of local Aboriginal people in the communities was perceived as a critical factor in working successfully in bicultural contexts.

Common organisational values identified by participants included:

- cultural respect
- equality
- child- and family-centred
- community development oriented
- collaboration
- action learning
Equality

It was evident from this study that both Aboriginal and non-Aboriginal CEOs and managers reflect deeply on how a sense of equality can be fostered, not just for families accessing their service, but for Aboriginal and non-Aboriginal practitioners working together. This was conceptualised as “not an acknowledgement of dominance, but [an] acknowledgement of the valuing of bringing something to that environment”. One CEO spoke about the “emotional strength and connection with our staff being just as important as our work” with the flow-on effect that team members felt equally valued. Throughout the interviews and focus groups there was a powerful sense that when practitioners identified as a collective, this was based on a true sense of equality.

“So we have Aboriginal people who have a profile, working in the organisation, we have non-Aboriginal people working with a profile – with the organisation. And at the end of the day those individual elements have to combine to get this, I call it synergies, the collective, it’s what we are achieving – one plus one equals three, it is what you bring to the table, and what you bring to the table to collectively brings this new third value that you both couldn’t do yourselves.” (CEO, Aboriginal organisation)

Child- and family-centred approach

Valuing a child- and family-centred approach to service delivery provides a common goal for practitioners working together. Throughout the interviews and focus groups, practitioners spoke with conviction that they were primarily motivated by achieving positive outcomes for the children and families they work with. For one practitioner, this motivation was to “really, really try to help clients and their families to get through the program and to come out understanding their difficulties.” For another it was about “strengthening and empowering communities, … [getting] families to be accountable and responsible for the things that are happening in their communities.” A shared value for child and family centred practice provides a solid foundation for successful two-way work based on cooperation.

“I think when you say we work together, how does it work? My view is that everyone has a care factor. Everyone really cares about the clients. And yes, it does get frustrating, but I know that’s why I’ve come back twice – it’s because I just can’t get it out of my heart.” (Aboriginal practitioner, Aboriginal organisation)

Community development approach

To a greater or lesser extent, it was evident that community development principles underpinned the service delivery approach of both Aboriginal and non-Aboriginal NGOs involved in this project. A core element of this approach is “working from the grass roots, from the ground up” by delivering place-based programs and advocacy. One manager in a non-Aboriginal organisation expressed the belief that a community development approach is imperative in the NT Indigenous context because “if you don’t work from that absolute framework, you’re never going to be able to affect change, you’re never going to be able to empower communities”. By having community development as a fundamental part of an organisation’s everyday operation, there is a sense that community ownership could be developed in a “much more valid way”.

It was considered imperative that subgroups or program committee groups, made up of service users and community members who have an awareness and understanding of the local context, are established. In line with community development principles, this provides the opportunity for community members who “actually know and understand what life [on community] is about” to be equal decision-makers alongside those...
who have specialised technical skills. Having the experience of developing a local governance committee, one operational manager commented that while it can be a difficult process, “... if you can live through that and support people in that process, at the end of the day something very powerful is going to come out of that and will affect change”.

**Collaborative approach**

As a collaborative approach, two-way practice was described as “the glue” of an organisation that occurs through action at all organisational levels. One CEO described this as a “transformative” approach that involves collaboration, such as asking for clarification from a director, board or community member to check that “you are on the right track”. This approach was seen to be a value that is reinforced the longer a person works within this framework.

“...explained very clearly when you come into this team that there’s two ways of working and working together is highly valued. That’s the way the team works and you are part of that. It’s not come in and do your own thing...it’s this is what the team represents and this is who we are and [we're] inviting you to be part of that”. (Practitioner, focus group)

The value of collaboration is that it provides a practical way of working respectfully in a high stress environment. “There isn’t just one knowledge here; there’s multiple knowledges... There’s an acknowledgment that when you work in an Aboriginal environment, there are multiple ways of knowing things and case workers have a set of knowledges and Aboriginal family workers have another...I think what helps is that there is always a sense of having someone to bounce off.” (Non-Aboriginal Manager, Aboriginal organisation)

“So there has been a theme around encouraging collaboration and working together with people and working to people’s strengths and using that approach as a way to really get the best result, rather than being more autonomous and more centric.” (CEO, Aboriginal organisation)

**Action learning**

For organisations delivering services to families in crisis, there is the challenge of finding the time, and the appropriate ‘thinking’ space to stop and reflect on practice. Repeatedly, participants highlighted that this ongoing reflection, also referred to as action learning, is essential to working effectively in a bicultural context and needs to be built into the formal structures of an organisation.

“I think it also means we have to each consistently reflect and say how we are managing these [Aboriginal worker to non-Aboriginal worker] relationships together, how we are building them together, how we are being respectful in these relationships together and it seems like we need a very reflective space to be able to do these things.”

Action learning was conceptualised as more than an approach, but a value deeply entrenched within organisational culture. If this value did not resonate with practitioners, one manager perceived that they would find it difficult to continue working in their particular organisation. This further illustrates the importance of the congruence between individual and organisational values in this context.

“...they would become quite frustrated and they start talking and acting in a different way. They stand out because it’s different to the ethos and the values of the organisation. And some people stay and they still do what they do and commit to it, but ... some people leave.”

(Non-Aboriginal manager, Aboriginal organisation)
Links between organisation and community

For Aboriginal-controlled organisations in the NT, organisational governance and community are inextricably linked; as one participant put it: “Our board is our clients and our clients are our board.”

“As an Aboriginal person I write things from a cultural perspective first – culture’s written all the way in. That final process occurs before it goes to the board – what are the cultural implications, what are the cultural obligations, what are the sensitivities?” (CEO, Aboriginal organisation)

“It’s great because we’re there to look after the community. We work for the community. We’ve got a board of directors. They’re from the community. So it’s all community-based. All the decisions are made by the board, basically.” (CEO, Aboriginal-controlled organisation)

There was general consensus among participants that an organisation’s success in meeting both their governance and community service goals was the result of a transparent, accountable and respectful relationship between the CEO and board of directors. Organisations are more effective in meeting these goals where the governance structure places the community at the centre of organisational decision-making. One operational manager commented that because of this transparency and the organisation’s reporting relationship with the community, “it doesn’t take long for stuff to reach our ears”. Another described the organisation’s connection with community as “an open door policy” where constructive criticism is welcomed.

“And the community takes that up [feedback], so we get both positive and complaints that may need adjustments with systems and we address them straight away. So we’ve developed that trust …..to say, ‘tell us what it is and we will respond.”’ (CEO, Aboriginal organisation)

One CEO of an Aboriginal organisation explained how issues that were important to community members were raised and discussed at annual general meetings. If an issue is raised continually, it is escalated to the organisational Board of Directors for consideration. Once a course of action has been agreed at the governance level, staff within the organisation will then seek funding to implement strategies to address the issue of concern. This highlights the power of the collective voice of community members, via board members, in identifying and developing innovative solutions to entrenched social problems. Petrol sniffing in Central Australia was reported to be one such problem that was addressed in this way.

For CEOs, balancing the requirements of their funding and contractual arrangements with the aspirations of the community (or communities) within which they operate requires a unique set of high level negotiation skills, especially when these demands on the organisation are not aligned.

"We’re in a community-controlled organisation for Aboriginal people to see, and rightly so, that it belongs to them. Yet you’ve got to find a balance about the type of services we provide and [think about] how to ensure that it is a partnership, rather than one dominates the other.” (CEO, Aboriginal organisation).

Keeping Aboriginal cultures strong was identified as a key challenge for all CEOs of Aboriginal organisations interviewed for this study. One CEO commented that their governance board was particularly concerned about low retention rates for Aboriginal staff as this meant there was not enough of an Aboriginal presence within the organisation. Low retention rates were considered a barrier to effectively engaging local Aboriginal people in their service.
“[There weren’t enough] Aboriginal faces when people came to the organisation, there wasn’t enough language and there wasn’t enough people who really understood – deeply understood – Aboriginal culture.”

In response, the board endorsed the recruitment of Aboriginal Liaison Workers as a key strategic priority area for management. The CEO reported that this strategic focus, translated into operational policy and practice, has led to a significant increase in the employment of local Aboriginal staff.

The way important information is exchanged between CEOs and the boards of directors was also identified as an element in keeping culture strong within Aboriginal-controlled organisations. This was considered particularly important in organisations where some or all of the staff speak English as a secondary or last language. Information exchange was also an important component in facilitating a better understanding of mainstream governance concepts. One CEO spoke about how terminology relating to organisational governance, such as ‘risk management’ has also been translated into local language, through a process of “adapting and re-emphasising” so board and staff members, both Aboriginal and non-Aboriginal have a shared understanding of concepts relating to their work.

Governance structures that support connection with the land also emerged as a common theme within case study organisations. This support may involve holding annual meetings with the governance board on country to discuss issues of concern away from day-to-day life. One Aboriginal-controlled organisation gave an example of a law and culture meeting held on traditional lands, which brought all the directors, staff, both Aboriginal and non-Aboriginal, and council members together from across Central Australia. While this required a high level of logistical planning for transport to one of the remotest areas in Australia, it was considered an invaluable way of keeping both traditional and organisational culture strong. The importance of having this connection is also reflected through building opportunities for going back to country into program delivery.

“...every one year, we go out – out to [a remote place] where there’s the women’s ground out there and we’ll camp out there with youth – the young and the elderly go out there. And we will just camp out and we talk all – about all the issues that happens in town around about alcohol and other drugs” (Aboriginal manager, Aboriginal organisation)

“It’s just a day out. All of us go out to the bush and it’s that cultural reconnection where they go back to their land, back to their culture” (Aboriginal practitioner, Aboriginal-controlled organisation)

In addition to keeping a company’s board informed, effective community engagement also creates direct lines of communication with the community. Organisations reported that they employ a variety of strategies to remain open, accountable and transparent to their communities, through forums such as regular community meetings, forums with other community boards, word of mouth, local newspapers, newsletters and annual general meetings. One organisation gave an example of a critical incident occurring in one of the communities that involved their service. Throughout the risk assessment process, the organisation kept the community informed by providing weekly updates through a newspaper column that highlighted what the community should know and expect, prompting positive feedback from community members that this made them feel safe.

“At the end of the day, all of the programs that we manage have come about as a result of ....women in communities saying: ‘This is a problem. Do something about it’”. (Non-Aboriginal manager, Aboriginal organisation)
Role of Aboriginal boards in strategic decision-making

All six Aboriginal organisations profiled in this study highlighted the crucial role their Aboriginal boards of directors play in strategic decision-making. While governance structures vary between Aboriginal-controlled organisations in the NT, a fundamental premise of ‘community control’ is having strong representation from local people in organisational governance, resulting in a strong sense of community ownership. Further, the cultural expertise of the Board was perceived to be embedded in all frameworks throughout these organisations.

“...we’re in a community-controlled organisation for Aboriginal people to see, and rightly so, that it belongs to them.” (CEO, Aboriginal Organisation)

“That’s the first thing if anyone walked in here, I’ll tell them this organisation belongs to Aboriginal people, it’s driven by Aboriginal people from the board down. I don’t own the organisation...” (CEO, Aboriginal organisation)

CEOs and operational managers described feeling a strong accountability and being genuinely committed to the strategic direction that their leadership Boards provide. The strength of the collective voice clearly steered these organisations. As one CEO commented: “Sometimes, you’ve got to put your ideas to the side and realise that even though you think that might be best, this is what the members want”. It was evident that this accountability to the boards filtered through to operational management within organisations.

For Aboriginal organisations, Aboriginal boards represent and reflect the values of their local (and in some cases regional) communities. Some members may have cultural authority, but all will be expected to uphold it. There is an expectation that they will play their part to keep culture alive and bring local cultural perspectives and understandings to the complex issues of service delivery in their various settings – remote, regional and urban. They can be a collective voice for advising on cultural and other protocols within an organisation.

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**Key practice elements: governance**

The study identified a number of key themes about governance structures underpinning two-way practice in this context, including:

- the fundamental importance stating foundational values in shaping service delivery in the children and families sector
- developing strong accountability between community and organisations
- the crucial role of Aboriginal boards or Aboriginal advisory group at program level in strategic decision-making
Operational management in the children and families sector refers to the day-to-day running of an organisation – administering policies and procedures and supporting staff – to deliver human services. It also includes implementing new programs or adapting current ones to improve services offered to the community. Across and within case study organisations it was evident there were differences in how practitioners were supported and the degree to which programs were effectively implemented.

At an organisational level, the study highlighted that operational managers were pivotal to the success of a two-way practice model because they provide structures to establish and reinforce cohesive, culturally safe team work. An effective operational manager was perceived to have the necessary skills to negotiate mainstream systems, and in doing so, act as a bridge between program and community interests. Operational management was also seen to act as a ‘buffer’ between practitioners and the additional pressures that may come from within the organisations, or externally as a result of reporting requirements.

**Pivotal role of operational manager**

Participants generally identified the role of operational managers within their organisations as pivotal to installing structures to nurture and reinforce the solid team work required for strong two-way practice. This included creating a sense of shared purpose and understanding.

“For me, a team works as well as the team leader because you could look at different programs in [the organisation] or any other big organisation, especially Aboriginal organisations in Alice Springs, or Darwin. And they’re only as effective as the team leader or the program manager.”

(Aboriginal practitioner, Aboriginal organisation)
Four key elements were identified by participants as critical to an operational manager’s success, including:

- awareness of connectedness to community
- the extent to which they can protect their team from additional or excessive organisational or external demands
- strong interpersonal skills
- ability to select staff who are a good fit for the organizational model.

High workforce turnover exists across all sectors in the NT. The potential for staff turnover is greater for people working in remote locations with families that have complex needs. High turnover at the operational level, in particular, can adversely impact on staff morale, program implementation and quality control.

“I suppose a [mental health] program, or indeed any program for that matter, needs a scope and a stable coordinator for at least two years to see any sort of outcomes.” (Non-Aboriginal manager, Aboriginal organisation)

Despite concerns around high staff turnover, a number of the operational managers interviewed for this study had been in their roles for long periods. Many expressed a high level of personal commitment to their team and organisational ethos, as well as a desire to see projects through from start to finish. One participant observed how a staff training division to strengthen workforce capacity within the organisation had been established by a long term manager – an idea that had come to fruition over a period of time.

“It takes you probably a year to really get to know what's going on with all the programs underneath you and then, you know, another year to bed it down ... I think when managers stay and management stay longer there is the potential then to get those other things going, like the training arm.” (Non-Aboriginal manager, Aboriginal organisation)

Awareness of connectedness to community

Sixteen of the 20, or 80%, of the operational managers interviewed in this study were non-Aboriginal, and were supervising teams that were either all Aboriginal or a mix of Aboriginal and non-Aboriginal practitioners. There was a strong sense of the strategic importance of the operational manager role in negotiating mainstream systems to secure funding and bridging the gap between organisation and community, and remaining acutely aware of the strong connectedness of kinship networks in NT communities.

“So, I suppose it's more having knowledge and experience and a foot in mainstream. I can ask more questions, get [Aboriginal co-worker] to reflect on [whether] that stuff's useful or not ... What I'm really looking at trying to do more is help [Aboriginal team] promote and sell what they do in a more visible way, for the sake of flying the flag of the model.” (Non-Aboriginal manager, Aboriginal organisation)

“This is more like a – working for a family business because everyone's family... like somebody might be an employee in my team but her husband will be a client of the Aged Care project and their kid might be having issues with welfare or something like that. So they're all connected in all these different ways.” (Non-Aboriginal Manager, Aboriginal organisation)
This responsibility to community posed a different set of challenges for one participant, who spoke about managing older staff on her team:

“[It] was a struggle for me at first, being this authoritative figure within the team, but younger and telling some of my elders what work they were going to do for the day and things like that … I have to answer for things, if things go wrong … community [members] are the harshest critics.” (Aboriginal manager, Aboriginal organisation)

Protecting practitioners from internal and external pressures

This research study revealed a clear perception among practitioners and across organisations that effective operational managers protected their team members from the burden of internal and external pressures, enabling them to focus on their direct work with clients. One participant described this as “removing the obstacles from the path”. Examples ranged from assisting with setting up bank accounts to sheltering staff from onerous reporting requirements.

“The way I see my role is to allow them to do the stuff that they know and do well, but that involves pretty much protecting the service and being the gateway or providing a bit of a barrier for them to be able to allow them to do that – filtering and giving them information, so that they can make a decision.” (Non-Aboriginal manager, Aboriginal organisation)

“But the prospect of handing over some of those reporting requirements to people just – you’d have people running, I reckon.” (Non-Aboriginal Manager, Aboriginal organisation)

Practitioners working in remote settings require additional operational support and a strong duty of care. NPY Women’s Council reported that their operational managers meet every two weeks for approximately three hours to troubleshoot issues that may have arisen, and to develop innovative logistical solutions for ensuring the safety of staff who are working remotely (see text box).

“All we need is that [Operational Manager] will back us and that’s as far as we need to worry about … I don’t talk to them mob upstairs, I don’t need to. I don’t have the brain capacity anyway …. I’ve got to do my job.” (Aboriginal practitioner, Aboriginal organisation)

Operational management case study:

NPY Women’s Council – Child & Family Wellbeing Service

One of the challenges for NPYWC’s Child and Family Wellbeing Service is managing service delivery over a vast geographic area. Staff have to drive long distances on rough desert roads. There is no guaranteed access to the kind of communications technology that urban workers take for granted when working with clients; emails, fax, mobile phones and even satellite phone coverage can sometimes be unreliable. Contact with home may be limited and, in some communities, the living conditions, while up-to-standard, may still be basic.

There is an agreed policy for travel to our communities which attempts to cover any eventuality. Safety is a priority for us. Teams follow clear guidelines on how to prepare for trips out bush. Staff have to complete a ‘bush passport’ with all the details of their trip so the unit manager knows where all team members are, or should be, at any given time. This includes filling out their destination, route, accommodation, vehicle rego and model, EPIRB numbers and contact details, including satellite phone. Vehicles need to be checked, fuelled and loaded with swags, food and personal gear. Key tasks for the visit are outlined; for example, clients to be seen, agencies to be visited or other business to be attended to. All these tasks are checked through with the unit manager before departure. Once they have left the home base, staff are required to call in each driving day and on arrival at their destination. Many make regular calls to the manager to talk over progress on cases from the remote location or to discuss any new developments or events. On their return to base in Alice Springs, they must debrief with the manager and complete final vehicle checks.
Key personal attributes for operational managers

Throughout the interviews and focus groups, practitioners identified key personal attributes that an effective operational manager should ideally possess. From their own experiences, participants could clearly articulate what it takes to build and sustain a functional, respectful team, including the sensitivity to encourage leadership amongst practitioners and build team members’ decision making capacity.

