



## Evaluation Report on Building Inclusive Community in Auburn Pilot Project



By Ted Smeaton of Inspiring Communities-June 2011

## Belonging

*“Community” as used here is about the experience of belonging. We are in community each time we find a place where we belong. The word “belong” has two meanings. First and foremost, to belong is to be related to, to be a part of something. It is the experience of being at home in the broadest sense of the phrase. It is the opposite of thinking that wherever I am, I would be better off somewhere else. Or that I am still forever wandering, looking for that place where I belong. The opposite of belonging is to feel isolated and always (all ways) on the margin, an outsider. To belong is to know, even in the middle of the night, that I am among friends.*

*Our goal is to increase the amount of belonging or relatedness that exists in the world. Experiencing this kind of friendship, hospitality, conviviality is not easy or natural in the world we now live in.*

*The second meaning of the word “belong” is to be an owner. Something belongs to me. In our terms, to belong to a community is to act as a creator and co-owner of that community. What I consider home, I will build and nurture. The work then is to seek in our communities a wider and deeper sense of emotional ownership; it means fostering among all of a community’s citizens a sense of ownership and accountability.*

*Belonging can also be thought of as a longing to be. Being is our capacity to find our deeper selves in all that we do. It is the capacity to be present, and discover our authenticity and whole selves. This is often thought of as an individual capacity, but it is also a function of our connectedness to community, or even a product of community. Community is the container within which our longing to be is fulfilled.”*

Peter Block, Community, the Structure of Belonging (2007)

# 1. Executive Summary

The Building Inclusive Community in Auburn Pilot Project is a place based, whole of community program utilising the evidenced based approach of Asset Based Community Development. In order to engage support and foster the contribution of people with a disability the project has taken a “whole of place” approach.

It was realised that the most logical place to connect with families to provide support, referral and enhance belonging and inclusion is in the places people call home; their street, neighbourhood, associations, faith communities and organisations.

The multicultural nature of Auburn and the opportunity to partner with an organisation with deep roots in the community and the trust of many families who frequented their children’s programs made Auburn an ideal place to conduct this place based pilot.

The vision statement for the project is ‘A community that supports, embraces and celebrates the different contributions that all its members are making to a vibrant, prosperous Auburn community life’. The goal of the project is ‘To achieve a sense of belonging, participation and choice, so people with a disability, their families and carers feel included, have valued roles and can participate as citizens in the community of Auburn.’

While the project only officially commenced in July 2010, a remarkable amount of new initiatives and activity have been created. There have been a number of strong relationships built with organisations and associations, significant positive changes in the Auburn community and specifically for people with a disability and their family and carers.

One key component of the project has been the outreach at the Auburn Diversity Services Inc.(ADSi) and this has created a number of positive outcomes including:

- a raised awareness by families/carers and services about what ADHC is able to offer in both services and referral
- increased knowledge by community multicultural workers of child development and disability
- increased access to assessment and referral for young families from CALD backgrounds
- reduced referrals times to specialist services
- Increase referrals to association and generic services

There have been a number of very strong new partnerships developed with Auburn City Council and Auburn Public School. Both Auburn City Council and Auburn Public School have initiated new programs and change procedures that are significant for people with disability, their families and their carers in the Auburn community.

These include:

- The Project having a strong role in the development of the Auburn City Council's Disability Action Plan
- The Project being a catalyst for the inclusion of a person with a disability to sit on the Auburn City Council Access Committee
- Participation in the development of the master plan for the Auburn City Council's open space and parks to create inclusive spaces.
- Park and planning at Auburn City Council taking information into consideration regarding the needs of people with disabilities, their families and their carers
- A highly successful wheelchair basketball and inclusion event held at Auburn Public School
- The development of a Community Garden at Auburn Public School
- Facilitation by The Project of a PPP Parenting Program
- Auburn Public School has reported a change in attitude by students towards people with a disability
- Increased knowledge regarding services available and increased referrals to services by Auburn Public School

