



Discussion Paper

**Indigenous
Carers and
Communities**

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Terminology

Aboriginal and Islander people

Carers Australia acknowledges that at the 'Hand in Hand' Indigenous Carers and Communities Roundtable held in December 2007, participants preferred the terminology 'Aboriginal and Islander' people. This is the term adopted by SNAICC (Secretariat for Aboriginal and Islander Child Care). Deciding on what terms are acceptable will be determined during the consultation about the discussion paper.

Carer

The term 'carer' as agreed upon by the Network of Carers Associations is 'carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail.' In some literature, the term 'family carer' is also used.

Indigenous

The term '*Indigenous*' will always have a capital 'I' as it is a formal name of a specific group of Australian people. The term '*non-indigenous*' does not require a capital 'I' as it is an adjective that describes people who are not 'original inhabitants' of Australia.

The Australian Government has developed a definition of an Indigenous Australian for policy purposes through a consultation process with Indigenous stakeholders. This defines an Indigenous person as:

- a person of Aboriginal or Torres Strait Islander **descent** who
- **identifies** as being of Aboriginal or Torres Strait Islander origin and who is
- **accepted** as such by the community with which the person associates
(DEST, undated)

Indigenous Australians

The general term '*Indigenous Australians*' will be used to include Australians who are *Aboriginals or Torres Strait Islanders* or are those able to claim both cultural identities. Other terms that may be used in appropriate contexts include '*Aboriginal*' or '*Torres Strait Islander*'. Defining these terms is for style purposes and is not intended to deny the diversity of the peoples included in the term '*Indigenous Australians*'. Some more localised terms for Indigenous Australians include: Nyungar (south-west Western Australia), Murry or Murri(e) (eastern Queensland), Nunga (South Australia), Palawa (Tasmania), Yolnugu (Northern Territory – north-east Arnhem land), Koori (Victoria and NSW) (Jonas and Langton, 1994).

Network

The network of national, state and territory carers associations is termed the 'Network' in this paper.

Executive summary

This summary is presented in 'plain language' form to make it more accessible to a wider audience.

This paper is the starting point for a discussion among the Network, Indigenous carers, Indigenous service providers, relevant government committees and other stakeholders. It was originally drafted for the 'Hand in Hand' indigenous Carers and Communities Roundtable held in Melbourne in December 2007. The roundtable included:

- 20 participants, representing Indigenous carer and community workers from state and territory Carers Associations, and Indigenous elders
- presentations by state and territory Carers Associations on their Indigenous carers and communities education and training programs and other activities
- presentation by Carers NT and Ti Tree staff on the delivery and findings of the Ti Tree project (see Attachments A and B)
- presentation by Carers Australia on the findings of the Indigenous carers and communities focus groups undertaken for the Carers Information Needs Review (this project was funded separately by the Department)
- discussion of the draft Carers Australia Indigenous Carers and Communities Discussion Paper

The paper describes information about Indigenous Australians and Indigenous carers such as:

- the history of Indigenous Australians, especially in the period since white colonisation, including the impact of the stolen generations, Terra Nullius, and other social policies
- Indigenous cultures including relationships with land and kinship networks
- population numbers, lifespan, where they live and how they live
- health and wellbeing including the affect of overcrowded housing and employment on health
- how being an Indigenous person and a carer has an effect on individual health and wellbeing.

The aim is to present information to help understand Indigenous peoples in today's Australia and to demonstrate that they are very diverse peoples.

The paper also outlines various Indigenous carer projects and programs by the Network and other groups, and what was learned from them.

Some of the findings of the projects and programs were:

- Indigenous people are **more** likely to be women and **less** likely to see themselves as 'carers' because caring '*for their own*' is what they do. An individual carer is also likely to be caring for several people across generations
- carers need to be at the centre when dealing with carer issues
- Indigenous carers and their issues are a priority for the Network and for governments at all levels. Yet Indigenous carers do not necessarily access services
- for services, the cultural background of Indigenous carers must be recognised and supported, including their kinship relationships
- acceptance of diversity in culture and lifestyle is critical as is understanding how cultural backgrounds affect how people interact
- partnerships, trust and good relationships make projects work
- governments and funding bodies must understand that effective change in the lives of Indigenous carers can only happen when a long term planning, funding and service delivery agenda is negotiated with community representatives and stakeholders.

Indigenous elders and workers who participated in the 'Hand in Hand' Indigenous Carers and Communities Roundtable and other Indigenous nominees from the Network are members of the Carers Australia Indigenous Carers and Communities Advisory Group. The Advisory Group will provide advice about the state and territory consultation processes and networks required for the distribution and feedback on the National Indigenous Carers and Communities Discussion Paper. The Advisory Group will be co-chaired by Joan Hughes, CEO Carers Australia and an Indigenous elder (still to be determined).

Because of Indigenous health disadvantage, the lack of existing and sustainable programs for Indigenous carers and communities, research into their support needs, Carers Australia included the following recommendations in its 2008-09 Federal Budget Submission:

- that the Federal Government urgently fund a national Indigenous Carers and Communities Support Program to be delivered by Carers Australia in partnership with their communities and elders
- that the Federal Government urgently fund research into support needs for Indigenous carers and communities

1. Introduction

Carers Australia has prepared this discussion paper with a view to providing some context and discussion points at a forum involving the Network and other Indigenous stakeholders on contemporary Indigenous carer issues. The forum will develop a position paper that describes principles and processes for engagement with Indigenous peoples and their communities about their caring issues. The position paper will form the basis of an 'Indigenous Carers and Communities Policy' that will undergo a further national consultation process. Carers Australia, as the national peak organisation for carers, will use the policy to advise the Federal Government about what is needed to support Indigenous carers and their communities. The ultimate aim of the policy is to negotiate with governments a *National Indigenous Carer Program* that is sustainable and effective.

In 2000, the Council of Australian Governments (COAG) negotiated an initiative that all governments – federal, state and territory, would work together to improve the social and economic wellbeing of Indigenous peoples and their communities. It agreed on priority areas which included, 'reviewing and re-engineering programs and services to ensure they deliver practical measures that support families, children and young people (COAG, 2000).

At its 20 December 2007 COAG meeting Indigenous Reform was one of its seven work areas for 2008. Areas for improvement pertinent to this discussion paper include:

- reducing alcohol and substance abuse and its impact on families, safety and community wellbeing
- accessing suitable primary health services
- involving local Indigenous people in the formulation of programs that support them
- providing optimal service delivery for small remote communities

Indigenous Australians were also included in other areas, eg 'Health and Ageing':

- the new Preventative Health Care Partnership, with particular emphasis on children and Indigenous Australians, will include, the key risk factors driving increasing rates of diabetes, cancer and poor mental health
- linking with broader consideration of social inclusion and Indigenous reform, given the importance of health and wellbeing, to tackling disadvantage (COAG 2007)

These COAG priorities are consistent with the aims of the process of development of an Indigenous Carers and Communities Policy.

