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Community-based Aboriginal staff taking the lead in family support: a case study of transforming practices prompted by the COVID-19 pandemic

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ABSTRACT

The *Play to Connect* programme is an ongoing action research project investigating implementation of a parenting programme for families and children living in disadvantaged remote Aboriginal communities in Australia's Northern Territory. The aim of this research was to identify critical skills and supports needed for community staff to deliver family support services in their community. The presented collaborative research project was undertaken by two community-based Aboriginal implementation officers and two visiting practitioners between March 2020 and December 2021. At this time, social service delivery was impacted by COVID-19 lockdown restrictions when visiting staff were temporarily permitted to fly into remote communities. The visiting practitioners interviewed the local Aboriginal community staff after family visits to explore how to build their professional competencies and contribute to the nature of programme delivery. Thematic analysis of the interviews and debriefing notes emphasise three key factors crucial in building professional competencies: experiential and reflective learning; partnership and collaboration; and increased self-efficacy. The promising practices identified have potential for broader application across Aboriginal communities to enhance cross-cultural and multi-disciplinary teamwork for service delivery. These professional development processes can ensure more accessible programmes for Indigenous communities based on cultural relevance and the diverse needs of participating families.

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Introduction

Social work practice in remote Aboriginal communities is complex. In the Northern Territory (NT) of Australia, Aboriginal and Torres Strait Islander Australians comprise 26% of the population with over three-quarters (76%) living in remote or very remote areas (defined as a minimum four hours' drive from a range of services) (Australian Bureau of Statistics [ABS], 2021). Service providers are dependent on the co-operation of individuals with different professions, competencies, and world views to work in

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adaptable teams (Bennett et al., 2011; Stokes, 1994). Local community staff usually work in collaboration with external colleagues who either visit the community for service delivery or live in the community while employed on a specific project. This working model is often characterised by inter-dependence and complementary skills of the project team. The external professionals rely on the local workers' community and cultural knowledge and language skills to effectively engage families and increase participation and attendance. Visiting practitioners support the collaboration through their clinical and occupational expertise (Stock et al., 2019). When either local or visiting staff are not available, services and programmes operate with limited capacity or activities are cancelled.

In health and family support services in remote Australia, Aboriginal community staff have been recognised as effective in empowering communities and improving culturally appropriate service delivery. They are identified as essential to safe and appropriate delivery of health promotion and treatment in Aboriginal community contexts (Conte et al., 2019; Kuipers et al., 2014). Community workers are described as agents of change, providing a bridge between community members and the service delivery system through educating, informal counselling, capacity building, and advocating (Evans, 2012; Ingram et al., 2016) leading to positive health and social service outcomes for staff and families (Stock et al., 2019).

On a policy level, the national agreement on 'Closing the Gap' focusses on enabling Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians (Department of Prime Minister and Cabinet, 2020). The 2020 report emphasises that a community-led, strengths-based approach, where programmes and services are designed, developed, and implemented in partnership with Aboriginal and Torres Strait Islander people is essential to accelerating improvements in life outcomes (Department of Prime Minister and Cabinet, 2020).

However, employment and development opportunities for community staff are characterised by short-term funding strategies with programmes and services including research project and NGO delivered family support services coming and going. This model in general only serves to meet the needs of the visiting service providers, not the long-term social and emotional needs of the community. The outcome-orientated focus of the funded organisations often results in a lack of attention to staff professional development needs, enhancing team processes and programme reflection. They leverage off the community connections of local staff. The latter are expected to assist in the community engagement phase of the programmes although their role descriptions are often poorly defined and therefore difficult to implement, with poor training and support, and a lack of commitment to long-term professional development and integration into community services. A high level of employment discontinuity and low employee retention among the service providers and their visiting staff limit the opportunity to form genuine relationships. These factors work against any likelihood that local workers will be supported, and their roles developed beyond meeting the short-term needs of the project and the funded NGO.

Although specific strategies are in place to build the size and capacity of the Aboriginal workforce, including enabling Aboriginal employees to develop their skills without leaving their community (Ewen et al., 2019; McKenzie, 2011), there is little known

about what it takes for community staff to build their skills and make an independent contribution in social service delivery. The rationale for this research is that there is a need to understand how to build and sustain workforce professional development for community-based, Indigenous staff to implement programmes to increase capacity to deliver family support in their communities. The aim of this research is to clarify the mechanisms and enabling factors for skill and capacity development of local staff, in expectation that Aboriginal ways of knowing, being and doing will be respected and understood. This can enable long-term and integrated culturally appropriate family support within local communities.

