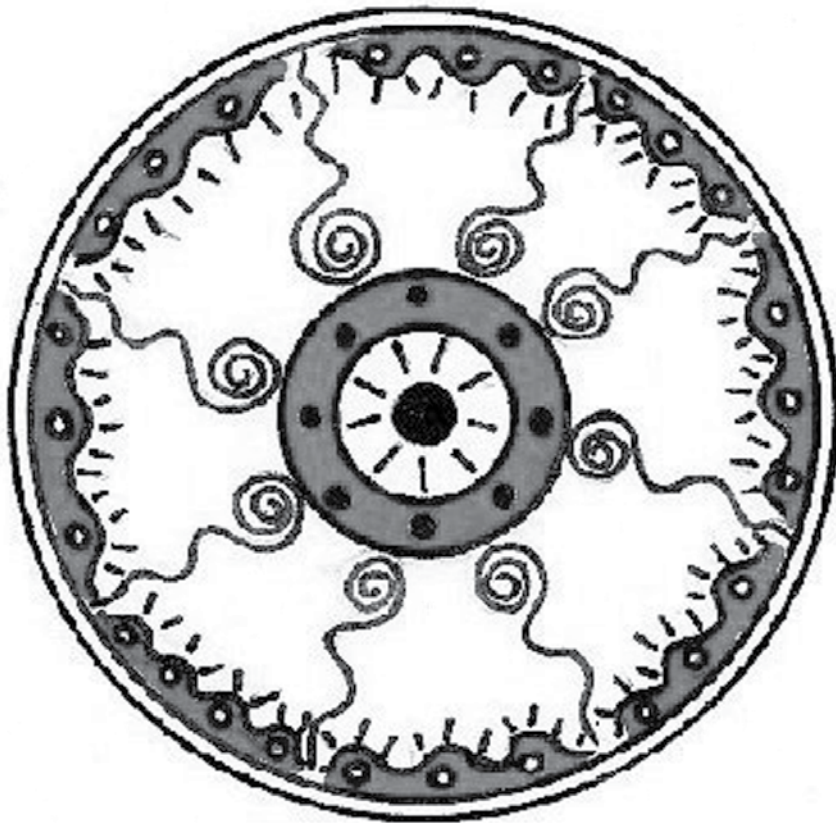


**NSW Aboriginal  
Community Care  
Gathering  
Committee**



**CHALLENGE,  
CHANGE & CHOICE**

**POLICY POSITION**  
Ratified June 2011



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*Note: Chapters and additions marked with an \* are completely new and were ratified in June 2011. Several other chapters have new Guiding Principles and Recommendations also marked with an \* that were ratified in June 2011.*

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## **Purpose**

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The objective of this Policy Position is to set out the principles and strategies necessary to improve support services to Aboriginal and Torres Strait Islander older people, people with disability and carers. It describes an agenda for change and the commitment of Aboriginal and Torres Strait Islander people and communities to work together with Government. The Gathering Committee will promote this Policy Position through Aboriginal and Torres Strait Islander communities, Government agencies and mainstream service providers.

The NSW Aboriginal Community Care Gathering Committee is continuing to develop and extend this Policy Position. New principles, recommendations and chapters are under discussion. The Gathering Committee is working to secure funding to conduct the next Conference for Aboriginal and Torres Strait Islander community care workers and management committee people where it is expected that the next version of this Policy Position will be released for consultation.

## **Background**

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The NSW Aboriginal Community Care Gathering Committee had its origins in 1999 when the Council of Social Service of NSW (NCOSS) received funding from the then Department of Ageing, Disability and Home Care (DADHC) to conduct a conference for Aboriginal Home and Community Care (HACC) and related workers. NCOSS convened a Steering Committee which organised the conference in Sydney in July 2000, where it was resolved to conduct another conference in two years and to continue working on Aboriginal issues and policies in the meantime. NCOSS continued to provide the secretariat to the Steering Committee.

As it became known, the State HACC Gathering Committee secured DADHC funding for a second conference named *Focus for the Future* in Coffs Harbour in June 2003 and published the first policy document also entitled *Focus for the Future*, covering four chapters. DADHC allowed the remaining funds to be used to support ongoing

Gathering activities. After this conference, regional delegates were invited to join the Gathering Committee which changed its name to the NSW Aboriginal Community Care Gathering Committee to reflect its broader program coverage. The third Gathering Conference in 2006 in Dubbo was entitled *Leading Our Way in Community Care*. This Conference identified priorities for future action which included transport for Aboriginal people and published an updated version of the policy document, now covering eight chapters.

In August 2008, the Gathering Committee partnered with NCOSS to conduct a mainstream conference entitled *Sharing Our Way in Community Care* to enable non-Aboriginal community care and related workers and management committee members to understand the principles underpinning services to Aboriginal and Torres Strait Islander people. Meanwhile, the Gathering Committee secured funding from Ageing, Disability and Home Care (ADHC) for a fourth Conference in Wollongong 2011 entitled *Challenge Change and Choice* and developed its third Policy Document using the same name.

## **Achievements**

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Since that time, the Gathering Committee has worked even harder both on this new policy position paper and other successful activities such as major presentations at statewide, national and regional mainstream conferences eg NSW Respite Conference, National Aged & Community Services Assoc Australia Conference; representation on national, regional and statewide committees eg National Aboriginal & Torres Strait Islander HACC Reference Group, National Dementia Group, ADHC Aboriginal Advisory Committee, Aboriginal Disability Network; appeared before the Senate Inquiry into Aged Care in 2005 and the NSW Government Public Accounts Committee Inquiry into HACC and Home Care; contributed to the NSW Aged Care Alliance Federal and State Election Kits; contributed to the NCOSS Pre-budget Submissions of 2003 to 2011; prepared responses to government and other consultation processes and papers including Disability Supported Accommodation, ADHC Future Directions 2004, Home Modifications Information

Clearing House, consultation on Elder Abuse, the Australian Community Care Needs Assessment instrument, the Productivity Commission Inquiry on Disability Care and Support, NSW Ageing Strategy, NSW Aboriginal Affairs Strategy.

This Policy Position entitled *Challenge, Change & Choice in Community Care* was released for consultation at the 2011 Gathering Conference of

the same name in Wollongong. Aboriginal workers in community care, both government and non-government, management committee people and interested consumers, have provided feedback and constructive criticism on this version in advance of its completion. This Policy Position forms the basis of future policy work by the Gathering Committee and its representations to Government.

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## Guiding Principles and Recommendations

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This Policy Position is arranged under twelve chapter headings. Each chapter contains Guiding Principles and Recommendations on topics that are important to the improvement of services to Aboriginal people in community care. The Guiding Principles are meant to identify the most important features of each topic while the Recommendations are designed to explain what needs to be done including appropriate methods for implementation.

**Note:** Names of government agencies are correct at time of printing.

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## Acknowledgement

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The Gathering logo is by Lisa Martin and comes from *Culcha Disc: Australian Indigenous Images* Vol. 1. © 1999 Doddy Worx



# Autonomy & Self-Determination

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## Self-Determination

### Guiding Principles

- 1 Self-determination for Aboriginal people is the fundamental guiding principle. Self-determination means being in charge of our own decisions and having ownership of our services.

Self-determination means:

- Consumers have the right to choose and have a voice in receiving culturally appropriate services.
  - Carers and families have the right to have input into decisions about service provision to the person they care for, and the right to receive support and assistance in their caring role.
  - Service Providers are self-managed Aboriginal community based organisations that are incorporated, independent and responsible for overall service delivery. Accountability must be built into the system at all levels.
  - Funding Bodies have planning processes that are appropriate in identifying the needs of Aboriginal communities and resource allocation mechanisms that are fair and equitable and recognise the high costs of service delivery.
- 2 Aboriginal community self-determination (as described above) must drive and direct the identification and provision of services.

## Autonomy

### Guiding Principle

- 3 Autonomy for Aboriginal people includes the following elements:
  - Ownership, control and operation by the local community
  - Planning, evaluation, monitoring and reporting in a culturally appropriate manner
  - Decisions are to be made by local Aboriginal people
  - Locally owned decision making process
  - Sufficient resources to ensure cultural appropriateness

### Recommendations

- R1 In consultation with local service users, Aboriginal and Torres Strait Islander community members, workers and funding bodies should work together to develop and implement a plan towards autonomous Aboriginal services. Autonomous Aboriginal Community Care and Disability services are to be developed over time and through a staged process in line with consulted Aboriginal views on autonomy and control within the local area.
- R2 NSW Ageing, Disability and Home Care (ADHC) to fund the development of a discussion paper on autonomy for Aboriginal Community Care Services for use in consultation with the Aboriginal community.

