



NSW Ombudsman

Improving service delivery to Aboriginal people with a disability

A review of the implementation of
ADHC's *Aboriginal Policy Framework*
and *Aboriginal Consultation Strategy*

A special report to Parliament under section 31
of the *Ombudsman Act 1974*

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Our logo has two visual graphic elements; the 'blurry square' and the 'magnifying glass' which represents our objectives. As we look at the facts with a magnifying glass, the blurry square becomes sharply defined, and a new colour of clarity is created.

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NSW Ombudsman

September 2010

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Dear Madam President and Mr Speaker

I submit a report pursuant to s.31 of the *Ombudsman Act 1974*. In accordance with the Act, I have provided the Minister for Disability Services with a copy of this report.

I draw your attention to the provisions of s.31AA of the *Ombudsman Act 1974* in relation to the tabling of this report and request that you make it public forthwith.

Yours faithfully

Bruce Barbour
Ombudsman

Ombudsman's message

Aboriginal people are one and half times more likely to have a disability than non-Aboriginal people. Addressing the relatively low rate at which Aboriginal people access ADHC's direct and funded services is a significant challenge for Ageing, Disability and Home Care (ADHC).¹

This report presents the findings of our review of the implementation of ADHC's *Aboriginal Policy Framework* and *Aboriginal Consultation Strategy*, which articulates ADHC's commitment to improving service delivery to Aboriginal people. Our review has identified a number of positive steps made by ADHC to implement this commitment in a practical way, together with a range of areas where its focus can be strengthened.

Our findings and recommendations are informed by consultations with over 460 stakeholders. During the review, my office consulted extensively with ADHC staff at all levels but also with other important partner agencies such as Transport NSW, peak bodies and service providers.

Now is an opportune time for ADHC to refocus its work in this area. In this regard, I note that the NSW Government's plan for disability services – *Stronger Together* – has reached the half-way mark.

This report includes several recommendations aimed at better positioning ADHC to meet *Stronger Together's* commitment to improve access by Aboriginal people to its services. They include employing more Aboriginal local support coordinators to link people to the services they need, embedding flexibility in service delivery, and strengthening overall accountability of ADHC's work to enhance outcomes for Aboriginal people. I acknowledge that for ADHC to successfully implement these recommendations, it will require both adjustments to its business practices and the injection of additional resources.

Invariably, Aboriginal people who require support from ADHC will also have contact with other human service agencies. Our review has once again highlighted the need for agencies to plan and deliver services in an integrated way. The recent bringing together of human service agencies within one department provides a solid platform for this to occur. Many of the observations in the report are directly applicable to the delivery of human services to Aboriginal communities generally.

I commend ADHC for its considerable work to date to promote equitable and responsive service delivery to Aboriginal people, and for the positive way it has responded to the issues we have raised from our review.



Bruce Barbour
Ombudsman

¹ Ageing, Disability and Home Care, *Aboriginal Policy Framework*, July 2005. ADHC's *Report on people with a disability and their carers in NSW based on the 2006 Census of Population and Housing* (August 2009) reports that Aboriginal people accounted for 2.1% of the population of NSW in 2006 but 2.5% of people who reported a need for assistance because of a long-term health condition, a disability or old age.

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Chapter 1. Overview

1.1. Introduction

This report sets out the findings of our review of the implementation of ADHC's *Aboriginal Policy Framework (APF)* and *Aboriginal Consultation Strategy (ACS)*. ADHC released these documents in 2005 to guide its staff in their work to improve service delivery to Aboriginal communities.

1.2. About the *Aboriginal Policy Framework and Aboriginal Consultation Strategy*

The aim of ADHC's APF is to provide 'a platform...to develop strategies and programs to serve the needs of Aboriginal clients and communities, by ensuring they can access services that are culturally appropriate'. It commits ADHC to:

- develop performance indicators to accurately measure and report on participation by Aboriginal people in funded services and programs
- develop specific action plans to improve access by Aboriginal people to programs and services
- provide specific training for ADHC staff working in and with Aboriginal communities
- develop and enhance the Aboriginal community's capacity to identify and address issues specific to Aboriginal people
- improve the responsiveness of service delivery and the way services are delivered to Aboriginal people
- research culturally appropriate models of service delivery to Aboriginal people, and
- implement an integrated planning approach by Aboriginal organisations, communities and government agencies.

The ACS is based on the principles outlined in the APF and provides guidance to staff about engaging with Aboriginal communities, the type of issues that ADHC needs to consult them about, and how and when to do so.

During our review, ADHC released additional resources and strategies to support its work with Aboriginal people, including *Shoulder to Shoulder* (an information booklet for Aboriginal families who have a child or young person with a disability), the *Aboriginal Employment and Capabilities Framework Action Plan (2008–2010)*, and the *Access and Equity Plan: Strengthening services for Aboriginal people 2009–2011*. ADHC also established an Aboriginal Service Development and Delivery Directorate.

1.3. The aim of our review and how we conducted it

The review was carried out under section 11(1)(c) of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*. The objectives of our review were to examine the practical initiatives taken by ADHC to meet the goals set out in the APF and ACS, and to assess whether these initiatives have resulted in better access for Aboriginal people with a disability to the services they and their carers need. This report provides both an independent assessment of ADHC's efforts to date to improve service delivery to Aboriginal people, and a 'roadmap' to guide its future work in this area.

We used the following strategies to carry out the review:

- a literature review focusing on good practice
- consultation with ADHC staff and relevant peak bodies: the Aboriginal Disability Network, the Aboriginal Community Care Gathering Committee, the Indigenous Disability Advocacy Service, National Disability Services, and the Council of Social Service of NSW (NCOSS)
- a review of key documents linked to the implementation of the *Aboriginal Policy Framework* and *Aboriginal Consultation Strategy*
- visits to selected locations within ADHC's six regions, including interviews with ADHC staff, local partners, service providers, Aboriginal organisations, recognised community governance bodies and, where appropriate clients, carers and community groups, and

- a review of relevant complaints and inquiries received by our office.

Throughout the review, we liaised regularly with ADHC to provide feedback and obtain information about relevant developments as they unfolded, such as the establishment of the Aboriginal Service Development and Delivery Directorate.

We requested that each region complete a survey before we carried out our review. The survey gave regions an opportunity to provide an overview of their work relating to Aboriginal people, including providing advice as to how they consult with Aboriginal communities. We took this information into account when planning our visits and reporting our observations and recommendations to each region.

In 2008–09 we met with more than 460 people across ADHC's six regions to inform the review. For each region we considered:

- the level of awareness of ADHC's funded and operated disability services within Aboriginal communities and ADHC's level of success in providing information about disability services to Aboriginal communities
- the type of consultation mechanisms in place between ADHC, relevant service providers and Aboriginal communities, and the adequacy of these mechanisms
- the extent of planning to meet the needs of Aboriginal people with a disability and participation by Aboriginal people in service planning processes
- the experience of frontline workers (both ADHC and service provider staff) and their views about what works in consulting with, and delivering services to, Aboriginal communities
- examples of good practice
- whether services being offered to Aboriginal communities are meeting their needs, and
- any evidence of improved access by Aboriginal people to ADHC's direct and funded services.

After completing our reviews of all of the regions, we provided each regional director with a two-part draft report. Each report included region-specific practical suggestions, as well as highlighting broad 'good practice' and systemic themes which have state-wide relevance.

In August 2009, we provided ADHC's Chief Executive a summary of the broad systemic issues that we had identified from the review. We subsequently met with the deputy directors-general, and the Executive Director of the Aboriginal Service Development and Delivery Directorate, to discuss ADHC's plans for improving services to Aboriginal people in light of the findings from our review. Because concern about access to community transport was such a significant theme to emerge from our review (we discuss this in Chapter 2), we also met with the (then) Ministry of Transport's Director of Community Transport.²

During the review we liaised regularly with National Disability Services to monitor the progress of the Aboriginal Resources and Pathways Project (ARP). The ARP was initially a two-year pilot (July 2007–June 2009) funded by ADHC to promote networking between disability service providers and Aboriginal communities, with the aim of improving outcomes for Aboriginal people with disabilities. The pilot targeted ADHC's Metro South region and parts of Southern region (Wollongong, Kiama, Shellharbour, Shoalhaven, Eurobodalla and Bega Valley).

In April 2010, the Minister for Disability Services announced that the project would be expanded to Northern and Western regions and to parts of Metro North (Nepean local planning area) and Hunter (Central Coast and Hunter local planning areas) regions.³ Given the considerable progress achieved by the ARP in Metro South and Southern regions, this is a very positive development. We have strongly encouraged ADHC's regions to learn from the ARP pilot and to utilise and support the local networks established or strengthened by it.

1.4. Key findings of our review

Overall, our review confirmed that ADHC is strongly committed to improving outcomes for Aboriginal people. To build further on this commitment, we identified the following areas where ADHC should focus its efforts:

- raising awareness of services among Aboriginal people by making links at a local level with key Aboriginal organisations, groups and individuals who can act as 'champions' for ADHC
- consulting more effectively with local Aboriginal communities to inform the planning and delivery of services that meet their needs
- offering Aboriginal people the option of obtaining 'face to face' assistance to access services by employing more Aboriginal local support coordinators

² The Ministry of Transport is now part of Transport NSW.

³ Hon Paul Lynch MP, Minister for Disability Services, 'Aboriginal Pathways project extended', Media release, 27 April 2010.

- implementing a flexible service model that enables individual Aboriginal people and their families to receive practical assistance tailored to their needs
- building on its strong track record of Aboriginal workforce development, and encouraging funded organisations to prioritise the recruitment and retention of Aboriginal employees
- taking a stronger partnership approach to working with mainstream and Aboriginal funded organisations to build their capacity to deliver a broader range of services to Aboriginal people
- undertaking more robust assessment and monitoring of the willingness and ability of mainstream and Aboriginal organisations to provide services to Aboriginal communities
- collaborating with other agencies to implement strategies that address concerns held by Aboriginal communities about services for children and young people with a disability and access to carer support, home modifications and community transport, and
- establishing an improved model of accountability – including the collection and reporting of regionalised data about Aboriginal service uptake – to strengthen strategic oversight at a regional and organisation-wide level.

Our review confirmed that the biggest challenge for ADHC is achieving greater uptake by Aboriginal people of its direct and funded services. Strengthening its focus on the areas outlined above will place ADHC in a stronger position to meet this challenge.

ADHC's positive record to date – including the employment of more Aboriginal staff, changes to intake and assessment processes, the funding of more than 40 Aboriginal-specific programs and services and, most recently, the decision to pilot a new 'Aboriginal service model' – provides a solid platform. However, more work is needed, particularly in relation to ensuring that Aboriginal people are accessing disability services at a greater rate.

1.5. ADHC's response to our review

At both a corporate and regional level, ADHC has responded appropriately to the findings of our review. It has acknowledged that it needs to strengthen its focus in the areas that we have identified, and has undertaken to implement more rigorous accountability mechanisms to ensure this occurs. In this regard, during our review ADHC established an Aboriginal Service Development and Delivery Directorate which brought together the previously separate Aboriginal Home Care and Aboriginal Policy Branch. This merged entity has now created a stronger link between the 'strategic' and 'operational' areas largely responsible for improving the delivery of services to Aboriginal people.

In response to the findings from our review, ADHC recently created an Aboriginal Strategy, Development and Evaluation Unit within the Aboriginal Service Development and Delivery Directorate. The unit will be responsible for supporting the delivery of responsive services to Aboriginal people through building capacity and monitoring, evaluating and reporting ADHC's efforts in this area. It will also have responsibility for the Aboriginal Access and Assessment Team (AAAT) through which referrals and assessments for Aboriginal Home Care are conducted.⁴ The unit will track progress against the recommendations that we made in the individual reports we provided to each region.

ADHC has also committed to revise its *Aboriginal Policy Framework*. The new framework will support the development of an overarching strategy that brings together all aspects of ADHC's approach to improving the delivery of services to Aboriginal people. This strategy will replace the various separate documents that currently exist in this area, including the *Aboriginal Consultation Strategy*, *Aboriginal Employment and Capabilities Framework Action Plan* and *Access and Equity Plan*. The streamlined strategy will identify a range of key result areas and outline performance indicators, strategies and 'implementation tools'. Each region will be required to have their own Aboriginal strategic plan consistent with the key result areas. Significantly, ADHC will implement our recommendation that it establish a strategic advisory committee to which regions be held accountable for implementing their Aboriginal strategic plans. This advisory committee will include representation from peak bodies and the Aboriginal community.

⁴ It is possible that the AAAT will expand to take on broader responsibilities in future. We discuss this in Chapter 2.

A particularly significant outcome of our review is that ADHC has developed a new 'Aboriginal service model'. ADHC has advised us that the feedback from our review about the needs and preferences of Aboriginal people has informed the development of this model. In addition, ADHC has conducted its own specific-purpose consultations in the locations where the model is being trialled. Initially, the model will be trialled in the Southern region, followed by Northern and Metro North regions. It will focus on better coordination of service delivery and providing Aboriginal people with a greater say in how, and from whom, the services they need are sourced and delivered. There is the potential for the model to be applied to the delivery of a range of human services. This is an important development and one that has the potential to significantly enhance outcomes for Aboriginal people with a disability and their families. We will take a close interest in how the implementation of this model unfolds. The recent announcement by the NSW Government of \$2 million for an early intervention project to support Aboriginal children with a disability is another positive development.

Individual regions have also taken steps to further build on their efforts to improve service delivery to Aboriginal people. Prior to our review, a number of regions had commissioned Aboriginal needs analyses to inform future service planning. We encouraged those that had not done so, to do this important work. During the course of our review, all regions established Aboriginal employee networks; some set up internal Aboriginal working groups; and several reviewed their approach to consulting with Aboriginal communities by forming regional Aboriginal advisory committees, tapping in to existing community governance mechanisms, and establishing or renewing links with key Aboriginal organisations. Regions also demonstrated a strong commitment to responding to the particular concerns of individual Aboriginal people who approached us during our review.

We will be monitoring ADHC's ongoing work in this critical area.

Chapter 2.

Improving service delivery

In this chapter we outline the key issues which ADHC needs to address to improve the delivery of services to Aboriginal people.

2.1. Raising awareness

Despite the relatively high rate of disability in Aboriginal communities, the most common theme that emerged during our review was the lack of knowledge and understanding within Aboriginal communities about ADHC and the disability service system – in particular, the services available to Aboriginal people with a disability and their families, and the availability of specific entitlements.⁵

2.1.1. The role of Aboriginal Home Care

The exception to this general theme was the reasonably high level of awareness of Aboriginal Home Care (AHC), the main ADHC service currently accessed by Aboriginal people. Our consultations indicated that Aboriginal people do not generally associate AHC with ADHC. This is not a problem if the involved Aboriginal person is receiving the services they need. However, AHC workers may often be the only people in a position to effectively identify and provide information to clients who may need additional disability services funded by ADHC. Our consultations suggested that because AHC's clientele has traditionally been older people needing domestic assistance, frontline AHC workers often do not have a good understanding of the full range of services funded by ADHC and how they can be accessed.

