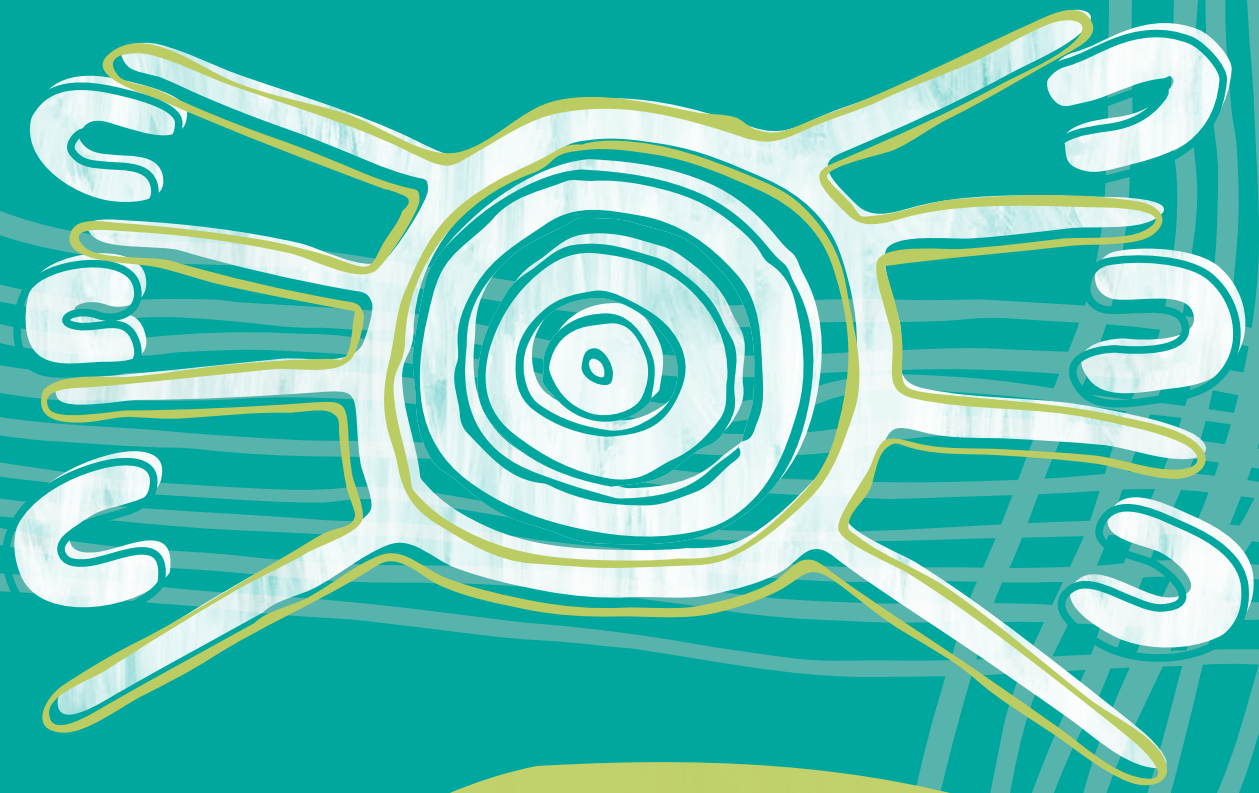
NADA
network of alcohol and other drugs agencies



ALCOHOL & OTHER DRUGS TREATMENT GUIDELINES FOR WORKING WITH ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

IN A NON-ABORIGINAL SETTING

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NADA acknowledges the traditional custodians of country throughout NSW and the ACT and their continuing connection to land, culture and community. We pay our respects to elders past, present and future.

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Disclaimer: While every reasonable effort has been made to ensure the contents of this resource are correct, NADA does not accept responsibility for the accuracy or completeness of the contents, and is not liable to any person in respect of anything done or omitted in reliance upon the content of this document.

For more information on this resource contact: feedback@nada.org.au

ABOUT THIS RESOURCE

The NADA Practice Resource: Alcohol and Other Drugs (AOD) Treatment Services Guidelines for Working with Aboriginal and Torres Strait Islander People in non-Aboriginal Services (The Guidelines) have been developed because having access to culturally responsive and inclusive services is crucial to enhance clients' experience and provide high quality care.

The Guidelines aim to provide guidance about ways non-Aboriginal agencies can enhance the culturally appropriate practice of non government organisation (NGO) AOD services and subsequently improve the experiences of Aboriginal and Torres Strait Islander people (hereafter referred to as Aboriginal) when attending these services. The Guidelines are not intended to replace the provision of services from specialist Aboriginal AOD services or community-controlled healthcare services but to improve the cultural appropriateness of mainstream services for Aboriginal people.

ABOUT NADA

The Network of Alcohol and other Drugs Agencies is the peak organisation for the non government drug and alcohol sector in NSW. NADA represents over 100 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community-based organisations operate throughout NSW. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

NADA's goal is to advance and support non government drug and alcohol organisations in NSW to reduce drug and alcohol related harm to individuals, families and the community.

NADA provides a range of programs and services that focus on sector representation and advocacy, workforce development, information management and data collection, governance and management support, plus a range of capacity development initiatives.

NADA is governed by a Board of Directors primarily elected from the NADA membership and is primarily funded by the NSW Ministry of Health.

Further information about NADA, its programs and services is available on the NADA website at www.nada.org.au.

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PROJECT TEAM

The project team led by Raechel Wallace, Practice Specialist at Lives Lived Well. Raechel's mob is the Wadi Wadi people of the Yuin nation. She is from Nowra on the South Coast of NSW. She has been working in the Aboriginal Drug and Alcohol sector for over 13 years. Raechel worked with Dr Julaine Allan, Lives Lived Well Research Manager, Cathy Wilson, Lives Lived Well Project Coordinator and Rachael Ham, Lives Lived Well Clinical Services Manager.

Rachael is a Western Yalanji and Ewamian woman born and raised in Cairns. The evaluation team from the National Drug and Alcohol Research Centre at UNSW will evaluate the Guideline implementation during 2019.

A Project Advisory Group was established to advise and support the Guideline's development including reviewing documents and proposed processes. Members included:

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- Leanne Lawrence (Kedesh)
- Martin Nean (HNECC LHD)
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- David Kelly (Maayu Mali)
- Tanya Bloxsome (Oolong House)

PROJECT FUNDERS AND MEMBERS OF THE GUIDELINES PROJECT EXECUTIVE GROUP

The project was funded by a consortium of Primary Health Networks (PHNs) to establish guidelines for non government drug and alcohol services (hereafter NGO AOD services) to assist in making these services more culturally acceptable for Aboriginal people. NADA formed a Project Executive Group that included representatives of the PHNs, NADA, Aboriginal Health and Medical Research Council (AH&MRC), and the evaluation and project teams to contribute to the Guideline development and implementation. Many thanks to:

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1. INTRODUCTION AND GUIDELINE DEVELOPMENT PROCESS

The Alcohol and Other Drugs (AOD) Treatment Services Guidelines for Working with Aboriginal and Torres Strait Islander People in a non-Aboriginal Setting (The Guidelines) have been developed because having access to culturally responsive and inclusive services is crucial to enhance people's experience of services and provide high quality care.

