

# Koori Carer Yarning Resource Manual

First edition, August 2002  
Revised edition, June 2010  
© Copyright Carers NSW

ISBN 1 876637 749



Roden Cutler House, Level 18, 24 Campbell Street, Sydney NSW 2000  
PO Box 20156, World Square NSW 2002  
Phone: 02 9280 4744 Fax: 02 9280 4755 Email: [contact@carersnsw.asn.au](mailto:contact@carersnsw.asn.au)  
Website: [www.carersnsw.asn.au](http://www.carersnsw.asn.au)  
Carer Line 1800 242 636  
(free local call, mobile calls charged at mobile rates)

Funding for revised edition (2010) provided by:



**Australian Government**

Funding for first edition (2002) provided by:

**NSW Health and Department for Women**



# TABLE OF CONTENTS

FOREWORD.....	3
CARING FOR ME, poem by Bea Ballangarry.....	5
INTRODUCTION .....	9
What is the purpose of the Koori Carer Yarning Resource Manual? ...	10
The definition of Aboriginal.....	10
Guide to using the manual .....	11
The use of colour .....	12
SECTION I. ABORIGINAL CULTURE AND HISTORY .....	13
The diverse Aboriginal community .....	13
An overview of Aboriginal history .....	15
Significant dates for Aboriginals and Torres Strait Islanders.....	31
Traditional Aboriginal society.....	33
Differences between Aboriginal and non-Aboriginal communities.....	36
SECTION II. KOORI CARER ISSUES.....	45
Who are carers and what do they do?.....	45
The impact of being a carer.....	46
Supporting the carer.....	51
Aboriginal carer specific issues .....	52
SECTION III. STRATEGIES FOR ENGAGING KOORI CARERS.....	61
General recommendations .....	61
Specific strategies arising from the camps .....	65
Blueprints of the steps needed to implement networking strategies .....	72
SECTION IV. CHECKLIST FOR SETTING UP YOUR OWN KOORI CARER YARNING .....	77
1. Be clear about the purpose of the camp.....	77
2. Pre camp: planning.....	77
3. At camp: before the carers arrive .....	83
4. Running the program and beyond.....	84
5. The evaluation report.....	85
SECTION V. REFERENCES.....	87



## FOREWORD

The Koori Carer Yarning Resource Manual is the outcome of an innovative project that involved Koori carers, Koori elders, Aboriginal service providers and non-Aboriginal service providers.

A pilot project was originally funded by the NSW Health Care for Carers Program and the NSW Department for Women in 2002. It involved bringing together Koori carers and service providers in a 'camp setting' over 12 months to talk about the experience of Koori carers and to identify how service providers could make their service more accessible.

The Koori Carer Yarning Resource Manual evolved from these first camps, and was the first time a manual had been written about the experiences of Aboriginal carers and about access strategies to encourage their use of service supports.

Since the publication of the first edition of the Koori Carer Yarning Resource Manual in 2002, many more Koori Carers and Aboriginal and non-Aboriginal service providers have come together throughout New South Wales in Koori Yarning Camps. These camps have formed a key part of a range of Carers NSW programs. They continue to provide support for Aboriginal carers, and an important form of respite from their caring roles, as they and service providers continue to develop an increased trust, understanding and appreciation of one another.

This revised version of the Koori Carer Yarning Resource Manual has been informed by these Aboriginal carers and service providers' experiences of the Koori Carer Yarning Camps, and its updated information includes historic timelines and acknowledges relevant recent events.

I would like to thank all the Aboriginal carers who contributed and participated in the first Koori Carer Yarning Project, and to also thank the Aboriginal carers who have attended subsequent Koori Carer Yarning Camps for sharing their stories and caring experiences, as well as all the Aboriginal and non-Aboriginal service providers for their commitment in supporting these camps and for providing their feedback to help us ensure that the Koori Carer Yarning Camps continue to be a valuable resource for Aboriginal carers.

I trust that this manual will continue to provide opportunities to understand and support the needs of Koori carers.



Elena Katrakis  
CEO  
Carers NSW

2010

## CARING FOR ME

Bea Ballangarry © 2004 edited version

*Responsibility's getting harder for me  
in my caring role  
especially when and after being sick  
no time to be sick  
can't care for me  
convalescing time dragging out  
still no recovery space  
have to be there for her need  
to cope with her need  
can't curl up or pull the blanket  
over my head  
or hide in a book  
sick with pleurisy for weeks  
whole body drenched with ill  
mind body soul will take ages  
to heal  
need to be allowed to lie down in illness  
in order to heal*

*need long respite somewhere*

*the phone rings  
it's Tuesday 20th November 2001*

*hello*

*Claire here from Carer's Respite  
you remember me?  
how are you Bea?*

*ohh Claire I have been sooo sick  
finding it hard to heal up good  
I really need some time away  
maybe a retreat holiday  
or some kinda respite or something?*

*well what do ya know Bea  
what I'm ringing you about  
is a three-day carer's camp out at Yarrawarra*

*what kinda camp you talking up?*

*camp to share stories with others*

*would you like to join us Bea?*

*in a little lizard voice I say*

*yes thank you Claire*

*so Angela and I drive to Nurralami  
park the car up  
collect our bags then make our way  
across the clearing towards our rooms*

*later we are introduced  
to other carers from our region  
we all yarn our way  
into the afternoon  
us carers answering questions  
and sharing stories  
with the women from Carers NSW*

*late afternoon I tell them about  
the Gumbaynggirr art and craft  
down the way  
wanna have a look?*

*yeah yes and yes please filled the air*

*wait wait wait for me I wanna come too*

*Sheree is closing a folder  
putting pens away and generally rushing  
to finish  
we all join her banter and wait*

*we walk to the cultural centre  
look at this look at this did you see that?  
it is all amongst us  
it is already here  
all the time  
these colours connecting us*

*before we go back I say*



*beach five minutes away  
through that bush track over there  
wanna go?*

*come on then let's go*

*seven of us all women walk the track  
yarnin up big time  
some of us meandering  
some of us go ahead anxious  
to get to the beach  
I walk slowly with Carol  
I feel I'm being listened to  
as well as listening to her  
seeing the photos of her triplets  
each of us sharing stories  
it's me talking and Carol listening  
I was desperate for other people's ears  
I don't know  
anyway we walk the track  
onto the boardwalk  
across a grassy sandbank  
over a small bridge  
onto the sand dune before reaching the beach*

*as we step in view of the others  
already there I stop in amazement  
some are digging for pipis  
others are looking at the shells and rocks  
others stroll along the water's edge*

*oh look Carol they're already in the water  
Sheree clothes and all is dancing wildly  
in the massive full-tide waves*

*images flashing  
in and out of consciousness  
recall for me my little girl time  
I am transfixed  
what I see  
for now  
slowly unties my strings*

*looking at Sheree  
shedding the weight*

*of caring for another  
hugged in the arms  
of curling waves  
singing out her peels of laughter*

*our ocean our sacred ocean  
embraced us  
first her waves around Sheree  
then around the rest of us  
cradling us in  
transporting us back to our little girls  
hearts now singing from the music of laughter  
and the waves*

*hanging above the deep blue ocean  
cares    strain    responsibility*

*fall*

*away*

Carers NSW would like to thank Bea Ballangarry for sharing this poem which is taken from her book *Birth of my Woman*.

## INTRODUCTION

Carers NSW developed the *Koori Carer Yarning Project* as a response to the critical need to improve Aboriginal carers access to services and provide them with support. The *Koori Carer Yarning Project* is a support program for Aboriginal carers and an awareness program for service providers. The underlying concept of the project is the importance of ‘yarning’ or storytelling and its cultural value in understanding Aboriginal experiences. The *Koori Carer Yarning Project* consists of two components; Koori Carer Yarning Camps and Koori Carer Yarning Resource Manual.

The Koori Carer Yarning Camps involves bringing together Koori carers, Koori Elders, Aboriginal service providers and non-Aboriginal service providers in a ‘camp setting’ to talk about the experiences of Koori carers and to identify how service providers could make their services more accessible.

Carers are usually family members who provide unpaid care and support to children or adults who have a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who are frail.

The Koori Carer Yarning Resource Manual is an outcome of the Koori Carer Yarning Camps.

## What is the purpose of the Koori Carer Yarning Resource Manual?

The purpose of the manual is to provide service providers with an understanding of the needs of Aboriginal carers and attempts to identify the cultural differences between Aboriginal carers and non-Aboriginal carers. The aim is to assist service providers to recognise where and how strategies need adapting. It is, however, vital that you remember that they are all carers.

To be effective in providing services to Aboriginal communities, it is vital that you have a desire to learn about the cultural differences that may affect your success.

This manual will not provide you with ultimate solutions to the difficulties that you may experience. It is important to note that the information may be incomplete or may not accurately reflect the differences between communities. It is therefore important that you understand the essence of what has been stated rather than believing that the content is unchangeable or fixed.

You need to relate the information presented here to the local communities with which you work and to learn from them.

Throughout the manual, key points/strategies/lessons appear in yellow boxes. Italicised text represents strategies discussed at the camps, and italicised quotes are the words of the Koori carers who attended these camps.

### The definition of Aboriginal

Carers NSW uses the widely accepted definition of Aboriginality which refers to both descent and community acceptance. An Aboriginal person is defined as a person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she belongs (*Aboriginal Land Rights Act 1983 NSW*).

**Torres Strait Islander** is defined as a person who is a descendant of an Indigenous inhabitant of the Torres Strait Islands (section 7 of the *Torres Strait Islander Land Act 1991 QLD*).

## Guide to using the manual

Carers NSW has designed this manual as a reference tool to help you reach out to and work with Aboriginal carers. The manual is divided into five sections. Each section contains factual information as well as ideas and strategies which were discussed during the camps.

**Section I** focuses on Aboriginal culture and history. It presents information on the diversity of the Aboriginal community, an overview of Aboriginal history, a discussion of traditional Aboriginal society and a comparison of the cultural, social and health differences between Aboriginal and non-Aboriginal society today.

**Section II** changes the focus to carers issues generally and Koori<sup>1</sup> carers issues specifically. Who are carers and what they do, the impact of being a carer, strategies for supporting carers, Koori carer-specific issues, and a discussion of the use and non-use of support services can all be found in Section II.

**Section III** contains the strategies for engaging Koori carers which arose out of the *Koori Carer Yarning Camps*. Overall recommendations, specific strategies and blueprints of the steps needed to implement networking strategies are presented.

**Section IV** is a guide to setting up your own *Koori Carer Yarning Camps*, based upon Carers NSW experience. It is followed by a list of useful links.

**Section V** contains six fact sheets which compliment this manual and provide information on specific Aboriginal carer groups:

- Male carers
- Older parent carers
- Young carers
- Support groups
- Respite
- Social and emotional wellbeing

---

<sup>1</sup> Aboriginal people from NSW are commonly known by other Aboriginal people as Koori or Goorie. See Section 1 for more information on Aboriginal names for Aboriginal people from different areas in Australia.

## The use of colour

The manual has been designed using the Aboriginal flag colours of red, yellow and black to reflect the background of the participants in the Koori Carer Yarning activities.

The black in the Aboriginal flag symbolises Aboriginal people, the yellow represents the sun, the giver of life, and the red depicts the earth and also represents ochre, which is used by Aboriginal people in ceremonies.

The Torres Strait Islander flag is inscribed with a white Dari (headdress) which is a symbol of Torres Strait Islanders. The white five pointed star beneath it symbolises the five major island groups and the navigational importance of stars to these seafaring people. The green stripes represent the land, the black stripes represent the people and the blue the sea. The flag as a whole symbolises the unity of all Torres Strait Islanders.



This resource manual only makes reference to 'Aboriginal' people and will not make reference to Torres Strait Islander people, unless relevant, as this is a resource for NSW and Aboriginal people are the original inhabitants of NSW. There was no consultation with Torres Strait Islander groups in the development of this document. However, Carers NSW acknowledges that Torres Strait Islander people are among the First Nations of Australia. All Aboriginal programs and services are available to Torres Strait Islander people.

## SECTION I. ABORIGINAL CULTURE AND HISTORY

### The diverse Aboriginal community

There are two main indigenous cultures in Australia: the Aboriginal people from mainland Australia and Tasmania; and the Torres Strait Islander people from the islands off the Queensland coast. It is estimated that at the time of the arrival of the Europeans, over 250 Indigenous languages existed, with approximately 600 dialects. Today, about 100 of these 250 languages are no longer spoken. The majority of the rest are highly endangered, and less than 20 languages are spoken by all age groups. Note that some languages have more than one dialect, and speakers of these dialects may refer to their dialects as languages (ATATSIS 2008 and LVW 2007).

Many cultural variations exist within today's Aboriginal society. Aboriginal people from different tribes do not necessarily have the same values, beliefs, ideas or histories.

#### **What are the implications for service providers?**

Service providers may find communication with Aboriginal people from various communities confusing as there are so many Aboriginal languages or dialects throughout Australia.

Due to the cultural diversity of Aboriginal communities, it is important that you understand that although one approach worked for one Aboriginal carer, it may not work for another.

Remember that Aboriginal carers are individuals too.

Aboriginal people have different names for Aboriginal people from different areas:

- |                                     |                        |
|-------------------------------------|------------------------|
| • New South Wales                   | Koori/Goorie           |
| • Victoria                          | Koori                  |
| • Queensland (southern and central) | Murri                  |
| • Queensland (northern)             | Bama                   |
| • South Australia                   | Nunga/Nyungar/Nyoongah |
| • Northern Territory (north-east)   | Yolnugu                |

- Northern Territory (central)
  - Tasmania
  - Western Australia
- Anangu  
Palawa  
Nyungar/Nyoongar  
(NMA 2009)

It is important to remember that an Aboriginal person living in a particular state may not be from that state originally. For example, if an Aboriginal person originally from Western Australia is now living in NSW, they would still consider themselves to be a Nyungar/Nyoongar rather than a Koori.

Aboriginal people also refer to themselves and other Aboriginals by the nation name (see Map).



Some Aboriginal people may find it offensive for non-Aboriginal people to refer to them by their boundary/state names (i.e. Koori).

It is advised to seek permission to use these terms from the relevant person or community group where a relationship has been established.



## An overview of Aboriginal history

### **The Dreaming**

The Dreaming is the dimension of sacred, eternal time when Ancestral Spirits came up out of the earth and down from the sky to shape the land, rocks, rivers, mountains, forests and deserts. Spirit Ancestors created all the people, animals and plants that were to live in the country, and laid down the laws, customs and codes of conduct their lives were to follow.

**120,000 BCE<sup>2</sup>** Analysis and carbon dating of pollen and charcoal suggests that indigenous inhabitants are using fire to clear land in the Lake George Basin area in Southern NSW as early as 120,000 BCE.

**40,000 BCE** Clear archaeological evidence suggests that Aboriginal people have been living for some time in South Eastern Australia including Lake Mungo in NSW.

**20,000 BCE** Aboriginal people are well established throughout coastal and mainland Australia and Tasmania.

**13,000 BCE** Land bridges between mainland Australia and Tasmania are flooded. Tasmanian Aboriginal people become isolated for the next 12,000-13,000 years.

**8,000 BCE** The Torres Strait Islands are formed when the land bridge between Australia and New Guinea is flooded by rising seas.

**1588** Macassan (Eastern Indonesian) traders sail to the north eastern coast of the Northern Territory. Trade between Aboriginal people and the Macassans continues until it is stopped by the South Australian Government in 1906.

**1606** Dutchman Willem Jansz and the crew of his ship, the Duyfken, explore the western coast of Cape York Peninsula and are the first Europeans to have contact with Australian Aboriginal people. There are clashes between the two groups.

---

<sup>2</sup> Before Common Era or before Christian Era

**1770** Captain James Cook claims possession of the whole east coast of Australia for the British Crown by raising the British flag at Possession Island off the northern tip of the Cape York Peninsula and claims the land as 'terra nullius' (empty land).

