

Department of Health

health

# Strengthening aged care assessments for Aboriginal consumers

A guide for Aged Care  
Assessment Services in Victoria



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A guide for Aged Care Assessment Services Victoria

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# 1. Background

An Aged Care Assessment Service (ACAS) assessment is mandatory for entry to Australian Government subsidised aged care services, such as residential aged care (including respite), Community Aged Care Packages (CACPs) or flexible care, such as Extended Aged Care at Home (EACH), dementia-specific EACH packages or Transition Care.

ACAS staff also provide information about and referral to other health and aged care services such as falls, memory and continence clinics and carer support services.

## 1.1 Culturally appropriate assessments

The best quality care and assessment processes are designed around the unique and complete needs of the individual. It is recognised and acknowledged that people from particular cultural or ethnic groups are very different from one another. Values, opinions, family structures and cultural practices differ.

A primary goal of ACAS is to provide culturally appropriate services for all consumers by having in place:

- clinical staff and administrators with appropriate skills, knowledge and attitudes
- practices that are proven to be effective with people from culturally diverse backgrounds
- organisation policies, administrative procedures and management practices designed to ensure access to culturally appropriate services and competent personnel.

## 1.2 People from Aboriginal and Torres Strait Islander communities

Under the *Aged Care Act 1997*, people from Aboriginal and Torres Strait Islander communities are identified as a 'special needs group'. This enables specific policies and programs to be designed to enhance access and to build the capacity of aged care providers to deliver culturally appropriate service responses. For this reason the age benchmark for service provision and planning in ACAS is lower than for the population as a whole (that is 50 years and over for Aboriginal and Torres Strait Islanders compared to 70 years and over for the general population.)

Culture and communication are central issues that lie at the heart of providing care and services to all clients. Many Aboriginal people enjoy life outside the service system within a cultural and social context. It is widely acknowledged that services should complement a person's life experiences and choices and also be respectful of their 'usual' life activities.

While the whole Australian population is aging, available demographic data indicates that the proportion of older Aboriginal Australians is increasing steadily each year. ACASs play a crucial role in linking Aboriginal consumers to appropriate services at a time when their particular care needs are increasing.

## 1.3 Improving access to Aged Care Assessment Services for Aboriginal people in Victoria

In 2010 the project Improving access to Aged Care Assessment Services for Aboriginal people in Victoria considered strategies to improve the number of ACAS assessments of Aboriginal people and, as a consequence, their access to an improved range of aged and health care services.

A key recommendation from the project was to develop a Best Practice Framework for ACAS to adopt (localise) and follow when engaging with and assessing Aboriginal clients for eligibility for Commonwealth subsidised aged care services and access to clinical and restorative care services such as falls, memory and continence clinics.

Culturally responsive best practice recognises that Aboriginal people need to be treated differently and that 'we treat everyone the same' is not acceptable under this approach. Many principles outlined in this guide apply to all assessments conducted by ACAS. These principles are outlined in the ACAP Operational Guidelines.

Treating Aboriginal services and Aboriginal people with respect underpins a best practice approach.

Some of the information contained in this section is referenced from the document *Strengthening aged care assessments for Aboriginal consumers: A guide for HACC assessment services in Victoria (2010)*.

## 2. About this guide

### 2.1 Aim

The aim of this guide is to:

- develop consistency of practice by describing the issues that need to be considered to engage positively with Aboriginal consumers and Home and Community Care (HACC) Aboriginal services
- describe some of the options that can be implemented to develop and put in place effective and mutually beneficial working relationships with HACC Aboriginal services
- provide information to support ACAS staff in their day-to-day practice when working with Aboriginal consumers
- be an overarching guide that can be adapted to suit local processes and needs.

Each ACAS staff member has individual skills, strengths and knowledge, which they bring to their position. A shared understanding of assessments undertaken with Aboriginal consumers and processes for working with staff of HACC Aboriginal and other services will help to achieve consistent, high quality and culturally responsive assessment processes and practices in Victoria.

### 2.2 Who is it for?

The guide is intended to assist ACAS staff to have in place culturally responsive services that meet the needs of Aboriginal consumers. It will continue to be updated over time.

### 2.3 Not a procedure manual

This is not a procedure manual. It does not provide step-by-step instructions or specific operational procedures in relation to how ACAS managers or staff should engage with Aboriginal consumers or interact with HACC Aboriginal services staff.

### 2.4 Other key resources

- *Strengthening Home and Community Care (HACC) in Aboriginal Communities strategy*, Department of Human Services and the Victorian Indigenous Committee for Aged Care and Disability (VICACD), State of Victoria, 2008.
- *Strengthening assessment and care planning: A guide for HACC assessment services in Victoria*, Department of Health, State of Victoria, 2010.

## 3. Partnerships with Aboriginal HACC and other services

Effective working partnerships between ACAS and Aboriginal organisations are central to providing an assessment service that is culturally sensitive and respectful of the needs of Aboriginal clients.

