



**IMPROVING CARE FOR
ABORIGINAL AND TORRES STRAIT
ISLANDER COMMUNITIES**

May 2009

The Health Issues Centre has audited 122 Quality of Care reports on behalf of the Victorian Department of Human Services. During this process it became apparent that many health services found engaging their Aboriginal and Torres Strait Islander communities challenging. Given the urgent need to address the many complex health issues of Indigenous Australians, we thought it might be helpful to showcase a range of health services that have made some steps towards improving care for Aboriginal and Torres Strait Islander consumers. The aim of the case studies are to strengthen understanding of the ways in which consumer and community participation strategies can be used to support and improve health outcomes of Aboriginal and Torres Strait Islanders.

The Department of Human Services has nominated key result areas to improve the health care for Aboriginal and Torres Strait Islander people. These are:

Key result areas for improving care for Aboriginal and Torres Strait Islander patients (ICAP)

Key Result Area 1 Establish and maintain relationships with Aboriginal communities and services

Key Result Area 2 Provide or coordinate cross-cultural training for hospital staff

Key Result Area 3 Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning

Key Result Area 4 Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies

The eight cases presented here come from metropolitan, regional, small rural and community health services. The health services are at different stages of their work with ATSI populations; some services have well developed systems and practices in place while others are at the emergent stages of their work.

Some catchment areas have large Koori populations while others have small populations. But, as you will read, notwithstanding a small Koori population, one health service is developing systems and practices in order to cater to the needs of these people.

As you read these case studies you will discover the great variety of ways health services are working to respond to the health and wellbeing of their Koori communities. These include:

- ▶ Celebration of NAIDOC
- ▶ Partnerships with Aboriginal communities
- ▶ Aboriginal membership on the Community Advisory Committee

- ▶ Aboriginal support and liaison officer
- ▶ Cultural safety training
- ▶ Innovative programs such as 'it's all in a day'
- ▶ Culturally focused programs encompassing physical activities and nutrition
- ▶ A Memorandum of Understanding (MOU)
- ▶ Koori youth justice program
- ▶ Commemoration of Sorry Day
- ▶ Training community health workers in Aboriginal Health
- ▶ Administrative support to Aboriginal co-operative.

We hope these may give you some ideas or stimulate discussion about working with ATSI communities.

Details about accessing full reports and contacts for each health service are given below.

Banyule Community Health Service

The Maya Healing Centre

Banyule Community Health has established a significant connection with a local Aboriginal group, The Maya Healing Centre. Based in Thornbury and connecting with Indigenous communities across the north of Melbourne, the Maya Healing Centre is a culturally specific space for the local Indigenous community that provides a wide range of services and activities. Respected local Aunty Shirley Firebrace coordinates the women's programs and has connected with Banyule Community Health to provide health and welfare supports to the Maya Centre's Wednesday Women's Group. The relationship has been beneficial to both the Maya Women's Group and to Banyule Community Health. The group has become a key advisor to Banyule Community Health and is assisting in developing a culturally appropriate community health response for the local Indigenous community.

Banyule Community Health is also developing stronger ties with schools in West Heidelberg that have significant numbers of Indigenous children. Olympic Village and St Pius Primary Schools helped celebrate the Indigenous community and culture for NAIDOC Week in a big community event run by local Indigenous artists Lowanna Wickham and Amos Roach.

Banyule Community Health is aiming to become a culturally sensitive and positive space for local Indigenous community members to meet and obtain support. A number of Indigenous students from The Pavilion—a local secondary school program—are working with Banyule Community Health to create an Indigenous garden at the West Heidelberg site to accompany the Australian and Aboriginal flags. Local Indigenous people who have been consulted as part of this project have told Banyule Community Health that a garden is a significant demonstration of a real commitment to the community and will encourage a trusting relationship between the community and the health centre.

Sorry Day

26 May 2008 was the tenth anniversary of Sorry Day. Sorry Day arose in response to a recommendation from the Bringing Them Home Report on the Stolen Generation. The report outlined the impacts of child removal policies on Indigenous individuals and their families and communities.

In recognition of Sorry Day and the harm done to the Aboriginal community by these child removal policies, staff at BCH commemorated the day by planting a 'Stolen Generations Track Home' outside the West Heidelberg centre. The National Sorry Day Committee explains that 'the Stolen Generations Track Home is the symbolic representation of the thousands of silent and unseen tracks of the Aboriginal and Torres Strait Islander children that were taken away under forced removal policies'.