# Aboriginal Representation

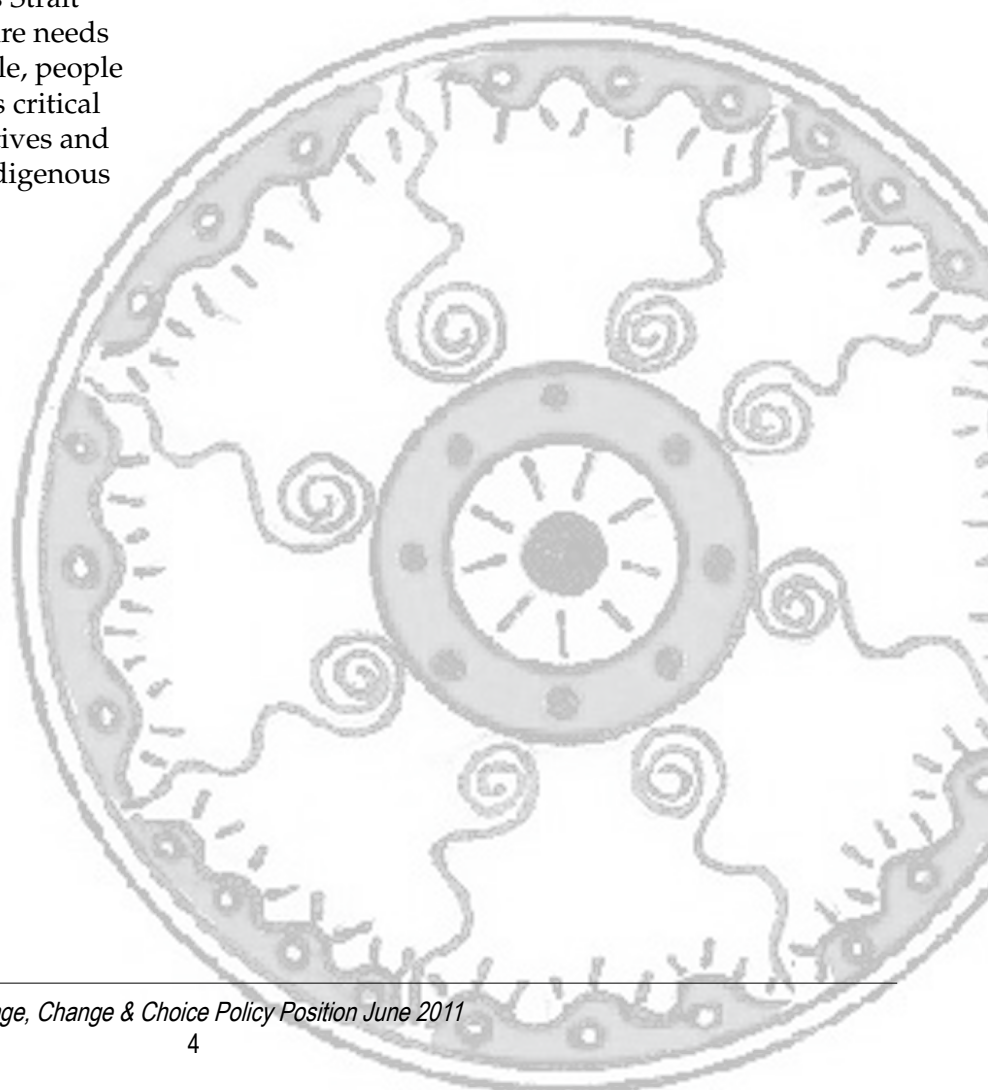
## Aboriginal Representation

### Guiding Principles

- 4 Effective links between the community and government Ministers must be established and maintained.  
  
At the whole of state level, the Gathering will be in contact with the relevant Ministers and their government agencies to provide advice and make recommendations on policies and directions for Aboriginal and/or Torres Strait Islander representation within Community Care and related systems.
- 5 All representatives on state committees are to be adequately resourced to attend meetings.
- 6 Adequate resources are provided to ensure that isolated and remote communities are represented on government and non-government statewide Community Care committees.
- 7 The input of Aboriginal and Torres Strait Islander people on Community Care needs (including the needs of older people, people with disabilities and their carers) is critical to ensure the success of new initiatives and projects developed through the Indigenous Co-ordination Centres.

### Recommendations

- R3 Government Ministers will ensure that Aboriginal input and participation is built-in at all levels of planning and is appropriately resourced.
- R4 Aboriginal Representatives on Ministerial Advisory Committees relevant to Community Care (eg Australian Government Department of Health and Ageing (DoHA), and ADHC, Community Services, Housing NSW, the NSW Disability Council, NSW Ministerial Advisory Committee on Ageing, Department of the Attorney-General and Justice, NSW Ministry of Health, Transport for NSW, etc) network together at least annually on a cost shared basis.





# Aboriginal and Torres Strait Islander Older People\*

The Gathering recognises that age does not necessarily designate a person as an Elder, however Elders may be recognised differently in each community. Different cultural protocols on the status of Elder apply to different local communities. An Elder is acknowledged by a community as having made a contribution to the community and as having cultural knowledge and status.

## Eligibility

### Guiding Principle

- 8 In acknowledging that Aboriginal and Torres Strait Islander people have a reduced life expectancy compared to other people in Australia, Aboriginal and Torres Strait Islander people must be eligible for aged care and other seniors' services from the age 45 years. Until life expectancies for all are similar, eligibility from age 45 years for Aboriginal and Torres Strait Islander people would ensure that they equitably receive the very necessary support services and other benefits afforded to other older people in Australia.

### Recommendations

- R5 All programs providing support and other services to older people must ensure that the age criteria for Aboriginal and Torres Strait Islander people start at 45 years.
- R6 Aged Care Assessments must be available for Aboriginal and Torres Strait Islander people from age 45 years if necessary, not 50 years.
- R7 The NSW Seniors Card must be available to Aboriginal and Torres Strait Islander people from age 45 years.

## Respect

### Guiding Principle

- 9 Aboriginal and Torres Strait Islander older people must be afforded the respect of both Aboriginal and Torres Strait Islander and non-Aboriginal communities. The Gathering accepts the wide diversity amongst Aboriginal and Torres Strait Islander older people. All Aboriginal and Torres Strait Islander older people are not the same. This respect must enable Aboriginal and Torres Strait Islander older people to participate in the decisions and processes that affect their lives.

### Recommendations

- R8 In order to respect Aboriginal older people, government and non-government organisations must ensure that their interactions with Aboriginal and Torres Strait Islander older people are culturally responsive and appropriate in line with the cultural protocols of the local community.
- R9 Organisations must provide time to listen, engage with and dialogue with Aboriginal and Torres Strait Islander older people as a means of enabling them to properly participate. This means contracting, guidelines, data collection and quality assurance processes acknowledge and provide for the additional time to sit down with Aboriginal and Torres Strait Islander older people – as a leading practice.
- R10 Organisations must allow and encourage non-invasive feedback from Aboriginal and Torres Strait Islander older people, with input into complaints mechanisms ensuring no retribution, especially within small communities.

# Aboriginal and Torres Strait Islander Older People

Respect (continued)

R11 Respect means ensuring that Aboriginal and Torres Strait Islander people are involved in the planning and implementation process of policies, programs and services. Obtaining funding to establish services specifically for Aboriginal and Torres Strait Islander families before relationships are forged is seen as disrespectful by Aboriginal and Torres Strait Islander people.

## Volunteering

Guiding Principle

10 The Social Inclusion Committee found that Aboriginal and Torres Strait Islander older people do volunteer in a myriad of ways. There is often an active but invisible or unacknowledged partnership between Aboriginal and Torres Strait Islander older people and their communities.

Recommendations

R12 Government and service organisations must ensure that assessment and supports are provided in a manner that both respects and supports encourages enables Aboriginal and Torres Strait Islander older people to continue to volunteer within and outside their communities. This may require flexible provision in a culturally responsive way. Guidelines, policies & procedures, operations and service delivery must sustain Aboriginal and Torres Strait Islander volunteering.

R13 Volunteering does not preclude an Aboriginal and/or Torres Strait Islander older person from being eligible for community care and home support services.

## ELDERS and Older People

Guiding Principles

11 Many non-Aboriginal people and service providers ask Aboriginal and Torres Strait Islander Elders to perform specific tasks e.g. openings, Welcome to Country, acknowledgement at events, mentoring, confidential advice etc. Often Elders receive requests from many relevant agencies or organisations to perform inappropriate tasks (i.e. when someone else should do it). This can lead to overloading and exploiting some people who feel unable to refuse if they have to.

12 Aboriginal and Torres Strait Islander Elders are recognised within the local communities. Methods for recognising Elders vary between localities and between Aboriginal and Torres Strait Islander communities.

Recommendations

R14 Providers and people making requests of Aboriginal and Torres Strait Islander Elders must be required to ensure the requests are reasonable, manageable and with sufficient notice. Aboriginal and Torres Strait Islander Elders must be provided with appropriate enablers and/or recompense as appropriate (i.e. transport or expenses). The best way to ensure this is simply to take time to ask and discuss.

R15 Government and community providers are obligated to observe appropriate protocols when making requests for cultural acknowledgements and events. Appropriate protocols and advice can be obtained from

- A local Aboriginal and Torres Strait Islander organisation
- Local councils
- Aboriginal Medical Services
- Local Aboriginal Lands Councils
- Department of Aboriginal Affairs

Contracts and guidelines must reflect this obligation.

# Aboriginal and Torres Strait Islander Older People

## Time

### Guiding Principle

13 Service delivery to Aboriginal and Torres Strait Islander older people requires time to build trust, to understand and acknowledge the lived history of the older person. Leading practice in community care to Aboriginal and Torres Strait Islander people ensures that visits include time to build trust, a cup of tea, a chat. Often Aboriginal and Torres Strait Islander older people are storytellers; the details needed for assessments etc are often in the story.

### Recommendation

R16 Service Providers must recognise that delivering supports to Aboriginal and Torres Strait Islander older people can take time, sometimes involving several visits for a complete assessment. Guidelines, data collections and operations must not discourage that taking of time to engage Aboriginal and Torres Strait Islander older people. The details can be obtained in sharing stories; the forms can be completed later.

## Closing the Gap

### Guiding Principle

14 The NSW Aboriginal Community Care Gathering Committee is committed to CLOSING THE GAP for Aboriginal and Torres Strait Islander people and communities. The Gathering contends this must involve

- strengthening the connection between Health and community care
- increased availability of Aboriginal and Torres Strait Islander services
- Aboriginal and Torres Strait Islander older people aware of rights under the Health Act.

### Recommendations

R17 Community Care service provision, guidelines, contracting, and operations must be reviewed to ensure they always contribute to the CLOSING THE GAP strategies.

R18 Community care sector workers must be aware of Health and other relevant services to support the needs of older Aboriginal and Torres Strait Islander people.

R19 Health education models must be widely extended to Aboriginal and Torres Strait Islander communities.

## Confidentiality

### Guiding Principle

15 Aboriginal and Torres Strait Islander older people often live in small well-connected communities, regardless of their geographic location in metro or rural settings. Guaranteed Confidentiality is a trust factor that can make or break the provision of appropriate supports to Aboriginal and Torres Strait Islander older people.

### Recommendations

R20 Consent to share information must be openly negotiated upfront, and refusal respected. Workers must reassure Aboriginal and Torres Strait Islander older people that their information won't be used with their name for data collection etc and other purposes.

R21 There must be continued training as well as enforceable consequences for workers in breach of confidentiality guidelines.

# Aboriginal and Torres Strait Islander Older People

## Back to Country or going home

### Guiding Principle

16 Many Aboriginal and Torres Strait Islander older people now live away from their original lands and communities, their country. They may have been forcibly removed or moved of necessity. Sometimes, Aboriginal and Torres Strait Islander older people must be enabled to go home or back to country, to visit the community and return on a spiritual journey, for healing or to renew connections.