Key practice elements: Operational management

This study identified a number of key themes about how operational management supports ‘two-way practice in this context. An effective operational manager:

- must have skills to negotiate mainstream systems, and in doing so, act as a bridge between program and community
- act as a buffer between practitioners and internal/external bureaucracy
- should possess key personal attributes to facilitate two-way practice, including the capacity to recruit, orient, inspire, supervise and support staff to deliver high standards of service are in line with the values and vision of the organisation
- should have relevant qualifications and experience working in an Aboriginal context and a deep understanding of the impact of the historical context on Aboriginal people today.
Recruitment is a particular challenge in the NT children and families sector due to the complex nature of the work. This is compounded by the complexities of working in remote geographic locations: isolation, often inadequate housing, limited social opportunities and intense exposure to unfamiliar climate, cultures and country. Focus group participants identified the need to develop clear a two-way practice model in order to clarify what key practitioner competencies are required, and then build a team with complementary skills, recruiting to fill skill and competency gaps. There was a general sense that recruitment happens through word of mouth as a result of reputation of the organisation. Intensive cultural orientation for interstate recruits, which appears to be inconsistent and inadequate across the sector, was also identified as a crucial two-way practice element. Flexible employment strategies were considered essential to supporting an Aboriginal workforce including casual employment options, leave without pay and practical assistance.

Getting the right person in the first place

There was general consensus that selecting the right people for the job was an important first step in building a cohesive team of practitioners who can work together effectively. However, in order to identify who the ‘right’ people are, a clear practice framework or model is needed in order to match skills and competencies to the requirements of the position (Fixson et al, 2005).

Developing and implementing a structured, evidence-based model, selecting practitioners with congruent values and then having a manager constantly reinforcing these values were considered fundamental to successful two-way practice. As articulated by one senior manager, “you’re only as good as the people you’ve got in your programs on the ground” and that regardless of policies and procedures, “unless you get the right mix of staff, who want to work together, who’ve got a shared vision and are rowing in the same direction”, programs will falter. When a model is ambiguous there was the view that the integrity of outcomes for clients will be compromised, highlighting the importance of having a solid operational foundation on which to build a team.
One organisation, described a two-way process of building a new service from the ground up where a non-Aboriginal manager and Aboriginal team leader, with local knowledge, connections and experience, worked in partnership to plan, develop and implement the practice model: “If you build it from the bottom and the bottom is really strong then it doesn’t sink.” In the development phase, there was careful consideration about “what skills do we want these caseworkers to have, to bring in, working with the challenges that this environment’s going to bring us”. Since becoming an operational model, managers have continued to reflect on the types of skills required to complement those in an existing team to assist in formulating selection criteria for subsequent recruitment rounds.

Some managers commented that they would prefer to leave a position unfilled rather than recruit someone who they think is not suitable. This is a particular dilemma in a context where there is a skills shortage, coupled with a difficulty in attracting practitioners willing to work in the Territory’s challenging cultural, social and physical environments. There was a strong need “not to compromise” on skills when recruiting; practitioners were not interested in “just grabbing people” to fill vacant positions. Also highlighted was the external pressure to fill positions within set timeframes and the hard decisions that organisations in this sector sometimes have to make.

“We’re better off actually doing that and handing back the money than filling the position with someone who’s not going to do well in it. And that’s a very hard conclusion for an organisation to come to, because it can jeopardise how your whole program is seen … and you can be seen as non-performing, you know. We’ve also got contractual obligations and we’ve got to deliver on it, and so the temptation is to compromise on the standards and expectations there.” (Non-Aboriginal manager, mainstream organisation)

The importance of selecting people who already have relevant skills and prior experience was considered to be even more critical for organisations in this sector who do not necessarily have sufficient funding, resources or capacity to offer opportunities for intensive training in specialised areas such as mental health, drug and alcohol and family violence.

“I think the best starting point is looking at the resources you have and trying to make the most out of it…. I think it’s too hard for any Aboriginal organisation that doesn’t have the funding and resources and capacity to try and develop their own, yeah? I think we have to get the healthy ones in first, get the healthy ones going, and then look at what we can do in terms of bringing others on.” (CEO, Aboriginal organisation)

Building a team with complementary skills

For one person to have all of these qualities and skills that are developed through formal qualifications and experience is “an awfully big ask.” As evidenced in Theme 1, selection criteria for Aboriginal and non-Aboriginal practitioners working together in a team may also be different. In general, managers reported that there was an expectation that non-Aboriginal practitioners have tertiary qualifications and professional experience. On the other hand, Aboriginal practitioners would have the kinds of local knowledge, networks which are critical to effective practice in this sector.

“So we need someone who can work flexibly and will be able to deal with high levels of ambiguity and be self-motivated and self-sufficient, but who will also follow processes and procedures or document things that need to be documented, will be able to have empathy for a family, be able to work across cultures which can be quite challenging for people and quite confronting. Will be able to work in a situation where they may have language differences, so it’s an awfully big ask that we have of people, but it is their ability to … develop and sustain relationships is going to be key to the role.”

(Non-Aboriginal manager, Aboriginal organisation)
“And you can’t expect people who have very little training or skills to be thrown into doing it. They might have the best intentions in the world of wanting to do things. But you need every single bit of your formal education and training plus all your good experience as well.” (Non-Aboriginal Manager, Aboriginal organisation)

Organisations described application and selection processes that support a two-way approach to practice. One program, for example, reported that when advertising positions they include a clear statement to advise applicants that they will be working alongside another practitioner, so “you know that you’re coming into a team ... two-ways is right up front, that’s what you’re coming into.” Having Aboriginal representatives on interview panels, including board members for senior positions, and including questions about working in a team were also identified as culturally responsive measures in the selection process. Practitioners reflected that this theme was then continually reinforced through all elements of the program.

Overall, there was also an expectation across organisations that Aboriginal family support workers have a Certificate III or IV qualification in one of a number of different areas including education, health and community services as well as “pretty good grounding and experience”. How Aboriginal practitioners are supported in their professional development will be discussed on page 46.

Cultural considerations in recruitment

Participants reflected that there were additional cultural considerations to take into account when recruiting Aboriginal practitioners to work with individuals and families. Specifically, employing people who are well respected in their local communities was identified as an important consideration. To make sure this happens, one remote program reported that part of its recruitment process was to go through the elders in the community and seek their approval before confirming the appointment (Memmott et al).

“There are your community considerations around employing certain people and what we know of the people without breaching privacy, but just really discussing, ‘Is the person going to be the right fit for the team and the right fit for the [organisation]?’ And through that we’ve got a really amazing team.” (Non-Aboriginal manager, Aboriginal organisation)

Some managers and CEOs reported that there were additional considerations when recruiting family members of staff so their organisation is not perceived as biased. For one CEO of an organisation delivering programs in remote communities, it was considered “a sign of respect rather than detriment” if a staff member had such a good professional experience that they would recommend it as an employer to family and friends. Another CEO spoke about the need to balance cultural and organisational obligations by putting transparent recruitment processes and accountability structures in place so the integrity of the organisation was not compromised.

Recruitment case study: Miwatj Raypirri Rom

The critical nature of family relationships and consequent obligations influences selection procedures at this unit in Miwatj Health. Rather than advertise, Miwatj will often accept community consultation as a legitimate pathway to recruitment. The program manager lets elders in the community know when there are vacancies and asks them to suggest suitable people. The rationale is simple: “We have to have the right people doing this kind of work. So there’s no point in having someone who’s not respected from the community”. Elders will use their knowledge of the kinship system – gurrutu – to determine who would be most appropriate. ‘Appropriateness’ is related to age and cultural status, gender and family connections. Workers on the team are clear from the outset that they are accountable to the community.

All selection panels at Miwatj have an Aboriginal member, who may be a staff member or a community member. Where the interview is for a senior position, Miwatj will ask a board member to sit on the panel. Aboriginal employment is a priority, but the organisation does not set baseline figures.
Participants expressed different views about the need for Aboriginal practitioners to speak local language. For some this was an essential criterion for meaningfully engaging clients:

“There’s no point people like me going out and sitting under a tree and pretending to be a black fellow and say, ‘Tell me your problems.’ It just doesn’t work.” (Non-Aboriginal manager, Aboriginal organisation)

However, in a program operating in an urban setting where there are a diverse range of community members and language groups, one Aboriginal Manager did not believe speaking language to be as important as other skills:

“At the end of the day, Indigenous family support workers do not need to speak the language, there’s enough tools around here if we need that interpreter, you know what I mean?”

These differences in opinion highlight there are a variety of contexts within the NT itself, and that these regional and community variances will influence selection criteria and recruitment strategies.

**Recruitment and retention strategies – what works in the NT**

Contractual requirements that ‘standard advertising’ procedures be applied to all federally-funded programs drew criticism in this study. Having to advertise in a certain number of ways was considered inappropriate in certain contexts; for example, advertising on the internet for local workers who may not have access to a computer or not be computer-literate. Considered more suitable was to put an advertisement on a community noticeboard, register with the local training centre or advertise in a local publication. Placing recruitment advertisements in the *Koori Mail* and *National Indigenous Times*, which has a broad Aboriginal readership, was also recommended.

**Word of mouth recruitment**

A strong theme emerged of the power of word of mouth as an effective recruitment strategy in the NT. Not only do organisations use local networks when a vacancy arises, they “monitor good people and where they are what they’re doing and if there’s ways to attract them back into the organisation”.

For one non-Aboriginal practitioner, trying to recruit a local Aboriginal person as a co-worker in a remote location involved taking the time to meet with community members over a series of community visits and develop trust (Zellerer, 2003; Thibodeau, 2007). This allowed the practitioner introduce themselves, become a familiar face in the community and explain what the program was aiming to achieve. In response, a respected community member came forward and was employed as a full-time team member.

“Over the years I’ve scouted the good workers wherever I work and I think that’s very important and I think word of mouth and knowing the right people – like I said – the right people for this – any sort of work, really, but I know a lot of good workers that I’m not shy to approach and say, come and work with us.”

(Aboriginal manager, Aboriginal organisation)
Reputation is recruitment

The reputation of an organisation, including having a “good history with community” was identified as a crucial element in attracting suitable Aboriginal and non-Aboriginal staff, as was the reputation of individual programs. One Aboriginal practitioner spoke about making informal inquiries through their local networks once they had seen the position advertised, “as you want to know what it is and how they’re going to look after you and then you’re willing to put in a hundred per cent”. They reflected that they had been working in different fields for over twenty years and the fact the program worked with families, as a whole, also appealed.

The study highlighted how the strength of organisational reputation, as well as ‘grassroots links’ with community, can lead to local recruitment.

“At our AGM…. a lady put her hand [up] and said, ‘I want to get a job at [organisation] and I’ve applied for three times and it’s never happened.’ And I said, ‘Well, come and see us.’ She came and saw us … she went through an interview process and got the job and there were people from other organisations saying ‘That’s culturally wrong – everyone will go to an annual meeting and expect to put their hand up and get a job.’ And we said ‘Well, no, the message we want to get across is [that] anyone can speak up, anyone can come and see us and we have a merit-based selection process.’”

(CEO, Aboriginal organisation)

There was also a general sense that developing a good reputation over time makes recruitment easier as “you start to get a really nice mix of people who are seeking [the organisation] out” who are selective about what they want. There was a perception that this process functions as an initial self-screening phase. There was also feedback that having direct experience as clients of a service was also a motivating factor for some practitioners to apply for their current roles.

“So, you know, I was always sort of hanging out for that experience of working with [organisation]. You know, having a lot of knowledge, of person – you know, through just accessing the service but I just thought, I want to work there one day just to see what it’s like actually from their window on to the outside.”

(Aboriginal practitioner, Aboriginal organisation)

Non-Aboriginal practitioners also reported that they had done their research into different organisations in the sector prior to applying for their positions, targeting specific agencies that matched their approach and value system. For some this involved searching organisational websites to get a sense of their underlying ethos through mission statements and annual reports.

“I’ve always wanted to work with different cultures in an intra-cultural setting and particularly with NGOs, grassroots organisations. So I did quite a lot of research and I knew that I wanted to come to central Australia and basically this was the organisation I decided I was most interested in and applied for the position here.”

(Non-Aboriginal manager, Aboriginal organisation)
Flexible employment strategies

While different debates emerged from the interviews/focus groups about the respective benefits of casual employment, overall there was agreement that flexible employment strategies are essential to supporting an Aboriginal workforce and facilitating two-way practice. Flexibility was also perceived as necessary to retaining both Aboriginal and non-Aboriginal practitioners in a sector that has rates of burn out and vicarious trauma. Strategies highlighted in this study were casual employment, leave without pay and practical assistance.

“It’s about supporting people to be able to work rather than putting up barriers to why they can’t.” (Non-Aboriginal Manager, Aboriginal organisation)

“Having an Aboriginal organisation that respects culture and gives time and support for people, whether they’ve got business or family issues or whatever’s going on, just that flexibility to say, you know, I have to take time now and to provide it and not be terrified that if you take too much time you’re not going to have a job to come back to.” (Non-Aboriginal Manager, Aboriginal organisation)

Casual Aboriginal workforce in remote communities

A number of managers perceived that in remote community settings casual employment or part-time contracts suited local Aboriginal practitioners. Findings indicated that having this flexibility around their working arrangements allows practitioners the time to also meet the competing demands of family and community life. Examples were given of women needing time off for ceremony or moving communities for extended periods of time for a number of reasons and resuming work once they return. Women who are employed in the non-government children and families sector are sometimes older women who have previously worked in schools or as Aboriginal health workers and may not want the pressures of full-time or regular part-time work. Their involvement in service delivery was considered crucial in supporting younger women who had never worked before (Fasoli & Moss, 2007).

While casual contracts were perceived to “work because we need to be able to allow flexibility of people”, from an organisational point of view managing these arrangements is not ideal; organisations felt that they hadn’t “worked out a system for paying people casually that’s suitable”. This highlights some of the tensions that emerge from working in a bicultural context where mainstream bureaucratic systems are forced to adapt to Aboriginal systems where there is the blurring of boundaries between worker and client. One non-Aboriginal manager also highlighted the tension between their own community development approaches of offering job security and building local capacity and their perception that casual employment goes against this:

“I think the other thing that’s worked is we actually went into this wanting to employ everybody on, like, contracts, permanent part-time work for example, or full-time work where we could do it...... we didn’t want it to be casualised because we wanted to offer security, and we’ve had to turn that around in the last three or four years, begrudgingly, because we didn’t want to do it, but what we learnt is that’s what women needed, and that’s what they wanted to do.”

(Non-Aboriginal manager, mainstream organisation)

Another manager explained that team members are given the option of moving to part-time hours if they are unable to fulfil their full-time employment obligations. These hours are negotiated at times when family commitments may be impinging on a team member’s attendance at work. Rather than have team members who appear to be underperforming, formal arrangements are made to reduce their hours to ensure they have a manageable workload.
Organisations generally had a preference for offering practitioners permanent contracts to provide job security. However, they reported that this was not always guaranteed due to the limitations of funding cycles, where programs may only receive two years’ funding at a time. Despite this, one organisation highlighted that they bore the risk of short-term funding cycles by giving most staff the security of a permanent contract. There was a sense from this organisation that it recognised that practitioners are already working in stressful situations and do not need additional pressures.

**Leave without pay**

Case study organisations also reported that they regularly approve leave without pay for staff to assist in retaining workforce knowledge, expertise, skill sets and relationships. This requires a high degree of organisational flexibility and an openness to understanding the person as a whole, not just as an employee:

“We have adapted positions to be part-time and we’re not [a typical organisation] where, if you don’t come to work for three days, you’re sacked….We take the time to find out why the person hasn’t turned up at work, what’s going on – a lot of it can be through shame and embarrassment … like, we had a young girl here who was absolutely working brilliantly and then she didn’t come to work for a week. So I went to her house and tracked her down and everything else and I approached her and I said, ‘What’s going on?’ Her brothers had actually received apprenticeships and decided to dump all the kids on her, so there was no child-care or anything else … so we can adapt ourselves to part-time, we also adapt ourselves where people like to work three and four month periods and then take two months off and things like that.”

(Aboriginal manager, Aboriginal organisation)

**Practical support to recruit and retain staff**

Attracting local Aboriginal practitioners who were entering the workforce for the first time or returning after a long break away was also considered a key factor in supporting successful two-way practice. While application and selection processes varied depending upon who they were seeking to employ and the level of skill required, a number of organisations linked applicants into an employment service at the application stage to assist with compiling a resume. One organisation also stated that caseworkers or co-ordinators also support applicants by helping them with their résumés, so a developmental process is happening with people before they even start work.

“But one of our biggest issues with recruitment also is housing. That’s a real huge problem.” (CEO, Aboriginal organisation)

Securing adequate accommodation for staff in remote and regional parts of the NT is a challenge. One organisation reported that they own several houses in remote communities so they can provide accommodation for non-Aboriginal practitioners working full-time in remote communities who have no other accommodation options. However this has raised issues as to who has priority when Aboriginal staff in the same remote communities want to move out from their own house and into staff accommodation. Ideally this organisation would like to offer equal access to accommodation for all staff but resource limitations prevent this. This highlights dilemmas that need to be carefully managed around perceptions of equity that have the potential to undermine successful two-way practice.
Cultural training – event or process?

A number of case study organisations reported that they had developed, or were in the process of developing, a cultural orientation program for new staff that includes cultural safety for clients and practitioners.