2. Content of the paper

The paper will explore the historical, demographic and cultural contexts of Indigenous Australians. The impact of health will be explored in relation to Indigenous peoples and people who are carers. The paper will further explore the impact of these contexts on 'Indigenous caring'.

Processes of engagement with Indigenous carers and stakeholders will be explored. This will include lessons learned by projects undertaken by the Network as well as by other agencies involved in the delivery of human services with Indigenous peoples.

3. Historical and cultural context of Indigenous Australians

It is impossible to understand contemporary issues for Indigenous Australians without some understanding of their cultures and their history, in particular the period since European.

In the period prior to European contact in 1788, the range of Indigenous peoples of Australia was extremely diverse. Anthropologists suggest that there were as many as 500 different language groups across the continent. Estimates of the population prior to 1788 vary from between 300,000 to 3 million. There is evidence that Indigenous peoples have inhabited the Australian continent for at least 40,000 years with some data suggesting a presence as far back as 120,000 years.

Indigenous culture is an oral tradition which means that history is recorded in stories held by living people, especially Elders, and passed on through generations. This contrasts starkly with the European tradition of written documentation and the reliance on records and measurable data. The academic recognition of traditional stories as historical accounts may yield valuable information on cultural history of Indigenous Australians and the Australian continent. The decimation of the Indigenous population resulting from European presence in Australia has had a concomitant impact on the transmission of cultures and their oral tradition.

European colonisation of Australia in 1788 brought immediate and on-going negative consequences for Indigenous peoples, cultures and heritage. In 1770, Captain James Cook had 'claimed' for Great Britain the land he named 'New South Wales', after exploring and charting the eastern coast of Australia. This declaration was based on the legal concept of 'Terra Nullius', that is, the land belongs to nobody thus can be claimed by declaration. This ended the legal status of Indigenous peoples as owners and inhabitants of the Australian continent. This was to be overturned by the Mabo decisions in the High Court in 1989-92 that finally recognised native title and ownership by Indigenous Australians.

Apart from ignoring Indigenous peoples' legitimate land ownership, Europeans brought immediate problems of disease and health conditions to Australia which were unknown previously and to which Indigenous Australians had no immunity. Smallpox, flu, syphilis and other conditions prevalent in 18th century industrialised Britain caused widespread suffering and death for Aboriginal peoples of the settlement of New South Wales.

As the colony developed, land clearing for farming and grazing decimated Aboriginal settlements and the flora and fauna which they relied on as food sources. Indigenous peoples were forced to increasingly rely on handouts from the British or by stealing their animal stock for food. This brought conflict and revenge attacks from the colonists and massacres and poisoning of large numbers of Indigenous peoples have been documented. These continued towards the end of the 19th century.

Indigenous social groups were also broken up by the removal of children for various reasons including 'protecting' them from Indigenous ways and 'civilising' them into European ways at a young age. They were also a cheap source of labour as household help for the growing middle classes of the colony in the 19th century.

Understanding of Indigenous cultures prior to 1788 relies heavily on encounters recorded by early Europeans and anthropological studies. (See Elder, Havecker, Reynolds and Stevens for detail). Indigenous societies traditionally involved strong value relationships with the land. These associations 'might be inherited from both parents or by birthplace, and ...gave an individual highest authority only in relation to the land in which he or she held the greatest custodial obligations' (Goodall, 1995. p. 62). Land associations variously determined cultural and trading relationships which covered wide

geographical areas of Australia. Such relationships were reinforced and celebrated in regular ceremonies and festivals involving large numbers of people organised on seasons or the harvest of some plentiful food.

Land associations underpinned the social networks or kinship structures of the peoples by prescribing the various natures of relationships between individuals including couplings. Social groups who cohabited a geographical area, variously called a 'mob', 'tribe' or 'clan', organised living processes for provision of food, education, protection and the care of children and Elders. This social order contrasts with the patrilineal structure of traditional European society where an individual's lineage and power was inherited through the father and the concept of family was much based on biological relations. In traditional societies, an individual's kinship relationships and responsibilities spread the care amongst a much wider group of people than those with whom there is a biological relationship.

Cultural expressions of Indigenous heritages were also discouraged. Languages were forbidden to be used and English language expected. Rituals, ceremonies and other cultural ways were outlawed in many areas. Some remained but only existed 'underground' and in secret. The result was a cultural dislocation and alienation of Indigenous peoples.

European presence in the Australian continent impacted heavily and negatively on Indigenous societies. However, the survival of Indigenous cultures and heritages to the present day is a testament to the resilience of the Australian Indigenous peoples.

Of historical significance was the election of the Australian Labor Party (ALP) to Federal Government in 2007. As part of its election strategy the ALP promised to apologise to Indigenous Australians for the actions of previous Federal Governments. In keeping with this promise, the Prime Minister Kevin Rudd offered a 'National Apology' on Wednesday 13 February during the first parliamentary sitting of 2008.

That today we honour the Indigenous peoples of this land, the oldest continuing cultures in human history.

We reflect on their past mistreatment.

We reflect in particular on the mistreatment of those who were Stolen Generations—this blemished chapter in our nation's history.

The time has now come for the nation to turn a new page in Australia's history by righting the wrongs of the past and so moving forward with confidence to the future.

We apologise for the laws and policies of successive Parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians.

We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country.

For the pain, suffering and hurt of these Stolen Generations, their descendants and for their families left behind, we say sorry.

To the mothers and the fathers, the brothers and the sisters, for the breaking up of families and communities, we say sorry.

And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.

We the Parliament of Australia respectfully request that this apology be received in the spirit in which it is offered as part of the healing of the nation.

For the future we take heart; resolving that this new page in the history of our great continent can now be written.

We today take this first step by acknowledging the past and laying claim to a future that embraces all Australians.

A future where this Parliament resolves that the injustices of the past must never, never happen again.

A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.

A future where we embrace the possibility of new solutions to enduring problems where old approaches have failed.

A future based on mutual respect, mutual resolve and mutual responsibility.