### 3.1 Working relationships

Good working relationships between ACAS and Aboriginal organisations assist ACAS clinicians to better understand the needs of Aboriginal clients in their local community, including those clients who choose not to access services through their local Aboriginal agencies.

#### **Elements of an effective working relationship:**

- Develop alliances and agreements with local Aboriginal organisations which facilitate the process of engagement, understanding and close working relationships.
- Where possible and with consent, use information from Aboriginal services regarding the client's current health and care needs.
- Be mindful of the competing demands of the Aboriginal community and the broader service system on workers in Aboriginal organisations.
- Maintain regular visits to the Aboriginal organisation to become familiar with the local Aboriginal culture and to build trust.
- Hold regular information exchanges to inform service planning and service delivery for Aboriginal people, taking into account local and regional factors.
- Conduct promotional activities about aged care assessment processes and aged care options including those specifically designed for Aboriginal people.
- Actively pursue capacity building opportunities between ACAS and HACC Aboriginal services.

## 3.2 Partnership agreements/MOUs

Partnerships are based on mutual trust and respect between agencies. Partnership agreements or memoranda of understanding (MOUs) that clearly set out expectations, roles and responsibilities are a way of formalising an ongoing commitment to work together to improve the coordination and delivery of assessment and services. Formal partnership agreements help to support sustained working relationships between agencies in a changing environment.

Partnerships between HACC Aboriginal services and mainstream service providers are strengthened when sufficient time is given for 'yarning' and developing mutual understanding about culturally appropriate service delivery.

### **Partnership Agreements/MOUs should include:**

- The name of the organisations that are party to the agreement.
- The start and end date of the partnership agreement/MOU.
- The date when the partnership agreement/MOU will be reviewed and updated.
- Referral pathways, processes for information sharing, primary contact point for referrals.
- The position that will have lead responsibility for being involved in management and operational discussions, planning activities and decision-making processes.
- The arrangements to be followed to resolve disputes and/or deal with complaints and grievances made by clients and/or staff.
- The guiding principles that underpin the relationship between the agencies, including specific details about how staff will work together at an operational level.
- The processes to be followed where joint training and/or orientation activities occur.
- Other issues that are relevant and/or important to ensuring a successful working relationship is maintained during the term of the partnership agreement.

## 4. Understanding the cultural environment

### 4.1 Aboriginal family structures

Despite the devastating impact of European colonisation on traditional ways of life, the cultural values and practices of Aboriginal and Torres Strait Islander people continue. The importance of family is highly valued and is integral to culture. As such, Aboriginals and Torres Strait Islanders continue to maintain a complex system of family connections. For instance, children may not just be the concern of the biological parents. The raising, care, education and discipline of children can be the responsibility of other family members.

Elders can bridge the past and the present and provide guidance for the future. They are a valuable resource in terms of skills, knowledge and personal experiences. It is for these reasons that in Indigenous societies Elders are treated with respect.

In non-Aboriginal society, an uncle or aunt is usually a mother's or father's sibling. In Aboriginal communities, it is accepted that a younger member of the community will refer to adults as 'uncle' or 'aunty' as a sign of respect. This does not mean people are related. An Aboriginal person's connection with their family does not necessarily mean they are a blood relative. It means a 'connection' exists between people.

Non-Aboriginal people should not use these terms with Aboriginal people unless invited to do so.

### 4.2 Aboriginal carers

In Aboriginal communities, a number of cultural and historical dynamics have had a profound impact on how care is provided by Aboriginal carers, the kinds of support carers seek and how service providers respond to them.

The role of a carer in Aboriginal communities does not equate with the European notion of an individual who assumes the role of a primary care giver to a relative or friend who is unable to fully care for his or her self. Aboriginal carers are usually immediate or extended family members. Most are women and they are of all ages. Most care for more than one person, often for three or four generations of family members with care needs. Indigenous families and carers care for their frail elderly and those with a disability, mental illness and a range of chronic illnesses and conditions.

Where there is a large family network, the caring role will usually be shared between more than one person. For some Aboriginal children, a grandparent may take a leading role in their care. Carers can be a young person caring for a parent with a mental illness, an Elder caring for a grandchild with a disability or aunts caring for a nephew with a substance abuse problem.

Very few Indigenous people identify as carers, however many have significant care responsibilities. These responsibilities may limit the opportunities Aboriginal carers have to retain jobs which in turn may have an impact on their level of income.

The stresses and pressures of caring for family members with an illness or disability are the same for all carers. For Aboriginal and Torres Strait Islander families, however, the historical experience of dispossession and racism has had a profound impact, resulting in higher levels of poor health, poverty and family trauma.

ACAS staff should ensure that the health and wellbeing of Aboriginal carers is considered as part of the decision-making process as the poor health of the carer will have a direct impact on the level and quality of care they can provide.

Where possible, ACAS staff should ask Aboriginal consumers and/or their carers if they are a member of a Carer Support Group or if they are aware of the support and assistance they can receive.