“We’ve seen that we’ve needed to get white fellas and black fellas in a room to go through all the cultural issues, to take them out into the land and to try to get them to realise just how important the land is to people and what the history is.” (CEO, Aboriginal organisation)

“And you can come to be a doctor in the middle of Australia and you’ve got one day’s cultural awareness training. We send people, Volunteers Abroad, Australian Volunteers Abroad, they go for months before they’re installed in another country but they’re imported in here with a day’s [training].” (Practitioner, focus group)

Another organisation described a two day orientation program, involving Board members, providing an overview of organisational history, governance and cross cultural practice. Depending on when staff joined the organisation they may either get this in the first few weeks or after they had spent months in their role. This approach was described as having its “pros and cons”:

“I think, if you had to do that the first two days you were here, you’d probably just be … fully overloaded and not knowing what’s coming up. But on the other hand – and then after three or four months, you’ve got a lot of questions and that, so it’s quite good that then you get a chance to get all those answered. But it’s also a bit tricky in that, if we’re relying on other staff members to help people out with that cross cultural – that culture shock – if they’re coming from Melbourne or Sydney and that, sometimes they might not have the best practices either.” (Non-Aboriginal Manager, Aboriginal organisation)

Recruitment case study: Anyinginyi Aboriginal Health Corporation

“Give them a good work environment, give them good accommodation and give them a good time, then your chances of attraction and retention are high.”

Anyinginyi Aboriginal Health Corporation, based in Tennant Creek, recognises that housing availability is a significant factor in overall recruitment. Housing is short and there has been no new public housing built since the 1980s.

Anyinginyi has adopted a policy of using surplus funds to build and buy houses specifically to attract and retain staff.

“Housing is one of the key social determinants that often adversely impacts on the health status of the community and also the likelihood of some individuals to seek and retain employment. To partly counter this, the Anyinginyi’s Board of Directors is currently investigating the feasibility of purchasing accommodation for staff with tenancy directly linked to conditions of employment.”
Orientation for interstate recruits

Many of the organisations participating in this study recruit from interstate, which reflects the skills and experience shortage across the NT children and families sector as a whole. Many new recruits from urban south-eastern Australia have never worked in a remote setting, much less a bicultural setting. While budget and time limitations mean that interstate applicants are not necessarily flown up to the NT for interview, there was clear feedback that they need to be fully briefed about the realities of working in this context before they make a decision to relocate as some “find it a real culture shock”.

“It’s just teaching people that we might be in a remote part of Australia and 500kms is nothing for us, or 1,000kms is nothing for us. Really, it’s not. But a lot of people find it very hard.” (CEO, Aboriginal organisation).

“[There is] so much diversity, because there’s so many different groups, language groups and that, you could not go to one session and know important things about [culture] – you have to learn through doing.” (Practitioner, focus group)

One non-Aboriginal practitioner reflected that they would have liked more orientation about cultural context, “just sort of an outline of who can’t be together or in the same room or in a car. And I mean, we’ve had that before where we’ve had to take an extra car because there [were] two family members who couldn’t be in the bus together and things.” This example also further illustrates the advantages of a co-working model in supporting cultural safety as part of continuous two-way learning.

In other words, there was a strong sense from participants that training needs to be a process rather than an event.

One of the focus groups held a thoughtful discussion about cultural training as there had been ongoing debate within their organisation as to whether it should be conducted in-house. Additionally, they discussed who would be the ‘cultural expert’ within the training and whether it would be fair to put this responsibility onto one person when their programs serviced a number of communities and that this could be tokenistic (Lumby & Farrelly, 2004). One practitioner perceived that, because they worked for an Aboriginal-controlled organisation, learning happens through ongoing conversations rather than through formal training. This fell short, however, of ensuring all staff across the organisation had adequate knowledge about cultural safety as “the organisation hasn’t worked out a way of getting the aspiration into processes.” There was a sense that meaningful cultural orientation needed to be properly resourced, and that current funding does not take this into account, “It’s just like, ‘No, you just do that in your job and you’ll be fine,’ kind of thing.”

“I think it’s interesting, saying that we don’t actually often do this, sit here and reflect on this kind stuff when the best way to improve people’s cultural safety approach is to actually make sure that reflection is [on]going and the organisation doesn’t do that.” (Non-Aboriginal practitioner, Aboriginal organisation)

“So just because you’re Aboriginal, doesn’t mean that you can immediately walk into an Aboriginal environment and know everything. Each language group has their own different behaviours, workings and mechanisms.” (CEO, Aboriginal organisation)
Flexible training options to suit individual programs

While some of the organisations profiled are Registered Training Organisations approved to deliver accredited training to their own staff, there may be the requirement under individual service level agreements for organisations to undertake training with an external provider. Some participants indicated that they were unsure of the quality of this external training, if it added value to their program and whether it met the professional development needs of individual practitioners. There was a suggestion that if organisations are funded to employ a dedicated training officer they can then develop individual development plans, as well as scope training needs across programs and organisations. Investing in the organisation to meet the needs of their local practitioners was considered a more efficient use of resources in strengthening workforce capacity at both practitioner and organisational levels.

“I’m the first to admit that it’s difficult for me to find my way through the maze ... is what’s essential training and what’s we’re required to have as minimum training for different types of – even for the funding. It isn’t written into the funding agreements but there’s one [training group] that has been humbugging me quite a bit to provide training for these guys [the team]. ...... But it’s not contractual, so my conversation is internally you know, what if those workers, if that is an obligation, want to be funded by a different way because they really don’t want to have to access that training in that way.” (Non-Aboriginal Manager, Aboriginal organisation)

key practice elements recruitment and training

This study identified a number of key themes about how recruitment and orientation processes can support two-way practice in this context, including:

- developing a clear two-way practice model in order to identify which key practitioner competencies are required
- recruiting practitioners whose values are congruent with two-way practice
- building teams with complementary skills; recruiting to fill skill and competency gaps
- understanding cultural considerations when employing local Aboriginal practitioners; for example, seeking recommendations from elders
- using an organisation’s reputation and the resulting word of mouth recommendations as a recruitment tool
- supporting and developing the capacity of local Aboriginal people who may be potential recruits through employment assistance
- embracing flexible employment strategies, such as casual employment options, leave without pay and practical assistance, that support an Aboriginal workforce and facilitate two-way practice
- securing adequate housing to recruit staff in limited or prohibitively expensive private rental markets
- investing in organisational capacity to identify training needs and build local workforce capacity
- ensuring that cultural orientation is an ongoing process, as well as an event.
On the continuum of cultural competency (Cross, 1989), cultural safety (Brascoupe and Waters, 2009, Walker, 2009) emerged as the predominant lens through which participants viewed their two-way practice with co-workers and clients. Aboriginal-controlled and mainstream case study organisations reflected on the benefits of having a cultural advisory group or committee as a mechanism for shifting decision-making responsibility from individual managers to a collective group, representative of the local community, not only making the workplace culturally safer for practitioners and those accessing services, but also safer for managers.

“The number one thing here is that people have to feel safe, okay? And they have to feel safe to turn up to work and be who they are.” (CEO, Aboriginal organisation)

In a two-way practice model, cultural safety was interpreted as Aboriginal practitioners feeling safe in their workplace to express their views without being judged (Higgins 2010; Zon, 2004), as supportive cultural guidance for non-Aboriginal practitioners in their interactions with clients and community and as equally critical for clients’ wellbeing. Working with families experiencing family violence, substance misuse or mental health issues requires outreach, which often involves home visiting. There were strong views this can expose practitioners to risks to their personal and physical safety that may be amplified by their lack of cultural understanding. At the time of interviews, some organisations reported they were developing specific cultural safety policies.

Woven through these themes is the importance of being aware of the cultural differences relating not just to language, but gender, age, avoidance relationships and the implicit nature of these interactions. There was general consensus that, if these elements are not considered, meaningful engagement with Aboriginal clients and families would not be possible.

“So it’s not only between two different language speakers, like we all know of, between white and black, it’s not only that. It’s between an elderly person and a young person, male and a female. So we have to take into consideration all of those differences so we can work carefully, or support everybody and their needs.” (Aboriginal practitioner, Aboriginal organisation)
Role of cultural advisory/reference group

Both Aboriginal and non-Aboriginal organisations highlighted the benefits of establishing a cultural advisory group, separate to their governing boards and central to operations, to strengthen cultural safety in the workplace. The structure and function of these committees varied between organisations, with some providing advice to the organisation as a whole, while others were established as a specialised reference group for a particular service or program. In general, they were only open to Aboriginal staff, local elders and community members or Aboriginal staff in partner agencies, “with ears to the ground” and were accountable to the organisational board.

With a high proportion of non-Aboriginal managers across organisations in this sector, the role of the advisory group was perceived to be invaluable in clarifying “what’s a fair thing, culturally and what’s not”. It was seen as a mechanism for shifting decision-making responsibility from individual managers to a collective group that was representative of the local community, not only making the workplace culturally safer for practitioners and those accessing services but also safer for managers.

“Some people early on used to say I can’t do that because of cultural reasons then we set up a cultural committee and there’s bullshit in all cultures and you need people that can determine the right from what’s not right.” (CEO, Aboriginal organisation)

“Look, regardless of skin colour or anything, there are people who do like to pull the wool over your eyes.” (Aboriginal manager, Aboriginal organisation)

One manager gave the example of requesting advice from their cultural advisory group in response to a team member stating, “you can’t expect Aboriginal staff to turn up to meetings on time”. The advisory group advised that this was not a cultural issue. This gave management the confidence to be clear about workplace expectations, knowing they had the backing of a collective with legitimate cultural authority. Having this additional layer of accountability within an organisation that promotes cultural integrity and fairness was strongly perceived to be a key element in supporting two-way practice. Another organisation stated that it was recruiting for an Aboriginal-specific position in human resources following feedback from the cultural reference group that supporting the recruitment and retention of local people will improve Aboriginal engagement in service delivery.

Cultural safety case study: Anyinginyi Health’s Piliyintinji-ki Stronger Families

Anyinginyi established a Cultural Competency Group (CCG) to ensure the organisation functions in a culturally responsible manner. The group has both a proactive and reactive role:

- Proactive – It deals with new ideas to make the organisation more culturally responsible. If there are plans for a new service or new building, for example, the CCG provides cultural input.
- Reactive – it deals with disputes/disagreements over culture.

The group comprises staff and board members, a number of whom are traditional owners; meets regularly; and reports to, and is supported by, the Anyinginyi Board. It is a key component of the organisation’s culturally responsive approach.

The CCG has initiated a number of organisational strategies to make clients and staff feel culturally safe. For example, all sections now have Waramungu names and signage, and job titles and uniforms are in Waramungu and English. There are separate men’s and women’s areas in all facilities. All staff are required to undertake a day-long cultural orientation, with occasional refreshers, which gives them a grounding in country, family and culture. Piliyintinji-ki Stronger Families also runs its own cultural programs, taking men and women clients out to country separately to eat bush tucker, think and talk about things in a supportive environment and reinforce connection to country.
The establishment of a cultural advisory group within a mainstream organisation was perceived to provide an important cultural safety net for Aboriginal practitioners. Before that time, one practitioner expressed concern that her organisation was involved in a mainstream program that had not been endorsed by local Aboriginal people, which potentially compromised her credibility. This practitioner “kept coming back to us and saying, ‘We really do need to set up a committee, we need to have a group of people that advise us, so [they’re] not the only person that’s giving us advice.’” Through the practitioner’s connections, an advisory group was set up with strong representation from men as well as women in the community to make sure both had a voice in how this program was culturally adapted and delivered. This example illustrates not only the strong connectedness between service delivery and community but the high value placed on collective knowledge and authority in the Northern Territory context.

Properly resourcing the operation of cultural advisory groups was raised as an important factor in their success, particularly when membership includes people from outside of the organisation.

“If you’re going to consult meaningfully and really commit to this idea that you’re engaging with local Aboriginal people, then you endorse the group and you provide funding for them to come to meetings and you see them as an important resource, given that all those people have jobs and families that are all linked throughout the Northern Territory.” (Non-Aboriginal manager, mainstream organisation)

Cultural safety for practitioners

Outreach work has its own set of risks to cultural safety. Participants described scenarios to highlight this issue, many of which related to gender. For example, the need for female practitioners to dress modestly when visiting Aboriginal communities was raised several times, from the point of view that “it’s a two-way [process] of keeping that person safe and respecting the community”. One organisation reported that it had addressed this issue through a code of conduct “so, when people come in here, we’re not saying because you’re Aboriginal, you’ve got to wear this, or because you’re white, you’ve got to wear this. We’ve all got to wear the same. Everybody’s on the same page.”

The issue of practitioners conducting a home visit to someone of the opposite sex by themselves was also deemed to be culturally unsafe.

“It’s respecting who our clients are. Like, I wouldn’t come to work with a little miniskirt on. You just don’t do it, you know? You know what I mean, you’ve got to respect them women got husbands ... it’s about respecting other females and respecting who you’re working with, otherwise you’re not going to get respect from people.” (Aboriginal practitioner, Aboriginal organisation)

Cultural safety case Study: Tangentyere Council’s Ketyeye Program

Cultural safety is an underpinning philosophy in Tangentyere Council’s family and youth programs. The program came into being after thorough consultation with local Indigenous leaders and community groups. It is staffed mainly by Aboriginal workers and applies culturally informed interventions to families at risk. Ketyeye workers behave in a culturally safe way, recognising supporting cultural strengths in families, respecting senior people’s authority, treating all clients with respect; they do a great deal of ‘respectful sitting down with people and taking time … our workers will really take time to get to know a family’.

Equally important for the Ketyeye team is cultural safety for all staff, which in turn supports cultural safety for clients. Aboriginal staff are particularly insistent on non-Aboriginal staff understanding and observing cultural protocols for interactions between men and women, including appropriate clothing, staying away from communities out of respect for Sorry Business and being careful to read cues that a team is not welcome in a community.
“I’d always take another worker, or female worker preferably, and go together — or even if a female went to a single man’s house on her own, she’s setting herself up to be criticised or to be judged or whatever or even hurt.” (Aboriginal practitioner, Aboriginal organisation)

Having an awareness of avoidance relationships in Aboriginal kinship networks was also identified as an important element of cultural safety in the workplace, illustrated by the following quotation.

“Even things like — okay, so if we’re sitting around in a group and one of the staff members are looking for — just say me, so they come looking for me and I’ve gone off to the toilet, if I have a staff member within our group that’s my brother, it would be completely inappropriate for that staff member to come in and say, ‘Oh, where’s [name]?’ and make a comment, ‘Oh, has she gone off to the toilet again’, or something. Brothers cannot know about their sisters’ business or that — or even if I was pregnant and my brother was in the room and they come up and [said] — ‘Oh, congratulations, when are you due?’ Completely inappropriate. Yeah, so basic stuff like that, we might mention to them. But that’s the kind of thing that happens when people originally live in small groups and their extended family groups and it’s privacy, it’s respect, it’s all of that.” (Aboriginal manager, Aboriginal organisation)

Feedback indicated that Aboriginal practitioners are constantly observing, intuitively assessing and “thinking ahead all the time” about personal and cultural safety, with one manager commenting that “there’s that side of it while I’m moving around with non-indigo’s [Non-Aboriginal co-workers], there’s things that I’m looking for that their eyes don’t know”. Non-Aboriginal participants acknowledged that when they work in a bicultural context there are non-verbal cues that “are just different for everybody and every culture” and that “it’s just not in my existence of picking that stuff up”. This has the implication that for two-way practice to be effective, “you’ve just got to trust that that’s the way” when an Aboriginal colleague provides advice about how to behave and interact on community.

One manager reflected that they reinforce to Aboriginal practitioners within their team that they have the right to “pull up” their non-Aboriginal co-workers “if they are doing the wrong thing … how they’re dressing, how they’re speaking, how they’re going about something”. This may be done either directly or indirectly by bringing it back to management to address.

Timing of community visits was also identified as an important consideration as ceremony, Sorry Business or family disputes may mean that it is not culturally appropriate for practitioners to meet with clients at their homes.

“I think it’s just knowing that it’s not the right time to go into that house or into the yard of that family.” (Aboriginal practitioner, Aboriginal organisation)

“And it’s also about how to present yourself and speak to families and individuals, it’s about knowing that you’ve got to give space, it’s respect, courtesy, those sort of — you’ve got to be mindful. We do it automatically.” (Aboriginal practitioner, Aboriginal organisation)
An Aboriginal manager of a remote service gave a good insight into how referrals are sensitively managed to minimise risk to team members, emphasising that the first important step is to gain the consent of the client before making a home visit. They described a reflective process where the team meets and discusses referral of the client to the service, who the client is related to within the community and who in the team is most suitable to work with that particular client. This process also involves “talking about balancing both worlds and using both ways approach with dealing with various issues” such as petrol sniffing. Working with children and families in need also means that practitioners are very aware of their mandatory reporting obligations and are equally aware that this also puts them at risk of losing client trust and contributing to family conflict. To address this cultural safety concern, a system has been set up so that child protection referrals are made through the local clinic.

Throughout the interviews and focus groups, Aboriginal practitioners expressed what could be described as an informal ‘duty of care’ – a sense of responsibility and obligation, not only for their non-Aboriginal co-workers (“Bloody hell, we’re protecting you mob at the end of the day”), but also for Aboriginal co-workers from another region, to help them feel culturally safe in the workplace and on community. The point was made several times that just because someone is Aboriginal, “doesn’t mean that they can immediately walk into an Aboriginal environment and know everything”, because of the diversity of Aboriginal cultures across Australia. It was evident this powerful sense of obligation from local Aboriginal people emerged from a strong respect for, and deep involvement in, local tradition, culture and land.

“Absolutely I feel responsible because I’m Indigenous, I’m the elder in this community and I do feel responsible. That’s my colleague, that’s my mate and I have to protect her ... if they were in my country or, you know, whether it was Top End or not and something happens in someone’s country, all the families feel sad for them and, you know, the same here. That’s my work colleague. I have to protect her and make sure she’s all right. But I’m also hoping, and I know, they’d do the same for me. They’re absolutely watching out.” (Aboriginal practitioner, Aboriginal organisation)

“I make sure they’re not doing anything wrong ... if I was working in somebody else’s country, they would’ve been watching my back. So if I was doing something wrong, I would’ve got pulled up and [they would have] told me, ‘You should fix yourself up and respect us.’ That’s what I’m looking – I’m watching for that, so I need to stop anyone that I see come by doing something that’s not right. I’ll say, ‘Wait a minute, watch what you’re doing, you have to respect the ground and the spiritual area of this ground and the land and respect me.’ That’s what I’d say.” (Aboriginal practitioner, Aboriginal organisation).