The Guidelines aim to provide guidance about ways non-Aboriginal agencies can enhance the culturally appropriate practice of non government organisation (NGO) AOD services and subsequently improve the experiences of Aboriginal and Torres Strait Islander people (hereafter referred to as Aboriginal) when attending these services. The Guidelines are not intended to replace the provision of services from specialist Aboriginal AOD services or community-controlled healthcare services but to improve the cultural appropriateness of mainstream services for Aboriginal people.

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The Guidelines have been informed by three processes –

1. Consultation with Aboriginal and Torres Strait Islander people with professional or community connections to NGO AOD services, including the Project Advisory Group. Consultations were conducted in-person by Raechel and Cathy in metropolitan, rural and remote NSW.
2. An extensive literature search and review of existing guidelines for working with Aboriginal and Torres Strait Islander people from health, community services, education and natural resource sectors and government departments; and
3. Testing of the guidelines and a related audit tool.

2. USING THE GUIDELINES

These Guidelines are intended to explain some key areas for NGO AOD services to focus on which may enhance their service delivery to Aboriginal people. It is important to note that Aboriginal and Torres Strait Islander communities are rich and diverse and include over 250 unique language groups. As a result, processes that are appropriate in one situation may not be appropriate in another.

This document does not intend to be a comprehensive list of all activities that services could undertake. When operationalising this Guideline, services will need to review and adapt specific activities (in collaboration with Aboriginal colleagues and communities) in order to suit the context, community history and protocols, community priorities and service requirements of the region.

The Guideline includes six themes and 16 related action areas. Each action area includes a description of the topic, a 'How to do it' section (providing guidance around potential steps that could be taken to address the topic area), and a resource section providing links to more detailed information which address the theme.

3. TERMINOLOGY USED IN THE GUIDELINES

In this document we have used the term Aboriginal when referring to Aboriginal and Torres Strait Islander peoples. We chose Aboriginal because it is inclusive of different language groups and areas in NSW where the Guidelines will be implemented. However, we acknowledge that some Aboriginal people will have other preferences for how they like to be referred to and you should ask each person about their preferences. For example, some people may prefer to be referred to according to -

- The person's language group
- The area the person comes from
- Aboriginal if they come from mainland Australia, Torres Strait Islander if they are from the Torres Strait; or
- Aboriginal and Torres Strait Islander

(NSW Health, 2004)

NSW Health has a comprehensive guide to appropriate terminology available from https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

4. THE PRINCIPLES UNDERPINNING THE GUIDELINES

This Guideline is based on principles which are designed to facilitate best practice and an organisational culture which is inclusive and culturally responsive to all client's needs. This section includes a brief description of these principles.

CHOICE

Aboriginal Community Controlled Health Organisations (ACCHOs) are vital services for Aboriginal communities. Aboriginal people have fought hard to create and maintain ACCHOs where people could feel culturally safe receiving healthcare. Aboriginal services are designed to provide holistic care to Aboriginal people that is acceptable and culturally secure. ACCHOs know their community and are driven by community needs.

However, not all Aboriginal people have easy access to or want to use an ACCHO. For instance, some clients may have an existing relationship with someone who works at an ACCHO. While this relationship may be beneficial by creating a link with the service, it may also result in the client not wanting to visit the ACCHO because they feel worried that their information could be shared within the community, feel shame about the problem they are experiencing or there may be cultural protocols which impact on their ability to speak openly with the known staff member about a sensitive issue. There may not be an ACCHO in their community.

In all cases it is the client's right to choose their service provider. That right should be respected, and mainstream services are encouraged to find ways to offer culturally respectful, accessible and acceptable services to facilitate choice. The Guideline is intended to be used by NGO AOD services to help them move along the cultural competence continuum (see Fig.1).

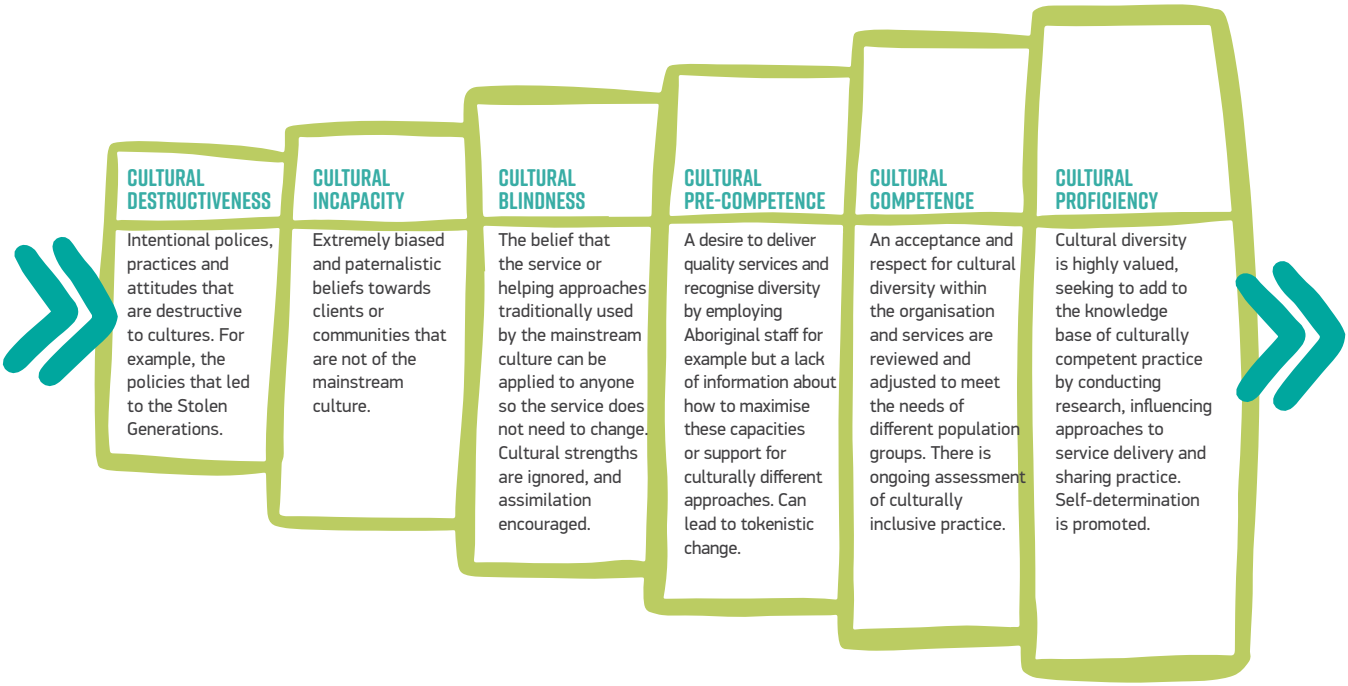

Fig 1. The Cultural Competence Continuum (adapted from Vic Govt Dept Human Services, 2008)

ENGAGEMENT

Getting to know the community is very important when working with Aboriginal people and should happen at the start of any relationship or planning process. Consultation and engagement operationalises respect and self-determination. Engagement can be achieved using a range of methods that are focused on collaborative discussions, decision-making and planning:

> ***"Effective consultation requires openness about why people are being consulted, how they will be consulted and how much influence they will have over decisions made" (QLD Govt. 1998)***

Aboriginal people know their communities and what will work best. Any project, service or plan that is about Aboriginal people must involve Aboriginal people. Programs and services that are community driven are more likely to be successful (National Indigenous Drug and Alcohol Committee [NIDAC]). There are many examples of failed initiatives where proper consultation was not conducted.