A future where all Australians, whatever their origins, are truly equal partners, with equal opportunities and with an equal stake in shaping the next chapter in the history of this great country, Australia. (Prime Minister of Australia, 2008)

The Prime Minister also announced the formation of a joint policy commission, to be led by the Leader of the Opposition and himself and, with a mandate to develop and implement—to begin with—an effective housing strategy for remote communities over the next five years. It will be consistent with the government's policy framework, a new partnership for closing the gap.

4. Demographics of the Indigenous population

According to Australian Bureau of Statistics (ABS) adjusted data from the 2006 Census, Indigenous peoples number 517,200 or 2.3 per cent of the population. The state with the largest number of Indigenous people is NSW with 28.7 per cent of the total Indigenous population. Queensland has 146,400 Indigenous people or 28.3 per cent of the Indigenous population. The Northern Territory has the highest proportion of the population who are Indigenous with 31.6 per cent of the total NT population (ABS Census Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006).

Lower life expectancy and higher birth rate compared to the non-indigenous population impact on the age distribution of the Indigenous population. The following table demonstrates the contrasting population distributions of the Indigenous and non-indigenous populations.

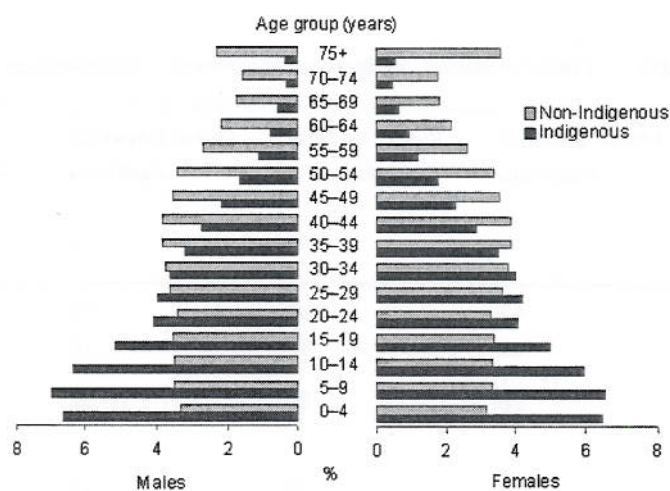


Figure 1: Population profile by Indigenous status, age and sex -2001 (ABS)

In 2001, the average age of Indigenous Australians is 21 years compared to 36 for the non-Indigenous population. Thirty nine per cent of Indigenous people were less than 15 years of age compared with 20 per cent of non-Indigenous people. People aged 65 years or over comprised three per cent of the Indigenous population and 13 per cent of the non-Indigenous population.

The following table lists data on the distribution of Indigenous peoples across geographical areas based on the 'remoteness' criteria.

Table 1: 2006 Census(a), Indigenous population – Remoteness Areas(b)

	Major Cities of Australia	Inner Regional Australia	Outer Regional Australia	Remote Australia	Very Remote Australia
State/Territory	%	%	%	%	%
New South Wales	42	33	19	4	1
Victoria	48	36	16	-	-
Queensland	26	20	32	8	14
South Australia	48	10	23	5	14
Western Australia	34	9	15	15	26
Tasmania(c)	-	52	44	2	1
Northern Territory(d)	-	-	19	18	63
Australian Capital Territory	100	-	-	-	-
Australia(e)	31	22	23	8	16

- nil or rounded to zero (including null cells)

(a) Usual Residence.

(b) Remoteness calculated using best fit of 2006 Collection Districts with 2001 Remoteness Areas. Data may change with release of 2006 Remoteness Areas.

(c) Hobart is classified as Inner Regional Australia.

(d) Darwin is classified as Outer Regional Australia.

(e) Excludes Other Territories. See *

* Does not include Christmas Island, Cocos (Keeling) Islands, and the Jervis Bay Territory (previously linked to the Australian Capital Territory for statistical purposes), Norfolk Island, Heard Island and Australian Antarctic Territories.

(From ABS Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006.)

The data indicates that the majority of Indigenous people in Australia live in Major Cities (31 per cent). The remaining Indigenous population was evenly distributed across Inner Regional (22 per cent), Outer Regional (23 per cent) and Remote/Very Remote Australia combined (24 per cent).

The table also indicates that the Northern Territory and Western Australia have the highest proportion of their Indigenous population living in remote/very remote areas with 81 per cent and 41 per cent respectively. While the more populous states of NSW, Vic and Qld all have 52 per cent of their Indigenous peoples living in Inner and Outer Regional areas. NSW and Vic also have large proportions in Major Cities with 42 per cent and 48 per cent respectively. SA has 48 per cent living in major cities. The analysis of Tasmania is problematic as no communities in that state qualify as 'Major Cities' under the ABS definitions.

Indigenous peoples generally experience higher levels of unemployment and lower levels of labour force participation than the non-indigenous population. Limited employment opportunities in remote

areas where many Indigenous people live, and lower levels of educational qualification both contribute to this. Indigenous people are also much less likely to hold post-school qualifications than non-Indigenous Australians. Indigenous peoples are also over-represented in the legal system (arrests, court appearances, incarceration and deaths in custody) (Public Health Association of Australia, 1997, p.1).

A demographic analysis of the Indigenous population must inform the type and nature of the service delivery to Indigenous peoples. It is essential that the approach to Indigenous communities be guided by the age of the target group, their connection to family and community, the types of services that work in particular areas and the geographical region where the person lives. The service will also need to take account of other population characteristics related to education level, employment and financial status, type of living situation and the health issues.

5. Indigenous carers

Little consistent information about the number of Indigenous carers in Australia and specific Indigenous carers programs exist. This may reflect that the construct of caring in Indigenous communities is one that includes caring for somebody with a disability, chronic condition, mental illness or who is frail as a community responsibility, and that programs are delivered to communities rather than services or programs to individual Indigenous carers. Indigenous carers are likely to be caring for more than one person.

The ABS 2006 Census adjusted data indicates that there were 517,200 Indigenous people in Australia (ABS 2006a). Using the 2004 carer ratio (1 carer:8 people) from the ABS 2004 carer data (which is ABS's preferred carer data) the number of Indigenous carers would be around 64,650.

The Federal Government provides two carer support payments – the Carer Payment and Carer Allowance – also called 'looking after money'. Each has stringent eligibility criteria, with the former including an asset test. (Note: Federal Government reviews of eligibility and assessment for these payments are occurring, but are still to report.) While some Indigenous carers would be eligible for these benefits very few in remote areas receive them. This is because of the difficult interaction between many Indigenous people and communities and Centrelink caused by language barriers, lack of necessary documentation, and the concept of caring. And, many Indigenous carers are unaware that these payments exist or that they may be eligible for them.