### Recommendation

R22 At times of necessity, service providers must be enabled to support/facilitate the return to country for some Aboriginal and Torres Strait Islander older people. A good outcome requires the provision of support at journey's destination plus any necessary support to the accompanying person, where required. The Gathering recommends the creation of a pool of resources to facilitate back to country or going home held regionally or centrally and decided on a case by case basis. This will involve return transport and support at destination, including no loss of continuity of service on their return home.

## Grandparents raising grandchildren and as carers of people with disability

(See also chapter on *Aboriginal Carers*)

### Guiding Principles

17 Many Aboriginal and Torres Strait Islander households are multi-generational. Aboriginal and Torres Strait Islander grandparents raising grandchildren and/or as carers of people with disability must have their own needs addressed as older people, in the context of the family situation, whether short-term, occasional or continuing. This situation often remains unrecognised or unacknowledged in the community and in Community Care. Integrated service provision and flexibility to encompass changing needs will avoid unnecessary family breakdown, illness or exploitation.

18 Grandparents raising grandchildren often only receive the aged pension and may be unable to pay fees/co-payments or cover costs of their own care and supports needs.

### Recommendations

R23 Service Providers must ensure that they are aware of the family circumstances of Aboriginal and Torres Strait Islander grandparents raising grandchildren. Assessors and providers must ensure they understand the context of the family situation and household of the Aboriginal and/or Torres Strait Islander older person to minimise the inequities due to less information leading to less access to support.

R24 Grandparents are informed of the rights and responsibilities in raising grandchildren and caring for people with disability, and are assisted to exercise their rights, including access to advocates, legal support and other services.

R25 Community care workers and managers also require this information to support Aboriginal and Torres Strait Islander older people, as well as managers in order to support policies and procedures in cases of exploitation of the Aboriginal and/or Torres Strait Islander older person.

# Aboriginal and Torres Strait Islander Older People

## Elder Abuse

### Guiding Principle

19 Elder abuse, the abuse and/or neglect of older people, can be subtle and hidden in Aboriginal and Torres Strait Islander communities but no less present than in mainstream communities. Aboriginal and Torres Strait Islander older people, remembering a history of mistreatment by officialdom, may be unwilling to act on abuse. However, abuse of elders is unacceptable in all communities and must be appropriately addressed for Aboriginal and Torres Strait Islander older people.

### Recommendation

R26 Strategies must be developed, consulted, implemented and promoted that address elder abuse in Aboriginal and Torres Strait Islander communities. These must encompass older people who reside in small well-connected communities, accounting for unintended neglect, providing viable solutions and enforceable consequences to address the situation.

## Veterans Gold Card

### Guiding Principle

20 Aboriginal and Torres Strait Islander returned soldiers and their spouses must be as entitled to the Veterans Gold Card as non-Aboriginal Diggers. When some Aboriginal and Torres Strait Islander people went to war, they were not yet considered citizens; thus no Veterans Gold Card recognition or entitlement. These early Aboriginal and Torres Strait Islander soldiers cannot access Veterans Home Care like other returned soldiers. Veterans Home Care will offer enhanced access to necessary in-home supports and assistive technologies.

### Recommendation

R27 Retrospective amendments must be made to enable eligible Aboriginal and Torres Strait Islander people to access Veterans Gold Card and Veterans Home Care. Eligible Aboriginal and Torres Strait Islander people must be invited and encouraged to apply for their Veterans entitlements.

## Chronic Disease

### Guiding Principle

21 Aboriginal and Torres Strait Islander older people experience higher incidences of chronic disease. Aboriginal and Torres Strait Islander older people must be assessed for ComPacks prior to discharge from hospital. ComPacks can be provided to people requiring short term home supports on leaving hospital but people must be referred before discharge. Many Aboriginal and Torres Strait Islander older people miss out on ComPacks because they are not referred while still in hospital.

### Recommendation

R28 Hospitals must have mandatory discharge criteria for all Aboriginal and Torres Strait Islander people before leaving hospital. A list of all hospitals providing ComPacks should be publicly available and on HSNet.

## Dementia

### Guiding Principle

22 Funded Dementia Monitoring (Early Stage) services currently begin monitoring Aboriginal and Torres Strait Islander people from 45 years of age. This age criteria must not be raised.

### Recommendation

R29 Under the proposed changes to aged care, the age criteria for Aboriginal and Torres Strait Islander people for assessments will increase to 50 years. The entry criteria for eligible Aboriginal and Torres Strait Islander people must remain at 45 years.

# Aboriginal and Torres Strait Islander People with Disability\*

## Cultural approach to disability

### Guiding Principle

23 Aboriginal and Torres Strait Islander cultures do not distinguish or label disability; therefore Aboriginal and Torres Strait Islander people with disability are often not identified. Culturally “disability” does not exist in Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander people may be unwilling to disclose disability due to stigma or misunderstanding. This results in very low referral rates for disability treatment, and disability development and support services.

### Recommendations

- R30 Workers should be culturally aware that what society identified as disability, may not be recognised as disability by the Aboriginal and/or Torres Strait Islander person or their family or local community. Ensure that Aboriginal and Torres Strait Islander people with disability and families are not seeing workers as taking over but sharing the care or complementing their support. Workers must allow sit down time with the person and family and encourage them to work from the strengths of the person with disability.
- R31 Community Care workers must connect with disability specialist services to provide wholistic solutions for the Aboriginal and/or Torres Strait Islander person with disability and family.
- R32 Workers must make cross-agency links outside community care and disability to find isolated people and provide flexible responses, e.g. schools, Centrelink, housing. Cross-agency links must form part of regular business.

## Work from strengths

### Guiding Principle

24 Services and supports to Aboriginal and Torres Strait Islander people with disability and families must include the capacity and resources to enable participants to build cultural resourcefulness. The Gathering Committee acknowledges the cultural strengths of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people with disability and families require supports that allow and encourage self sufficiency within the Aboriginal and/or Torres Strait Islander family unit.

### Recommendation

- R33 Funding and supports to Aboriginal and Torres Strait Islander people with disability must build on cultural strengths and not limit or restrict resourcefulness and self-sufficiency. Ways to ensure this include:
- Sufficient physical space and/or equipment that allows for choice of options
  - Fees to be optional, so Aboriginal and Torres Strait Islander engagement does not have artificial limitations
  - Individualised and self-directed support finding options for Aboriginal and Torres Strait Islander people with disability and families
  - Funding to people and Aboriginal and Torres Strait Islander organisations at levels that reflect true costs and responsiveness.

# Aboriginal and Torres Strait Islander People with Disability

## Multiple carers

### Guiding Principle

- 25 An Aboriginal and/or Torres Strait Islander person with disability may have more than one carer that carries out different aspects of that person's support, all working together. There may be times when more than one carer may be required to participate in the person's care or planning

### Recommendation

- R34 Depending on the wishes and consent of the Aboriginal and/or Torres Strait Islander person with disability, government agencies and service providers may be required to include or engage with or support more than one carer in order to meet the needs of the Aboriginal and/or Torres Strait Islander client. Appropriate amendments/adjustments to funding, program guidelines, data collection and assessment forms must be completed to ensure the inclusion of multiple carers where necessary.

## Back to Country - going home

### Guiding Principle

- 26 The importance of returning to Country can be as culturally significant to Aboriginal and Torres Strait Islander people with disability and their families as it is to Aboriginal and Torres Strait Islander older people. Refer to the Back to Country – going home Guiding Principle 16 in the Chapter on *Aboriginal and Torres Strait Islander Older People*.

### Recommendation

- R35 Refer to the 'Back to Country – going home' Recommendation 16 in the Chapter on *Aboriginal and Torres Strait Islander Older People*.

## Individualised approaches and self-directed funding

### Guiding Principles

- 27 Aboriginal and Torres Strait Islander people with disability will benefit from an individualised approach. Holistic approaches and flexible service provision have long been integral features of Aboriginal and Torres Strait Islander service provision and part of superior and leading practice.
- 28 Self-directed support funding will enable Aboriginal and Torres Strait Islander people with disability and families to maintain their culture, while ensuring that health and life outcomes remain a priority for the Aboriginal and/or Torres Strait Islander person with disability.
- 29 Individualised approaches and self-directed support funding will empower Aboriginal and Torres Strait Islander people to make their own decision and to care for their own needs, as never before. This is an important feature of self-determination.

### Recommendations

- R36 Individualised funding must be made available to Aboriginal and Torres Strait Islander people with disability at the same time as other people. Information must be widely available and accessible to Aboriginal and Torres Strait Islander people and workers on how individualised funding will benefit Aboriginal and Torres Strait Islander people with disability and how to access and make decisions.
- R37 Decision support services such as advocacy, financial management and professional advice must be unreservedly available to Aboriginal and Torres Strait Islander people with disability and their families to advance the success of individualised and self-directed support funding.

# Aboriginal and Torres Strait Islander People with Disability

Individualised approaches and self-directed funding (continued)

- R38 Services and workers must be informed and ready to encourage and support Aboriginal and Torres Strait Islander people with disability and their families to access individualised funding. Services must ensure they are ready to be flexible in their approaches to support individualised funding to Aboriginal and Torres Strait Islander people.
- R39 Government must ensure that individualised approaches enable the person and their family to access to range of supports and not be restricted by program boundaries e.g. community care and other disability programs.
- R40 Brokerage funding should be available to all departmental and non-government Aboriginal Case Management workers to ensure that Aboriginal and Torres Strait Islander people with disability and families have the best mix of supports across programs.