### 4.3 Cognitive ability and functioning

Aboriginal people may find it difficult to understand the language and terminology used to ask questions about their health status, literacy levels and personal hygiene and particularly questions around cognitive function.

As a result of policies implemented by past Australian governments, Aboriginal people have had different life experiences to other Australians. It is now widely acknowledged that a person's life experiences can strongly influence their responses to assessment questions and that these should be taken into account by ACAS staff.

A significant majority of Aboriginal people who will be assessed will have their history and ties to Victoria. When they are being assessed and asked to provide a series of responses, it is important to use reference points they will easily relate to and understand i.e. some Aboriginal organisations use their knowledge and asks questions about local matters as a key to making the assessment process culturally responsive.

### 4.4 Grief and bereavement

In the Aboriginal community, grief and loss is a significant issue and attending funerals is considered a high priority for all community members. Aboriginal people may receive very short notice about a funeral. Where this occurs, they may not notify others that they are no longer available to attend/ receive an appointment.

Aged care assessments arranged with Aboriginal people may be delayed where the person being assessed has to attend a funeral at short notice. HACC Aboriginal services staff may also be unavailable to attend a pre-arranged aged care assessment as they may also be unavailable at short notice because they may be attending a funeral for a community member.

ACAS staff should speak with HACC Aboriginal services staff to confirm if funeral obligations may impact on an aged care assessment arrangement.

### 4.5 Psychological, spiritual and emotional wellbeing

Psychological, spiritual and emotional wellbeing is an important part of overall health. It is also a sensitive topic for many people.

Aboriginal people conceptualise good health as part of social, spiritual, emotional and physical wellbeing. Fostering cultural identity and connection to land, family and community is critical to this and underpins the need for a holistic, culturally-based response that recognises that culture is central to wellbeing and promotes self-determination.

Taking these issues into account when framing assessment questions will help clients be more forthcoming when answering questions about a person's memory or wellbeing.

## 5. Principles of best practice

Culturally appropriate practice is central to improving access to ACAS for Aboriginal clients and, consequently, access to a wide range of aged care and clinical services. The key principles underlying best practice are:

- **client focus**
- **carer focus**
- **culturally responsive services**
- **culturally aware organisations**

These principles inform the whole of the assessment process from initial referral and intake through to recommendations for a Commonwealth subsidised aged care service, restorative care or other services.

### 5.1 Client focus

- Aboriginal people are treated with respect and dignity.
- Assessments are culturally sensitive, flexible and person focused. This includes undertaking Aboriginal-specific cognitive assessments, where appropriate.
- Aboriginal clients are informed and receive timely responses about aged care assessment processes and their right to be actively engaged in decision-making.
- Assessments empower Aboriginal people to make informed decisions about the available care options.
- Respect for the consumer's privacy and confidentiality will be maintained by ACAS and other staff who are involved in collecting and storing information.
- Consistent advice is provided about the consumer's right to have an independent advocate attend the assessments.
- Assessments will focus on the care relationship between the client and carer/s, family members or advocate, rather than the individual in isolation.

### 5.2 Carer focus

- Family members and carers are treated with respect and dignity.
- Family members and carers receive timely responses that are culturally sensitive.
- Family members and carers are well informed of their role and rights in relation to the assessment process. In particular, their right to be involved in the assessment and decision-making processes – where appropriate.
- Respect for the family's and carer's privacy will be maintained by ACAS and other staff who are involved in collecting and storing information.
- An agreed care plan is formulated with the client and their family and/or carers.

### 5.3 Culturally responsive services

To ensure ACASs are culturally responsive to meeting the needs of Aboriginal people, ACAS managers should:

- provide all ACAS staff with the opportunity to participate in Aboriginal Cultural Awareness and Respect Training (ACART)
- include visits to local HACC Aboriginal and other services in orientation as part of strengthening the relationships and sharing information, knowledge and experiences between the services
- assign one or more Aboriginal Portfolio staff to make regular visits to Aboriginal HACC and other services and coordinate communication
- hold regular staff meetings with HACC Aboriginal services to share information regarding the assessment process and types of care available for Aboriginal people
- where appropriate, undertake joint assessments of Aboriginal HACC clients
- consider holding ACAS meetings at the local Aboriginal service
- provide education sessions for HACC Aboriginal and other services and Aboriginal Hospital Liaison Officers (AHLOs) about the role of ACAS
- seek opportunities for ACAS staff to attend:
  - NAIDOC and Reconciliation Week activities
  - Elders' luncheons and activities as an opportunity to meet Elders and learn about local Aboriginal history and culture
  - joint training and professional development sessions.

### 5.4 Culturally aware organisations

- Assessment processes take into account the demands on the resources of HACC Aboriginal services. This leads to effective targeting of resources and a consistent approach being taken where advocacy and joint assessments occur.
- Aboriginal clients are provided with a choice of service providers, mainstream and Aboriginal-specific providers.
- Employment opportunities for Aboriginal people to join the ACAS workforce are reflected in ACAS recruitment activities. This includes opportunities for Aboriginal people to gain work experience in an ACAS in their region.