For this reason, we recommended that regions ensure adequate training and guidelines are provided to AHC staff about the different types of services that ADHC funds. We also suggested that AHC workers be encouraged to pass on to AHC service coordinators, information about individuals who may require additional disability support, so that service coordinators can arrange for their needs to be assessed. In our view, once a potential need is identified in this way, the onus should then be on ADHC to attempt to meet the need.

While AHC has an important role to play in raising awareness about ADHC's other services, we also cautioned regions against relying too heavily on AHC's staff to identify Aboriginal people who need assistance. For example, over-reliance on AHC to make the necessary connections may mean that potential clients, such as younger Aboriginal people with a disability, miss out on receiving the services they need.

2.1.2. Promoting the availability of Aboriginal and mainstream services

Whether or not they have knowledge of ADHC's specific role as the agency responsible for providing AHC and funding other HACC and disability services, it is vital that Aboriginal people are aware that there are Aboriginal and mainstream service providers in their local community that can assist people with a disability and their families. ADHC has a responsibility to generate this knowledge at a local level. In carrying out this obligation, ADHC needs to take into account a range of attitudinal factors that impact on Aboriginal people's ability and willingness to seek assistance, including:

- being unable to relate to the concept of disability
- variable understandings in and among Aboriginal communities about what constitutes a disability
- a belief that there is a cultural obligation to care for a person with a disability within the family
- wanting to avoid the label of 'disability' due to a perception that there is a stigma attached to it, and
- mistrust of government agencies.

In particular, ADHC needs to be mindful of the preference in some Aboriginal communities for having regard to a person's 'additional needs' rather than 'disability'.⁶

5 The Aboriginal Disability Network's 2006 report *Telling It Like It Is* also commented on Aboriginal people's lack of awareness about available supports for people with a disability and their families.

6 This preference was articulated during the consultations for our review and has also been identified by National Disability Services (discussion with NDS about lessons from the Aboriginal Resources and Pathways Project).

ADHC recognises that it has a responsibility to implement strategies aimed at helping to break down the barriers which prevent Aboriginal people with disabilities and their carers from accessing services. In this regard, the *Shoulder to Shoulder* booklet is an excellent initiative designed to promote awareness of ADHC and to inform Aboriginal people about what a disability is and what assistance is available. *The Aboriginal Carers Support Guide*, an easy to read pamphlet providing information about respite services, carer support groups and coping strategies, is another valuable resource. However, most of the Aboriginal and mainstream organisations we met with during our review, were not familiar with these publications. In response, we have encouraged ADHC's regions to distribute this literature to all Aboriginal organisations and community groups within their service areas, and consider holding local launches of this material.

We also advised regions that while developing and distributing culturally appropriate materials is an important strategy to promote ADHC and its services, our consultations for this review, and our work with Aboriginal communities more generally, have confirmed that many Aboriginal people prefer to receive information through 'word of mouth'. For this reason, we emphasised the importance of ensuring regular face-to-face contact with Aboriginal communities. And we have advised that the best way for ADHC to achieve this, is to develop links at a local level with key Aboriginal organisations, groups and individuals (as well as mainstream organisations that are funded to deliver Aboriginal-specific programs).⁷

Critical organisations we identified for regional and local ADHC staff to develop strong connections with, include Aboriginal medical services and health workers, land councils, legal services, Aboriginal education workers and Regional Aboriginal Education Consultative Groups;⁸ Aboriginal employment services; Aboriginal pre-schools and out-of-home care services; Elders' and carer support groups; and other community based working groups, such as community working parties and community justice groups. We have also noted that there are a range of positions in local communities which are well placed to help improve access to ADHC's services by Aboriginal people, such as Aboriginal liaison officers employed by police commands, local courts and councils, as well as Aboriginal workers employed by services funded to deliver Aboriginal specific programs. These organisations, groups and individuals can act as 'champions' for ADHC by assisting to identify for ADHC individuals and families who may need support, and directly advising them of the services which are available. Our review has shown that ADHC is likely to have only limited success in reaching greater numbers of Aboriginal people if it fails to strategically tap into these critical links to Aboriginal communities.

We have also encouraged regions to explore opportunities to host events such as community barbeques in partnership with key Aboriginal organisations and other government and non-government organisations. To be effective, these sorts of events need to be held regularly and in a variety of locations, and regional and local ADHC staff should liaise with their Aboriginal communities about the best times and places to hold them.

In addition, during our review we highlighted with regional ADHC staff the frustration which can result from their staff not being able to explain how ADHC disability or HACC services might overlap and/or intersect with other parts of the disability, broader human services and health service systems. It is for this reason that it is important for regions to identify opportunities to co-host events as often as possible. Some examples of this type of initiative are outlined below.

Partnering with other organisations to raise awareness of services

- Northern region held a family barbeque together with Carers NSW and Aboriginal service providers in Kempsey for families with a child/ren with a disability. The aim of the barbeque was to bring families together and provide them with information about disability and the services available to support them.
- Metro North region hosted an event at Marrin Weejali Aboriginal Corporation in Blackett as part of the Don't DIS My ABILITY campaign. The event attracted approximately 100 people and included a performance by local young Aboriginal dancers and an art workshop which brought together Elders, children and young people with a disability, ADHC staff and disability NGO staff. The resulting artworks are now on display at the regional office.
- Western region collaborated with Kurrajong Waratah, a funded mainstream disability service, to deliver a series of workshops in Tumut, Cootamundra, West Wyalong, Narrandera, Griffith, Lake Cargelligo, Hay, Deniliquin and Albury. At the workshops, the Aboriginal Children's Casework Consultant introduced Kurrajong staff to local Aboriginal organisations and community members and also promoted other ADHC services and services.

⁷ Agencies may be funded by ADHC, Community Services or other agencies.

⁸ These community-based groups together make up the NSW Aboriginal Education Consultative Group, which is recognised as the principal source of advice on behalf of Aboriginal communities on education and training issues. They often include parent members, teachers and education support workers and principals.

2.1.3. Sharing responsibility for building relationships

During our review we identified a tendency for regions to overly rely on their Aboriginal staff to shoulder the responsibility for building and maintaining relationships with Aboriginal communities. This tendency is not unique to ADHC.

Utilising the knowledge and experience of Aboriginal staff makes sense – these staff are often able to ‘open doors’ by helping mainstream staff access Aboriginal organisations and groups. However, a staff member’s Aboriginality alone does not necessarily mean that they are always well placed to engage with the range of different groups within local Aboriginal communities, nor be in a position to provide the necessary information that Aboriginal people want. While an Aboriginal staff member’s links to community in their region can be asset for ADHC, at times it can also present challenges due to longstanding tensions that can sometimes exist between particular family groups.

Therefore, through this review we have stressed with regions that ADHC’s local managers have an important role to play in building relationships with Aboriginal communities. And it is encouraging to see that some regional directors have specifically tasked local managers with this responsibility. We have recommended that all regions adopt this approach.

2.2. Consulting effectively

The *Aboriginal Policy Framework* acknowledges the importance of ADHC working in partnership with Aboriginal communities ‘to ensure programs, policies and services are relevant and accessible to Aboriginal people’. This requires regions to take a strategic approach to consulting communities about their needs, and ensure that community feedback is incorporated into service planning and delivery. Every region should be able to demonstrate that they understand the principles of effective consultation and are effectively implementing these principles locally.

2.2.1. Taking a strategic approach

Our review found that while all regions acknowledged the importance of consulting with Aboriginal communities and had made efforts of one kind or another to do so, these efforts often lacked a strategic focus, were undocumented, and could be best described as ‘ad hoc’ and somewhat limited in their effectiveness. However, there were exceptions – in some regions they were able to demonstrate good outcomes as a result of having a formal Aboriginal advisory group, and/or conducting ‘specific-purpose’ consultations with local Aboriginal communities to inform the development of particular programs or initiatives.

Throughout our review we recommended that regions determine their Aboriginal consultation strategy having regard to the particular characteristics and needs of the communities they serve. We also emphasised utilising both formal and informal consultation methods. More particularly, we recommended that regional strategies should include mechanisms for consulting with:

- individual Aboriginal communities within the region
- Aboriginal staff employed by ADHC
- funded Aboriginal service providers, and
- other agencies and services.

We have suggested that these consultation mechanisms should be documented in a regional plan that identifies specific actions and responsibilities. And we believe that regional oversight and coordination of the consultation strategy should involve regular monitoring and updating of the consultation mechanisms and tracking of the outcomes.

In advising ADHC along these lines, we have noted that the recent restructure bringing together key human services agencies under one ‘super department’ provides an opportunity for each of these agencies to develop a *coordinated* approach to consulting with Aboriginal communities. The most common criticisms made by Aboriginal people about the way government agencies consult are that:

- there are too many requirements for the same people to attend multiple meetings to discuss different service areas, programs or initiatives
- communities are not consulted until after decisions are made about the development and implementation of programs, and
- communities are consulted about ‘interagency’ issues, but responsibility for progressing these issues remains unclear.

In emphasising the importance of ADHC having strategies in place for consulting with Aboriginal communities, we recognise that it is critical for ADHC's strategies to also be jointly determined with other government agencies. However, whatever approach is taken, it is vital that ADHC is able to demonstrate how they are meeting their commitment to consult with Aboriginal communities.

2.2.2. Consulting local communities

Regions need to take a considered approach to determining their formal consultation mechanisms by examining what structures for consulting Aboriginal communities are already in place in different areas and making strategic decisions about how these can be used. Many consultation mechanisms established by agencies fail because they are superimposed on communities without taking this into account, and it is well recognised that 'consultation fatigue' is a significant issue for Aboriginal communities. ADHC needs to be flexible in its approach to consulting communities, recognising that different methods will need to be used in different areas.

In determining these methods, regions also need to take into account the diversity of Aboriginal communities and the divisions that can exist within them. Existing consultation structures in some Aboriginal communities may not be representative of all Aboriginal people residing in the area – including current or potential service users – and some of the most respected and knowledgeable Aboriginal people in a community may choose not to participate on formal committees or working parties.

It is therefore important that ADHC's local managers identify people of standing within the various sections of the Aboriginal community in their area and discuss with them the best way to ensure suitably representative arrangements are in place. Elders, community based working groups, ADHC's own Aboriginal staff and workers from Aboriginal organisations can assist in this regard.

Utilising existing consultation structures

A good example of an existing consultation structure that can be utilised by ADHC is the Murdi Paaki Regional Assembly (MPRA) in Western region. A COAG initiative, the MRPRA is the recognised regional governance and engagement forum for Aboriginal people in the region, representing 16 community working parties. These working parties, each of which should have a community action plan, provide a direct link between the MPRA and local communities. The MPRA has several subcommittees including one for health. These subgroups are often reflected at the local level. The Chair of the MPRA agreed it would be effective to incorporate disability issues within the health subcommittee. The subcommittee could then become a mechanism for strategic consultation with Aboriginal communities by ADHC. However, in providing this advice to Western region, we noted the importance of identifying methods for consulting with those Aboriginal communities in the region that do not sit under the MPRA. A number of these communities also have community working parties that could be utilised.

While other ADHC regions do not have the benefit of a similarly broad and well-established regional structure for strategic engagement with Aboriginal communities, there are many effective community-driven working groups that reflect 'natural' community boundaries: for example, the Illawarra Aboriginal Community Based Working Group and the Shoalhaven Safe Community Aboriginal Partnership in Southern region; and the Fairfield Local Aboriginal Access Group, South West Sydney Aboriginal Carers Support Network, and Inner West and East Sydney Aboriginal Advisory Group on Ageing and Disability in Metro South region. These groups have all been established or strengthened by the Aboriginal Resources and Pathways Project (ARP) funded by ADHC and managed by National Disability Services.

The expansion of the ARP will involve other community based groups being identified or created to promote better networking between Aboriginal communities and mainstream disability services. ADHC's regions should utilise and support these groups as part of their strategies for consulting with Aboriginal communities.

Other existing consultation mechanisms in communities may include local Aboriginal land councils and the Regional Engagement Groups established across the state by Aboriginal Affairs under *Two Ways Together*, the NSW Government's Aboriginal strategic plan.⁹

⁹ *Two Ways Together: NSW Aboriginal Affairs Plan 2003–2012.*

Establishing a regional Aboriginal advisory group

Some regions have determined a need to establish new mechanisms for consulting with their Aboriginal communities. For example in Southern region, a Regional Aboriginal Advisory Group (RAG) was initiated in 2006 to bring together key ADHC staff (including the regional director), Elders and others from the community to identify, discuss and provide advice about policies, programs and procedures (especially in relation to access to services) and identify strategies to strengthen service delivery to Aboriginal people. The venue for the meetings rotates between different parts of the region with transport, accommodation and meals for community representatives provided by ADHC. Local community members are also invited to attend a community lunch. The RAG members we spoke to during our review felt the group had done much to develop mutual respect and trust between ADHC and Aboriginal people. Metro North region established a similar regional advisory group during our review.

While formal consultation mechanisms are important, regions also need to identify opportunities for engaging with Aboriginal communities more informally. Earlier in the report we discussed this in the context of raising awareness of ADHC's services, emphasising the importance of ADHC building relationships with key Aboriginal organisations, groups and individuals. As well as raising awareness, informal engagement can provide an avenue for ADHC to obtain and provide feedback about a range of issues. One of the best ways for ADHC to informally consult with Aboriginal communities is by partnering with Aboriginal organisations and groups to hold events at which community members have the opportunity to ask questions and raise any concerns they may have. This partnership approach can provide ADHC with access to a larger number and wider range of Aboriginal people than formal mechanisms.

Holding a community 'Q&A' barbeque

In response to requests from several local Aboriginal land councils during our review of Hunter region, we organised to co-host 'Q&A' barbeques with ADHC staff. In one location we also invited representatives from Transport NSW, a local mainstream service provider and a community justice group coordinator. At these forums, ADHC staff had the opportunity to hear from a number of Elders and other community members about gaps in service provision in their local areas, receive feedback from service users and identify new clients. The ADHC staff who attended found the experience valuable and the community reacted positively to the way staff responded to their concerns. We recommended to all regions that they identify opportunities to regularly hold similar forums.

Co-hosting an Aboriginal 'client and carer' forum

In March 2009 ADHC and the Tharawal Aboriginal Medical Service at Campbelltown held a forum for 40 clients and carers. The forum was opened by the Deputy Regional Director. Comprehensive information was presented about ADHC and the services it provides and funds. ADHC provided feedback about how it had responded to issues raised at community consultations held during the previous year. Key Aboriginal staff gave individual presentations about their role. At the end of the forum, an opportunity for group discussion was provided, followed by a lunch at which participants had the opportunity to speak to managers and staff about individual concerns. Feedback about the forum was sought through evaluation forms.