Context and background

This study was undertaken in the remote community of Wurrumiyanga on the Tiwi Islands, in the NT of Australia. This island community is 87 km from the provincial capital, Darwin, and can be reached by ferry or light airplane. It has an estimated population of 1563 people with 86.5% being of Aboriginal and/or Torres Strait Islander descent (ABS, 2021).

The Centre for Child Development and Education at Menzies School of Health Research (Menzies) has an established partnership with Traditional Owners and the local community-controlled Tiwi Health Board, who engaged Menzies to develop and evaluate parenting programmes on the Tiwi Islands over the last 15 years. The current *Play to Connect (P2C)* parent-child programme was developed within a participatory action research framework (Stock et al., 2021) and draws on evaluation findings and experiences from over 15 years of delivering parenting programmes in remote NT Aboriginal communities (Robinson et al., 2009). *P2C* is a parenting programme with a multi-group format: a parent group, followed by a group for parents and children together, delivered over four sessions. The programme is based on play therapy principles and informed by four themes and skill sets for parents (Bratton et al., 2006): being with the child; following the child's lead; reflective responding; setting limits.

The *P2C* programme incorporates two main objectives:

- (1) Active involvement of community-based Aboriginal staff employed as local implementation officers (LIOs) in the setup and delivery of a short-term, play-based group programme for parents and children.
- (2) Improvement of parenting and increased capacity of participating families to engage with the school, family support services and community networks.

The *P2C* programme is designed to be co-delivered by at least two LIOs, who live in the community and at least one visiting social work practitioner. To date, the LIOs have been mothers and former participants in the programme, and importantly, they are 'experience-based experts' in their community. LIOs generally do not have formal qualifications and little or no experience of delivering parenting programmes. Their employment description is framed by the questions: What roles are they fulfilling in the team, how can they be supported to develop their confidence and knowledge in service provision?

The *P2C* approaches to training and delivery are continuously adapted in response to cultural, personal and contextual factors which affect social work practice in the remote

setting. Arguably one of the most abrupt and challenging adaptations has occurred in response to the current COVID-19 global pandemic. National public health guidelines aimed to decrease the spread of COVID-19, limited gatherings to two people and restricted travel to remote communities. Services to remote communities responded in a myriad of ways, with most remote family support services forced to close, as visiting practitioners left communities or were unable to travel. This situation resulted in the *P2C* team considering the options of cancelling delivering family support in the community or adapting the programme in response to the COVID-19 regulations and restricted access to the community.

Via videoconference various delivery options were discussed. The local and visiting team members developed a ‘home visit’ model, that could be facilitated by the local staff with remote support from the visiting practitioners based in Darwin. This enabled the local staff to provide resources and support to families caring for children at home under the COVID-19 restrictions. The adaptations allowed the LIOs to visit families at home incorporating the themes of the *P2C* programme. Activity kits, consisting of games, craft and Tiwi songbooks were provided, instilling the importance of play and positive time for children and adults together. For parents, the support of the LIOs was helpful during a difficult time of loneliness and uncertainty. For the *P2C* team, this challenge provided an opportunity and impetus to re-examine team roles, perceptions, and practice.

Methods

This research was undertaken as part of a PhD study exploring delivery of a parenting programme in remote Aboriginal communities within a multicultural team. This sub-study was designed as a phenomenological case study, focusing on a single phenomenon within its real-life context (Yin, 1999, 2014), interested in what different individuals have in common as they experience the same phenomenon (Creswell, 2007). This research attempted to characterise lived experience, like feelings, sequences of thoughts, insights and perspectives and to provide local knowledge that was time- and context-bound (Abma & Stake, 2014). The study period is defined by the COVID-19 travel restrictions in the NT between March 2020 and December 2021 and had a single unit of analysis: The enablers for local Aboriginal staff to deliver family support in their community.

Research roles and responsibilities

Research design was informed by extensive experience delivering family support programmes in Wurrumiyanga incongruence with Tiwi cultural protocols and based on long-lasting relationships and trust with senior members of the community (Liamputtong, 2010; Stock et al., 2019). The approach taken within the *P2C* project was collaborative, based on the importance of reciprocity and to ensure that the research ‘makes a positive difference in the lives of those it touches’ (Warr, 2004, p. 586). The first four authors were part of the team employed to deliver a parent–child group programme on the Tiwi Islands. Authors 2 and 3 live and work in the community, Authors 1 and 4 fly into the community for programme delivery and research for 1–3 days visits. The first

author was part of the delivery team, a trained social worker who has worked on the Tiwi Islands for 15 years, and PhD student, leading the study.