When community consultation is effectively conducted the community will communicate what is important to them, what they need and how they feel about a particular issue. Without consultation you will not know what is going on or if a project or service is wanted or needed. Local consultation protocols must always be followed. Mainstream organisations can contact Aboriginal organisations to initiate consultation processes. ACCHOs may be able to mentor organisations or staff of non-Aboriginal services.

PERSON CENTERED PRACTICE

Aboriginal people in Australia have experienced racism, dispossession and discrimination. These experiences have contributed to life expectancy that is lower than non-Aboriginal people; average income is lower, suicide rates are higher, child protection notifications are higher, hospitalisations are 12 times more likely to occur for assault, young people are more likely to be detained and both Aboriginal men and women are over four times more likely than other people to be hospitalised for alcohol related mental and behavioural disorders (Purdie et al 2010).

Reconciliation and recognition of Aboriginal human rights in Australia is relatively recent. Because of this history we can expect Aboriginal clients to carry a burden of grief, loss and transgenerational trauma that has a whole of life impact and many people may mistrust mainstream services. Further, Aboriginal people tend to have a different view of health and wellbeing compared to non-Aboriginal people. For instance, many Aboriginal people view health in a holistic way that includes spiritual connections to community, culture and Country. The following definition of health is contained within the National Aboriginal Health Strategy, 1989:

> *[Health] means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life (Office of Aboriginal and Torres Strait Islander Health, 1989).*

Working with one person intrinsically involves their family. Family and community connections may need to be understood to achieve treatment outcomes. Knowing the local community and how it works will help you understand the connections. Many Aboriginal people consider their families to include extended and kinship relationships which are complex and cross many families and communities. However, one size does not fit all when working with Aboriginal people and individual and community backgrounds and experiences are diverse. So, while an understanding of history and discrimination is important, you still need to treat people like an individual and respond to their needs with respect and confidentiality, the same as with any other service user. This can include considering the range of needs someone might have including legal, housing, education and employment, as well as health, in a person centered approach.

These key resources will provide information to guide you when working Aboriginal people:

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. The full text can be found here - https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf

Kylie Lee et al, (2012). Handbook for Aboriginal Alcohol and Drug Work. https://ses.library.usyd.edu.au//bitstream/2123/8339/6/2012-handbook_online-version3.pdf

NATIONAL HEALTH CARE STANDARDS

Implementing these Guidelines will contribute towards achieving the requirements of the Australian Commission on Safety and Quality in Health Care National Standards for Working with Aboriginal and Torres Strait Islander People (NSQHS) 2017. Where a specific standard has been addressed it is noted in the relevant Guideline area and the link to 'descriptions of success' provided in the resource section. The three standards in the NSQHS are 1) partnering with consumers, 2) clinical governance and 3) comprehensive care. Each standard has one or more actions that relate to working with Aboriginal people: The standards can be accessed from: https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

There are several healthcare accreditation bodies with standards about ensuring culturally competent practice that AOD services may use. However, these may not refer to practice with Aboriginal people specifically.

5. ABORIGINAL GUIDELINES

THEME 1 – CREATING A WELCOMING ENVIRONMENT

1A AND 1B WELCOMING GREETING AND PHYSICAL ENVIRONMENT

There are two linked action areas within this theme that contribute to a welcoming environment –

A. The way staff respond to people when they enter the service; and
B. The physical environment.

When a service acknowledges Aboriginal people, it demonstrates cultural respect. A welcoming first impression will keep people coming back, therefore reception or frontline (e.g. assessment and intake) staff are critical to this area.

Having an expectation that children as well as other family members may attend the service with clients and will therefore need to be accommodated is recommended. The welcoming environment should be all work places in the agency not just client focused areas.

Creating a welcoming environment addresses the Australian National Safety and Quality in Health Care (NSQHS) Action 1.33: The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people.

"I know when I go in somewhere how I'm going to be treated just by the way the person at the front meets me. If they look down at me; I'm out of there."

Aboriginal Elder

HOW TO DO IT

Welcoming people to your service:

- Review the entry pathways to the service – on-line, telephone and actual – are they welcoming and responsive? Test them with a client or staff member from another organisation.
- Can clients be given a choice about the clinicians they are linked with?
- Identify who greets people and how.
- Establish a procedure or process for welcoming people to the service/program. Inform front line staff about this process.

Physical environment:

- Tea/Coffee is available
- Comfortable seating – having more than one chair available
- Child Friendly spaces including toys, books and access for prams
- Information about other local Aboriginal Services available
- Local artwork is displayed
- Consult/clinic/counselling rooms are comfortable and have space for family and children

RESOURCES

- Key characteristics of cultural competence - Indigenous Alcohol Guidelines p1.17-18
- http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/AGI02
- Description of Success provides examples of welcoming environments, NSQHS p.73 https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

THEME 2 - SERVICE DELIVERY

2A SERVICE DELIVERY

Providing flexible service delivery options may increase visibility and access to your service. Providing services via outreach including at other agencies or home visits can create opportunities for access by people who are reluctant to attend an office or a service that they have not visited before. Seeing the same staff member each time to establish trust and rapport is important. Actions contained in theme 3 will assist with understanding good places to offer services from.

Data collection assists in determining how many Aboriginal people use/are referred to the service and what for. Use your existing data collections to check demographics and assess if the demographics recorded reflect staff observations of the service user group. Data can also indicate if the proportion of Aboriginal people in the service is similar to the proportion in the local community.

HOW TO DO IT

- Identify service delivery strategies and opportunities, review your service delivery data related to Aboriginal people and analyse demographics including age, sex, postcode and number of sessions/length of stay. Identify trends or gaps and areas to target.
- Staff with established skills and relationships with Aboriginal people are easily available to clients and follow-up to provide continuity with the same staff member
- Investigate opportunities to provide services at other agencies that Aboriginal people attend e.g. AMS

- Identify safe places for outreach service delivery such as parks or places the local community gather
- Develop policy and procedure for working offsite including home visits
- Plan ways to offer outreach services to clients and how they will be implemented (transport, timing, venues, risk assessments, agreements with other agencies)
- Review outreach delivery and adapt as required
- Be consistent and reliable

> *"We always ask people where they want to meet us the first time so we can find a spot they are more comfortable than coming to the office. The park is a great option."*
>
> *Outreach Counsellor*

RESOURCES

- Making two worlds work https://www.whealth.com.au/mtww/documents/MTWW-Check_List.pdf
- For an example of an outreach service watch 'The Soft Entry Approach' https://vimeo.com/121717914
- The Soft entry approach evaluation is published here. Julaine Allan & Michele Campbell (2011). Improving Access to Hard-to-Reach Services: A Soft Entry Approach to Drug and Alcohol Services for Rural Australian Aboriginal Communities, Social Work in Health Care, 50:6, 443-465, DOI: https://www.tandfonline.com/doi/abs/10.1080/00981389.2011.581745
- Home visiting risk management plan available at https://www.nada.org.au/resources/policy-toolkit-2nd-edition/

2B REFERRALS AND ASSESSMENTS

Even though your service may not be a crisis service, it is important if an Aboriginal person accesses your service in crisis that a suitable staff member makes the time to speak to them. It is an opportunity to build rapport. If turned away they are most likely not coming back. If it is a family member seeking help for someone else it is your opportunity to build relationships. See vouching in section 3A.