Whatever methods regions select for consultation with their Aboriginal communities, it is critical that the consultations involve a two-way flow of information. ADHC staff need to be able to answer questions about:

- their role
- how they select which organisations to fund
- how they ensure the needs of Aboriginal communities are being catered for, including how they ensure that services are culturally appropriate
- what specific services are available for Aboriginal people in particular localities and the eligibility criteria for these services, and
- the degree of flexibility that ADHC has in providing services.

ADHC staff also need to be able to explain how the information they obtain from consulting with Aboriginal people will be used to inform the planning and delivery of disability services. In this regard, it is also vital that feedback is provided to communities by ADHC about the outcome of consultations. In providing this feedback, ADHC should focus on making realistic commitments to activities which have tangible outcomes and clear timeframes. This approach goes a long way to building trust with communities.

In the previous section we noted the valuable role that ADHC's Aboriginal staff play in building relationships with Aboriginal communities, but that they should not be expected to be solely responsible for this work. During this and other reviews we have conducted over many years, Aboriginal communities have repeatedly expressed that when agencies seek to consult them, they should do so in a way that provides communities with access to staff who are involved in planning and decision making, who are knowledgeable about services and entitlements and who have authority to make decisions and provide feedback. These staff may or may not be Aboriginal. Through our review we advised regions that when government agencies delegate staff with the appropriate level of authority to engage with Aboriginal communities, this will be noted and appreciated. On the other hand, the reputation and credibility of agencies can be damaged when they place staff who lack appropriate authority and/or skills in the difficult position of being unable to report information or make commitments to Aboriginal communities.

Finally, sensitivities about particular topics together with community divisions can mean that group meetings – whether formal or informal – are not always successful as people may either not attend or not speak openly. ADHC therefore needs to ensure that there are adequate opportunities to have informal discussions with individuals. This may involve meeting people in their homes or staying back after community run meetings to talk with people.

2.2.3. Consulting Aboriginal staff

All regions now have Aboriginal employee networks. A number of these networks were established during our review. In most cases, regional directors chair or attend network meetings as a demonstration of their high level of commitment to supporting Aboriginal staff. Our review identified that while the employee networks are valued by Aboriginal staff as a source of support, regions are not necessarily capitalising the potential advisory capacity of these networks. As well as offering peer support, the networks should be used by regions to obtain advice from their Aboriginal staff about a range of issues relating to the provision of services to Aboriginal people and engagement with Aboriginal communities. We have emphasised to regions the importance of ensuring that their employee networks have strategic input into the planning and implementation of regional priorities and the development of new initiatives.

2.2.4. Consulting funded Aboriginal service providers

Regions need to ensure they are consulting their funded Aboriginal service providers on a regular basis. Most regions have a regular HACC forum and some have forums for meeting regularly with Aboriginal service providers. For example, Northern region has several Aboriginal service provider networks that come together twice yearly at a combined meeting. We received feedback from several service providers indicating that the service networks are proactive groups with a strong record of identifying and addressing service gaps and contributing to ADHC's planning processes. In Hunter region, the Aboriginal Community Care Interagency meets five times a year and is attended by the ADHC Manager, Purchasing and Planning along with Aboriginal staff and the managers of funded Aboriginal-specific services. ADHC uses the meeting to:

- provide information and updates
- identify any difficulties that services may be having
- obtain feedback about ADHC processes (eg. referral), and
- identify training needs and deliver training.

Services have the opportunity to ask questions, get assistance if they are experiencing problems, and network with other services. This interagency group also took a lead role in guiding a local research project which investigated current and future service provision to Aboriginal HACC clients in the Hunter and Central Coast areas. The interagency group reports to the regional executive through the chair, and minutes from meetings are considered by the region as part of its planning processes.

2.2.5. Working with other agencies and services

ADHC's regional directors participate in Justice and Human Services 'clusters' whose role is to identify and prioritise initiatives and issues that require a strategic multi-agency response. While we have observed that some appear to function more effectively than others, these clusters are the forum through which ADHC and other government agencies like Community Services, Health and Education and Training should be developing an integrated model for local service delivery.

It is particularly critical that ADHC works closely with Health at a local level. There is a significant degree of overlap both in terms of the client base serviced by ADHC and Health and the disability and health issues they face. While ADHC and Health work together in a range of ways at a corporate and regional level, it is important that they have good local links with each other to ensure Aboriginal people receive the support they need. For example, close collaboration is required between Aboriginal Home Care (AHC) workers and local hospital workers, particularly Aged Care Assessment Teams (ACATs) and social workers, to ensure that Aboriginal clients are assessed where appropriate for community aged care packages (CACPs), extended age care at home packages (EACH) and ComPacks – a case managed package of care provided for up to six weeks after discharge from hospital. A number of health workers we spoke to indicated that there is scope for greater identification and referrals of Aboriginal clients to ACATs by AHC workers and from ACATs to AHC.

In some areas there are also local human services and Koori staff interagency networks that ADHC can be part of. During our review we received positive feedback about ADHC's participation in human service forums. However, in a number of areas Koori interagency networks indicated that ADHC could better use these forums to conduct briefings on their services to Aboriginal staff from a range of government and non-government agencies. Aboriginal employment and service promotion strategies are two areas which we identified during our review that would benefit from greater collaboration and coordination between ADHC and other agencies.

Another important partner for ADHC is local councils. In many smaller communities they play a significant role in supporting community infrastructure and development. For example, in Southern region, Shoalhaven Council has provided strong support to the Shoalhaven Safe Community Aboriginal Partnership, which has a disability working group. Council also runs the HACC forum. Council workers told us they are in a good position to undertake community development work with service providers because they are seen by services as independent and therefore not a threat to their funding.

ADHC should encourage councils to provide support to community initiatives in the disability area, such as the establishment of disability working groups, and also to ensure that councils' social plans address the range of disability issues that are specific to local communities. In some areas we visited, we were told that the local council's social plan did not include any actions for disability, or focused mainly on physical accessibility issues. There are opportunities for ADHC to work with local councils to help more clearly articulate their respective roles in helping to build local community capacity in the aged care and disability areas. In Metro North region, ADHC's planning staff meet regularly with councils in the Nepean local planning area and with Hornsby and Ku-ring-gai Councils, with services to Aboriginal communities forming a standard agenda item.

We also identified a need for ADHC to build stronger links with Centrelink at the local level. Centrelink's workers are in a good position to identify people in need of support and to promote services but to do this effectively, ADHC needs to provide them with information about ADHC's services and intake and assessment processes. Centrelink employs a number of Indigenous Specialist Officers and they are a good point of contact for ADHC. In sections 2.3 and 2.6 below we identify a range of other agencies which ADHC should develop links with to ensure a coordinated approach to key areas such as Aboriginal workforce development and identifying children and young people with disabilities.

Our review identified scope for better coordination of needs analyses between ADHC and other agencies, particularly Health and local councils. In some regions, ADHC was unaware of needs analyses which were being carried out by area health services or Aboriginal medical services. Key human service and health agencies undertaking joint local needs assessments can assist greatly in promoting a partnership approach to service planning and delivery to maximise service efficiency and reduce duplication of effort. As we noted in section 2.1, 'Raising awareness', ADHC should also identify opportunities to partner with other agencies and organisations to promote services to Aboriginal communities. These opportunities may include travelling 'roadshows' and joint community meetings or events.

2.3. Increasing employment

Creating direct employment for Aboriginal people benefits both the individuals concerned and the communities they live in. Our consultations confirmed that it is also an important strategy for improving Aboriginal people's access to ADHC's direct and funded services. ADHC has recognised this and implemented an impressive approach to Aboriginal workforce development. In 2008–09 Aboriginal people comprised 3.5% of the agency's total staff, well over the NSW Government's target of 2%.¹⁰ These staff are employed in a diverse range of Aboriginal identified and non-identified positions, including home care worker, branch manager and service coordinator, case manager, children's casework consultant, local support coordinator and project officer positions. ADHC plans to further increase the number of its Aboriginal employees to a minimum of 5%.¹¹

We received very positive feedback from Aboriginal staff about ADHC as an employer. It was largely seen as a supportive and inclusive environment in which to work. We received particularly good feedback about the inaugural state-wide Aboriginal staff conference held in August 2008, which was viewed as an expression of ADHC's commitment to its Aboriginal workforce. As we have already noted, all regions now have Aboriginal employee networks and this has also contributed to the perception of ADHC as a supportive employer. The creation of these networks is an important symbolic and practical initiative. A number of regions have also put in place mentoring arrangements to support their Aboriginal staff.

In August 2008 ADHC released the *Building pride with opportunities: Aboriginal Employment and Capabilities Framework Action Plan (2008–2010)*. The three objectives of the action plan are:

- to incorporate Aboriginal people's skills, knowledge and experiences into all aspects of ADHC's business to ensure services and programs meet clients' needs and expectations
- to establish ADHC as an employer of choice for Aboriginal people, and
- to equip and enable ADHC managers and other staff to develop Aboriginal employment and capability.

An Aboriginal Employment and Capabilities team¹², including regional Aboriginal Employment Support Officers, was established, and each region was required to develop its own Aboriginal employment and capability action plan. During our review a number of regions were in the process of formally documenting or revising their action plans.

2.3.1. Attracting trainees and cadets

A key component of the *Aboriginal Employment and Capabilities Framework Action Plan* is the commitment to recruit 180 Aboriginal people to the Aboriginal Residential Support Worker Recruitment and Development program.¹³ First piloted in Southern region with 12 of 14 graduates securing permanent employment,¹⁴ the 12-month program provides participants with the opportunity to undertake Certificate III in Disability Work while receiving work experience and mentoring. During our review other regions were in the process of recruiting to the program. The program's focus has recently expanded to include the recruitment of 18 Aboriginal Assistant in Nursing trainees to work in ADHC's large residential centres. This initiative places ADHC well on track to reach its target of 180 new Aboriginal employees within the next 12 months.

Aboriginal Home Care (AHC) has in the past provided an important employment pathway for Aboriginal people, many of whom have moved on to other areas of ADHC. In recognition of this, ADHC released an AHC job guide in June 2009 to assist Aboriginal people to apply for employment. The (then) Aboriginal Home Care Development Branch was responsible for developing the Home Care Aboriginal Traineeship Program, an innovative partnership between ADHC, TAFE and the federal Department of Education, Employment and Workplace Relations (DEEWR) which targeted Aboriginal people with a learner driver's license and an interest in working in the disability sector in Newcastle. At the time of our review, nine participants had received a Certificate III qualification in Home and Community Care together with driver training and work experience, with five securing full-time work with ADHC. We understand ADHC plans to recruit an additional 20 AHC trainees per year over the next four years.

ADHC has also recognised the importance of identifying and recruiting Aboriginal people who are interested in combining university studies with employment. The first Aboriginal cadet was recruited in 2009 by Metro North region, with Metro South region subsequently employing a further six. The cadets are studying social work, physiotherapy and speech therapy. ADHC has indicated its commitment to recruit further Aboriginal cadets.

¹⁰ Ageing, Disability and Home Care, *Annual Report 2009–09*, p.268.

¹¹ Ageing, Disability and Home Care, *Building pride through opportunities: Aboriginal Employment and Capabilities Framework Action Plan 2008–2010*, August 2008.

¹² The team includes a manager, a senior Aboriginal cultural mentor, two central officers and six regional Aboriginal Employment Support Officers.

¹³ The program has received funding and assistance from the Australian Government Department of Education, Employment and Workplace Relations.

¹⁴ Ageing, Disability and Home Care, *Annual Report 2007–08*, p.91.

2.3.2. Identifying professional and senior positions

An additional component of ADHC's strategy to diversify its Aboriginal workforce and increase the number of Aboriginal people in senior and professional positions has been creating a number of identified positions within the Aboriginal Service Development and Delivery Directorate and prioritising the identification of Aboriginal case managers to work in Community Support Teams. The Directorate now includes two senior officers, three managers and several project officers. There are currently 14 Aboriginal case managers employed across Metro South (7), Metro North (3) and Northern (4) regions. Our consultations with ADHC indicated senior management's strong support for increasing the number of Aboriginal people working in case management roles, as well as creating more Aboriginal local support coordinator positions (we discuss local support coordinators further in the next section of this report).

2.3.3. Targeted and flexible recruitment strategies

In order to identify and support potential employees, it is important that ADHC's regions develop good relationships with schools; TAFE, universities and other training providers; DEEWR and Aboriginal employment services. In particular, ADHC should actively work with schools and training providers to target secondary and tertiary students for potential employment. During our review we identified a number of examples of ADHC taking a partnership approach to recruiting Aboriginal staff. For example, the Aboriginal Home Care Development Branch forged a strong relationship with TAFE to implement the Aboriginal Home Care Traineeship Program, and some regions have worked with TAFE, university Aboriginal units and the Aboriginal employment services to promote employment opportunities to Aboriginal people. During our review we suggested to all ADHC regions additional partnership opportunities.

ADHC has recognised the importance of using recruitment strategies most likely to attract Aboriginal people into employment. It has released an Aboriginal employment implementation guide outlining a range of methods that regions can use to attract and increase the number of Aboriginal applicants for positions. During our review we were pleased to identify some concrete examples of ADHC's use of flexible recruitment practices. Two such examples are outlined below.

Using flexible recruitment methods to recruit Aboriginal people

ADHC recruited trainees for the Home Care Aboriginal Traineeship Program in Newcastle by holding community workshops advertised in the *Koori Mail* and promoted through Aboriginal interagency forums and Aboriginal employment services. Anticipating that a key question for prospective applicants was likely to be how their welfare support payments would be affected if they participated in the program, ADHC ensured a Centrelink representative was present at the workshops. TAFE also attended. The workshops included practical advice about how to prepare an application and the kinds of skills and experience that ADHC would value in applicants.

ADHC used a similar approach to recruit its Aboriginal residential support workers. For example in Metro North region, positions were advertised in the *Koori Mail* and promoted through the North Sydney, Western Sydney and Parramatta Koori interagency meetings. Information sessions were conducted in Ryde, Hornsby, Hebersham and Mt Druitt in partnership with local councils, Butucarbin Aboriginal Corporation and TAFE. At each session, the Regional Aboriginal Employment Support Officer and a residential support worker explained the recruitment process and the structure of the program, including conditions of work and locations. Through these sessions, approximately 75 applications were distributed. A similar approach was used in other regions.

The creation of the Regional Aboriginal Employment Support Officer positions has provided regions with an excellent resource to obtain assistance in planning and implementing strategies to recruit additional Aboriginal staff.

To improve coordination, reduce duplication of effort and promote the sharing of good practice, it is important that ADHC's regions explore opportunities to plan and implement Aboriginal recruitment strategies, and related activities, with other government agencies. Ideally, Justice and Human Services 'clusters' are the forum in which this planning should take place. During our review we came across some examples of good partnership approaches. In Northern region for example, ADHC is a partner in the Aboriginal employment strategy developed by the North Coast cluster, while Metro South region is developing an Aboriginal leadership framework together with other human services and justice agencies.