Generally participants discussed cultural safety where it concerned their interactions with co-workers, and at the level of individual responsibility. But there was some reflection about the need for organisational structures to support this, particularly in larger workplaces where it is difficult to “get people on the same page”. Cultural safety was conceptualised as being respectful of diversity and valuing this in a way that enhances practice at every layer of interaction within an organisation. One manager expressed the view that “you’re always going to have a continuum, and you’re going to have people sitting along that continuum at various stages”, so training and support needs to be in place to foster culturally safe behaviour.

Cultural safety case study: Miwatj Health’s Raypirri Rom

The program name is itself based on culturally-specific Yolngu concepts of individual and collective responsibility. Having the program staffed entirely by Yolngu community members reinforces its cultural relevance. Local staff are recruited in consultation with senior elders, who make recommendations based on a number of cultural qualities – status, place in kinship structures, obligations and avoidance relationships. The team can refer case problems to a group of senior elders known as mala (clan) leaders. The team is also planning a cultural awareness package, which aims to inform staff about how to work in a culturally safe manner with both Yolngu clients and co-workers alike.
Cultural safety for clients

Further, participants perceived that effective two-way practice also enhances cultural safety for clients. While, some of organisations in this study deliver services to non-Indigenous individuals and families, our focus was on programs and services targeting an Aboriginal client base. Cultural safety is an important factor in the engagement of Aboriginal people in services, particularly those that have a therapeutic component.

“Other programs are 80% mainstream and 20% our way, not really lot of effort put into it, not a lot of cultural risk or research has gone into it, and that’s still damaging and hurtful, and it’s not going to be effective, it’s not going to – our people can see through that.” (Aboriginal practitioner, mainstream organisation)

While cultural safety for clients needs to go beyond branding and signage of an organisation (Lumby and Farrelly, 2004 Blackstock 2009), this was considered a solid first step in engaging community members and creating a physical space that makes Aboriginal people feel safe. For Aboriginal-controlled health organisations, the clinic may be the initial point of contact for referral into specialist alcohol and other drugs, social emotional wellbeing and family support programs. One organisation described how their clinic had separate male and female waiting areas with Aboriginal paintings and signage in language as a way of being “culturally respectful” and “welcoming” to everybody who visits it. Many organisations incorporate cultural outings into their programs; clients will go out collecting bush medicine and bush tucker, cooking in the ground, hunting and for bush camps.

“And last Thursday and Friday we were off on a – we did our cultural outing where we go out bush and – and do the cultural stuff out there, cooking in the ground and just letting the ladies go out and collect whatever they want to do, collecting for bush medicine or bush tucker.” (Aboriginal practitioner, Aboriginal organisation)

Cultural safety case study: CAAPS’ Healthy Families

The CAAPS approach to treating alcohol and other drug (AOD) misuse in Aboriginal people recognises the importance of the family in the therapeutic process. Clients enter CAAPS – either via self-referral or through referral from an agency – for a 12-week rehabilitation program, and their family comes along with them, undergoes the program and is supported and empowered to deal with the family member’s substance use. To underpin client safety, CAAPS will not accept referrals from the justice system if the client has convictions for assault or sexual crimes.

Children go through a special program which helps them develop ways of staying safe when people around them are drinking, and attend local schools if they are of school age. The Healthy Families program includes family conferences and one-on-one counselling, as well as parenting skills workshops. It also covers a history of Aboriginal people before and after contact and discussions of the role of culture today and in their lives is a feature of the program. It also features cultural activity days.

Clients work mainly with Aboriginal AOD workers who are Darwin community members and who can relate to their experiences. They stay at the Dolly Garinyi hostel, which is on the CAAPS campus, where Aboriginal support workers help them develop living skills. CAAPS also runs an outreach program for Aboriginal people living in town camps in the greater Darwin region. Visiting CAAPS workers refer clients to Aboriginal health services and mainstream services like housing and employment where appropriate.
Gender also emerged as a key element to consider in creating a sense of cultural safety for clients. This involved critical reflection about working differently with men and women and, at times, taking the client’s lead about the best place to “sit down and have a yarn about this stuff”. However, there was a view that practitioners needed to feel comfortable in the communities that they conduct visits because clients will pick this up: “You feel unsafe around me, I feel unsafe around you.”

“When I work with a man, I’ll be out in the open where everybody can see what’s happening. But we might sit ourselves so that it’s only our ears that hear what we’re talking about. And, with a woman, it doesn’t matter where I sit down, it’s up to her.” (Aboriginal Practitioner, focus group)

The importance of having Aboriginal men involved in program delivery was also highlighted as a critical element in engaging other men in issues that affect them. One example of this was a mental health program that employed a male community worker to engage with vulnerable men, “especially men that are out bush,” to create a safe environment where difficult discussions can occur.

“The old fellas were – they felt so comfortable being in that learning space, and so did the young fellas. And the old fellas, because there’s another Aboriginal man, strong, from culture, talking about the importance of suicide and about all the worries we have, what we worry about – the men, the men, worry about, and coming from his mouth.” (Aboriginal practitioner, Aboriginal organisation)

At a different level, it was evident that two-way practice strengthens cultural safety by making it possible for Aboriginal and non-Aboriginal practitioners to question accepted mainstream definitions of such concepts as mental health and, together, construct new meanings and approaches that are relevant to the context. This level of cultural commensurability was illustrated in our study by a mental health program that ran a workshop on ‘emotional literacy’ to better understand how Aboriginal people in their specific region defined and talked about certain emotions. The underpinning rationale for this workshop was to find ways to develop common understandings and “change the white fella language” in order to name and address emotions that may lead to depression, suicide, petrol sniffing and alcohol abuse.

A recurring theme in the interviews was the fear expressed by Aboriginal practitioners of being involved in a situation where a child is removed from their family. The significant impact of the Stolen Generations continues today and mistrust and fear of ‘welfare’ agencies persists. To establish culturally safe relationships with clients, both Aboriginal and non-Aboriginal practitioners were concerned not to be perceived as ‘welfare’. In a co-working partnership, some Aboriginal practitioners reported that part of their role involved reassuring community members that their non-Aboriginal colleague was not ‘welfare’ but there “to support.”

However, there was acknowledgement that families with complex issues may not always be able to provide safe care for their children. In these circumstances, the two-way partnership was also seen as strengthening cultural safety for those families where there was a risk of statutory intervention. This is where the complementary skills of Aboriginal practitioners and non-Aboriginal practitioners come into play in helping families understand why child protection may be involved and what they need to do to “make their children grow up strong”.

“And they thought – the mother and the grandmother thought that this kid was taken forever but ... like, I told the mother and grandmother, [non-Aboriginal co-worker is] here to help you for that problem, to solve your problem that’s going on in your life.” (Aboriginal practitioner, mainstream organisation)

“But that’s why it’s important to have a good relationship with child protection, because I can talk to them and they know when we are involved, they’re quite happy to back off ‘cause they trust that we are on top of things to monitor. But if we didn’t have a good relationship with them, they would not trust us either, would they?” (Non-Aboriginal practitioner, mainstream organisation)
Cultural safety for clients was also linked not only to the importance of local Aboriginal practitioners having the intrinsic knowledge of kinship connections and language, but to asking family members to take a lead role in finding a solution to their problem. For example, in the context of a remote community, an Aboriginal practitioner reflected, “We will know if immediate families, if it's a dysfunctional family where the mum and dad both have drinking problems or gambling problems or are neglecting their child. We then say, ‘Okay, well, who are the next authority figures within that child’s life?’ The aunts and uncles and grandparents, they all play a large role in the young ones lives. So then we say, ‘Okay, let’s get uncle so and so to come and be a part of this meeting.’ We go to the family, we sit down, we ask them to identify the problems, we ask them to identify support networks; who else can be helping them? You know, even if it’s a child we say, ‘look, who do you trust and who would you like to be keeping an eye on you?’ And then we ask them to come up with solutions and options, if they can’t come up then that’s when we step in.”

Language

Providing clients with the opportunity to express themselves in language emerged as a strong theme in this study. English is not necessarily a second language but a ‘last language’ for many Aboriginal people. In the area of mental health, substance misuse and family violence which involves exploration of complex medical, social and emotional issues, Aboriginal people need to be supported to speak in language “because all of a sudden they’re empowered and it changes the dynamic”. This may not simply be overcome by employing local language speakers. NT organisations often cover large regions in which there may be many different language groups. As a consequence, delivering programs in language was identified as a “big struggle” for both Aboriginal and non-Aboriginal practitioners working in this context. For example, limited access to interpreter services due to poor resourcing was highlighted as a key barrier by a number of organisations in this study. The potential for avoidance or other inappropriate relationships between client and interpreter adds levels of complexity that mainstream interpreter services rarely, if ever, encounter. An added complexity is that interpreters need to be trained in the ins and outs of the child protection system and briefed before every interaction. Poor resourcing works against effective use of this service.

“I work with the workers, so we work together to share the job. If we’re going out to see someone in the community here, now, I go alongside, speaking language to these people and tell them what we’re there for, what are we going to do ... and letting the people know what sort of help they can get.” (Aboriginal practitioner, Aboriginal organisation)
Implicit nature of interactions

It was also mentioned that two-way practice is helpful in educating non-Aboriginal practitioners about some of the subtle cultural differences in interactions with Aboriginal co-workers and clients that may impact their work. To illustrate this point, one Aboriginal manager gave the example of direct questioning where non-Aboriginal workers think that if you ask somebody a question, that person will give you an answer when in fact there is a series of “dynamics that happen behind the scene. They explained that the person who is asked the question may not be able to give the answer, “an answer can take an hour, it can take a couple of days because ... to countrymen, it might be something that they feel needs a bit of discussing.”

“I mean, years ago, we would put ourselves into people’s hands and say, ‘Okay, we’re out bush, we’re on a hunting trip, you tell us what you want and how we’re going to do it’ – and you know, I remember one time we were out on a school trip. About 50 people running round the bush on a Christmas party and there’s a bushfire coming towards us and it was serious and we couldn’t get out. The only way out was through the fire. There was a ring of hills and the waterhole. And I remember that day, those women assessed it, told me where to put all the cars, moved them and put them – get all the kids in a certain way. They burnt back so they burnt a barrier between us and the fire that was coming. But this school teacher jammed as many kids as she could into her troopie and drove through the fire. She was asked not to. And they were mothers, and grandmothers of those children. And that’s how she behaved. And just in contrast – and I was probably better off because I was certainly pretty good with language by then and I felt very, very safe and, predictably, they fixed up that situation and nothing bad happened but the teacher risked driving through the fire with the children – and they said – they laughed about it afterwards in that way that sort of laughter is – it’s not funny, it’s sort of, like, a way of dealing with confusing, confronting situations. ‘Oh, well, she got away with it but ... ’ – and that sense of powerlessness. They could tell me what to do but I didn’t have to do it. And she didn’t. She chose not to. To me, there’s a whole lot of cultural safety issues in there.”

(Non-Aboriginal practitioner, Aboriginal organisation)

Key practice elements: Cultural safety

This study identified a number of key themes about practitioners’ perceptions of cultural safety in this context, including:

- the benefits of having a cultural reference or advisory group of Aboriginal staff, board members and/or community members at an organisational or program level and the need to properly resource such a group
- the need for practitioners to ‘watch each other’s backs’ with appropriate advice and support on hidden or implicit modes of communication
- the importance of cultural safety in underpinning more meaningful interactions between clients and workers
- considerations of gender, age avoidance relationships, all of which have their own impacts on cultural safety
- the importance of using local language/s in interactions with clients.
One of the strongest themes in this study was the level of reflection managers and practitioners apply to their interactions with each other, individuals, families and children they work with and the broader organisational and political systems within which they work. These reflections occurred informally between practitioners, driving to and from home visits or at the end of a working day, or more formally through regular, planned supervision sessions, as a team or individually with managers.

There was the perception that, through continuous reflection, practitioners can challenge and reconstruct their own values, behaviours and world views, a process perceived to be fundamental to effective two-way practice (Mumford and Sanders, Bennett et al., 2011) and to managing “an incredibly stressful job”. There were mixed views about the need for external and clinical supervision in this context. There was a general sense that it was non-Aboriginal practitioners and managers who saw the benefits in accessing additional professional support from outside their organisation, while Aboriginal practitioners tended to prefer more regular one-on-one or group support from within their team.

Organisational reflection – program quality frameworks

It was evident that reflective practice occurred not just at the practitioner and operational management level, but permeated organisations demonstrating promising two-way practice. Critical appraisal at the organisational level was perceived to be an important step in being ‘professional’. One CEO reported that a recent board decision was to engage an independent human resources consultant not only to appraise the CEO and senior managers, but also key committees and the board itself. Some organisations described how reflective practice has been supported through the implementation of a program quality framework across all programs. However, it was evident from this...
study that the organisational capacity to implement robust quality frameworks varies across this sector. Setting up the mechanisms to support systematic reflection and quality improvement was identified as a ‘challenge’ for other organisations with limited resources. It was suggested that focusing on culture was only one aspect of critical reflection and that the same lens needed to be applied to all elements of practice.

“So it’s a matter of the mechanisms for staff development in the organisation, not just picking on the cultural relevance of our work but making sure there’s processes and support, reflection, for all our staff....It’s like, there’s got to be more professional development taught in the organisation. The organisation doesn’t get the funding the way some other organisations do to make sure that the professional development budget is as high as other places.” (Non-Aboriginal manager, Aboriginal organisation)

Participants working in a sector dealing with highly politicised issues also noted that reflection can be prompted by funding body reporting requirements and recommendations made through government inquiries.

“Certainly through reporting to government departments, that’s always about reflection. Whenever there’s an inquiry about suicide, I’ve had to stop and analyse what it is we’re doing and what we’ve learnt and what we could do better and – so those sorts of things.” (Non-Aboriginal manager, mainstream organisation)

Informal support between practitioners

For practitioners, being regularly able to talk and reflect on their work was a way of relieving the stress associated with practicing in “crisis situations”. From the interviews there was a general sense that having time to debrief with co-workers was equally important as time spent with clients and families. People felt it gave them space to think about the effectiveness of their practice, whether it be case management, family support or therapeutic intervention.

“And I think it’s too because everyone feels the same, that if you want to stop and have a chat, no-one’s going to not make time for that, because everyone realises that if they’re stopping and wanting to talk about something, it’s because they want to talk about it.” (Focus Group, Aboriginal Organisation)

There was a strong perception that practice improves when practitioners have the space, and encouragement, to stop and think about the underlying issues for families and children. One Aboriginal practitioner commented that when practitioners are ‘crisis driven’, there is a risk that they are “not really peeling away at that onion and really finding out, why aren’t these mob taking this kid to the clinic? There’s a reason, they’re not doing it because they hate the kid and don’t love the kid. There’s a reason, that’s the reasons we’ve got to dig in and find out why – you know, child neglect or whatever issue it is.”

Reflective practice case study: Australian Red Cross NT

Australian Red Cross NT is currently implementing a robust program quality framework across Australian sites and programs. Guided by a manual, this framework requires all programs managers and their teams to plan and critically review delivery of their service on an annual basis. Adapted to the Northern Territory context, where English is not a first language for many practitioners, it was highlighted that recording these reflections can be done through drawing, photographs, narrative and journal entries.
Also highlighted throughout the focus groups and interviews was an exceptional level of honesty amongst practitioners. In two-way practice, there was a view that having “frank open disagreements or discussions” where practitioners could then walk away and reflect on the discussion is “all part of the parcel” of working as a pair or team. Being open to constructive criticism was perceived to be a component of the learning process in a bicultural setting. There was also a high level of trust between practitioners, demonstrated by an openness to express when they may feel overwhelmed or need advice:

“I think this is the best place that I have worked in where people have been able to say, ‘Look, I need some help with this.’”
(Practitioner, focus group)

Supervision within teams

For practitioners working in the children and families sector in the NT, most of the ‘tools’ that they draw upon are internal, whether that be their personal qualities, their values and their knowledge developed through formal training or cultural connections. Often unmeasurable, these ‘tools’ form the foundation of building productive relationships with colleagues and clients and need to be acknowledged and developed.

“And, I guess, the other thing that I’d stress about the culture of the way that we work is that I really do believe that … what we do in the work, our primary tool is the relationship that we have with our clients. So all of the work is relationship-based.” (Non-Aboriginal manager, Aboriginal organisation)

This requires significant organisational investment in the professional development and wellbeing of practitioners. This study highlighted that for two-way practice to be effective, structured supervision and support structures need to be in place at the program or team level. This report has already explored the importance of operational management in supporting two-way practice at an organisational level in Theme 2. In this theme we focus on the pivotal role of operational managers in providing regular, planned and reflective supervision at a practice level so practitioners have the opportunity to critically analyse their two-way interactions with co-workers and clients in a safe space.

From the interviews and focus groups, it was clear that the quality of supervision varies not just across organisations, but also in teams within organisations. Generally, supervision involves a practitioner and their line manager putting time aside to discuss caseloads; strategies for managing complex cases, including setting boundaries with clients; and any personal issues that a practitioner is experiencing that may impact on their practice. There was a sense that effective supervision relied upon the capacity and skills of the manager to build trust with their team members and have a genuine interest in their personal wellbeing. In teams where Aboriginal and non-Aboriginal workers shared a caseload, this supervision could happen together as a pair or as a group. There was a strong belief that providing a ‘contained’ space to facilitate reflection on practice for people “doing incredibly difficult work” was essential “because if you don’t, then it absolutely gets into the work”. Consequently, there was a general sense that effective formal supervision is not only an important mechanism for practice improvement, but also prevents stress and burnout.

“And [Aboriginal co-worker] is very honest ... she talks about how she feels and what worries her or when she said, ‘I don’t know whether I want to continue this work but I’m okay now, I do.’ Like, she shares that and that’s really good for me because then I know where I’m at and where she’s at and we can work together on that.”
(Non-Aboriginal practitioner, mainstream organisation)
“There’s two things … the structure, basically, is staff come in for one-to-ones for case reviews … That is about sitting down and looking at each case and doing work – assessing, reviewing, [asking] where are we at with each case? So [supervision and support] is different … it’s more looking at how you are managing the work and how are you doing? How are you travelling generally? And trying to address any issues, concerns, worries that there might be and just allowing people that space to ‘blaagh.’” (Non-Aboriginal manager, Aboriginal organisation)

For both Aboriginal and non-Aboriginal practitioners working in this sector, setting boundaries can be particularly difficult because of the small size and connectedness of communities. For many Aboriginal practitioners, the lines between work and personal lives are further blurred by their kinship relationships. Formal supervision was therefore seen as a way of helping practitioners establish these boundaries, but there was also a sense that how practitioners successfully managed competing priorities varied between individuals and there was not necessarily set ‘rules’ about how this is best achieved.