Data collection

Data were collected in two ways:

1. Daily reflection notes ($n = 42$)

After each day of working in the community, the LIOs phoned the Darwin-based team and participated in a reflection session which were recorded. The phone calls were structured in four components:

- (I) Narrative (recollection of and reflection on the day).
- (II) Structured questions about parents' responses to the home visit (sample item: 'How did parent A, B, C... react when you visited them?').
- (III) Self-Observation (sample item: 'What I think I did best was ...').
- (IV) Planning for the next day: What does that all mean and how do we move forward?

2. Semi structured in-depth interviews

After easing of travel restrictions, both LIOs were individually interviewed twice by the first author with each interview taking approximately 1 hour. The interviews provided detailed qualitative data about the LIOs experiences and the meaning they made of those experiences (Rubin & Rubin, 2012).

The interviews followed six steps: 1. Preparation (finding a space which suits the interviewee: sitting under a tree, with tea and food). 2. Initiation: start recording and present the topic of 'experiences of working without visiting practitioners on the island'. 3. Main narration (no questioning, only non-verbal encouragement by the interviewer). 4. Questioning phases: pre-prepared questions, using interview guide (sample item: 'What helped you to work without visiting practitioners?') followed by immanent questions. 5. Concluding talk: stop recording and continue the conversation as it comes. 6. Construct a memory protocol of 'concluding talk' by the interviewer.

Data analysis

- (1) Daily reflection notes and audio recordings of interviews were transcribed by the first and fourth author (entered into software package QSR NVivo12)
- (2) Analyses, conducted by the Darwin-based research team, were guided by the research question, 'What are the enablers for the local Aboriginal staff to deliver family support in their community?'. The analytic steps utilised processes in the thematic analyses, as described by Braun and Clarke (2006) and Saldana (2016).
- (3) Analytical categories and hypotheses derived from all data sources
- (4) Development of three key themes and five sub-themes followed these steps: cross-checking of interim findings with senior researcher and LIOs was followed by a facilitated analysis through an iterative and primarily oral process of group discussion to clarify meanings and narrow down categories in terms of key ideas as understood by Tiwi people. This approach was the preferred Data analysis method of the Tiwi researchers.

Findings

Based on the thematic data analysis outlined in the Method section, three key themes are identified and illustrated. Quotes were selected that best represented the research findings, which were checked for accuracy and relevance and are used to illustrate the findings in this section. The first theme was ‘experiential and reflective learning’, which enabled LIOs to understand and interpret their practices in terms of professional terminology through the ideas discussed with their visiting colleagues. The second theme identified was ‘partnership and collaboration’. This theme had two subthemes relating to partnerships between LIOs and the collaborations with the visiting practitioners. The third theme, ‘increased self-efficacy’, had three sub-themes. These themes are key to understanding about how LIOs build new learning through the experiences available to them in this research project: building on prior knowledge and understanding, using past performance and experiences; and support and encouragement by their mentors in the project.

(1) Experiential and reflective learning

Experiential and reflective learning provided the opportunity to develop knowledge and skills, to apply new concepts and develop professional competence. The importance of allocating time daily to reflect and critically analyse the programme delivery was emphasised by all team members as a critical element of the learning journey: *‘basically, just talking over the phone with us down at the beach, and at the same time while talking, we could reflect’* (LIO1). The team had to ‘unlearn’ initial expectations about their roles and relationships, develop and try new approaches in their practice, and shift back and forth between reflection and action. Experiences were re-framed, and protocols and actions revised. The LIOs shared that this approach enabled them to develop a personal commitment to professionalism and to become agents of their own learning. Learning took place for everyone; all team members were equally involved, as learners and teachers and the interdependence of team members became very clear: *‘It’s good for us to learn from one another, things we did not know or think about before. We need somebody who has different thoughts, different ideas, so we can gain that new knowledge, try out new things, and use it, if it feels all right. Then, things can change’* (LIO2). The LIOs noted that they felt a greater awareness of their professional identity as social service providers in their community and reported on improved confidence, pride and appreciation of their work role: *‘That makes me feel like, ah, like confidence, you know, how you feel . . . makes me feel good inside, proud, I reckon’* (LIO2).