2.3.4. Extending workforce initiatives to funded organisations

Given its impressive track record in relation to Aboriginal employment to date, in our view there would be substantial benefit in ADHC expanding its focus to assisting funded services to increase their recruitment and retention of Aboriginal employees. We note that the *Aboriginal Employment and Capabilities Framework Action Plan* already commits ADHC to develop a standard Aboriginal employment and capability requirement for inclusion in all relevant service contracts. This is a positive step that can be built upon.

While it is a myth that Aboriginal people will not utilise mainstream services simply because they do not employ Aboriginal staff, it is clear that employing Aboriginal workers is one of the most effective ways for organisations to demonstrate that they welcome Aboriginal clients and are capable of providing culturally responsive services. We have suggested to ADHC that it consider forming partnerships with well established non-government organisations that have a good track record of recruiting and retaining Aboriginal staff, particularly those well placed to assist with mentoring funded mainstream services in this area.¹⁵ There is also scope for regions to consider the benefits of inviting Aboriginal workers employed by funded organisations to join their employee networks, as Metro North region has done already.

ADHC has achieved an impressive amount in the area of Aboriginal employment, with a number of initiatives currently underway or due to be implemented. We have stressed with ADHC the importance of ensuring ongoing monitoring of its Aboriginal employment strategy at both a regional and whole-of-organisation level. In this regard, ADHC's decision to place this responsibility within the new Aboriginal Strategy, Development and Evaluation Unit is a positive one.

2.4. Improving access

The development of plans to improve access by Aboriginal people to ADHC's services and programs is a key strategy to meet the objectives of the *Aboriginal Policy Framework*. Improving access means making it easier for individuals to approach or be referred to services, and to have their eligibility for services assessed. The first stage in this process involves raising awareness about the availability of services. Earlier in this report we emphasised that the best way for ADHC to achieve this is by developing relationships with key Aboriginal organisations, groups and individuals, and consulting effectively with communities at a local level. We also discussed the importance of ensuring that Aboriginal Home Care (AHC) workers are provided with information that enables them to identify and link Aboriginal people with other services funded by ADHC.

The second stage of the process involves making the intake and assessment process as easy as possible to navigate. Currently, different processes apply to different types of services:

- Each region has its own Information, Referral and Intake Team for intake to disability services. Following the trial in 2009 of a 'functional assessment tool', ADHC is reviewing its approach to disability intake and assessment to take account of changes required to implement a more 'person-centred' disability service system.¹⁶
- Access to mainstream Home Care is through the centralised Referral and Assessment Centre. There are two teams of assessors – the Metropolitan/Hunter team has assessors based at Parramatta and the Rural team has assessors across the state.
- Access to AHC is through the centralised Aboriginal Access and Assessment Team, which has 10 assessors across the state.
- Access to HACC funded services which are not provided by Home Care or Aboriginal Home Care takes place by direct approach to services.

The exception to these arrangements is in the Hunter region, where an Access Point Demonstration Project has operated since March 2008 as part of a national COAG trial aimed at streamlining access to community care services.

¹⁵ One such organisation that we are aware of is UnitingCare Burnside. In 2008–09 6% of its total workforce identified as Aboriginal, with Aboriginal people making up 68% of the staff employed by Burnside's Child and Family Team in the Orana Far West region (UnitingCare Burnside Annual Report, 2008–09). Burnside is funded by ADHC to deliver a number of services, including the Aboriginal Intensive Family Support Service.

¹⁶ The tool – 'Ongoing Needs Identification – Intake Assessment Module' was developed and trialled following consultations with peak bodies, including National Disability Services. The trial identified that further work is required around the potential demand and resource requirements for an expanded system of intake and assessment and the assessment of children and young people (Correspondence from ADHC, 27 August 2010).

2.4.1. Aboriginal Access and Assessment Team

The Aboriginal Access and Assessment Team (AAAT) was established in 2007 to provide a more consistent and streamlined approach to intake and assessment for Aboriginal people requiring AHC services. Ten Aboriginal access and assessment officers are employed in metropolitan Sydney (three positions) and regional areas (seven positions). During our review we heard that the positions have helped to raise the profile of AHC, leading to an increase in referrals. This is supported by figures showing that the number of Aboriginal people accessing AHC services increased from 2,000 in 2006–07 to 2,750 in 2008–09.¹⁷ It was also reported that promotion of the AAAT to other ADHC streams has led to an increase in referrals of a more diverse range of clients, including younger people and those with complex needs such as dual diagnosis, acquired brain injury and those needing support after leaving prison.

An evaluation of the AAAT conducted in 2009 found that it is meeting the needs of Aboriginal people, with 96% of 300 randomly selected clients satisfied with their assessment experience. We understand that the evaluation recommended some refinements to better meet the needs of Aboriginal people.¹⁸ ADHC has advised us that the future role of the AAAT will need to be considered in the context of the evaluation of the COAG Access Point initiative, as well as the changes to the funding of aged care and disability services recently announced by COAG. It is possible that the function of the AAAT will expand, which will require its capacity to be further developed.

We acknowledge the positive results achieved by the AAAT. However, the feedback we received during our review suggested that many Aboriginal people, particularly the elderly, are reluctant to use 'intake lines'. A number of Aboriginal workers told us that when Aboriginal people do use them, they often play down the nature of their circumstances and needs, which may lead to an inaccurate initial assessment of their eligibility. We were informed by some service providers that until relatively recently, regional intake lines did not routinely ask callers about Aboriginality. In some regions, concern was also expressed about intake and assessment panels not having Aboriginal representation. Some people were concerned that this may mean cultural principles are not understood and applied during the assessment process. In our view, securing Aboriginal representation on panels is a standard component of good practice. There was also frustration in some regions about delays obtaining assessments, and this was attributed to there being an insufficient number of assessors to provide coverage of large geographical areas.

2.4.2. The valuable role of Aboriginal local support coordinators

What emerged strongly from our consultations was a general preference on the part of Aboriginal people for having the option of receiving 'face to face' assistance from someone knowledgeable, rather than having to 'cold call' a 1800 number. In this regard, the extremely valuable role of Aboriginal local support coordinators (LSCs) in linking people with a disability and their families to a range of services and community supports was strongly endorsed. We received particularly positive feedback about the Aboriginal LSCs who are currently located in Western (two positions) Northern (three positions) and Southern (one position) regions. As well as the direct benefits for clients, it was pointed out to us that by providing streamlined advice and support, LSCs reduce the 'access assistance' burden on other parts of the system.

We appreciate that ADHC is concerned to ensure a system of intake and assessment that is as streamlined, consistent and equitable as possible. However, in wanting to improve the access of Aboriginal people to services, it is important for ADHC to be conscious of the limitations of such a system. It is clear from our review that LSCs play a pivotal role in connecting Aboriginal people with services. ADHC has taken the view, not unreasonably, that all staff have a responsibility to ensure Aboriginal communities are well serviced. We support this. However, we believe there is a strong case for ADHC to invest in the creation or designation of more positions that carry out the functions currently performed by Aboriginal LSCs, given that these positions appear to be highly effective in facilitating Aboriginal people's access to services, and that improving this access is a key priority for ADHC.

This is consistent with the recently released *NSW Disability Services Sector: Directions for Industry Development* report's recommendation that 'consideration should...be given to improving the ease of navigation of the system through establishing local coordinators/ facilitators to assist people with disability to access information about the range of supports and services available in the community and within the disability services system, and to access these supports.'¹⁹

17 Ageing, Disability and Home Care, *Annual Report 2008–09*, p.24; 2007–08, p.67.

18 Ageing, Disability and Home Care, *Annual Report 2008–09*, p.75.

19 National Disability Services, *NSW Disability Services Sector: Directions for Industry Development*, Final report, June 2010, p.26.

While there is likely to be a greater need for these positions in regional and remote areas (as evidenced by where Aboriginal LSCs are currently located) there is also benefit in ADHC exploring the need for the positions in metropolitan areas. We were told that in some such areas, other Aboriginal staff are being diverted from their core duties to carry out LSC-type work. It is also important to restate our earlier warning about the dangers for ADHC in over-relying on their Aboriginal staff to build relationships with Aboriginal communities, and the importance of local managers also taking on responsibilities in this area. While LSCs can, and do, undertake broader 'community liaison' type work, their focus is, and should be, on assisting individuals to obtain the assistance they need.

2.4.3. Streamlining referral pathways

Another access strategy worthy of ADHC's consideration is the co-location, where feasible and appropriate, of Community Support Teams (CSTs) with Aboriginal Home Care (AHC). This has occurred in Metro South, Metro North and Northern regions. During our review a number of people we consulted suggested that expanding co-location could help to streamline service access for Aboriginal people.

We have also asked that ADHC give consideration to making it as simple as possible for professional health and disability workers to alert ADHC to a client's need for assistance. During our consultations we received feedback from a number of such workers indicating that they find using regional intake lines frustrating and would prefer to have a more direct way of contacting ADHC locally. It was noted in one region that education workers could contact ADHC workers directly to make referrals and that discussions were taking place to facilitate easier communication for health professionals. We consider that there would be benefit in all regions developing communication and referral protocols with local schools, health workers and other professionals most likely to come into contact with potential ADHC clients.

We understand that ADHC is currently working with National Disability Services to implement strategies identified in the *NSW Disability Services Sector: Directions for Industry Development* report aimed at 'improving the navigation of the service system for people with a disability and their families, and creating consistent and streamlined intake and assessment processes for specialist disability services'.²⁰

2.5. Providing flexible services

Responsive service delivery to Aboriginal people involves meeting identified needs and providing Aboriginal people with choices that take into account cultural and individual preferences. This requires both Aboriginal and mainstream providers to take a flexible approach to delivering services and to actively communicate to Aboriginal people how this flexibility can be applied to a variety of circumstances.

During our consultations, many service providers and community members told us that the type of support that Aboriginal people with a disability and their families want from ADHC can look very different to the type of support sought from the broader community. We received considerable feedback indicating that Aboriginal people caring for family members with a disability want practical help, such as assistance to replace whitegoods that have broken down, or to pay for car registration or petrol to enable the person with a disability to be transported to day care or allow the family to take a holiday together for much-needed respite. In fact, the most common issue raised in relation to respite was that Aboriginal people want to take a break with their family member and be supported by a carer rather than leaving the family member in centre-based respite.

ADHC already knows that there is a greater need for flexibility across a range of services. There has been a significant increase in funds for flexible respite with the reform and expansion of disability respite services being a key commitment under *Stronger Together* and the *NSW Carers Action Plan 2007–12*. Flexible respite models targeted at Aboriginal people have been developed in Western and Northern regions, and a flexible Aboriginal intensive family support service is operating in a number of locations. The Aboriginal flexible respite program in Western region has been evaluated and found to be effective. Given the very positive feedback that we received about the program during our review of Western region, we strongly support its expansion to other parts of the state.

²⁰ National Disability Services, *NSW Disability Services Sector: Directions for Industry Development*, Final report, June 2010.

Aboriginal flexible respite program

In Western region, the Aboriginal Flexible Respite Program was created to deliver a range of flexible respite options directly to Aboriginal families in a culturally sensitive manner. The program was funded by the closure of a group home at Griffith which was not being accessed by Aboriginal people, who indicated their preference to care for their family members with a disability in their own homes. Under the program, funding packages are available for the provision of temporary and flexible alternatives to usual care arrangements. For example:

- A carer required an operation and was unable to care for her adult child. The program paid for in-home respite while the carer was in hospital.
- Parents of a child with a severe intellectual disability needed a break. The program paid for the child's grandmother to travel from interstate to care for the child so the parents could have a holiday.
- A father of a young man with an intellectual disability wanted to take his son on a camping trip but was concerned about doing so himself. The program paid for the young man's uncle to accompany and support them on the trip.

Funds have also been used to pay for fuel vouchers, pre-school fees and family pool passes.

Aboriginal drop-in accommodation support model

After community consultations revealed that many Aboriginal people would prefer to access in-home respite, the Aboriginal drop-in accommodation support model was developed in Northern region. A two-year pilot project, the model provides in-home support to Aboriginal people with disabilities in the Coffs Harbour, Kempsey, and Moree/Narrabri areas of Northern region, including a flexible pool of funds to meet one-off additional client needs. The support encompasses a range of areas aimed at enabling the client to remain living independently or with their family, including personal care, social support and budgeting. The service is running at full capacity, with 23 people assisted to date. The model will be evaluated with a view to expansion in other locations.

Aboriginal Intensive Family Support Service

The Aboriginal Intensive Family Support Service (AIFSS) aims to assist Aboriginal families with a child or young person with a disability (0–18yrs) where there is a risk of family breakdown or placement of the child or young person in out-of-home care. The service provides intensive, flexible in-home support, for up to 16 weeks that is tailored to each family's needs. Supports might include family and individual counselling, parent education, connecting families to informal support networks and community resources and providing material assistance. AIFSS is currently being delivered in South West Sydney, Dubbo, Moree and Kempsey/Greater Taree.

Ideally, flexibility needs to be embedded in service delivery rather than being a feature of specific programs. While there was acknowledgement of flexible service provision operating in some areas, our consultations identified a strong community perception that there is a lack of consistency in this regard, as well as confusion about what 'flexible service provision' might include. For example, in some areas, people were aware of the Family Assistance Fund, which provides funds that can be used by families to purchase equipment and services (eg. assistive equipment, minor home modifications, household items, personal support services) that will help them to care for a child with a disability. However, others were not aware that they could access assistance of this type.

Some people also indicated that they were aware of family members from other parts of the state receiving assistance that had not been made available to them, and they were unsure as to why this was the case. There was an acknowledgement by some ADHC staff that individual case workers interpret ADHC's guidelines in this area differently. We have advised ADHC that there needs to be greater consistency in the way flexible options are promoted to both the community and its staff.

As noted earlier in the report, ADHC is developing a new 'Aboriginal service model' aimed at providing Aboriginal people with more input into how the services they need are sourced and delivered, and ensuring these services are coordinated. The model will be trialled in Southern region, followed by Northern and Metro North regions, with an initial five-year funding commitment. ADHC advised us that the findings from our review, together with specific-purpose consultations, have informed the development of the model. In evaluating the effectiveness of the model, ADHC should consider whether there is scope to expand it to encompass how a range of human services are delivered to Aboriginal people.

In developing the Aboriginal service model, ADHC has affirmed the importance of service delivery being driven by community and family identified need, rather than imposed on communities 'from above'. Overall, ADHC has a good track record in this respect. In many regions, consultants have been engaged to undertake research into the needs of Aboriginal communities and to identify gaps in service provision and barriers to access. The Aboriginal Community Care Gathering Committee has previously drawn attention to the importance of local needs analyses to inform service planning and delivery.²¹ As we noted earlier, our review identified scope for better coordination of needs analyses between ADHC and other agencies.

2.6. Addressing key service areas

During our review there were four particular service areas which Aboriginal communities highlighted to us: support for children and young people with disabilities, support for carers, home modifications and community transport. To make substantial gains in service delivery to Aboriginal people, ADHC must address concerns about these areas in partnership with other relevant agencies.