Fifty-four plastic feet were planted by Banyule Community Health staff in the colours of the Aboriginal and Torres Strait Islander flags, each foot representing one of the 54 recommendations of the Bringing Them Home Report. The Aboriginal Liaison Worker from the Mercy Hospital for Women kindly attended the planting and spoke to staff about what Sorry Day means to Aboriginal people and the importance of our visible support to the Indigenous community.

Full report can be viewed at
http://www.bchs.org.au/publications/annualreports/BCHS_Annual_Report_2008.pdf

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Eastern Health Metropolitan Health Service

Indigenous issues have been high on the agenda of the new Commonwealth Government, with the 'Closing the Gap' campaign raising awareness of health inequalities throughout Australia. This profile has been reflected at a regional and local government level and has certainly been mirrored in activities around Indigenous health issues across Eastern Health this year. Activities have included:

- Eastern Health's recruitment of an Aboriginal Support and Liaison Officer at Maroondah Hospital. This initiative is a key achievement for the Improving Care for Aboriginal and Torres Strait Islanders (ICAP) Plan in Eastern Health.
- The Maroondah Hospital Aboriginal Health Working Group overseeing significant advancements, including the NAIDOC Week celebrations, with the installation of a plaque acknowledging the site of Maroondah Hospital as Wurrundjeri land, and the launch of the public display of additional Indigenous Art Work by Irene O'Loughlin in the Mental Health Unit.
- The implementation of Cultural Safety Training at Maroondah Hospital commencing with Ward Clerks and Administration staff who are integral to the patient registration processes where the question of Aboriginal status is established.
- The Eastern Health Aboriginal Advisory Committee continuing to meet on a bi-annual basis under the leadership of the General Manager, Human Resources and Community Relations.
- Expansion of the Yarra Valley Community Health Service Indigenous Health Team this year, with additional funding to operate a pilot pre-school/occasional care program funded by DEET—'Parents Schools Partnerships Initiative' (PSPI).

The signing of a Memorandum of Understanding (MOU) between Eastern Health and the Aboriginal Health Promotion and Chronic Care program (AHPACC), with Eastern Access Community Health (EACH), and the instigation of an MOU with the Mullum Mullum Indigenous Gathering Place.

Full report can be viewed at
http://www.easternhealth.org.au/eastern/brochures/qoc_reports/QualityofCare_Report_2008.pdf

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Health Promotion & Koori Health Services

- Aboriginal Health Promotion and Chronic Care
- Healthy for Life
- Health Promotion
- Koori Youth Justice Program
- Local Justice Worker
- Medical Transport Auspiced Programs:
 - Djillay Ngalu (Regional Healthy for Life)
 - Yoowinna Wurnalung Healing Service

It's all in a day

An innovative approach to treating Indigenous health problems across all age groups earned Gippsland Lakes Community Health a prestigious Victorian Public Health Care Award in September 2007. Premier John Brumby praised GLCH for achieving a staggering 150 per cent increase in client contact in the space of two years as he presented excited staff members with the inaugural Premier's Award for Excellence in tackling chronic disease and improving public health.

Friday is a big day for the local Indigenous community and the Allied Health staff at Gippsland Lakes Community Health. 'It's All in a Day' is a set of programs that are run for Indigenous clients each Friday in the Allied Health Building.

The programs have developed over three years, with funding from various sources contributing to tackling chronic disease by providing group sessions that target the risk factors of physical inactivity and poor nutrition as well as early diagnosis and treatment of health conditions.

The programs were developed in response to the poor health status of the Indigenous community in the knowledge that they were not accessing allied health programs. The programs were developed with the advice of GLCH's Aboriginal staff and the Lakes Entrance Elders group.

Clients are picked up by an Aboriginal team member in the centre bus. Clients are greeted by the smiling face of Suzie, who began as an Indigenous trainee in 2002 and is now completing her Aboriginal Health Worker qualification.

The kids go to the kinder gym, the teenagers to SEEK gym, the mums and aunts work with a dietician to prepare a nutritional and affordable meal and the Elders get together for chat about health issues and exercise in male and female gym sessions after lunch.