## Disability supported accommodation

### Guiding Principle

- 30 Supported accommodation for Aboriginal and Torres Strait Islander people with disability must include Aboriginal and Torres Strait Islander staff and trained Aboriginal and/or Torres Strait Islander managers. This will improve the life outcomes for Aboriginal and Torres Strait Islander people with disability in a range of supported accommodation situations in terms of:
- Compatibility: with staff and other people in shared accommodation settings
  - Choice: so that cultural expectations and practices may be maintained
  - Connectedness: including the capacity for the person's family to stay at home at particular times
  - Location: in the local area within practical reach of the person's family and social networks

### Recommendations

- R41 Government agencies must provide training mechanisms to upgrade and skill Aboriginal and Torres Strait Islander staff, so that adequate workforce flexibility is available within Aboriginal and Torres Strait Islander communities and to Aboriginal and Torres Strait Islander people with disability.
- R42 The planning and delivery of accommodation supports to Aboriginal and Torres Strait Islander people with disability must include adequate funding to resource families/ individuals with culturally inclusive options. This includes providing resources that acknowledge country and wellbeing for Aboriginal and Torres Strait Islander people.



# Aboriginal and Torres Strait Islander People with Disability

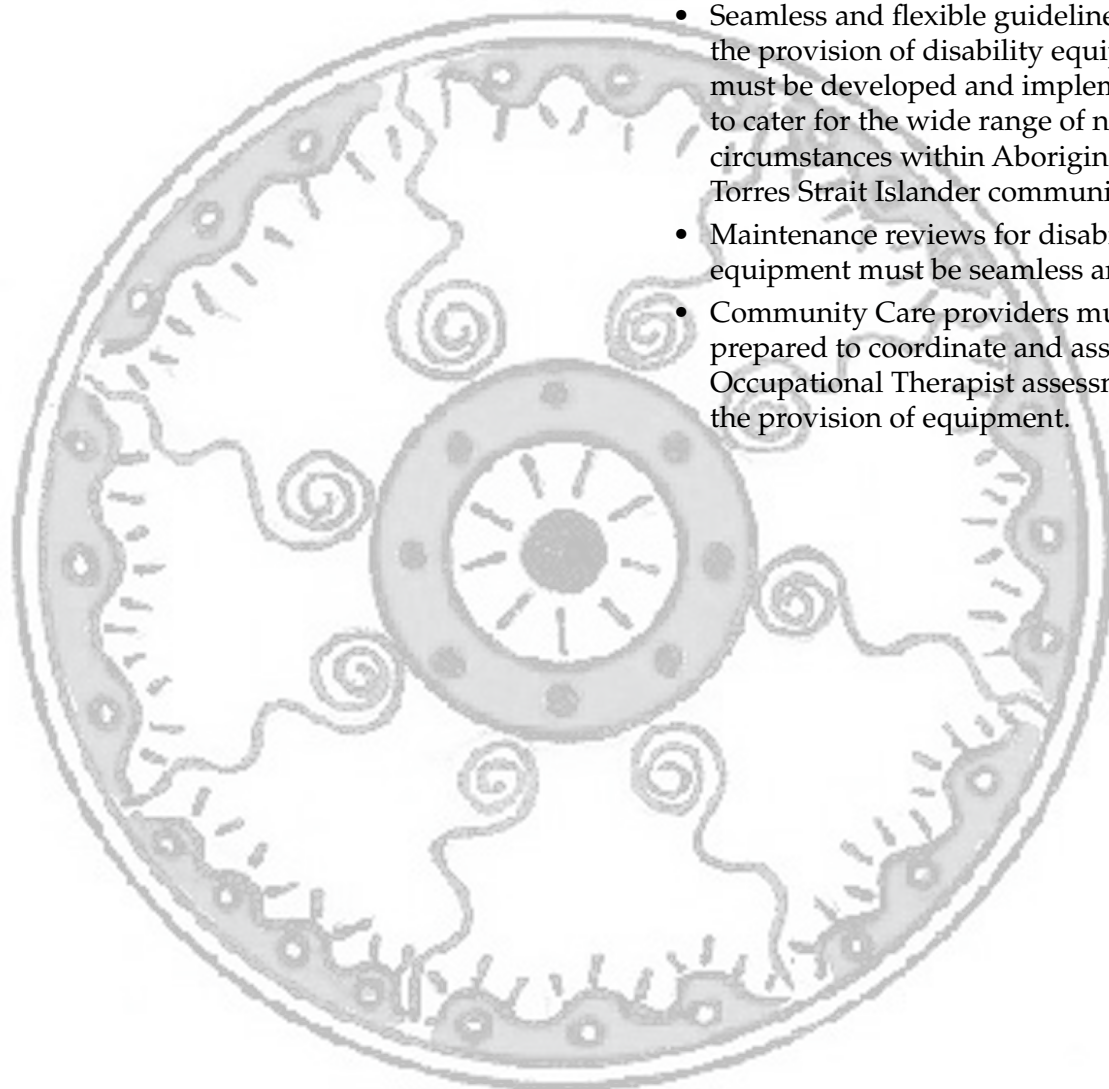
## Disability equipment and supports

### Guiding Principle

- 31 Aboriginal and Torres Strait Islander people with disability require appropriate equipment and supports to remain at home and as independently as possible. The provision of disability equipment etc is a health and quality of life issue. This equipment must be appropriate to the person with disability, their family and the environment and provided when needed.

### Recommendations

- R43 Disability equipment to Aboriginal and Torres Strait Islander people must be culturally appropriate.
- Enabling equipment appropriate to Aboriginal and Torres Strait Islander needs must be available e.g. all-terrain wheelchairs
  - Transient populations could require portable ramps and other responsive equipment
  - Seamless and flexible guidelines on the provision of disability equipment must be developed and implemented to cater for the wide range of needs and circumstances within Aboriginal and Torres Strait Islander communities
  - Maintenance reviews for disability equipment must be seamless and regular
  - Community Care providers must be prepared to coordinate and assist with Occupational Therapist assessments and the provision of equipment.



# Aboriginal Carers

Carers are usually family members who provide support to children or adults who have disability, mental health condition, chronic health condition or who are frail aged. Carers can be parents, partners, brothers, sisters, friends or children of any age. Carers may care for a few hours a week or all day every day. Some carers are eligible for government benefits, while others are employed or have a private income<sup>†</sup>. People employed to provide support services are staff, not carers.<sup>†</sup>

## Aboriginal Carers

(See also 'Grandparents as Carers' in chapter on *Aboriginal Older People*)

### Guiding Principles

- 32 The roles, rights and responsibilities of Aboriginal and Torres Strait Islander carers must be recognised and acknowledged.
- 33 The needs of Aboriginal and Torres Strait Islander carers and those they support are not identical, and therefore carers' needs require specific attention.
- 34 Aboriginal and Torres Strait Islander carers must be able to access a range of supports and services that are appropriate and flexible to their needs throughout their lives and have a choice about relinquishing care. Support services can include respite, emotional support, practical support and financial assistance.
- 35 Supports and services to address carers' needs are to be equitable across regions, and regional networks.
- 36 Aboriginal and Torres Strait Islander carers must be included in services as partners in care especially during assessment, service delivery and reassessment.
- 37 Aboriginal and Torres Strait Islander carers should be able to access education and training courses, for example, first aid and other practical supports. Aboriginal and Torres Strait Islander carers must also have the opportunity to access training about the social, emotional and physical impact of caring. This training could be formally recognised as prior learning to assist Aboriginal and Torres Strait Islander carers with entry into tertiary courses and/or the workplace.

### Recommendations

- R44 A whole of government Carers Policy for NSW must be developed and must specifically recognise Aboriginal and Torres Strait Islander carers. This must be appropriately resourced and implemented.
- R45 Positions must be identified at a regional and local level for working with Aboriginal and Torres Strait Islander carers. The regional development positions should involve developing and coordinating different services with the disability, aged care and other sectors. The local positions should be carer-support specific.
- R46 All services working with Aboriginal and Torres Strait Islander carers must ensure that appropriate referrals are made and must ensure that services work together. Aboriginal and Torres Strait Islander carers should be supported through a seamless system of Aboriginal and Torres Strait Islander carer support wherever they live in NSW.
- R47 Assessment of the needs of the carer must be separate from that of the care recipient. This is a vital first step in providing protection and support to enable family carers to sustain their caring roles. Like the client's assessment, these assessments should be as holistic as possible.
- R48 Culturally appropriate information is to be available at all times when needed and provided in a timely manner, in language that is culturally appropriate and in a variety of formats and mediums.

<sup>†</sup> Derived from Carers NSW website

- 38 Culturally appropriate information is to be available at all times when needed and in a timely manner and in language that is culturally appropriate and in a variety of formats and mediums.
- 39 Advocacy assistance must be available to family carers when they are dealing with services. There are presently only limited avenues for assistance for carers or the person they support, especially during assessment, service delivery or reassessment.
- R49 Aboriginal and Torres Strait Islander carers must be able to access education and training courses, eg. first aid and other practical supports. Aboriginal carers must also have the opportunity to access training about the social emotional and physical impact of caring. This training should be formally recognised as prior learning to assist Aboriginal and Torres Strait Islander carers with entry to tertiary courses and/or employment.
- R50 Culturally appropriate information for Aboriginal and Torres Strait Islander carers is to be available at all times when needed.



*'A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community.'*<sup>†</sup>

By Social Inclusion, the Gathering Committee means Aboriginal and Torres Strait Islander people have the right to be respected and included, to be represented and to participate in the community care and disability sectors and in the broader community in general. Social Inclusion for Aboriginal and Torres Strait Islander people also means choice, opportunity, provision of necessary supports and access to community and other facilities. Social Inclusion is not just the absence of exclusion. It covers all Aboriginal and Torres Strait Islander people, including older people, people with disability and their families, staff and volunteers, Board and Management Committee members, and others in Aboriginal and Torres Strait Islander communities.

Social Inclusion for Aboriginal and Torres Strait Islander people in community care and disability includes the recognition and acceptance of the Guiding Principles and the implementation of the Recommendations in this entire Challenge Change and Choice Policy Position.

The Gathering Committee further recognises that this Chapter on Social Inclusion is the beginning of a longer conversation among Aboriginal and Torres Strait Islander people and communities, and with non-Aboriginal people, colleagues and service providers.

## Right to Decision-making

### Guiding Principles

- 40 Aboriginal and Torres Strait Islander people have the right to make
- decisions that affect the quality of their own lives and
  - decisions that affect the wellbeing of their people and communities.
- 41 Culturally responsive decision support services such as information and advocacy must be available to Aboriginal and Torres Strait Islander people to enable them to make and implement appropriate decisions.