Always ask during assessment or intake if a person is Aboriginal because you cannot tell if someone is Aboriginal by looking at them.

Creating a sense of safety is important. Yarning to someone before requiring them to fill out forms or answer personal questions helps build rapport. Yarning is a way to talk about important things and share information in an informal way. Careful listening is important. Read the article about Clinical Yarning in the resource list below for more details.

Aboriginal services may not provide every support someone may need. Your service may be able to participate in shared care if you establish referral pathways with Aboriginal organisations.

Identifying Aboriginal people during assessment is relevant to the NSQHS standard on Comprehensive Care - *Action 5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.*

HOW TO DO IT

- Respond to referrals quickly
    - Plan and practice immediate triage
    - Refer people to other culturally appropriate services if necessary and assist them to contact those services
- Review assessment processes and data collection to identify if they fit the yarning approach, change and adapt as necessary – see clinical yarning resource below
- Train and assess staff skills in intake and assessment including asking about Aboriginality
- Sit in with staff and find out if questions are being asked routinely and appropriately
- Check waiting lists and referrals from other services for Aboriginal people.
- Use screening tools that are suitable for Aboriginal people such as Indigenous Risk Impact Screen (IRIS), AUDIT C, standard drinks charts, Kessler 5 and GEM. Plan how to implement these tools into client record systems and train staff in their use develop shared care pathways – see Engagement with Aboriginal Organisations and Workers below
- Refer people with chronic dependency and/or complex problems to Aboriginal Residential Rehabilitation services

> *"People will come in after court when they have been told they have to go to drug and alcohol. That's our opportunity and we grab it straight away. You might not get another chance."*
>
> *Aboriginal Drug and Alcohol Worker*

RESOURCES

- The video Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care and the Discussion Guide is designed to assist your service in gaining knowledge and skills in working with Aboriginal people. https://www.health.nsw.gov.au/mentalhealth/resources/Pages/aboriginal-people.aspx
- Indigenous Risk Impact Screen (IRIS) information. An AOD and mental health screening and brief intervention tool for Aboriginal people https://comorbidityguidelines.org.au/standardised-screening-and-assessment/the-indigenous-risk-impact-screen-iris
- Alcohol treatment guidelines for Indigenous Australians pp1.16- 1.17 http://webarchive.nla.gov.au/gov/20140802004158/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AGI02
- How to do clinical yarning http://www.publish.csiro.au/PY/fulltext/PY16051
- Outcome measurement tools and strategies for Aboriginal clients –
    - https://aifs.gov.au/cfca/publications/evaluating-outcomes-programs-indigenous-families-and-communities
    - https://aifs.gov.au/cfca/2016/04/14/how-choose-outcomes-measurement-tool
- Growth and Empowerment Measure – an Indigenous outcome measurement tool – development and how it is used https://www.youtube.com/watch?v=zD0UyG31qiU
- Growth and Empowerment Measure app https://play.google.com/store/apps/details?id=com.ewellbeing.gemshort&hl=en_US
- Aboriginal residential rehabilitation programs provide a vital resource in drug and alcohol treatment. Their focus on healing and cultural safety is unique in treatment programs. http://www.ahmrc.org.au/programs/2016-04-15-00-29-33/wsu-workforce-support-unit.html

NARHDAN- NSW ABORIGINAL RESIDENTIAL HEALING AND DRUG AND ALCOHOL NETWORK

HEALING THROUGH CULTURE AND COUNTRY

There are several activities that operationalise the centrality of healing through culture and country: the way clients and staff talk to each other; the perception of family; the emphasis on country/mob/where you come from; the value of role modelling positive behaviour; and the lived experience from Aboriginal Elders or senior staff. Aboriginal Resi Rehab recognises that healing is not just related to the wellbeing of the individual, but also the wellbeing of the broader community, thus acknowledging the interconnectedness between social, cultural, spiritual and environmental influences of health. These elements are embodied in the red centre of the circle because they are applied across all the other five core treatment components (see fig 2).

Aboriginal-specific therapeutic activities are embedded into program delivery via informal, ad hoc conversations or "yarns" that focus on identity, personal spirituality, an individual's connection to country, and the value of relationships. Life skills developed or re-established during treatment aims to foster a stronger sense of self through kinships, cultural connection, developing a consistent routine and enhancing personal responsibility from learning work-ready skills. In an Aboriginal residential rehabilitation context, case management also ensures robust partnerships with ACCHOs (Munro et al 2017).

Fig. 2 Five core treatment components of Aboriginal Residential Rehabilitation (Munro, Shakeshaft and Clifford, 2017).

2C DIRECT PRACTICE

> *"I always tell clients they can bring someone with them. I've noticed a family member will come the first couple of times but then it drops off as the client gets more comfortable. You have to be prepared to welcome anyone into the room who the client wants to be there."*
>
> *Drug and Alcohol clinician*

All staff should be encouraged to use direct practice strategies that are intended to engage Aboriginal people and their families. Rehearsal or role plays with supervisors or within the team are a good way to improve practice. Cultural support and mentoring from a respected local community member or an Aboriginal staff member or from an Aboriginal service is a good way of developing practice skills.

It is important not to assume all Aboriginal people should be sent to the Aboriginal Health Worker or the Aboriginal service. While choice of service provider is ideal that does not necessarily mean all Aboriginal clients will want to see an Aboriginal staff member. For example, there may be shame in seeking healthcare and some clients may prefer to speak to a non-Aboriginal staff member. However, do assume an Aboriginal person will mistrust you at first because of history and experience. The following techniques may be useful when speaking with a new client:

- Jargon should be avoided
- Practice suitable communication styles
- Assessment processes may need to be longer to allow for additional engagement time
- Use silence with minimal questioning and interruption. Silence can be effective when communicating because it allows people to carefully consider their response:

> *"Probably the greatest thing about the use of silence for Aboriginal people is its absolute power in allowing people to say what they want to say."*
>
> *(Bennett et al p.28)*

HOW TO DO IT

- On employment, staff receive material within their induction package that includes information about Aboriginal peoples, key historical events, and cultural values
- Learn, practice and use the following strategies for engagement in one on one work to ensure return visits
    - Ask client to select location of meeting
    - Sit or stand side by side and do not expect direct eye contact
    - Provide the following info about self – full name, where from including cultural background or origin, ask same from client – who are your mob/people?
    - ask how they want to be addressed
    - Acknowledge cultural and gender differences e.g. If you are a female worker and have an Aboriginal male client, ask them if they are ok talking to you and vice versa.
    - Listen and be silent
- Use suitable assessment tools e.g. AUDIT C, aPHQ9