## 6. Integrating best practice principles

The best practice principles — client focus, carer focus, culturally responsive service and culturally aware organisations — inform the whole of the assessment process from initial intake through to recommendations for a Commonwealth subsidised aged care service and referral to restorative care or other services.

A checklist of ACAS policies and procedures about the assessment of Aboriginal people can help to ensure that these principles are integrated at each stage of the assessment process.

### 6.1 Initial referral and intake

The success of assessment and service provision for Aboriginal people depends on building trust and rapport from the very first contact with the client/carer. To provide a culturally responsive service to Aboriginal clients, the ACAS must first establish their Indigenous status. Exploring a person's cultural identity requires a sound understanding of the historical and cultural context, and skill and diplomacy to establish confidence in the service. A lack of sensitivity when exploring this question can have lasting consequences on a person's confidence in the assessment process and resulting services.

#### 6.1.1 Aboriginal identity and asking the Indigenous status question

Indigenous status should never be inferred from a person's physical appearance. As in all things, it is the consumer's choice whether to identify themselves as Aboriginal and/or Torres Strait Islander.

All Australian-born people should be asked at intake if they are of Aboriginal and/or Torres Strait Islander origin. This will ensure that culturally appropriate practice occurs and extra support is provided where appropriate and available. It is also important because eligibility to access services is different for Aboriginal people. Under section 11-3 of the Aged Care Act 1997, people from Aboriginal and Torres Strait Islander communities are defined as 'people with special needs'. Assessments for Aboriginal and Torres Strait Islander people can occur if the person being assessed is 50 years old.

The Australian Institute of Health and Welfare (AIHW) has developed National best practice guidelines for collecting Indigenous data in health data sets. Posters and brochures about asking the Indigenous status question are available from the AIHW website at <http://www.aihw.gov.au/guidelines-for-collecting-indigenous-status/>

Consideration should be given to referrals for Aboriginal people who are under the age of 50, if the Aboriginal person has aging issues and/or high or complex needs. If unsure, advice can be obtained from ACAS managers and/or the Department of Health about accepting the referral.

Best practice involves assessors asking the Indigenous status question at the face-to-face assessment, even if this has already been asked at referral/intake.

### Who are Aboriginal and Torres Strait Islander people?

There are three components to the definition of Aboriginal and Torres Strait Islander people: descent, self-identification and community acceptance.

While ACASs are encouraged to record Indigenous status routinely, clients are not obliged to provide this information if they choose not to. In general, clients who initially refuse to provide a response to this question should be reassured that:

- the information is collected on all clients
- the information will remain confidential
- it is important information for ensuring that appropriate services are provided
- the information is needed to monitor and understand the health of different population groups in Australia.

Be mindful of the diversity within and across Aboriginal communities, as each is unique.

### 6.1.2 Clients' rights

Informing the person and their carer about their rights from the outset is fundamental to building the trust and rapport vital to the success of the assessment process and the client's willingness to accept services.

#### Client's rights include:

- A right to involve a carer (family member) or advocate (HACC Aboriginal service staff) during the assessment process.
- A right to confidentiality, including the right to decide whether and to whom personal information may be disclosed, including HACC Aboriginal services staff.
- A right to be informed about the function of ACAS and the importance of the person's and their carer's involvement in the assessment process.
- A right to be informed about the range of residential, rehabilitation, community and other support services that may be available, such as HACC services, Carer Allowance.
- A right to be informed that eligibility for an aged care service does not mean that the service will be available.
- A right to choose whether or not to accept recommended services, that is, not being compelled to enter an aged care home or accept a Community Aged Care Package or any other services recommended by an ACAS once eligibility has been determined.
- A right to appeal if they are not satisfied with an assessment outcome with respect to residential care, community care and flexible care.
- A right to complain and have complaints dealt with promptly and impartially.

### 6.1.3 Feedback to HACC Aboriginal agencies about referrals

Feedback about referrals helps to build confidence between ACAS and HACC Aboriginal services, assists HACC Aboriginal Services to manage continuity of services to clients waiting for assessment, to collect and review information prior to the assessment, and to improve understanding about the assessment process.

#### Key feedback to HACC Aboriginal agencies about referrals includes:

- acknowledgement of the referral is provided to the referring agency as per local arrangements
- an indicative timeframe for the assessment to occur
- reasons why a referral is classified as 'not proceeding', which will enable HACC Aboriginal services staff to:
  - understand why the referral is not proceeding
  - be aware of changes in circumstance that should prompt a new referral
  - pass on relevant information to the Aboriginal client if required.

*Note: not all Aboriginal client referrals will come from the HACC Aboriginal service, they may also be sent from the client/carers, AHLO, Primary Care Partnerships, hospitals, general practitioners or other service providers.*

*This feedback should be provided to all referrers.*

## 6.2 Preparing for assessment

Learning about or having an existing understanding of local Aboriginal culture and history is an important part of orientation for ACAS staff. Ideally, all assessors will have visited local Aboriginal organisations and learnt about the unique features of the local community prior to undertaking assessments with Aboriginal clients.