2.6.1. Programs for children and young people with a disability

The principle of early intervention is embedded in the *NSW State Plan* and is critical to improving outcomes for Aboriginal people with a disability. Identifying children and young people with a disability is a critical component of early intervention. *Stronger Together* has enabled ADHC to fund a range of services to support children and their families, with all tenderers required to demonstrate their capacity to respond to the needs of Aboriginal families. Funding in 2010–11 for these services includes:

- \$11 million for intensive support packages providing case management
- \$1.5 million to provide intensive assistance for children and their families with managing problem behaviours at home and school, and
- \$2 million for additional support and early intervention for autism.²²

The 2009–10 Budget also included \$10.6 million to increase support for post-school programs as well as funding for Aboriginal positions to work with families under the Early Start – Diagnosis Support Program.²³ Under *Better Together*, the NSW Government's interagency disability plan, ADHC is also involved in partnerships with Health, Community Services and Education aimed at improving the provision of services to children with a disability.²⁴

During our review it became apparent that there is substantial confusion in Aboriginal communities about which agency – ADHC, Community Services or the Department of Education and Training (DET) – is responsible for particular aspects of service provision in this area of need. A significant degree of concern was also expressed during our consultations about whether Aboriginal children and young people are being identified by ADHC and provided with the support they require. In particular, we were told that intellectual disabilities and learning disorders in children are often not recognised as such, with problematic behaviour attributed to 'naughtiness', 'laziness' or to children being 'slow learners'. Some workers we spoke to were particularly concerned about children and young people on long school suspensions whose behaviour did not appear to be adequately investigated in order to determine the underlying problem.

21 Aboriginal Community Care Gathering Committee, *Leading Our Way in Community Care*, Recommendation 22, April 2007.

22 NSW Government, *Budget 2010–11: Ageing and Disability Services*.

23 NSW Government, *Budget 2009–10: Ageing and Disability Services*; Ageing, Home Care and Disability, *Annual Report 2008–09*, p.54.

24 NSW Parliament Legislative Council, *Inquiry into Overcoming Indigenous Disadvantage, Answers to Questions on Notice (DADHC)*, September 2008.

There was a high level of community concern that Aboriginal young people are dropping out of school early, and are therefore not benefiting from Transition to Work and Community Participation – the two post-school programs for young people with a disability funded by ADHC. Both programs require eligible young people to have completed year 12 (although in some situations, a young person may be granted early entry prior to the completion of year 12). Of the 66 school leavers who identified as Aboriginal or Torres Strait Islander and were eligible to enter a post school program in 2007, 46 had registered for either Community Participation or Transition to Work by September 2008, a participation rate of approximately 70%.²⁵

While this is an impressive statistic, it does not reveal how many Aboriginal young people who may otherwise have been eligible for these programs were not because they left school early. It is also unclear whether some regions are having more success than others in getting young people into these programs. This information is important to consider, particularly given the reportedly high level of school non-attendance by Aboriginal young people in some parts of Western NSW. ADHC has indicated that it is working with DET to ensure that young people with a disability have improved information about post school programs, and other options prior to year 12.²⁶ This work is critical. Regions also need to better promote the Transition to Work and Community Participation programs specifically to Aboriginal families.

The best way for ADHC to increase the uptake of programs and services for children and young people with a disability is to establish good links with organisations, groups and workers that come into frequent contact with Aboriginal families. It appears that ADHC generally has good links with disability consultants employed by DET, as well as with special education teachers in schools. However, an under-utilised resource appears to be Aboriginal education officers (AEOs). AEOs are employed in many schools – particularly those in areas which have significant Aboriginal populations – and work directly with Aboriginal children in the classroom. They are in an excellent position to work in partnership with ADHC to identify Aboriginal children who may have a disability, to educate families, and to encourage families to access ADHC services. At a local level, ADHC should therefore be developing good links with AEOs.

Another relatively untapped resource is regional Aboriginal Education Consultative Groups (AECGs). Together, these community-based groups make up the NSW Aboriginal Education Consultative Group, which is recognised as the principal source of advice on behalf of Aboriginal communities on issues relating to education and training. AECGs frequently include parent members and also provide access to school teachers and principals. Therefore, it is important for ADHC to build relationships with AECGs in each region, in order to promote existing disability services, and to undertake consultation in relation to the planning and delivery of new services.

In addition, ADHC should liaise with local schools and pre-schools – particularly Aboriginal pre-schools – to assist in the identification of children with a disability and to promote the services available to their families. A number of people we consulted suggested that ADHC needs to provide targeted information about disability to Aboriginal families and support these families to engage with services as early as possible: therefore, developing strong links with pre-schools is particularly important. Earlier in this report we highlighted the need for ADHC to consult with Aboriginal community-based groups such as those formed by Elders. While often having age and/or disability related needs of their own, Elders are also often carers of grandchildren with disabilities and/or know of other families in the community who may need support from ADHC. Regular engagement with Elders' groups is therefore another way of helping to identify, at an early stage, children and young people with disabilities.

We have also emphasised the importance of ADHC developing strong links with Aboriginal medical services. As these services are utilised heavily by Aboriginal families, they are in a good position to identify and link Aboriginal children, and young people with a disability, to services. In addition, there are many programs aimed at strengthening the well being of vulnerable Aboriginal children and their families funded by Community Services, Health and the federal government. Non-government organisations responsible for these programs often employ Aboriginal staff who can be excellent conduits to communities for ADHC.

Unfortunately, young Aboriginal people account for more than half of all detainees in juvenile detention centres. Given the over-representation of Aboriginal people with a disability combined with their over-representation in the criminal justice system, it is patently clear that many young Aboriginal people in detention have a disability. Therefore, ADHC should also have good links with juvenile detention centres and juvenile justice community offices in the regions. ADHC also needs to work closely with Community Services, Aboriginal out-of-home care services and DET, to identify young people with a disability eligible to enter the Leaving Care program – the disability program for young people exiting out-of-home care. As ADHC is responsible for assisting these young people once they turn 18, it is important that they start to build a relationship with these young people well prior to this time.

25 NSW Parliament Legislative Council, Inquiry into Overcoming Indigenous Disadvantage, Answers to Questions on Notice (DADHC), September 2008.

26 Ageing, Disability and Home Care, *Transition to Work Program Guidelines*, April 2009, p.18.

Identifying children and young people with a disability

In Western region, ADHC's case manager in Dareton has worked closely with the early intervention educator employed by the area health service, the local Aboriginal Medical Service and schools to identify and support children with learning difficulties through an early intervention literacy tutoring program. In Walgett, the Aboriginal LSC has a good relationship with the local schools, pre-schools and Aboriginal education officers and regularly participates in school learning support meetings. The region's other Aboriginal LSC is well-regarded by the communities in Brewarrina and Bourke for her work to support children and young people. An AECG representative, she has worked with the Department of Education to streamline access to support for families who have a child/ren with a disability, and better define the respective roles of ADHC and DET.

In light of the observations above, it is pleasing to note the NSW Government's recent announcement of funding for an Aboriginal Early Intervention project. The project will develop 'local culturally sensitive resources for Aboriginal communities and professionals working in Aboriginal communities that will raise awareness of disability and developmental delay in child development' in partnership with Aboriginal service providers in Liverpool, Tweed Heads and Mt Druitt.²⁷

2.6.2. Support for carers

Carers NSW estimates there are approximately 15,000 Aboriginal carers in NSW, many of whom are likely to be caring for more than one person and have health problems of their own.²⁸ During our review we met, or were told about, a large number of grandparents caring for grandchildren with a disability who did not know about the support they were entitled to receive as carers. Some of these carers have disabilities themselves but do not access services.²⁹ We met with several carers individually during our review. We also consulted a large gathering of carers in Albury and Carers NSW's Aboriginal Policy and Development Officer. The needs carers raised with us were very similar to those reported by Carers NSW in their submission to the National Better Support for Carers Inquiry in 2008:

- improved access to carer payments, home modifications and yard maintenance programs
- respite definitions must be explained
- improved access to culturally appropriate respite
- ongoing and flexible carer support groups
- case management for carers
- improved access to aged care with an easier process
- equipment program to be more accessible
- address and reduce carer isolation through retreats, camps and support groups
- flexible funded programs
- improved medical transport for both the care recipient and carer, and
- need for Aboriginal carer advocates.³⁰

A number of workers we consulted also spoke about the difficulties Aboriginal carers face in accessing carer payments from Centrelink, including a lack of awareness about their eligibility for these payments, communication barriers and complex documentation requirements. Carers NSW also noted this issue in their submission to the national carers inquiry. In addition, we heard about the need for more support for male carers; in particular, for Aboriginal men's camps which are highly regarded by Aboriginal carers as a way for men to express their concerns and confide in other men without shame.

Earlier in the report we noted that ADHC has produced an *Aboriginal Carers Support Guide* in recognition that many Aboriginal people do not identify as carers and are not accessing services. We also noted that this publication needs to be distributed much more widely.

²⁷ Hon Peter Primrose MLC, Minister for Disability, '\$2 million for early intervention services in Aboriginal communities', Media release, 27 August 2010.

²⁸ Carers NSW, Submission to the Australian Parliament House of Representatives Inquiry into Better Support for Carers, July 2008. pp.29–30.

²⁹ The report of the national Better Support for Carers Inquiry found that different cultural attitudes towards family responsibility and understanding of the concept of caring are responsible for a large number of Aboriginal people not identifying as carers and/or accessing support services. (Australian Parliament House of Representatives Standing Committee on Family, Community, Housing and Youth, *Who Cares...? Report on the inquiry into Better Support for Carers*, May 2009).

³⁰ Carers NSW, Submission to the Australian Parliament House of Representatives Inquiry into Better Support for Carers, July 2008, p.32.

It is vital that ADHC also identifies local carer groups auspiced by Aboriginal organisations and funded service providers, so that it can better promote its services and identify unmet need. There are a number of such groups across the state. For example, in the Hunter region, Muru Aboriginal Corporation and Carers NSW have established an Aboriginal carer support group on the Central Coast using funding provided by NSW Health. An Aboriginal carer support worker is employed to recruit carers and develop promotional materials and social and educational activities. In addition to their involvement in a number of carers groups, Carers NSW also runs carer camps.³¹ During our review we have received feedback indicating that carer camps are an effective way to educate Aboriginal carers about services and supports, and to enable carers to confide in workers without fear of community disapproval. It is important that at a local level, ADHC actively supports initiatives such as carer camps.

In giving consideration to further expanding Aboriginal specific services, carer support is an area ADHC could focus on. Community Services has funded the Aboriginal Child, Family & Community Care State Secretariat (AbSec) to establish and coordinate state-wide support groups for Aboriginal foster and kinship carers, particularly in remote and rural areas. ADHC may wish to consider developing a similar initiative in partnership with the Aboriginal Disability Network – the peak body for Aboriginal disability – as well as the Aboriginal Community Care Gathering Committee and Carers NSW.

We note the recent announcement by the Minister for Disability Services about the establishment of a state-wide Carers Advisory Council to provide advice to the NSW Government about matters impacting on carers. The council's membership will include Aboriginal carers. This is a welcome initiative.³²

2.6.3. Home modifications

People with a disability may require modifications to their home in order to live independently and safely. Modifications may also be required to comply with occupational health and safety standards if care workers need to provide services to a client in their home. A client's ability to live independently in their own home can therefore depend on their access to home modifications.

Home modifications are available to eligible HACC clients who require some change to the structure of their home (eg. access modifications such as ramps or handrails) or the use of assistive technology (eg. mobility aids) to enable them to continue to remain living at home. ADHC funds a number of non-government organisations to provide home modifications. Access is based on relative need and clients may be placed on a waiting list. An assessment of the client's home and needs is required before home modification services are provided. These assessments are carried out by occupational therapists who are engaged by the service provider directly. Some occupational therapists are employed by Health and ADHC provides some funding for this purpose. The arrangements for the actual provision of the home modifications depend on how much they will cost. A potentially complex set of referral, assessment and prioritisation processes apply to home modifications costing over \$5,000.

During our review concern was expressed in a number of areas about home modifications. The NSW Home Modifications and Maintenance State Council has also identified a number of issues through consultations with providers in rural and remote regions.³³

The concerns we identified related to:

- a lack of understanding about eligibility for home modifications, the process for obtaining them and who is responsible for providing them – particularly for people living in public or Aboriginal community housing
- lengthy delays in obtaining occupational therapy assessments and home modifications, particularly in regional areas due to a shortage of occupational therapists and builders, and for clients whose homes require significant modifications
- confusion about whether clients must contribute to the cost of home modifications and how much, and
- local Aboriginal land councils (LALCs) reportedly refusing home modifications if a tenant is in rental arrears.

We also received conflicting feedback from LALCs about their responsibilities in relation to modifications to homes which they own. Other sources have reported that some home modification service providers do not recognise Aboriginal community housing as a type of social housing.

31 Carers NSW also has an Aboriginal Policy and Development Officer and an Aboriginal Carer Support Officer who provides direct telephone and advocacy support to Aboriginal carers. ADHC has also funded Carers NSW to deliver the 'Planning for the Future' project, which includes a specific Aboriginal case management service aimed at assisting older parent carers.

32 Hon Peter Primrose MLC, Minister for Disability, 'NSW Carers Advisory Council to be established', Media release, 13 August 2010.

33 NSW Home Modification and Maintenance State Council *Annual Report 2008–09*, p.35.

We understand that between 2004 and 2009, ADHC provided more than \$9 million in non-recurrent funding to reduce home modifications waiting lists. ADHC has also provided some additional non-recurrent funding for home modifications services in Western region in recognition of the higher operational costs in these areas.³⁴ However, it is apparent that there remains a significant amount of unmet need, and that both frail older Aboriginal people and younger Aboriginal people with a disability, are being disadvantaged, and in some cases, placed at risk because they are unable to obtain the home modifications they require.

ADHC has an important role in identifying whether there are significant delays in obtaining occupational therapy assessments and if so, determining what can be done to ameliorate delay. Regions also need to ensure that when they run community information sessions and consult with Aboriginal organisations, they explain the arrangements for access to home modifications – including what steps and timeframes may be involved – and provide advice on who can assist in the event of significant delays and who is well placed to respond to concerns about home modification providers. In addition to responding to individual concerns, ADHC needs to satisfy itself that home modification providers are operating as efficiently and effectively as possible.

Based on our consultations, it appears that the process for obtaining modifications to public or Aboriginal housing properties can be particularly problematic. In this regard, ADHC has a role to play in negotiating workable protocols with Housing NSW, the Aboriginal Housing Office and the NSW Aboriginal Land Council, and in advocating for clients when staff (eg. home care workers) identify that they are experiencing difficulties in accessing home modifications.

It is not clear at this stage how the recent announcement by COAG concerning the split between the funding of ageing and disability services will affect the provision of home modifications. However, ADHC will need to continue to play an important role in promoting access to this service for clients who require it.

