

REPORT OF PROCEEDINGS BEFORE

PUBLIC ACCOUNTS COMMITTEE

INQUIRY INTO HOME AND COMMUNITY CARE

At Sydney on Wednesday 18 October 2006

The Committee met at 9.30 a.m.

PRESENT

Ms N. Hay (Chair)
Mr S. J. R. Whan (Deputy-Chair)
Mr G. J. Aplin
Ms K. K. Keneally
Mr J. H. Turner

ANTHONY GEORGE GILLIN, Service Supervisor, Ngambaga Bindarry Girrwa Community Service Inc., 22 Wallace Street, Macksville 2447,

JAYDE COLEEN KELLY, Aboriginal HACC Development Officer, Gilgai Aboriginal Centre, 2 Bindaree Street, Hebersham 2270,

NICOLE WINTERS, Day Care Co-ordinator, Gilgai Aboriginal Centre, 2 Bindaree Street, Hebersham, and

SHEREE FREEBURN, Aboriginal Carer Co-ordinator, Carers NSW, New South Wales Aboriginal Community Care Gathering Committee, PO Box 20156, World Square, 2002, affirmed and examined, and

JUNE PATRICIA RIEMER, Aboriginal Co-ordinator, Kurranulla Aboriginal Corporation, 15 Jannali Avenue, Jannali 2226, sworn and examined:

CHAIR: I am advised that you have been issued with a copy of the Committee's terms of references and also a copy of the Legislative Assembly's Standing Orders 332, 333 and 334 that relate to the examination of witnesses. Is that correct?

Ms FREEBURN: Yes.

Ms WINTERS: Yes.

Ms KELLY: Yes.

Ms RIEMER: Yes.

Mr GILLIN: Yes.

CHAIR: Would any of you like to make an opening statement this morning?

Ms FREEBURN: Yes, I would. Firstly, I would like to acknowledge the traditional owners of the land, the Eora people. I would also like to thank you for inviting us to address this Committee.

The New South Wales Aboriginal Community Care Gathering Committee is a group of nominated and regionally representative Aboriginal community care workers and community members who meet to advance community care for Aboriginal and Torres Strait Islander people in New South Wales. The representatives on this Committee are volunteers and most members are supported by their workplace to participate. The work of the Gathering involves policy development, tri-annual conferences and responses to Government initiatives and regional and State networking.

Leading Our Way in Community Care policy document is the second in a series of policy papers, the first of which was published in May 2002. The draft has been entered into evidence by Carers New South Wales and also NCOSS. The new policy position is the result of three years of work by Aboriginal community care workers and builds on the success of the first statement, which was entitled *Focus for the Future*. The Gathering committee believes that the first policy statement has contributed some positive outcomes in some areas. The committee has recently finalised this draft, which is now in preparation for publishing.

The Gathering committee has been involved in many other activities over the past three years such as speaking on Aboriginal issues at conferences, contributing to mainstream policy documents, training and advice to Government as well as conducting a three day conference in June of this year in Dubbo, which was attended by 100 Aboriginal community care workers from across New South

Wales.

The policy statement represents the principles required to improve the adequacy, quality and spread of community care and related services to Aboriginal people in New South Wales. It also makes recommendations for changes necessary to achieve these improvements.

We welcome your questions and, again, thank you for the opportunity to appear here today.

CHAIR: I would like to thank the members of the Aboriginal Community Care Gathering Committee for their thoughtful response to the Auditor-General's performance audit report on Homecare Services New South Wales. I note that you have also prepared the draft policy position on community care *Leading Our Way* and that you are active in advancing culturally appropriate community care for and with Aboriginal and Torres Strait Islander people in New South Wales. I would also like to thank you for taking the time to appear before the Committee today.

The procedure is that there will be a number of questions. I will ask a couple of questions in the first instance and then I will open it up to other Committee members to ask questions.

The Gathering Committee previously expressed concern about exclusion of Aboriginal and Torres Strait Islander peoples as consumers of mainstream homecare services. Has this situation improved, and, if not, how do you believe it could be improved?