The Project has facilitated two significant leader's forums. The outcomes of these forums have resulted in the establishment of working parties that are led by other Departments or non-Government Agencies. These are:

- The re-establishment of using the 'Blue Book' for Children's Health Services in particular for children with a disability
- The development of accessible transport options for in the Auburn Municipality
- Developing a program to support lawyers in their development of skills relating to both legal practices involving people with a disability and increased cultural competence for lawyers who have experience working with people who have a disability
- A campaign to increase knowledge of disability in the Auburn community

This proactive engagement of the service system has resulted in the following outcomes:

- Increased awareness of the need for the inclusion of people with a disability within services and within the Auburn community
- Significant opportunities for ADHC to influence the policy and practice development of other agencies
- Self-reported improvement in case management processes and increased options within the service and the wider community
- An increase in the number of services that case managers are able to refer
- The number of clients on the Parramatta Early Intervention Case Management referral waiting list as of September 2010 was 21. These clients were waiting an average of 87 days on this list. Throughout March 2011 the clients on the referral waiting list had reduced to zero.
- A reported change toward a more inclusive attitude within both services and Auburn Primary School in relation to people with disabilities and their families.
- An increase in families and people with a disability actively participating in civic life
- Case staff in the community have a 'no wrong door' approach and this has quickly and effectively supported community members to find appropriate support. As a result the effect on relationships with community groups and services has become more positive.

Project staff have seen the role of mentoring and flexible support processes as being very important in the successes of the project to date. The amount of time utilised in community development has at times lead to tension and feeling of being 'time poor'. However, the significant decrease in the referral waiting time is projected to decrease the amount of time needed for case work activities. All but one staff member have reported that this community development focus has resulted in changes that have been overwhelmingly positive.

The process of being a part of the community and building relationships with community organisations and associations has been fundamental to being able to connect with and support hard-to-reach families. It has resulted in earlier diagnosis and referral.

The Building Inclusive Community in Auburn Pilot Project has created a strong platform for the community in partnership with all ADHC business streams to co-create a truly inclusive Auburn.

The multiple learning from the Building Inclusive Community in Auburn Pilot Project has been and will continue to be invaluable in the development of the Auburn Streamlining Assess Project

## 2. About this report

This report grows on and incorporates the first evaluation carried out in February 2011. The report has been written by Ted Smeaton of Inspiring Communities who was engaged to evaluate the Building Inclusive Community in Auburn Pilot Project and to provide mentoring, education workshops, resources, planning and facilitation. This project has developed into an action research project where theory, practice and reflective learning have been merged together.

The theory and practice reflected here has emerged through the development of the project. The material, reflections, the emergent learning and evaluation has been a collaboration of the Parramatta Case Management Early Intervention Team and Ted Smeaton of Inspiring Communities. Strong project leadership has been given by Carolyn D' Mello A/Manager Access.

This report tries to capture what difference the Building Inclusive Community in Auburn Pilot has made to people with disabilities and their families/carers in the Auburn community and if the Auburn community has become a more hospitable and inclusive place.

The report has also attempts to capture the process and what has been learned throughout the pilot as well as its applicability for the Streamlining Accesses Project.

## 3. Rational

*The rational for the project was stated as "In today's modern society for many individuals, especially for people with a disability and their families/carers, there is no sense of belonging to a community. This could be due to the fact that people with disabilities have no valued social roles within the broader community. Without this sense of belonging, there is no participation and choice, all of which lead to low self esteem and isolation from the community. This is compounded by the fact that for families from some culturally and linguistically diverse (CALD) backgrounds, having a child with a disability is associated with stigma which needs to be hidden from society, causing further barriers to inclusion in the community. For some migrant and refugee families there have been many negative experiences with government. Hence there is a fear of trusting government services here in Australia. All of these are present problems to accessing services for people with a disability, their families/carers from a CALD background". (June 2010)*

It was felt by the Parramatta Case Management Early Intervention team (CMEI) that in order to break this cycle it needed to take a whole of place approach. It was noted that this would be the most effective way of supporting children with a disability and their families and of promoting a more positive life experience for these people by helping them to feel more a part of their community.