A physiotherapist, occupational therapist and speech pathologist take the opportunity to assess the kids and provide one-to-one therapy if required. All services set time aside on a Friday for opportunistic appointments, thus ensuring the required treatment is available and there is opportunity for early intervention.

Aboriginal health checks are performed by qualified staff. Allied health staff have provider numbers with Medicare; Medicare items are accessed to enable service expansion.

We have found this day to be a great way of working with the Aboriginal community. Its success is a result of a multitude of strategies but none more important than working with the community from the development stage to the employment and training of Koori staff to assist with the delivery of programs.

Full report can be viewed at
<http://www.glch.org.au/Reports/>

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Peninsula Health

Indigenous people experience the greatest level of health inequality of any population group in Australia. They are more likely to develop depression and health conditions such as diabetes, respiratory disease, heart conditions, dehydration and gastroenteritis. Studies show Indigenous people are often reluctant to use primary and community health services. Peninsula Health has developed strategies to improve the health care of the local Indigenous community. In March 2008 a Koori team leader was appointed to the Aboriginal Health Promotion and Chronic Care (AHPACC) program to provide leadership to the team, to further develop the AHPACC action plan and work with the local community and agencies in planning and developing culturally appropriate activities. The team leader also works closely with Peninsula Health's Aboriginal Hospital Liaison worker, Aboriginal midwifery staff, Koori Community Alcohol and Drug Service staff and Koori Home and Community Care Health workers. In the coming year AHPACC staff will meet with community and mainstream providers to identify and explore the issues surrounding Indigenous health, including:

- Developing strong relationships with local Indigenous individuals and communities
- In-service training and awareness raising activities to enhance cultural awareness among Peninsula Health staff
- Appropriate discharge planning to ensure Indigenous clients are supported, particularly after acute and emergency treatment
- Service coordination processes and protocols that strengthen equity and access principles for Indigenous people utilising Peninsula Health programs and services
- Participation in health promotion planning and activities to ensure the needs of Indigenous communities are addressed with cultural appropriateness
- Increasing utilisation of the mainstream health service by enhancing sensitivity to the needs of Indigenous people.

Key result area 1:

Establish and maintain relationships with Aboriginal communities and services.

Demonstration of Achievement

- Developed partnerships with mainstream providers including Frankston City Council, Mornington Peninsula Shire and Brotherhood of St. Laurence.
- Developed an appropriate care and support action plan for Indigenous people using AHPACC services.
- Established 'Stepping Stones' weekly art and craft project with Frankston City Council.
- Organised local community barbecues for the Koori community to profile AHPACC within the Koori community.
- Staff assisted in a mentoring program for 20 Koori children, in conjunction with OzChild, to develop cultural leadership and engagement.
- Celebration of Reconciliation Week in May 2008.
- Participation in National Aboriginal Indigenous Day of Celebration (NAIDOC) week in July 2007.
- Sponsored the NAIDOC 2008 Community Person Award as part of NAIDOC Week 2008.
- Organisation of a Family Day and Dinner Dance as part of NAIDOC Week 2008.
- Development and implementation of Koori Group Programs—swimming, group exercise and Community Kitchens.

Key result area 2:**Provide or coordinate cross-cultural training for hospital staff.*****Demonstration of Achievement***

- Aboriginal health staff completed courses on lifestyle issues affecting Indigenous people and culturally appropriate ways to address them.
- Staff participated in a range of workshops conducted by the Victorian Aboriginal Community Controlled Health Organisation and other Koori specific providers.
- A 'Bridging Cultures' training program is being offered to staff across Peninsula Health.

Key result area 3:**Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.*****Demonstration of Achievement***

- Aboriginal and Torres Strait Islander Community Advisory Group (ATSICAG) has a direct role in ensuring that the needs of Aboriginal people are met at all points within Peninsula Health services. ATSICAG meets every six weeks and works on ensuring Peninsula Health services are accessible and appropriate for Indigenous clients.
- A mainstream and community forum took place in July 2008 to identify gaps in working with the Koori community.
- Participated in state-wide and local evaluations as required by DHS and VACCHO.
- Developed a continuum of care process and protocol with screening of lifestyle risk through discharge planning within the Stay Healthy service framework.

Key result area 4:**Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.*****Demonstration of Achievement***

- Ongoing consultation with Peninsula Health staff on models of care for Indigenous people.
- A culturally specific care plan and generic assessment framework developed and trialled in community health programs.

