

Worimi Ngani – Hello how are you?

Firstly I would like to acknowledge and pay my respects to the original custodians of the land on which we are lucky to be present on.

I would like to extend that acknowledgement and respect to all Aboriginal and Torres Strait Islander people's present and give my thanks to the knowledge holders and sharers. I pay my respect to our First Nations families and our gulyangarri – Our children – the ones in our homes, the ones in our hearts, those who could not make it home, and those who are yet to.

My name is Rachae, I am a Boorooberongal woman of the Dharug nation, This is my wonderful colleague Jodie and we are honoured to be speaking today, delving into an extremely significant topic of great importance: Working with Aboriginal young people with a disability in a culturally safe and connected way.

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At the heart of this case study lies a multi-agency approach. We would like to express our gratitude to the organisations and individuals that have played a part, In particular - to Josh at Yerin Eleanor Duncan, Mitch at Regional Youth Support Services (RYSS), Uncle Glenn Collis, The Musicians Making A Difference (MMAD) program, and the numerous community members who actively participated in this collaborative effort.

We want to take you on a journey through the intricacies of this community approach, exploring the key principles, strategies, and outcomes that have emerged as a result of collaboration. We will highlight the collective efforts of these agencies and community members in

providing comprehensive support, breaking down barriers, and fostering an inclusive environment for those who need it most.

By the end of this presentation, we hope that you feel a little more inspired and motivated, just as we have been, by the power of community-driven programs. Together, we can learn from this case study and apply its lessons to our daily practice and that of our teams.

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Meet J,

We met J in 2020, and immediately, he engaged everyone with his friendly demeanour, chatty nature, and ever-present smile.

J has experienced significant Trauma in his life, he was first known to DCJ in 2003 for concerns regarding his well-being and that of his siblings in the family home. Despite receiving culturally appropriate support, the family's identified concerns unfortunately remained.

J was assumed into care in 2011 due to concerns with parental drug use, risk of physical harm, parental mental health concerns, physical neglect, a lack of parental supervision, poor living conditions, and psychological harm.

Prior to us meeting J, he had been diagnosed with Attention Deficit Hyperactivity Disorder, and had experienced bouts of anxiety and depression. He presented with concerns of drug use, and verbal and physical aggression. After several placement breakdowns, J was referred to the Intensive Therapeutic Transitional Care (ITTC) program.

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For those unfamiliar, this program is designed to provide comprehensive support and care for children in out-of-home care who have experienced trauma and/or present with other complex needs for a 13-week period. Throughout the program, a therapeutic care team gets to know the young people, they complete comprehensive assessments and ensure that specialist service referrals are identified and actioned, they identify presenting needs and contribute to establishing the best pathways for permanency.

We must be present to the significance of cultural continuity and the importance of connection for the well-being of Aboriginal children and prioritize not only maintaining but also establishing, strong connections to cultural identity, in an environment that is nurturing, engaging and above all, safe. We need to address the specific needs of Aboriginal children and incorporate cultural practices, protocols, and teachings into the therapeutic interventions and daily routines delivered throughout our programs. We also must, and have, identified where our knowledge lacks and partner with community organisations in wrap around supports.

There is a significant healing power that comes with knowing your cultural identity, with having connection to mother earth and father sky, having community connection and the opportunities to connect with the knowledge holders. Understanding that enables those in a care position to further promote resilience and well-being.

By providing a culturally responsible and trauma-informed environment, the ITTC program aims to support the holistic development, emotional well-being, and cultural pride for all children in care, empowering them to overcome challenges and thrive in their next steps.

During J's time in ITTC we learnt of J's Intellectual Disability. He faced challenges with reasoning, problem solving, planning, abstract thinking, judgement, academic learning and adaptive functioning. Without ongoing support, J's functioning in his day to day life would be limited.

The teams considered the pathways for J – Of course considering the Aboriginal Placement Principles of prevention; partnership; placement; participation; and connection.

At the time, J was not intricately connected with his kinship network, through work with Uncle Glen Collis and RYSS's Cultural Healing Program, J discovered his mob. We prioritised keeping him on country and he entered our ITCH program.