**1788** The arrival of the First Fleet, and the beginning of British occupation. Aboriginal population at this time is estimated to be between 750,000 and 1 million. Resistance and conflict between Europeans and Aboriginal people begins almost immediately.

**1789** Smallpox epidemic wipes out at least half the Aboriginal population in the Sydney area. Aboriginal people had no resistance to European diseases and even the common cold could be fatal.

**1790** Pemulwuy and his son, Tedbury, launch a guerrilla style campaign of Aboriginal resistance to the invasion in the Hawkesbury and Parramatta areas lasting 12 years.

**1802** Governor King orders Aboriginal people gathering around Parramatta, Georges River and Prospect Hill "to be driven back from the settler's habitation by firing at them".

**1804** One year after the British flag is raised in Tasmania, settlers are authorised to shoot unarmed Aboriginal people, marking the beginning of the Black War.

**1814** Governor Macquarie sets up 'the Native Institution of Parramatta' for Aboriginal children to "civilise, educate and foster habits of industry and decency in the Aborigines".

The local Aboriginal people (Koori) remove their children from the school after they realise that its aim is to distance the children from their families and communities. The school closes in 1820.

**1816** Governor Macquarie announces a set of regulations controlling the movement of Aboriginal people. No Aboriginal person is to appear armed within a mile of any settlement; and no more than six Aboriginal people are allowed to “lurk or loiter near farms”. Passports or certificates are issued to Aboriginal people “who conduct themselves in a suitable manner” to show they are officially accepted by Europeans.

**1822** Windradyne leads Wiradjuri Resistance that will last for two years along the Murray River.

**1830** Governor Arthur tries unsuccessfully to drive all the remaining Aboriginal people in eastern Australia on to the Tasman Peninsula. 2,200 men form a ‘Black Line’. It costs 5,000 pounds (equivalent to about AUD \$1.2 million in 2008) and only two Aboriginal people are caught; an old man and a young boy.

Aboriginal people in Tasmania are forcibly removed and settled on Flinders Island. The living conditions lead to many deaths. Later the community is moved to Cape Barren Island.

**1837** A select committee of the British House of Commons says that Aborigines have a “plain right and sacred right” to their land. The committee reports genocide is happening in the colonies.

**1838** Myall Creek massacre; 28 Aboriginal old men, women and children are butchered. Eleven stockmen are brought to trial, initially acquitted, and then seven men are retried and hanged for murder. There is a cry of outrage from the colonial press and sections of the public who can’t understand why anyone should be hanged for murdering Aboriginal people.

**1868** The first overseas cricket tour leaves Australia for England; the team are all Aboriginal men.

**1869** The Victorian Board for the Protection of Aborigines is established. The Governor can order the removal of any child to a reformatory or industrial school. The Protection Board can remove children from station families to be housed in dormitories.

Later, similar legislation is passed in other colonies - New South Wales (1883), Queensland (1897), Western Australia (1905) and South Australia (1911). The Northern Territory Aborigines Ordinance makes the Chief Protector the legal guardian of every Aboriginal and 'half-caste' person under 18 years of age. Boards are progressively empowered to remove children from their families.

**1874** The Maloga Mission is established as a refuge for the 9,000 surviving Aboriginal people in NSW.

**1876** Truganini dies in Hobart aged 73. Against her wishes the Tasmanian Museum displays her bones. 100 years later they are cremated and scattered onto the water. The Tasmanian Government does not recognise the Aboriginal heritage of people of Aboriginal descent and claims the "last Tasmanian Aboriginal person" has died. A falsehood many still believe today.

**1879** Torres Strait Islands are annexed by Queensland.

**1888** Aboriginal population reduced Australia wide to an estimated 80,000.

The phrase 'White Australia Policy' appears in William Lane's 'Boomerang' in Brisbane.

**1890** Jandamarra, an Aboriginal resistance fighter, declares war on European invaders in the West Kimberley and prevents settlement for six years.

**1901** The Commonwealth of Australia is formed. The Commonwealth Constitution states “in reckoning the numbers of people... Aboriginal natives shall not be counted”. It also states that the Commonwealth will legislate for any race except Aboriginal people. This leaves the power over Aboriginal Affairs with the states.

Aboriginal people are excluded from the vote, pensions, employment in post offices and enlistment in the Armed Forces.

**1909** The NSW Aborigines Protection Act gives the NSW Aborigines Protection Board the power to move people away from towns and reserves. The Act also made it illegal for ‘half-castes’ to live on reserves. In 1915 and 1918 amendments to the Act gives the NSW Aborigines Protection Board greater powers to remove children and train them as domestic servants.

**1914** Beginning of World War I. Approximately 400 to 500 Aboriginal children continue to be removed from their families during the period 1914-1918, including children whose fathers are overseas at war.

Aboriginal people serve in the war despite the Defence Act of 1909 which prohibits any person not of ‘substantially European’ origin from serving. Aboriginal soldiers are among Australian troops at Gallipoli.

**1918** The Northern Territory Aboriginal Ordinance Act “ensured that Aboriginal people could not drink or possess or supply alcohol or methylated spirits, could not come within 2 chains of licensed premises, have firearms, marry non-Aborigines without permission or have sex across the colour line”. The Ordinance also forbids mining on Aboriginal Reserve Land.

**1920** The Aboriginal population is estimated to be at its lowest at 60,000 to 70,000. It is widely believed to be a 'dying race'. Most Australians don't have any contact with Aboriginal people due to segregation and social conventions.

A number of organisations lobby for civil rights, self-determination and the abolition of the Aborigines Protection Board.

**1925** The Australian Aboriginal Progressive Association is formed. The Australian Aborigines League and the Aborigines Progressive Association soon follow. Amongst other things, the League calls for self-sufficiency on land claimed by right or prior ownership.

**1937** A Federal Conference in Canberra endorses an assimilation policy for some Aboriginal people. Aboriginal people of mixed descent are to be assimilated into white society whether they want to be or not, those not living tribally are to be educated and all others are to stay on reserves.

The NSW Government changes Aboriginal policy from 'protection' to assimilation following the 1937 conference.

Segregationist practices continue until the 1960s with separate sections in theatres, separate wards in hospitals, hotels refusing drinks and schools able to refuse enrolment to Aboriginal children.

**1938** A Day of Mourning is held by the Australian Aborigines League (est. 1932) and the Aborigines Progressive Association (1937). It is the first major protest by Aboriginal people. A manifesto written for the occasion, titled *Aborigines Claim Citizenship Rights*, advocating for justice and citizenship rights, an end to the exploitation of Aboriginal labour, freedom from the oppression of the Protection Acts and the abolition of the Protection Board. A monthly newspaper titled *Australian Abo Call* is published in Sydney.

**1940** The Aborigines Protection Board is abolished, replaced by the Aborigines Welfare Board. Responsibility for Aboriginal education is transferred to the Department for Education, which takes control of reserve buildings and starts to provide trained teachers.

**1942** Darwin is bombed by the Japanese. In Arnhem Land, Aboriginal people make up a special reconnaissance unit in defence against the Japanese.

Many Aboriginal people are relocated to 'control camps' in South Australia, Victoria and New South Wales and restrictions are placed on Aboriginal movement, especially women.

**1949** The Australian Citizenship Act gives Aboriginal people the vote in Commonwealth elections if they are enrolled for state elections or have served in the Armed Forces. Finally in 1962 all Aboriginal people are granted the vote.

**1953** Atomic tests, codenamed Operation Totem, are conducted at Emu, South Australia. Further atomic tests follow in 1956 and 1957 at Maralinga, South Australia; Operation Buffalo; and Operation Antler.

The presence of Aboriginal people on the nuclear test site is documented; however, an enquiry into claims of radiation sickness by the Aboriginal people living in the area was not carried out until the 1980s.

**1958** The Federal Council for the Advancement of Aborigines is set up. The title is later changed to Federal Council for the Advancement of Aborigines and Torres Strait Islanders (FCAATSI) in 1964. This group brings together a number of civil rights and Aboriginal welfare organisations. Its work plays a large part in bringing about the 1967 referendum.

**1962** All Aboriginal people are given the vote in Federal elections.

**1965**

A group of University of Sydney students led by Charles Perkins, formed a body called Student Action for Aborigines (SAFA) and organise a bus tour of western and coastal New South Wales towns in a bid to expose the living conditions, segregation and racism against Aboriginal people in country areas. The bus tour becomes known as the 'Freedom Rides'.

The Federal Government introduces an integration policy for Aborigines supposedly to give Aboriginal people more control over their lives and society.

**1966**

Gurindji workers walk off Wave Hill cattle station in the Northern Territory, in protest against intolerable working conditions and inadequate wages. They establish a camp at Wattji Creek and demand the return of some of their traditional lands. This begins a seven-year fight by the Gurindji people to obtain title to their land.

South Australia passes the Prohibition of Discrimination Bill, the first state Act prohibiting discrimination on grounds of race, colour or country of origin. South Australia also passes an Aboriginal Lands Trust Bill; the first legislation providing land ownership and compensation to dispossessed Aboriginal people.

**1967**

91% of Australian voters vote YES in the Referendum to count Aboriginal people in the census and give the Commonwealth the power to make laws for Aboriginal people.

**1969**

The NSW Aborigines Welfare Board is abolished and the Aborigines Advisory Council is set up.

**1970-71**

The Aboriginal Legal Service and Medical Service are set up in Redfern, followed by Aboriginal pre-school, the Black Theatre, and the Aboriginal Housing Company.

The Aboriginal Flag is designed by a Luritja artist Harold Thomas and is flown for the first time in Adelaide.



**1972**

The Aboriginal Tent Embassy is set up outside Parliament House, Canberra, advocating for land rights and adopts the Aboriginal flag.

The newly elected Whitlam Labor Government abolishes the White Australia Policy, sets up the Department of Aboriginal Affairs and introduces a new Aboriginal policy of self-determination.

**1973**

The Department of Aboriginal Affairs begins a national program to improve the health and health services of Aboriginal people.

**1975**

Prime Minister Gough Whitlam hands back title to the Gurindji people.

The Racial Discrimination Act is passed in the Federal Parliament.

**1976**

The Aboriginal Land Rights (Northern Territory) Act is passed by the Fraser Government.

The National Aboriginal and Islander Health Organisation is set up.

**1978**

Health statistics show that 48 in every 1,000 Aboriginal babies in the Northern Territory die before reaching one year of age. This compares to one baby in every 1,000 in the non-Aboriginal population. Leprosy still occurs in the Aboriginal population and alcohol is a serious problem.

Pat O'Shane becomes the first Aboriginal law graduate and barrister.

**1980**

Link-Up (NSW) Aboriginal Corporation is established to re-unite families of the Stolen Generations. Followed by Link-Up (Qld) in 1988, Link-Up (Darwin) in 1989, Link-Up (Tas) in 1991, Link-Up (Vic) in 1992, Link-Up (SA) in 1999, Link-Up (Alice Springs) in 2000, and Link-Up (WA) in 2001.

The NSW Parliament Select Committee Inquiry into land rights for Aboriginal people is established.

**1982**

The NSW Ministry of Aboriginal Affairs is established to coordinate the implementation of legislation and to develop policies in areas affecting the lives of Aboriginal people.

The NSW Task Force on Aboriginal Health reports that the intolerably low health status and material, social and cultural deprivation of Aboriginals is directly caused by their dispossession and the destruction of their way of life.

Eddie Mabo commences proceedings in the High Court of Australia.

**1983**

The NSW Aboriginal Land Rights Act recognises dispossession and dislocation of NSW Aboriginal people. It sets up a local-regional-state land council network with 15-year land tax funding (to 1998) as compensation and for Aboriginal people to establish an economic base.

**1985**

Uluru is handed back to the traditional owners.

**1987**

Prime Minister Bob Hawke sets up a Royal Commission into Aboriginal Deaths in Custody in response to the high rate of Aboriginal incarceration and death.

**1988**

Bicentennial celebrations and protests; tens of thousands of people march through the streets of Sydney on Australia Day to celebrate their survival during the previous 200 years. Aboriginal people rename the day to 'Survival Day'. The protest marks the beginning of wide-spread and increased awareness of Aboriginal history and issues.

**1989**

The Aboriginal and Torres Strait Islanders Commission (ATSIC) is established.

**1991**

The Royal Commission into Aboriginal Deaths in Custody presents its report and recommendations to the Federal Government. It is the most comprehensive investigation of Aboriginal experience in Australia ever. It makes 339 recommendations to change Australian systems at every point of contact with Aboriginal people. The final recommendation is that a formal process of reconciliation between Indigenous and other Australians be instituted.

The Council for Aboriginal Reconciliation is established by Act of Parliament.

**1992**

The High Court of Australia rules in the Mabo case that native title exists over un-alienated Crown land, national parks and reserves. It also rules that Australia was never 'terra nullius' or 'empty land'.

**1993**

The Native Title Act is passed by the Federal Government. It sets up the National Native Title Tribunal to determine native title rights, but claims can only be made for land that is not privately owned.

**1994**

The Indigenous Land Fund is established by the Federal Government as part of the government's response to the Mabo decision.

The 'Going Home' Conference is held in Darwin. Aboriginal people from every state and territory meet to share experiences, and expose the history of the removal of Aboriginal children from their families and the effects of this policy on Aboriginal people.

**1995**

The Human Rights and Equal Opportunity Commission National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families is announced.

**1996**

The Howard Coalition Government is elected.

The High Court rules in the Wik decision that native title and pastoral leases can co-exist but, where there is a conflict, native title rights are subordinate to the rights of the pastoral lease holder.

Pauline Hanson and One Nation Party campaign against what they say is Aboriginal 'special treatment'.

The Federal Parliament makes a statement of commitment to reconciliation.

**1997**

*Bringing them Home* Report on the Stolen Generations is released. It recommends a national Sorry Day to commemorate the history and effects of removing children from their families.

The Australian Reconciliation Convention is held in Melbourne.

NSW Premier Bob Carr issues a formal apology in response to the *Bringing them Home* Report.

**1998**

The Federal Government makes amendments to the Native Title Act, which reduces Aboriginal and Torres Strait Islander native title rights.

The first national Sorry Day is held on 26 May. Hundreds of activities take place around the country and over one million signatures are collected in thousands of Sorry Books.

Former Prime Minister Howard refuses to make an official apology on behalf of Australia.

**1999**

Federal Parliament issues a 'Statement of Sincere Regret' to Aboriginal people over the forced removal of Aboriginal children from their families.

- 2000** Corroboree 2000 is held at Sydney Opera House to mark 10 years of work on reconciliation. The Council for Aboriginal Reconciliation presents the 'Australian Declaration towards Reconciliation' and the 'Roadmap for Reconciliation' to the nation's leaders. The roadmap outlines four national strategies to advance reconciliation.
- Over 300,000 people join the 'People's Walk for Reconciliation' across Sydney Harbour Bridge.
- 2001** Aden Ridgeway is the first Aboriginal person to be elected as Parliamentary Leader when he holds the position of Deputy Leader of the Australian Democrats until 2002.
- 2002** The Aboriginal and Torres Strait Islander Social Justice Commissioner, Dr William Jonas, presents the *Social Justice Report* and the *Native Title Report* to Parliament. The reports raise questions about the nation's progress towards reconciliation and in achieving the exercise of Aboriginal and Torres Strait Islander rights.
- 2004** The Federal Government establishes a memorial to the Stolen Generations at Reconciliation Place in Canberra.
- 2005** The Aboriginal and Torres Strait Islander Commission (ATSIC) is dismantled by the Aboriginal and Torres Strait Islander Commission Amendment Act 2005 and replaced by a Federal Government-appointed advisory board.
- 2006** A Federal Court ruling grants one of the nation's largest native title claims to Perth and its surrounds (three times the size of Tasmania) to the Indigenous Nyoongar people. The Government of Western Australia instantly appeals the ruling.
- The first Stolen Generations compensation scheme in Australia is set up in Tasmania under the Stolen Generations of Aboriginal Children Act 2006 (Tas).