Full report can be viewed at
<http://www.peninsulahealth.org.au/files/phqoc08.pdf>

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Cultural and linguistic diversity

GSHS has a catchment population that is predominantly Australian-born, with 0.6% of the South Gippsland Shire being Indigenous Australians. This small percentage, which equates to 145 individuals across a range of ages, means that GSHS does not receive Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) funding, but the organisation is mindful of the need to provide culturally appropriate services to those Indigenous Victorians who do reside in the GSHS catchment. GSHS is currently working with the Department of Human Services and members of the local Indigenous community to ensure our services are appropriate and responsive to Aboriginal cultural needs and the outcomes of that work will be presented in next year's report.

Although the Koori communities of the GSHS catchment are small, the organisation places a great deal of importance on ensuring the needs of all consumers, and potential consumers, are met.

Cultural and linguistic diversity plan

Special needs program

Objective: Ensure staff have access to resources for Koori consumer

Progress and outcome: Information on accessing DHS Koori liaison staff in available CALD resource manual.

Cultural relevance

Objective: Ensure individual spiritual needs are met

Progress and outcome: Developing a liaison with local elders who can be contacted to provide support for Indigenous patients or clients.

Full report can be viewed at

<http://www.gha.net.au/Uploadlibrary/397853841GSHSReportPt1.pdf>

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Stawell Regional Health Service

The Community Health Development Worker has now been in his position for two years. He provides a high level of support to the local Indigenous community, reporting an increase in the number of contacts with individuals with local general practitioners and other mainstream health agencies such as Stawell Regional Health (SRH). There has been an increase in his own client contact with referrals from other agencies such as Wimmera Uniting Care and Grampians Community Health Centre (GCHC). Liaison with bodies such as the Department of Human Services, Victoria Police, Hearing Australia and GCHC is a valued component of the position.

In November, the Community Health Development Worker commenced Certificate 3 in Aboriginal Health. The skills obtained will significantly enhance the level of service he is able to provide to his community.

The Counsellor identified a growing need for intervention with Indigenous women. He expressed concern regarding the appropriateness of his involvement as a middle-aged, Anglo-Saxon counsellor, and identified the need for a female Indigenous Health Worker. In November, GCHC appointed a part-time female Indigenous Health Worker.

Discussions are now under way to explore the best model for meeting the needs of the Indigenous community with the Counsellor, Community Health Development Worker, and the new female Indigenous Health Worker.

The Community Health Development Worker worked closely with the late Counsellor of the Outreach Team in the development and delivery of a highly successful men's group focussing on Respect, Responsibility and Relationships; an evening group where the men shared a meal together. For group members some of the benefits of the weekly sessions included:

- More understanding of the impact of their behaviour on others
- Spending more quality time with their children
- More empathy and consideration of others
- Increased awareness of what it means to be responsible for one's actions and how this can be empowering.

Members of the Budja Budja Co-Operative have taken a significant step in improving Indigenous health outcomes with the successful recruitment of a visiting general practitioner (GP) to Budja Budja Co-Operative. The GP has a weekly visiting session which is open to all members of the community. As a member of the partnership, SRH has provided administrative support with sourcing equipment and consumables for the GP Clinic on behalf of Budja Budja.

Improving Care for Aboriginal and Torres Strait Islander Patients

Key Result Area 1:

Establish and maintain relationships with Aboriginal communities and services

Achievements

- Stawell Regional Health (SRH) and Budja Budja Co-Operative have enjoyed a positive working relationship for many years, with the joint auspice of the Commonwealth program 'Strengthening Rural Communities.'

- Scheduled commencement of a Cultural Diversity/Consumer Participation Committee that will have Indigenous representation.
- Employment of a male Indigenous Community Health Development worker to assist with improving access to mainstream health services for local Indigenous people.
- Administrative support to Budja Budja Co-Operative in the establishment of a regular visiting GP service to Budja Budja Co-Operative.

Key Result Area 2:

Provide or coordinate cross-cultural training for hospital staff

Achievements

- Involvement of local Indigenous people in planning and delivery of cross-cultural training of hospital staff.
- Development of a comprehensive cross-cultural training plan for hospital staff.