Viewed through an experiential, reflective learning lens, developing and enhancing the community staff’s confidence and capacity to work without visiting practitioners being present, involved challenging expectations, reflecting on new experiences and understanding and learning from others’ experience. Shifting points of view created new knowledge, understanding and ways of practice.

(2) Partnership and collaboration

Working in partnership was described as a critical enabler for LIOs staying engaged with the work tasks and delivering the programme.

- **Partnership between the LIOs**

To have somebody to work alongside was seen as the most important factor for the LIOs when the visiting practitioner were not in the community. LIO2 described that she would not have taken on the challenges without the other LIO by her side: *'At first I thought I won't take that job, no, I couldn't do it, but then I made a choice to myself, you know, I can do it without [visiting practitioner], I'll have [the other LIO] there with me, to support me, what we do with the job, just doing it together, that's important'*.

Two aspects of the relationships between the LIOs were highlighted: Support and encouragement and joint decision-making.

Both LIOs shared a strong commitment to delivering family support in their community. To put their commitment into action, a supportive partnership between them was critical: *'Doing things together, agreeing and disagreeing with me, discussing it, on things we work on, saying that we did well, makes us stronger, together'* (LIO2). Encouragement and support from the other team member provided a motivation booster and a 'refuelling station' for confidence and self-esteem and enabling them to feel 'safe' (LIO1).

Another significant characteristic of working alongside another team member was joint decision-making practice. In the LIOs working partnership, there was no substitute for talking things through as they had to make multiple decisions about their practice on a daily basis: *'Well I can't make a decision for myself cos I am not by myself, I am with [LIO2], I have to look at her first, because she is part of the team, so I made a decision with her too, to see how she feels'* (LIO1). Sometimes these decisions had to be made quickly during home visits. LIO2 stated: *'We both thought it was better to leave her as she (a family member at a home visit) can get grumpy'*. Together they assessed the situation and decided to retreat, reflecting later on the situation and planning for another strategy. Being active in the decision-making process, influencing the outcome of the work increased job satisfaction and a positive attitude professionally and in their private life: *'Yeah it helps me to stay strong too, and confident and, the confidence you get, and calm and experience, kuwa [yes] when I get home, I don't have to feel stressed and yelling too much at my nieces and nephews at home, you know, talk to them in a good way'* (LIO2).

A supportive partnership between the community team members is clearly a critical factor that enabled the local staff to work autonomously and provided a positive buffer when challenges arose. We suggest that it reduces disengagement and staff turnover.

- **Collaboration between LIOs and visiting practitioners**

Analyses of the partnership between the visiting practitioners and the local Aboriginal staff revealed that learning both from and with each other and operational, professional and emotional support were the most significant elements in this collaboration.

A cornerstone of the collaboration was a focus on individuals' strengths and valuing that together the team had the combined skillset to get the job done, respecting the cultural and clinical knowledge equally. All team members acted as mentors to each other at different times, each 'had other's backs', and different 'knowledges' together created critical and sustainable change in all areas of the project. The culture of encouragement

and clear belief that the LIOs had the ability to accomplish the programme goals, increased the sense of confidence: *'You [visiting practitioner] trust me, that makes me feel stronger, have more confidence to do that work, that's how I feel'* (LIO2).

Daily scheduled reflection meetings, availability by phone and provision of resources such as transport, mobile phones, programme resource material, reflection sheets were important, as they provided structure and *'security'* (LIO1).

The programme was delivered by the LIOs for six weeks without the visiting practitioners in community. At this point, both LIOs felt that the challenges of delivering the home visits were too big and tasks were postponed to the following days or week. After LIO1 was not able to work for one week LIO2 stated: *'it was hard when [LIO1] could not work, and I had to work alone. Could not talk to her, did not have support. And then for you mob [visiting practitioners] not to be there, too, support me, working as a team, this is what makes it better, easier, I guess.'* Both LIOs expressed that they needed more than the regular phone calls and LIO2 stated at the debrief meeting: *'it's time you come back. . . getting sometimes real hard.'* It was evident that after working for six weeks without their colleagues from Darwin being on the ground, support by the visiting practitioners was needed to uphold the LIOs motivation and momentum.

Partnership as an enabler for local Aboriginal staff has been explored. These partnerships are critical to maintaining motivation, satisfaction and engagement with their working tasks and can mitigate many of the challenges faced by local Aboriginal staff working autonomously in their community.