When initially approached it was reported by project staff that community service providers in Auburn had little knowledge of the services and roles that ADHC played. A common response from generic services was “Where have you been ADHC?” or “supporting people with disabilities is your job so we don’t have the skills to assist”. There appeared to be a number of families from a CALD background not accessing support for children experiencing developmental delay and undiagnosed disabilities.

It was realised that the most logical place to connect with these families to provide support, referral and enhance belonging and inclusion is in the places people call home, their street, neighbourhood, associations and funded organisations.

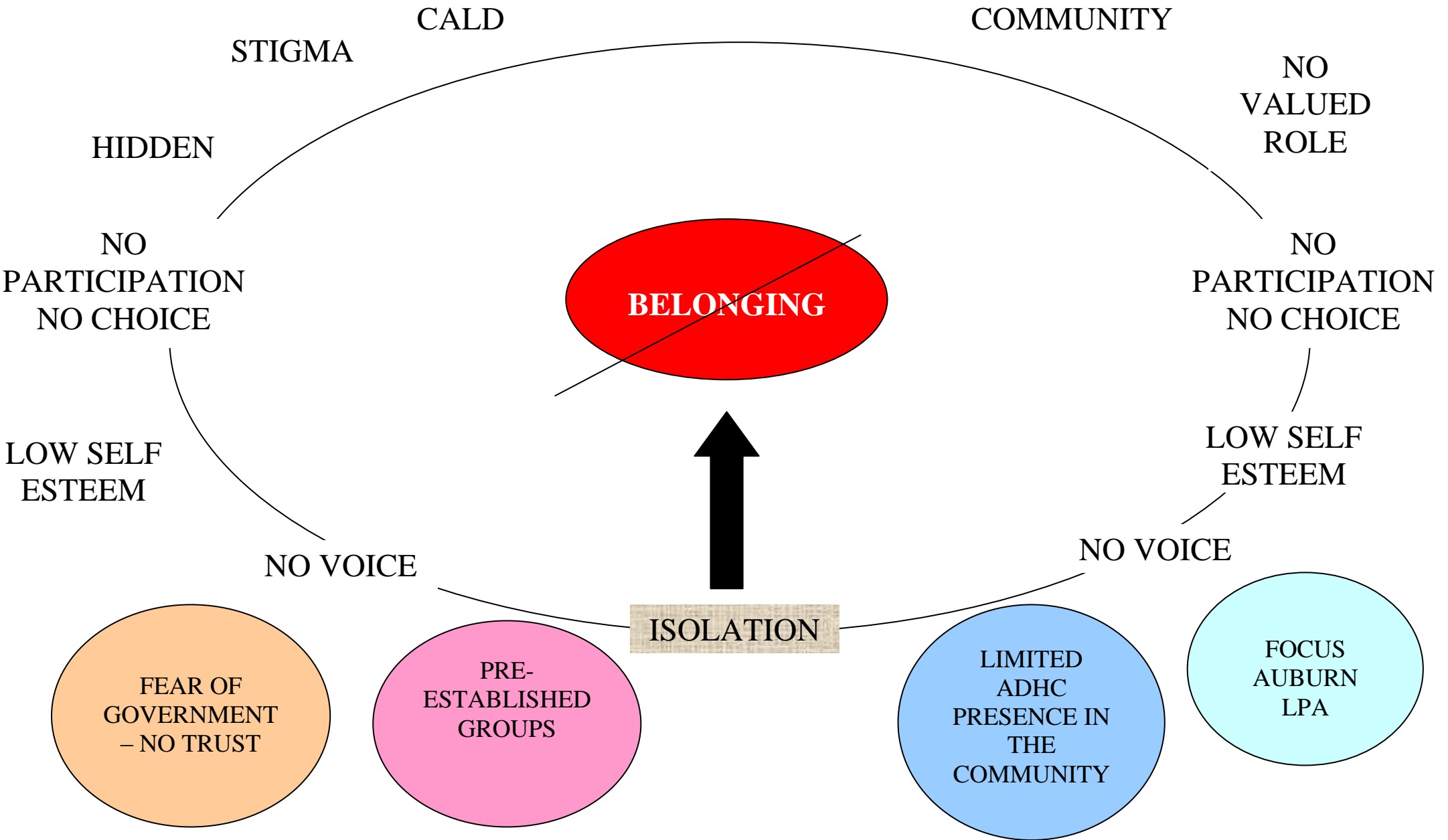
There was a realisation that once a child was diagnosed with a disability they were placed on a different path to other children and this resulted in specialist services that have the effect of isolating people from their families and communities.