**2007**

Pat Anderson and Rex Wild release the *Little Children are Sacred* report which reports 'widespread sex abuse' of children throughout communities of the Northern Territory. The report makes 97 recommendations.

The Howard Government introduces the *Northern Territory Intervention*, apparently as a response to the *Little Children are Sacred* report. The intervention is widely criticised because it also legislates to remove the permit system for access to Aboriginal land, abolish the Community Development Employment Projects (CDEP), quarantine 50% of welfare payments, compulsorily acquire Aboriginal land and subject Aboriginal children to mandatory health checks. Many opponents label it an 'invasion'.

Bruce Trevorrow is the first person to receive Stolen Generations compensation by a court. A court justice awards him \$525,000 for 'pain, suffering and false imprisonment'.

**2008**

For the first time in Australian Government history Aboriginal people perform a Welcome to Country as the Federal Parliament opens after the summer break.

On 13 February the Australian Parliament apologises to the Stolen Generations. Both the Government and the Opposition support the apology and say 'sorry' to Aboriginal people who were taken away from their families from 1900 to the 1970s.

## Apology to the Stolen Generations

*“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.”*

(The Hon Kevin Rudd 2008)

**2009**

Aboriginal law professor Mick Dodson receives the 2009 Australian of the Year award for his lifetime commitment to improving the lives of Aboriginal people and in helping to close the gap between Indigenous and non-Indigenous Australians.

Australia formally endorses the United Nations Declaration on the Rights of Indigenous Peoples. Article 22 of the Declaration also acknowledges that particular attention is needed for vulnerable people including elders, women, youth, children and people with disability (The Hon Jenny Macklin 2009).

The Federal Government allocates \$4.8 billion to Indigenous Affairs. This is the largest amount of Indigenous funding for a single year in the history of federal budgets.

## Why is it important to understand Aboriginal history?

“Understanding the development of modern Aboriginal society is possible only on consideration of both pre-contact and post-contact Aboriginal history. In pre-contact history it is valuable to discuss the features of traditional lifestyles ... so that the devastating impact of the changes which occurred after colonisation can be measured” (Anderson 1998).

## How does Aboriginal history affect interaction with service providers?

The history of interaction between Indigenous and non-Indigenous Australians has been marred by conflict, ill-treatment and misunderstanding. Consequently, a high level of distrust of Government Departments exists within Aboriginal communities.

A prime example of this mistrust occurs where an Aboriginal carer won't tell a service provider that they are in need of respite because they feel that this may be interpreted as 'not coping' and lead to the removal of family members being cared for. There is a fear that information provided to any mainstream worker will be shared between departments or used against them. The authoritarian nature of service providers alienates many Aboriginal carers, particularly when added to any previous bad experience.

Service providers must understand the importance of taking time to build trust and develop relationships with Aboriginal communities and individuals.

*“Don't expect to be let into the home of an Aboriginal carer the first time around (reasons are often to do with feeling that they will be judged).*

*When you do go into their home be genuine and show respect to all family members.”*

(An Aboriginal community worker)



## Significant dates for Aboriginals and Torres Strait Islanders

**26 January**

### **Survival Day (Yabun Festival)**

Marks the anniversary of the invasion of Aboriginal land and the dispossession of Aboriginal people. A celebration that acknowledges that despite the injustices that Aboriginal people have endured, Aboriginal people have survived.

**21 March**

### **Harmony Day (also the United Nations International Day for Elimination of Racism)**

A Federal Government initiative aimed at promoting community harmony and eliminating racism.

**26 May**

### **National Sorry Day**

A day to commemorate the pain and suffering caused by the policies and practices of the forcible removal of Aboriginal and Torres Strait Islander children from their families.

**27 May to  
3 June**

### **National Reconciliation Week**

Celebrates the culture and history of Aboriginal and Torres Strait Islanders. It is a time for all Australians to think about reconciliation, which involves building mutually respectful relationships between Aboriginal and non-Aboriginal Australians with the aim to turn around the disadvantage experienced by many Aboriginal and Torres Strait Islanders.

**3 June**

### **Mabo Day**

Marks the anniversary of the High Court's judgement in the 1992 Mabo case. The decision recognised the Native Title rights of Aboriginal and Torres Strait Islanders as the original inhabitants of the land and overturned the myth of 'terra nullius'.

**1 July**

**Coming of the Light Festival**

An annual holiday for Torres Strait Islanders, marking the day that the London Missionary Society first arrived in the Torres Strait.

**1st week  
in July**

**National Aboriginal and Islander  
Observance Committee (NAIDOC) Week**

Celebrations are held across Australia to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islanders.

**4 August**

**National Aboriginal and Islander Children's  
Day**

Established by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), aimed at promoting the needs of Aboriginal and Torres Strait Islander children. Each year, SNAICC has a theme for Children's Day to highlight a significant issue, concern or hope for Aboriginal and Torres Strait Islander children.

**9 August**

**International Day of the World's Indigenous  
People**

Declared by the United Nations in 1994 as a day to provide an opportunity to raise awareness of indigenous peoples' cultures and the great diversity that they represent. It is also an occasion to increase efforts to address issues of exclusion, discrimination and poverty that are still the daily reality for many of these peoples.

**10 December**

**Human Rights Day**

Marks the adoption of the Universal Declaration for Human Rights.

## Traditional Aboriginal society

Aboriginal history spans tens of thousands of years and Aboriginal communities have been part of Australia for at least forty thousand years. Conversely, many non-Aboriginal communities measure their history in terms of hundreds or a few thousand years. Non-Aboriginal involvement in Australia has taken place over approximately 240 years.

It is difficult for many non-Aboriginal people to understand how this sense of antiquity impacts on Aboriginal communities. This section describes the features of traditional Aboriginal society and discusses the implications of these features for Koori carers and their impact on interactions with service providers.

### Family and kinship

Traditionally, Aboriginal communities were organised into family or kinship groups, clans and tribes. A clan may have consisted of related families or the family of one man. Each clan belonged to a particular area of land that had been established during ancient and spiritual times. Clans would group together to form tribes. The concept of family was, and still is, much broader than that understood by non-Aboriginal people. It includes all members of a local tribe and sometimes it extends to neighbouring tribes.

Aboriginal relationship terms are quite different to those expressed by non-Aboriginal people. They do not use relationship concepts such as great-aunt or second cousin. Concepts such as mother, father, uncle, aunt, grandparent, grandchild, cousin are applied to various groups within the community.

This kinship system reinforced the complex rules and mutual responsibilities that governed Aboriginal communities. Aboriginal people have a strong sense of obligation to the family where they provide practical and emotional support to each other.

Generally speaking, in their caring relationships, Aboriginal carers believe that it is their responsibility to 'look after their own'. They do not believe that it is their right to ask for help or respite from service providers.

## Avoidance rules

Many Aboriginal communities have complex avoidance rules. These rules have been determined by kin relationships, such as mother-in-law/son-in-law avoidance where neither party speaks to the other, touches or makes eye contact.

Aboriginal carers may be in a caring situation that conflicts with their avoidance rules. For example, a mother-in-law may have to care for her son-in-law.

The consequences of breaking these avoidance rules depend upon the local community, but could range from being judged and gossiped about to being shunned and forced to leave the community.

Thus, breaking these avoidance rules often leads to increased stress, anxiety, and isolation for the whole family.

Avoidance rules also apply when someone has passed away. It is common to avoid using the name of a person who has passed, even if it is also the name of a living person.

## Men's Business and Women's Business

In Aboriginal cultures, Men's Business and Women's Business is discrete and segregated. Activities and communications are governed by strict social rules that, if breached, can result in punishment. Service providers need to recognise that Aboriginal carers will divulge more information to same gender non-Aboriginal workers than they will to different gender workers regardless of their Aboriginality. They may feel shame or conflict about discussing certain situations with workers of a different gender. A non-Aboriginal male worker will be able to obtain more information from a male Aboriginal carer than a female Aboriginal worker will.

Service providers need to have male workers to deal with male Aboriginal carers, and female workers to work with female Aboriginal carers.

## Land, country, place

Aboriginal people believed that their spirit ancestors travelled across Australia. Wherever they rested, they left the spirits of living creatures behind them. Each tribe owned some part of this journey; it became their territory. Each generation learned about the creation through Dreamtime stories and in ceremonies of initiation. Each tribe believed that their ancestors had created a particular area of land for them and individuals related to the land in terms of native title or ownership.

This creation of the 'world' by ancestral spirits is known as the Dreamtime. Aboriginal people have a sense of being an intimate part of the land and its ecology, not just its inhabitants.

## Totems

Totems further reinforce the mutual interdependence between Aboriginal people and nature. A totem is a part of a person's identity and, as such, individuals must care for the species that are part of them. "It is this philosophy which binds together the past and present, the land and all its components, and the people" (Anderson 1998).

If you're thinking of producing Aboriginal specific documentation, it is wise to avoid the use of totems as these may offend some communities.

## Spirituality

Aboriginal spirituality is more holistic than non-Aboriginal spirituality, being the basis of personal beliefs and practices. Spirituality is rich in ceremony and rituals. Ceremonies are 'rights of passage' initiations which mark the transition between life stages e.g. life and death, childhood to adulthood, etc. It is the Aboriginal spirituality that maintains the history and fertility of the land. Rituals are important social, community and learning events that strengthen the bonds of kinship, emotional support and a sense of belonging for all participants.

Service providers and workers need to provide services in a way that respects the spiritual beliefs and social rules of the Aboriginal communities they service. For example, many Aboriginal people find it distressing to have personal care services (such as showering) provided by opposite-sex service providers.

## **Modern Aboriginal society**

As in all cultures, modern Aboriginal society has strong ties to its traditional past. However, many misconceptions and stereotypes that exist today about the Aboriginal community are a result of not recognising that there are differences between modern and traditional Aboriginal societies. It is wrong to assume that Aboriginal culture has been destroyed or lost. It has, however, changed. Being Aboriginal is about belonging. Aboriginal people have a sense of belonging to the past and its traditions, and of belonging to their communities. This is interwoven with the history of their contact with non-Aboriginal people, and the present.

Aboriginal people still have a strong sense of community that is based on commonality; however, they recognise that they are distinctive from other populations in Australia. Aboriginal communities have a different social structure, approach problems in a different manner, have a different way of doing things and communicate differently from non-Aboriginal people.

## **Differences between Aboriginal and non-Aboriginal communities**

Although there has been a lot of research into Aboriginal health generally, much less has been written about the cultural assumptions, beliefs and values that accompany Aboriginal health systems (Reid and Trompf 1991). This section describes some of the differences between Aboriginal and non-Aboriginal cultures. These are broad generalisations, and it is important to remember that there are many differences within both Aboriginal and non-Aboriginal societies.

## Social structure, family, and identity

Aboriginal	Non-Aboriginal
Based on an extended kinship system, family extends to include all relatives.	Anglo/Saxon/Celtic structure is often based on the nuclear family. However, some culturally and linguistically diverse (CALD) groups are based on an extended family structure.
Identify strongly with tribal ancestry, as it is a significant part of self-perception.	Family and individual identity is only loosely dependent upon ancestry; it is not part of self-perception.
Nurture their kin in a community context.	Nurture their kin in a close family group.

## Responsibility to others

Aboriginal	Non-Aboriginal
Individuals have an obligated responsibility to those in their close family group and in their community.	Individuals have an obligated responsibility to those in their close family group.
Aboriginal people have a responsibility to ensure that no-one goes without, even if this is at a personal cost. In Aboriginal cultures this is very closely linked to all the things going on in the family and community, including finances.	The government or other institutions are responsible for the welfare of individuals outside immediate family.
The Aboriginal person who puts themselves first, outside the context of the larger kinship group, risks losing their basic cultural identity.	
Kinship relationships reflect a shared understanding of social status and become basic guides for expected behaviours.	

## Ownership

### Aboriginal

Possessions are communal and should be shared within both family and larger community.

### Non-Aboriginal

Possessions are individual and indicate a person's achievements and hard work.

## Disability and disease

### Aboriginal

Many Aboriginal communities believe that disability is caused by external forces, explained in terms of supernatural forces or disturbed relationships with the world. Aboriginal perceptions are based on totemic affiliations to species and land, ritual and behavioural responsibilities, and obligations.

### Non-Aboriginal

Non-Aboriginal communities tend to explain causality in terms of internal sources, for example a diseased organ or a breakdown of mental function. The tendency for some communities is to see disability as revisiting wrong doings. For example, karma or retribution for something the person did at an earlier time.

## Locality

### Aboriginal

Healing is more personal and involves family and community.

A person's family is strongly linked to where they come from and identifies where they belong. For example a person who may be dying will want to return to his or her tribal land. Different communities will have different areas of deep spiritual significance.

### Non-Aboriginal

Clinical caring in Western culture is more focussed on the individual and on the issues.

Where a person comes from is not generally considered to be an integral part of what makes them who they are, nor does it legitimise their identity or family relationships.



Aboriginal communities coexist with nature. They believe that they are uniquely linked to a land that was created by their ancestors for the tribe. It is their territory. Each generation learned about the creation through Dreamtime stories and in ceremonies of initiation.

Non-Aboriginal groups in Australia do not have geographical areas of deep spiritual significance. They are not linked to the land in a spiritual sense.

## Time

### Aboriginal

Aboriginal people have a 'looser' conception of time (Koori Time). Traditionally, it was the changing seasons and ceremonial responsibility, or the need for food that dictated the movements of people, not hours and minutes. This philosophy still exists today. Aboriginal people do not function in structured time orientated routines. Their values do not place a high priority on keeping/being on time for appointments etc. They focus on the past and the present rather than the future.

### Non-Aboriginal

Non-Aboriginal communities tend to explain causality in terms of internal sources, for example a diseased organ or a breakdown of mental function. Tendency for some communities to see disability as revisiting wrong doings for example, karma or retribution for something the person did at an earlier time.

*"Aboriginal people do not plan for 12 months down the track. They work day to day. For example, someone goes to Nowra for a funeral and if the fish are running they will stay."*

(An Aboriginal community worker)

## Communication

### Aboriginal

Communication style includes talking side-by-side and not looking directly into the other person's eyes. Verbal communication is expressed in terms of feelings and behaviour.