6. Indigenous health framework

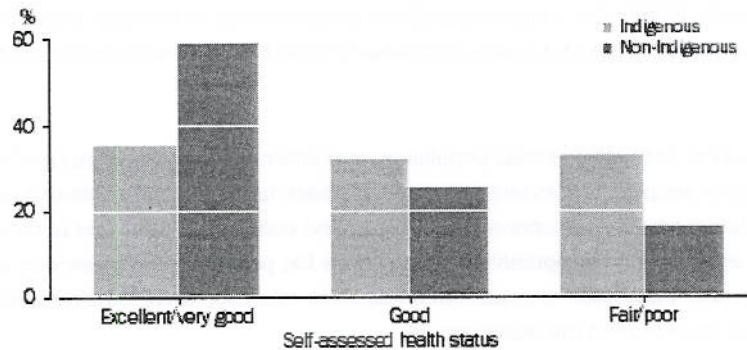
Understanding issues in Indigenous health is critical to an engagement with Indigenous communities and to an understanding of Indigenous caring contexts. The Australian Institute of Health and Welfare (AIHW) suggests that:

Aboriginal and Torres Strait Islander people suffer greater ill-health, are more likely to experience disability and reduced quality of life and to die at younger ages, than other Australians (AIHW, 2006).

By any criteria, the health of Indigenous peoples is recognised as being much poorer generally than the health of the Australian community.

One criterion is how people judge their own health status. The following table compares the self-assessed status of Indigenous and non-Indigenous peoples.

Figure 2: Self-assessed health status(a), Persons aged 18 years or over - 2002



(a) Data have been age standardised.
Source: ABS, 2002 NATSISS and 2002 GSS

(From ABS National Aboriginal & Torres Strait Islander Health Survey 2004-5.)

The table demonstrates that Indigenous Australians are twice as likely to describe their health as 'fair or poor' than other Australians.

The same ABS report indicates:

Indigenous people were more likely to report fair or poor health than non-Indigenous people at all ages, with the exception of those aged 18-24 years (graph 7.2). The proportion of Indigenous people reporting fair or poor health increased with age, from 8% of people aged 18-24 years to 56% of people aged 65 years or over (ABS, 2005 (a)).

So once Indigenous Australians are beyond their mid 20s, they are more likely to feel that their health is at a lower level with the likelihood increasing with age.

Life expectancy is much lower for Indigenous individuals than for other Australians:

In the period 1996-2001, the life expectancy at birth was estimated at 59 years for Indigenous males and 65 years for Indigenous females, well below the 77 years for all Australian males and 82 years for all Australian females in 1998-2000 (ABS, 2002 quoted in ABS, 2005 (b)).

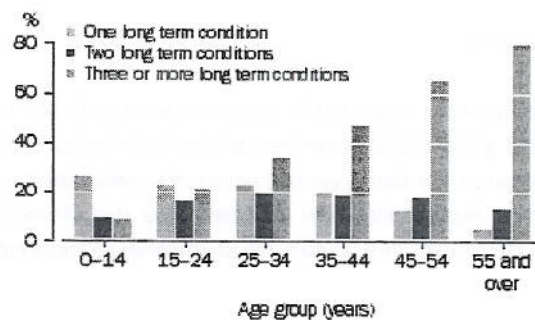
It is generally accepted that the quality of the health of Indigenous peoples is also poorer than Australians generally. The various health risk factors which are associated with poor health quality include low birthweight, obesity, poor nutrition, smoking and substance abuse (of alcohol, illicit drugs). Indigenous babies were about twice as likely to be of 'low birth weight (ie less than 2,500 gms) than babies of non-indigenous mothers (AIHW, 2006. p. 229). Indigenous individuals are also more likely to be obese in all age groups (AIHW, 2006. p. 230).

They also have poorer nutrition as indicated by their level of fruit intake daily which leads to a greater risk of type 2 diabetes and cardiovascular disease (AIHW, 2006. p. 230). The prevalence of smoking in Indigenous peoples is much higher than in the Australian community generally (AIHW, 2006. p. 230). Alcohol consumption is also at a high level with one in six Indigenous people consuming at a level classified as 'risky/high risk' (AIHW, 2006. p. 230). Indigenous people's health is also at risk through the use of illicit substances such as marijuana, heroin and amphetamines. Although statistics on petrol

sniffing are not available, it is anecdotally a problem in remote Aboriginal communities more than in other communities.

Indigenous Australians also are more likely to suffer multiple health conditions. The following table indicates the level of the Indigenous peoples experiencing multiple health issues by age.

Figure 3: Indigenous Australians and health conditions



(From ABS National Aboriginal & Torres Strait Islander Health Survey 2004-5.)

Multiple health conditions indicate poorer quality of health and can suggest increased need for hospitalisation and care while also impacting on the capacity of the individual to participate in family, employment and community life.

Other threats to the health of Indigenous peoples come from 'non-health' related issues such as housing, service access and level of education. The Rural Doctors Association of Australia called for 'Recognition of the fundamental importance of socio-economic and cultural factors, including infrastructure, education, transport and employment on health status.' (RDAA,, 2003).

Indigenous Australians live in households which are more likely to have larger numbers of people living together and less likely to have running water (AIHW, 2006, p. 231-2). The average size of an Indigenous household is 3.5 people compared with 2.6 for Australian households generally and one-quarter of Indigenous households had five or more people (ABS, 2002).

Indigenous families tend to have lower incomes (62 per cent of income level of other Australians) and higher unemployment levels (three times that of non-indigenous Australians) (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2007, p. 16). They also have lower levels of education and literacy (ABS, 2002).

These non-health factors impact negatively on the health and well being of Indigenous Australians and need to be considered when planning Indigenous health and community services.

7. Social and emotional wellbeing

A measure of the wellbeing of Australians is the 'Australian Unity Wellbeing Index' which is a quantitative measure of individuals 'state of being well and feeling contented' (Cummins, Hughes, Tomy, Gibson, Woerner and Lai, 2007, p1). This index takes account of attitudes to 'whole of life' issues including health, personal relationships, safety, standard of living, achieving in life, community connectedness, and future security. The index used a scale of 0-100 to indicate the wellbeing of the

Australian population various and sub-groups. Cummins et al suggest that scores are fairly constant for individuals in the same way that blood pressure or temperature are. They also hypothesise of an 'active management system' or 'Subjective Wellbeing Homeostasis' within an individual for regulating and maintaining wellbeing which is essential to life. Fragility in this management system capacity is determined by both an individual's inherited ability to cope but also by their life experience. Some life experiences (such as strong personal relationships) can support and enhance homeostasis while others such as constant stress can be a threat.