Ms WINTERS: We are not sure how many Aboriginal clients access mainstream homecare because Aboriginal people were not identified in the Auditor-General's report, but we would like this data to be entered again with the statistics of Aboriginal people. We are not sure how that can be improved because we have not been told in the report itself.

CHAIR: Are there Aboriginal representatives on the Ministerial Advisory Committee For Community Care as you have recommended in your draft community care policy position paper?

Ms RIEMER: The State Advisory Committee has been now made to transfer and there are no plans to re-appoint this committee, but we would like two representatives on all committees and that goes across all community advisory or Ministerial committees. The idea is that the issues with men and women's business need to be ensured by having two representatives so that they are adequately resourced and to accommodate our cultural differences. Basically, we would just like two representatives constantly on all Ministerial or mainstream advisory committees.

Ms FREEBURN: Can I just add to that, at the moment we currently have a casual representative on our Aboriginal National HACC reference group but that position, which is currently filled by Nicole at the moment, has not been confirmed. We are not sure when she will be told not to go any more or if she will be replaced or anything.

Mr APLIN: The Chair referred to your draft community care policy position paper and in that you recommended that assessment and case management for Aboriginal people must be conducted by Aboriginal workers and that this process must be effectively co-ordinated. Can you outline for us what occurs currently and how can assessment and case management be improved and how many workers would be needed across the State?

Ms RIEMER: I think the issues that happen currently are that usually in the regional areas they use the local worker. Normally that worker is over-stretched with her limits. What we would like to see is more full-time Aboriginal developmental workers right across the nine regions with DADHAC and every service have an Aboriginal case management worker, so they can work with the individual mainstream service and not use whatever Aboriginal worker is in the area, because that worker currently has to hold many caps anyway to fulfil her community needs. So it is about resourcing and educating more workers in the regions to fulfil those roles and not just relying on whoever is there currently and that is how it happens at the moment.

Ms KENEALLY: Following on from Mr Aplin's question, you clearly indicate you do not

believe there are sufficient trained workers. I just wanted to pick up that point about how many workers would be needed across the State. Did I hear you say that you are recommending an Aboriginal developmental officer for all the regions?

Ms RIEMER: For all the regions in the State. Currently I think there are five development officers across the State, and that is a huge area that we are individually expected to cover. I currently cover the full southern region. There is no other Aboriginal worker in that area. So constantly I get all services - it does not matter from what areas - contacting me to assist them and I am stretched to the limit because I am trying to work with my community solely as it is and then expected to work fully mainstream and be on all advisory committees, to be the case management worker, to be the development worker. You are stretched to the limit and it is impossible to fulfil all those roles.

Ms KENEALLY: Would one development officer be sufficient per region?

Ms RIEMER: Within that each development officer or service has their own case management too. There are not case management workers trained up and that is a strategy that needs to be implemented, to train our people up.

CHAIR: You are saying there is no case management?

Ms RIEMER: Not enough, yes. They are very few and far between. Currently the mainstream service relies on whoever the local Aboriginal worker is to fulfil those roles.

Ms FREEBURN: Can I just add to that, currently we have 16 DADHC planning regions and for those regions, like June said, we have five HACC development officers across New South Wales. So there are quite a few regions that are left unattended. There is nobody actually doing that development work. Also the other issue I think is the Aboriginal support service development officers. We do not have an ASSDO representative in each area. Currently we have I think four Aboriginal Support Service Development Officers, but also their role has changed. There is a bit of confusion about what their roles were. Their role originally was to support and assist Aboriginal organisations to develop in their areas. Now it seems that they are project officers. So that we do not have that support mechanism there between the non-Government organisations and the department.

CHAIR: When did that change?

Ms FREEBURN: I think it would have changed probably about two and a half, three years ago. There was a bit of a restructure. There was an Aboriginal Unit within the Department and the officers themselves had to make a decision in which direction they were going to go, go under the Aboriginal Unit or stay with the Department, and when they decided to stay with the Department, their positions were changed. Back then they had some power in the sense that they could give local non-Government organisations advice about funding. They could go back to the Department and make recommendations about who should be funded and things like that, whereas now they do not have that. It leaves the NGOs stranded in their areas.