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The ITCH (Intensive Therapeutic Care Home) provides intensive therapeutic support and care for young people. Like the ITTC program, ITCH aims to create a responsible and safe, supportive environment for each young person's healing and growth.

It focuses on addressing the impacts of trauma, promoting emotional well-being, and supporting the development of positive relationships and life skills. For Aboriginal young people, it incorporates culturally appropriate practices, knowledge, and connections to culture, community, and identity.

The program's ultimate purpose is to provide care in conjunction with a holistic and therapeutically based framework that supports the additional healing journey of young people, facilitates their personal development, and prepares them for successful transitions into adulthood.

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Many of our young people have diagnoses' that include Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, and Autism Spectrum Disorder and psychosocial disabilities like depression, bi-polar, obsessive compulsive disorder and other personality disorders. It is not uncommon for previous trauma to present in behavioural challenges such as toileting issues, thoughts of self-harm, and difficulties in the ability to regulate independently. Currently, 30% of the children and young people in our out of home care program have current NDIS plans. We have noticed overlaps between symptoms of trauma and ADHD and are continuing work to ensure that we are able to set up the children and young people within our programs with the best chances of long term, successful supports both with and without the support of the NDIS.

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When finding the right placement for J within the ITC program, we had to carefully consider matching, matching young people involves a thorough assessment of their needs, strengths, and preferences, as well as consideration of their cultural background and identity. It includes factors such as age, gender, cultural background, additional needs and presentations of the child or young person. By ensuring a well-matched placement, we are able to enhance the child or young person's sense of belonging, stability and attachment, promoting their long-term well-being and options for permanency and ensuring that relationships with external interventions are formed, maintained and effective. CatholicCare prioritised a placement on Darkinjung country with another Aboriginal young person, something that J voiced was integral to his sense of belonging and feeling of home. Here's a photo of J meeting the other young people he would share his home with.

This is what J had to say about his time in ITCH.

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As J settled into his new home, we took what we had learnt in ITTC about J, which was

- that he needed to provide information in concrete objective terms,
- he needed extra time to process information,
- information should be provided verbally or with the aid of visual supports
- with time for discussion to check his understanding

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Here are some examples of how we broke the case plan down into themes and used cards to rank each theme from most important at the top to least important down the bottom and then we used mind mapping to expand on these themes and work out the direction we were heading together.

Later we discussed the case plan and broke it down into manageable tasks that the care team, his family and friends got involved with.

J places his family and friends quite highly. For J, family plays a vital role in preserving his cultural identity, well-being, and sense of belonging. As we know, within the kinship models, family extends beyond immediate relatives and encompasses an intricate network of kinship ties, ancestral knowledge, and cultural traditions. When J was placed in out-of-home care, it was paramount to ensure connection to his family and community was explored and further built upon.

The involvement of extended family members, elders, and community members in J's life has helped to nurture a strong cultural identity, maintain cultural continuity, and provided a supportive network around J. During challenging times he lent on Elders and found comfort and support in their presence when we needed to navigate court systems, the NDIS applications and were essential in promoting the holistic development and cultural well-being of J.

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It was also where we began to concrete further links with supports such as RYSS, Yerin Eleanor Duncan, MMAD, Uncle Glenn and Aboriginal Legal Services.

Let's meet some of these people that helped to shape J's future.

Meet Mike

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Reconnect Youth Support Service (RYSS) played a vital role in providing assistance and support to J through recognising the unique challenges and barriers that J faced as an Aboriginal young person in care with a disability and aimed to address gaps through a culturally sensitive and responsive service. RYSS focused on building a positive relationship with J and creating a safe and inclusive environment where J could access the support he needed. J engaged in the living skills and cultural healing programs, both mentorship and cultural support programs that engage with local Aboriginal Elders and organizations dedicated to improving the outcomes and opportunities for Aboriginal young people.