2.6.4. Community transport

The issue of community transport arose repeatedly during our review. Early consultations with the Aboriginal Community Care Gathering Committee and with the Aboriginal Disability Network, as well as our previous work with Aboriginal communities, strongly indicated that community transport would be a key issue for Aboriginal people. We were also aware that Aboriginal people tend to be more transport disadvantaged than non-Aboriginal people for a range of reasons. Various inquiries and reports have drawn attention to the significance of this issue,³⁵ and a discussion paper released by National Disability Services in 2009 explains why access to transport is particularly important for people with a disability.³⁶

In June 2008, the (then) Ministry of Transport³⁷ announced that it had engaged a consultant to conduct a review of community transport, including HACC transport; the Community Transport Program; and some services under the Area Assistance Scheme (a program administered by Community Services to support community development and the integrated provision of services in regions undergoing rapid urban growth or change). We understand that the review has been completed and provided to the Minister for Transport.³⁸ However, the findings of the review have not been made public at this time.

There are three main community transport programs in NSW: HACC Community Transport, the Community Transport Program and Transport for Health. ADHC is responsible for the planning and policy development of HACC Community Transport (HACC transport), which is administered on a day-to-day basis by Transport NSW. The target group for HACC transport is consistent with the target group for the HACC program; that is, the frail aged and younger people with disabilities, and their carers. Transport NSW is responsible for monitoring service delivery by community transport organisations that receive HACC funding using ADHC's monitoring framework.³⁹

Currently, 131 organisations receive HACC transport funding. There are 14 Aboriginal specific HACC transport projects across the state.⁴⁰ The *NSW HACC 2008–2011 Triennial Plan* identifies increasing the capacity of community transport services as a priority.⁴¹

34 NSW Home Modification and Maintenance State Council, *Annual Report 2008–09*, p.5, p.31.

35 NCOSS, *Pre-Budget Submission on Department of Ageing, Disability and Home Care*, September 2008; NCOSS, NSW Cancer Council and the Community Transport Organisation, *No Transport, No Treatment*, December 2007; Aboriginal Community Care Gathering Committee, *Leading our way in community care*, April 2007; NSW Parliament Legislative Assembly, *Public Accounts Committee Inquiry into Home and Community Care Program*, Report No. 20/53 (No.163) January 2007; Aboriginal Disability Network, *Telling It Like It Is*, 2007.

36 National Disability Services, *Transport as an Enabler for the Social and Economic Participation of People with Disability in NSW* (discussion paper), June 2009.

37 Now part of Transport NSW.

38 Advice provided by Transport NSW, 13 August 2010.

39 Transport NSW and ADHC may jointly monitor an organisation if it supplies other services funded by ADHC (eg. social support) in addition to transport.

40 Caroline Mason, Transport NSW, Presentation to NSW Aboriginal Transport State Conference, 1 July 2010.

41 Australian Government and NSW Government, *NSW HACC 2008–2011 Triennial Plan*, p.8.

The NSW State Budget for 2010–11 allocated \$39 million to HACC transport, an increase of almost 8% on 2009–10.⁴² Under the HACC Program, ADHC provides recurrent funding for a number of Aboriginal transport development workers who are employed by community transport organisations in some parts of the state. Their role is to improve Aboriginal people's access to HACC transport and promote culturally responsive service delivery.

The Community Transport Program is funded and administered by Transport NSW and targets people whose access to mainstream transport services is limited by physical, social or geographic factors, including people whose physical health status renders them with a permanent or temporary mobility disability that means they can't use conventional transport. Transport for Health is funded and administered by NSW Health. Each area health service has a Health Transport Unit to assist patients to arrange travel to and from non-emergency health-related services and appointments, and to provide access to reimbursement and subsidy schemes. Transport for Health also funds some community transport organisations to provide non-emergency health related transport.

2.6.4.1. Addressing the transport needs of Aboriginal people

It is difficult to discuss HACC transport in isolation from the other programs that constitute the community transport 'system' more generally, and this was reflected in our consultations with communities, funded services, Aboriginal organisations, regional Transport NSW staff and the Community Transport Organisation.⁴³ While we received some specific feedback about HACC transport, much of the information provided related to the provision of community transport generally. The strongest theme to emerge was confusion about what transport is available, who is eligible to receive it and which agencies and organisations are responsible for providing it. In smaller communities, a common view was that transport resources such as vehicles and drivers should be shared or 'pooled' between organisations to provide better and more coordinated service coverage. Other issues and concerns that were repeatedly expressed included:

- Perceived or actual inadequate availability/inflexibility of community transport, resulting in an over-reliance on Aboriginal organisations (particularly Aboriginal medical services) to provide transport even when these organisations are not funded for this purpose.
- The inability or unwillingness of transport organisations to provide transport to funerals was frequently raised. We note that since our review, the NSW Government has announced state-wide funding to support Aboriginal people to travel to events of cultural significance, including funerals. This is a welcome initiative.⁴⁴ ADHC has also specifically funded three community transport organisations on the Mid North Coast to provide funeral transport under the HACC program.
- Prohibitive/inconsistent fees for community transport services in some areas. We note that HACC transport providers are required to seek a fee from clients but that a client's capacity to pay does not affect whether they will receive a service. Many sources told us that Aboriginal people often prefer to miss out altogether rather than experience the shame involved in acknowledging an inability to pay.
- Lack of adequate consultation by mainstream community transport with Aboriginal communities in relation to service planning, contributing to low uptake of services on the basis that they do not meet community need.
- The need for a coordinated approach to be taken by agencies to transport planning and delivery, including Transport NSW providing input into ADHC's HACC transport planning.
- The need for Aboriginal organisations – particularly those already funded by ADHC to provide other services – to receive transport funding. It was pointed out that many people would prefer to receive a full range of services from one organisation they are comfortable using. It was also noted that this approach would provide a 'soft entry point' for more Aboriginal people to become aware of and access services they may be eligible to receive apart from transport.
- Concern that the success of the Aboriginal transport development worker positions in improving the access of Aboriginal people to community transport appears to depend on whether the positions are supported by the community transport organisations in which they are located, and whether these services implement a range of complementary strategies. It was suggested to us on several occasions that in order to maximise the effectiveness of identified positions, they should be located within Aboriginal services and brokered to mainstream services.⁴⁵

42 NCOSS, *Analysis of the 2010–11 NSW State Budget*, June 2010.

43 The peak body for community transport organisations in NSW.

44 Hon John Robertson MLC, Minister for Transport, 'New initiative to improve transport for Aboriginal people', Media release, 1 July 2010. The Disability and Aged Information Service, a community based organisation in Lismore, will coordinate the project, for which the government has contributed an initial \$190 000. A range of other organisations are contributing additional funding.

45 We understand that the Community Transport Organisation has unsuccessfully lobbied to obtain funding from ADHC to employ an Aboriginal member services officer to support Aboriginal transport development workers.

2.6.4.2. The need for an integrated approach

At the conclusion of our review we provided advice to ADHC and Transport NSW about the issues outlined above, including specific information about each region. Many of the issues go to areas that are beyond ADHC's role in relation to HACC transport policy development and planning, and which require an interagency approach. In this regard, we have asked ADHC to give consideration to the benefits of including Transport NSW in the Human Services CEO forum, given that agency's role; the significance of access to transport for vulnerable groups including Aboriginal people and people with disabilities; and the importance of taking a coordinated, interagency approach to transport planning and service provision. We have also asked ADHC to give consideration to inviting relevant NSW Health staff to attend the Joint Officers Group meetings between ADHC and Transport staff.

Given their overlapping responsibilities in relation to community transport, ADHC needs to facilitate the sharing of information and data with both Health and Transport, as well as with individual community transport organisations.⁴⁶ At a regional level, ADHC needs to work in partnership with Transport and Health to implement a coordinated approach to community transport service planning and delivery that will reduce gaps and duplication and simplify access. In this regard, ADHC should participate in regional transport forums and explore opportunities to jointly consult Aboriginal communities about their transport needs. Together with other agencies, ADHC should give consideration, to forming partnerships with Aboriginal organisations, in order to provide clarity around respective roles in relation to providing transport – this is particularly critical for remote and rural areas.

Regions also have a responsibility to educate Aboriginal communities about what transport is available in their local area (not just HACC transport), eligibility requirements, and what they can expect from HACC transport providers. This would be an ideal initiative for ADHC to undertake in partnership with Transport NSW and other agencies such as Health and local councils. Activities could include the preparation and distribution of local transport booklets (we came across examples of these booklets in the lower Hunter and Shoalhaven) and joint community 'Q&A sessions'.

Working in partnership with Transport to improve access to transport

Walomi Community Transport services the area from Bankstown to Wollondilly, which encompasses six local government areas in ADHC's Metro South region. The service was established with the intention that it be managed by Aboriginal people for Aboriginal HACC clients. However, it was initially auspiced by a mainstream provider as there was no Aboriginal organisation in the area with the capacity to run it. This arrangement was to be reviewed after two years.

Transport NSW's review revealed that the majority of Aboriginal people eligible to access the service were not using it. ADHC supported Transport NSW to intervene and employ an Aboriginal worker for 12 months to oversee the transition of Walomi to an Aboriginal organisation. The service was temporarily auspiced by Home Care and Aboriginal drivers were employed.

Gandangara Local Aboriginal Land Council subsequently won the tender to operate Walomi and the service was successfully transitioned. Use of the service is by gold coin donation, and carers and dependents may accompany clients or be provided with a taxi voucher. The service area for Walomi has been expanded to cover the Wingecarribee LGA. ADHC has made a commitment to continue to support Walomi so that it remains successful under the new auspice arrangements.

A service modelled on Walomi has also recently been established in Metro North region and is being temporarily auspiced by Aboriginal Home Care. In March 2009 a community consultation was organised by Aboriginal Home Care at the request of ADHC, and Transport NSW to discuss community transport needs for older Aboriginal people, Aboriginal people with a disability and their carers. The outcome of this consultation was a proposal by Transport NSW that ADHC fund a flexible Aboriginal community transport service in Cumberland Prospect and Nepean local planning areas (LPAs). It was recommended that Aboriginal Home Care provide this service until such time as an Aboriginal organisation has the capacity to take over. ADHC agreed with the proposal.

Together with Transport NSW, the Redfern Waterloo Authority and local community transport providers, ADHC is also considering the feasibility of establishing an Aboriginal community transport provider in South East Sydney LPA.

⁴⁶ We understand that individual community transport groups administered by Transport NSW are unable to access this information, whereas ADHC administered services can.

2.6.4.3. Holding transport providers to account

As with other kinds of funded services, it is essential that ADHC educates HACC transport providers about what it expects them to demonstrate as 'evidence' of good service provision to Aboriginal communities, and holds them to account against these expectations. We received feedback from a number of sources during our review suggesting that transport organisations which are unable to demonstrate that they are providing a culturally appropriate service should not be funded. We have suggested that ADHC develop a tailored self-assessment tool for HACC transport providers in consultation with Transport NSW.

Culturally responsive transport providers

During our review we received positive feedback about some individual community transport services (notably those provided by organisations in Port Stephens, Tamworth, Taree, Coffs Harbour, Nambucca Valley, Deniliquin, Griffith, Bourke, Lightning Ridge, Walgett and Shoalhaven). Some of the steps taken by organisations in these areas to build relationships with Aboriginal communities and meet their needs include:

- employing paid or volunteer Aboriginal drivers
- inviting community members to paint a vehicle or design artwork for pamphlets
- consulting the community about their transport needs and preferences
- forming partnerships with other transport organisations to reduce service gaps
- providing transportation to funerals and cultural events
- taking a flexible approach to allocating spare capacity
- having a 'pick up' point at a key Aboriginal organisation regularly visited by Aboriginal people
- displaying transport schedules in a range of places utilised by Aboriginal people, and
- collaborating with other organisations and agencies to produce a local transport booklet.

2.7. Building capacity

Almost every funded Aboriginal service provider with whom we spoke during our review indicated they had a positive working relationship with ADHC. This is very encouraging as strong relationships between ADHC and its funded Aboriginal providers are critical to improving the provision of services to Aboriginal people and their families. Support to build capacity is something many service providers are keen to receive from ADHC and some services were able to provide us with concrete examples of how ADHC had done, or were doing, this. Overall, it was clear that there is considerable willingness on ADHC's part to work with Aboriginal services in a supportive and flexible way.

The main concerns expressed by funded Aboriginal service providers related to:

- difficulties meeting their obligations in relation to the Minimum Data Set (MDS) – the information about their clients and services which funded organisations are required to collect
- difficulties meeting multiple reporting requirements associated with receiving funding from a number of different sources, and⁴⁷
- not receiving adequate guidance and support from ADHC to achieve compliance with ADHC's monitoring processes, particularly in relation to remedying identified deficiencies.

These concerns were mainly expressed by smaller organisations.

Aboriginal Home Care (AHC) is the largest and most prominent Aboriginal-specific service funded (and delivered) by ADHC and has been the focus of significant capacity building. Some AHC services are multi-service outlets that provide Community Aged Care Packages and Community Options in addition to the core home care services of domestic assistance, personal care and respite care.

⁴⁷ Streamlining these requirements is one of the aims of the federal government's community care reform agenda. ADHC is also the lead agency coordinating the implementation of recommendations contained in the NSW Government's *NGO Red Tape Reduction* report completed in 2009. This work will involve aligning service acquisition and contract management. To date, a standard Department of Human Services grants funding application form has been developed.

ADHC's decision in 2007 to manage AHC directly has provided a stronger governance framework and appears to have led to more equitable and responsive service provision to Aboriginal people. The arrangement means that AHC staff have access to training and development opportunities that they would not necessarily have if AHC services were delivered by non-government organisations. The arrangement also appears to have had positive ramifications for ADHC's relationship with the Aboriginal community due to AHC's high profile. Many AHC managers and service coordinators are doing good work to develop relationships with communities and identify and respond to their needs.

An issue for ADHC is whether they should focus on building capacity in Aboriginal organisations that already have a reasonable track record so that they can become 'multi-service' providers (a trend we particularly observed in Hunter and Metro North regions), or seek to work with a range of additional Aboriginal organisations to develop them to the capacity where they can seek funding to provide services. The Aboriginal Community Care Gathering Committee has previously emphasised the need for funding of holistic service models⁴⁸ and there are obvious advantages to this approach. Consolidating a number of services under one banner can strengthen governance and enable greater economies of scale. It can also increase access to a variety of services for people. And it can reduce 'over-servicing' of individual clients, which some of those we consulted suggested can be a problem.

Building the 'multi-service' capacity of Aboriginal organisations

Awabakal Corporation in Newcastle (Hunter region) covers a wide geographical area, has over 100 staff, and runs more than 30 different programs. It operates HACC services, an Elders program, mental health services, medical services, community transport, childcare and pre-school. Gilgai Aboriginal Centre in Hebersham (Metro North region) delivers a range of services for older Aboriginal people as well as Aboriginal people with disabilities and their carers. These services include centre-based aged day care, community aged care packages, disability family support and a carer support service. We received positive feedback about Awabakal and Gilgai from the communities they service, and from both organisations about the support they have received from ADHC to develop their capacity.