“The people I’ve seen who last longer are the people who’ve got really firm boundaries in place and really good stress management [techniques] and really good support networks. So those people who – you tell them, you need to have a break and they’re like, ‘Oh, no but I just have to do this’ and they’re the ones who are probably going to leave sooner rather than later.” (Non-Aboriginal manager, Aboriginal organisation)

There was acknowledgement that conducting regular, face-to-face, formal supervision with practitioners living and working in remote communities could be difficult to organise. Incidents do happen that require debriefing as soon as possible and participants held the view that telephone support is not adequate, particularly when telecommunications quality is poor. Satellite phones can be used but these tend to be unreliable. Some organisations were addressing this issue through the use of new technology such as Skype, which “demands significant investment” in compatible computer technology. This highlights the increasing importance of remote practitioners having access to up-to-date technology and resources such as laptops and internet to remain linked in to their organisations and teams.

Regular team meetings were also perceived to be a key forum for reflective practice. In general, teams profiled in this study met on a weekly basis, to discuss case allocation, provide and receive peer input into managing complex cases, and to share feedback about successes. The importance of acknowledging achievements was specifically highlighted by one non-Aboriginal manager, who commented:

“Sometimes as an organisation, we are so busy…. from the top down and there are certainly managers that don’t get no pats on the back, we’re probably the last people. But I’m very aware of my staff and encouraging them and – yeah, so thanking them for their hard work because sometimes it can be a thankless job.”

External/clinical supervision

As discussed, participants expressed mixed views about the need for external or clinical supervision, as a component of reflective practice. For those that were in favour of external or clinical supervision, there was the view that the intensity of the work lends itself to clinical supervision to prevent burnout. One manager felt so strongly about the need for clinical supervision that they did it in their own time and by paying for it themselves they had a choice in selecting their supervisor. However, other managers and practitioners believed that additional resources were required to properly fund external supervision for themselves and their teams as key component of professional development.
Practitioners not in favour of clinical supervision questioned if it was possible for an external supervisor to understand, contextually, what’s going on in an everyday basis, otherwise, such supervision would not be helpful. It was evident that many practitioners, both Aboriginal and non-Aboriginal, placed high importance on establishing a trusting relationship with their supervisor, which was developed through daily interactions and support. Linked to trust, another practitioner also raised concerns about confidentiality if an external supervisor is engaged because “here [in an urban context], everyone tends to know everyone”.

“Yeah, we have, like, clinical supervision, but I mean, to tell you the truth, I haven’t really got too much out of that … the one-on-one more so.” (Aboriginal practitioner, Aboriginal organisation)

Overall, there was a strong sense that if the operational manager possessed key attributes for supporting two-way practice and the time to provide regular, planned supervision as well as informal support, external supervision was not perceived as a necessary practice element in this context. It was evident that developing a trusting working relationship between Aboriginal practitioners and their manager on a day to day basis was a critical factor.

Trauma experienced by practitioners

When considering how organisations support two-way practice, a number of participants highlighted two issues relating to practitioners’ exposure to trauma – their own experiences of trauma and vicarious trauma (Sookraj, 2010; Zellerer, 2006). Managers, in particular, expressed a high level of sensitivity about the need to support both Aboriginal and non-Aboriginal practitioners through crises and personal issues. Due to the demanding nature of the work, at times “people do go right off the rails” but there was also recognition that in such situations the workplace had a responsibility to support staff.

“I guess the starting point is knowing about it and being aware of it and if you are not aware of it then it’s difficult to try and address that. But, I mean, I’ve been in the business a long time and I’m even aware a lot of our white fella staff have experienced some form of trauma.” (Non-Aboriginal manager, Aboriginal organisation)

“There’s also nothing worse than people worrying – witnessing somebody really not coping and feeling that nothing’s being done and that work practices deteriorated and they’re worried. So, I think … people need to feel secure that, yes, it will be addressed appropriately, privately, respectfully.” (Non-Aboriginal manager, Aboriginal organisation)

Reflective practice case example:
MHACA, Suicide Story

Reflection is a positive way of defusing the intensity of working in the suicide prevention area and its potential to have impact on individuals and workplace teams. Suicide Story management have access to external supervision and, in turn, provide direct supervision, which allows time for reflection, with staff. The program leaders also brought in a psychologist to hold sessions with staff and help defuse emerging tensions. Suicide Story also engaged a local consultant to help guide a reflection and planning process “….to look at what we’ve learned, how we can improve on it”.

Suicide Story benefits from the reflections and advice of an Aboriginal consultative group, which considers Aboriginal-specific approaches to suicide prevention and advises the program.
Findings from this study indicate that many practitioners in this sector are dealing with their own healing relating to domestic violence, suicide and substance misuse. While non-Aboriginal practitioners also have their own personal and family issues to contend with, there was an acknowledgement that due to the complexity and reality of daily life in the NT, Aboriginal practitioners “cop probably more”. One Aboriginal practitioner spoke about the personal grief they had experienced over a 12 month period, saying, “it’s just tipped me upside down.” They reflected that if it wasn’t for the support of their manager and team colleagues, they probably would have left their role. It was clear that the benefits of having a supportive team culture cannot be underestimated in providing a safe workplace for two-way practice to occur.

Another organisation reflected on a youth work program they had run in a remote Aboriginal community to address drug and alcohol abuse, recruiting and training young local people to assist with program delivery on the ground over a six month period. During offsite training, it became apparent that these young people themselves were suffering withdrawal, with the organisation stepping in to support them in the same way they would program participants. This example highlighted that despite solid preparation, in this context “unexpected things happen” and that sometimes “staff are [having] similar life experiences to those that they’re actually supporting”. This requires that extra layer of understanding, support and space for personal reflection at the organisational level.

Participants also recalled traumatic incidents where team members had witnessed assaults while on the job. Four participants interviewed separately also commented on a specific incident where a child was forcibly removed by police and child protection caseworkers at their workplace premises. The focus on this event in interviews suggested staff had experienced a degree of trauma from the way the situation was handled. As an organisational response, managers reported that staff were immediately debriefed, after hours, as a group and one to one follow up was also provided to individual staff members. This example illustrates the importance of having access to immediate support and the place and space for a full debrief, to minimise the adverse impact of such incidents. It also further demonstrates the important role operational managers play in supporting their teams and how critical it is for them to have the additional awareness and skills to manage these crisis situations.

**Vicarious trauma**

“You either get a bit blasé or you get overwhelmed by the sadness that’s in people’s lives.” (Non-Aboriginal manager)

“I think sometimes things creep up on you. You’re not really fully aware that things are maybe stressing you out.” (Non-Aboriginal practitioner, Aboriginal organisation)

Due to the highly emotive content of case work and therapeutic work with clients and families at risk there was a general perception that practitioners in this sector invariably experience high levels of vicarious trauma and managers reflected on the need to be pre-emptive in dealing with it.

“So how do we provide that support and supervision, so staff know it’s going to happen?... When we get Aboriginal staff who witness something they might think it’s no big deal, that’s what they see. We can take them on a journey.” (Non-Aboriginal manager, Aboriginal organisation)

One non-Aboriginal practitioner reflected that the political nature of the context and their own experiences of advocating on behalf of a client group who have experienced colonisation had impacted on them personally.

“Colonisation is still going and me and my colleague, we were reflecting the other day, if you hang around here long enough as a white fella worker – it feels weird saying this – but I feel like I wear some of that colonisation because we are advocating so much all the time and I know just a smidgen of what that might feel like. I know I’m never going to understand the context of colonisation at all but I know that advocating for the families I’ve worked with is really – yeah.”
One human resources manager observed that if practitioners do not seek formal support, the impact of the trauma can “get worse and then ... the first we hear of it, they're handing in their resignation letters.” To acknowledge the impact of this work on practitioners, one organisation reported that they plan to deliver compulsory vicarious trauma training to all staff members. It described an effective way of dealing with trauma and vicarious trauma alike is to treat these issues as occupational health and safety concerns. It has developed three separate forms for dealing with reporting of workplace incidents to capture this information:

“So one form is the physical and physical accidents from vehicles or just people tripping around the workplace, whatever. [The second was about] assets damage or theft, and then the third one was around incidents. Personal safety, actual or perceived, people witnessing trauma, and obviously Workcover is a part of that in terms of providing counselling and support.” (Non-Aboriginal manager, Aboriginal organisation)

While the structure and frequency of supervision varied across organisations, there was general consensus that this area of practice is critical and requires additional resourcing. For some agencies, supervising remote staff this demands an investment in new telecommunication technology. It is often difficult to find time to offer appropriate levels of support and reflection time, simply because people are stretched with their work. This may be perceived to be at a cost to direct service time with clients but without it is unlikely the quality of service delivery will be improved. This study has highlighted the fundamental importance of reflective practice in supporting two-way practice and a greater recognition of the resources needed to do this well.

**Key practice elements: reflective practice**

This study explored strong themes about the importance of reflective practice in facilitating two-way practice in this context. Organisations supported the implementation of reflective practice in the following ways:

- implementing program quality frameworks at an organisational level
- providing time for regular, planned, professional supervision, individually and as a team, to reflect on practice
- giving practitioners the option to access external or clinical supervision
- helping practitioners to develop an awareness of their own need for healing in regard to direct experience of trauma or vicarious trauma; putting mechanisms in place to address these issues i.e. vicarious training for practitioners.
As part of the study, participants were asked how they knew they were making progress and achieving positive outcomes when working with clients. Given the interconnected, chronic nature of the issues these organisations are dealing with there was a general view that while evidencing outcomes was difficult, it was important to “see change” among clients, even if this change takes time.

“It’s not like a health model where you can say this person’s antibodies have changed from this to this so we can tick a box. It’s like we’re talking about long-term, we’re talking about things that are very difficult to measure … but it doesn’t mean that we should excuse ourselves and go, that’s too hard. So we’re just going to say – if people are still smiling at us, we’re doing okay.” (Focus group participant, Aboriginal organisation)

Feeling that they are making a difference on a day to day basis emerged as an important motivating factor for practitioners. While it was beyond the scope of this study to explore how organisations formally evaluate their services, at a practitioner level participants could clearly identify indicators of success when working in this challenging, bicultural context. At an organisational level, internal evaluation on a day-to-day basis and, at managerial level, to determine service and program consistency, as well as independent external evaluation, were also identified as quality assurance mechanisms.

Self-referral

The interviews with study participants were full of anecdotes that illustrated how the practitioners and their work impacts upon people’s lives and how they have understood it to make a difference. Specifically, self-referrals or ‘walk ins’ were identified as a key indicator that programs were successfully engaging non-statutory clients and were a motivating factor for practitioners undertaking work that is “a hard slog”.

“And the fact that some families, they keep coming back to let us know what’s going on. We’re not actually working with them but they’ll … drop in and say, ‘I wanted to show you my kid. Look how big he is’ … if I was working on the east coast, it’s not how I would be gauging whether a program is running well – that would be a tick-a-box thing maybe.” (Non-Aboriginal practitioner, Aboriginal organisation)

“….now people have approached us, like, we drive in the car and someone goes and calls us over and they’re like, I want you to work with my daughter, I’m worried for my grandkids, all that stuff.” (Aboriginal Practitioner, Aboriginal organisation)
Quality of client engagement

Client feedback was clearly perceived by participants as a key factor in developing an organisation’s word of mouth reputation while also reinforcing the reputation of individual practitioners within a community. It is also important to note that some practitioners perceived client disengagement as an indicator, or “alarm bell”, that suggested there may be some improvements they could make to their practice. Re-referrals to a service could therefore be a positive indicator of effective practice, considering the chronic and cyclical nature of addiction, violence and mental health where issues do not necessarily resolve in one-off interventions. However, as a cautionary note repeat self-referrals could also be an indicator of lack of impact.

“Often we find that, you know, if clients disengage, that’s the indication that something’s not working and that’s really how we manage to get some kind of concrete understanding of how are we working. If there’s very clear disengagement, then that’s an alarm bell. We are going – we are not working well on this and we need to think about something else and there can be a whole range of reasons for it and quite often, quite simply, it comes down to how you are communicating.” (Non-Aboriginal manager, Aboriginal organisation)

The success of client engagement was also perceived as the extent to which practitioners supported clients linking in to other health and support services.

“Because at the end of the day, these referrals that come through is engaging these families in a service, so that’s the biggest thing we have to work with, too, on families. Why aren’t they engaging with [town] Hospital or [Health] Clinic or – so a lot of those workers around there, getting them to engage in this formal world.” (Focus group participant, Aboriginal organisation)

Quality of community engagement

For many participants, being approached to address a specific issue by elders and respected community members demonstrated high community regard for their organisation or program and was a strong indicator of success.

“I judge our success on level of engagement in the community, the level of acceptance and how the community seeks us out. So it’s very easy, I know it’s very easy for us to engage people in activities, it’s very easy for us to engage people in conversation. I know that we’re very highly regarded here from direct feedback from people, from feedback through our staff and because the community will seek us out on things, specific issues. Like I’ve had, for example, I’ve had quite a few of the elders approach me probably about a year ago and say, ‘[Manager’s name], can you, we want some help with this other bullying stuff,’ or the strong women have come to us and said, ‘Will you help us get our women centre outpost?’ The fact that they’re coming to individuals or us as an organisation and saying ‘Please, we’re seeking your guidance on this’ to me suggests that we’re trusted and that people see that we’re doing, we’re good intentioned and we’re doing good thing.” (Non-Aboriginal manager, mainstream organisation)
The quality of community engagement was also raised as an issue in relation to ‘fly-in-fly-out’ programs in remote communities. These programs can lead to a limited number of community members, who may not be the most in need, being targeted by services. This has implications for the accuracy of performance indicators that simply quantify numbers of clients accessing services.

“So there’s a kind of incredibly small group of … quite functional people getting targeted for everything. And then there’s lots of people missing out. And half the time people don’t know where things are coming from or who’s benefitting or what the point is or what the concepts are.” (Non-Aboriginal manager, Aboriginal organisation)

Observation

The small size of both urban and remote communities in the NT means practitioners are on the unique position to observe positive outcomes for clients in real life situations. While it is not a conventional way of ‘measuring success’, the following anecdote illustrates how observation of small changes in clients were also perceived as a gauge that a program may be achieving some success and can be a boost to practitioner morale.

“...we actually really thought that she had regressed and somebody saw her out the front of the courthouse and she had family calling her over for a drink … she didn’t know that [the organisation’s] staff were there … And she was going, ‘No, you f--- off, I’m not going to come over.’ It’s like, yes. She said, ‘I’m not going to go on that rubbish again, that grog’s bad for you.’ And … it was a really good feeling that we thought, yes … it’s brilliant.” (Focus group participant, Aboriginal organisation)

Overall, practitioners agreed that quality assurance involves qualitative measures like the quality of client and community engagement, and quantitative measures like numbers of self-referrals. This has implications for how performance indicators could be improved to better capture the program quality of service delivery in the NT. Some suggestions included performance indicators about the quality of two-way working relationships, regularity of supervision sessions and number of self-referrals to a program. As discussed in the Background section of this report, the evidence also indicates that, although indirectly related to the primary outcomes of services, considering culture can, at the very least, improve the accessibility and use of services. Theme 1 also highlighted the need for funding bodies to consider how to assess mainstream organisations in regard to their competencies to deliver services to Aboriginal people and their demonstrated experience in strengthening the capacity of local Aboriginal people.

Evidence suggests a consideration of culture in a service delivery setting improves client engagement (see Background). However, the issue was raised about the extent to which services need to be adapted in this context to achieve outcomes for Aboriginal people, highlighting the pressing need for more research, specifically in this area, to determine the effectiveness of two-way practice on outcomes for children and families.
“I certainly see that as a next step in – how do we know what the outcomes are for family? There is an assumption and we know that there is the good practice but how do you – there is a gap in how we know what the outcomes are.” (Non-Aboriginal manager, mainstream organisation)

“One of the things we discussed was trying to ... find out – or how effective is the service that we are producing and how is it working? So clearly, even for all the staff, it’s a big question on their minds as well, you know? And that is not an easy one to address because the challenges trying to put in more formative measures for evaluation are huge.” (Non-Aboriginal manager, Aboriginal organisation)

Internal and external evaluation

Staff meetings and individual supervision sessions are one stage of quality assurance. Structuring quality assurance into management processes, such as regular review of outcomes and targets, was also identified as an important element of improving practice.

“We have operational plan meetings every three months and ... [a manager] brings a report to that meeting and that’s with the deputy (CEO), the public health unit ... and the QI team, so continuous quality improvement. So we’re always looking at the stats. We take a number of cases and we drill down into the cases to see what outcomes have been achieved ... But that’s a lot to do with the structure of the program, with the assessment tools that you use and the fact that the – it’s intensive work, small case loads and you’re working with the whole family.” (CEO, Aboriginal organisation)

Two of the organisations reported that have undertaken major external evaluations, both by specialist organisational evaluation teams from Charles Darwin University. In one case, the evaluation led to an expansion in a specific area through a positive evaluation of a pilot program. The evaluation used qualitative and quantitative methods to determine both success factors and what elements might lead to less successful outcomes.

**Key practice elements: Quality assurance**

- Positive personal feedback from clients is a critical element in quality assurance which enables practitioners to reflect on the outcomes of their practice.
- Client and community feedback is also a key factor in developing an organisation’s or program’s reputation.
- Proportion of self-referrals may be an indicator of program effectiveness but more nuanced decreases in number of referrals better indicator of success.
- Client disengagement is an equally important signal for quality assurance.
- Staff meetings and professional supervision are important elements of the quality assurance process, as are organisational systems, such as regular reviews of outcomes and targets and external evaluation.
- Resourcing for development of quality improvement frameworks for organisations relevant to this sector.
While the study focused on how two-way practice is supported at the organisational level, it also highlighted how broader systems could be adapted to better support two-way practice across the NT children and families non-government sector by strengthening organisational capacity to negotiate bureaucracy, and streamlining funding arrangements and reporting requirements to more accurately reflect practice. Developing ‘technical’ skills to manage government reporting requirements was perceived as an additional element to capacity building in the NT context.