The presence of an Aboriginal mentor fosters a sense of pride and belonging, and helped J to develop a strong sense of self and cultural identity when struggling with AOD use. Uncle Glenn from RYSS really inspired J and became a vital support system, promoting resilience, healing and empowerment in his local community. Uncle Glenn contributed significantly to the preservation and celebration of J's identity, promoting cultural resilience and a sense of pride.

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YERIN

SLIDE (video)

Yerin played a vital role in J's cultural journey. He engaged in drug and alcohol counselling and mentorship programs. They worked with us to incorporate the strategies that were developed to assist J absorb and retain information.

MMAD.

SLIDE (video)

Understanding that J relied heavily on visuals and the act of 'doing' to learn, a youth worker identified that the use of tactile resources would be likely to engage J and signed him up for the Break Free youth program. From there, he went on to the STARS mentorship program run by MMAD in partnership with Sony.

This is what J had to say about what these services were able to give him.

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As we know, effective communication with young people with disabilities helps to express ideas, needs, thoughts and emotions. It becomes a fundamental tool in planning with and supporting individuals to participate fully in their environment and build meaningful relationships.

We learnt through our journey with J, that when our communication and collaboration wasn't effective, we saw immediate ramifications for our primary focus - J. We had to ensure our own understanding on how agencies best communicated, who had strengths in what areas and really just get everyone in the room to have a chat.

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As J neared his 18th birthday we began to discuss leaving care. We tailored J's specific needs to foster open and supportive communication channels through this period of change, which involved inclusive and accessible communication systems and visual supports. Through this, J was able to articulate what he wanted the transition to look like, who was important to be there – promoting self-expression and self-advocacy skills. Giving J and those who were important in his life different ways of communicating his needs and goals played an important part in developing cognitive abilities, social skills, self-confidence, and empowering him to actively participate in his future planning and have his voice heard to live a more fulfilling and independent life. J transitioned into Therapeutic Supported Independent Living (TSIL).

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This program was designed to provide specialized support and resources for young people as they transition from out-of-home care to independent living. The program offers a range of tailored services, including housing

assistance, life skills development, education and employment support, mental health counselling, and cultural mentoring. While this program appeared to be a natural progression for J, we also explored other pathways such as Rent Choice Youth, Premier's Youth Initiatives, RYSS's Indigenous Justice Program and SIL placement options through NDIS. A consistent challenge we faced was access and availability of a property for J and he continued to be knocked back.

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It was essential that we found a home for J on Darkinjung country, close to his family and community ties and his established support network. TSIL offered us the opportunity to meet some of the needs identified, we matched him with a property on Darkinjung country, close to family and his support networks but lacked the foundations to support his disability, with limited options in the area we looked to bridge this gap by continuing in the collaborative approach and ensure J's existing links were maintained.

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We met with J to get this thoughts.

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In this space, we are always learning and developing. Each child and young person has their own sets of challenges, strengths and backgrounds. They each have a right to self-determination, to safety, to their voice being heard and their needs being met.

J's NDIS application began in 2021. Our largest barrier in moving this plan forward to completion was access and engagement.

Getting access to an OT to complete the required functional assessments to support the application took quite a long time, and J's engagement in the emotional preparation and active understanding work decreased.

J's plan was finalised in December 2022, and was developed to include: Core Support to assist in exploring suitable housing, health and well-being, allowances to assist in communication skills improvement and employment and capacity building for improved daily living, keeping and finding a job, Improved relationships and contingency for a plan manager to assist J to understand and manage his plan.

Throughout our work with J, and other children and young people that are faced with similar challenges, we identified gaps in our practice when it came to understanding the NDIS.

We have developed an NDIS Coordinator of support role that works closely with our PSP program to assist us in getting better outcomes for our young people and are developing some guidelines to identify trigger points in our case work where resources such as training, collaboration or the use of social stories can be utilised for case managers, carers and the children and young people to help them understand.

We, as the practitioners, need to ensure that WE are informed, that we understand the intricacies of disability and trauma, and where they crossover or blend. That we accept that in most cases, we cannot do it all and reach out to those who can. Only with openness, data and information sharing and keeping the outcomes for our participants at the

forefront of our practice will we be able to ensure the best outcomes for our most vulnerable.