The risks of the multi-service approach are that service coverage to outlying areas may be compromised and/or choice for Aboriginal clients reduced. This can be particularly detrimental in areas where community divisions mean that some Aboriginal people will not access a particular Aboriginal service; for example, because of the family/s associated with operating it. What is most appropriate will vary depending on local conditions and community needs. For this reason, it is critical that ADHC has a detailed understanding of local communities as part of its service planning, rollout and monitoring strategies.

There are a range of initiatives aimed at supporting ADHC's funded organisations to build their capacity. In June 2009, the NSW Government announced an Industry Development Fund of \$17 million to assist disability non-government organisations with workforce training, system upgrades and other improvements. In addition, online resources, DVDs and small group training sessions will be developed.⁴⁹ ADHC has also funded National Disability Services (NDS) to deliver the Good Governance Program, which includes a series of workshops to support the roll out of ADHC's *It's Your Business* good governance resource manual. The manual was developed with input from the HACC Aboriginal Gathering. NDS has promoted the Good Governance Program to Aboriginal organisations, offering to tailor workshops to meet their needs. We understand from ADHC that a large number of these organisations have reported that they do not require further governance training, with only two having utilised the opportunity to date. NDS will continue to target the program through the Aboriginal Resources and Pathways program, and work with ADHC to promote the development of the sector.

We have suggested to ADHC that it consider the benefits that could flow from engaging well established mainstream non-government organisations with a good track record of delivering services to Aboriginal people to mentor smaller Aboriginal organisations to strengthen their governance and capacity. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) has emphasised the importance of non-Aboriginal service providers assisting at the local level in the development of Aboriginal organisations through partnership arrangements.⁵⁰ Aboriginal Home Care and some larger Aboriginal organisations could play a similar mentoring role with smaller Aboriginal organisations.

48 NSW Parliament Legislative Assembly, *Public Accounts Committee Inquiry into Home and Community Care Program, Report No. 20/53 (No.163)* January 2007, p.60.

49 Hon Paul Lynch MP, Minister for Disability Services, 'Government helps disability NGOs deliver essential services', Media release, 19 June 2009. The expansion of the Aboriginal Resources and Pathways project has been funded by the Industry Development Fund.

50 Secretariat of National Aboriginal and Islander Child Inc (SNAICC), *SNAICC Service Development, Cultural Respect and Service Access Policy*, August 2008.

There is also greater scope for ADHC to work with other human services agencies, particularly Community Services, to develop a joint approach to building the capacity of local Aboriginal organisations. The bringing together of human service agencies within one department provides a solid platform for this to occur, as does the strong focus within *Keep Them Safe* on building the capacity of the Aboriginal service sector. In Metro North region, ADHC has participated in a Community Services led initiative aimed at building the capacity of local Aboriginal organisations and Aboriginal-specific projects. Known as the Aboriginal Capacity Building Advisory Group, the initiative has supported 11 Aboriginal and five mainstream organisations to implement achievable action plans to improve their governance, management and operations. There is potential to replicate this interagency approach in other areas of the state.

2.8. Promoting cultural responsiveness

While it is important that ADHC encourages the growth and capacity of Aboriginal service providers, Aboriginal people should also have the choice of accessing mainstream services. In some locations, accessing a mainstream provider may be the only option for Aboriginal people. Some Aboriginal people may also prefer to use a mainstream service to maintain their privacy or because of community divisions. For these reasons, ADHC needs to ensure that mainstream funded providers are culturally responsive to the needs of Aboriginal people. This will make it appropriate and easier for ADHC staff to encourage Aboriginal people to use mainstream services, in circumstances where this is the best available option.

Unfortunately, we heard many complaints during our review about mainstream services that are not culturally appropriate. Many community members expressed the view that mainstream organisations won't provide services to the Aboriginal community unless they receive Aboriginal specific funding. They also commented that mainstream services have a tendency to automatically refer Aboriginal people to Aboriginal services, even when those services may be unsuitable to meet their particular needs. The low rate of uptake by Aboriginal people of mainstream services was attributed to a combination of these perceived factors. Given this, it is important that ADHC addresses these concerns, regardless of whether they have a factual basis.

We also met with and heard about mainstream providers who had made positive steps to develop good relationships with Aboriginal communities and make their services accessible to Aboriginal people. A number of providers were also keen to become more accessible to Aboriginal people but unsure how to go about this. In particular, they frequently said they did not know who to network with in local Aboriginal communities, or how to go about promoting their services to Aboriginal people.

While both NCOSS and the Aboriginal Community Care Gathering Committee have previously expressed concern about the exclusion of Aboriginal people from mainstream home care services,⁵¹ it appears that the HACC sector has been generally more likely to provide responsive services to Aboriginal people than the disability sector. With the significant injection of resources under *Stronger Together* and the expansion of the Aboriginal Resources and Pathways Project, now is an opportune time for mainstream disability services to reconsider their approach to servicing Aboriginal communities. ADHC has a responsibility for supporting mainstream providers to develop cultural competence and for rigorously assessing the efforts they are making to attract Aboriginal clients and meet their needs. To do this, ADHC needs to work with local Aboriginal communities to identify practical measures for better service engagement. These measures need to go beyond 'symbolic' gestures which, while not without value, are inadequate in the absence of tangible results.

For Aboriginal people, a collective legacy of negative experiences with mainstream agencies and services has led to a significant degree of fear and mistrust. It is therefore vitally important that mainstream services establish credibility by building trust and rapport with Aboriginal people, if they are to meaningfully provide them with effective services. A clear message from the Aboriginal people we consulted was that mainstream organisations need to take on board a community's needs and preferences, rather than imposing services and then expecting Aboriginal people to utilise them. The case studies below describe the steps taken by several mainstream service providers to identify, and respond to, the needs of their local Aboriginal community. We received positive feedback about these services from community members.

51 NSW Parliament, Legislative Assembly, *Public Accounts Committee Inquiry into Home and Community Care Program, Report No. 20/53 (No.163)* January 2007, p.59.

Building community trust

A well established disability organisation in Southern region providing employment, training and day programs had previously had minimal engagement with the Aboriginal community. After identifying this as an issue, a worker made contact with the local Aboriginal medical service and subsequently a respected Aboriginal Elder. Over a number of days, the Elder accompanied the worker out into the community, meeting with community members and discussing issues for Aboriginal people with a disability. For the worker, *'sitting and listening [was] the key, not telling them what they need. When I'd come up with an idea, I'd get the feedback – and often it was 'that won't work'. You have to be guided by that.'*

The community were concerned about young Aboriginal people with a disability, including those with significant learning difficulties. As a result, the organisation decided to run a program providing homework support to young Aboriginal people having difficulties with schooling. With the assistance of Aboriginal community members, the organisation recruited an Aboriginal worker to run the program. To demonstrate its commitment to the community, the organisation used its own funding to establish the program.

We received very positive feedback about the worker and service from several members of the community.

Identifying and responding to community need

A mainstream early intervention service for children with special needs in Southern region recognised it needed to improve the number of Aboriginal families accessing its service. The service networked with the local Aboriginal community and established a partnership with the Aboriginal child care centre. The service now provides outreach services to the centre, including parenting education, speech pathology and linking families with community supports. Staff from the service have participated in cultural awareness training, and have good links with the local Aboriginal medical service and Aboriginal women's health centre. The coordinator and Aboriginal childcare worker also participate in the Shoalhaven Safe Community Aboriginal Partnership.

Employing Aboriginal staff to improve service access

A HACC service provider in Metro South region was having trouble engaging with the local Aboriginal community. She requested assistance from ADHC's Aboriginal Planning Officer and together they secured funding for an Aboriginal Community Officer. When the Aboriginal Community Officer started, the service had only one Aboriginal client. Within six weeks another five Aboriginal clients had joined the service.

Welcoming Aboriginal clients

A mainstream service for people with an intellectual disability in Northern region employs a number of strategies to demonstrate that it is welcoming of Aboriginal clients.⁵² These include:

- employing four Aboriginal employees, including two in identified positions
- having a respected Aboriginal Elder on its board
- flying the Aboriginal and Australian flags outside the organisation's building
- designing promotional material using Aboriginal artwork and input from local Elders, and
- running a parenting program in conjunction with local Aboriginal organisations.

There is a clear role for ADHC in conveying to organisations its expectations about what culturally responsive service delivery looks like, by promoting examples of good practice. ADHC's *Access and Equity Plan* commits to the development of an Aboriginal Cultural Competency Toolkit. FaHCSIA has recently developed its own 'Toolkit for Indigenous Service Delivery'⁵³ which funded services can use to review their current practices and implement strategies aimed at improving their service delivery to Aboriginal people. We encourage ADHC to prioritise the development and promotion of its own tool kit. In order to support providers to become culturally responsive, regional ADHC staff also need to have a good understanding of local issues and know what constitutes good consultation with Aboriginal people in particular communities. ADHC should share this information with mainstream organisations.

⁵² About 14% of the service's clients are Aboriginal.

⁵³ Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, *Toolkit for Indigenous Service Delivery*. http://www.fahcsia.gov.au/sa/indigenous/pubs/general/toolkit_service_provider/Pages/default.aspx. Accessed 23 July 2010.

A particular strategy that ADHC can promote to mainstream providers is partnering with Aboriginal organisations to provide services; for example, by sharing assessment and/or case management responsibilities and/or pairing workers to provide mentoring. The advantage of this approach is that it fosters two-way learning and capacity building. Similar to our suggestion in the section, 'Building capacity' above, ADHC could consider engaging large, well-established organisations to mentor other mainstream service providers in the delivery of culturally appropriate services to Aboriginal communities. Earlier in this report we also suggested that ADHC consider expanding the focus of its Aboriginal employment strategy to working with funded mainstream providers to encourage them to increase their employment and retention of Aboriginal staff.

ADHC is committed to providing its staff with cultural awareness training and has developed a package that can be adapted by its regions to specific local needs. All regions at the time of our review had delivered, or were in the process of delivering, training. We have stressed with ADHC that to be effective, cultural awareness training needs to include practical advice about ways to engage Aboriginal communities and provide culturally appropriate services. This advice should be locally tailored. Our previous work with the NSW Police Force has identified the benefits that flow from involving local Aboriginal community members in the development and implementation of cultural awareness training. These include allowing an opportunity to build relationships and promote the organisation, and enhancing the quality and practical applicability of training provided. Given the specialised knowledge they have to offer, regional Aboriginal employee networks should also have input into the development and delivery of training.

During our review, a number of the Aboriginal community members and workers that we consulted suggested that ADHC should require mainstream organisations to undertake local cultural awareness training, particularly if they receive funding to deliver Aboriginal-specific programs. While there is merit in this suggestion, such a requirement if adopted should form only one component of ADHC's approach towards ensuring mainstream providers have the capacity to deliver culturally responsive services.

2.9. Monitoring service delivery

A critical component of improving service delivery is holding service providers to account by monitoring their performance against certain standards.

At the time of our review, ADHC monitored its funded services using the Integrated Monitoring Framework (IMF). We understand there are two areas of work underway that would impact on service monitoring in the future:

1. the development by COAG of a national quality reporting framework, including a common set of standards for community care programs funded by the federal government, and
2. the development by ADHC of a quality framework for disability services that builds on the national framework but which also incorporates 'significant aspects of validation, such as through third party accreditation'.⁵⁴

While ADHC's regions are continuing to work with providers to progress performance and service improvement action plans developed through the IMF, the IMF will be replaced as a result of the work outlined above. Regardless of what monitoring arrangements operate in the future, the observations we made during our review remain relevant and need to be taken into account by ADHC.

The challenge for all government funding agencies is to ensure funded organisations are accountable for the services and outcomes they are funded to deliver, without imposing burdens that may unnecessarily impede their efficiency and effectiveness. This can be achieved through the implementation of a 'risk management' approach to monitoring. Organisations that are able to clearly demonstrate adequate service delivery and strong governance should be treated differently from those needing more intensive support to achieve compliance with their service agreement. In this regard, we understand that ADHC has recently developed a 'Risk Identification Monitoring Tool' for regions to use in assessing a provider's level of compliance risk.

However, in our view, there is scope for service agreements to more clearly articulate what is expected of funded organisations in relation to adequate service delivery and governance.⁵⁵ A number of sources commented during our review that the IMF process had become more rigorous in recent years. Nonetheless, we identified that ADHC could take a more robust approach to assessing the capacity and willingness of funded organisations (both mainstream and Aboriginal) to engage with Aboriginal communities and provide culturally responsive services. Several mainstream providers with a strong record in this area agreed and felt that in addition to promoting greater accountability, this would provide them with the opportunity to more formally document their efforts and for these to be recognised.

⁵⁴ Correspondence from ADHC, 25 August 2010.

⁵⁵ On a related note, we recently issued a draft discussion paper entitled, *Improving probity standards for funded organisations*, which promotes the adoption of a consistent probity checking framework for application across the health and human services sectors. The paper suggests the inclusion of model clauses in funding agreements which specify the type of probity checking that should be carried out in relation to the appointment of people to key positions within funded organisations.

Among other things, the IMF service provider self-assessment tool that was being used during our review asked questions aimed at gauging how services:

- assess community need
- approach the evaluation and review of services
- communicate with staff, clients and stakeholders
- ensure staff are appropriately skilled and competent
- inform clients and stakeholders about services and eligibility criteria
- ensure services are accessible to all client groups
- ensure access by 'special needs groups' on a non-discriminatory basis, and
- accommodate 'special needs groups' in their intake and assessment process.

The questions were supported by examples of 'evidence' that an organisation could use to demonstrate their performance in each area. Three of the questions included examples providing evidence that specifically referred to Aboriginal people: modifying communication to make services accessible; developing strategies to ensure services are accessible; and including data about Aboriginal people in organisations' client profiles. For other questions, there were also a number of references to 'special needs groups'. However, in our view the questionnaire does not sufficiently seek to identify the steps which need to be taken by service providers to build relationships with Aboriginal communities, consult them about their needs, and develop and ensure access to culturally responsive services.

During our review ADHC staff acknowledged that ensuring mainstream providers accept responsibility for providing services to Aboriginal people is a key challenge. It was reported that some organisations believe that they are absolved of this responsibility because certain organisations receive funding to deliver specific services to Aboriginal people. Ensuring that mainstream providers take seriously their responsibility to meet the needs of Aboriginal communities depends on ADHC educating providers about what is required in practice, as well as monitoring compliance in a meaningful way. This means that ADHC needs to be clear about its expectations. In our view, this requires ADHC to:

- Ensure service agreements explicitly outline expectations in relation to culturally responsive service delivery – we were informed by a number of sources that service agreements are too vague and generic on this issue.
- Require service providers to demonstrate what steps they are taking to consult with, identify and meet the needs of, Aboriginal people in their local area. In this regard, ADHC needs to develop 'evidence guidelines' setting out what is involved in providing good consultation with, and service delivery to, Aboriginal people.
- Ensure that ADHC staff with the responsibility for carrying out monitoring have a good understanding of what constitutes 'evidence' of good practice in the context of particular communities. In this respect, local Aboriginal ADHC staff and Aboriginal organisations can play an important advisory role.
- Incorporate into the monitoring process consultation with key local Aboriginal organisations and community leaders to help establish the extent to which individual service providers have made reasonable efforts to promote their services to Aboriginal clients.