“And it’s about two worlds, you know; what the expectation is in our Westminster governance to what is actually cultural governance.” (Non-Aboriginal manager, Aboriginal organisation)

From interviews and focus groups, participants consistently spoke about the challenge of balancing their contractual obligations at a program and funding level with cultural considerations. It was evident that organisations are continually managing the inevitable tensions that emerge when mainstream systems and structures meet with Aboriginal world views and approaches. There was also a perception that negotiating mainstream bureaucracy is particularly challenging in a context where there are low levels of literacy and numeracy for Aboriginal people and in a sector that requires increased investment in Aboriginal practitioners to move into leadership and managerial roles.

“I guess it always comes down to bureaucracy. Literacy and numeracy has to be the hardest. Aboriginal culture is a learned behaviour and how I act now in front of you is completely different [to how I would behave] if there were three of four older traditional male or female women – you adapt yourself to it. Because it’s imperative, we have our community support workers and our Aboriginal liaison officers and ... [we are] trying to get them to understand that government likes evidence based narrative and statistics and everything else. We know the job that we’re doing, it’s just translating that very behaviour and that very act or that very service and capturing it into a non-Aboriginal way [so] that the government says, ‘Oh, you’re doing a wonderful job.’” (Aboriginal manager, Aboriginal organisation)

“Service System Level

• Adapt reporting templates recognising diversity in language and lower levels of literacy and numeracy.
• Streamline funding arrangements to reduce administrative burden of multiple funding ‘pots’ and compartmentalisation of services approaches.
• Reporting requirements to accurately reflect practice and provide opportunities for Aboriginal practitioners to incorporate their culture into feedback and evaluation mechanisms.

“As a CEO, I’m not just being a bureaucrat – I’m working within this world of eastern culture and strong Aboriginal traditions, respecting that way of working. Still getting the job done, it’s just a different way of getting it done.” (CEO, Aboriginal organisation)
From the study, there was a sense that both Aboriginal and mainstream organisations are in a dynamic process of adaptation to better meet the needs of their clients as well as respond to the demands of the multi-layered NT service system funded by a mix of NT and federal government departments and non-government organisations. One Aboriginal organisation provided an example of how it has adapted to be culturally responsive to Aboriginal staff and clients while at the same time needing to “stretch your culture” to accommodate non-Aboriginal people accessing their service as the service system changes.

“[Within organisations we] can adapt ourselves to be cultural. And then it works on the same side again. We have to bring very strong cultural people into a professional working environment where culture is sometimes in conflict with that—in the way they must socially integrate into a work environment and not feel challenged by a non-Aboriginal man walking up to the front reception and speaking to a young Aboriginal girl or stuff like that. So it’s—we build up those staff as well.” (CEO, Aboriginal organisation)

There was also a strong sense that government agencies funding services in this sector also adapt their reporting systems to accommodate a workforce made up of practitioners for whom English may not be a first language, low rates of literacy and numeracy, living remotely without access to information and communication technology taken for granted in other parts of Australia.

“I think it’s just that idea of any national sort of framework hardly ever relates to people here.” (Non-Aboriginal manager, Aboriginal organisation)

Strengthening organisational capacity to negotiate bureaucracy

“But the prospect of handing over some of those reporting requirements to [Aboriginal practitioners] just, you’d have people running, I reckon.” (Non-Aboriginal Manager, mainstream organisation)

As previously discussed in Theme 1, Aboriginal and non-Aboriginal practitioners tend to have different but complementary skills that they apply to their work with children and families. This study highlights Aboriginal practitioners are generally employed for their cultural knowledge and experience and non-Aboriginal practitioners and managers for their professional qualifications and technical skills. It appears that this demarcation in roles has emerged in response to the increasing demands of government reporting requirements that require high levels of English literacy and numeracy, generally acquired from tertiary education. Feedback indicated that reporting templates, specifically, could be simplified for practitioners where English is not their first language. While there are many highly qualified Aboriginal practitioners who have both cultural and technical sets of skills, there is a need for sustained investment in growing the local Aboriginal workforce across this sector (Bessarab, 2010).

“I get the reporting templates and nearly fall over. They’re so confusing and complex. So things just need to be simplified and it wouldn’t be such a daunting process for anyone.” (Non-Aboriginal manager, mainstream organisation)
A number of managers suggested that government departments could strengthen organisational capacity across the sector, and subsequently within two-way practice, by “teaching [organisations] about bureaucracy”. Feedback indicated that government departments had provided additional resourcing for this in the past and it was considered helpful in negotiating complex government processes and promoting consistency across the sector. At this time, it appears that strengthening capacity in the NT children and families non-government sector has a number of different dimensions, including:

- orientation and training for non-Aboriginal practitioners to work safely in a bicultural environment;
- supporting Aboriginal practitioners to move into leadership roles;
- providing support and supervision to facilitate effective two-way practice;
- developing and implementing evidence-based, culturally responsive programs to clients and families experiencing complex, multi-faceted issues; and
- developing practitioner skills to manage government reporting requirements.

“There are a lot of other departments who don’t contact an organisation and say, ‘We’re about to launch into our funding round, we want – you know, [to] run a two [or]three-day program teaching you about our programs, teaching you about our terms and conditions of grants and teaching you about our acquittals and compliance.’. Departments do not do that anymore, they just expect organisations to employ people to know it and unless you’re an ex government worker, [that skill is] missing.” (Aboriginal Manager, Aboriginal organisation)

As an alternative, one manager of a remote team proposed that organisations explicitly request that two managerial positions are funded for at least one year to allow for Aboriginal and non-Aboriginal managers to work “side by side”, exchanging skills. The aim of this model would be to gradually transition Aboriginal practitioners who live and work in remote communities into management roles.

“It’s interesting we had a meeting with [government agency] last week and I actually raised the point that, for example, I’m supporting [Aboriginal practitioner] to take on a senior role ... if I were to get them to do reporting, the [government agency] templates are not friendly for someone with English as a second language. So I fed that back and they were really receptive that if you really, really want that leadership development, if you really want the Aboriginal staff taking on these roles then you need to adapt your systems and expectations like reporting and what not.” (Non-Aboriginal manager, mainstream organisation)

Participants suggested a variety of ways to reduce some of the additional pressures of ‘red tape’ on their organisations. There was an overall sense, however, that current funding arrangements and subsequent reporting requirements can adversely impact on direct service delivery to clients. One manager commented, “Communicating keeps us all chained to the desk.”
Streamlining funding arrangements to support two-way practice

Streamlining funding arrangements was also identified as a way the broader service system can support two-way practice.

“It’s got to be long term. Too many times, you’ve seen good programs start then it just fizzes out and you don’t hear of it again or funding is not there.” (Non-Aboriginal manager, Aboriginal organisation)

Across Australia, developing systems and funding models that get beyond the fragmentation and duplication created by “single input services based on categorical funding” is a major challenge (Scott, 2012). Organisations participating in this study also reported a complex, fragmented assortment of funding ‘pots’ that supported service delivery in the NT children and families non-government sector. An individual program may be funded by multiple sources, leading to onerous reporting requirements and a lack of service continuity. For organisations crossing jurisdictional boundaries, the funding arrangements become more complicated with different reporting requirements at federal and state/territory levels. Further programs may be funded on short term cycles where organisations are required to reapply every year, a process which takes considerable time and, as discussed in Theme 4, can create uncertainty for practitioners in regard to ongoing employment. There was a general sense that funding in this sector needed to be long-term, for three year cycles at a minimum, to allow resources to focus on service delivery, provide stability for staff and build trusting relationships with clients.

“Oh, last I heard there was 50-something [projects] but once again, that changes as projects come on and as projects go, so some of those might only be three months funding and then other might be three years.” (Non-Aboriginal manager, Aboriginal organisation)

“If we want to see long-term effects, then we actually need long-term funding and we actually need time and space to be able to do it and do it well in collaboration where families have the ownership of it as well. And, at the moment, you know, I can totally appreciate families go, ‘Well, how long are you going to be here for?’ in staffing, and ‘How long’s the program going to be here for?’ because we’re constantly saying we’re not sure what the funding’s like ... when everything is so ambivalent, and particularly now with the government, of what’s going on in today’s landscape, it’s causing anxiety.” (Non-Aboriginal manager, Aboriginal organisation)

We have something like, I would say, 25 service agreements across the programs, which is extremely challenging and it could be that in one program there could be five funding service agreements. So the reporting is quite challenging. There isn’t the continuity and consistency with that.” (Non-Aboriginal manager, Aboriginal organisation)

Some participants also highlighted the difficulty in funding arrangements that ‘compartmentalised’ people’s lives rather than seeing them as a whole person within a family, and experiencing a range of issues that overlap and are interrelated (Memmott, 2006). This is especially pertinent in the areas of family violence, substance misuse and mental health where these problems often co-exist and are linked to child abuse and neglect (Bromfield, 2012).

“The team chooses to amalgamate the funding and treat people as people, rather than different workers who have different hats for different parts of people’s problems.” (Non-Aboriginal manager, Aboriginal organisation)

“And that’s what’s really hard, quite hard to do, and so you end up really – having these really complicated kind of report writing things where you miss half the stuff that’s really good because it doesn’t – there’s no way to describe it in the kind of formats they use.” (Non-Aboriginal manager, Aboriginal organisation)
Reporting requirements to accurately reflect practice in NT

Some participants within this study expressed frustration that the rigidity and complexity of reporting requirement templates may lead to important feedback and learnings being omitted. It appears, however, there is an increasing recognition at the policy and systems level that approaches that are effective elsewhere may not fit the NT context. Feedback also indicated that organisations can play a role in educating funding bodies about how program delivery and performance measures can be adapted to better reflect practice on the ground.

“And I think sometimes ...we find ourselves in the situation where, under our agreement, we are required to work to those milestones and agreements which are written in [funder], government language and that ... sometimes isn’t aligned very nicely with our way of working in terms of that community development approach. So, for us, for our team, I think it’s an absolute vital practitioner guide for us to be able to remain focussed on what we’re really doing and how we’re really doing it and be able to take that to [the funder] and say, well, whilst we can still carry out as per our funding agreement, this is the way we do it as [funded organisation], which is sometimes slightly different to how other [funded organisations] might carry it out.” (Non-Aboriginal Manager, mainstream organisation)

One organisation gave the example of an evaluation process they have recently undertaken using traditional painting. Painted over a one week period by six traditional healers who are also well respected artists, the artwork describes their program, not only in a way that is culturally meaningful to practitioners and their clients, but as an innovative, powerful way of describing program history, activities and outcomes to other agencies and funders.

“What we do now, instead of trying to fit people into categories that are pre-existing, we say, ‘Well, this is the way we want to do it’ and try from the outset to get that acknowledged. So that’s what we do with the painting. We said, ‘Well, this is the way people want to do evaluation and, luckily, the [funder] said ‘We don’t really understand it but we’ll go with it.’ And now, having seen it, they can understand it but, at the time when it was proposed, they didn’t really see how it would happen, you know?” (Non-Aboriginal manager, Aboriginal organisation)

This section has focused on how broader funding and reporting systems in this sector could be improved to support two-way practice. The study has also highlighted interesting examples of where mainstream policies and Aboriginal culture can come into conflict at a community level and how Aboriginal practitioners maintain a balance between ‘two worlds’. The following quotation describes a situation in a remote setting where a school’s duty of care is at odds with a youth program that aims to promote wellbeing by strengthening culture.

“(Two male practitioners had)…been working on a project for making spears, which has been very successful with the boys and they’re very proud of the work that they’ve done. And the next step to that is going out and testing the spears but then you’ve got the issue of water safety with the school and ... their way of thinking is that this is part of our cultural process to go out and teach them how to use the spears and part of that is going out to retrieve the spear, which might be one stick or whatever. But then the school has their policies around water safety and crocodiles and stingrays, which is all quite legit. I guess things like that have to be negotiated where, okay, well maybe we do just make the fishing spears during school hours and after school hours. The kids are able to have access to the spears, so that they can go off and – but that’s – to these guys, that’s all part of the process of making a spear and taking them out and teaching them how to hunt.” (Aboriginal manager, Aboriginal organisation)
Systems change to better support an Aboriginal workforce in the NT

As discussed earlier in this report, for Aboriginal practitioners, working life does not necessarily fit neatly into a ‘nine to five’, ‘four weeks’ annual leave a year’ box. Compartmentalising work and home life is a mainstream conceptualisation that is reinforced by legislation, and while it is beyond the scope of this study to explore implications of the casualisation of this workforce. It does highlight that legislation may need to change to better accommodate and support the rights of Aboriginal workers in remote communities. It was evident that organisations are listening to the needs of Aboriginal practitioners and responding to these needs through flexible working practices. However, it is recommended that this issue be explored in more depth to inform policy and practice in this area.

Key practice elements: adapting systems

This study highlighted how broader systems could be adapted to better support two-way practice across the NT children and families non-government sector through:

- adapting reporting templates for the NT context; i.e., taking language, literacy and numeracy considerations into account
- strengthening organisational capacity to negotiate bureaucracy by providing additional training and support to NT organisations or funding specific positions for this purpose
- streamlining funding arrangements to reduce administrative burden of multiple funding ‘pots’ and compartmentalisation of service approaches
- adjusting reporting requirements to accurately reflect practice and to provide reporting formats into which Aboriginal practitioners can incorporate their culture
- adapting systems to strengthen capacity of Aboriginal workforce in NT.
In the Northern Territory, Aboriginal and non-Aboriginal practitioners work together in a range of Aboriginal and mainstream organisations to deliver programs and services to individuals, children and families affected by substance misuse, mental health issues and family violence. The purpose of this qualitative research study was to better understand how knowledge is exchanged, how culture is considered and how practitioners are supported when undertaking this demanding work in a bicultural context.

Two-way practice was perceived as the term that most accurately described models of practice where Aboriginal and non-Aboriginal practitioners work together in pairs or as a team, equally and respectfully, to deliver services and programs. These models have been examined from an intra-professional and inter-professional perspective (Scott, 2012). Having strong, transparent Aboriginal governance with links to the local community/ies at the organisational or program levels as well as a clear, well documented practice model were considered important foundational elements for effective and sustainable two-way practice. Matching practitioner skills and values to these elements through competency based recruitment processes was also identified as important. More comprehensive cultural orientation and training programs for new staff, particularly those from interstate, was also perceived as important.

Operational managers were perceived to play a pivotal role in facilitating two-way practice at the inter-professional level. This is achieved through reflective supervision, acting as a buffer between the internal and external demands of bureaucracy and modelling respectful working relationships, for practitioners, supporting each other in managing complex caseloads was considered important in preventing burnout and vicarious trauma and providing a culturally safe service to clients.

Underpinning these approaches, were considerations of culture based on a model of cultural safety where different cultural identities are supported within organisations for both practitioners and clients. Also highlighted in the interviews/focus was a positive shift towards better integration of Indigenous knowledge and practices into the design of programs and services, including deconstructing mainstream concepts such as ‘mental health’, to develop shared understandings and meaning of ideas relevant to work vulnerable children and families.

However, both Aboriginal and non-Aboriginal participants, also perceived further progress was needed, at both systemic and operational levels, to develop the Aboriginal workforce and leadership in this sector. Findings suggest that unless there is a greater focus on – and greater investment in – supporting practitioners’ professional development and wellbeing, it will be difficult to strengthen workforce capacity in this sector. This includes an increased awareness of the impact of personal and vicarious trauma. Participants also identified ways funding and reporting systems could be streamlined to reduce the administrative burden of multiple funding ‘pots’ and compartmentalisation of service approaches.

Exploring practitioners’ perceptions uncovered common themes across organisations about how bicultural practice is conceptualised and what structures are needed to best support it. Key elements of promising bicultural practice have emerged from these themes to inform the development of a practice framework which could be used by both government and non-government organisations across the sector. While the NT context is unique within Australia, within NT there are marked differences across remote and urban settings that require different service delivery approaches. The practice framework is therefore suggested as guide for organisations, not a checklist.
next steps

• Key stakeholder workshop for senior NT policy advisors reviewing report and practice framework with a view to facilitating their input and feedback about framework implementation.

• The two-way practice framework could be used as a tool for assessing organisational capacity during grant selection processes i.e. mainstream organisations within and external to the NT.

• SAF, as the NT peak body for Aboriginal children and families, to directly encourage their affiliate organisations to use the two way practice framework as a quality improvement tool and promote organisational reflection on practice and workplace culture more broadly across sector.

• Distribution of report and two page summary to key stakeholders across the sector, both government and non-government. Disseminate findings to a broader Australian audience through conference presentations and website communications on Menzies School of Health Research, SAF, FaHCSIA and Closing the Gap Clearinghouse websites.