Throughout development of the project the rationale and philosophy that underlies the Project have deepened. The following principles have been incorporated into the Project’s rationale and practices:

- Every single person has capacities, abilities, gifts and ideas and living a good life depends on whether these capacities can be used, abilities expressed, gifts given and ideas shared.
- Building and nourishing relationships is the core practice for building healthy and inclusive communities.
- A powerful way of building community is to focus on the resources, strengths and aspirations of families and communities.
- Meaningful and lasting community change originates from within families and communities and they are the best experts in how to make that change.
- All communities are organised and care resides in associational life.
- Positive change happens when we discover what works and consciously support its growth by doing more of it rather than concentrating on what does not work.
- Strong health communities need everyone; there is no one we don’t need. When someone is not able to give to their community the community is diminished.
- There are more assets in a community than you can ever know.
- It is important use what is already in place.

- Small steps create big actions.
- Creating bridges for people with disability and their families and carers to appropriate service systems is fundamental but equally as important is creating the bridge to community life.
- All children need support in their development and each child needs different support but it is still child development and should be seen as such.
- ADHC has an important role in supporting and facilitating relationships and activities across the community

PEOPLE WITH  
DISABILITY/DELAY



## **4. The vision, goal and objectives of the Building Inclusive Community in Auburn**

### **Vision**

A community that supports, embraces and celebrates the different contributions that all its members are making to a vibrant, prosperous Auburn community life.

### **Goal**

To achieve a sense of belonging, participation and choice, so people with a disability, their families and carers feel included, have valued roles and can participate as citizens in the community of Auburn.

### **Primary Objectives**

1. Build community in the Auburn area, where people with a disability, their families/carers are included, have valued social roles and can participate as citizens within the community.
2. Engage and work with families from a culturally and linguistically diverse background, who have a child under 6 years:
  - with an identified developmental delay & in the process of obtaining a diagnosis, or
  - who has an identified concern about their child's development.
3. In partnership with NEDS provide early diagnosis and intervention support.
4. To work with the families accessing ADSi services which is projected to highlight the need for the service system fitting in with the needs of the community.
5. Raising awareness of disability in order to breakdown the stigma and barriers associated with disability.
6. Assist families having difficulty dealing with and adjusting to the diagnosis.
7. Support families access soft entry points in the community (for example, playgroups), as opposed to coming into a big disability specialist system in the early years.
8. Allow staff to discover the resources, capacities, strengths and aspirations of the local Auburn community and its residents and thereby develop and maintain supportive relationships/partnerships with parents/carers, non-government and government agencies within the community.

## Secondary Objectives

1. Develop an online Google service mapping system to locate services within the community.
2. Facilitate an early intervention and prevention framework.
3. Identify gaps with service provision within the community.
4. People with disability and their families/carers become community builders.
5. Develop parent advocacy and support.
6. Reduce the needs register.
7. Generate more specific referrals.
8. Enhance the knowledge and reputation of ADHC within the community.
9. Improve parent satisfaction with regard to early intervention services for children with an intellectual disability.