Different evidence guidelines would need to apply depending on whether a service is Aboriginal or mainstream. For Aboriginal services, the issue may be less one of cultural appropriateness and more about ensuring equitable service delivery. During our review we heard that certain funded Aboriginal services were not being utilised by a cross-section of Aboriginal people for a variety of reasons. ADHC needs to explore the reasons for this situation when it arises. For mainstream services, ADHC should have criteria that assesses whether they are appropriately promoting themselves to Aboriginal people, whether and how they are consulting with the Aboriginal community, the efforts they are making to provide culturally appropriate services and the outcomes achieved.

Whatever monitoring framework ADHC uses, it is worth the expenditure of time and resources required to support service providers – particularly smaller organisations – through any assessment process which is adopted. This is likely to lead to better compliance, strengthened relationships and better service outcomes.

Chapter 3.

Strengthening accountability within ADHC

The most significant finding from our review was that while most ADHC staff generally had a good level of awareness about their responsibility to improve service delivery to Aboriginal communities and a genuine commitment to this, they often did not have a good sense of what the *Aboriginal Policy Framework* and *Aboriginal Consultation Strategy* required of them in practice. In large part, this is likely to be due to the lack of an overarching accountability framework to drive regular monitoring and reporting of progress by regions against the objectives set out in the APF and ACS. This has made it difficult for ADHC to evaluate whether service improvement initiatives are resulting in increased service usage by Aboriginal people. In turn, this has limited ADHC's ability to identify, promote and embed good practices across its regions.

Against this background we suggested that ADHC establish a model of accountability which requires regions to demonstrate their performance against key result areas supported by improved collection and reporting of data.

3.1. A consolidated strategic framework

It is pleasing that in response to our review, ADHC has decided to review and rationalise the documentation that articulates its overall Aboriginal strategic direction. To date, there have been a number of different documents: the *Aboriginal Policy Framework*, *Aboriginal Consultation Strategy*, *Aboriginal Employment and Capabilities Action Plan*, and *Access and Equity Plan*. As we noted in the Overview, ADHC plans to revise the APF and retain it as the overarching 'statement of principles' underpinning its Aboriginal strategic direction. However, the strategic direction itself will now be documented in one comprehensive, whole-of-organisation Aboriginal strategic plan, which brings together a range of key result areas and performance indicators. Regions will be required to develop their own Aboriginal strategic plans that are consistent with the whole-of-organisation plan.

Importantly, the new whole-of-organisation plan will provide regions with clear guidance about the areas they must address in their own Aboriginal strategic plans. Currently, there is no requirement for regions to have an Aboriginal strategic plan. Our review revealed that while regions were implementing a range of initiatives aimed at improving service delivery to Aboriginal communities, these were not consistently documented in one place, and the various documents in which they were reflected (if they were documented at all) were usually not linked. This makes it difficult for regions to clearly articulate and monitor their efforts, and for ADHC to corporately 'measure' them. It is important that regions are allowed flexibility in terms of how they demonstrate their performance against the key result areas in the whole-of-organisation plan because, as we have emphasised, a 'one size fits all' approach to improving Aboriginal service delivery cannot be effective. However, it is equally important that regions are given a 'template' for what they are expected to be able to demonstrate in relation to service delivery to Aboriginal communities.

3.2. Key result areas

One of the purposes of this report is to provide ADHC with a 'roadmap' that it can use to develop its whole-of-organisation Aboriginal strategic plan. ADHC has advised us that it will incorporate into the plan's key result areas, the components that we outlined in Chapter 2 for improving service delivery to Aboriginal communities. These are:

- raising awareness
- consulting effectively
- increasing employment
- improving access
- providing flexible services
- addressing key service areas
- building capacity
- promoting cultural responsiveness, and
- monitoring service delivery.

Our discussion of each of these components can be used by ADHC to guide the development of its performance indicators. It is critical that data is collected against the performance indicators. ADHC currently collects data and reports annually against a range of indicators, including the total number of Aboriginal staff, and disability and HACC service usage by Aboriginal people (organised by service type). While this data is useful, it is not broken down by region or characteristics of service users. Regional data is particularly important when examining service delivery to Aboriginal communities. Ideally, regional data should be further broken down into local planning areas. ADHC has advised us that it is committed to working with regions to improve the type, and quality of, data which is collected.

On a related note, our review identified a common perception on the part of funded organisations that ADHC is not sufficiently transparent about how it uses the data it collects for regional and state planning purposes. Service providers, both mainstream and Aboriginal, reported that they would like ADHC to provide more information about how data is used, particularly to determine the distribution of growth funding and in evaluating the uptake of particular services by Aboriginal people across the state. The regular reporting of this information and regional data will need to be key components of ADHC strengthening its accountability in this vital area.

3.3. Coordinating and monitoring implementation

It is vital that ADHC establishes a governance structure to facilitate effective monitoring of its Aboriginal strategic direction. When putting this suggestion to ADHC, we highlighted our previous work with the NSW Police Force (NSWPF) arising from our audit of the implementation of its *Aboriginal Strategic Direction* (ASD). Between 2003 and 2007, we carried out 36 audits of local police commands. During this period, relationships between police and Aboriginal communities improved significantly in a number of areas.

The NSWPF has adopted a three-tier structure to ensure strategic oversight of its ASD:

- Local Area Command Aboriginal Advisory Committee – includes local police, Aboriginal service providers and Aboriginal community members.
- Regional Aboriginal Community Advisory Committee – includes senior police responsible for the Aboriginal portfolio within their command and Aboriginal Community Liaison Officers from each command within the region.
- Police Aboriginal Strategic Advisory Committee (PASAC) – chaired by the Police Commissioner and includes senior police personnel, members of the NSWPF Aboriginal Unit and representatives from key agencies, including this office, and peak Aboriginal bodies.

In 2004 the Police Commissioner agreed with our proposal that local area commanders be required to present to PASAC about their implementation of the ASD. Twenty-four commanders presented to PASAC over a two-year period, and others were invited to attend and observe the process. These presentations gave commanders the opportunity to showcase and share innovative work. They also provided PASAC members with the chance to ask questions, and identify and discuss particular challenges and concerns.

While we are not suggesting that ADHC replicates this structure, it needs to ensure that its model of accountability includes appropriate monitoring mechanisms at a local, regional and corporate level.

In response to our review, ADHC has already committed to establish a strategic level advisory committee to support the Aboriginal Service Development and Delivery Directorate in monitoring its regions' implementation of their Aboriginal strategic plans. We understand ADHC will approach Aboriginal representatives from current advisory groups, including the Ministerial Advisory Committee on Ageing, the Disability Council and the Home Care Advisory Board, to sit on the committee. The following peak bodies have also expressed a strong desire to work in partnership with ADHC to achieve better outcomes for Aboriginal people and ideally, should be represented on the committee: Aboriginal Community Care Gathering Committee, National Disability Services, the Aboriginal Disability Network, People with Disabilities, NCOSS, Carers NSW, the Aboriginal Child and Family Secretariat (AbSec)⁵⁶ and the Aboriginal Transport Network. ADHC should also consider inviting Aboriginal Affairs, Housing NSW, Aboriginal Housing Office, NSW Aboriginal Land Council, Community Services, Health and Education and Training to be members. Whatever the committee's membership, we encourage ADHC to utilise it in a similar way to PASAC, that is, to hold regions to account and promote the sharing of good practice and the identification of strategies to address common challenges.

⁵⁶ As the peak body for Aboriginal child and family issues, AbSec could play an important role on a committee of this type given the significant number of Aboriginal children in out-of-home care with health and developmental needs. AbSec has worked closely with Community Services over the last two years in relation to capacity building in the Aboriginal out-of-home care sector, and is also funded by Community Services to establish and support Aboriginal carer groups across the state. As capacity building and supporting carers are both areas of focus for ADHC, working with AbSec would be beneficial.

We have also recommended that each of ADHC's regions has a mechanism in place for ensuring the coordination and monitoring of its efforts to improve service delivery to Aboriginal communities. While it is not necessary for this mechanism to look the same in each region, ADHC needs to ensure that they have adequate arrangements in place. Most regions have now established internal working groups to coordinate and oversee their initiatives to improve Aboriginal service delivery. While this is positive, we have pointed out to ADHC's regions the importance of ensuring that the groups are linked with their Aboriginal employee networks so that their work is coordinated.

Strengthening regional oversight

The Metro South Regional Aboriginal Strategy Group was established in 2007 to ensure:

- comprehensive consultation with Aboriginal staff, people and communities to align regional activities with Aboriginal community objectives
- effective and coordinated service delivery to Aboriginal clients of direct and funded services
- the alignment of regional activities with whole of government initiatives such as *Two Ways Together*; and
- ongoing and effective planning of new services/initiates to better serve and develop Aboriginal people, communities and organisations.

The group meets every six weeks and is chaired by the Regional Director. The Deputy Regional Director and senior managers from all key business streams, including Aboriginal Home Care, attend the group. The chairperson of the Coomealla Aboriginal Staff Strategic Forum is also a member. At the time of our review, the group was developing an action plan aimed at:

- improving the access of Aboriginal people to ADHC and funded services
- developing the capacity of Aboriginal services
- improving the recruitment and retention of Aboriginal staff, and
- improving consultation with Aboriginal communities.

During our review, we also emphasised to ADHC's regions the benefits that can flow from tasking a senior staff member with overall responsibility for their 'Aboriginal portfolio'. We have seen the effectiveness of this approach from our work with the NSWPF. At the time of our review, this suggestion has been adopted by Southern and Hunter regions and we have received feedback from communities endorsing this move as a tangible expression of commitment by ADHC to Aboriginal people.

Each ADHC region also needs to ensure that it takes a localised approach to implementing its Aboriginal strategic plan. An advantage of the NSWPF organisational structure is that there is a strong police presence in local communities, as most towns have a police station with a 'sector sergeant' who is responsible for policing and community engagement.

ADHC's organisational structure reflects that of NSWPF at a regional level. While regions conduct their business on the basis of local planning areas, ADHC's presence in local communities – unlike police – is limited because it does not have local 'shopfronts' and managers outside of major centres (an exception to this is the AHC outlets – ADHC's presence is stronger in the local communities where these outlets are located). This can make it difficult for ADHC's regional directors to have a clear sense of the different needs and priorities of Aboriginal communities within their region, and for ADHC to carry out its work with them. It also means ADHC, as an organisation, is less visible and that its services are not always identified with that agency.

Regions need to make sure that appropriate input is obtained from local communities, that staff are tasked with responsibility for identifying local needs and priorities and the results from this process feed into regional plans.

Improving local and regional accountability

In response to our review, Northern region has taken an excellent initiative in nominating local Aboriginal portfolio holders in key locations. The Manager, Performance and Quality Improvement has overall regional responsibility for the Aboriginal portfolio and liaises directly with the Aboriginal Staff Network, which has broadened its terms of reference to include providing the region's executive with strategic and operational advice and support in relation to initiatives aimed at improving the delivery of services to Aboriginal people. The Manager P&QI reports directly to the regional executive.

If ADHC ensures it has a governance structure which reflects the need for accountability at a local, regional and strategic level, it will be well-placed to build on its achievements to date in the area of improving service delivery to Aboriginal communities. Such a structure will better position ADHC to:

- build a solid evidence base of 'what works' – including specific examples of good practice
- measure progress by regions against key result areas and better identify emerging challenges, and
- increase transparency by enabling better reporting of its efforts and successes.

Recommendations

1. Having regard to the observations in this report, ADHC should develop an accountability framework that:
 - a) includes a revised Aboriginal policy framework which incorporates the following key result areas:
 - raising awareness
 - consulting effectively
 - increasing employment
 - improving access
 - providing flexible services
 - addressing key service areas
 - building capacity
 - promoting cultural responsiveness, and
 - monitoring service delivery
 - b) establishes a process to monitor performance against the key result areas
 - c) requires regions to collect, and report consistently about Aboriginal service usage by service type and local planning area
 - d) requires each region to develop, implement and monitor a strategic plan that addresses the key result areas incorporated in the Aboriginal policy framework, and
 - e) involves the identification, promotion and embedding of good practice across regions.
2. ADHC should:
 - a) establish a strategic advisory committee, chaired by a senior executive with sufficient authority to represent ADHC, to monitor the implementation of its Aboriginal policy framework, and
 - b) consider including on the committee appropriate representation from key peak bodies and other human service agencies.
3. ADHC's annual report should include data about Aboriginal service usage by region and service type.
4. ADHC should consider broadening its focus on Aboriginal workforce development to include assisting funded services to increase their recruitment and retention of Aboriginal employees.
5. ADHC should create additional positions to carry out the functions performed by Aboriginal Local Support Coordinators throughout the state to link Aboriginal people with ADHC's direct and funded services. In making this recommendation we acknowledge that ADHC may need to be provided with additional funds to do so.
6. ADHC should ensure:
 - a) practical guidance is provided to staff to ensure the principle of 'flexible service provision' is applied consistently across regions.
 - b) the evaluation of the 'Aboriginal service model' considers whether there is scope to expand it to encompass the delivery of a broader range of human services to Aboriginal people.
 - c) the Aboriginal flexible respite program developed in Western region is expanded to other parts of the state.

Recommendations cont'd

7. ADHC should:
 - a) provide advice to this office about how it proposes to respond to the specific issues identified in section 2.6.4 (Community transport) of this report, and
 - b) in preparing this advice, consult with Transport NSW, NSW Health and the Community Transport Organisation.

8. ADHC should:
 - a) provide advice to this office about how it proposes to respond to the specific issues identified in section 2.6.3 (Home modifications) of this report, and
 - b) in preparing this advice, consult with Housing NSW, the Aboriginal Housing Office, the NSW Aboriginal Land Council and the Home Modification and Maintenance State Council.

9. ADHC should explore with other agencies within the Department of Human Services (in particular Community Services) the scope for developing a joint approach at a regional level to building the capacity of Aboriginal organisations.

10. ADHC should:
 - a) ensure service agreements explicitly outline expectations in relation to culturally responsive service delivery to Aboriginal people
 - b) develop an Aboriginal cultural competency tool kit for funded organisations, including evidence guidelines for culturally responsive service delivery
 - c) require funded organisations, as part of the regular monitoring process, to demonstrate their efforts to consult with Aboriginal people and identify and meet their needs
 - d) require regions to incorporate into the monitoring process consultation with key local Aboriginal organisations and groups to help establish the extent to which individual service providers have made reasonable efforts to promote their services to the Aboriginal community, and
 - e) explore the benefits and feasibility of engaging well established mainstream non-government organisations with a good track record in delivering services to Aboriginal people to mentor other mainstream organisations in culturally responsive service delivery to Aboriginal clients.

11. Within two months, ADHC should provide this office with advice about whether and how it intends to implement the above recommendations.

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