Cummins et al (2007) also suggest:

The proper functioning of this homeostatic system is essential to life. At normal levels of wellbeing people feel good about themselves, are well motivated, and have a strong sense of optimism. When demands constantly exceed a person's resources this homeostatic system fails, and people are at risk of depression. This can come about through such circumstances as exposure to chronic stress, chronic pain, failed personal relationships, etc. (Cummins et al. 2007, p. 2).

In 2007, carers as a sub-group of the Australian population were surveyed to measure their wellbeing index against that of the Australian population. This study determined an index of 58.5 for carers, which compared unfavourably with the normal range of 73.4 to 76.4 for the Australian population generally. This was the lowest wellbeing index of any group studied by Cummins and his team to date. Other groups with low index figures include: 'unemployed' people with 66.6 and people 'alone and unemployed' 60.0. No study has yet been undertaken of the Indigenous population to measure their wellbeing index but given the various life stress factors including poor health and low employment rate, it would be reasonable to assume that they would have a low index as well. Logically, individuals with the double characteristic of being Indigenous and being a carer are likely to experience particularly low index scores.

The gap between the health status of Indigenous and other Australians is also related to 'social determinants' such as poor education and literacy, low income, overcrowded and poorly maintained housing, poor infant diets, smoking and high risk behaviour (Aboriginal & Torres Strait Islander Social Justice Commissioner, 2007, p 15). Education and literacy impact generally on an individual's capacity to access, understand and interpret health related information. Poverty tends to reduce access to medicines and health care services and is associated with poor housing quality and overcrowding which contribute to spread of communicable diseases. Smoking and high-risk behaviour are also associated with low incomes as well. The quality of nutrition in infancy and early childhood are also associated with poverty and poor health status in later life (Aboriginal & Torres Strait Islander Social Justice Commissioner, 2007, p 15).

The National Aboriginal Community Controlled Health Organisation (NACCHO) compared data on the health status of Indigenous Australians with the available data on indigenous peoples of New Zealand, Canada and the USA (NACCHO, 2007). It found that 'Australia ranks bottom in a league table of first-world wealthy nations working to improve the health and life expectancy of Indigenous people' (NACCHO, 2007, p. 7). According to NACCHO, this situation is an Australian national scandal and mandates that urgent strategies be implemented to rectify the health of Indigenous Australians. One action that will support this is supporting Indigenous carers and their families to improve the quality of caring in their communities.

8. Carer health framework

Caring responsibilities impact negatively on the health of Australians who provide care for others. Apart from the quantitative study of carer 'wellbeing' (Cummins et al, 2007) referred to previously in this report, another study by Carers Australia (2007) suggests that caring responsibilities impact on the caring person's health. This is because of the 'lack of time carers have to maintain their own health' and 'putting the health and care of the care recipient first' above their own health needs (Carers Australia, 2007, p. 2). Other factors include lack of skills in preventing injuries resulting from physical tasks associated with caring. The same report also uses ABS data to demonstrate that carers tend to have lower income and standard of living than the Australian population generally. This has an '... indirect impact on their health through their reduced access to health and other appropriate services.'

The negative impact of caring responsibilities on an individual's health is another negative factor in the health of Indigenous people who are carers.

9. Cultural respect framework

Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Indigenous peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not wittingly compromise the legitimate cultural rights, practices, values and expectations of Indigenous peoples. The goal of cultural respect is to uphold the rights of Indigenous peoples to maintain, protect and develop their culture and achieve equitable health outcomes.

The Cultural respect framework for Aboriginal and Torres Strait Islander Health 2004-2009 – Australian Health Ministers' Advisory Council, 2004 states:

... there is growing recognition that health and health care is, in fact, a cultural construct arising from beliefs about the nature of disease and the human body ... Aboriginal and Torres Strait Islander peoples view their health in a broad sense, which includes consideration of the physical, cultural and spiritual components of their wellbeing. Culture and identity are central to Aboriginal perceptions of health and ill health (Australian Health Ministers' Advisory Council, 2004)

The Cultural Respect Framework indicates that 'at the service interface, these perceptions and the social interaction surrounding them influence:

- the attitudes of the individual to their own health status
- when and why Aboriginal communities access services
- their acceptance or rejection of treatment
- the likelihood of continuing to follow treatment recommendations
- the likely success of prevention and health promotion strategies
- the assessment of quality of care
- their views of health care providers and personnel.

The eight principles of the Cultural Respect Framework respect include:

- holistic approach – recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social wellbeing, community capacity and governance

- health sector responsibility – improving the health of Indigenous people and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander peoples will provide greater choice in the services they are able to use
- building the capacity of health services and communities – strengthening health services and building community expertise to respond to health needs and take responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, and fostering leadership, governance and financial management
- community control of primary health care services – supporting the Indigenous community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Indigenous communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision making, participation and control as a fundamental component of the health system that ensures health services for Indigenous peoples are provided in a holistic and culturally sensitive way
- localised decision making – health authorities devolving decision making capacity to local Indigenous communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Indigenous specific and mainstream health services
- promoting good health – recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services

The Cultural Respect Framework signals that attitudes and knowledge-based strategies provide an important foundation, but these must be actively linked to changed behaviour and action. Similarly, behaviour and practice must be linked to assurances of cultural safety, and those traditional Indigenous peoples' healing practices are recognised.

Cultural safety also refers to an environment where clients, families and community members have health care choices and their values and attitudes are respected. It is not about the Indigenisation of services but rather about the culturally safe attitudes held by health practitioners within a particular health setting. Cultural safety is about a safe service being defined by those who receive the service.

10. Diversity of Indigenous caregiving situations

The diversity of Indigenous Australian lifestyles determined by their cultural pluralism and geographical factors implies that a diverse set of responses will be required.

A project by Carers Victoria about Indigenous caring issues stated:

Very few Indigenous people identify as carers, however many have significant care responsibilities. Most are women and they are of all ages. Most care for more than one person, often for three or four generations of family members with care needs. (Hepburn, 2005, p. 7)

Indigenous carers do not identify as 'carers' and this is further explained elsewhere in the report:

It seems to be a culturally accepted responsibility to 'look after our own'. Many Indigenous workers and carers believe that caring for the frail elderly is the responsibility of families and communities. It is 'just what you do' (Hepburn, 2005, p. 15).