Prior to the assessment visit, assessors must seek consent from the client/carer to contact other service providers, such as the client's general practitioner. The local HACC Aboriginal organisation may be able to provide important information regarding the client's current health needs and family and carer arrangements.

Most ACAS assessments are conducted in the client's or carer's home but it is important to check if the person is comfortable with this and, if not, have arrangements in place to offer an alternative safe location, for example, the Aboriginal health service or an Aboriginal Community Controlled Organisation (ACCO). The home environment can be assessed later when trust has been established.

It is important to make sure that the people attending the assessment are acceptable to the client's and carer's community. This includes awareness that an Aboriginal person may only feel comfortable meeting with a worker of the same sex (men's business and women's business).

Take into account the Aboriginal organisation's capacity and time to support the assessment process, arrange a mutually convenient time with an Aboriginal worker and allow flexibility for significant events (such as funerals). It is also important to allow sufficient time to establish and build rapport and trust with Aboriginal people.

### 6.2.1 Assessments in hospitals

While assessment in the person's own home is the most desirable option, there are circumstances where it is necessary to assess an older person in hospital. Many hospitals employ an Aboriginal Hospital Liaison Officer (AHLO) to provide support for Aboriginal patients.

Where the client/carer consents, the ACAS should inform the AHLO that the Aboriginal patient is participating in an aged care assessment and keep the AHLO informed about the assessment process. This will assist the AHLO to pass information onto the patient's carer, family members and/or HACC Aboriginal services as appropriate.

#### Case snapshot – preparing for assessment

An ACAS assessor has scheduled an assessment with an Aboriginal person in their home. The referral came from the local HACC Aboriginal service.

Prior to the assessment visit, the ACAS assessor:

- seeks consent to ask the local HACC Aboriginal service and other service providers about the client's care needs, current services, family relationships etc.
- asks the client if they would like their worker from the local HACC Aboriginal service to attend the interview
- familiarises themselves with the information from the local HACC Aboriginal service and other service providers
- discusses the conduct of the assessment with the Aboriginal support worker
- allows sufficient time to establish rapport and allow for a follow up interview where appropriate.

### 6.3 The assessment interview

If the client has asked for an Aboriginal worker to attend the assessment interview, consider asking that person to conduct introductions, explain the process and help with asking and clarifying questions at the assessment. This will help to reassure the client and support assessors to understand the etiquette required in particular situations, groups and communities.

As much as possible, the assessment should be completed using information already collected by the local HACC Aboriginal services and other service providers about the client's cognitive functioning capacity, health and care needs.

It is important to think about the order of the questions being asked and how to frame them in a culturally appropriate manner (that is, the mini mental questions might be placed in the middle, rather than at the end of an assessment or might not need to be asked of a particular Aboriginal client being assessed for less complex issues).

Aboriginal clients may be members of large and complex family groups with a variety of opinions about the person's circumstances and their care needs. The diversity of views and opinions needs to be acknowledged and carefully balanced, keeping the client and the primary carer/s at the centre of the assessment.

When assessing an Aboriginal client's memory and emotional wellbeing, a culturally appropriate approach will take into consideration the impacts of the Stolen Generation and the associated grief, loss and trauma, their connection to land and their role and responsibilities in the community. Awareness of these influences on clients can be helpful in shaping questions sensitively.

It is not unusual for Aboriginal clients to fear that they may be forced to accept unwanted services. Assessors should reassure clients that they will not be required to take up services recommended by the ACAS. that is, a recommendation for residential aged care does not mean that a person has to go into a residential aged care facility.

Assessment interviews are also an excellent opportunity to promote awareness of health and wellbeing issues and services within local Aboriginal communities, and act as a resource to communities by providing advice and information.

### Case snapshot – the assessment interview

Following a referral from the local HACC Aboriginal service, an ACAS assessor and the HACC worker are visiting an Aboriginal person in their home.

The assessor:

- asks the Aboriginal support worker to conduct the introductions and explain the purpose of the assessment
- informs the client that they do not have to accept services recommended by the assessor/ delegate
- only asks questions that cover issues not already included in information from the referral and other service providers
- gives careful consideration to the order of questions taking into account the client's previous experiences
- listens to the differing opinions and perspectives of the client and carers and other family members.

## 6.4 Case conferencing

Where an Aboriginal person asks for the involvement of HACC Aboriginal services staff in ACAS case conferences, there should be prior agreement about the roles and responsibilities of the ACAS and the HACC Aboriginal services staff.

The involvement of HACC Aboriginal services staff in case conferences would be especially beneficial in complex cases with Aboriginal people with multiple issues who may require several specialist services.

A case conferencing committee or network with representatives of HACC Aboriginal services and ACAS can assist in establishing agreed processes to optimise client outcomes in complex cases.