## 5. Legislative Framework

A review of the relevant Legislation and Department of Human Services Policy documents reveal that the Building Inclusive Community in Auburn Pilot Project operationalise their key intent.

In particular the Article 19 of the **United Nations (UN) Convention on the Rights of Persons with Disabilities 2006**, ratified by the Australian Government in July 2008, “recognize[s] the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community...”

The objects of the **NSW Disability Services Act 1993** include enabling people with a disability to achieve their maximum potential as a community member and providing specialised services that promote community integration, complement mainstream services and positive community image and self-esteem of persons with a disability.

The **NSW State Plan 2006 – 2016** focuses on a whole of government approach to improving people’s lives through increasing participation and inclusion, building harmonious communities and ‘embedding prevention and early intervention into Government services’ as a principle of service delivery.

**Stronger Together – a new direction for disability services in NSW 2006 – 2016 (DADHC 2006); Better Together: A new direction to make NSW Government services work better for people with a disability and their families 2007 – 2011 (NSW Govt. 2007); the Australian Commonwealth/State National Disability Agreement 2009; the NSW DADHC CALD Strategy**

*2005 – 2008*; and the *ADHC Case Management Practice Policy November 2009*, all aim to strengthen and empower people with a disability, their families/carers through prevention, early intervention and community inclusion.

## **6. Auburn City**

Auburn is exceptionally diverse in both cultural and socio-economic terms. According to the 2006 Census Data, it has the largest overseas born population (53.2%) and highest percentage of new arrivals from refugee backgrounds of any LGA in New South Wales. Some of the predominant culture groups are China, Vietnam, Turkey, Lebanon and the Republic of Korea. In addition, Auburn is one of Sydney's most socio-economically disadvantaged suburbs, with the average household income substantially below the Australian average.

This vibrant multicultural community has a vast number of community associations, events and opportunities for inclusion.

The community of Auburn was principally chosen as the site for the project because community organisations, in particular Auburn Diversity Services Inc. invited the Parramatta Case Management Early Intervention Team to engage with their organisation.

The Auburn Diversity Services Inc. (ADSi) is a community based non-government organisation managed by members of the local community who represent various language and cultural groups.

ADSi's playgroup workers had identified a group of children who appeared to show signs of delay with their development. It was considered that these children and their families/carers would benefit from early diagnosis and intervention support.

The multicultural nature of the community, the opportunity to partner with an organisation with deep roots in the community and the trust of many families who frequented their children programs made Auburn an ideal place to conduct this place based pilot.

## **7. From Presence to Contribution**

It was recognised ADHC had an important role to play in creating a hospitable and inclusive Auburn. The first step was that ADHC had to be present in the community. This was achieved by team members having a presence in the community, meeting and talking with community members, visiting agencies and associations and attending local events such as the Festival of African Culture. Initially there was some apprehension about how case managers would be received but the team worked well at building trust by being generous with time and conducting learning conversations that explored the aspirations of the organisations and

community leaders. These conversations assisted the team to develop an understanding of what role the Early Intervention Case Management Team could play in both building an inclusive Auburn community and eventually supporting people with a disability and their families and carers to be actively contributing to the life of their community.

## **8. The building of partnerships with the Auburn Community**

The initial principal partners in the Project were the Auburn Diversity Services and Northcott EarlyStart Diagnosis Support Service (NEDS). The partnership with Auburn Diversity Services has progressed well with outreach continuing with two three-hour sessions each week.

While NEDS are supportive of the project they have withdrawn from the joint partnership, the primary reason given being the lack of referrals to their Program.

The Case Management Early Intervention team continue to refer families where it is appropriate and there is not an appropriate generic service or associational support.