(3) Increased self-efficacy

Learning to value oneself and to have confidence that you successfully can perform particular tasks was a critical enabler in raising aspirations, self-esteem and to commit to a new way of working: *'biggest decision I've made, challenge, say I can do it, to be confident to myself and have a go'* (LIO2). Our analysis identified three critical factors for the increase of self-efficacy for local workforce in remote communities:

- **Prior knowledge and understanding**

An important source of self-efficacy was prior knowledge and understanding of the community and the objectives and aims of the programme.

Living in the community was an important element for both LIOs to trust their abilities and performance. Having the same experiences as participating parents, growing up children in the same environment, and knowing community protocols supported them to feel *'stronger'*: *'Experience at home, growing them [kids] up, playing with them, I did the same things then other parents'* (LIO2).

Both LIOs had a long-standing connection with the P2C team and the research institution. They had both previously attended a parenting programme as participants and were involved in the development and delivery of the P2C programme. LIO2 described how she acquired new knowledge over time from the visiting practitioners: *'Participated in the programme, see you, knew you then, I was picking up a little bit at a time, what you did'*.

Neither LIOs have formal qualification in social service delivery. However, both had a clear understanding of the purpose of work tasks and the theoretical foundation of the programme. This was seen as an important element of developing professional practice and to be able to engage parents and confidently represent the programme: *'When you know what you do, understand it, then you can explain it to others. We also think it is important what we do, and that's why it makes us feel good'* (LIO2).

- **Past performance and experiences**

The LIOs past experiences and performance in delivering family support in the community were critical to develop their belief in themselves and enabling them to deliver the programme autonomously. Part of this was based on modelling that had occurred through training and past delivery of the programme. Watching other team members, being successful and dealing with setbacks was significant: *'When I see you guys [team members], what you are doing, I think I might give it a go, try it myself . . . if you guys can do it, I can do it as well'* (LIO2).

Self-efficacy did not come from easy success; it required overcoming obstacles through continued effort and persistence. There were times when it was difficult to engage parents and service delivery was compromised by challenging and unforeseen situations. This provided the team with the opportunity to reflect, adjust and to trust their ability to overcome hurdles. Success in the face of adversity was particularly beneficial. LIO2 described how she felt, visiting a particular father: *'At first yes (it was a challenge), then I thought, I just have to do it. I have to have confidence in me, you know, when you do things, it makes you confident'*. Both LIOs continued to deliver the programme despite obstacles, setbacks, and challenges and the successes helped build their sense of self-efficacy: *'Things changed, I have learned, that I just got to do some things, even when I am scared'* (LIO2).

- **Support and encouragement**

Support, encouragement, verbal persuasion, praise and constructive critiques from work colleagues were identified as critically important. The mentoring model was collaborative and reflective, including all participants as co-learners and conveyed the visiting practitioner's belief in the LIOs capabilities: *'First I am scared, then I look at you, and then I can see that you think I can do it, listen to you, that helps, makes me stronger'* (LIO1).

Within their community the LIOs received support and encouragement from parents and stakeholders and sensed an increased value given to their role. LIO2 recalls a comment from a nurse: *'Oh, you are taking on this job already yourself? That's good!'* and reactions of community members on the local team working autonomously: *'I could see everybody's faces, when we would drive past . . . checking us out, we were driving with our uniform on . . . (people said:) "Oh that's good you mob both working together as a team without them murutawi [white people] around". We felt good too, you know inside, both of us when they said that. Yeah, we had smile, both of us just looking at each other, just smiling at each other like, they weren't expecting that because they normal see you guys [visiting practitioners] in the bus with us . . . and we both just look at each other and gave*

each other a big smile' (LIO2). People in the community confirmed their strength, and capability, reinforcing them to take a more active role. LIO2 recalls her response to positive feedback she received from a parent: *'That made me feel proud. Proud of myself and I said (to her) 'wow, thank you, you just really made my day'*.

Saying 'yes' to the challenges of working without the visiting practitioners and succeeding in dealing with versatile situations provided the LIOs with reliable evidence of their capacities. As the LIOs roles changed, so did their awareness of their professional identity, their feeling of pride and advocacy for the programme.

Discussion

This study was guided by the interest of four practitioners and researchers who worked closely together examining the enablers and processes supporting local Aboriginal staff in terms of their skills development and autonomous role in social service delivery. To our knowledge, this is the first published study in which a set of enabling indicators were qualitatively explored.