- Use cultural mapping to understand family and community relationships
- Practice methods of working with families
- Use strengths-based and narrative approaches, get training and supervision in these
- Establish relationships with Aboriginal agencies and staff to learn what services are provided and to identify ways of supporting each other – see community engagement and organisational engagement below.
- Liaise with a local ACCHO for advice

RESOURCES

The Indigenous Alcohol Treatment Guidelines are an excellent resource for simple and practical strategies for working with people. Helpful sections include –

- Communication styles – p1.20,
- no jargon p1.21
- use of language and terminology – p1.23 & 1.25 1.26. 1.28-29,30
- Including family and others - Alcohol treatment guidelines – p1.16- 1.17
- Do staff know what can be discussed with men or women and how to find out? p 1.27
- Working with families – alcohol guidelines -2.125-6

http://webarchive.nla.gov.au/gov/20140802004158/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AGI02

- Cultural mapping - Stewart, J., Allan, J. (2013). Building relationships with Aboriginal people: a cultural mapping toolbox. Australian Social Work, 66(1), 118-129. http://dx.doi.org/10.1080/0312407X.2012.708937
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- Handbook for Aboriginal Alcohol and Drug Work (Lee et al, 2012) http://sydney.edu.au/medicine/addiction/indigenous/resources/
- Communication pp18-29 http://www.community.nsw.gov.au/__data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf
- Learning from each other: Working with Aboriginal and TSI Young People (Dovetail, 2014) https://www.dovetail.org.au/media/1189/dovetail_gpg_4_learning-from-each-other_working-with-aboriginal-and-torres-strait-islander-young-people.pdf
- Australian Indigenous AOD Knowledge Centre resource search https://aodknowledgecentre.ecu.edu.au/key-resources/resources/

THEME 3 – VOICE OF THE COMMUNITY

3A COMMUNITY CONSULTATION AND ENGAGEMENT

When your service is involved in the community it may help to build relationships, trust and awareness of your service. Participation over years is required to demonstrate commitment. There are several groups and organisations that it is important to include in consultation activities. Make time to connect with local Elders Groups, ACCHO's, Aboriginal Lands Councils and any interagency groups.

Everyone is connected, but the connections are hard to see quickly. Taking time to get to know who's who in the local community is important. Establishing relationships with several Aboriginal people or services will assist with getting to know the connections and different parts of the community. However, it is important to be neutral in the community and not align with one family. Each community may have its own history of positive and negative relationships, meaning that establishing strong relationships with one family could potentially exclude working with other families in the community because you don't know their history.

By building relationships within the community your organisation may become known more broadly through people talking or 'vouching' for you within the community. Vouching (word of mouth) is a powerful practice within Aboriginal communities. Vicary & Westerman (2004:4) describe the process of vouching as:

> *"...members of the Aboriginal community conveying positive or negative information about the therapist to potential clients. Potential clients might then view the non-Aboriginal practitioner in a more favourable light (depending on the information provided), endorsing the practitioner with a good reputation and significant standing within the Aboriginal community from which the recommendation came from."*

Positive vouching promotes trust within the community and endorses the practitioner and agency. However, negative information is also powerful and spreads quickly. Community engagement done well will result in positive vouching for staff and the agency eventually.

Your agency will not be the only one wanting to consult with community members and organisations and some Aboriginal organisations and community leaders have described consultation fatigue after participating in multiple consultation processes. Some communities may have a group who are responsible for managing consultations and requests for new projects or programs. Sometimes these groups are funded by the Commonwealth and have formal structures that facilitates consultation.

Undertaking community engagement meets the NSQHS Partnering with Consumers standard, specifically - Action 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

HOW TO DO IT

- Attend local events such as Sorry Day, NAIDOC, football games, sports days repeatedly.
- Encourage and allow time for staff members to attend these events, establish a calendar and ensure at least one person is designated to attend. Send senior staff or managers because it demonstrates respect.
- Incorporate community engagement and consultation items on staff meeting agendas and internal communications
- Use the consultation processes included in the resources listed in this section and be aware of community

events and sorry business. If there is sorry business, you must postpone any event.

- Establish a consultation protocol for the organisation.
- Identify which staff members on your team are already connected with the community, who and how the connections operate.
- If there are few or no connections create an agency plan to introduce staff to different services and groups. Begin with attending a staff meeting or request a meeting to talk about your service, what it does, how to access it and ask if there is anything required from your agency/program.
- Ensure the agency is represented at Aboriginal network or interagency meetings regularly.
- Provide training in local history and culture – see Training section 6C.
- Plan collaborative projects with ACCHO's – identify skill gaps across services, discuss options for shared care, health promotion and so on.
- Establish a Memorandum of Understanding (MOU) or Service Agreement (SA) including expectations, record keeping, referrals and processes AND what you can offer their service.
- Get local advice and information about different community factions as the relationships develop.
- Provide regular in person communication to community groups about what your organisation is doing.
- Check if consumer groups have identified Aboriginal representation.
- Check if your consumer engagement strategies include any specific ways of engaging Aboriginal people.

"You can't just go once or meet one person and think you have ticked off community consultation. You have to keep showing up. I think 12 months is about how long it takes to start getting to know who's who. That's the start."

Drug and Alcohol Service Manager

RESOURCES

- Community consultation strategies examples pp30-34 http://www.community.nsw.gov.au/__data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf
- Community consultation guidelines - Sorry business https://www.fairwork.gov.au/find-help-for/aboriginal-and-torres-strait-islander-people
- Consultation protocols https://www.aadnc-aandc.gc.ca/eng/1400073250630/1400074531009
- An explanation of counselling practice - Vicary, D. and Bishop, B. (2005) 'Western Psychotherapeutic Practice: Engaging Aboriginal People In Culturally Appropriate and Respectful Ways'. Australian Psychologist, 40 (1), 8-19. https://doi.org/10.1080/00050060512331317210
- Examples of mental health beliefs - Vicary, D and Westerman, T. (2004) That's Just the Way He Is': Some Implications of Aboriginal Mental Health Beliefs. Australian e-Journal for the Advancement of Mental Health, 3, (3), 1-10. https://doi.org/10.5172/jamh.3.3.103
- Calendar of Aboriginal events http://www.fwtdp.org.au/wp-content/uploads/2014/01/Key-Calendar-Events-for-Aboriginal-Torres-Strait-Islander.pdf
- AH&MRC Merit Aboriginal Inclusion Tool - The Aboriginal Practice Checklist provides a basic framework for management and staff to evaluate their agency's policies and practices in relation to Aboriginal clients and partner agencies. Specifically, it aims to:
    - Identify access barriers;
    - Develop systemic solutions; and
    - Identify innovative best practice models.

  The Checklist also seeks to assist agencies in the identification of tasks to address problem areas www.merit.justice.nsw.gov.au/Documents/aboriginal_practice_check.pdf

3B LOCAL HISTORY AND PROTOCOLS

Having knowledge of the local history, culture and protocols is critical to understanding the local Aboriginal community. Each community may have different experience of massacres, racism and exclusion from mainstream society and these experiences may be extensive and recent.

Recognition of local language groups and totems demonstrates respect. It may be possible to work with community representatives or organisations to learn about the local history, cultures and protocols. Relationships with different parts of the local community is required before local knowledge can be obtained.