• As this was a six-month exploratory study, it is suggested that further research be undertaken:
  - To explore how practitioners delivering services in this context work across agencies to address the multiple and complex needs of the families they are working, in particular examining the intersection of statutory and non-statutory services in the children and families sector in greater depth, with a focus on cultural safety and responsiveness.
  - To examine the impact of bicultural models of practice (i.e. two-way practice) on service outcomes such as level of family engagement, family functioning and child wellbeing.
  - To explore the relationship between quality of two-way practice and its impact on practitioner morale and retention.
  - To examine effectiveness of innovative workforce recruitment and retention strategies, such as housing schemes would also be a useful follow up to this study.
8. Reference List


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## Appendix A: Aspirational Model of Bicultural Practice

**GUIDELINES**

<table>
<thead>
<tr>
<th>Strong governance and leadership</th>
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<tbody>
<tr>
<td>✔ Agency can articulate clearly its vision and responsibilities</td>
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<td>✔ Mission statement includes principles and practices that promote cultural diversity and cultural competence:</td>
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<td>• Trust</td>
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<td>• Tolerance, patience &amp; acceptance</td>
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<td>✔ Strategic plan reflects goals of promoting cultural diversity and cultural competence; and commits to meeting the needs of the Aboriginal communities and families</td>
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<td>✔ Meaningful membership and/or representation from Aboriginal people on the agency’s governing committee, advisory committees and selection panels, with appropriate support mechanisms</td>
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<td>✔ Regular Board meetings and internal mechanisms for keeping local communities and families informed and to promote regular feedback</td>
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<tr>
<td>✔ Aboriginal community involvement in developing, delivering and evaluating services</td>
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<th>What does this mean for agencies?</th>
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<tr>
<td>✔ Agency aspirations, expectations and ground rules are clearly articulated up front for prospective staff and partner agencies</td>
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<tr>
<td>✔ Respect for each other’s role, knowledge and contribution</td>
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<td>✔ Ability to learn and apply cultural competence is valued</td>
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<td>✔ Negotiation as the norm for internal and external interactions. Issues are far less likely to escalate as well as increased productivity as less times needs to be spent resolving issues</td>
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<tr>
<td>✔ Acknowledgement that strong working relationships take time</td>
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<td>✔ Community engagement strategies, particularly including active interaction and engagement of staff with Aboriginal peoples</td>
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<td>✔ Taking part in Aboriginal community events</td>
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<td>✔ Low staff turnover, high staff morale</td>
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<th>What does this mean for staff?</th>
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<tr>
<td>✔ Give equitable access for Aboriginal people to all services provided</td>
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<td>✔ Aboriginal people are actively informed of their rights and responsibilities when using services</td>
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<td>✔ Agency promotes awareness of services within the Aboriginal communities it serves through appropriate methods and media</td>
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<td>✔ Agency takes steps to negotiate the most appropriate and effective work environment when engaging with Aboriginal clients and other stakeholders</td>
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<th>What does this mean for children and families?</th>
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<td>✔ Aboriginal clients, families and communities experience a sense of ownership and engagement</td>
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<td>Culturally sensitive community engagement</td>
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<td>Clear policies and procedures</td>
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<td>Culturally sensitive practice</td>
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<td><strong>Evidence of informed practice</strong></td>
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<td><strong>Open, culturally sensitive communication</strong></td>
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| **Collaborative service delivery model** | ✓ Liaise and collaborate with relevant specialist services who have knowledge of Aboriginal community issues or provide Aboriginal-specific services to the community(ies) to promote a coordinated approach  
✓ Choosing partner agencies that have equally strong governance  
✓ Evidence of established networks, partnerships and referral pathways with Aboriginal community and Aboriginal-specific services  
✓ Consultation with relevant people and organisations | ✓ All staff become proficient in networking  
✓ Employing Aboriginal staff and identifying Aboriginal positions which involve liaison with relevant key stakeholders  
✓ Staff knowledge of, referral to and consultation with relevant individuals, groups and organisations specialising in providing service to Aboriginal clients  
✓ Engaging Aboriginal agencies as a base for meeting potential Aboriginal clients and to provide information about the agency’s services | ✓ Clients, families and communities gain from extended pathways to relevant services  
✓ Better coordination prevents duplication and consequent ‘service fatigue’ on families and communities |
Appendix B: Organisational summaries
(in alphabetical order)

Anglicare NT - Family Skills Facilitator Service

Since 1946 the Anglican Church has been actively involved in the delivery of welfare services to the people of the Northern Territory. This work started with accommodation and educational support services to Indigenous children from remote communities in the Central Australian region at the St Mary’s campus on the South Stuart Highway 5km from the centre of Alice Springs.

The growing service delivery base in the Alice Springs evolved into St Mary’s Family Services, a local welfare agency of the Anglican Church, which became known as Anglicare Central Australia. Anglicare Top-End was established in 1989, starting with community services in Darwin and the integration of former Church Missionary Society services on Groote Eylandt. The Central Australian and Top End services were merged in June 2002 to become Anglicare NT.

Anglicare NT is now one of the largest providers of government-funded welfare, social justice and community development programs in the Northern Territory. Anglicare NT has over 75 services operating in urban, rural, regional and remote communities, 250 staff, 100 volunteers and with 10 key operational sites/offices in place. Programs cover accommodation, aged care, early childhood and children's services, counselling, disability services, prison chaplaincy, refugee and migrant services, suicide intervention and volunteer services.

Vision statement

A community of people empowered with the freedom to achieve happy and fulfilled lives, where potential is realised through opportunity and choice, where the vulnerable are protected, where social justice is advanced and where cultural difference is respected.

Mission statement

To work in partnership with the community, families and individuals to promote the enrichment of relationships, fullness of life and social justice for all. Jesus said “I have come so that you may have life, and have it in fullness” John 10.10

Anglicare NT seeks to strengthen links with Indigenous organisations and improve the effectiveness of our service delivery to Indigenous Territorians. Anglicare NT also seeks to better understand the issues that are facing Indigenous Australians in the Territory. We are committed to increasing Indigenous employment in our organisation.

Governance

Anglicare is managed by an appointed Board under the chairmanship of the Bishop of the Diocese of the Northern Territory
Context/Geographical area

Anglicare NT’s scope is territory wide, but it manages Communities for Children in Alice Springs and the East Arnhem region, runs supported playgroups in Milingimbi, Ngukurr and Numbulwar and a youth project in Katherine.

Family and Youth Services

Anglicare runs a Family Skills Facilitator Service, which entails employing a part-time community based family skill helper/cultural guide and a family skills facilitator who is based in Darwin with regular scheduled time on the relevant community i.e. we work on a one week in three basis (with some flexibility). Whilst in Darwin the FSF does any relevant case work follow with families in Darwin for medical, mental health, legal, family violence or other reasons. During the two weeks the FSF is not on site in the community the FSH/CG does the family support work and both maintain regular phone and email contact over what is happening. Basically this is a bicultural flexible case management service which regular deals with very complex and multidimensional family issues.

Anyinginyi Health – (Piliyintinji-ki Stronger Families Program)

Anyinginyi Health was created as Anyinginyi Congress in 1984 to ‘relieve the poverty, sickness, helplessness, serious social and economic disadvantage and social distress that affects the Aboriginal population through various community-based strategies and programs' and to service Tennant Creek. The name was changed in 2003 to Anyinginyi Health Aboriginal Corporation (AHAC). That same year people from across the Barkly region asked Anyinginyi to auspice their health service funding and this led to the development of the North Barkly Primary Health Care Program and the Grow Well program for the South Barkly, both providing GPs to remote communities.

Since 2003 AHAC has provided services to many areas in the Barkly including, Maternal Health, Eye Health, Substance Misuse, Mental Health Counselling, Dental, Health Promotion, Physical Health, Allied Health, and Bush Mobile to 11 communities.

In 2007 Anyinginyi received funding to build a new Health Centre and this was officially opened by Warren Snowdon MHR, Minister for Remote and Indigenous Health, in April 2010. The new Health Centre increased client numbers by over 50%.

Mission/Vision statement

Anyinginyi’s vision is ‘to be a key player in successfully “closing the gap” in the health status of Indigenous persons in the Barkly region’.

Anyinginyi’s mission" is to be a provider of high quality holistic primary health care services featuring prevention and treatment in the Barkly region in a culturally responsive way and to empower individuals to take more responsibility for their own health."

Governance

Anyinginyi is a community-controlled Aboriginal health organisation which is governed by a Board of Directors who are voted in by members of the organisation and who represent the communities of the region. The Anyinginyi Board provides strategic direction for the Leadership Team and is the voice of the Barkly region’s people in health care. Anyinginyi’s day to day operations are managed by a leadership team monitored for cultural responsiveness and awareness by a cultural reference group, which reports directly to the Board.
**Context/Geographical area**

Tennant Creek is the urban centre of Warumungu country. In the 1930’s, gold was discovered and Aboriginal people joined people from all over Australia in the gold rush working in the mines, many of which were located on what had been the Warumungu Reserve. Tennant Creek town was established in 1934 and was off limits to Aboriginal people until the 1960s. During the 1970’s, the era of the Federal Government’s self-determination policy, Aboriginal people began to move to or return to Tennant Creek from cattle stations and Warrabri Aboriginal settlement (Ali Curung). The town now has a population of 3500 people, a little less than half of the regional population, which lives in small towns like Elliott, communities like Alekerenge (Ali Curung) and smaller homelands.

English is often a third or fourth language for many Aboriginal people. About half of the regional population speaks a language other than English at home. Apart from Waramungu, people in the region speak Warlmanpa, Walpiri, Jingulu, Mudtpura, Kaytetye, Alyawarr, Anmatyerr, Wompaya and Garawa.

**Piliyintinji-ki Stronger Families**

Piliyintinji-ki Stronger Families (PSF) – which means ‘to make something better, to cure or make something good’ in Waramungu – provides culturally appropriate services for men, women and families of the Tennant Creek Region. PSF is supported by an internal cultural reference group.

Using core teams that pair an Aboriginal family support worker with a formally trained counsellor, PSF works on:

- alcohol and other drug services and offers culturally appropriate services, health promotion and prevention
- Bringing Them Home (Stolen Generation), dealing with the needs of the individual and support families experiencing emotional and social wellbeing problems associated with trauma and grief, forced separation of children from their families, family violence and suicide.

PSF also works in partnership with other Link Up Services, Central Australia Stolen Generations, CAAC (Congress) etc in areas such as:

- family violence, working on reducing the level of family violence and child abuse in the Tennant Creek community by capacity building communities, families and individuals in addressing these issues. This is done by providing counselling, education on issues, self-help measures, monitoring and case management by counsellors and Community Support Workers
- intensive family support services, providing preventative and early intervention family support services, focusing on family relationships, parenting and family law services to help families build their resources and capabilities and function more positively as families. This service provides counselling and a Capacity Building Timetable for the men’s and women’s centres, which includes cultural activities, bush tucker and medicines, nutrition and specialist education sessions, including diabetes, healthy lifestyles, foetal alcohol spectrum disorder, sexual health and social support.
Australian Red Cross NT – Communities for Children, SAMOurWay and Personal Helpers and Mentors

Australian Red Cross NT is a branch of the international humanitarian aid organisation.

Mission/Vision statement

The Red Cross Vision is embedded in a statement of principles based on humanity, impartiality, neutrality; independence; voluntary service; unity and universality.

Governance

Under the patronage of the Governor-General, The Hon Quentin Bryce, AC, Red Cross is governed by a council, which receives reports and financial statements, elects office bearers and appoints members to the board, appoints auditors and amends the Royal Charter and Rules (which are the equivalent of a Constitution and subject to final approval by the Governor General). The Red Cross Council is made up of the President and 53 voting members: the President, the Deputy President, the Chair – Audit and Risk Management Committee, the Youth Member, up to six Special Councillors, the Chair of each of the eight Divisional Advisory Boards from our state and territory offices, the Chairman of the Australian Red Cross Blood Service, up to three Appointed Members and 32 representatives taken from the states and territories.

The Board is the governing body of the Society and exercises all the powers of the Society that are not, under the Charter and Rules required to be exercised by the Council. It has 16 members: the President, the Deputy President, the Chair – Audit and Risk Management Committee, the Youth Member, the Chair of each of the eight Divisional Advisory Boards from state and territory offices, the Chairman of the Australian Red Cross Blood Service and up to three Appointed Members. The Board governs all national, state and territory functions and meets at least eight times a year.

Context/Geographical area

Red Cross operates internationally and across Australia.

Examples of family and children’s services in the Northern Territory

Communities for Children (C4C)

Red Cross manages the Communities for Children program, funded by FaHCSIA in the two sites of Tiwi Islands and Palmerston. The program works to support the health, safety and wellbeing of families with children 0–12 years of age. Under this model selected service providers, known as community partners, deliver a range of activities across the two sites through the active involvement of a tri committee structure comprising of community members, elders, research bodies and cross cultural advisors, created to ensure funding decisions are driven by the community and informed by cultural/community-based knowledge and evidence based practice. The program employs local people as community development workers and casual workers who act as community connectors on matters relating to families and children, and work alongside community members to identify and support community issues and aspirations. Underpinning the program is an ongoing participatory monitoring and evaluation process designed to foster local ownership and build local capacity.

SAMOurWay – Save a Mate Our Way

The SAM Our Way program is a national Red Cross Program that operates in rural and remote sites across Queensland, Western Australia, South Australia and the Northern Territory. In the Northern Territory, the program has been operating for three years in the communities of Nauiyu, Daly River and Wurrumiyanga, Tiwi Islands. The program works to support the social and emotional wellbeing of young people aged 12 to 25 years with particular
focus on the reduction of harmful alcohol and other drugs (AoD) use. The program employs young people within the communities to support their peers to seek employment opportunities and job skills development, engage in recreational and cultural activities and participate in education and awareness activities around alcohol and other drug use. Operating within a community development framework, the program is informed and driven by the aspirations of the young people and is supported by local steering committees comprising of youth, elders and local Red Cross staff.

**PhaMs – Personal Helpers and Mentors: Tiwi Islands and Nauiyu (Daly River)**

The Personal Helpers and Mentors program focuses on strengths – what people with mental health worries can do, rather than what they can't do. It aims to assist people to lead a fulfilled life, working with people to increase their self-confidence, to connect with their community and meet individual goals.

**Council for Aboriginal Alcohol Program Services (CAAPS) – Healthy Families Program**

CAAPS is a community-based substance misuse service that supports Aboriginal and Torres Strait Islander families who are experiencing alcohol and other drug (AOD) issues. CAAPS has been operating for more than 25 years with the support of the Northern Territory's remote communities and the territory's Catholic, Anglican and Uniting churches.

As a Registered Training Organisation, CAAPS offers nationally accredited training in community services and non-accredited courses, such as life skills and work preparation to rehabilitation clients on campus and to people in remote communities.

**Mission/Vision statement**

**Mission:** CAAPS is an Aboriginal and Torres Strait Islander community controlled organisation whose mission is to provide effective and efficient assistance to Indigenous Australians to overcome problems caused by substance misuse.

**Vision:** It is the vision of CAAPS to provide excellence in service delivery in the area of substance misuse. A central focus will be to provide families and individuals with appropriate educational materials and accredited training directed at explaining the dangers associated with substance misuse.

CAAPS’ principles are:

CAAPS recognises that alcohol and other drug misuse can be treated more effectively by involving the whole family. Family members experience health, emotional and spiritual harm as a result of a family member’s use of alcohol or other drugs. They will be more motivated and responsive to making changes in their lives than the person using the substance and they need to be supported and empowered.

CAAPS has a long-term commitment to Aboriginal communities in the Top End of the Northern Territory. We recognise the diversity and uniqueness of those communities and we respond to their needs through differing models of intervention, including workshops, training, case management, individual and family counselling.

CAAPS recognises communities are serviced by a wide range of agencies often working in isolation of each other. If these agencies work closely together, they will be less of a burden on communities and will be able to operate more effectively. We place a high priority on networking with allied service agencies (like NT Departments of Health, Justice and Correctional Services, North Australian Aboriginal Justice Agency, Centrelink) to create better relationships and more effective services.
Governance

CAAPS is governed by an elected Board comprising up to: three CAAPS members from the Catholic Church Diocese of Darwin (two must be an Aboriginal man and an Aboriginal woman); three CAAPS members from the Anglican Diocese of the Northern Territory (two must be an Aboriginal man and an Aboriginal woman) and three CAAPS members from the Uniting Aboriginal and Islander Christian Congress (two must be an Aboriginal man and an Aboriginal woman) as well as appointed members.

Context/Geographical area

CAAPS works broadly with Aboriginal people from throughout the Top End of the Northern Territory who are experiencing Alcohol and Other drug issues: people from Groote Eylandt in the East to Timber creek in the West; from the Tiwi Islands in the North to as far as the Northern Barkly in the South. It has a specific outreach program for people in the Greater Darwin region town camps.

Healthy Families

CAAPS provides a residential rehabilitation service, the Healthy Families program, which offers up to 38 places for a family-focused 12 week program in hostel accommodation on-campus; an outreach service for the Darwin–Palmerston region; and a withdrawal service offering eight beds for clients for up to eight weeks. Following an assessment of their suitability to the program, clients get a full health check on entry through Danila Dilba Aboriginal Medical Service. An alcohol and other drugs (AOD) support worker will help them set their own goals for dealing with alcohol or drug use, for continued abstinence, relapse management and recovery. They get help to sort through the day-to-day issues which can build up, like getting proper identification and sorting out housing, money, clothing and schooling for children.

AOD support workers will work with clients in one-on-one sessions, but there are also group sessions on substance (alcohol, other drugs and solvents) issues, gambling, relationships and family violence. The program also explores the history of Aboriginal and Torres Strait Islander peoples before and after contact with Europeans and encourages clients to think about culture and its role today. Clients can also take life skills and work preparation courses at Certificate I, II and III levels with the CAAPS Training Department and attend Alcoholics Anonymous meetings for additional support and exploration of their issues with substance use.

There is a Parenting Program which runs parallel with Healthy Families, involving one-on-one and family conferencing, parenting and living skills, and follow-up. A Children’s Program aims to help children understand how they can stay safe when people around them are drinking and taking drugs. A Volatile Substances program is also available for up to six unaccompanied minors at a time. The program is supported by a clinical nurse and a health promotion officer.
Central Australian Aboriginal Congress – Targeted Family Support Service

Central Australian Aboriginal Congress (‘Congress’) is one of the oldest Aboriginal health services in Australia, being founded in June 1973 on the same day as the Central Australian Aboriginal Legal Aid Service (‘CAALAS’) at a meeting of people from Alice Springs and the bush. The meeting elected a Cabinet to represent Central Australian people and ‘Cabinet’ remains the governing body of the organisation but is now known as “the board”. Its first service was known as the Tent Program, providing shelter to Aboriginal people in the town. By 1975 it had begun a medical service in Hartley St Alice Springs, which employed a doctor and Aboriginal Health Workers and set up transport and welfare services.

Congress through its Gap Rd clinic, provides a broad range of services and programs including acute care, chronic disease management, mental health, sexual health, child health, frail aged and disabled, dental care, pharmacy, school health and a pre-school readiness program. It also provides a maternity and women’s health service, Congress Alukura (‘By the Grandmothers’ Law’ as well as a male health service known as Ingkinta. Congress sites its administration, policy and advocacy services at its new headquarters on Todd Terrace. The building also houses the Social and Emotional Wellbeing branch, which operates as Pmere Marre (Good Place). The branch includes the Community Wellbeing Team, the Safe and Sober Support Service and the Targeted Family Support Service. There is also a youth program and a Child Care Centre. Finally, through it Remote Health Services Division, Congress auspices five services in remote communities throughout Central Australia.