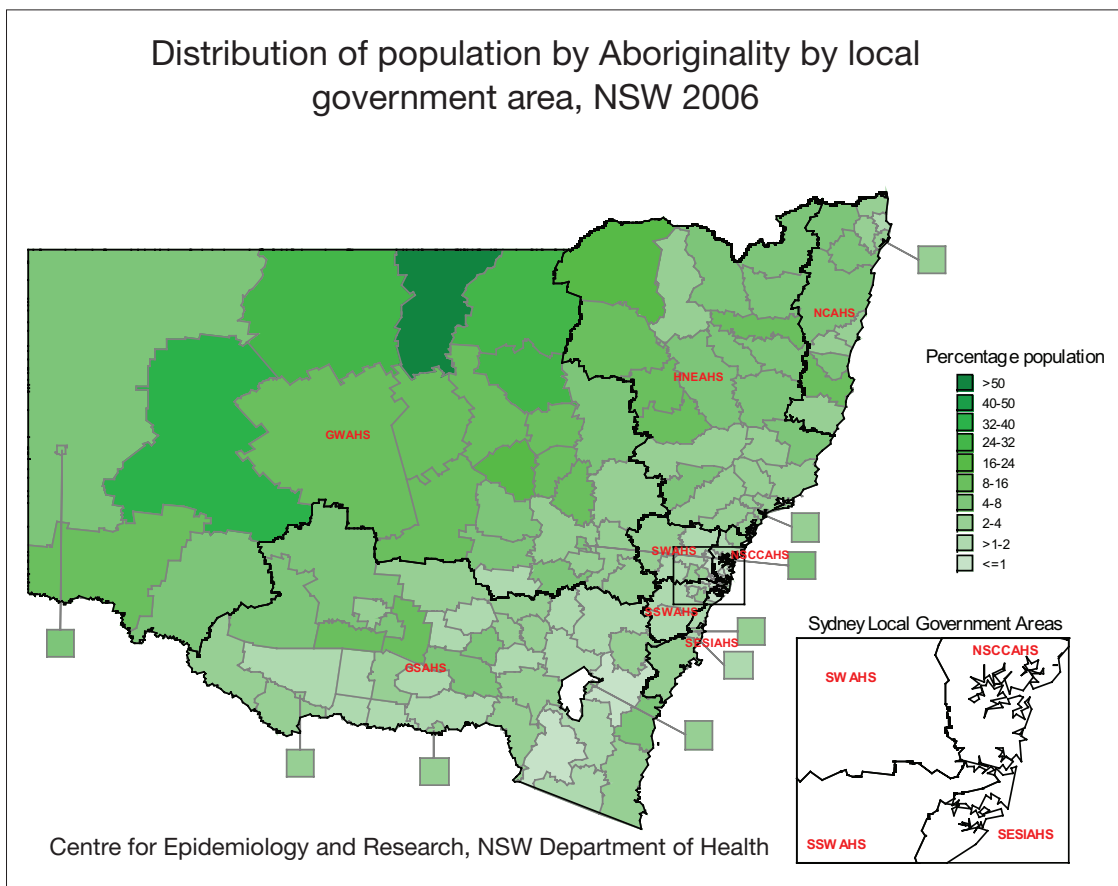
### Non-Aboriginal

Oral communication style used in business is often direct, confident and concise. Communication styles in multicultural Australia are many and varied. People from CALD groups may have different styles to Aboriginal or Australians of Anglo-Saxon heritage, such as direct eye contact, talking face-to-face, hand gestures and the use of verbal encouragements.

Although non-Aboriginal service providers need to have effective communication skills, they also need to develop a willingness to learn and comply with the cultural differences in communication. Non-Aboriginal service providers need to recognise that their direct, confident, concise style is offensive, abrasive and disrespectful to Aboriginal communities. It is important to understand that just because a Koori carer may remain silent; it does not mean they are not listening.

## Socio-demographic profile of Aboriginal people in New South Wales

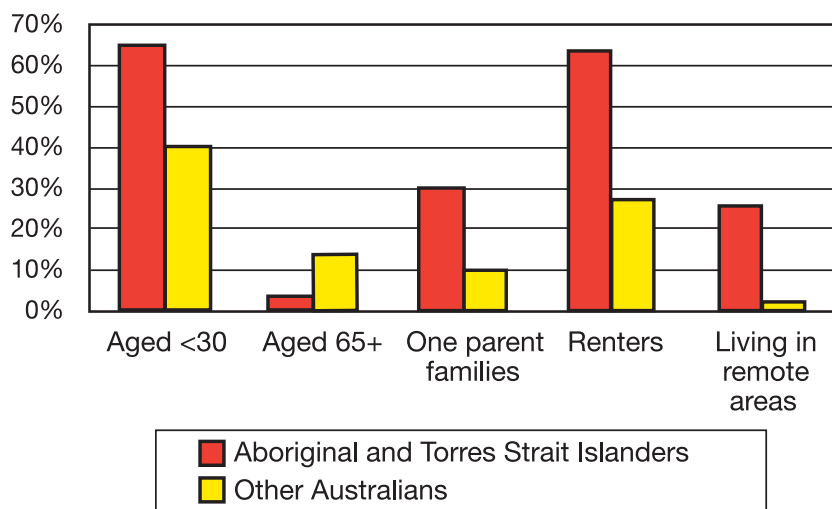
The estimated resident population of Aboriginal and Torres Strait Islanders as at 30 June 2006 was 517,200 people, or 2.5% of the total Australian population. NSW has the largest population of Aboriginal and Torres Strait Islanders; an estimated 148,200 which represents 29% of all Aboriginal and Torres Strait Islanders in Australia. Whilst the vast majority, 77%, of Aboriginal people in NSW live in major cities or inner regional area (ABS and AIHW 2008), rural regions contain a higher proportion of Aboriginal residents.



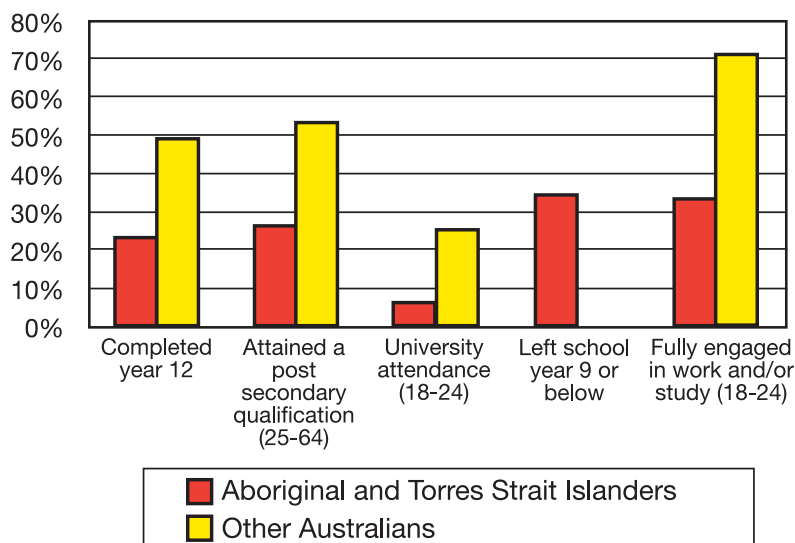
## Socio-demographic and health issues

As shown in the following charts, on almost every indicator of income, social status and health, Aboriginal people are disadvantaged compared with the rest of Australians (ABS 2006). Aboriginal and Torres Strait Islanders are younger, more likely to live in remote areas (which have fewer services), are more likely to live in rented homes, are less likely to be employed, make less money, are more likely to leave school early and are 20 times more likely to be imprisoned.

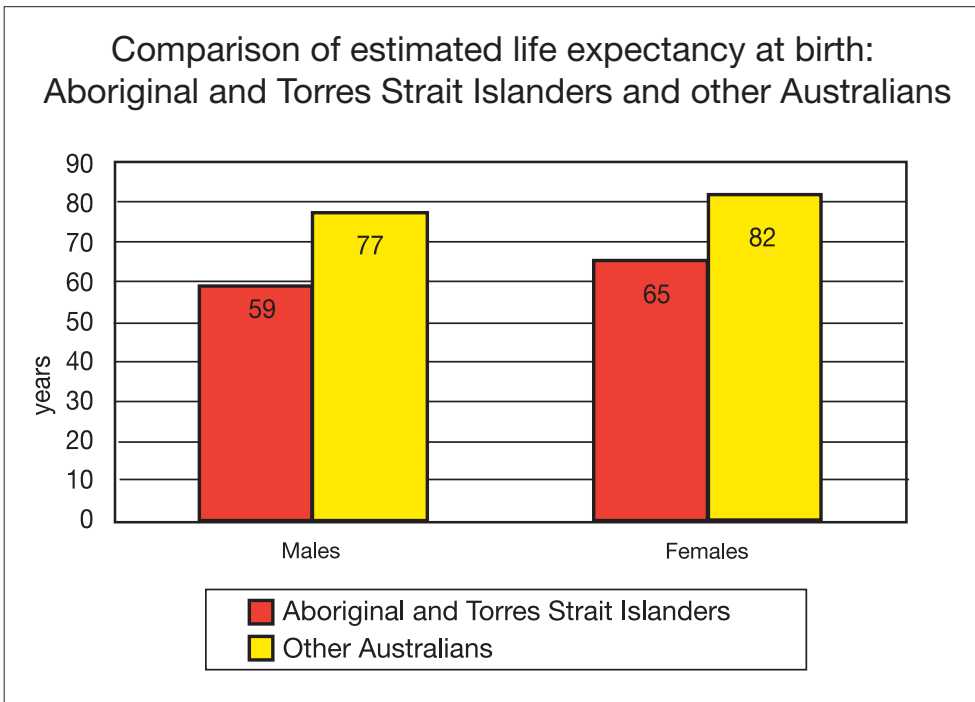
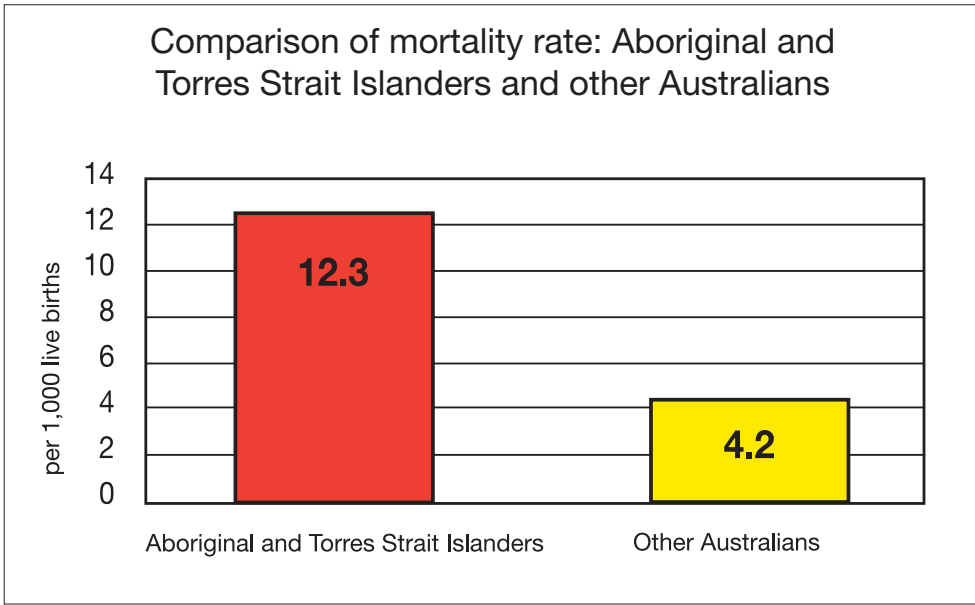
Major demographic indicators: Aboriginal and Torres Strait Islanders and other Australians



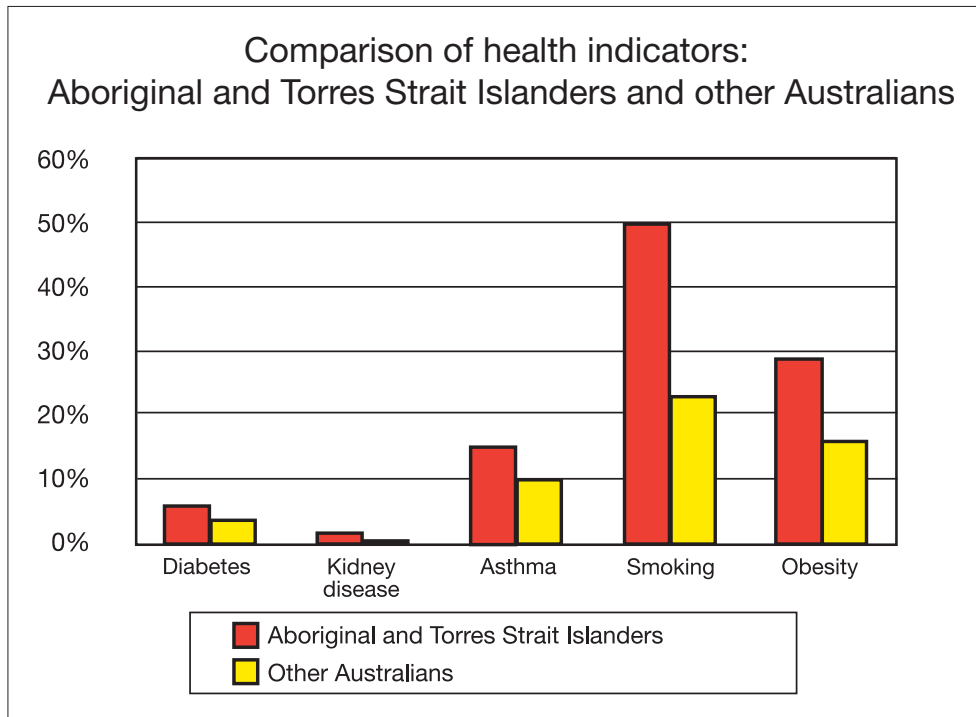
Comparison of educational indicators: Aboriginal and Torres Strait Islanders and other Australians



These inequalities are reflected in health status. The prevalence of disability among Aboriginal and Torres Strait Islanders is higher at all ages. The hospitalisation rate of Aboriginal and Torres Strait Islanders is twice as high as other Australians. The infant mortality rate of Aboriginal and Torres Strait Islander babies is three times higher than for the rest of the population, and those who do survive live an average of 17 years less than the rest of the population (ABS and AIHW 2008).



Aboriginal populations have higher rates of chronic disease, such as diabetes, asthma and liver disease, and also higher rates of chronic disease risk factors such as smoking and obesity. Smoking rates in Aboriginal communities is over double that of non-Aboriginal communities, and obesity rates are almost double. Obesity and smoking are two of the most common risk factors for a range of chronic disease.



It is evident that Aboriginal people are confronted with levels of illness which non-Aboriginal people would find entirely unacceptable.

### **What are the implications of these differences?**

*“Because of the extreme disadvantages faced by Aboriginal communities, service providers need to take a holistic approach when considering the needs of Koori carers. For example, there is an increased likelihood that the carer themselves may have physical problems, may live in poor quality housing, or may be facing financial difficulties.”*

(An Aboriginal community worker)

## SECTION II. KOORI CARER ISSUES

### Who are carers and what do they do?

Carers are usually family members who provide unpaid care and support to children or adults who have a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who are frail. Carers can be parents, partners, brothers, sisters, aunts, uncles, cousins, friends, neighbours or children of any age.

Carers exist in all cultures and communities throughout Australia. Most carers feel they have no choice but to be carers and some would rather not be in the role. Carers have a diverse responsibility and may perform a variety of functions within their caring relationship.

According to the 2003 Survey of Disability, Ageing and Carers, there were 2.6 million Australians carers, providing informal assistance in an unpaid capacity to another person due to their disability, chronic physical or mental illness or frailty. This represents 16% of the Australian population.

### Who are carers?

- There are 748,000 carers in NSW, representing 11% of the NSW population
- There are 149,700 primary carers in NSW
- 54% of all carers are female
- 71% of primary carers are female
- 78% of primary carers care for a person living in the same household
- 77% of all carers are of workforce age (18-64)
- 39% of all carers are in the 35-54 year age group. This age group's caring responsibilities involve children, partners and/or ageing parents
- 37% of primary carers spend on average 40 hours or more per week providing care
- 18% of primary carers spend 20 to 39 hours per week providing care
- 35% of all carers have some kind of disability
- 24% of primary carers are over 65
- Although the majority of carers are of workforce age, only 56% participate in the labour force Primary carers have an even lower labour force participation rate (39%)<sup>1</sup>

---

<sup>1</sup> Either employed or unemployed and looking for work

- There is an estimated 21,000 female Aboriginal and Torres Strait Islander carers, and 11,600 male Aboriginal and Torres Strait Islander carers in Australia<sup>2</sup>, representing 13% of all Aboriginal and Torres Strait Islander people in Australia.