At the core of this project was the recognition of the role of social context and the belief that the local staff, engaging in experiential learning and reflective practice, may become 'agents of change' for themselves, the team, the project and their community. The phenomenological methodology unravelled the complexity of the case and revealed that all team members had unique interactions, challenges, and stories, but there were commonalities in their experiences, sentiments and needs.

Three enabling factors were identified: experiential and reflective learning; partnership and collaboration; and increased self-efficacy. These three themes were identified and explored separately but need to be viewed as parallel and interconnected. The process of experiential and reflective learning works better when local staff believe in their capabilities, are well connected and supported and the more they can contribute. Prior knowledge and past performances do not work without the collaboration, modelling, practicing and the feedback loop of participation in the process.

This study is an example of experiential learning developed through reflective practice, where staff became agents of their own learning and aspirations. The literature from various disciplines emphasises the process of experiential learning and reflection as central to good practice (Moon, 2004; Sicora, 2017). Through reflective practice, where past events are brought to a conscious level, appropriate ways to think and act in the future are determined and the practitioners own emotional responses are understood and made use of (Agass, 2002; Moffat, 2019). In the P2C team effective self-reflection, critical thought and analysis were facilitated by the visiting practitioners, in a work culture where people felt safe, seen, heard and respected, through dialogue with colleagues, that was supplemented by formalised reflection. Providing time for reflection on practice, to improve the quality of interactions with each other and the delivery of the service, nurtures the development of all staff and is a critical element of working in a culturally and linguistically diverse team.

We identified that supportive partnerships with relational trust and mutual respect were pivotal to create meaningful change. There is growing evidence that collaboration and positive relationships between all relevant parties result in higher staff morale, strong commitment, and a more stable workforce (Jaipal & Figg, 2011; Stock et al., 2019).

Relational work should therefore not only be critical to social work interventions to enable clients to achieve change that is meaningful and embedded within their own contexts (Munford & Sanders, 2011), but also in team development. The willingness to listen and share aspects of personal and cultural self, to be seen as real and authentic, so that connections can be made on a person-to-person level is described as critical to establishing these relationships (Stock et al., 2019; Bennett et al., 2011). However, partnerships are dependent on personalities and relationships cannot be forced. Not all visiting practitioners are good at collaboration or take time to build respectful relationships. We argue that training and adequate preparation on team development is essential. It is up to the services and the visiting practitioners to put time and resources into building relationships with local workers if service delivery and capacity building is to improve.

This research shows that self-efficacy has a pivotal role in enabling local Aboriginal staff to work confidently without visiting practitioners. Albert Bandura defined self-efficacy as 'the belief in one's capabilities to organise and execute the courses of action required to produce given attainments' (Bandura, 1997, p. 3). When people work together, a sense of collective efficacy determines their well-being (Bandura, 1997). As the members of the P2C team worked together, each member felt a sense of ownership towards the project. As a result, the community staff rose to the challenge and a new delivery model was established.

The findings from this study suggest that working autonomously had a substantial impact on the LIOs' self-efficacy. After travel restriction were lifted both LIOs continued to perform tasks which had previously been executed by the visiting practitioners and were confident enough to complete additional tasks. They presented at community meetings, undertook training with other organisations and became involved in social service delivery for other stakeholders in their community. The 'crisis' of COVID-19, the teamwork and support, enabled them to grow, and in a way, encouraged them to experience what they can be. In line with the National Agreement on 'Closing the Gap' for early education, parenting and child protection policies to engage Indigenous staff through mentoring and support, this project has supported local Aboriginal staff to achieve their goals and supported families to ensure their children are safe, resilient, and thriving (Department of Prime Minister and Cabinet, 2020).

The challenge presented by COVID-19 restrictions shook things up and changed delivery and team processes which had become habituated. It was an opportunity to reflect more deeply and forced the team to act and therefore, to think differently. The team had to question and explore 'What else can this intervention be? In which way can we safely deliver family support?'. Over the past 2 years, our team was challenged to examine the ideas which shaped our practice and to personally and actively engage in reconstructing them. We realised that visiting practitioners are often caught up in the process of programme delivery, have limited opportunity to reflect on the role within the team, and that this can reduce productivity, growth, and empowerment, reinforcing dependencies and counter-productive ways of doing things. This research process empowered all team members to acknowledge and confront uncertainties and anxieties that can arise in social work practice, forcing us to de-construct habituated structures leading us to realise that we had to adapt, as situations and systems changed.