While the project only officially commenced in July 2010, a remarkable level of new initiatives and activity has been instigated. This is evidenced by the calendar of events July to December 2010 (Appendix B) and the Social Inclusion Calendar January to June 2011. The growth of relationships with Auburn community has developed exponentially with a large number of new relationships and engagements. This growth is illustrated in the number of activities and relationships illustrated in the 2011 Inclusion calendar.

While the Project is only a year old, these partnerships have already created changes within the Auburn community and more specifically, for those people with a disability, their families and their carers.

One significant partnership has been the Early Intervention Case Managers attendance at the Auburn Diversity Service (ADSi) for three hours per day, for two days per week. ADSi (formally known as the Auburn Migrant Resource Centre) has been established since 1996 “to promote the principles of multiculturalism, access and equity and social justice” (2008/9 Annual Report). ADSi provides an array of services to over 2500 people a year. These include playgroups, transition to school programs, prenatal groups, parenting workshops, Settlement Services and community, employment and housing projects.

By having case managers regularly attending the ADSi Centre there has have been number of positive outcomes. These include:

- a raised awareness by families and services about what ADHC is able to offer both in terms of services and referrals

- increased knowledge by community multicultural workers of child development and disability
- increased access to assessment and referral by young families from CALD backgrounds
- reduced referrals times to specialist and generic services and community associations
- increased willingness for generic services and community associations to support people with a disability, their families and their carers

Case Managers attended ADSi on fifty occasions for three hours per session including attendance at play group and parenting sessions and / or sharing a space with bilingual workers. Forty individual families sought support from Case Workers and were provided with information about child development, referrals to services or other forms of community support. In thirty four of these cases, families had not been in contact with disability services previously, nor had they had a formal diagnosis.

The Project participated in ADSi and the Paint Auburn Read Project which resulted in children with disabilities being taken into account in its planning and implementation.

Prior to the outreach sessions at ADSi, Early Intervention Case Managers expressed the view that very few if any families from CALD backgrounds would be comfortable approaching them in regard to disability. However, within two weeks of case managers attending the centre, bilingual case workers were bringing families they though may need support or referral to talk with the case manager.

A very effective place for education about ADHC and child development has been the many multicultural playgroups conducted by ADSi. The attendance and participation of Case Managers within these groups has led to family members with concerns about development approaching them after a session for support.

The importance of attending a program like ADSi, which is well integrated into the main CALD communities with trusted bilingual workers allowing for referrals be made earlier to appropriate services than would have otherwise been possible, cannot be underestimated.

When one case manager was asked if there was anything that surprised them about implementing this project they said *“People’s willingness to approach us - previously I thought it would take them some time to warm up to our presence at ADSi before they would ask for assistance.”*

The Case Management Early Intervention team is assisting other business units of ADHC to outreach from ADSi and as resources and opportunities present, provide outreach in other organisations, associations and faith communities.

The Case Management Early Intervention team has also been building strong relationships with key services and institutions that operate in the Auburn community. A case manager has been allocated to each of the following areas: Health services, Auburn City Council, NSW Housing, Department of Human Services, Community Services, NSW Department of Education and Training, Playgroups, Preschools and Child Care Centres, Family Support Services, CALD and Migrant Resource Centres and Religious Organisations.

This allocation is a useful way of ensuring key areas are systemically reached out to. It is important in this place based model that service focus areas are connected together wherever possible in order to ensure that the disconnectedness of the service system is not increased.

This danger has been minimised by initiating the Influential Leaders Groups, strong support from the Project Manager and through regular team meetings and reflection sessions.

Two significant partners that illustrate the way both the processes and outcomes of the project have been positive are Auburn Public School and Auburn City Council and the reciprocal relationships they have been able to build with one another.

### **Auburn Public School**

A very strong relationship has been developed with Auburn Public School. The Project has held a very successful Wheelchair Basketball Day, supported PPP Parenting Program and created very strong links between key staff in the school. The strength of these relationships has led to a reported increase in the skills and understanding of teachers in their efforts to support students with a disability. This has also led to greater opportunities for discussion about disability and an easier referral process resulting in families of children with disabilities engaging with ADHC.