### Recommendations

- R51 Culturally appropriate information on their right to make decisions must be made available to Aboriginal and Torres Strait Islander people when making personal and community decisions about community care, disability and other issues.
- R52 Aboriginal and Torres Strait Islander people must be encouraged to speak up in a safe, welcoming and informed environment.
- R53 Aboriginal specific advocacy must be culturally competent and available to Aboriginal and Torres Strait Islander people to enable them to be informed and fully participate in the decisions that affect their lives.

## Working outside community care and disability

### Guiding Principle

- 42 For many Aboriginal and Torres Strait Islander people needing support, the factors that contribute to their social exclusion must first be addressed in order to provide necessary community care and disability services. These factors of social exclusion can include transport disadvantage, low income, health status, housing stress, intergenerational dependence etc.

### Recommendations

- R54 Aboriginal and Torres Strait Islander providers must often facilitate solutions to the factors of social exclusion before they can provide community care and disability services. Government must recognise and accept this as necessary to the provision of appropriate community care and disability services to Aboriginal and Torres Strait Islander people.

<sup>†</sup> D Cappo 2002, 'Social inclusion, participation and empowerment', ACOSS National Congress, 28-29 November 2002, Hobart. [www.acoss.org.au/images/uploads/ACOSS\\_Sector\\_Development\\_glossary.pdf](http://www.acoss.org.au/images/uploads/ACOSS_Sector_Development_glossary.pdf)

Working outside community care and disability (continued)

R55 Non-Aboriginal service providers must understand and address the factors of social exclusion in order to provide effective community care and disability supports to Aboriginal and Torres Strait Islander people.

## A share responsibility

### Guiding Principle

43 Aboriginal and Torres Strait Islander people are the drivers of social inclusion with mainstream or non-Aboriginal people being active and energetic participants. This requires that respect and recognition of Aboriginal and Torres Strait Islander inclusion and participation are generally accepted and part of regular practice.

### Recommendations

R56 For Aboriginal and Torres Strait Islander people to drive social inclusion, this means enabling Aboriginal and Torres Strait Islander people to embrace their culture personally and publicly.

R57 Aboriginal and Torres Strait Islander self-determination and autonomy are critical to Social Inclusion, refer Chapter 1.

## Strategies towards Social Inclusion

### Guiding Principle

44 The Gathering Committee believes that Social Inclusion for Aboriginal and Torres Strait Islander people involves:

- keeping it simple and open communication channels
- Closing the GAP
- Aboriginal and Torres Strait Islander responsiveness and participation are part of regular practice – not separate and exceptional actions
- understanding and addressing difference
- opportunity, exposure, participation and leadership in Aboriginal and Torres Strait Islander and non-Aboriginal communities
- equity in access and service provision
- Aboriginal and Torres Strait Islander autonomy, self-determination and workforce

### Recommendations

R58 Education and training for service providers must be provided on the social inclusion issues of Aboriginal and Torres Strait Islander people. Training on cultural competence and quality service provision are part of Social Inclusion but may not enable a comprehensive understanding of historical and current factors in Aboriginal and Torres Strait Islander social exclusion.

R59 Consulting, developing and implementing Aboriginal and Torres Strait Islander strategies when programs/projects/initiatives/policies are instigated rather than after general population stage is completed.

## Aboriginal and Torres Strait Islander leading practice

### Guiding Principle

45 The flexibility of Aboriginal and Torres Strait Islander specific services and their responsiveness to the person or client often exceeds the requirements of contracts and program guidelines. In Community Care this signifies leading practice.

### Recommendations

R60 Government must recognise where leading or superior practice occurs in Aboriginal and Torres Strait Islander services and share these methods to improve the entire Community Care and disability systems.

Aboriginal and Torres Strait Islander leading practice (continued)

R61 Government must reward leading or best practice in Aboriginal and Torres Strait Islander services with the aim of promoting Aboriginal and Torres Strait Islander organisations and increasing social equity and inclusion.

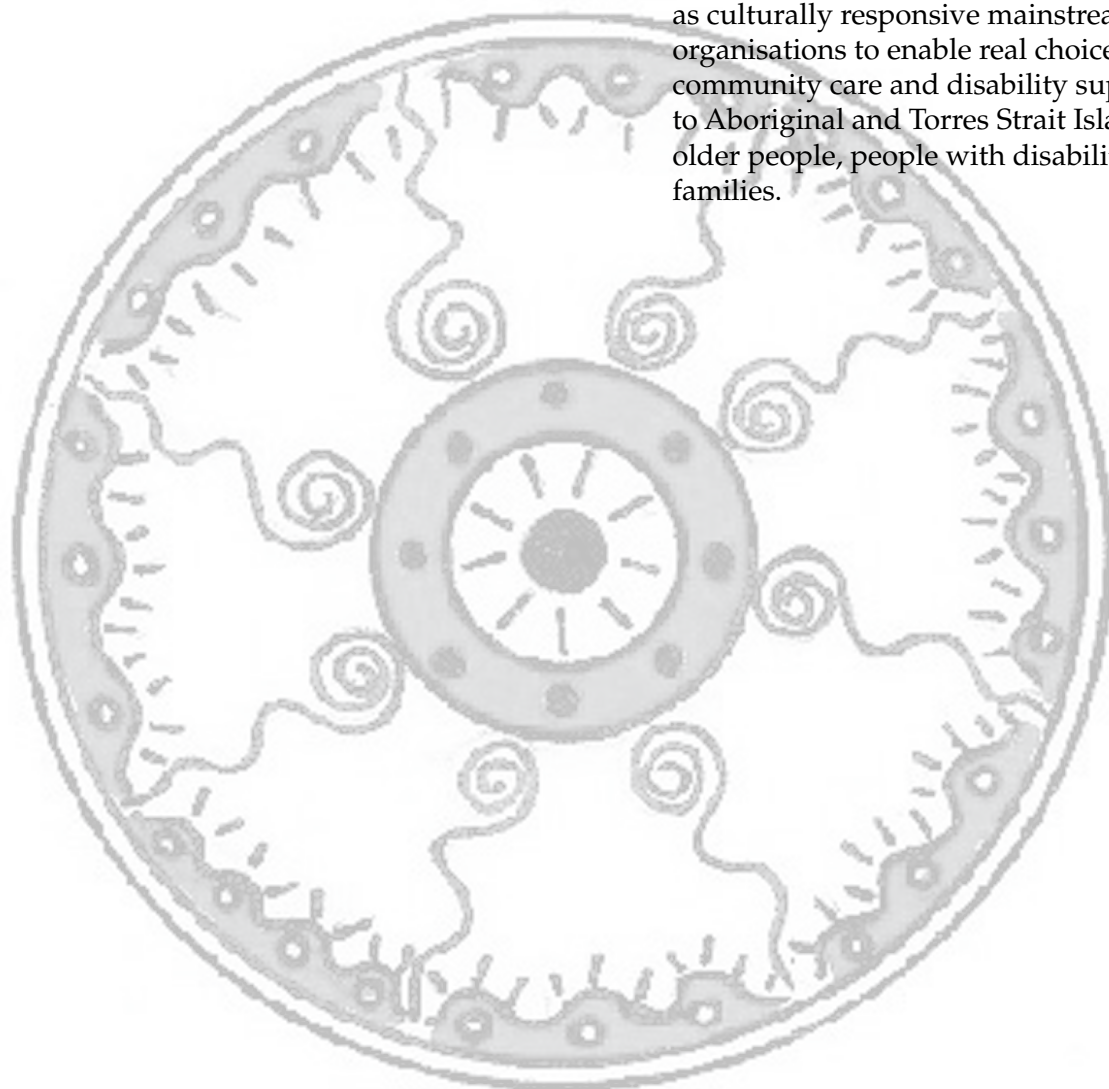
### Balance of Aboriginal and Torres Strait Islander and mainstream provision

#### Guiding Principle

46 Aboriginal and Torres Strait Islander people must be able to choose whether to use Aboriginal specific or mainstream organisations to provide their necessary supports.

#### Recommendation

R62 Government must plan and implement the right balance of service provision from Aboriginal specific organisations or mainstream organisations in each locality. This will involve Aboriginal specific organisations available in an area as well as culturally responsive mainstream organisations to enable real choice for community care and disability supports to Aboriginal and Torres Strait Islander older people, people with disability and families.



## Aboriginal Transport

### Guiding Principles

- 47 Self-determination in the provision of community transport is essential to appropriate services to Aboriginal and Torres Strait Islander people. Such self-determination must cover service delivery, development, monitoring and evaluation, planning and implementation.
- 48 Transport issues should be regularly discussed at all Aboriginal and Torres Strait Islander people state and regional representative forums.
- 49 Aboriginal and Torres Strait Islander people community care clients and carers must be eligible for transport services wherever they are in the state.
- 50 Transport funding that comes into a region must appropriately respond to the entire target population, i.e. a proportion towards Aboriginal and Torres Strait Islander people.
- 51 Transport should be enabling and flexible so as to respond to Aboriginal and Torres Strait Islander people cultural needs.
- 52 Culturally appropriate drivers will provide culturally responsive transport to Aboriginal and Torres Strait Islander people.
- To achieve this, the following is required:
- locally appropriate cultural awareness training for all transport drivers
  - flexible and responsive transport services to better support Aboriginal and Torres Strait Islander older people, people with disabilities and carers.
- 53 Aboriginal transport must not rely on Aboriginal and Torres Strait Islander volunteers. Aboriginal transport should be resourced appropriately to provide paid Aboriginal and Torres Strait Islander drivers. Volunteers should provide complementary services, not essential transport services.
- 54 The participation of Aboriginal and Torres Strait Islander people in the transport workforce must be increased, including the employment of mechanics, maintenance people, service administration, etc.
- 55 Aboriginal and Torres Strait Islander people are part of the community. Mainstream transport has been funded to provide a service to the entire community. Mainstream transport should be transparent on how many Aboriginal and Torres Strait Islander people use funded transport services.