## 6.5 Assessment outcomes

With client consent, ACAS assessment outcomes should always be communicated to the referring agency as soon as possible. Where a HACC Aboriginal service (or the AHLO) is not the referrer but is providing ongoing HACC services to the person, ACAS should obtain the client's consent to advise the service of the outcome of the assessment.

Feedback about assessment outcomes helps HACC Aboriginal Services to work with people and their carers to better plan their transition to new services as well as managing workloads and case allocation.

## 6.6 Care coordination

To ensure that Aboriginal clients are comfortable with the process undertaken to develop a Care Coordination plan, ACAS staff should ask the client if they would like someone to be present with them when their plan is being developed in addition to their carer/s, such as the HACC Aboriginal services or the AHLO or other family or community member.

Aboriginal people referred by HACC Aboriginal services staff, the AHLO or other Aboriginal organisations are likely to be receiving ongoing support from these Aboriginal services. ACAS assessors should ensure that the Aboriginal services staff are given the opportunity to identify any specific supports they can provide to the Aboriginal person.

## 6.7 Aboriginal data

Data about the referral and assessment of Aboriginal people is collected in the ACAS ACE database. When compared with Aboriginal-specific demographic data (by LGA if possible), this data provides valuable information about how well the ACAS is serving the local Aboriginal community. Demographic data may be obtained directly from the ABS, local government and regional offices of the Department of Health.

### Using data about Aboriginal people effectively:

- Download quarterly reports on Aboriginal service use from the ACE database to track the number of Aboriginal clients as a proportion of the eligible Aboriginal community in the ACAS catchment.
- Use this information to ascertain whether the rate of Aboriginal access to ACAS is improving, and compare this to the total eligible population in the catchment.
- Cross reference Country of Birth data with Indigenous Status data to identify anomalies – particularly where the Country of Birth is not Australia and the client has recorded as being of Aboriginal and/or Torres Strait Islander origin.
- Obtain Aboriginal-specific demographic data (by LGA if possible) to improve the provision of information about ACAS and aged care services to Aboriginal people in the target group.
- Liaise with staff of HACC Aboriginal and other services on a regular basis to identify Aboriginal people who may require an assessment.

## 6.8 Cultural competence

Cultural competence is a continuous journey that takes time to develop. It requires personal and organisational reflection and respectful two-way partnerships with Aboriginal organisations. Cultural competence is best sustained by strong leadership committed to improving health outcomes for Aboriginal people through a whole-of-organisation approach.

### Key points for cultural competence

- Aboriginal clients are identified at intake to ensure an appropriate approach and access to entitlements.
- Aboriginal clients are offered the choice of having an Aboriginal staff member present during the assessment.
- There is a two-way feedback process between ACAS and staff of HACC Aboriginal services/community members.
- Regular meetings are held with HACC Aboriginal and other services staff to identify if there are any significant or emerging changes in the local Aboriginal community.
- Data is regularly reviewed to identify the trends in relation to Aboriginal clients in the ACAS catchment.
- Partnership Agreements/MOUs are developed and regularly reviewed.

## 7. Checklist

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- The ACAS has a Partnership Agreement in place with each HACC Aboriginal service, AHLO and/or other Aboriginal service in its catchment area. Where there are multiple ACAS and Aboriginal HACC and other services in a defined geographic area, one Partnership Agreement/ MOU would be preferable.
- 
- The ACAS has an Aboriginal-specific policy in place, which clearly articulates how it will engage with Aboriginal clients and the HACC Aboriginal and other services and AHLO it has a formal partnership agreement with.
- 
- The ACAS staff have asked all clients the Indigenous status question and this has been recorded on all intake forms correctly.
- 
- The ACAS has reviewed its Aboriginal-specific policy and procedures timeframes.
- 
- The ACAS has implemented an Aboriginal cultural competency and/or responsiveness framework.
- 
- All ACAS staff are aware of the arrangements and processes to be followed to comply with the Aboriginal cultural competency/responsiveness framework requirements.
- 
- ACAS and Intake/Referral staff have participated in Aboriginal Cultural Awareness and Respect Training and/or an Aboriginal Orientation and Induction Program (including a component that has an emphasis on 'How to ask the Aboriginal identifier question') within 3 months of commencing duties.
- 
- The ACAS undertakes regular promotional activities with HACC Aboriginal and other services and AHLO each year to create awareness about the aged care assessment process and aged care packages, for example, NAIDOC.
- 
- The ACAS has agreed processes in place to actively engage with HACC Aboriginal and other services and AHLO to plan how it will target Aboriginal residents in its catchment area.
- 
- The ACAS has arrangements in place to actively recruit Aboriginal people to work in the ACAS in specific and generalist positions.
- 
- HACC Aboriginal and other services and AHLOs are encouraged to undertake ACAS orientation with their new staff.
- 
- ACAS have designated Aboriginal portfolio holders.
- 
- Relationships are built within Aboriginal services by way of invitation to committees to network and promote ACAS to improve access to ACAS services by Aboriginal people.
- 
- ACAS managers and staff have monitored the number of Aboriginal clients referred, assessed and not accepted through running regular reports each quarter from ACE.
-



## 8. Definitions, key terms and cultural considerations

### Aboriginal

The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of *Commonwealth v Tasmania* (1983) 46 ALR 625.