The Deputy Principal made the following comment *“ADHC has made so many practical differences... It is a real partnership with many new options for support for our students. It has changed the whole way we work, for example, families are now accessing our transition to school program. The children at Auburn Public School are now asking about disability and want to know what is happening in disability awareness week... I have taught in three NSW regions and a number of schools and have never seen a partnership anywhere near as positive as this one.”*

### **Auburn City Council**

Project staff have created a very strong relationship with Auburn City Council. This has resulted in a number of positive outcomes. It is reported that the Council have widened their view of disability to encompass not just people with physical disability but also

people with an intellectual disability. This has changed the process of planning for new infrastructure such as parks with the inclusion of sensory gardens.

This new awareness had led to a person with a disability being appointed to the Council's Access Committee and due to the development of this relationship, ADHC no longer pay for hire of Council facilities.

## **9. Auburn Influential Leaders Forum**

The Project has facilitated two significant leader's forums. The outcomes of these forums have resulted in the establishment of working parties that are led by other Departments or non-Government Agencies. These are:

- The re-establishment of using the 'Blue Book' for Children's Health Services and in particular for children with a disability
- The development of accessible transport options for in the Auburn Municipality
- Developing a program to support lawyers in their development of skills relating to both legal practices involving people with a disability and increased cultural competence for lawyers who have experience working with people who have a disability
- A campaign to increase knowledge of disability in the Auburn community

The Project Team recognises the Influential Leaders needs to expand to include more community leader as it is currently dominated by key services workers. The process of recruitment has recently commenced

## **10. Learning Community**

A recent activity of the Project has been the establishment of Auburn wide learning community for creating 'conditions of child wellbeing' in the Auburn community. The Learning Communities is very much a work in progress and to date has held one meeting. This meeting included both Community Organisations and Government Agencies.

An innovative practice model process is currently being developed jointly between the Project team, Inspiring Communities and SDN.

## 11. The Impact of Building of Relationships

This proactive engagement of the service system has resulted in the following other impacts not discussed else in the report including:

- Increased awareness of the need for the inclusion of people with a disability in their services and the Auburn community
- Significant opportunities for ADHC to influence policy and practice development of other agencies
- An increase in families and people with a disability actively participating in civic life
- Case staff in the community have taken a 'no wrong door' approach and through this have quickly and effectively supported community members to find appropriate support. This approach has promoted their relationships with community groups and services.
- Visits to early childhood facilities have directly resulted in family members approaching case managers for advice and support.
- Visits to early childhood facilities have directly resulted in families being referred to meet with case managers at ADSi.
- The team is working together with Families NSW on the development of 'transition to school programs' in Auburn.
- New opportunities for outreach are developing, for example, the Turkish Mosque has offered an invitation to provide outreach and a relationship has been developed with the Afghan community.

*"Trust is building - Stakeholders are starting to approach us - sometimes with questions and requests not clearly related to our traditional role – by trying to be helpful we are getting a good reputation. The general public are looking for a Department that can work with all disability types and across all ages". - Case Manager*

## 12. Increase in quality of casework, creativity and a decrease in the referral waiting list

A very important outcome of reaching out to the Auburn community and its services and associations is a significant increase in the knowledge of the team about what services and associations exist and could be utilised as a referral point. Also an awareness of what new services could be created to offer a new set of supports and options for people with a disability, their families and their carers.

*One case manager said “I am surprised at just how many assets are already in the community that we could use and how keen other service providers want to connect in with us”.*

Project staff have reported that their own extended engagement in the community has led to not only have a greater awareness of services but staff becoming more creative in the development of options.