### **What do carers do?**

- Carers provide 74% of all care needs
- 42% care for a partner, 26% for a child, and 23% for a parent
- 59% of primary carers have been caring for more than five years
- 33% of primary carers have been caring for over a decade

### **Why do people become carers?**

- 58% of primary carers said that they provided care because it was their family responsibility
- 39% felt that they could provide better care than others
- 35% felt an emotional obligation to care
- Carers feel a responsibility to the person they are caring for. For many, there is no choice about not meeting that responsibility

### **The impact of being a carer**

In order to provide appropriate support and services to carers, service providers must have a sound understanding of the impact of caring. Caring can be rewarding and provide opportunities for personal growth and the development of new skills. However, caring may also cause frustration and distress:

- Many carers are chronically tired
- Carers commonly attribute a range of health problems to their caring responsibilities, including physical injuries from lifting, anxiety and depression
- Carers often forego a career, paid work, and education
- Carers often feel socially isolated
- Most carers are on low incomes and don't have any opportunity to accumulate or preserve superannuation or other savings
- Carers generally have increased living expenses

The effects of caring can be grouped into three categories; physical, financial, and emotional.

<sup>2</sup> According to the 2006 Census of Population and Housing. 11% of Aboriginal and Torres Strait Islanders did not answer the questions relating to carers in the 2006 Census so the actual number of carers is likely to be higher



## Physical impact of being a carer

Some care situations require physical work and this can have a detrimental effect on a carer's health. Some physical work can result in injury. Most injuries happen to the back, knees and shoulders, generally caused by manual handling tasks such as lifting, lowering or carrying. It is vital for carers to know how to lift, transfer someone easily, and/or access special equipment that can help.

By the nature of the role, carers may suffer from stress related disorders such as high blood pressure, ulcers, tension, and nervous disorders. Carers often neglect their own health.

Furthermore, carers may lack sleep as a result of having to turn someone during the night, change sheets, or look after someone who has become disorientated.

Research shows that:

- 30% of carers delay their own health care
- 60% of all carers have worse physical health than non-carers
- 40% of carers rated their health as fair or poor
- Carers reasons for not receiving health care treatment include not having the time, or not being able to afford the treatment
- The majority of carers perceived that their physical and mental health was affected by their caring role, with carers reporting a higher level of orthopaedic or spinal problems, cardiovascular problems and emotional problems since becoming a carer
- A third of all respondents reported having been physically injured, at least once, in the course of providing care

The major effects on physical health were tiredness or exhaustion, back, neck or shoulder problems, high blood pressure and other heart problems and arthritis. The reasons given for these effects were:

- The constant pressure of caring
- Stress
- Disturbed or lost sleep
- Helping with mobility

## Financial impact of being a carer

The financial impact of caring can be slight or enormous, particularly if both the carer and the person being cared for are no longer working. Carers are more likely to be living in a jobless household and experience more financial hardship than non-carers. Not only are employment opportunities affected, expenses can increase considerably.

- As at March 2010, Government payments for carers include the Carer Allowance (\$106.70 per fortnight) and the Carer Payment (\$644.20 per fortnight). For a single carer receiving both payments this works out at 28% less than the weekly minimum wage
- 61% of all primary carers are not in paid employment
- 57% of primary carers receive a government pension or allowance as their primary source of income
- 40% of carers rely on a government pension or allowance as their main source of income compared to 24% of non-carers
- 32% of all carers and 44% of primary carers are living in low income households, compared to 17% of non-carers
- 22% of carers had taken negative saving actions such as borrowing money, in the previous 12 months, 19% had experienced cash-flow problems and 15% had difficulty paying bills

## Emotional impact of being a carer

The onset of the caring relationship brings with it a world of new emotions.

The subjective experience of caring is the biggest indicator of wellbeing, with emotional strain rating higher than physical or financial strain. How carers feel will be influenced by:

- Their attitude to the caring role
- Their attitude towards the person they are caring for
- The nature of their relationship and the quality of that relationship
- The ease or difficulty they have in coping with behavioural problems
- Changes that have taken place in their family and social environment since the caring started

Recent research has found that:

- Carers experience more stressful life events than non-carers. On average carers experienced 1.71 to 1.80 stressful life events in the last 12 months compared to between 1.03 and 1.07 for non-carers

- Types of stressful life events carers commonly experience are: death of a relative or friend, serious illness to themselves or a close friend or relative, a serious accident, mental illness and a serious disability
- 20% of carers had experienced themselves or someone close to them having a mental illness, compared to 9% of non-carers (AIFS 2009)

## **Social isolation**

Feelings of loneliness are common amongst carers. Carers are more likely than the general population to have little face-to-face contact with friends and relatives outside the household, especially when caring for someone with high level care needs (Edwards et al, 2007). They may experience attitudinal changes from family and friends who do not understand the demands of their caring role. Some relationships may continue and strengthen whilst others may dwindle away.

## **Changes in relationship/roles**

In a number of caring relationships, the carer is caring for someone who is living apart from them. It is common for this to change and for the parties to live together. These new living arrangements can make the caring easier. However, it can also add pressure to the situation.

## **Grief or loss**

A sense of grief or loss is experienced by most, if not all, carers, whether or not an actual bereavement through death has occurred or is expected to occur. This may be as a result of unfulfilled expectations, changed relationships, loss of choices, loss of income and changes in lifestyle, status, intimacy, freedom and/or identity. Carers need time to grieve and deal with changes in their lives or in the lives of people close to them. Grieving is a time when carers need support from others.

## **Guilt**

Carers may experience feelings of guilt for a variety of reasons such as:

- Not wanting to be a carer
- Not doing enough
- Not being perfect
- Being embarrassed by the person being cared for
- Not being able to fulfil other roles in life such as being a parent, friend or student
- Feeling some responsibility for the illness or disability

## Anxiety

Carers may feel anxious about the future for many reasons, such as the deteriorating condition of their loved one, as well as their own capacity to provide future care.

## Anger

Anger may be directed towards the person being cared for because of their attitude or difficult behaviours, or it may be directed towards family and friends because of their lack of support and understanding. Anger may be a reaction to the stress of caring, feeling unsupported and disempowered.

## Family related issues

Such issues might involve prior conflict, wider family intrusion or criticism, or issues arising from the impact of caring on children or on a sexual relationship. Carers may feel that other family members are not contributing in a meaningful way or they may feel that others are interfering. Some families, however, become closer because of caring.

## Wellbeing

Research has shown that:

- Carers have a lower collective wellbeing than any other group in Australia
- Female carers have a lower wellbeing than male carers<sup>3</sup>

The most common effects are:

- Feeling weary or lacking in energy (34%)
- Feeling worried or depressed (29%)
- Feeling angry or resentful (14%)
- Losing or having lost touch with circle of friends (35%)

Compared to non-carers, carers displayed:

- Lower life satisfaction
- Lower positive affect
- Higher negative affect

<sup>3</sup> According to the Australian Unity Wellbeing Index 2007 wellbeing is defined as something “different from happiness, in that happiness can come and go in a moment. Wellbeing is a more stable state of being well and feeling contented.”

- Less social support
- High feelings of overload

## Supporting the carer

A more positive care-giving experience has been shown to occur where there have been informal and formal supports available to the carer and the person being cared for, and those with larger support networks report greater life satisfaction.

A NSW study which involved over 400 carers provides clear indicators about what constitutes effective emotional support. They include:

- Being able to talk about the caring experience
- Being listened to and understood
- Being validated
- Being acknowledged and not judged
- Offloading feelings and thoughts to someone other than the person they are caring for
- Being able to express painful and difficult feelings and being supported to look at the hard issues
- Being able to share experiences, information and support with other carers

It is vital for carers to maintain a sense of identity, which helps to improve wellbeing and introduces some balance into their lives. If carers are unable to do activities they enjoy, their ability to manage stress and maintain their own health is affected.

## Sources of support among Australian carers

While informal support from friends or family is important in helping carers cope with their role, so too are formal support services. Recent research has demonstrated that support services for carers, including information, emotional support and counselling, education and training amongst other support services can help to reduce carer stress and depression and can improve overall wellbeing.

- 53% of primary carers reported that they do not receive any assistance in their caring role

Among primary carers who do receive assistance:

- 40% received assistance from their relatives (excluding their spouse), friends and neighbours

- 32% received assistance from their spouses or partners
- 28% received assistance from formal support services
- 87% of primary carers had never used respite care for their care recipient

Reasons for not having respite included:

- 62% of carers or care recipients felt that respite care was not needed
- 23% of carers or the care recipients not wanting respite
- 6% of carers reported that respite care was either not available, suitable or affordable

A recent study conducted by Carers NSW with over 650 respondents, suggests that carers feel they are inadequately supported by formal services designed to assist them in their caring role.

The main types of assistance that carers reported needing are:

- Improved services
- More respite
- Better financial support to assist with the increased costs of caring
- Recognition of carers by governments and the community

### **Why don't all carers access services?**

Poor carer access to services is due to a number of factors. Some of these are economic, whilst others are geographic or socio-cultural. In our culturally diverse society, many people do not recognise themselves as carers. Carers may not be aware of their right to respite, or may feel as though they have failed if they use services. Some carers believe that they are being disloyal to the person in their care, or may view services (and service providers) as being intrusive.

### **Aboriginal carer specific issues**

While it is important to understand the physical, financial, and emotional effects of being a carer, to provide good support to Aboriginal carers, service providers need to understand how caring fits into Aboriginal culture.

### **Who are Aboriginal carers?**

The latest estimate of Aboriginal and Torres Strait Islander population was 517,200, representing 2.5% of the total Australian population. The 2006 Census of Population and Housing (2006 Census) also indicated that Aboriginal and Torres Strait Islanders have the highest prevalence

of disability at all ages compared to other Australians. Furthermore, Aboriginal and Torres Strait Islanders are more likely than other Australians to be caring for another person with a disability, long-term illness or problems related to old age (ABS and AIHW 2008). This is related to the earlier onset of long term health conditions among the Aboriginal and Torres Strait Islander population in Australia.

According to the 2006 Census:

- There was an estimated 21,000 female Aboriginal and Torres Strait Islander carers, and 11,600 male Aboriginal and Torres Strait Islander carers in Australia<sup>4</sup>, representing 13% of all Aboriginal and Torres Strait Islander people in Australia
- Proportional to the population, there are more Aboriginal and Torres Strait Islander male carers than other male Australian carers
- Aboriginal and Torres Strait Islanders aged 15-34 years are 1.8 times more likely to be carers than other Australian carers in the same age group, and 1.4 times more likely to be carers in the 35-44 years age group
- The median age of Aboriginal and Torres Strait Islander carers was 37 years: 12 years younger than the median age of other Australian carers (49 years)
- One third of Aboriginal and Torres Strait Islander carers were living in major cities, 42% were living in inner and outer regional areas and 25% in remote and very remote areas
- 54% of Aboriginal and Torres Strait Islander carers were participating in the labour force; with 44% in part time work
- The median individual income for male Aboriginal and Torres Strait Islander carers was \$248 and \$289 for female carers
- Around 2,100 Aboriginal and Torres Strait Islander carers needed help with core activities themselves, of whom 68% were under 55 years of age
- Aboriginal and Torres Strait Islander carers were between 1.5 and 3 times more likely than other Australian carers to need assistance with core activities

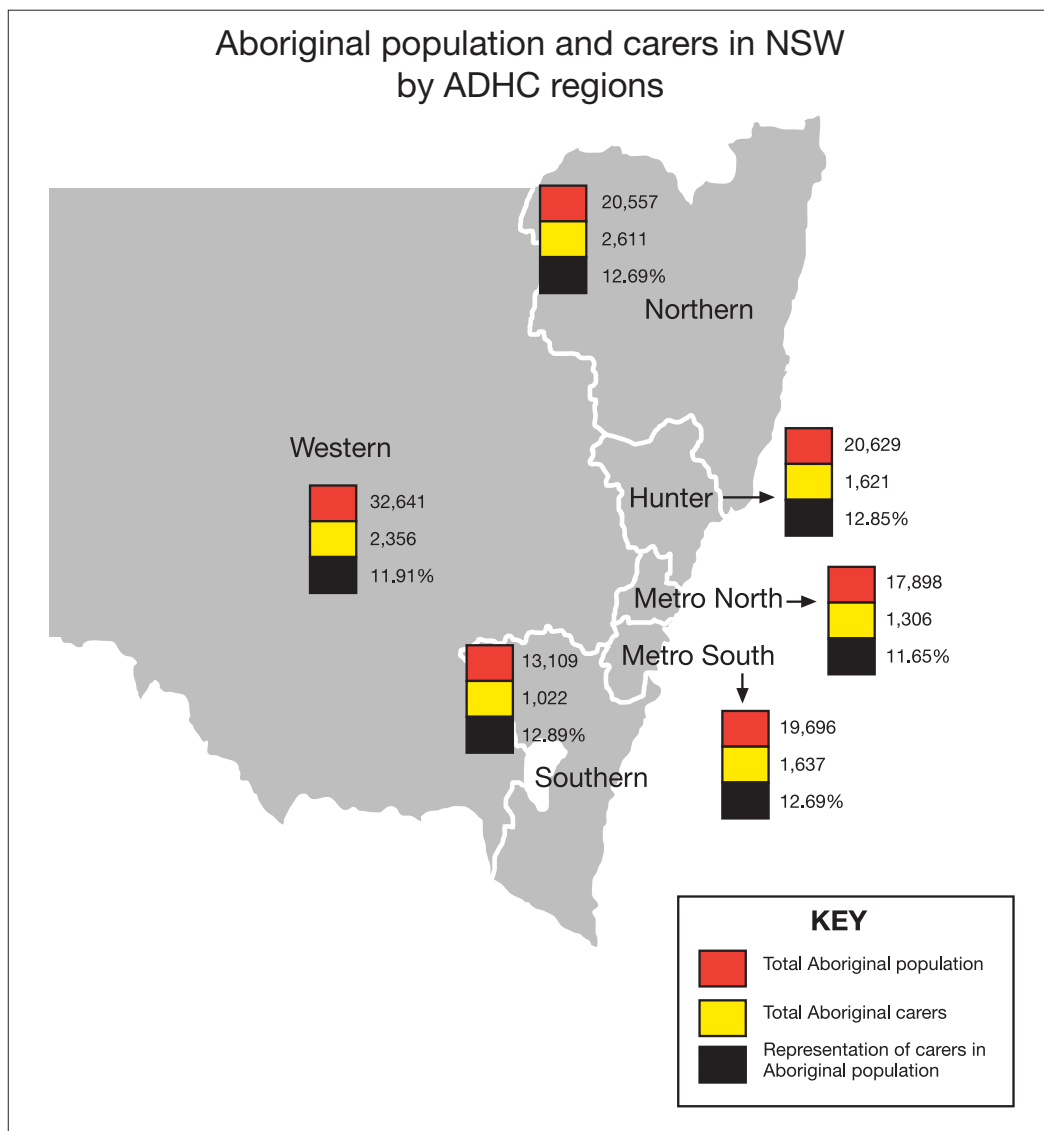
### **Aboriginal carers in NSW**

- NSW has the largest population of Aboriginal and Torres Strait Islanders of any state or territory in Australia, with 148,200 identified Aboriginal and Torres Strait Islanders. representing 29% of all Aboriginal and Torres Strait Islanders in Australia.

---

<sup>4</sup> 11% of Aboriginal and Torres Strait Islanders did not answer the questions relating to carers in the 2006 Census so the actual number of carers is likely to be higher.

- There is an estimated 10,600 Aboriginal and Torres Strait Islander carers in NSW, representing 14.3% of the total population of Aboriginal and Torres Strait Islanders in NSW (ABS 2008).
- The majority of Aboriginal and Torres Strait Islander carers live in major cities (4,700) followed by those who live in inner regional areas (3,500) and outer regional areas (1,900). It is estimated that 500 Aboriginal and Torres Strait Islander carers live in either remote areas or very remote areas of NSW (ABS 2008). See map<sup>5</sup>.