The limitation of this research is that it is focused on one team in one specific remote Aboriginal community. However, the challenges shared in this study are not unique to one particular community and have relevance for the diversity of Indigenous or ethnic groups that work in partnership with visiting practitioners and any bi-cultural approach in social work and service delivery.

Conclusion

Although specific strategies are in place to attract and train Aboriginal staff, innovative solutions and more intensive effort are needed to build on the strengths and local knowledge of community staff to enable their independent contribution in implementing social services.

The study has shown that experiential and reflective learning, partnerships and collaboration, and increased self-efficacy have the potential to enable local Aboriginal staff to take more autonomous responsibilities for elements of programme delivery, to stay engaged with their work tasks and to contribute with genuine innovation. Given that the LIOs had previously been involved in this work, processes enacted through disruptions of COVID-19 increased self-efficacy. This was a result of new approaches to supervision and support.

This research outlined a practical and flexible approach for responding to the constant change and unforeseen situations that challenge social service delivery in many remote Aboriginal communities. It could function as an example for a bottom-up approach, placing top-down notions of training, teamwork, service delivery and research into perspective by identifying the issues particularly meaningful to Aboriginal people, providing a fuller picture of practice, and portraying a reality grounded in the life-world experience of local Aboriginal practitioners in communities. The lessons from this study emphasise the importance of involving the whole team in seeking creative solutions to local and wider issues, demonstrating that better outcomes happen when people are engaged in developing their own solutions.

The challenge of adapting service delivery to the uncertainties and operational hurdles presented by COVID-19 related changes highlighted the importance of a sustainable, skilled remote workforce, who believes in their own capacities, and innovative collaborative teamwork with their visiting colleagues. Empowering local staff is not an alternative to fly-in fly-out services but may be a prerequisite for their success. This context and experience focuses on redefining how teams can work together, offering a starting point for service providers involved in programme planning and staff training. The promising example of collaborative, learner-centred and inquiry-based practice and learning described in this article has the potential for broader application in providing a cohesive set of strategies for organisations to empower and strengthen the Aboriginal community-based workforce, with the overall focus of providing better, more accessible, and culturally appropriate family support.

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Aileen Tiparui is employed as a Local Implementation Officer at the Centre for Child Development and Education at Menzies School of Health Research. Working on her traditional land in Wurrumiyanga, on the Tiwi Islands in the Northern Territory of Australia, she is determined to ensure that work and research is culturally informed and is benefitting for the community. She is assisting the *Play to Connect* project to maintain relationships with schools, health professionals, community leaders and other social services and is co-facilitating parent-child programs and home visits to families.

Kate Louise Johnston is a Registered Play Therapist (Provisional) with Australasia Pacific Play Therapy Association and a clinical member of the Psychotherapy and Counselling Federation Australia. She endeavours to support children, young people, and families across diverse settings using 'strengths-based' and child-led approaches. She is supporting the *Play to Connect* project at Menzies School of Health Research as a Project Assistant since March 2020 and is currently working for KWY Aboriginal Corporation and Wildflower Play Therapy, supporting children and families in South Australia.

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Gary Robinson leads the Indigenous Parenting and Family Research and the Suicide Prevention Research themes in the Centre for Child Development and Education. He has led the evaluation of health, mental health and educational initiatives in the Northern Territory, including the Tiwi Coordinated Care Trial (1997–2004) and the National Accelerated Literacy Program (2004–2009). He has conducted long-term ethnographic field research into Aboriginal adolescence, family relationships, parenting, suicide and self-harm. In 2012, he led consultations to develop a National Aboriginal and Torres Strait Islander Suicide Prevention Strategy on behalf of the Australian Government Department of Health and Ageing.

He has been responsible for the development and evaluation of school-based early intervention and prevention programs for Indigenous children and parents in urban and remote communities, with the program ‘Ngaripirliga’ajirri’ in partnership with the Tiwi Health Board and others, (2000–2004) and the Let’s Start Parent-Child Program (2005–2013). He is currently leading the evaluation of maternal and child health programs in remote communities and whole-of-government reforms to care and protection and youth justice in the Northern Territory.

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Ethical approval

Human Research Ethics Committee of NT Health and Menzies School of Health Research Reference Number: 2011-1606.

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