### Recommendations

- R63 ADHC must co-ordinate with Transport for NSW on the provision of community care to improve transport for older people, people with disabilities and their carers.
- R64 Government departments ensure that Aboriginal transport issues are included on the agendas of state and regional forums and other representative structures.
- R65 Strategies must be developed and implemented to ensure that community care clients can access services if they move location or while in transit.
- R66 Local community care forums should always discuss transport issues. Local transport working groups could be established and could comprise Aboriginal and Torres Strait Islander people who join together to discuss transport issues and work towards local solutions. The establishment of similar groups is required at the Regional, State and National levels.
- R67 Appropriate funding as determined through consultation processes is allocated to develop and maintain these local, regional, state and national community care transport groups.
- R68 An Aboriginal specific needs analysis should be conducted to ensure that transport is provided in a culturally appropriate manner that allows for flexible service delivery.
- R69 The Transport for NSW Aboriginal State Co-ordinator will co-ordinate and resource Aboriginal and Torres Strait Islander community care transport working groups and identify and ensure adequate resources.
- R70 Adequate transport resources are provided to Aboriginal and Torres Strait Islander carers to ensure their needs are addressed.
- R71\* The application of fees must not limit access to necessary transport services for Aboriginal people, especially in rural and remote areas.
- R72\* Establishing a shared understanding of 'disability' with Aboriginal and Torres Strait Islander communities will overcome confusion and misunderstanding between disability and community care services and Aboriginal and Torres Strait Islander people.

- 56 Aboriginal and Torres Strait Islander people should be free to use an Aboriginal specific transport service or a mainstream service depending on their preference and needs.
- 57 Aboriginal and Torres Strait Islander people are identified as a special needs group under community care programs. As such, mainstream community transport providers should ensure they are providing culturally appropriate service to Aboriginal and Torres Strait Islander older people, people with disabilities and carers. Aboriginal specific transport services should have local Aboriginal management and will ensure that drivers and volunteers are culturally appropriate to the community they serve.
- 58 Aboriginal and Torres Strait Islander transport has historically been poorly resourced and services providing transport to Aboriginal and Torres Strait Islander people have lacked recognition. These services must be adequately funded to provide culturally appropriate services.
- 59 ADHC and Transport for NSW should champion the need for culturally responsive transport to support community care consumers in the areas of health, education and training, employment and so on. For example, this will include services to transport grandparents, generations living together due to economic inequities and other common living situations that could involve older people, people with disability and carers.
- 60\* Fees for service must not be forced upon Aboriginal and Torres Strait Islander families. Financial disadvantage is a common access barrier for Aboriginal and Torres Strait Islander people in accessing transport.
- 61\* The definition of “disability” is a significant barrier to services for Aboriginal and Torres Strait Islander people (see GP 23). Transport is a critical enabling service for the support of Aboriginal and Torres Strait Islander older people and people with disability and families.
- 62\* Some Aboriginal and Torres Strait Islander service providers provide transport for people with a disability to address financial disadvantage experienced by families.
- R73\* Transport providers could work with Aboriginal and Torres Strait Islander community managed organisations and Government to coordinate necessary responses, amend prohibitive guidelines and to relieve the resource burden placed on staff.



## Assessment of Needs

### Guiding Principles

- 63 Recognition and respect for the consumer and their whole family and care situation must be maintained at all times.
- 64 Assessments for Aboriginal and Torres Strait Islander people must be holistic, including assessment of carer needs at every opportunity.
- 65 Aboriginal and Torres Strait Islander people must have the choice to have assessments and case management conducted by Aboriginal and/or Torres Strait Islander workers.
- 66 There must be effective co-ordination between both Aboriginal and Torres Strait Islander and non-Aboriginal service deliverers and providers of comprehensive assessment and case management to Aboriginal and Torres Strait Islander communities, to reduce intrusion and confusion for clients (including health, enhanced primary care, Community Care etc.).
- 67 Culturally appropriate assessment processes and forms for all Home and Community Care (HACC) and other Community Care and related services must be developed to enable consistency.
- 68 For Aboriginal and Torres Strait Islander clients, there should be no separation of assessment and service provision so as to protect the cultural appropriateness of services, overcome cultural differences and reduce duplication of assessment.
- 69 Aboriginal and Torres Strait Islander people should have multiple entry points for access to Community Care services and support.

### Recommendations

- R74 Assessments must include the entire family and/or care situation to be sustainable and effective.
- R75 Qualified Aboriginal and/or Torres Strait Islander workers must conduct assessments and case management for Aboriginal and/or Torres Strait Islander people.
- R76 Until trained Aboriginal assessment workers are available in ACATs (Aged Care Assessment Teams), it is fundamental and culturally appropriate that Aboriginal and Torres Strait Islander workers be resourced to accompany the ACAT workers at all times during an assessment.
- R77 It is mandatory that non-Aboriginal or Torres Strait Islander assessment workers undertake local and ongoing cultural awareness training before assisting in the assessment of Aboriginal clients.
- R78 Relevant Government agencies should collaborate in the development of a strategic plan to generate adequate numbers of skilled Aboriginal assessment workers to conduct assessments.
- R79 Assessments involving ACATs must only be carried out for Aboriginal people who are frail aged and not younger people with disability. ACATs should refer the assessment of Aboriginal people with disability to experts in disability assessments.
- R80 Accredited accessible Aboriginal or Torres Strait Islander specific training must be available for Aboriginal Community Care workers to be able to carry out comprehensive assessments. Established Aboriginal and Torres Strait Islander Community Care service providers must be trained in Comprehensive assessment and be adequately resourced to do so.

## Workforce

### Guiding Principles

- 70 Aboriginal identified positions are necessary in all community care services. Increased workforce participation of Aboriginal and Torres Strait Islander people in all aspects of the community care industry would greatly improve service provision adequacy, responsiveness and appropriateness to Aboriginal and Torres Strait Islander communities.
- 71 Every hospital and Local Health District outlet should fund and staff or fill Aboriginal identified positions. These positions should be a priority for recruitment whenever they become vacant.

### Recommendation

- R81 Government must develop an Aboriginal and Torres Strait Islander Workforce Plan for community care services involving a range of strategies for the recruitment, retention and skills development of Aboriginal and Torres Strait Islander workers. Traineeships and the recognition of the existing skills of Aboriginal and Torres Strait Islander workers are integral to the training and accreditation process. Additionally, strategies and incentives to enhance the recognised experience and qualifications of existing Aboriginal and Torres Strait Islander community care workers must be developed and implemented in the Aboriginal Workforce Plan. The Plan could also consider scholarships for Aboriginal and Torres Strait Islander people with guaranteed jobs contracted to country areas.
- R82 ADHC should develop standards and targets for Aboriginal and Torres Strait Islander participation within the community care workforce, and then strategies for implementation.
- R83 NSW Ministry of Health must develop standards and targets, ensuring that every hospital and area health service outlet has Aboriginal identified positions.

## Training

### Guiding Principles

- 72 All mainstream service providers should undertake locally appropriate cultural awareness training and regular updates to ensure responsive and welcoming service provision to Aboriginal and Torres Strait Islander people.
- 73 All Aboriginal community care workers must have access to information and training provided by government agencies at the local and regional levels.

### Recommendations

- R84 Co-ordinated approaches to cultural awareness training at national and state levels must be developed across all government departments involved with Aboriginal and Torres Strait Islander programs and short term groups be convened to oversee this.

### Training (continued)

- R85 Recurrent funding must be available to develop accredited training modules that address financial, management, operational and human resource issues with Aboriginal and Torres Strait Islander community based organisations. Accredited training should also include quality improvement and capacity building in service delivery and organisations as well as leadership in governance issues.
- R86 ADHC should provide community care information and training resources, including initial orientations, covering all community care programs and services, ie program objectives, eligibility, service types, entry criteria, exclusions etc. ADHC should utilise existing successful examples of non-government information resources to be available across NSW.
- R87 Government must provide specific local Aboriginal and Torres Strait Islander training for Aboriginal and Torres Strait Islander community care service providers from the outset regarding any changes to community care including reforms and other initiatives, program guidelines and boundaries, eligibility and referral protocols.
- R88 The National and NSW training strategies must include an emphasis on Aboriginal and Torres Strait Islander cultural awareness and how Aboriginal and Torres Strait Islander people interact in the local community.
- R89 Training about local Aboriginal and Torres Strait Islander cultural awareness must be made available to service providers. If mainstream services receive Aboriginal specified funding, cultural awareness training must be compulsory for ongoing staff and management committees. Mainstream services should be required to provide evidence of local cultural awareness training initiatives completed by all staff.
- R90 ADHC should liaise with TAFE and university to ensure that there is an Aboriginal and Torres Strait Islander component in all qualifications and Aboriginal specific training for all community care and related courses.

Training (continued)

- R91 There must be accredited accessible and available Aboriginal specific training for Aboriginal and Torres Strait Islander community care workers to carry out comprehensive assessments. Established Aboriginal and Torres Strait Islander community care service providers must be trained in comprehensive assessment and be adequately resourced to do so.

### Always on the job

#### Guiding Principle

74\* Aboriginal and Torres Strait Islander workers often live where they work, leaving little distinction between professional and personal roles. Community expectations of Aboriginal and Torres Strait Islander workers require that they work in a flexible way, often across agencies and regardless of guidelines; they are on the job 24 hours, never take their hats off; and that they have community responsibilities about the professional knowledge they attain.

#### Recommendations

- R92\* Funders, employing organisations and managers must recognise that there are cultural obligations for Aboriginal and Torres Strait Islander workers.
- R93\* Organisations and managers must provide Aboriginal workers with appropriate regular debriefing on roles and possible professional/personal overlaps. Accordingly, organisations and managers must be sensitive to the signs of burnout, in order to support and retain Aboriginal and Torres Strait Islander workers



# Cultural Competence\*

The NSW Aboriginal Community Care Gathering Committee considers that once a person identifies and is accepted as Aboriginal and/or Torres Strait Islander, they are Aboriginal and/or Torres Strait Islander, regardless of appearance. This equally applies to Torres Strait Islander people. Aboriginal and Torres Strait Islander Cultural Competence begins with an acknowledgement that Aboriginal and Torres Strait Islander people are Australia's first peoples.