Mission/Vision statement

Congress’ inspiration is ‘Aboriginal Health in Aboriginal Hands’. Its aspirations, framed in ‘Cabinet’s Dreaming’ (the 2008–2013 Strategic Plan) is:

• to be the leading Primary Health Care provider for Aboriginal people in Australia
• to improve the health of our community
• to provide the highest quality services to our community
• to assist communities who wish to establish their own community-controlled health service
• to remain a community-controlled organisation
• to provide opportunities for Aboriginal people to train in all areas relevant to Congress
• to maintain self-determination
• to secure the financial resources to continue Cabinet’s Dreaming
• to expand the services offered by Congress consistent with community needs.

Governance

Congress is ‘an organisation of Aboriginal people, for Aboriginal people, controlled by Aboriginal people’. The board is elected by the Aboriginal people of Alice Springs and includes three independent skills based positions.

Context/Geographical area

Congress services the Aboriginal people of Alice Springs and other Aboriginal people within a 100km radius of the town. It also supports remote Aboriginal communities within a 450km radius of the town who wish to set up their own health services.
Family and Youth Services

Congress runs a number of programs under the Social and Emotional Wellbeing banner, the principal program for this report being the Targeted Family Support Service (TFSS). The program started as pilot to deal with child protection and was originally funded to employ social workers and Aboriginal Family Support Workers as case workers with families at risk. The small team was evaluated by Charles Darwin University and managed to win continuing funding from the then Department of Families and Children (now the Office of Families and Children). Congress successfully argued for funding for a paired worker approach, where the social worker would work in partnership with an Aboriginal family support worker. Congress was also successful in gaining additional funding from the Alice Springs Transformation Plan and the TFSS team now employs 10 workers and a full-time coordinator.

The work is essentially an outreach, case work service to divert high need, families at risk from closer involvement with the formal child protection system. It operates on referrals from agencies and, increasingly, self-referrals. The teams meet together regularly and workers undergo regular supervision sessions with the coordinator.

Mental Health Association of Central Australia – Suicide Story

The Mental Health Association of Central Australia (MHACA) is a not-for-profit organisation specialising in psycho-social support, suicide prevention and mental health promotion based in Alice Springs and Tennant Creek. Suicide Story, a culturally specific training resource is developed and implemented within the Life Promotion Program of the MHACA. Suicide Story was officially launched on 3 March 2010 at the Alice Springs Town Council.

Mission/Vision statement

MHACA aims to enhance mental health and wellbeing for people living in Central Australia by:

• providing holistic support to people experiencing a mental illness and/or psychiatric disability
• offering psychosocial rehabilitation and continuity of care that is recovery oriented
• focusing on early intervention, prevention, recovery, advocacy and education
• raising awareness and assist community understanding of mental health and suicide
• reducing the stigma attached to mental illness and suicide
• complementing and actively supporting the mental health related work and services of Central Australia
• developing partnerships which strengthen community capacity to respond to the needs of participants and the broader community.

Governance

The Life Promotions Program is led by a Steering Committee of approximately 30 people representing NGOs, government departments and Aboriginal organisations concerned about suicide prevention. Suicide Story, specifically, is guided by an Aboriginal Advisory Group. (more from transcript)

Context/Geographical area

MHACA operates in the Central Australia region. The major town is Alice Springs, which has an estimated resident population of 25,186 people (Census, 2011), approximately 18% whom identify as Aboriginal. The traditional owners of the Alice Springs area are the Central Arrernte people. MHACA also has a base in Tennant Creek, which has an estimated population of 3,061 (Census, 2011). Tennant Creek is the urban centre of Warumungu country and the Barkly Tablelands.
Suicide Story program history and scope

Suicide story is about getting the conversations happening, giving people permission to talk in a safe space, recognising the existing knowledge and skills of indigenous people and giving new tools to handle suicidal behaviour in their families and communities.

Suicide Story is an Aboriginal-specific training tool to help create safer communities & families. It is a DVD made up of short films that feature the voices of Aboriginal people. Animation, art work and music combined with these voices focuses on nine issues relevant to suicide, and the DVD accompanies a full 3-day program. The aim of Suicide Story is to contribute to an increased level of understanding about suicide and the skills necessary to intervene when someone is a risk.

Suicide Story was developed in 2008–09 in response to the high rates of Aboriginal suicide in the Northern Territory (NT) and the identified need for training tools and resources to be adapted to suit Aboriginal people in Central Australia.

Using a community development and action research approach, Suicide Story has evolved from listening to the stories of local Aboriginal people. Over time, it has developed into a training program that can safely open up conversation about suicide, discuss the warning signs for suicide and offer strategies for supporting those at risk of suicide.

Many Aboriginal people work hard to keep each other strong and to support one another in remote communities where there are often limited resources, a lack of after-hours crisis services and a complex mix of support services that are not always well coordinated or understood by the local people. In the case of suicide risk, supporting family members or others can be complicated by cultural beliefs, fear, anger, sadness, confusion and unwillingness to talk about the issue. Suicide Story contains meaningful training material respectful of the people, culture, language and context of people’s lives in Central Australia. Training is delivered by local Aboriginal and non-Aboriginal workers.

The involvement of local Aboriginal trainers in Suicide Story has been a crucial element in the success of the program. Their existing relationships with local communities, skills in presenting the material in language and in a style that is relevant and familiar and assisting non-Aboriginal trainers to create a culturally safer learning environment is invaluable. As a non-Aboriginal organisation, MHACA is reflective about how it can best support its Aboriginal staff, recognising that the competing demands of work, family and community, can quickly lead to burn out. Suicide Story is currently funded by NT Government Department of Health.
Miwatj Health Aboriginal Corporation – Raypirri Rom Project

Miwatj Health is a not-for-profit Aboriginal medical service (AMS). It offers primary health care, population and public health programs, early intervention services and health promotion to the people of the North-east Arnhem Land region. These include specific programs targeting smoking and alcohol and other drug use with a harm minimisation approach and a suicide mitigation project.

Under a regionalisation program, Miwatj is gradually assuming control of community clinics from the NT Health Department. It runs clinics in Yirrkala, Nhulunbuy, Gunyangara (also known as Marnghari) and Galiwin’ku, for all acute and preventive care needs. Its outreach teams provide a regular visiting service to a number of nearby communities including Birritjimi, Galupa, Gunyangara, Garrathya Plains, Yirrkala, and within the Galiwin’ku community.

It is also an advocate for community-controlled health services in the region and, as a member of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Territory-wide.

Mission/Vision statement

Miwatj Health’s underlying philosophy is the fundamental right of Aboriginal people to control their own health services, in line with the Alma Ata Declaration of the World Health Organisation.

Its Mission is to improve the health, wellbeing and cultural integrity of the communities of the East Arnhem land region by delivering culturally appropriate and comprehensive primary health care and by promoting and coordinating control of primary health care resources by Aboriginal communities.

Among its core values, which it attaches to operations, Miwatj asserts it will behave with ‘cultural integrity, manner and trust’, show ‘care and respect for our people’, ‘ensure cultural safety’ and recognise ‘cultural and individual difference’.

Its Vision is to be, by 2014:

- an effective force for improving the health and wellbeing of Aboriginal and Torres Strait Islander people in the East Arnhem region
- the regional primary health care service provider for Aboriginal and Torres Strait Islander people in the Miwatj region and the regional health coordinating body for the region
- an effective advocate for improved health services and social determinants for Aboriginal and Torres Strait Islander people
- an effective advocate for improving the social determinants of health in the region
- an efficiently managed, financially sound, well-governed, accountable organisation
- support the increased employment of Aboriginal and Torres Strait Islander people with a focus on further appointments to senior roles.

Governance

Miwatj Health is governed by an Aboriginal Board representing the communities and homelands of the region, enacting through the board structure the principle of self-determination for Aboriginal and Torres Strait islander peoples. Three wards – Barra, Bulunu and Mamanika – elect the 16 member Board and recently the Board has co-opted ex officio members to offer specialist advice.
Context/Geographical area

The Miwatj region broadly covers communities from Ramingining in the west to Groote Eylandt in the east, and from Yirrkala in the north to Numbulwar in the south. Miwatj Health’s management and administration centre is located at Nhulunbuy, at the tip of the Gove Peninsula. The people in the region speak clan varieties of Yolŋu Matha and English is often a third or fourth language.

Raypirri Rom project

The Raypirri Rom project, funded by the Department of Family and Housing, Community Services and Aboriginal and Islander Affairs employs local community-based workers in a culturally sensitive response to the needs of families at risk. The team of family workers covers the communities of Yirrkala, Gunyangara and Birritjimi, as well as the small town communities around Nhulunbuy.

Raypirri Rom is a term derived from customary law. The program is based on a 2002 report written by a senior Wangurri man and former Chairperson of the Aboriginal and Torres Strait Islander Commission, Mr Djerrkura, now deceased. The report advocated a return to Yolŋu concepts of responsibility as a means of approaching the increasing incidence of family violence and related issues. Mr Djerrkura specifically proposed a both ways approach that incorporated mainstream processes and cultural methods.

Family workers operate under a program manager and their outreach work on family violence, youth at risk issues and substance abuse often may involve family members. The workforce is structured to allow for coverage of cases where workers may have avoidance obligations which preclude them dealing with certain relatives. As residents and family members, the family workers are virtually ‘on call’ at any time of the day or night after formal working hours.

Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Women’s Council – Child Nutrition and Wellbeing Program

The NPY Women’s Council was formed in 1980 as an advocacy and support organisation for women in adjoining regions in Western Australia, the Northern Territory and South Australia, who share language and cultural ties. It provides specific services to:

- Children failing to thrive, whose parents’ own lives may be affected by violence, substance abuse, low educational attainment and poor workforce skills;
  - young people, aged twelve to twenty-five, some of who are disengaged from education or training or at risk due to substance abuse or family disruption;
  - victims of domestic and family violence and sexual assault;
  - people with disabilities including acquired brain injury, physical impairment illicit drug or alcohol abuse or sniffing petrol; the frail aged
  - carers of aged and disability clients who need respite; and
  - the terminally ill in palliative care.
Mission/Vision statement

The NPY Women’s Council’s Guiding Principles are: ngapartji ngapartji kulinma munu iwara wananna tjukarurungku – respect each other and follow the law straight; kalypangku – conciliatory, pilunjungku – peaceful and calm; kututu mukulyangku – kind-hearted; tjungungku – united; kunpungku – strong

The central objective of the corporation is to relieve the poverty, sickness, destitution, distress, suffering, misfortune or helplessness among the Aboriginal people of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara communities.

Governance

NPY Women’s Council has a Board of up to twelve elected Directors, chosen by secret ballot every two years at an AGM, with equal representation from each of the WA, SA and NT sectors of the NPY area. The Directors meet four or five times a year to provide policy input and direction and receive reports on the work of the various NPYWC programs, progress on particular issues of interest or advocacy matters, and the corporation’s financial status.

Context/Geographical area

The NPY Women’s Council covers the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia, the Ngaanyatjarra Lands leasehold and native title holdings in Western Australia (formerly the Central Reserves and other lands) and the four southern Northern Territory communities of Imanpa, Mutitjulu, Docker River and Aputula (Finke).

The organisation’s membership and service delivery area is the twenty-five communities and homelands spread over 350,000 square kilometres of this region. The members share language, historical, cultural and familial connections and concerns for themselves and their families that take precedence over state and territory borders; and that is the basis of the NPY Women’s Council.

Family and Youth Services

NPYWC runs a suite of programs dealing with families and youth. The longest running of these is the Child Nutrition and Wellbeing program, which originated in 1996 as the Nutrition Awareness Project for Young Mothers. At the time NPYWC members and Directors saw this as a solution to the high number of children failing to thrive – commonly called ‘skinny kids’ – and the ‘welfare’ intervention that often resulted in their removal to predominantly non-Aboriginal foster care in major centres far from NPY communities.

Two staff were employed using the malparara model: a senior Yarnangu (Aboriginal) woman with many years’ experience in Aboriginal health services, and a non-Aboriginal woman with a nursing background. They developed a workshop format utilising a combination of health promotion and education strategies aimed at providing young mothers with the skills and knowledge to ensure optimum nutrition for their babies and young children.

The program continued to receive modest recurrent funding, supplemented by philanthropic and government special interest grants. Using an action research framework, its work developed to include individual family support for children at risk, monitoring of community stores, resource production and the Kungka Career Conference.

In 2005 NPYWC received additional funding for the Program under a FaHCSIA Invest to Grow grant allocation. This allowed it to expand and to offer a more equitable service throughout the member communities. These days the Program runs on a broader public health model. It seeks to address the wider social issues that affect child well-being and failure to thrive, such as domestic and family violence and Foetal Alcohol Spectrum Disorder (FASD) as well as combining prevention and intervention strategies to offer practical help to clients.

NPYWC also runs a traditional healer program – the Ngangkari program – with men and women healers bringing Yarnangu/Anangu remedies and healing strategies to a variety of physical and emotional ailments.
Tangentyere Council – Ketye Nwerneke Atlye Nwerneke Ltekngerle Ntenetyke (Ketyeye)

Keeping our children and families strong

Tangentyere Council began operating as a service delivery agency for the 18 housing associations in town camps in Alice Springs in the early 1970s and was incorporated in 1979. There are between 1600 and 2000 people – many of them Arrernte people, who are the traditional owners of Alice Springs – living in the 18 town camps, although the population may swell to as many as 3500 during special events. A number of town camps have residents from language groups outside Alice Springs, who have moved into the town for various reasons and for varying periods of time. All but two of the town camps are on special purpose leases; the two are unable to access any government funding for housing or infrastructure because they have no security of tenure.

As well as providing housing, Tangentyere Council runs family and youth services, a night patrol, a day patrol, a youth patrol, an arts centre, an aged and community care program and community banking. It manages four not-for-profit enterprises, including architecture and housing operations, an employment service and a landscaping business.

Mission/Vision statement

Tangentyere’s vision is ‘to lead, using the highest ethical and professional standards, Aboriginal development in a culturally sensitive manner by providing services to the Alice Springs Town Camp communities and related organisations and to influence change to meet community expectations’.

Tangentyere’s mission is ‘to provide culturally sensitive, sustainable services and programs that foster the aspirations of the Alice Springs Town camp communities in an innovative, effective and efficient manner and support the decisions made by those living in them.’

Governance

Tangentyere Council is an Aboriginal owned and controlled organisation which is governed by an Executive Council of the elected Presidents of each of the 18 Town Camps, a women’s representative and a member of the 4 Corners committee, which is a committee of senior Aboriginal law people who advise on integrating cultural law with the responsibilities of the Executive Council. It is responsible for the Constitution, policies, procedures and business plans. The Executive Council, like the rest of the organisation, holds to the precept that: “Our bosses are our clients and our clients are our bosses’.

Context/Geographical area

The Alice Springs Town Camps are the focus of Tangentyere’s business. It also maintains links with remote communities, recognising that supporting them reduces the impact of population drift on Alice Springs. Services to remote communities in the immediate Central Australian region include inhalant and other substance services and youth initiatives. The main language of the Alice Springs area is Arrernte, but other languages are spoken in many Town Camps, like Luritja, Pintubi, Pitjantjatjara and Warlpiri.

Family and Youth Services

Tangentyere has a number of programs in its Family and Youth Services Division. As well as specific youth programs, like the Central Australian Youth Link-Up Service (CAYLUS) and the Youth Activity Service, it runs Family Wellbeing programs and a tenancy support program, which negotiates on behalf of clients with mainstream agencies and services two Town Camp community centres at Hidden Valley and Yarrenyty Arltere.

Ketyeye (an Arrernte word for ‘kids’) uses core teams that pair an Aboriginal family support worker with a formally trained counsellor in an outreach early intervention service in the Town Camps. It began in 2005 and through education and support, focuses on improving parenting knowledge and skills and wellbeing among families at risk. It facilitates connections between families and other support agencies and links with the Tangentyere Intensive Support Playgroup to help children through the transition between day care, pre-school and formal schooling.
Appendix C: Study Interview Schedule

Your organisation

- Tell us about your program. What issues are you working on? Who are the families you’re working with? Are they in town or in remote communities? Do you do home visits?
- What do you do in the organisation and how long have you worked here?
- Why did you want come here to work?
- Have you worked in other programs for families and children at risk before?
- What’s different about working here?
- How do you work together as a team?

Aboriginal and non-Aboriginal cultures and knowledge

- What is the place of Aboriginal knowledge and whitefella knowledge in your job?
- Have you heard people using the words ‘two-way’, ‘both ways’ or ‘bicultural’? What do you think it means?
- Have you heard people using the words ‘cultural competence’ or ‘cultural safety’? What do you think these words mean?
- Do you know if your organisation has policies or statements about working across cultures? What do they say?
- Can you tell us if it works well or what you think it needs to work better?
- What training do you get in working with people from other cultures and what does it involve? Have you had any before you came here?
- Do you get time to think about and talk about working together here? What issues come up?
- How do you learn about other cultures from people you work with? Can you give some examples of asking Aboriginal or non-Aboriginal people in this workplace questions about their culture?
- How does the team work through any difficulties or stressful situations you might have in the workplace? How do you show what you feel about things that have gone well?

Questions for managers

- How did you get into your role in the organisation?
- What is the organisation’s governance and how do managers fit into it?
- How do you think the organisation is sensitive to working across and with cultural differences?
- Does it have the policies and procedures that support a culturally safe workplace for Aboriginal and non-Aboriginal staff? Is it explicit in your Mission or Vision Statement, or your Strategic and Business Plans?
- How do you evaluate your program/service – effectiveness and outcomes for children and families?
- Have you ever evaluated your cultural competence as an organisation? If you have, how did you do this and what did you find? Did it make a difference?
- Do you have a specific and mandatory training program in cultural competence and cultural safety? If you do, what does this involve?
- Is it important for you to build local capacity by recruiting and training local Aboriginal people? Why? How do you do it?
- What about employing Aboriginal people from other regions and cultures? How do they work with your teams?
- How does the organisation celebrate success?