HOW TO DO IT

- Identify any localised training offered by Elders groups or Local Aboriginal Land Councils (LALCs). For example, Walgett in NSW has an orientation to the community program that all health and community service workers are expected to complete. Local TAFE and council can be useful places to find local training outside the health sector.
- Check the Welcome to Country app for information www.welcometocountry.com
- Contact the Local Aboriginal Land Council for more details around traditional custodianship. Contact the Aboriginal Land Council (NSW) for more information http://www.alc.org.au.
- Review staff induction packs.

> *"Every health or community worker that comes to town is invited to do our orientation program. It explains local history and important cultural events and places, so they know who we are today."*
>
> *Dharriwaa Elder, Walgett NSW*

RESOURCES

- E.g. Walgett Orientation to community program http://www.dharriwaaeldersgroup.org.au/
- Find your Local Aboriginal Lands Council http://www.alc.org.au
- The Gambay: Map of Languages is a resource listing and linking to local Aboriginal groups working on language and cultural projects. The map is searchable. Use it to find local groups near your service https://www.abc.net.au/indigenous/features/gambay-languages-map/
- Human Rights & Equal Opportunity Commission (Australian Human Rights Commission) Bringing Them Home report about the Stolen Generations https://bth.humanrights.gov.au/
- Strategies for mapping families and service access in your local area - Stewart, J., Allan, J. (2013). Building relationships with Aboriginal people: a cultural mapping toolbox. Australian Social Work, 66(1), 118-129. http://dx.doi.org/10.1080/0312407X.2012.708937

THEME 4 – ENGAGEMENT WITH ABORIGINAL ORGANISATIONS AND WORKERS

4A ORGANISATIONS AND STAFF

Aboriginal organisations may not provide all types of services and most will be interested in working with mainstream services to fill gaps. Collaborative projects, shared care and developing referral pathways to and from Aboriginal services are good ways to share resources with Aboriginal services. However, it is important to think about what you can give, not what you can get. Take a broad view of the community and include Local Aboriginal Lands Councils, Elder's, men's and women's groups and Aboriginal staff working in other organisations in community mapping and networking.

Be mindful that Aboriginal staff in your own or other organisations do not mean an automatic ticket into the community. Your organisation's Aboriginal staff members should not bear the responsibility of engagement with other agencies or the community.

HOW TO DO IT

- Identify service gaps
- Establish a working group (or pair) and plan how gaps can be addressed together
- Detail any processes required to operationalise referral pathways or shared care arrangements including who is responsible for different parts of the process.
- Test the plan and review what happens in the working group.
- Implement the plan and monitor it closely. Meet regularly to discuss how it is working.
- Formalise the plan in an MOU or Service Agreement.
- Create a local service directory of Aboriginal organisations and services.
- Liaise with a local ACCHO to learn about the community and its needs.

> *"I outreach to the detox unit and the service users are usually happy to see another Koori face. I sometimes call their families for them or follow-up their housing. I always talk to the staff about what's going on and advocate for cultural connections."*
>
> *Aboriginal Health Worker – AOD specialist*

RESOURCES

- Consultation guidelines http://www.community.nsw.gov.au/__data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf
- The being real project – working towards best practice

  Principles and best practice framework for drug user organisations to work with Aboriginal people who use drugs and Aboriginal community-controlled organisations by sharing knowledge with Indigenous Australians through being real with each other. http://aivl.org.au/resource/the-being-real-project/

- An example of what to include in a service agreement for shared care:
  - How often the service will be provided, when, for how long and by who
  - How referrals will be made

- How quickly referrals will be followed up
- Keeping of records and access to the host system, what data is required for AOD records and how it will be shared between services – The records should belong to the service that the client attends not the visiting service
- Feedback on the treatment and progress of clients to treating clinicians at referring agency, if consent given by the client
- Provision of office space, access to a telephone and office equipment
- Which staff gain written informed consent from clients
- Who the main contact people are from each service
- When the agreement will be reviewed and how it will be evaluated
- The Service Agreement should be signed by senior staff from each organisation.

4B PROJECTS

Shared projects are a useful way to facilitate engagement with Aboriginal organisations. National health promotion events such as R U OK Day or Local Drug Action Team activities are good options that include support and resources to undertake them. However, ensure the planning and participation involves managers or senior staff of Aboriginal agencies and that interest in the project is shared (not just driven by your agency).

HOW TO DO IT

- As relationships develop, identify ways of working together or propose shared projects, particularly with your local ACCHO.
- Ensure that staff from other agencies have roles in the planning and organisation of projects.
- Promote successful projects.
- Evaluate shared projects and implement improvement strategies.

RESOURCES

- A five step approach to collaboration - An Information technology resource with useful suggestions https://www.mindtools.com/pages/article/collaborate-successfully.htm

4C NEW SERVICES/PROGRAM - ESTABLISHMENT

Any new services or programs for Aboriginal people should be developed in consultation with the ACCHOs and the community. With good partnerships you may want to consider shared service delivery for new projects or programs. Your agency will not be the only one wanting to consult. There is a real risk of consultation fatigue for Aboriginal organisations and community leaders. Some communities will have a group who is responsible for managing consultations and requests for new projects or programs. Sometimes these groups are funded by the Commonwealth and have formal structures that facilitates consultation.

HOW TO DO IT

- Work close with the ACCHO by consulting prior to any program or project is developed.
- Collect demographic and socio-economic information about Aboriginal people in service areas for planning and evaluation.
- Liaise with an ACCHO to gain greater insight and support when establishing new services or programs.

RESOURCES

- Just Reinvest calculator www.justreinvest.org.au/jr-calculator
- Partnering with community NSQHS Descriptions of success p.70 https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

THEME 5 – CAPABLE STAFF

5A STAFF KNOWLEDGE AND SKILL ASSESSMENT

An understanding of Australia's history of dispossession and the impact of that on Aboriginal people is required from all staff. Staff need to know about how transgenerational trauma occurs, the impacts and how to work with clients who are impacted by transgenerational trauma. Specialised training is required to develop skills and knowledge in this area.

Education on men and women's business including sensitive topics to discuss is critical for achieving good communication and avoiding embarrassment for clients. Men's and women's business include health related topics such as sexual health where a woman may be offended by being asked questions by a man and vice-versa.

Staff should be given opportunities to learn about the local history, cultural protocols and community dynamics of the area – see training section 6C. Staff attitudes and beliefs should be assessed. Aboriginal clients will interact primarily with individual staff members. Most substance treatment work happens in private and may not be observed or monitored, meaning that staff may be culturally incompetent or even racist and that is difficult to detect. Training, cultural supervision and clinical supervision that includes observations or recording is recommended.

Ensuring good staff skills is the responsibility of managers. Performance appraisals can be used to evaluate individual staff members' work with Aboriginal people.

HOW TO DO IT

- Provide training and support in working with transgenerational trauma.
- Include questions about Aboriginal history and impacts of the Stolen generation in interviews.
- Provide training and advice about gender roles and communication for staff.
- Practice having gender conversations within the team.
- Assess the impact of training by asking for descriptions of practice change or observe practice
- Several methods of skill testing are recommended:
    - Client feedback - asking Aboriginal clients how they experienced working with individual staff
    - Performance appraisals include questions about strategies for working with Aboriginal people and ask for specific examples of how they were applied
    - Mystery shopper – organise for someone to act as a client and attend the service and then report on their experience
    - Investing in cultural competency profiles
- Liaise with a local ACCHO to gain greater insight and support when establishing skill testing and performance appraisal processes.