This concept of caring for a range of individuals was consistent with cultural values related to family kinship relationships. It also reflects the relative distrust that Indigenous people have for agencies of authority and welfare. This distrust translates to the unwillingness of Indigenous people to surrender the care of their children and people who are aged or have disabilities to agencies that they perceive as being a threat.

Caring for multiple people and for several generations also reflects the situation in many Indigenous families. Indigenous households are likely to include a larger number of people than non-Indigenous households.

The findings of the Carers Victoria's report also point out the increased responsibilities of Indigenous women in their communities. This female role is complicated by the relative 'dysfunctionality' of Indigenous men who are more likely to be incarcerated, to be unemployed, to abuse substances and to have shorter life spans. Indigenous women therefore must shoulder a greater responsibility within the community not just with household duties but with workforce participation and political action.

11. Government legislation or carer charters

Several state and territory governments have introduced legislation or other documents to recognise the special needs of carers, and some acknowledge and include Indigenous carers. There is no similar Federal Government national carer legislation or framework, although the Prime Minister Kevin Rudd announced that the government would review this situation during his election campaign (ALP, 2007).

The Northern Territory Carers Charter – the guide to the Northern Territory Carers Recognition Act 2006 – acknowledges Aboriginal carers and states:

The diversity of carers' individual needs must be acknowledged and identified, taking into consideration cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and where people live. In particular, it is important to recognise the needs of Aboriginal carers and children and young people who are carers.

The charter includes other principles:

- carers must receive information on their rights when dealing with agencies

- the role of carers must be formally recognised by including carers in the assessment, planning, delivery and review of services that impact on them and their caring role
- the views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and their caring role
- programs and services for carers must be responsive, coordinated and appropriate (Northern Territory Department of Health and Community Services, 2006)

The *Queensland Government Carer Recognition Policy, February 2007* identifies the need to:

- acknowledge and identify the diversity of carers' individual needs, taking into consideration differences, age, disability, religion, socioeconomic status, gender identification and where people live in Queensland
- ensure programs and services for carers are responsive, timely, coordinated, innovative, flexible and appropriate
- ensure the appropriate sharing of information and decisions on care with carers in matters that affect them or the care they provide
- value the expertise and skills of carers in relation to their caring role (Queensland Government, 2007)

The South Australian *Carer Recognition Act (2005)* recognises in law the needs and rights of carers in that state. Within the Act, Aboriginal and Torres Strait Islander carers are identified as requiring specific consideration:

- Aboriginal and Torres Strait Islander carers should be specifically identified and supported within and outside their communities
- Aboriginal and Torres Strait Islander carers should be supported by business and community organisations, public institutions and all levels of government
- Aboriginal and Torres Strait Islander carers should be provided with culturally appropriate support services that take into account the history, health and wellbeing of their extended families (SA Government, 2005a)

In a background paper on Indigenous carers for the South Australia Carer Policy, Dr Stephen Jenkins and Francesca Seith from Human Services Reform Branch in the Department of Human Services, reinforce the cultural norms of caring by Indigenous carers and communities.

The way family carers and friends provide extra care and support to family members with an illness or disability and the response by service providers is strongly influenced by cultural norms. Within Aboriginal and Torres Strait Islander families and communities, kinship ties and obligations place a strong emphasis on sharing and mutual support.

The background paper acknowledges that many Indigenous communities and individuals already create and sustain nurturing, healthy and successful families, positive community culture and safe community environments, but that the history of dispossession and destruction of families has often led to a reluctance to use mainstream services.

The authors stated this cultural context, historical experience and consequent higher levels of poor health in general for Indigenous carers and the people they care for requires special consideration in resource allocation, planning of services and operational procedures. The background paper suggests strategies for Indigenous carers that include:

- research into specific issues affecting Indigenous carers in urban, rural and remote areas of South Australia [Note: this is applicable nationally]
- development of specific services and support structures for Indigenous carers taking into account the higher levels of socioeconomic disadvantage of Indigenous communities
- provision of targeted information for Indigenous carers on services both for themselves and the people they care for
- acknowledgment and community education about the importance of Indigenous carers
- appropriate resource allocation for individual Indigenous carers and Indigenous service providers (SA Government, 2005b)

These documents all state principles that need to be met by organisations and governments in providing services to carers. While it is acknowledged elsewhere that Indigenous carers have special requirements, the above principles are applicable to their caring situation.

12. The Network's engagement on Indigenous carer issues

The Network made up of the national, state and territory carers associations works as a federated structure, that is, each has their own constitutions and boards of management but they work together on policies and programs which aim to support carers across Australia. The Network has a history of engagement, consultation and service delivery to Indigenous communities as well as a commitment to understanding the situation for Indigenous families related to caring.

Carers Australia regularly commissions research projects in partnership with relevant academic researchers as well as other stakeholders. In 2007, the Network, at one of its national workshops, identified that a priority for research, advocacy and service delivery will be improving the lives of Indigenous carers and their communities.

Some research projects with a focus on Indigenous carers have been undertaken by the Network.

Many projects undertaken have been funded by governments and by necessity meet various strategic expectations and funding priorities of these government instrumentalities. Some projects involve strategies with particular geographical communities or individual stakeholders. The successes and outcomes of these projects do not necessarily transpose to other areas and communities. Nonetheless, experiences gained from involvement in projects with an Indigenous focus offer opportunities for learning and give the Network a framework for further policy and program work.

The following descriptions are intended to give a snapshot of some significant recent initiatives, legislation, research and programs.

13. Carers NT

13.1 Ti-Tree (2007)

In 2007, Carers NT undertook a project for Carers Australia funded by the Australian Government Department of Health and Ageing under their Sharing Health Care Initiative Program. The program's aim was to promote and support carer health through 'self care' education principles. Significantly, the Ti-Tree project grew from an initial contact to Carers NT from a local stakeholder, the Anmatjere Council, seeking education and support for carers in the local area because of concern for the health and wellbeing of their carers. After some consultation with this stakeholder, it was decided that the Carer Education Course (CEC) would be modified for use with the local Indigenous people. The

'Looking After Ourselves' learning program, based on the CEC, was further developed for the project. This included modifying language, concepts and strategies of the CEC as well as using Indigenous resources and, where possible, Indigenous staff to deliver the program. An important component of the five module training program was the development of a 'Looking After Me' action plan for participants.

The aim of implementing the CEC within the Ti-Tree community was to further develop the project resources to promote their cultural sensitivity. For example, suggestions for improving carer health through involvement in local community activities now includes participation in the gospel singing already prevalent in the Ti-Tree community, and bush tucker included as healthy eating and nutrition..