Cultural competence involves

- a willingness to respect and accept Aboriginal and Torres Strait Islander people and local cultural protocols
- acting to respond to cultural needs not just for sake of rules, obligation or contracts
- understanding that Aboriginal and Torres Strait Islander people live within traditional and contemporary cultures
- recognising diversity within and among Aboriginal and Torres Strait Islander communities, with different world views in different traditional and contemporary backgrounds
- not making cultural assumptions
- using this knowledge to connect with the local people and community

**Please note:** This is a set of policy statements on how services and organisations can go about becoming more culturally competent, including some of the elements of competency. This is not a checklist of what it takes to be culturally competent.

## Improving cultural competency

### Guiding Principle

75 Community care and disability services must continuously improve their Aboriginal and Torres Strait Islander cultural competence.

### Recommendation

R94 Organisations can develop and adopt a "Working with Aboriginal and Torres Strait Islander communities" guide or protocol. This should relate to the local Aboriginal and/or Torres Strait Islander community and be integrated into policies, orientation and accountability reports. (see also R15)

## Positive outcomes

### Guiding Principle

76 Continual implementation and ongoing development of cultural protocols and practices will positively impact on service delivery.

### Recommendation

R95 Continual implementation and ongoing development involves collaboration with Aboriginal and Torres Strait Islander communities and service providers on a regular basis.

## Cultural Interpreters

### Guiding Principle

77 Aboriginal and Torres Strait Islander community care and disability services and workers act as cultural interpreters for Aboriginal and Torres Strait Islander communities. Cultural interpreters, with cultural knowledge of the lived experiences and of how life circumstances differ from non-Aboriginal people, can translate assessments, delivery approaches, management obligations and operations etc. in ways that Aboriginal and Torres Strait Islander people can relate and respond to.

### Recommendation

R96 Organisations that obtain/receive Aboriginal and Torres Strait Islander funding must have the capacity to engage Aboriginal and Torres Strait Islander workers as cultural interpreters or to purchase this support from Aboriginal and Torres Strait Islander organisations and services.

## Men's and Women's business

### Guiding Principle

78 Aboriginal and Torres Strait Islander cultural interpreters in organisations can interpret for the service provider the importance and implications of men's and women's business within local Aboriginal and Torres Strait Islander communities for Aboriginal and Torres Strait Islander older people and people with disability and their families.

### Recommendation

R97 The implications of local Aboriginal culture, including men's and women's business, must feed into organisational policies, practice and service delivery to Aboriginal and Torres Strait Islander older people and people with disability and families.

## Significant cultural events

### Guiding Principle

79 Cultural competence facilitates Aboriginal and Torres Strait Islander people to attend significant Aboriginal and Torres Strait Islander events such as NAIDOC week, funerals, return to country (refer Chapter on *Aboriginal and Torres Strait Islander older people*), the Knockout, Elder Olympics etc.

### Recommendation

R98 Government and organisations ensures that Aboriginal and Torres Strait Islander clients and staff are enabled to attend significant cultural events.

## Data collection

### Guiding Principle

80 Collection of data on service usage by Aboriginal and Torres Strait Islander people is essential. Service usage data shows low rates of Aboriginal and Torres Strait Islander clients compared to the potential Aboriginal and Torres Strait Islander population. Many providers do not collect information on Aboriginal and Torres Strait Islander people or even ask potential clients about their background or heritage. All service providers must always ask if someone identifies as Aboriginal or Torres Strait Islander and whether they have previously used Aboriginal and Torres Strait Islander services.

### Recommendation

R99 Workers and assessors must ask potential clients about their Aboriginal and/or Torres Strait Islander background or heritage as they do for other essential information. Assessors and workers must not rely on appearance or other assumptions to designate a person's cultural heritage.

## Prior established relationships

### Guiding Principle

- 81 Non-Aboriginal or mainstream service providers must not apply for Aboriginal and Torres Strait Islander service funding without true consultation and prior established relationships with local Aboriginal and Torres Strait Islander communities.

### Recommendations

- R100 Aboriginal and Torres Strait Islander consultation means ensuring actual and ongoing connections with the community.
- R101 Relationships and consultations with Aboriginal and Torres Strait Islander communities and providers must be established prior to any decision by mainstream providers to apply for additional funding for Aboriginal and Torres Strait Islander service provision.
- R102 Mainstream organisations must be obliged to use their Aboriginal and Torres Strait Islander funding for Aboriginal and Torres Strait Islander service provision, and to resource ongoing Aboriginal and Torres Strait Islander engagement and consultation.
- R103 Mainstream organisations must demonstrate Aboriginal and Torres Strait Islander participation in the management and operations of Aboriginal and Torres Strait Islander service provision.
- R104 Government must not provide funds to non-Aboriginal organisations that do not demonstrate Aboriginal and Torres Strait Islander cultural competency.

## Aboriginal and Torres Strait Islander workers

### Guiding Principle

- 82 Cultural competence means organisations providing services to Aboriginal and Torres Strait Islander people will employ Aboriginal and Torres Strait Islander workers accordingly.

### Recommendation

- R105 Organisations must make a commitment to the employment of Aboriginal and Torres Strait Islander people. Organisations providing services to Aboriginal and Torres Strait Islander people are obliged to employ Aboriginal and Torres Strait Islander workers in front line positions and throughout the organisation. Staff recruitment and selection processes must ensure Aboriginal and Torres Strait Islander applicants are encouraged and considered for designated and non-designated positions.

## Adequate resources

### Guiding Principle

83 Culturally competent service provision relies on adequate resourcing, depending on the needs of the local community.

### Recommendation

R106 Government monitoring and accountability processes must be linked to funding agreements and must report against these. This means all organisations applying for and receiving funding for Aboriginal and Torres Strait Islander service provision must be monitored for and report against their funding agreements.

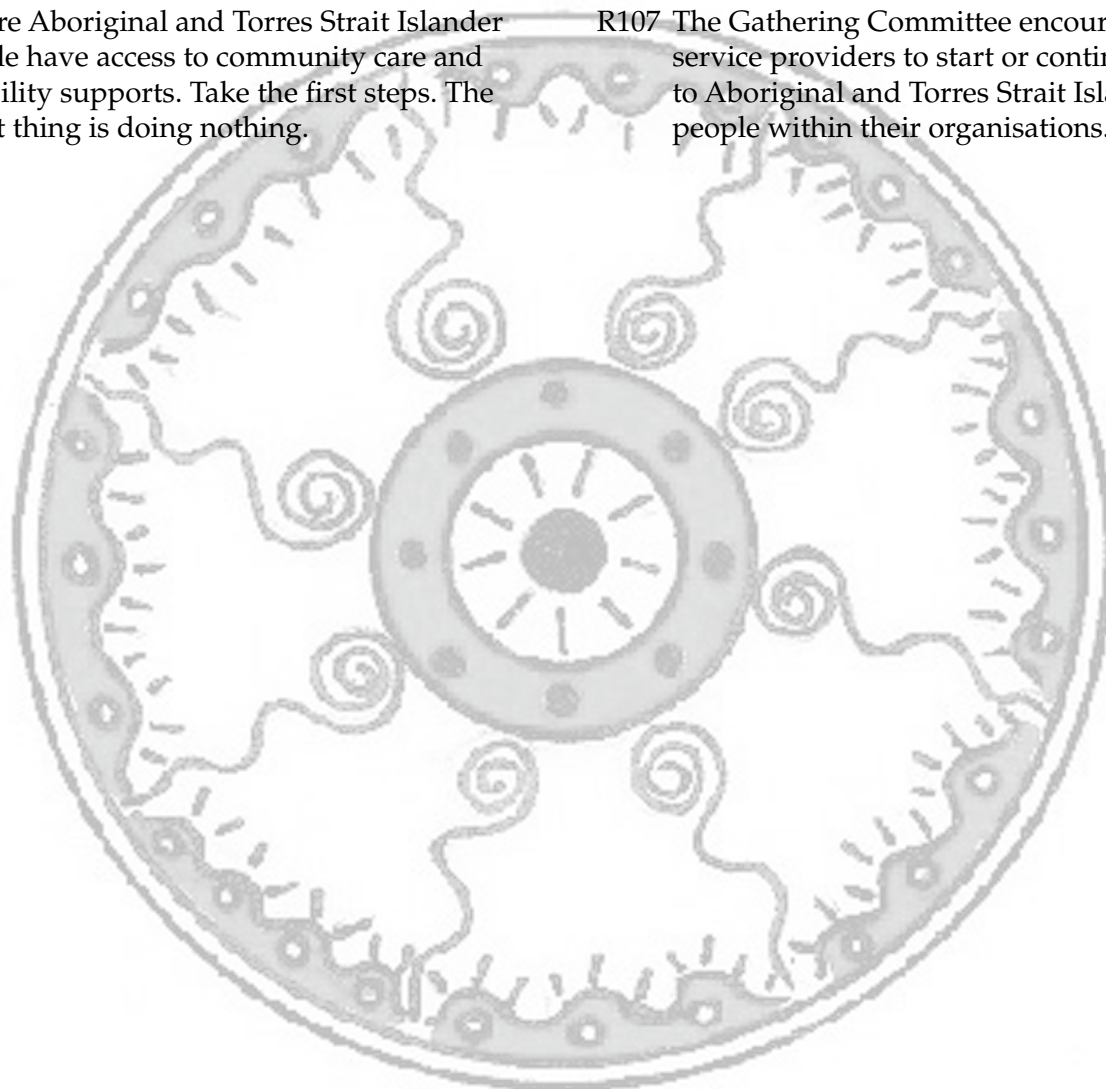
## Take the first steps

### Guiding Principle

84 Ensure Aboriginal and Torres Strait Islander people have access to community care and disability supports. Take the first steps. The worst thing is doing nothing.

### Recommendation

R107 The Gathering Committee encourages service providers to start or continue access to Aboriginal and Torres Strait Islander people within their organisations.





# Effective Management, Service Development & Co-ordination

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## Effective Management

### Guiding Principles

- 85 Funding bodies are responsible for ensuring that community care services (including all services to older people, people with disability and their carers) for Aboriginal and Torres Strait Islander communities receive adequate resources and operate effectively.
- 86 To ensure appropriate access, community care services must be transparent and accountable to Aboriginal and Torres Strait Islander people so that service provision is inclusive of the local Aboriginal and Torres Strait Islander community. Service Providers will ensure that nepotism must not override community business and service delivery.
- 87 Aboriginal and Torres Strait Islander people will operate their organisations:
- i. in a culturally appropriate manner to each local community
  - ii. along effective and efficient management and financial accountability principles.
- 88 To ensure resources are efficiently managed, accountability and reporting procedures should be consistent across all government funding bodies.
- 89 Government reporting requirements must take into account specific service provision to Aboriginal people. HACC and other Community Care standards, quality assurance and contracting should be applied in an Aboriginal and/or Torres Strait Islander culturally appropriate manner to the local area.
- 90 Effective, accessible and culturally appropriate complaints procedures must be recognised as an important consumer rights principle, and must be inclusive of Aboriginal and Torres Strait Islander consumers and service providers.