"When I do a staff appraisal, I ask questions about how the staff member works with Aboriginal clients. Like, I will say, 'tell me what's important when you are doing an assessment with an Aboriginal person?' Then I ask for an example. That's when you know if they really can do it or if they just know what they should do. What I would like is, I would really like to ask the clients. They are the ones who really know. Or get a mystery shopper – someone to come in and test us. That would be good."

AOD Manager

RESOURCES

- The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families. https://healingfoundation.org.au/
- Stolen Generations information
    - https://australianstogether.org.au/discover/australian-history/stolen-generations/
    - https://aiatsis.gov.au/research/finding-your-family/before-you-start/stolen-generations
    - https://healthinfonet.ecu.edu.au/learn/health-topics/healing/stolen-generations/
- Men and women's business - Do staff know what can be discussed with men or women and how to find out? Alcohol Treatment guidelines p 1.27 http://webarchive.nla.gov.au/gov/20140802004158/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AGI02
- How to assess the impact of cultural training https://www.aamc.org/download/427350/data/assessingchange.pdf
- Cultural competence self-assessment https://www.culturalcompetence.center/healthcare/
- Cultural competency profile – Tracey Westermann (fee for service) https://indigenouspsychservices.com.au/products-tests/aboriginal-mental-health-cultural-competency-test/

5B CLINICAL/PRACTICE SUPERVISION

Clinical or practice supervision is an important way to develop and practice skills and address challenges in the health and community services sector. Supervision should have a cultural lens with an appropriate supervisor who is selected for their practice experience with Aboriginal people and this is demonstrated by them.

If the supervisor is not culturally competent, they will not be able to support the development of those skills in others. If a suitable supervisor is unavailable, then another strategy is required – see direct practice in section 2C.

HOW TO DO IT

- See staff knowledge and skill assessment section 5A.
- A formal process for supporting and debriefing staff when they are involved in critical incidents relating to Aboriginal service users should be developed.
- Cultural supervision with a well-respected local Aboriginal community member. As relationships with Aboriginal organisations and community strengthen, opportunities for cultural support and mentoring will become apparent. If a suitable person or organisation is identified formalise the cultural mentoring in the same way clinical supervision is arranged. Both mentor and mentee need to know what is expected, how often to meet and how much it will cost.

RESOURCES

- Aboriginal Health and Medical Research Council of NSW (2015). A practical guide to clinical supervision. Sydney: Aboriginal Health and Medical Research Council of NSW.
    - This short video provides views on clinical supervision of alcohol and other drug (AOD) and social and emotional wellbeing (SEWB) staff who work with Aboriginal people.
    - The video provides the views of workers and managers, describes what clinical supervision is and the benefits to both the worker and employer.
    - The video is aimed at Chief Executive Officers (CEOs) of organisations that employ AOD and SEWB workers.
    - https://www.youtube.com/watch?v=JTZuwlBFLK4
- Aboriginal Clinical/practice supervision Consultancy https://yamurrah.com.au/supervision/

THEME 6 – ORGANISATION'S RESPONSIBILITIES

6A EMPLOYMENT PRACTICES

What is the recruitment and retention of Aboriginal staff like in your organisation? Recruitment should be through Aboriginal networks including an explanation of the position's responsibilities to Aboriginal communities. Be prepared to advertise a position multiple times. It is important to have Aboriginal people on interview panels to hear their perspective about a potential staff member's interview performance. Providing new staff with materials about the local Aboriginal history and culturally appropriate communication shows that these skills are valued by the organisation.

HOW TO DO IT

- Identify and evaluate the history of Aboriginal people working in your organisation including recruitment strategies and retention.
- Review your HR policy and procedure as suggested below;
    - Include local history and protocols in your mandatory induction processes. Ensure these are developed by a local Aboriginal person.
    - Have Aboriginal people on interview panels
    - Consult with Aboriginal staff to get input on effectiveness of current policy/practice.
    - Advertise all vacancies in Aboriginal media.
    - Employ Aboriginal staff in mainstream positions not just identified roles as well as creating identified roles
    - Promote all roles through Aboriginal media such as Koori mail or Aboriginal employment websites.
    - Include "Aboriginal people are encouraged to apply" on all positions.
    - Link with the local Aboriginal Employment Strategy group (www.aes.org.au) in your area.
    - Host an open day as an opportunity for those who are interested in a position or the service to come and meet people in the organisation, find out more about the role and the staff.
- Check if staff have engaged in the Reconciliation Australia Workplace Ready Program.

RESOURCES

- This website will help employers to use the 'special measure' provisions in the federal Racial Discrimination Act 1975 (Cth) and state and territory discrimination laws, to target Aboriginal and Torres Strait Islander people for recruitment. https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/targeted-recruitment
- Getting it Right: Employing Indigenous Australians: A guide for employers http://nceta.flinders.edu.au/files/9513/5786/7682/Employing_Indigenous_Aust.pdf
- Employment advertising:
    - National Indigenous Times www.nit.com.au
    - Koori Mail www.koorimail.com
- Australian Indigenous AOD Knowledge Centre Capacity and Sector Development https://aodknowledgecentre.ecu.edu.au/key-resources/workforce-development/capacity-and-sector-development/

6B ABORIGINAL STAFF SUPPORT

Aboriginal AOD workers face many unique stressors. These include:

- Heavy work demands from the community including outside regular hours
- Defining roles and boundaries with clients
- Role stigmatisation from other workers
- Translating mainstream work practices to ensure they are culturally sensitive
- A lack of cultural understanding and support
- Family and community responsibilities

Strategies to support and retain Aboriginal staff and prevent burnout are required. Traineeships have been a common way of increasing the Aboriginal workforce. However, often there is no ongoing position and Aboriginal people do not move into more senior roles when their training is completed. Succession planning is required.

HOW TO DO IT

- Use the NCETA Feeling Deadly, Working Deadly resource kit.
- Encourage Aboriginal workers to identify their own Aboriginal supervisor/mentor in the community (this may be in addition to clinical supervision). Allocate time for staff to meet with them regularly.
- Ensure your Aboriginal staff members are connected to Aboriginal networks and members of Aboriginal Drug and Alcohol Network (ADAN) and supported to participate.
- Understand family connections and community factions. If your staff member is connected to the local community identify any protocols when they cannot work with certain community members. Do not assume they can work with all Aboriginal people.
- Actively plan retention and career paths for Aboriginal people.