<sup>5</sup> It must be noted that an unknown proportion of Aboriginal people either do not participate in the Census data collections, do not identify their Aboriginality or acknowledge that they are carers. As such there may be discrepancies in the data.



## **Additional impacts of being an Aboriginal carer**

Aboriginal carers provide care within a cultural context, which does not fit comfortably with current service provision and policies. Also the high levels of socioeconomic and health disadvantage means that the impact of caring is much greater on Aboriginal and Torres Strait Islander carers as well as the wider Aboriginal and Torres Strait Islander community.

Compared with the rest of Australia, the Aboriginal community experiences a greater number of deaths and serious illnesses within their extended family networks. This fact, combined with a history of other losses such as the removal of children from their families, the loss of cultural heritage and the high rate of imprisonment of Aboriginal people, leads to a greater sense of grief and loss (O'Shea 1999).

The integrated relationships between Aboriginal people make their sense of loss even more acute. The sharing of grief is an important way for the community to come together and strengthen the bonds within the community. It gives a sense of communal knowing and support (Smeaton 1998).

Aboriginal carers are more likely to feel responsible and talk on behalf of the sick person. They also have culturally different ways of reacting to stress and coping.

## **Are there Koori-specific support strategies?**

### ***Listen, hear and think***

- Ngara is a term derived from the Aboriginal people of Sydney language (Eora), which describes an Aboriginal approach to listening. Ngara refers to a way of listening which should lead to action. Ngara is to listen, hear, and think. To listen is simultaneously to reflect and become self-aware; it requires the listener to complete the cycle.
- The Ngara approach highlights the importance of attending to the holistic needs of Aboriginal people if you are going to address their emotional needs. This is probably even more so in a culture where expectations to do the caring are part of family and cultural obligations.
- Emotional support is more likely to happen around a cuppa and a yarn.
- Ngara shows the importance of ongoing support, follow up, building of trust, and hanging in there.

## Why don't Koori carers access services?

Many of the reasons fall into the following categories:

### **Cultural reasons**

- Aboriginal people often do not identify themselves, as carers as their culture is one where family members and the community look after each other. The context and use of the word 'care' can determine the response by services and the community. In many Aboriginal communities in NSW, the word 'carer' causes confusion, particularly for older people. 'Carers' are commonly identified as the Home Care worker or even a foster parent role.

*"Don't use the term carer. Talk about what they do, who they look after, help them identify as a carer. Think of other ways to describe who they are and what they do."*

(An Aboriginal community worker)

- Caring in Aboriginal communities is a cultural obligation and many Aboriginal carers rely on the extended family to give them time out rather than approaching services to provide respite options.

*"Elders don't see themselves as carers, but they are sometimes 24 hour carers."*

(A Koori carer)

- Many Aboriginal carers have very little knowledge of services and how to access them. If they do know about services, Aboriginal carers prefer to keep much of the caring within the family for as long as possible.

*"A lot of blackfellas won't come and get help or ask for help, even if they're half dead, so they have to bring the service to the people."*

(A Koori carer)

- A lack of cultural awareness and sensitivity exists among mainstream service providers. Conflict between the philosophy of non-Aboriginal service providers and the cultural background of their Aboriginal clients do little to foster good relationships and trust. For example, in traditional times, childbirth was strictly women's business. Today, some Aboriginal women view the inclusion of men in obstetrics or gynaecology as an intrusion.
- The concept of disability is not used in the same sense as the government's description. Aboriginal carers are more likely to define the person being cared for by their relationship to their community rather than describing them by their disability or illness. Aboriginal people do not focus on a person's disabilities and believe that caring is a community responsibility, where they look after each other. Often the disability is not seen as a priority, and in some cases the disability may not even be recognised by the community.

Service providers should support family relationships and utilise informal networks.

### ***Historical Reasons***

- Aboriginal history has developed a strong mistrust of government departments and institutions.
- If one Aboriginal carer has a bad experience, this impacts greatly on whether other Aboriginal carers use a service. When Aboriginal carers have been denied a service or have had a negative experience they are hesitant about using services again.

*"They sit in their office and work out what to do, but they don't know what we need. They should first come to the community and say, 'What do you think the community needs?' Otherwise, we're not getting what the community wants, but what they want to give us."*

(A Koori carer)

- The most powerful motivator is a recommendation given by ‘word of mouth’.

*“A lot of Kooris work on bush telegraph, if something is good we get to know about it.”*

(A Koori carer)

- The authoritarian nature of the relationship between service providers and Aboriginal people leads to a feeling of intimidation. Aboriginal carers may be hesitant to use services because they are scared of the system and feel alienated in a non-Aboriginal bureaucratic system. It takes a lot of confidence to approach a service. Services have to work with the carer from the start.

*“The white community still has a long way to go in understanding our needs, they are different. They tell you what you need, what you should do. We should be telling them ‘this is what I think I need.’”*

(A Koori carer)

- Aboriginal people experience feelings of alienation, which may be partly brought about by the lack of service providers adopting Aboriginal specific programs.

Service providers need to have faith in the ability of Aboriginal people to handle their own affairs and to reinforce Aboriginal decision making. This attitude will go a long way to fostering Aboriginal autonomy.

### ***Structural or program-specific reasons***

- Government policies for services may not meet individual community needs
- Lack of services close to home
- Lack of transport
- Low income

Aboriginal communities are diverse, politically and culturally, and therefore successful programs may not transfer from one community to the next. Service providers need to be mindful of the many cultures and very different life experiences of Aboriginal communities in Australia.

*“A lot of Kooris feel embarrassed about white services coming into our houses. They need to be aware of this, as it puts pressure on us, causes worry and unnecessary concern.”*

(A Koori carer)

The general Aboriginal attitude is, “If you’re going to work with me, then I want to know a bit about you”.

Developing relationships and trust are crucial for any Aboriginal carer/service provider interaction.



## SECTION III. STRATEGIES FOR ENGAGING KOORI CARERS

### General recommendations

Following are a set of recommended issues to think about when you are developing services with and for Koori carers. These recommendations were developed out of the experiences of both the service providers and the Koori carers who attended previous camps and from the 'Hand in Hand' Indigenous Carers and Communities roundtable discussions, held in Melbourne in 2007<sup>1</sup>. The goal is to provide practical information for achieving good working relationships.

- It is important to acknowledge that Aboriginal carers are a specialised group
- Although caring happens in all cultures, how it happens is culturally determined. In Aboriginal communities there are a number of cultural and historical dynamics that have a profound impact on how carers provide care, what kinds of support carers seek and how service providers respond to them
- In many Aboriginal languages the word 'Carer' may not exist in the same way as it does in the mainstream context. For example, there is not an Anangu word for a carer of a person with a disability, and the idea that someone needs to be cared for implies a negative connotation that they are 'deficient'
- When talking with Koori carers it is important that common caring words are used to describe the supportive roles, thus reinforcing the value of the person being cared for to the community
- There are other ways in which Aboriginal cultures differ from the dominant non-Aboriginal culture. Communities often have very different histories, cultures, traditions and languages. However, there are common needs between Aboriginal and non-Aboriginal cultures that apply when considering respite arrangements or service provision. Many of the issues that these communities face are the same, but how they need to be dealt with may be different
- The Aboriginal community needs services that reflect changing needs. Service providers need to be creative in providing services that are open-ended, adaptable and responsive to community direction

---

<sup>1</sup> The 'Hand in Hand' roundtable was held in Melbourne from 12-13 December 2007, 20 participants were present representing Aboriginal and Torres Strait Islander carers, Elders, and community workers from state and territory Carers Associations.

- Although services being offered by service providers need to be more relevant and accessible to Aboriginal people, emphasis should be on community development
- Service providers need to invest time into building a relationship with Aboriginal carers if they are to gain their trust. Trust needs to be established before Aboriginal carers will open up about their needs

## What do I need to know about developing my service?

The Network of Carers Associations developed the *Guide to Good Practice* in 2007. The Guide details the principles and features of good practice that underpin quality and effectiveness in the delivery of carer services, representation and governance and management. In thinking about developing services with and for Koori carers service providers should adopt the features of good practice as outlined in section 4.2 'Working with Indigenous Carers and Communities' of the *Carers Australia Guide to Good Practice*.

### 4.2 Working with Indigenous Carers and Communities

#### Aims

The organisation is culturally aware and competent in providing services to Aboriginal and Torres Strait Islander people and building partnership with Indigenous people and organisations at many levels.

#### Features of good practice

- Indigenous leaders and families see the organisation as sensitive, friendly and responsive to Indigenous people and issues.
- Trust and confidence is achieved by the employment of Indigenous staff and working respectfully and in partnership with other Indigenous services and groups.
- (Carers) Associations learn about Indigenous culture and families and how these are different to 'white' culture and patterns of family care.
- Services to Indigenous carers are flexible and tailored to their family and community context. The approach respects the differences in family structures and kinship traditions and the likelihood that care is shared within the extended family.
- In planning how to reach Indigenous carers and link them to better support, staff should consult key Indigenous



organisations and other service providers who know the community and have access to families providing care. Building relationships and trust is a critical first step in all work with Indigenous communities.

- Service models and approaches are modified to ensure they are culturally appropriate and accessible (eg Carer yarning groups, use of pictograms and storytelling).
- Identified non-Indigenous staff work alongside Indigenous staff in championing development and learning with the organisation and building relationships with Indigenous communities and organisations.
- All staff, Indigenous and non-Indigenous, have access to cross cultural training and opportunities to learn about Indigenous culture and history and the experience of Indigenous carers. (Network of Carers Associations 2007).

### **How do I make my service more acceptable?**

- Services need to be provided in partnership, and through consultation, with Aboriginal carers and communities.
- It is not only important for service providers to be able to relate to Aboriginal carers warmly, you have to find a way to get out of your buildings and go into the community. Once you're there, and the people like you, then it is time to invite them into your service.
- It is vital for Aboriginal carers to feel comfortable with you and your surroundings. To do this, service providers need to ensure that staff are approachable, that Aboriginal people are amongst the staff and that there is an easy atmosphere and pleasant surroundings.

*"If the services had Koori workers you can talk to [them]. Non-Koori services need to be Koori-friendly, e.g. communicate on your level, talk plainly, and use simple language."*

(A Koori Carer)

- Aboriginal carers prefer to receive services from Aboriginal workers.
- Service providers should support family relationships and utilise informal networks, acknowledge that each community is different and recognise that programs will not automatically transfer from one community to another.
- Be friendly! This will go a long way to helping Aboriginal carers feel less intimidated by the mainstream system or to inadvertently be made to feel inferior if they do not know what to do.
- Ensure accessibility by encouraging and fostering positive relationships between service providers and Aboriginal carers.
- If service providers do all the talking, saying what should or should not be done, carers will stop listening, especially Aboriginal carers.
- If you're thinking of producing Aboriginal-specific documentation, it is wise to avoid the use of totems as these may offend some communities. Use the Aboriginal colours of red, yellow and black and you will go a long way to building the relationship necessary for Aboriginal carers to access your services.
- The physical location of your service can play a significant role in making your service more acceptable to Aboriginal carers (i.e. not near Police or DOCS).

## **Respect and sensitivity**

Respect plays an integral part in the Aboriginal belief system and cultural teachings. Respect for Elders, the land, kinship, animals and ancestors are essential aspects of Aboriginal culture. Service providers need to offer and earn respect particularly with community Elders and leaders.

### ***Elders***

- The traditional meaning of an Aboriginal Elder is someone who has gained recognition within their community as the custodian of knowledge and lore, and who has permission to disclose cultural knowledge and beliefs.
- Recognised Elders are highly respected people within Aboriginal communities. In some instances Aboriginal people above a certain age will refer to themselves as Elders. However, it is important to understand that in traditional Aboriginal culture, age alone does not necessarily mean that one is a recognised Elder.
- Elders bridge the past and present and provide guidance for the future. They teach important traditions and pass on their skills, knowledge and personal experiences. It is for these reasons that Aboriginal Elders are treated with respect.

- Elders have a substantial influence over when, how, and if a community will work with those from outside. Therefore it is essential for service providers to consult Elders and treat them with respect.

### ***Sorry Business***

- The period of mourning for deceased Aboriginal people is commonly known as 'Sorry Business'. If a community is dealing with 'Sorry Business' it is respectful not to make any requests for community meetings or consultation during that period.
- In many Aboriginal communities it is offensive or disrespectful to refer to a deceased person by name or to show photographic images of the person during the mourning period, unless agreed to by the relevant family. Mourning periods vary between communities, they may last for a week, a year or indefinitely. You should always check with the local Aboriginal community before displaying or broadcasting names or images of deceased people.
- When referring to someone who has died, don't use the word 'dead'. Kooris use the word 'passed'.

### ***Land***

- When organising a meeting, community gathering or conference, it is important and respectful to acknowledge the land and its original custodians. This can be achieved by commencing a planned meeting or gathering with either:
  - An Acknowledgement of Land or original custodians by the first speaker
  - A Welcome to Country ceremony which can only be performed by a recognised Elder who is from the local community in which you are meeting
- It is essential that the Elder who delivers a Welcome to Country be remunerated accordingly

### **Specific strategies arising from the camps**

One of the many benefits of having Koori carers together with service providers at the camps is the chance to develop and discuss specific strategies which could strengthen their relationships. These strategies are listed below under the following topics:

## ***Understanding carer issues***

- Aboriginal carers often don't recognise themselves as carers, even though many have significant care responsibilities and many care for more than one person across generations. It is perceived as a culturally accepted responsibility of families and communities to care 'for their own' (Hepburn 2005).
- There is usually not only one person taking care of all the caring responsibilities, as different tasks are usually shared around. Don't push them to label one person as the primary carer. A carer is not the individual, it is the family.

*"The word carer to me means someone who loves to look after their family, to always be there to share and care in their time of need and always ready to help one another not because you have to but because you want to. It's not easy, but this is built into our Aboriginal ways to always look after each other."*

(A Koori Carer)

- The responsibility to care for a person with a disability, chronic condition or mental illness or to somebody who is aged can be delegated to an individual by Elders and the community.

*"Coming from an Aboriginal family I was taught to care and taught to share, and because of my cultural upbringing. I have been able to be a carer for others than family."*

(A Koori Carer)

- Don't use the term carer. Talk about what they do, who they look after, help them identify as a carer. Think of other ways to describe who they are and what they do.
- Aboriginal carers can experience low status associated with the low status of the person for whom they care.
- This low status can be reduced for carers who receive benefits for themselves and the community associated with their caring role, e.g. Carer Payment and Carer Allowance.

- Many Aboriginal carers do not receive a Carer Payment or Carer Allowance because they are unaware that these payments exist, or they have difficulties interacting with Centerlink staff, have a poor understanding of English, a lack of documentation and the concept of caring.
- There is a high level of mistrust of government institutions as a result of history, including government policies of interventions and racism.

*“Sometimes if it’s a Koori person I will ask, but I won’t ask a white person only because I feel afraid.”*

(A Koori Carer)

- Many Aboriginal carers have very little knowledge of services, their eligibility requirements and how to access them. If they do know about the services, Aboriginal carers prefer to keep much of the caring within the family for as long as possible.

*“I have done a course on rights and what is out there to help you, but feel shy and stubborn thinking I can do it all myself as if I had help I would be a failure.”*

(A Koori Carer)

- Aboriginal carers and communities can experience ‘shame’ when offered education and training and other services as they perceive this is because they are not caring properly, or they may feel ‘shame’ or conflict when discussing situations with a worker of a different gender.
- It’s important for service providers to ask right at the beginning whether a carer is Koori. Don’t just assume.
- Use a holistic approach to looking at carer issues; include attention to physical, spiritual, cultural, emotional and social wellbeing, community capacity and governance.
- Carers need to be at the centre when dealing with carer issues.
- Aboriginal carers need the time and the space to reach their own decisions.