### Recommendation

- R108 All Aboriginal and Torres Strait Islander and non-Aboriginal service providers and community care funding bodies must have culturally appropriate complaints procedures meeting the needs of Aboriginal and Torres Strait Islander people.

# Effective Management, Service Development & Co-ordination

## Service Development

### Guiding Principles

- 91 Within mainstream services, Aboriginal identified positions (including indigenous positions), Aboriginal identified funding and resources must be transparent and retained only for Aboriginal and Torres Strait Islander people. Mainstream services should be clear in reporting results or service outputs; ie reporting on how many Aboriginal people use and access services.
- 92 Multi-purpose service outlets are highly recommended but may not be suitable for all local Aboriginal and Torres Strait Islander communities due to cultural and geographical factors.
- 93 To achieve appropriate and quality work practices within Community Care service provision, Aboriginal and Torres Strait Islander networking must be recognised and adequately resourced at all levels.

### Recommendations

- R109 Existing effective Aboriginal and Torres Strait Islander service models are to be identified and examined for suitability for other Aboriginal and Torres Strait Islander communities within NSW taking into account regional environmental cultural factors. A number of innovative Aboriginal projects should be established and evaluated. Additionally, resource materials should be developed to assist Aboriginal and Torres Strait Islander services in creating and establishing new services to address gaps.
- R110 To achieve improved appropriate and effective work practices within community care provision, networking between Aboriginal and Torres Strait Islander providers and with non-Aboriginal providers must be recognised and adequately resourced at all levels.

## Co-ordination

### Guiding Principles

- 94 Aboriginal HACC Access and Development Officers, as full time workers, are required in all regions in order to link services, provide training and support, facilitate local cultural awareness training for workers and communities and to assist local communities to respond to the needs of Aboriginal and Torres Strait Islander people.
- 95 Partnerships between Aboriginal and Torres Strait Islander and non-Aboriginal Community Care services and health workers are critical to the adequate provision of support to Aboriginal and Torres Strait Islander older people, people with disabilities and carers.

### Recommendations

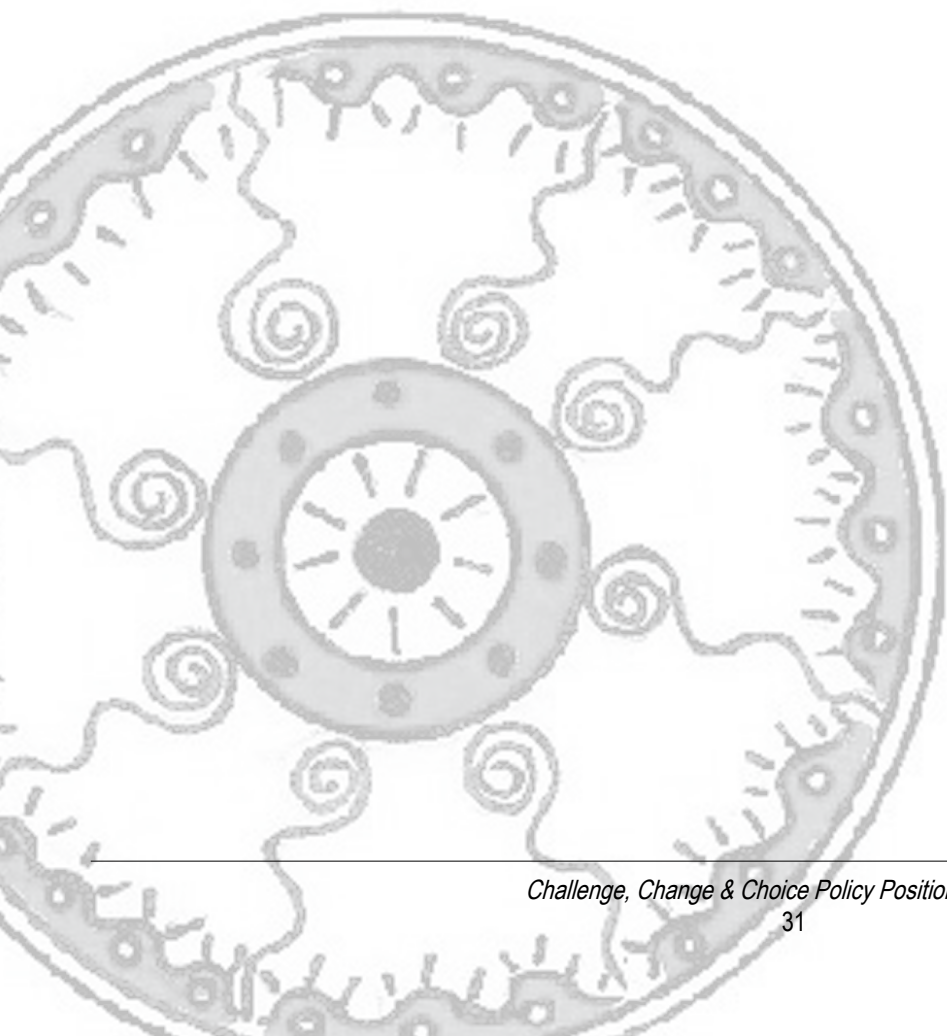
- R111 Strategies to improve both government interdepartmental co-ordination (Health, ADHC, Commonwealth etc.) and service provider co-ordination (Health, HACC, CACPs, other Commonwealth programs etc.) must specifically respond to Aboriginal needs.
- R112 Government agencies which provide community care funding must come together in a partnership agreement to develop a standard consistent approach to accounting and reporting procedures to avoid multiple and duplicate reporting systems.

## Effective Management, Service Development & Co-ordination

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### Co-ordination (continued)

- 96 All Aboriginal and/or Torres Strait Islander staff in NSW Health, including Aboriginal Patient Liaison Officers and Aboriginal Health Education Officers and other hospital staff (eg discharge, ComPacks, social workers, transport etc) should know, understand and refer to Community Care systems and services.
- R113 Aboriginal HACC Access and Development Officers, as full time workers, must be funded and adequately resourced in all regions in order to link services, provide training and support, facilitate local cultural awareness training for workers and communities and to assist local communities to respond to the needs of Aboriginal and Torres Strait Islander people.
- R114 Mainstream managers and workers have the responsibility to encourage and support partnerships between Aboriginal and Torres Strait Islander and non-Aboriginal community care services and health workers.
- R115 Indigenous Co-ordination Centres and the NSW Aboriginal Community Care Gathering Committee must create effective ongoing links to ensure that local projects and planning include a consideration of community care at every stage.



## Planning

### Guiding Principles

- 97 Funding bodies must:
- implement planning processes that are appropriate in identifying the needs of Aboriginal and Torres Strait Islander communities
  - have resource allocations that are fair and equitable
  - recognise the high costs of service delivery to Aboriginal and Torres Strait Islander communities.
- 98 Appropriate planning mechanisms are essential to effective autonomy for Aboriginal and Torres Strait Islander people.
- 99 The Community Care system must be needs based and must reflect equity principles for Aboriginal and Torres Strait Islander people.

### Recommendations

- R116 All funding allocations and planning processes at State and local levels must demonstrate Aboriginal equity. Mainstream planners must work with Aboriginal departmental officers in setting up regional planning processes specifically for consulting Aboriginal and Torres Strait Islander communities and agencies in each region to identify needs.
- R117 Every community care funding round must have Aboriginal-identified dollars in every region and at state level to advance equity.
- R118 An Aboriginal and Torres Strait Islander specific needs analysis is undertaken in every local area to ensure culturally appropriate flexible service delivery. This needs analysis will be conducted on a regular basis in a transparent manner and must involve all relevant Aboriginal and Torres Strait Islander stakeholders.
- R119 Regional Forums will provide guidance to the planning process in the identification and development of Aboriginal and Torres Strait Islander services and providers for future funding.
- R120 ADHC must develop a State Aboriginal Plan covering all community care and related services to Aboriginal communities across NSW. The State Aboriginal Plan must be based on community needs as identified through regional planning processes. This Plan will consult with all relevant non-government stakeholders. The Plan should be publicly available with measures and targets for improved responsiveness and service provision to Aboriginal and Torres Strait Islander people and communities.

## Data

### Guiding Principles

- 100 It is the responsibility of government funding bodies to provide relevant demographic data on Aboriginal and Torres Strait Islander communities to all community care service providers and the sector. Information from Departmental accountability requirements must be collated to provide this demographic data on Aboriginal and Torres Strait Islander communities.
- 101 The identification and management of unmet needs data within Aboriginal and Torres Strait Islander communities is essential, sometimes due to the fact that serious support needs may remain hidden under the role of family duties or responsibilities.

### Recommendations

- R121 Feedback on Aboriginal and Torres Strait Islander service provision from data collection processes and other relevant information must be regularly provided to all community care service providers across the regions.
- R122 Research must be regularly conducted into the care and support needs within Aboriginal and Torres Strait Islander communities, including the holistic needs of people requiring care and the needs of new carers.

## Rural and Remote Communities

### Guiding Principle

- 102\* Resources to support Aboriginal and Torres Strait Islander people with disability and their families must be increased and more equitably distributed geographically so to enhance programs that build independence and outreach to more outlying and remote communities.

### Recommendation

- R123\* So that other service organisations can provide better outreach supports
- Funding agencies, peak bodies and local councils must include Aboriginal and Torres Strait Islander needs in all planning and delivery instruments in order to secure fundamental resources for improved access in regions, especially where basic necessities are not provided for Aboriginal people with disabilities
  - Brokerage funds must be increased and better distributed geographically.
  - Enhanced resources must be available to outlying and remote Aboriginal and Torres Strait Islander communities.