An outcome of this program was that project workers were able to visit the Ti-Tree community and gained a better appreciation of the living situation of people in the community including lifestyles, language barriers and family situations. Ultimately, this assisted the staff to better understand the issues of Indigenous carers living in a remote Indigenous community. (Carers NT, 2007).

13.2 Troopy Program (1999-)

The Troopy program was funded as an on-going program under the Australian Government Department of Health and Ageing through its National Respite for Carers Program and targets Aboriginal people in remote areas. It originally was funded to service the Top End and Katherine Region and provides respite to indigenous carers on remote communities and islands. With the continued success of this program the service expanded to the Central and Barkley Region in 2004.

The service provides respite within the community thus not requiring the carer and their family members to leave the community to go to care facilities in unfamiliar areas such as Darwin. Carers NT works with existing supports and service providers to deliver this service.

This is achieved through provision of two staff, 4-wheel drive vehicles or 'troop carriers' and camping equipment to individual communities so that carers and their families can have culturally appropriate respite through 'going bush' or 'back to country' in the local area. This respite included traditional activities of fishing and other food gathering and seed collection. Another dimension of the respite was to reconnect with others in their kinship network.

In 2006 the Australian Government Department of Health and Ageing extended the program to the fund the Remote Respite Camp Program to provide responsive overnight respite on remote communities that do not have a residential respite centre. Respite is provided in the form of a (set-up tent type) camp for overnight care of aged recipients in a location outside of the main community for a period of two weeks to enable carers to have respite at home.

In 2008 the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs funded Carers NT to deliver the Mental Health Troopy Program for the carers of care recipients with a mental illness or disorder. The service provides ongoing respite, as well as resources, carer awareness, advocacy with Centrelink and housing issues and carer education to remote communities.

14. Carers Victoria

14.1 Guidelines for Delivery of Culturally Sensitive and Flexible Counselling for Indigenous Carers, (2007)

Carers Victoria has undertaken a significant project which focus on issues related to counselling support of Indigenous carers. It was funded by the Office for Women within the Australian Government Department of Families, Community Services and Indigenous Affairs.

Guidelines for the delivery of culturally sensitive and flexible counselling services for Indigenous carers in Victoria were developed through an extensive literature review and workshops with counsellors. These workshops were aimed to develop the counsellors' understandings and competencies in providing services to Indigenous carers and their families.

Important qualities for providing counselling to Indigenous peoples include being 'real' by adopting a 'more casual, less formal' method of engagement, avoiding jargon and 'supporting the Indigenous person to lead the discussion' (Monahan and Twining, 2006, p. 16).

14.2 Be with us, Feel with us, Act with us (2005)

This project sought to identify the most appropriate ways of consulting with and supporting Indigenous carers and their families and to understand the beliefs about caring in Indigenous communities. The findings in the report stressed the need for an holistic approach and an understanding and sensitivity to culture. It also highlighted the need for partnerships between Aboriginal community organisations and mainstream service providers.

15. Carers NSW

Currently, Carers NSW employs two Indigenous staff. One as a community development coordinator and the other a carer support officer. There is also an Indigenous person on the Board of Management of Carers NSW. Carers NSW has developed specific fact sheets for Indigenous carers. These are available from a dedicated Indigenous section of their web site which includes other Indigenous Carer resources.

15.1 Koori Carer Yarning Resource Manual (2002)

This project was funded by the NSW Department of Health and the NSW Department for Women. An underlying concept was the importance of 'yarning' or story telling and its cultural value to understand Indigenous experiences. The purpose of the project was to develop a manual to provide staff with an overview of the cultural differences between Indigenous Koori communities and other Australian communities. The manual aims to equip people with an understanding of the needs of Koori carers, to promote skills in engaging Koori carers and to assist providers in setting up their own 'Koori Carer Yarning' project.

16. Carers QLD (2003)

16.1 Cape York Pilot Project

The Cape York project sought to work with Indigenous carers in their communities to identify their needs and research how these might be met. Using Indigenous consulting groups, the project established consultation processes through workshops and meetings to focus on issues encountered by Aboriginal and Torres Strait Islander carers in Queensland.

As a result of the consultation process, several actions were strongly recommended including the establishment of a 'five-year Indigenous carer strategy', the adoption of state policies for working with Indigenous communities, funding for community development officers, improved respite options and a training strategy.

17. Carers SA

Carers SA is a member of an Aboriginal Partnership Group that was established to be a forum to discuss topical and current issues, and to allow opportunities for members to share current activities and opportunities for collaboration in regard to Aboriginal carers.

17.1 Northern Country Carers Aboriginal Project

The aim of the program is to provide appropriate carer supports to Aboriginal carers of young people (under 25) with a disability. This program covers carers residing within the local government areas of Port Augusta, Flinders Ranges and Port Pirie and districts. It is based in a rural area and covers a large area, and is funded by the Home and Community Carer Program (HACC). Support includes linkage to other carers and services, referral to appropriate services, peer and group support, forums and information sessions, information provision, advocacy and transport.

The Carer Support Worker works four days a week. Around 80 carers are linked to the project.

18. Carers WA

18.1 Report on Dementia and Challenging Behaviour: Interviews with People of Aboriginal and Torres Strait Islander Origin (2002)

This project between Carers WA and Alzheimer's Australia WA which was funded by the Australian Government Department of Health and Ageing through the Carer Education and Workforce Training Project.

The aim of the project was to identify key strategies to improve health outcomes for Indigenous peoples with dementia and challenging behaviours. Information was obtained from interviews with Indigenous individuals and families affected by dementia.

The key strategies for action included developing innovative and integrated health responses and partnerships with all relevant specialist services.

19. Carers ACT

19.1 Indigenous Carer Program

The Indigenous Carer Program in ACT is funded by the Australian Government Department of Health and Ageing and ACT Health through the Home and Community Care (HACC) Program. The program supports Indigenous carers in the ACT community through provision of culturally appropriate respite such as the *Koori Yarning Trips*. These trips to various sites also include cultural components including singing, dancing, art and history.

Another support program is the *Koori Carers Support Group* providing recreational activities and promoting Indigenous culture and community awareness.

20. National projects

20.1 Indigenous Carer Support Kit (1995-)

The Kit is funded by the Australian Government Department of Health and Ageing through the National Respite for Carers Program. It was revised in 2005.

The Indigenous Carer Support Kit is designed especially for Aboriginal and Torres Strait Islander carers living in rural and remote areas. It contains information specifically for Indigenous carers using appropriate images and language. It also contains an 'Emergency Care Plan' to assist carers to record relevant emergency information and actions.