## **Issues with using Aboriginal workers as links**

- Liaise and partner with other Aboriginal services to access information or set up the initial relationship.
- Consider using Aboriginal service providers as a bridge to link Aboriginal carers to non-Aboriginal services.
- Use Aboriginal workers in your area first. Invite them in and they will be critical in conveying the idea that the mainstream service providers will do a good job.
- Don't assume that Aboriginal workers will get immediate access. Carers may be suspicious about why an Aboriginal service provider is working for the government.
- Think through issues of confidentiality and privacy. An Aboriginal carer may be related to a service provider who you want them to access. This may not be appropriate.
- Aboriginal workers can suffer from isolation from peers and other service providers.
- Be careful not to put too great an expectation on Aboriginal workers as their clients will also be putting demands on them. They can experience burn-out due to the demand put on them by their local community, as they are often expected to be always 'on call'.

## **Establishing a relationship with the Aboriginal community**

- Familiarise yourself with the local area.
- Identify the local Aboriginal community organisations and workers; contact the local councils, read the Aboriginal newspapers or listen to the local Koori radio.
- It is important to consult widely, inviting participation from all the key Aboriginal organisations. One or two organisations do not represent the interests of the entire community and talking to only a couple of organisations is not an acceptable procedure to the wider Aboriginal community.
- Contact the Koori Interagency Group in the local area and ask them to place you on their agenda. Most groups hold a monthly meeting of community service organisations and representatives from Aboriginal and Torres Strait Islander units within Government Departments, and

local Aboriginal and Torres Strait Islander community organisations. It is a good way of networking as these workers are the frontline in accessing Aboriginal people.

- Understand that if a precedent has been set with services, it's very hard to change, even with new personnel.
- Have your organisation do something for significant Aboriginal cultural events and promote it in the local press.
- Invite a Koori person to be on the Board of your committee.
- Partnerships, trust and good relationships make projects work. It is important to honour any commitments you make.

### **Establishing a relationship with Koori carers**

- Don't expect to be let into the home of an Aboriginal carer the first time around (the reasons are often to do with feeling that they will be judged). When you do go into their home be genuine and show respect to all family members.
- Acknowledge all members in the family, particularly kids. If you don't acknowledge them, you won't get to step one.
- Allow time to establish some sort of relationship, on their terms.
- Ask the question, "Can I do anything to help?"
- The Aboriginal carer might be Koori, but just relate to that person as individual to individual. Understand that their needs are embedded within a family, a system, and a culture.
- Avoid situations that can cause conflict or 'shame' for an Aboriginal person such as 'Men's Business' and 'Women's Business', e.g. an Aboriginal male is less likely to feel 'shame' speaking to a culturally competent non-Aboriginal male health worker than to a female Aboriginal health worker (and vice versa).
- Don't get too caught up in worrying that you won't say the right thing as a non-Aboriginal person talking to Aboriginal people. Remember that Aboriginal carers are people. The wrong thing to say or do is to say or do nothing.
- Talk about yourself, not just what organisation you are from; you need to reveal something about yourself.

## Maintaining relationships

- It's so important to show that you are really listening. If Kooris pick up that you are not listening, they will cut you off because they think you don't care.
- Keep in contact with Koori clients, even if they are not active users of the service. Otherwise they might not come back.
- Explain reasons for why your service is doing or not doing something, otherwise people may assume it's a reason based on prejudice or racism.
- When working with Koori carers, be mindful of misinterpreting their behaviours. The appearance of nervousness, stress, or guilt may have more to do with a person's prior poor experiences with government departments or may be a trickle down from the Stolen Generation, with fear about being punished or controlled.
- Kooris may not understand guidelines or processes for receiving services, and this often leads to feelings of rejection or being judged.
- Take little steps, offer what you can, and try to be diplomatic when trying to accommodate the different needs of carers.

## Getting information to Koori communities

- Think about the different sources you can use to network and/or provide information about your service e.g. stalls in community events or local Koori community radio (not just information centres).
- Promote your service simply.
- Print materials need to be recognisable as being for Aboriginal people.
- As a service provider never assume that a carer knows all. For example, respite is often misunderstood.
- Kooris often don't know about specific services such as HACC or COPS. Information needs to be distributed in terminology that makes sense to Kooris.
- Provide some examples of what you can do and be flexible about what your service can offer (for example, get neighbourhood aid to get a washing machine whilst waiting for respite).



- Koori carers prefer to receive information in groups, as groups are seen as a very positive and supportive mechanism.

## Referral issues

- When referring, you need to speak to the worker who will be dealing with that Koori carer and try to ensure they follow up with that worker.
- Be conscious of gender. Try to link male workers with male carers and female workers with female carers.
- Koori carers need to access emotional support and counselling services and these should be offered as a major support within the care plan, provided even when the carer cannot pay for the service.
- If you are going to try and connect an Aboriginal carer with a counsellor or counselling agency, you need to ensure that they have a good understanding of carer issues. Otherwise, carers will very quickly feel misunderstood, unheard, or judged.

## Bureaucratic issues

- Don't focus on filling in forms. Highlight what questions must be answered for government requirements and just find out this information.
- Collect your information a bit at a time and as appropriate. Rely on partnerships with other services to get information, too.
- Don't make things too formal; it may be interpreted as questioning.
- Think through ways of gathering information; assessment processes can be very alienating.
- Home assessments can be interpreted as judging their home.

*“Being handed forms and told to fill them in and bring them back is no good. Some of us don't understand the writings and some can't read.”*

(A Koori carer)

## **Blueprints of the steps needed to implement networking strategies**

One of the tasks at the Koori Carer Yarning Camps was for the service providers to develop actual blueprints of how they would go about implementing the strategies presented in part B of this section. Each blueprint was then presented to the whole group, who gave extremely helpful feedback. Following are four of the blueprints.

### **1. Developing appropriate promotional material**

#### **A. Develop a draft for prospective clients**

- All groups need to decide up front what they want out of it
- In picture form explain what your service provides
- Use basic writing and simple explanations
- Seek permission from Elders and others for use of photos
- Use the Aboriginal colours and/or flag
- Use a school art competition for posters/artwork

#### **B. Consult with Aboriginal liaison officer/service provider for comment on draft brochure**

- Modify as necessary
- Have them printed

#### **C. Distribution throughout local community**

- Aboriginal health providers
- Centrelink
- Department of Housing
- Carers NSW
- Aboriginal service providers
- Stalls at community events, including football matches
- Koori community radio

### **2. Increasing your service's community awareness**

#### **Hold a cultural awareness training session for staff**

- Invite Aboriginal service providers, Aboriginal carers, Aboriginal Elders, Aboriginal liaison officer to a morning tea or BBQ in an informal setting

- Have staff visit Aboriginal service provider's workplace
- Distribute information throughout Koori services providers
- Develop credibility through and with Koori service providers
- Read Aboriginal publications, such as *Koori Mail*

### **3. Linking with Aboriginal workers**

#### **A. Find out the names of the Aboriginal liaison officers and Aboriginal workers in your area**

- Contact hospitals/health services, school liaison officers, Carers NSW, Aboriginal Medical Services, Land Councils, Local Councils, DOCS, Department of Housing

#### **B. Familiarise yourself with local Aboriginal services**

- Local community papers, Carelink, Council Directories, Aboriginal and Government Departments

#### **C. Find out the names of the community Elders**

- Ask Aboriginal liaison officer
- Ask Aboriginal workers in the area
- Ask local community members
- Read local community papers
- Listen to local Koori radio

#### **D. Develop a service specific committee to work out plans and strategies for linking with Aboriginal workers**

- Limit doubling up. Presenting a united approach allows Aboriginal workers a way to access non-Aboriginal services, builds profile, and raises awareness of the service

#### **E. Make face-to-face contact with Aboriginal workers**

- Arrange one-on-one visits to Aboriginal service workers
- Invite Aboriginal workers to your service to give them service specific information, awareness raising, or training, in an informal setting, e.g. morning/afternoon tea or lunch
- Create culturally-specific Aboriginal initiatives at service open days, in partnership with Aboriginal workers
- Keep eyes open for Aboriginal organised/facilitated activities, training, or projects and get involved

- Get on mailing lists and subscribe to Aboriginal specific information, e.g. *Koori Mail*
- Send service newsletters to Aboriginal services and/or workers

#### **4. Develop partnerships and holding an information Day**

##### **A. General points**

- Hold the Information Day in the form of a BBQ in the park, as it's more informal and encourages members of the community to bring their whole family
- Hold the Information Day on a weekend to cater for all groups of carers, including young people, people with disability etc

##### **B. Develop partnerships**

- Link with Aboriginal workers
- Establish a partnership with local Aboriginal workers or services to run the BBQ
- Do some research to identify the Aboriginal clients already accessing services
- Invite Aboriginal clients to be involved in planning/running the BBQ
- Use other services to promote Information Day, i.e. use logos of other services on any flyers, posters etc

##### **C. Get together with the partners and talk about:**

- What you all want to do
- Why you all want to do it
- What you all want to achieve

##### **D. Get together the practical details**

- Food
- Venue
- Transport
- Entertainment
- Disability access
- Information to be shared
- Who is responsible for what
- Costs/funding

- How you will promote the day
- Who will be invited
- What if it rains (contingency)

#### **E. Aboriginal specific questions and issues to be considered**

- Venue (appropriate and comfortable)
- Area or LGA that you want to cover
- Aboriginal communities that you want to involve
- Are there community tensions/conflicts

#### **F. Get it all together**

- Book venues
- Locate and book equipment. E.g. BBQ, chairs, tables, blankets, buses, wheelchair accessible transport
- Approach community centres for equipment
- Approach an Elder to do a Welcome to Country ceremony, and ensure that transport to and from the venue and remuneration is organised for the Elder

#### **G. Promotion**

- Flyers to Aboriginal services
- Word-of-mouth
- Posters in services and on posts
- Personal invitations to known clients



## SECTION IV: CHECKLIST FOR SETTING UP YOUR OWN KOORI CARER YARNING

Based on Carers NSW experience of organising the camps, and the added information from the project evaluation, Carers NSW has developed a checklist of key steps for those who would like to set up their own *Koori Carer Yarning* camps. They contain some information and practical hints based on our experiences, but bear in mind every community is different and it is important to emphasise that you can adjust the information to fit your needs and the needs of the carers in your community.

### 1. Be clear about the purpose of the camp

- To provide opportunities for Koori carers, Aboriginal service providers and non-service providers to get together in a camp setting to talk about the experience of Koori carers and to identify how service providers can make their service more accessible
- To increase service providers' awareness of Koori carers' issues
- To work towards breaking down barriers to existing services
- To provide emotional support to Koori carers
- The camps not only enable carers to have a break from their care responsibilities and develop new friendships; the camps also provide an opportunity to increase understanding and appreciation of Aboriginal carer issues, which is necessary when trying to build a better way of supporting Koori carers through service provision

### 2. Pre-camp: planning for camp

#### *Selecting co-workers*

Selecting the right mix of co-workers and support staff can enhance the overall camp experience for everyone. You will need help at several stages, planning the camp, during the camp and following up after the camp ends. The camps are designed to help build connections between the Koori carers and local services, it is important that local workers are involved.

#### **Workers can help with pre-camp planning**

- Invite workers from local organisations to work with you
- The organisations can include, but not be limited to, HACC services, local health services, Aboriginal Health or Mental Health, Centrelink, etc

- Be clear about the types of tasks that will be involved (e.g. choosing a venue, organising transport and arranging pampering/relaxation activities)
- Assign workers to only one or two of the tasks so that no one is asked to do everything
- Encourage both Aboriginal and non-Aboriginal staff to participate as this is good cultural awareness training. Meeting carers face-to-face will encourage change
- Ensure that those involved in the pre-camp will attend the camp and follow-up with the carers after camp
- Set up a management committee that consists of Koori carers, Aboriginal workers who provide a service to Koori carers, mainstream service providers, and Carers NSW representatives

### **Support staff at camp**

- We recommend that at the camp there is one worker for every four carers
- You will need staff for two different types of tasks: emotional support for the carers and practical support for you in helping the camp run smoothly
- It is important that workers who are there to provide emotional support have an awareness and understanding of Aboriginal carers issues
- Try to ensure that the genders of the workers match the genders of the carers as much as possible. For example, it is very important that, if you have male carers, there is at least one male worker as well
- Assign specific tasks to workers so they know what to expect and what they should be doing
- It is important to have at least one worker at the camp with first aid training

### **Post camp follow-up from staff**

- Before the camp begins, discuss with the team how follow-up will be done with the carers when the camp ends
- Before camp ends, get agreements from the workers about who will follow-up with which carers and encourage them to only make promises that they know they can keep



## **Choosing a venue**

A well chosen venue is beneficial to the carers, the service providers and the staff/volunteers running the program. Carers NSW has found that there are a number of key factors to consider from both the carers' and organisers' points of view when selecting your venue.

### **Location**

- Is it easily accessible?
- Will it require a long trip for the carers?
- How close is it to the nearest town?
- Will it be convenient to go and get more supplies or to take carers out?
- Is there mobile phone coverage?
- Will it be easy to organise speakers/providers (e.g. massage therapist) to attend?

### **Physical layout**

- Is the accommodation cabin style or motel room style? Cabin style is generally more relaxing and comfortable for carers
- Do the rooms have tea/coffee making facilities and televisions?
- Will carers find it physically easy to get around the grounds? (e.g. Are there hills, are the cabins/rooms spread out, are they accessible for people with a disability?)
- Is there access to a telephone?
- Are there spaces where carers can just hang out together?

### **Food or kitchen facilities**

- Does the venue provide food?
- If so, are you able to tailor the menu to meet the carers' needs?
- If the venue does not provide food, what are the kitchen facilities like and are they adequate for food storage, preparation, cooking and cleaning?

### **Meeting rooms/facilities**

- Is there an appropriate enclosed meeting place?
- Does the room have a warm feeling that will make the carers comfortable?

- Will they have equipment that you may need, e.g. whiteboard?
- In addition to one big room are there smaller areas where one-on-one counselling or small group activities could take place?
- Are there appropriate or private spaces or rooms where pampering activities can take place and is the venue aware of these activities? (e.g. massages, hair cuts, gentle exercise classes)
- Is there an appropriate indoor or outdoor space for entertainment activities?

### ***Pre-camp: recruiting carers***

Before beginning to invite carers to your camp, you must decide whether you want male carers only, female carers only, or both.

When approached, some carers may be quite eager and willing to participate in the camp. Others may be hesitant because they are worried about their home situation, some may not understand the purpose of the camp, some may want to come but need to have respite organised, and some may genuinely not be interested in it. Other people may not consider themselves to be carers and think the camp is not for them. Because of these issues, it is important that a worker who knows the carers and their situations approaches them initially so they are able to identify issues that may come up at camp. Koori-friendly resources that explain about the camp are essential. Registration and evaluation forms can be ordered from Carers NSW.

### ***Pre-camp: organising transport***

One of the most important planning tasks is arranging transport for the carers. In some areas this will be easy, but in other areas where there are fewer transport options and carers are living a distance apart, it will get complicated.

Depending on your local circumstances, one person may be able to co-ordinate transport for everyone, or you may have to divide the task between several local workers who will arrange transport for specific groups of carers. It is also important that the co-coordinator for the transport obtains a copy of the transport service's insurance certificate.

Carers may want to drive themselves. If so they should be reimbursed for petrol costs.

## ***Pre-camp: planning the program/agenda***

Although all *Koori Carer Yarning* camps share a few key principles, such as, encouraging Aboriginal carers to self identify as carers, providing relaxation, pampering, emotional support, practical information to make caring easier, information about services and opportunities to make connections with service providers and other carers, you will find that each camp differs in its emphasis on aspects of the daily structure.