*“I have a greater understanding of what is available and because we have a stronger relationship, programs seem to be more willing for us to refer and less stringent with their guidelines. “*

*(Case Manager)*

*“I knew nothing about the Afghan community before we started this project. I now have a much better understanding... This has made a great difference to my case work. I now have a much more holistic view of what is happening for families. Before I would think of one small intervention and did not realise the broader need for the community. I think I can be much more innovative now which is great for families”*

A strikingly apparent and very positive outcome of the project has been the number of clients on the Parramatta Early Intervention Case Management referral waiting list. As of September 2010 there were 21 children on the referral waiting list with the mean time on the list being approximately 87 days. In March 2011, there were no clients waiting.

The initial explanation for this was not apparent as the number of referrals in Auburn has increased and the Auburn community is only a small percentage of the number of referrals for early intervention in the Parramatta area. The probable answer for this became clear after interviews were held with the case management team members. Each independently gave the explanation that they now did all their case work differently. They were more aware or likely to seek out generic services and associations rather than automatically bring clients into the system.

*We can meet with them and look at what might help now and hook them in. We are doing more appropriate referrals and support”*

While the project team has developed a strong understanding of the services and associations that exist in Auburn, more systematic mapping of community assets would increase the number of referral options, outreach opportunities, partners and pooled resources. It is proposed that in the next phase of the project a more comprehensive mapping approach will be undertaken.

### **13. A Bottom Up and Top Down Approach**

The initial conceptualisation of the Project was created by the Parramatta Case Management Early Intervention Team with strong leadership from the Acting Manager. The intent of the Project was coherent with the policy direction of the Department of Human Services and ADHC which gave the Manager of the Parramatta Case Management Early Intervention Team confidence to pursue the approach. Metropolitan Northern Regional Management has been extremely supportive of the Project, in particular assisting in its conceptual development, appropriate resources and strong supportive feedback to the team.

The support from senior colleagues has been seen as extremely important to Project team members. The team gained significant confidence in attending and presenting at the Local Area Coordination conference where their paper was extremely well received and Project Team members reflected that they thought “their project was at the cutting edge”.

### **14. Asset Based Community Development**

While the project concept has grown organically, it was influenced by the Department of Human Services’ Policy Directions, Person Centre Planning and Asset Based Community Development (ABCD). As the program has grown it has taken on many of the principles, and tools of ABCD. Team members have attended three ABCD one-day workshops as well as an external facilitators workshop all facilitated by Ted Smeaton of Inspiring Communities. This evidenced-based approach has created a shared language and innovative ways of engaging services and community.

Four staff members commented that that the two day facilitators’ workshop gave them the confidence and tools to engage the community.

### **15. The role of mentoring and reflection**

A unique feature of the project has been the role of mentoring and flexible support processes. Project team members have been supported to reflect on their work and the journey they are undertaking in developing and implementing the Project.

During the early stages of the Project a significant number of the Project team were concerned with the emergent nature of the project and just wanted to be told what to do, when and where. Dates for workshops were expressed as being more important than process and what we might hope to achieve. However, over time team members have come to trust the process and to be proud of taking the opportunities that appear and their own and the team’s innovation.

Team members have expressed on a number of occasions the importance of mentoring and reflection time in the development and success of the project to date.

*“Just to reflect on what we have done and what we can do has helped me learn so much and know I do my job totally differently”  
(Project Team Member)*

## **16. Conclusions**

The Parramatta Case Management Early Intervention Team has expressed the view that this is no longer a pilot project but is now their core business. The Project has significantly changed how the Parramatta Case Management Early Intervention team provides its services. The process of being in the community and building relationships with community organisations and associations has been fundamental to being able to connect and support hard-to-reach families. It has resulted in earlier diagnosis and referral.

The Building Inclusive Communities in Auburn Pilot Project has created a strong platform for the community in partnership with all ADHC business streams to co-create a truly inclusive Auburn.

The multiple learning from the Auburn Project Building Inclusive Community in Auburn Pilot Project has been and will continue to be invaluable in the development of the Auburn Streamlining Assess Project.