20.2 Good Practice Guide (2007)

Principles of support of Indigenous carers

The Network developed the *Guide to Good Practice* in 2007 which represents a statement of principles for models of service provision to carers, engagement with carers and with other stakeholders on carer related issues. The principles of 'carer centredness' and 'carer consultation and participation' as well as the promotion of the skills and learnings of carers, volunteers and professional staff working with carers are important for all carer support.

While each principle applies to Indigenous caring contexts, others have a particular relevance for Indigenous carers. The principle of 'access and equity' requires 'respecting all carer populations and addressing the barriers that prevent some carers getting access to information, resources and support' (Network of Carers Associations, 2007, p.5). The principle of 'recognising cultural diversity' requires 'respecting people from other cultural and linguistic backgrounds and providing service in flexible and culturally appropriate ways' (Network of Carers Associations, 2007, p.5). A further principle, 'respect for Indigenous culture and heritage' stresses 'respecting the culture and heritages of Aboriginal and Torres Strait Islander people and understanding the importance of kinship and land' (Network of Carers Associations, 2007, p.5).

The Guide to Good Practice also specifically details the features of good practice when working with Indigenous carers and their communities. These features signpost ways that organisations can become competent in working with Indigenous groups (Network of Carers Associations, 2007, p.28).

21. Indigenous-specific responses and how they differ from non-indigenous responses

How to best respond to Indigenous Australians and their issues is a central issue for agencies dealing in areas of human services. Engaging with Indigenous peoples and with their issues requires a partnership, mutual respect and trust among the participants. This is reflected in many of the outcomes of the Network's projects. The lessons learned by the Network from these projects are important, as is experience from other engagements by other agencies with Indigenous Australians.

A recognition of the diversity of Indigenous Australians both in their traditional cultural heritages and in their contemporary lifestyles underpins a more informed engagement with them. This diversity encompasses the spectrum of people living more traditional lifestyles, more likely in remote locations, as well as those living in urban settings with sometimes little externally apparent expression of their culture and heritage.

Some Indigenous people are able to define themselves as 'Indigenous' according to the accepted government definition while acknowledging that they have much to discover about their history and culture. This lack of knowledge and understanding is as a result of past European policies resulting in the removal of children and the breaking up of Indigenous families and communities. It is also an effect of past social practices, particularly in education, which outlawed expression of Aboriginal cultures particularly in language or ceremony. These policies effectively forced cultural extinction and denied generations of Indigenous Australians access to information about their heritage.

Traditional cultural values can and do influence the daily lives of individual people. The concept of 'survival' is frequently used in Australia to characterise the continuation of Indigenous peoples and heritages in the face of European society and influence.

One particular cultural element which has been identified in Indigenous Australian cultures is the inherent 'worldview'. This has been defined by Christie as 'a set of concepts that relates individuals within any culture to the natural universe and to other humans who compose their social reality' (Christie quoted in Hewitt, 2003, p. 111). Hewitt characterises the Indigenous worldview as accepting 'that survival depends on cooperation and coexistence with the forces of nature' contrasted with a more European western tradition of 'expecting to manipulate and control them' (Hewitt, 2003, p. 111). Implicit in this Indigenous worldview is a strong bond and spiritual relationship with the land and the natural environment. This different worldview needs to be considered in responding to Indigenous peoples through acceptance of possible different approaches to ownership of resources, kinship relationships and notions of time.

Indigenous Australian cultures were traditionally an 'oral' tradition where culture and its transmission rely on stories and visual elements. Indigenous cultures had no 'written' expressions in the tradition of western culture relying on symbolic communication forms such as alphabet and numerical systems. Stories, songs and other oral elements are important expressions for many contemporary Indigenous Australians. A western 'written' culture, where things are only 'true' if they are recorded in written form, can be quite alien to some Indigenous peoples. Many Indigenous Australians also have personal negative experiences of schooling and may have lower levels of literacy which impact on their access to written language.

The style of western communication of a professional nature can also be alien to Indigenous Australians because it is often 'direct, concise' and makes the person speaking appear more 'confident' and sure of their ideas (Carers NSW, 2002, p. 24). This contrasts with Indigenous communication styles which are more likely to be indirect, without direct eye contact, expressed in more ideas and feelings and more tentative in approach.

This suggests then an approach with greater emphasis on oral communication and less on dense written communication using professional jargon is preferable. As well, communication methods which are more sensitive to and takes cues from Indigenous peoples, are more likely to cater for a wider range of individuals.

The experiences of a number of projects emphasise the concept of 'trust' in working with Indigenous peoples. Trusting relationships must be seen as central to engagement with Indigenous peoples. The Carers Vic study on Indigenous counselling found that, 'Building relationships with Indigenous peoples has been identified as one of the most important aspects of counselling' (Monahan and Twining, 2006,

p. 15). The same study emphasised the notions of 'being friendly and 'real'' (Monahan and Twining, 2006, p. 16) as important in trusting relationships.

In their project, Guthrie, Dance, Cubillo, McDonald, Tongs, Brideson, and Brammer found that the development of trusting relationships was much easier when their project used local Indigenous people as the contact staff in the project (Guthrie et al, 2006, p. 519). Naturally, the use of Indigenous project staff is not always possible. The same project suggests that:

... an approach that invited a transfer of knowledge and skills among and between all members of a larger 'learning community' created a sense of ownership and respect among all involved. Trust was built. Relationships were nurtured and established' (Guthrie et al, 2006, p. 521).

This implies an acceptance of 'two-way' process of learning whereby both the Indigenous and non-Indigenous peoples accept that they will learn from the engagement with each other which promotes a 'shared ownership' of the project. The ensuing trusting relationships are not just between individuals but extended to 'institutional relationships' as well (Guthrie et al, p. 521).

22. Conclusion

Engagement with Indigenous peoples on carer issues and with carers directly is an important dimension of the work of the Network. This paper has highlighted relevant issues both from the experiences of the Network itself and from other agencies who are grappling with the cross cultural contexts implicit in these engagements. These issues need further discussion within a broader forum of stakeholders and individuals, both Indigenous and non-Indigenous which will establish a negotiated framework for future engagement and relationships.

There is often tension between government priorities related to 'outcomes' and 'funding cycles' and a long term approach required to achieve real systemic change for Indigenous peoples and their communities. The time required to engage and consult with communities, earn their trust and develop workable solutions cannot be under-estimated nor be fitted into some opportunistic political priority. As well, the integration of all the factors which promote the health and well being of Indigenous individuals and their communities, has to underpin Indigenous policies and programs.

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