

### Action 6

Carers SA through its management group and key Aboriginal staff will:

- Maintain an awareness of best practice culture competency to inform Carers SA's practices.
- Review existing programs and their impact.

### Action 7

Carers SA will build on its existing knowledge base of Aboriginal issues in a systemic way to ensure that all staff members reach a basic level of cultural competency.

## Glossary

**Community Development Approach:** empowering communities with the skills and resources to meet and resolve their needs.

**Cross Cultural:** working across cultural boundaries.

**Aboriginal:** refers to both Aboriginal and Torres Strait Islander people, on advice from the Carers SA Aboriginal Partnership Group.

## References

*Carers in the Bush*, National Rural Health Alliance - Fact Sheet 22, 2010.

*Carers Recognition Act 2005*, Government of South Australia.

*Closing the Gap*, FaHCSIA, Commonwealth of Australia.

*Cultural Competence in Health: a Guide for Policy, Partnerships, and Participation*, Australian Government National Health and Medical Research Council, Commonwealth of Australia, 2006.

*SA Carers Policy Supporting Carers*, Government of South Australia, 2006.

*Working and Walking Together, Supporting Family Relationships: Services to Work with Aboriginal and Torres Strait Islander Families and Organisations*, Secretariat of National Aboriginal and Islander Inc (SNAICC), 2010.

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### Action 8

Ensure that promotional material and office locations of Carers are promoted to Aboriginal Carers in a culturally appropriate way.

### Action 9

Monitor and evaluate the effectiveness of Aboriginal initiatives and ensure that appropriate Aboriginal statistics are maintained.

### Action 10

Lobby for ongoing funding for Aboriginal staff at the state and local level, to deepen the work of Carers SA with Aboriginal Carers.



## Aboriginal Partnership Plan

### Strategic Aim

Carers SA Board members, managers, staff and volunteers will understand and embody cultural competency and this will be reflected in program development and delivery.

## Mission

Carers SA's mission is to promote, assist, empower, and enhance the lives of family Carers.

Carers SA has a key role in leading change and empowering family Carers to participate in a partnership with government and non government service providers, particularly across the health and community sectors, for better services, to improve the conditions under which family Carers work and to increase the recognition of the contribution of family Carers to the South Australian community.

In its efforts to achieve its mission statement Carers SA continues to work with Aboriginal Carers, enabling and encouraging their participation and involvement in the organisation and its programs.

Carers SA acknowledges the importance and significance of:

- Culture to Aboriginal People.
- Wide kinship structures and family networks to Aboriginal families and approaches to child rearing.
- Land, spirituality, community and family relationships to Aboriginal culture, communities and family.

Adapted from *Working and Walking Together Secretariat of National Aboriginal and Islander Inc (SNAICC) 2010.*

## Cultural Competency

“Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.” (Cross et al 1989).

As a culturally competent organisation Carers SA will:

- Develop a deeper understanding of South Australia's Aboriginal communities and history.
- Identify over time Aboriginal Carers.
- Value diversity.
- Develop the capacity for cultural self-assessment.

Front cover art work by Trevor Bromley.

As a culturally appropriate organisation Carers SA will deliver its services based on the following principles.

## Principle 1

Carers SA, as the statewide organisation established by family Carers in 1989 to represent the interests and needs of all Carers as ‘the voice of Carers’ in South Australia, has a responsibility to address the needs of all South Australian Carers and this includes Aboriginal Carers.

## Principle 2

An equitable approach based on population data will be used to allocate Carers SA resources.

## Principle 3

Developing cultural competency within Carers SA will be given a priority along with allocating sufficient resources to ensure that this occurs.

## Principle 4

All Carers regardless of their cultural background have a basic right to be made aware of community and Government services and programs for Carers, and to have input into Carers SA policy through a variety of initiatives.

## Principle 5

Carers SA's services and programs will take into account the diverse needs of Aboriginal Carers: their views will be represented on key Carers SA committees.

## Principle 6

Carers SA will commit to recruiting staff with knowledge and experience of working with Aboriginal people and include Aboriginal staff in its staffing mix.

## Principle 7

Carers SA will utilise a community development and partnership approach to address the needs of Carers in South Australian Aboriginal communities.

## Aboriginal Carers

Aboriginal culture is one of the oldest surviving cultures in the world. Aboriginal cultures are numerous and diverse, made up of hundreds of different kinship and language groups. Aboriginal cultures are still dynamic and evolving. Aboriginal Carers are 13.3% of the Aboriginal population.

There is a significantly higher prevalence of chronic physical and mental illnesses amongst Aboriginal people.

There are 2,906 Aboriginal Carers (ABS 2003) (or 1.3% of all Carers) in South Australia. This is assumed to be grossly unreported.

There are Carer ‘hotspots’ in a number of remote and very remote regional areas of SA associated with a high proportion of the caring population being Aboriginal. In very remote areas there is a greater proportion of Carers who are 24 years or less and there are far less Carers 65 year plus in those areas than elsewhere. In very remote regions only 9.1% of the general population are Carers, but the percentage of Carers who are Aboriginal is 46.8%.

*National Rural Health Alliance - Fact Sheet 22: Carers in the Bush, 2010*

## Actions

### Action 1

Forge statewide links, relationships and agreements with key Aboriginal organisations and Aboriginal leaders through regular meetings of the Carers SA Aboriginal Partnership Group.

### Action 2

Make a minimum pro rata allocation of time and resource to the Aboriginal sector, based on Aboriginal Carer population and regional variations, to ensure equity.

### Action 3

Every locally based program will identify the key Aboriginal Groups within their region to receive a minimum of one contact per year to inform them of services, policies and initiatives for Carers and enable information exchange and collaboration.

### Action 4

Carers and volunteers engaged with the services of Carers SA will have information about Aboriginal culture and community available to them.

### Action 5

Through the Carers SA Aboriginal Partnership Group, Carers SA will:

- Develop and maintain relationships with key/peak Aboriginal organisations.
- Identify the various Aboriginal communities and the key issues which their Carers face: advise on new initiatives to overcome barriers.
- Develop strategies for improved service delivery for Aboriginal Carers and their communities.
- Identify the most effective communication strategies for Aboriginal communities.
- Provide Aboriginal input into major policy initiatives, position papers and funding submissions.
- Establish relationships and a referral pathway strategy for Aboriginal Carers with mainstream organisations.
- Develop and maintain relationships with key community stakeholders.
- Develop a model for working across Carers SA to coordinate Carers SA's links with Aboriginal communities.