*'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.*

There are three components to this definition:

- 1 descent
- 2 self-identification
- 3 community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and, therefore, standard questions on Indigenous status relate to descent and self-identification only.

For the purposes of this document, the term 'Aboriginal' refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

### Aboriginal identity

- Refer to Section 4.2 for more information.
- Aboriginality cannot be judged by skin colour.
- The majority of Aboriginal people identify as such because it shows their connection to family, community and country.
- Many Aboriginal people have experienced discrimination and segregation due to the past Stolen Generation policies. This has an impact on their perception of non-Aboriginal service providers. Many continue to experience discrimination. Some people will choose not to identify as Aboriginal to service providers until they gain their trust.
- Significant grief and loss is experienced in Aboriginal communities in Victoria. Attending funerals and the mourning period is considered a high priority for all community members.

### Aboriginal family and community

- Aboriginal people are considered 'aged' from the age of 50 compared to age 70 for non-Aboriginal people. There is, therefore, no question about an Aboriginal person being assessed by an ACAS and being considered for Commonwealth funded aged care services from the age of 50.
- Elders are highly respected in the Aboriginal community.
- Not all older Aboriginal people are Elders. Many older Aboriginal people are referred to as 'aunty' or 'uncle' by the Aboriginal community. It is protocol to ask the person what they prefer to be called.
- Older Aboriginal people often have a range of community and family responsibilities and are often the main carers for their grandchildren and relatives' children/grandchildren.
- Aboriginal families are often extended and complex and the 'person responsible' can change regularly.

- Aboriginal people may prefer to take time to discuss issues with others before making decisions, which needs to be considered in the development of care plans.
- Connection to family, community, land and place is important to the spiritual and emotional wellbeing of Aboriginal people.

### **Aboriginal communities**

An 'Aboriginal community' is defined as a suburb or township in which Aboriginal people and their families reside. For example:

- Aboriginal people reside in many rural townships and in Melbourne metropolitan areas. In rural locations, Aboriginal people are often, but not always, linked in with their local Aboriginal community controlled organisation (ACCO).
- There are significantly fewer ACCOs located in the Melbourne metropolitan area, however, a number of Aboriginal people residing in different suburbs access the medical and health services of the ACCO nearest to their place of residence.

### **Aboriginal population trends**

Aboriginal-specific data collected by the Australian Bureau of Statistics (ABS) in the 2006 Census indicated that:

- 52.9 per cent of Victoria's Aboriginal population lived in rural areas
- 47.1 per cent of Victoria's Aboriginal population lived within the Melbourne metropolitan area
- 37.0 per cent of Victoria's Aboriginal population were aged 0 to 14 years in 2006
- 13.3 per cent of the Victorian Aboriginal population were aged 50 years or more – 6.2 per cent were Aboriginal males and 7.1 per cent were Aboriginal females.

### **Cultural awareness**

Cultural awareness means understanding cultural difference; cultural diversity and that cultural difference may necessitate a different approach to people of that other culture.

Aboriginal people are often, but not always, linked in with their local ACCO.

All staff, including management, should be provided with Aboriginal cultural awareness professional development. Some Aboriginal organisations can provide cultural awareness professional development.

### **Cultural respect**

Cultural respect is attitudes and values that accept and promote the uniqueness, diversity and strengths of other cultures. ACAS assessors should work with Aboriginal workers (where available) to support the assessment process.

### **Cultural safety**

Cultural safety is providing an environment that is welcoming and respectful of the other person's culture.

### **Cultural abuse**

Cultural abuse is actions and attitudes that ignore, denigrate or intentionally attack the culture of a person or community.

## **HACC Aboriginal Service**

For the purposes of this document, a HACC Aboriginal Service is defined as an Aboriginal service that receives HACC funding. Aboriginal organisations are Aboriginal Community Controlled Organisations (ACCO) or Aboriginal Community Controlled Health Organisation (ACCHO). HACC funding is provided to many but not all Aboriginal organisations in Victoria.

## **Self-determination**

Self-determination is a key principle developing service responses and care plans with Aboriginal people. It is a foundation for better outcomes for Aboriginal people, families and communities.