The key to a successful camp is ensuring that what you plan meets the needs of the local carers who attend. There are several ways to approach this; ask carers their preferences, invite several key carers to sit on the organising committee or discuss options with the local workers. Whatever you decide, there are a few things that you might like to keep in mind.

### **Structure**

- We have found that 4pm check in time, followed by a gathering and hot meal around 6pm works best for getting carers settled in and then introducing them to each other and staff around a meal
- During the days it is important to plan for rest time. We recommend allowing two hours after lunch
- It is also important to build in half an hour here and there where the carers can just sit and talk
- Time for formal emotional support (e.g. access to individual or group counselling) should be built in as well, and we found that the afternoon of the first full day is a good time
- On the last day, checking out at 2pm has worked well

### **Programming options**

- Some camps focus on a specific issue/program such as grief and loss and centre their camp program around this issue
- Other camps have a wider focus for sessions which include:
  - Art therapy (drawing, painting, sculpture, writing, music etc)
  - Relaxation classes (teaching relaxation techniques)
  - Massages
  - Manual handling and lifting techniques
  - Hair cuts and beauty treatments
  - Nature walks or outdoor activities
  - Information sessions on healthy eating
  - Aromatherapy
  - Information about being a carer and local support services
  - Information about key illnesses e.g. stroke, mental illness etc

- Evening entertainment is important, depending upon the carers. Some may just want to go to their rooms to talk or rest, but others will look forward to a planned program. Accessing Aboriginal entertainment is preferable but may not be available and karaoke is always popular

### ***Pre-camp supplies***

Deciding on what you need to bring to the camp and taking those supplies with you will help make things run smoothly once you are at the camp. However remember that the unexpected will always arise. Things you need to bring may include refreshments, supplies for rooms/cabins, equipment for running sessions/activities, gifts for carers, registration/evaluation forms and petty cash.

It is important for the carers to be able to contact home. Decide beforehand whether paying for this will come out of the camp budget or whether the carers will have to pay for it themselves. If carers will be using a public telephone, make sure you take change or phone cards.

### **Refreshments**

Check with the venue to see what they provide:

- Kettle, tea, coffee, sugar, artificial sweetener, cups, mugs, spoons and milk
- Crackers, biscuits, sweets, sugar free treats, fruit and cheese
- Water, soda water, juice, diet and regular soft drinks

### **Room supplies**

- Soap, shampoo, conditioner, toilet paper, tissue and towels
- Kettle, tea and coffee, milk etc
- Bring some extra toothbrushes and toothpaste

### **Equipment for running sessions/activities**

- Butchers paper, markers, tape, tacks and scissors
- Discuss with individual presenter/organiser what supplies they will bring and what they will need

### **General supplies**

- Name tags
- Paper and pens for carers to use
- Camera

### **Gifts for carers**

- Gift certificates, toiletry supplies, relaxation supplies, e.g. oil burner, foot cream etc. for both men and women.

### **Decorations**

- If it is not an Indigenous venue are there any decorations you can bring to make it friendly?

## **3. At camp: before the carers arrive**

When you and your support staff arrive at the camp, there are a few things to do before the carers arrive.

- Mark the location of the camp with signs/balloons so that the transport can identify it and the carers recognise right away that you have prepared it especially for them
- Ready the cabins/rooms. Some venues may come fully stocked, while in others you may need to put toiletries or refreshments
- Decide whether you will assign particular carers to rooms/cabins or whether you will let them select roommates
- Have a blackboard or large easel with what's happening and where things are located
- Prepare name tags
- Identify any special needs that carers may have (either from the registration forms or from the other workers e.g. mobility or dietary issues)
- Remember to relax and enjoy the camp with the carers
- Confirm the roles of staff members. Staff report feeling much more comfortable when they know what they are expected to do

### ***Staff roles at camp***

Staff roles generally fall into three categories:

#### **Practical support**

- This consists of anything related to helping the camp program run smoothly. It includes setting up rooms, going and getting extra supplies, food preparation, food cleanup, preparing the carer's gifts and anything else that needs to be done.

### **Emotional support**

- It is critical that you have staff whose role it is to provide emotional support to the carers. A number of issues can arise for carers at the camp, and it is important that they have staff to which they can turn to discuss and begin to work through these issues. The emotional support may be formal such as groups or one-on-one counseling sessions or informal, such as a shoulder to cry on. Be aware that conflicts between carers may happen at camp and you should have someone with the skills to defuse any situations that do arise. If you are having both male and female carers at your camp, it is important that you have a male and female worker who can provide emotional support as well.

### **Facilitating sessions**

- Some of the workers may facilitate sessions or activities in addition to their other roles. E.g. you may have someone who is able to teach some manual handling techniques or who can provide some first aid training.

## **4. Running the program and beyond**

No matter how much preparation you have done for your camp, expect the unexpected. Carers you expected to come may not; carers you didn't expect to come may show up. The best advice we can give you about dealing with the unexpected is to be flexible and keep a good sense of humour. Remember that you can achieve the overall purpose of your camp even if it's not able to run exactly as planned. If you can help the carers see that they are indeed carers and entitled to support, provide some information about how to access that support, give them an opportunity for informal social support from others, and give them a bit of break from their caring duties so they can have some time to themselves, you will have accomplished a great deal.

Evaluation tools help you see what the carers and workers felt about the camp and what needs improvement next time. We encourage you to set aside time for the carers to fill these out, and also recognise that because of literacy issues, some carers may need some assistance. Keep a note for yourself of what went well and what could be improved on next time.

Before the camp ends, you might want to ask the carers what they themselves would like to see come out of the camp. Do they want a support group, education programs and informal opportunities to meet?

At the end of the camp, present the carers with their thank you gifts. Give them the number of the Carer Line so that they can call whenever they need some extra help.

Once the carers go home, there are still some tasks that need to be done, including:

- Debriefing sessions for workers/staff who participated
- Making sure that workers are following up with their assigned carers
- Thank you notes to the staff and carers who participated

## 5. The evaluation report

As coordinator, your post camp responsibilities will also include finalising expenses and writing a brief evaluation report if required.

### **Suggested format for an evaluation report**

1. Justification for the camp:  
Why was it important to have it and what were its goals?
2. Camp organisation:  
Who was involved and what were their roles?
3. Carer characteristics:  
Describe the carers who attended.  
What were their ages, genders, caring situations?  
Where do they live and what did they want to get out of the camp.
4. Assess how well the camp ran:  
What challenges did you face?  
What was particularly successful?  
What did the carers and workers say in the evaluations?
5. Follow up:  
What process is in place to follow up with carers and to meet their needs?
6. Future considerations:  
What would you do differently next time?  
What lessons do you have for others who would like to run more camps?





## SECTION V: REFERENCES

Ballangarry B (2004) *Birth of my Woman*. Coffs Harbour, NSW

### Introduction

Australasian Legal Information Institute (2009, 9 September). *Aboriginal Land Rights Act 1983 NSW SECT 4*, accessed 24 August 2009. [http://www.austlii.edu.au/au/legis/nsw/consol\\_act/alra1983201/s4.html#aboriginal\\_person](http://www.austlii.edu.au/au/legis/nsw/consol_act/alra1983201/s4.html#aboriginal_person)

AusFlag; Our own Flag (2007). *Aboriginal Flag*, accessed 24 August 2009. [http://www.ausflag.com.au/aboriginal\\_flag.html](http://www.ausflag.com.au/aboriginal_flag.html)

AusFlag; Our own Flag (2007). *Torres Strait Islander Flag*, accessed 24 August 2009. [http://www.ausflag.com.au/torres\\_strait\\_island.html](http://www.ausflag.com.au/torres_strait_island.html)

### Section I

Anderson I (1998) *Koori Health in Koori Hands*. The Koori Health Unit, Health Department of Victoria, Melbourne

Australian Bureau of Statistics (2008) *Prisoners in Australia*, ABS Cat no. 45170, ABS, Canberra

Australian Bureau of Statistics and the Australian Institute of Health and Welfare (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, ABS Cat no. 4704.0, AIHW Cat no. AIHW 21, ABS & AIHW, Canberra

Australian Bureau of Statistics (2008) *Population characteristics: Aboriginal and Torres Strait Islander Australians*, Cat no. 4713, ABS, Canberra

Australian Health Ministers' Advisory Council (2008) *Aboriginal and Torres Strait Islander Health Performance Framework Report 2008*. AHMAC, Canberra

Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) (2008) *The Australian Indigenous Languages Database (AUSTLANG)*, accessed 24 August 2009 <http://austlang.aiatsis.gov.au/main.php>

Australian Museum (2009) *Indigenous Australia; Timelines*, accessed 26 August 2009 <http://australianmuseum.net.au/Indigenous-Australia-Timeline-Pre-Contact>

City of Sydney (2005) *Aboriginal and Torres Strait Islander Protocols*, Sydney

Creative Spirits (2009) *Australian Aboriginal History*, accessed 27 August 2009 <http://www.creativespirits.info/aboriginalculture/history/index.html>

Language Varieties Website (LVW) (2007) *Aboriginal English*, University of New England, School of Languages Cultures and Linguistics, accessed 24 August 2009 <http://www.une.edu.au/langnet/definitions/aboriginal.html>

Muru Mittigar Aboriginal Cultural and Education Centre (2000) *Aboriginal History Timeline*, accessed 26 August 2009 <http://www.murumittigar.com.au/History-Timeline.htm>

National Museum of Australia (2007) *Collaborating for Indigenous Rights; Freedom Ride 1965*. Canberra. Accessed 1 September 2009 <http://indigenousrights.net.au/section.asp?SID=33>

National Museum of Australia (NMA) (2009) *Exhibitions; the First Australians; Language Meaning*, accessed 26 August 2009 [http://www.nma.gov.au/exhibitions/now\\_showing/first\\_australians/language\\_meaning/](http://www.nma.gov.au/exhibitions/now_showing/first_australians/language_meaning/)

NSW Discovering Democracy (2000) *Discussion Papers; Aboriginal Struggle for Citizenship*, NSW Department of Education and Training and the Australian Broadcasting Corporation, accessed 1 September 2009 <http://www.abc.net.au/civics/democracy/struggle.htm>

NSW Aboriginal Land Council (2007) *History; Dispossession and Land Rights - the story so far*, accessed 1 September 2009 <http://www.alc.org.au/resources/History/history.htm>

NSW Department of Community Services (DOCS) (2009) *Working with Aboriginal People and Communities: a Practical Resource*. Aboriginal Services Branch, Sydney

NSW Department of Health (2008) *The Health of the people of New South Wales - Report of the Chief Health Officer 2008*. Population Health Division, Sydney

Reid J and Trompf P (eds) (1991) *The Health of Aboriginal Australia*. Sydney, Harcourt Brace

ReconciliACTIONnsw (2009) *Stolen Generation Fact Sheet*, ReconciliACTION Network, accessed 1 September 2009 <http://reconciliation.org.au/nsw/education-kit/stolen-generations/>

The Hon Kevin Rudd, the Prime Minister of Australia's Website (2008) *Speech; Apology to Australia's Indigenous Peoples*, accessed 2 September 2009 <http://www.pm.gov.au/node/5952>

The Hon Jenny Macklin MP, the Minister for Families, Housing, Community Services and Indigenous Affairs (2009) *Speech; Statement on the United Nations Declaration on the Rights of Indigenous Peoples*, accessed 2 September 2009 [http://www.jennymacklin.fahcsia.gov.au/internet/jennymacklin.nsf/content/un\\_declaration\\_03apr09.htm](http://www.jennymacklin.fahcsia.gov.au/internet/jennymacklin.nsf/content/un_declaration_03apr09.htm)

Tourism NSW (2009) *Aboriginal Language Map*, accessed 26 August 2009  
[http://corporate.tourism.nsw.gov.au/Aboriginal\\_Language\\_Map\\_p1370.aspx](http://corporate.tourism.nsw.gov.au/Aboriginal_Language_Map_p1370.aspx)

## Section II

Australian Bureau of Statistics (2004) *Disability, Ageing and Carers: Summary of Findings Australia 2003*, ABS Cat no. 4430.0, ABS, Canberra

Australian Bureau of Statistics and the Australian Institute of Health and Welfare (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (AIHW)*, ABS Cat no. 4704.0, AIHW Cat no. AIHW 21, ABS and AIHW, Canberra

Australian Bureau of Statistics (2008) *A Profile of Carers in Australia*, Cat. No. 4448.0, ABS, Canberra

Australian Health Ministers' Advisory Council (2008) *Aboriginal and Torres Strait Islander Health Performance Framework Report 2008*. AHMAC, Canberra

Australian Institute of Family Studies (2009) *The nature and impact of caring for family members with a disability in Australia*, Research Report no. 16, Canberra

Carers Association of Australia (CAA) (2000) *Warning - Caring is a Health Hazard - Results of the 1999 national survey of carer health and wellbeing*. Carers Association of Australia, Canberra

Carers NSW (2008) *'What Carers Want?' Carers NSW Survey 2008 Report*. Carers NSW, Sydney

Cummins R, and Hughes J (2007) *Australian Unity Wellbeing Index Survey 17; The Wellbeing of Australians – Carer Health and Wellbeing*. The Australian Centre of Quality of Life, Carers Australia and Deakin University, Victoria

Edwards B, Higgins D and Zmijewski R (2007) *The Families Caring for a Person with Disability study and the social lives of carers*, Family Matters, no.76, pp 8-17

Feinberg, Wolkwitz, Goldstein (2006) *Ahead of the Curve: Emerging Trends in Practices in Family Caregiver Support*. National Centres on Caregiving Family Caregiver Alliance, AARP Public Policy Institute, USA, Washington

Gill T, Jury H, Avery J, Warminton R, Stacey A, and Taylor A (2007) *The Health and Wellbeing of Adult Family Carers in South Australia: an epidemiological analysis 1994-2004*. South Australian Department of Health, Adelaide

Independent Living Centre (ILC) of WA (Inc) (2006) *Family Carers and the Physical Impact of Caring – Injury and Prevention Research Report*. WA

Department of Community Development Government of WA, Perth

O'Shea M (1999) *An Unrecognised Grief: Loss and grief issues for carers, a worker's guide*. Carers Association, Victoria

Population Health Division (2008) *The Health of the people of New South Wales - Report of the Chief Health Officer 2008*. NSW Department of Health, Sydney

Schofield H, Bloch S, Herman H, Murphy B, Nankervis J, and Singh B (1998) *Family caregivers - Disability, Illness and Ageing*. Allen and Unwin, Melbourne

Smeaton T (1998) *Family Dreaming: Support programs for Aboriginal and Torres Strait Islander people with disabilities*. NSW Department of Ageing and Disability, Sydney

The Allen Consulting Group (2007) *The Future of Community Care*. Report to the Community Care Coalition, Melbourne

Wildman S (2002) *Volunteers Making a Difference - a training manual*. Carers NSW, Sydney

Wood K (1999) *The Emotional Impact of Caring - an overview of current Australian research and literature*. Paper presented at the 1999 Carers NSW State Conference

### **Section III**

Carers Australia (2008a) *Carers health project phases 1, 2, and 3 Final report*, Canberra

Carers Australia (2008b) *Indigenous Carers and Communities Discussion Paper*, Canberra

Carers NSW (2004a) *Working with Aboriginal carers – a cultural context*, Sydney

Carers NSW (2004b) *Koori carer yarning carers week 2003 Evaluation*, Sydney

City of Sydney (2005) *Aboriginal and Torres Strait Islander Protocols*, Sydney

Hepburn R. (2005) *Be with us, feel us act with us: counselling and support for indigenous carers* Footscray, Victoria

NSW Department of Community Services (DOCS) (2009) *Working with Aboriginal People and Communities: a Practical Resource*. Aboriginal Services Branch, Sydney

Network of Carers Associations (2007) *Guide to Good Practice*, Canberra