RESOURCES

- Clinical supervision for Aboriginal staff http://nceta.flinders.edu.au/files/6313/8509/5451/W3.pdf
- Why it is important to support Aboriginal workers and how to do it http://www.fwtdp.org.au/wp-content/uploads/2014/01/Understanding-the-Importance-of-Cultural-Supervision-and-Support-for-Aboriginal-Workers-AWLP-Discussion-Paper-V2.pdf
- Feeling deadly NCETA – Aboriginal staff support http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/
- Aboriginal Drug and Alcohol Network (ADAN) http://ahmrc.org.au/programs/2016-04-15-00-29-33/wsu-workforce-support-unit.html
- https://yourroom.health.nsw.gov.au/for-aboriginals/Pages/workforce-support.aspx
- Tracey Westermann for managers https://indigenouspsychservices.com.au/workshops/cultural-competency-supervisors/
- Guide to Working with Indigenous Australian Staff https://cdn.csu.edu.au/__data/assets/pdf_file/0006/851415/Working-with-Indigenous-Australian-Staff.pdf (Charles Sturt University, date unknown)

ABORIGINAL DRUG AND ALCOHOL NETWORK (ADAN)

The establishment of the ADAN (Aboriginal Drug and Alcohol Network) in May 2003 represented a significant step forward in progressing some of the key recommendations of the NSW Aboriginal and Torres Strait Islander Substance Misuse Plan. It brought together an important group of people working in Aboriginal substance misuse to support the Aboriginal AOD workforce.

Aboriginal AOD workers are encouraged to join ADAN to network with others, participate in training and development opportunities and be supported by their peers. ADAN holds an annual symposium to bring people from around the state together. The ADAN Leadership group meets quarterly to identify regional issues and advocate for Aboriginal AOD workers and their communities.

6C TRAINING PROVIDED

Training related to working with Aboriginal people, families and communities should be actively promoted to staff, embedded into learning and development plans and compulsory. Local Aboriginal organisations may offer localised training which your staff can attend. Training should include all staff not just service delivery staff and where possible be specific to their role. Ensure training in acceptable practice methods and evaluation is available and attended by all staff. However, various forms of cultural competence training have been provided to health providers in Australia for over 20 years, yet there is limited evidence that it is effective in improving access, equity, client satisfaction or health outcomes (Lie, Lee-Rey, Gomez, Bereknyei, & Braddock III, 2010; Thomson, 2005). Training needs to go beyond describing Aboriginal people as the 'other' and stereotyping and stigmatising Aboriginal culture. Instead, training should look at experiences of people accessing health services and create awareness within training participants of their personal prejudices and discriminatory beliefs (Trenerry et al 2010).

Addressing training needs meets the NSQHS clinical governance standard - Action 1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.

HOW TO DO IT

- Identify compulsory cultural competence training for all staff.
- When seeking a training provider assess if the training focuses on the beliefs and attitudes of the training participants and not just describing Aboriginal culture and history.
- Provide training in the Indigenous Risk Impact Screen (IRIS) and other professional development opportunities related to using specific tools or approaches
- Make training available on a regular basis and mandatory.
- Identify local training for all staff and repeat it regularly.
- Assess the impact of training.

RESOURCES

- NADA Training calendar https://www.nada.org.au/events/
- Australian Indigenous HealthInfoNet https://healthinfonet.ecu.edu.au/key-resources/courses/
- Felicity Ryan Training http://felicityryan.com.au/
- Tracey Westerman Training and cultural competence assessment https://indigenouspsychservices.com.au/
- Centre for Cultural Competence Australia https://www.ccca.com.au/
- Cultural awareness and cultural competency. NSQHS standards - Descriptions of Success p.72 https://www. safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health- Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

6D ORGANISATION WIDE PRACTICES

Reconciliation Action Plans (RAP) - The RAP framework enables organisations to contribute to reconciliation by:

- Building and encouraging relationships between Aboriginal peoples, communities, organisations, and the broader Australian community
- Fostering and embedding respect for the world's longest surviving cultures and communities.
- Developing opportunities within your organisation or services to improve socio-economic outcomes for Aboriginal peoples and communities.

Representation on an organisation's Board is an important way to involve Aboriginal people in the governance of an organisation and the overall approach to Aboriginal people within the service. CEO or senior manager representation to facilitate this is likely to be required.

Does your service offer different types of complaints processes? Consider if extra support is provided to reduce any perceived power dynamic imbalance—this may include involvement of a mentor or buddy. Offer the option to make a complaint verbally instead of in writing.

HOW TO DO IT

- Recruit Aboriginal Board members
- Review complaints procedures
- Plan for and allocate resources to developing a RAP
- Acknowledgement of country is standard practice and staff know how to do it correctly. Plan for when acknowledgements are conducted e.g. staff meetings, and when a Welcome to Country is appropriate. Identify who will do it. Include this in your policies and procedures.
- Service inclusion of Aboriginal people is a standing agenda item at board and senior staff meetings.
- Check how Aboriginal service users have been involved in the past. Plan for ways to include service users and organisational processes
- Create Aboriginal specific communication products or target the distribution of communication products to Aboriginal community.
- Identify if your organisation's procurement protocols provide opportunities for Aboriginal suppliers to be considered - Check out the Supply Nation website www.supplynation.org.au
- Partnership arrangements should be reviewed and improved as required.

RESOURCES

- Governance and identifying priorities, NSQHS descriptions of success p.71 https://www. safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health- Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf
- Reconciliation action plan - Visit the Reconciliation Australia website www.reconciliation.org.au/raphub/about
- Apology to Indigenous Australians http://www.australia.gov.au/about-australia/our-country/our-people/apology-to-australias-indigenous-peoples
- Assess the impact of your RAP https://www.reconciliation.org.au/wp-content/uploads/2018/09/rap-impact-measurement-questionnaire-faq-2018.pdf
- Refer to the NADA Consumer Page for guidance on consumer participation http://www.nada.org.au/nada-focus-areas/consumerparticipation
- Aboriginal Health Council of South Australia Complaints Procedure http://ahcsa.org.au/content/uploads/2014/11/ahcsa_complaints_procedure.pdf

- Welcome/Acknowledgement of Country examples:

  http://www.creativespirits.info/Aboriginalculture/spirituality/welcome-to-countryacknowledgement-of-country

  Welcome to and Acknowledgement of Country Guidelines and Protocols (NSW Department of Education, 2005) https://education.nsw.gov.au/human-resources/media/documents/winanggaay/welcomecountry.pdf

- For purchasing - Supply Nation website www.supplynation.org.au
- Indigenous Governance toolkit http://toolkit.aigi.com.au/toolkit/8-1-disputes-about-governance

6E POLICIES AND PROCEDURES

Agency policy and procedure supports all staff to follow the same processes, ensures management support for practice methods and creates consistency over time as staff change. Some policies and procedures may need to include how the service will work with and relate to Aboriginal people e.g. community engagement policy, intake policy that includes asking about Aboriginal status or if clients have a preferred clinician. These policies need to be regularly reviewed and available to staff.

Working on specific policies around practice with Aboriginal people addresses the NSQHS clinical governance standard actions 1.2 and 1.4:

> Action 1.2 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
>
> Action 1.4 The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

HOW TO DO IT

- Establish a working group to be responsible for developing and reviewing policies and procedures that includes manager/s and staff
- Review policies and procedures identified in these Guidelines to ensure compliance; or
- Create new policies and procedures as required
- Ensure all staff know the policy and can apply the procedures – provide training
- Review the implementation of policy and procedures via regular audits

RESOURCES

- NADA Policy Toolkit https://www.nada.org.au/resources/policy-toolkit-2nd-edition/
- Governance and identifying priorities, NSQHS descriptions of success p.71 https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

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