Key Result Area 3:

Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

Achievements

- Budja Budja Health Plan developed following extensive consultation with the local Indigenous community and service providers.
- Regular meetings with Indigenous Health and Community Development Worker, Budja Budja Co- Operative Board member and key parties at SRH; for example, Chief Executive, Director of Clinical Services and Primary Care Manager.

Key Result Area 4:

Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

Achievements

- Progress towards involvement of Aboriginal staff in development, review and refinement of referral to primary care.
- Progress towards obtaining the views of Aboriginal service users through development of a Cultural Diversity Committee.

Full report can be viewed at

<http://www.srh.org.au/>

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A Feast of Indigenous Culture

In July 2007 we commemorated National Aboriginal and Islander Day of Celebration (NAIDOC) with local Indigenous groups and the community within the grounds of SWH. Over 220 people attended the festivities, which included an Official Opening ceremony incorporating Welcome to Country, Flag Raising, Smoking Ceremony and a Song in Language. Special T-shirts were designed by a young Aboriginal girl and worn proudly by all committee members and helpers. A barbecue, featuring traditional Indigenous meats and damper, was hugely popular, as was the native tree planting, traditional games, and historical display. Craft items made by local people were on display and a display of historical photos and artefacts remained in the hospital entrance for three weeks. The local Gunditjmarra Karweeyn Dance Group ended the day's proceedings. A spectacular tile wall-hanging was created to commemorate our first NAIDOC celebrations at SWH. Local Indigenous artists created the wall-hanging, and the border tiles were painted by NAIDOC participants on the day.

A Healthier Indigenous Community: Community Health Partnerships

The partnership between SWH Community Health Centre, Kirrae Health Service and Gunditjmarra Aboriginal Cooperative remains strong and productive. The Aboriginal Health workers from each agency are working together to focus on prevention and treatment of diabetes, cardiovascular disease and lung disease within the Aboriginal community. The project (South West Aboriginal Health Promotion & Chronic Care – AHPACC) is supported by funding from Department of Human Services. Activities throughout the year included: Men's group programs at Gunditjmarra and Kirrae Health that encourages men to participate in both nutrition- and physical-related activities often based around cultural events; a DVD developed and presented at the Rural Health conference in May 2008; Kirrae After School Program introduces the children to healthy eating and physical activity; community gardens projects combining both bush plants and fresh vegetables—a partnership with the local Warrnambool Community garden project has seen community members elected onto the committee to join in the planting of organic gardens for the community's consumption; Kirrae Health Service lifestyle program—once a week at the end of the day the Kirrae Health Service staff and the community members join in to participate in group physical activities; that is, Boxersize, walking group, tennis and basketball activities.

Other 'one off' activities:

- Health and Nutrition Camp.
- Culturally focused programs encompassing physical activities and nutrition.
 - Walking-on-Country, traditional fishing program, bush food collection activities, fruit basket-making using native grasses.
- Positive Body image program.

Full report can be viewed at

<http://www.swarh.com.au/Uploadlibrary/398216361QualityCareReport2008.pdf>

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West Gippsland Healthcare Group

Involving our Aboriginal community

Our achievements:

- Aboriginal Hospital Liaison officer assists with planning the care of Aboriginal people.
- Two Aboriginal community members involved in the Community Advisory Committee have provided recommendations to the Board to assist with improving relationships with the community. These are now being implemented. For example:
 - The Aboriginal flag has been raised at the front of the hospital
 - A range of local Aboriginal art work has been purchased and displayed in prominent locations throughout the organisation
 - A transfer of the local Kurnai people's totem, the Blue wren, has been placed on doorways at all entrances to the organisation as a sign of welcome.
- Cross-cultural training for all staff at orientation raises Aboriginal cultural awareness.
- Involvement of the Aboriginal Hospital Liaison Officer in the development of a discharge booklet for Aboriginal people to improve the continuum of care after discharge from hospital.
- Continued with established referral process to ensure the Aboriginal Hospital Liaison Officer is notified of Aboriginal people who are admitted.
- Project to improve the environment and experience of Aboriginal people in the Emergency Department. Aboriginal community members are included on the project committee and work has commenced on planning cultural education and communication strategies to encourage a relationship between community members and the Emergency Department.

Full report can be viewed at
http://www.gha.net.au/Uploadlibrary/3978540972008_Quality_of_Care_Report.pdf

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