## **Service providers**

- The development of a trust relationship between an Aboriginal person, their support person(s) and the assessment service or service provider is critical.
- Assessment processes and questioning can be seen as intrusive and culturally inappropriate. Ensure the questions asked are relevant and required for the provision of the particular services about which the person is seeking information.
- Often the support person can assist with how and when to ask questions.
- When referring an Aboriginal person to another service, it is important to follow up to ensure the service has contacted them and discussed service delivery

## 9. HACC Aboriginal services and other Aboriginal organisations

Agency name	Suburb/Town	Phone
<b>7.1 Barwon South West</b>		
Dhauwurd-Wurrung Elderly and Community Health Services	Portland	03 5521 7535
Gunditjmara Aboriginal Cooperative Ltd	Warrnambool	03 5564 3333
Kirrae Health Service Inc	Purnim	03 5567 1270
Wathaurong Aboriginal Cooperative Ltd	Geelong North	03 5277 0044
Winda Mara Aboriginal Corporation	Heywood	03 5527 2051
<b>7.2 Gippsland</b>		
Gippsland & East Gippsland Aboriginal Cooperative Ltd	Bairnsdale	03 5150 0702
Yoowinna Wurnalung Healing Service	Lakes Entrance	03 5156 5482
Lake Tyers Health and Children's Services Association	Lake Tyers	03 5156 5482
Nandedana Wuaranook Gippsland Aboriginal Health Service	Morwell	03 5136 5100
Moogji Aboriginal Council	Orbost	03 5154 2133
Ramahyuck District Aboriginal Corporation	Sale	03 5143 1644
<b>7.3 Grampians</b>		
Ballarat & District Aboriginal Cooperative Ltd	Ballarat	03 5331 5344
Budja Budja Aboriginal Cooperative Ltd	Halls Gap	03 5356 4751
Goolum Goolum Aboriginal Cooperative Ltd	Horsham	03 5382 5033
<b>7.4 Hume</b>		
Mungabareena Aboriginal Corporation	Wodonga	02 6024 7599
Rumbalara Aboriginal Cooperative Ltd (HACC Service)	Shepparton	03 5822 2866
<b>7.5 Loddon Mallee</b>		
Bendigo and District Aboriginal Cooperative Ltd	Bendigo	03 5442 4947
Mildura Aboriginal Corporation	Mildura	03 5022 1852
Murray Valley Aboriginal Cooperative Ltd	Robinvale	03 5026 3353
Njernda Aboriginal Corporation	Echuca	03 5482 3075
Swan Hill Aboriginal Health Service	Swan Hill	03 5032 5277
<b>7.6 Eastern Metropolitan</b>		
Eastern Health – Yarra Valley Indigenous Health Team	Healesville	1300 130 381
Mullum Mullum Indigenous Gathering Place	Croydon	03 9725 2166
<b>7.7 North West Metropolitan</b>		
Aboriginal Community Elders Services Inc	Brunswick East	03 9383 4244
Aboriginal Housing Victoria	North Fitzroy	03 9482 4585

Agency name	Suburb/Town	Phone
Aborigines Advancement League Inc	Thornbury	03 9480 7777
Victorian Aboriginal Health Service Cooperative Ltd	Fitzroy	03 9419 3000
Western Suburbs Indigenous Gathering Place Inc	Maribyrnong	03 9318 7855
<b>7.8 Southern Metropolitan</b>		
Dandenong and District Aborigines Cooperative Ltd	Dandenong	03 9794 5933
Ngwala Willumbong Cooperative Ltd	Windsor	03 9510 3233

(Note: Organisations listed in orange do not provide HACC services)

## 10. Aboriginal Hospital Liaison Officers

Hospital	Suburb/Town	Phone
<b>8.1 Barwon South West</b>		
Barwon Health – Geelong Hospital	Geelong	03 5226 7669
Portland and District	Portland	03 5521 0342
South West Health Care	Warrnambool	03 5564 4192
<b>8.2 Gippsland</b>		
Orbost Regional Health	Orbost	03 5022 3335
Bairnsdale Regional Health	Bairnsdale	03 5150 3364
Central Gippsland Health Service	Sale	03 5143 8586
LaTrobe Regional Hospital	Morwell	03 5173 8000
West Gippsland Health Care Group	Warragul	03 5623 0611
<b>8.3 Grampians</b>		
Grampians Health – Ballarat Base Hospital	Ballarat	03 5320 4610
Wimmera Health Care Group	Horsham	03 5381 9373
<b>8.4 Hume</b>		
Goulburn Valley Health	Shepparton	03 5832 2450
Wodonga Hospital	Wodonga	02 6051 7111
<b>8.5 Loddon Mallee</b>		
Bendigo Health Care Group	Bendigo	03 5454 7130
Echuca Regional Health	Echuca	03 5485 5800
Ramsay Health – Mildura Base Hospital	Mildura	03 5022 3335
Robinvale District Health Service	Robinvale	03) 5051 8111
Swan Hill District Hospital	Swan Hill	03 5033 9300
<b>8.6 Eastern Metropolitan</b>		
Austin Health	Heidelberg	03 9496 5834
Eastern Health	Ringwood East	03 9871 3335
<b>8.7 North West Metropolitan</b>		
Melbourne Health	Parkville	03 9342 7440
Northern Health – Northern Hospital	Epping	03 8505 8476
St Vincent's	Fitzroy	03 9288 3435
Western Health	Footscray	03 8345 1194
<b>8.8 Southern Metropolitan</b>		
Peninsula Health	Frankston	1800 858 727
Southern Health	Clayton	03 9594 2660