Mr WHAN: In answer to the first question you mentioned that the Auditor-General's report did not identify numbers of Aboriginal people using mainstream homecare services. Are there statistics available at all from mainstream services which indicate indigenous use, and if there is not, does that also mean that Aboriginal people are not being referred to the specific resources that might be available to them?

Ms WINTERS: I believe the way that we are capturing Aboriginal clients within mainstream services now would be through the MDS that we have do now. I suppose what we are saying is that Aboriginal people need a choice. They need to be able to use Aboriginal homecare and Aboriginal services in particular but also be able to access mainstream homecare for whatever reason that may be, and that may be choice within communities. Not all services within rural areas are able to go out, so you might need to access mainstream services. It is just that in the Auditor-General's report they did not look within Aboriginal homecare themselves, but also there were no identified numbers within that report of how many Aboriginal people are using mainstream services, and that

may come to light more now with the MDS.

Mr GILLIN: To add to that, I also feel that mainstream homecare services are not funded to provide service to Aboriginal communities. I feel when they do their MBS reporting and evaluations of their services, they should have letters of support from local Aboriginal communities to say that they have attempted and tried to provide services to the Aboriginal communities. So when they report back on MBS Aboriginal people in the community have said: Yes, this mainstream organisation has been trying to provide a service to our community and they can show their numbers in their statistics. I think that would be an important area to make reforms to mainstream services.

CHAIR: It would certainly assist to give a better picture across the regions.

Mr GILLIN: It also proves that they have actually gone into that community, instead of just putting it back on the MBS, just to show where they have attempted information days, sessions, et cetera, about their service.

CHAIR: Do you think to date there has been some doubt about some of that then?

Mr GILLIN: Yes, I do. I know mainstream services that have been funded to provide services to Aboriginal people continuously receive funding on an ongoing basis and they have not been to our communities providing services. So I have some concerns there.

CHAIR: The Committee has heard that one of the innovations within Aboriginal community care is that service flexibility is both expected and delivered. What practices have you developed or recommended to ensure that those services are better targeted and delivered to Aboriginal and Torres Strait Islanders?

Ms KELLY: Within Aboriginal communities our main innovation is that we provide a holistic service to Aboriginal people. Our core business is to provide Home and Community Care programs and services, but before we can do that we have to fix more complex and family issues before they can come onto our program. If a HACC client or a potential HACC client is caring for a grandchild and they are having issues with their schooling, our obligation to that person or that potential client is to fix that grandchild's schooling issues before they can come onto our program. That is their first need as an Aboriginal person. They care for that grandchild, so that is their first priority before they think about themselves and care about coming onto the HACC program.

CHAIR: Is that common throughout the services delivered?

Ms KELLY: It is common in all Aboriginal communities and it is the flexibility that we also have to do that as well as Aboriginal people.

Mr APLIN: Are there age specific criteria for Aboriginal and Torres Strait Islander people's eligibility for HACC services and should there be?

Ms KELLY: Yes, there is a specific age group. You are eligible to access HACC services from the age of 45 years and over. The reason why it was lowered is because Aboriginal people have a lower life expectancy level. On average it is 20 years less than other Australians.

Mr GILLIN: Just to add to that, by making clients eligible at 45 years of age, it gives us a chance to put some early intervention programs in place, which also assists with funding in the future.

Ms KENEALLY: Ms Kelly, I wanted to go back to your answer to Mr Aplin about the flexibility because I thought that was quite interesting and it is something I think that mainstream services could also learn from. In that example you gave of trying to first fix the grandchild and their schooling, would there be restrictions on your funding that would make it difficult for you to engage in that sort of service first? I am trying to understand how does the homecare service then get into advocating or assisting a person who is not their client and a family with the need that is not what you have been funded to address.

Ms KELLY: Firstly and foremost, before we can get Aboriginal clients into our books we have to look at what they need as a person first. I suppose our core funding may not cover that, but as an Aboriginal person our core business is to look at the whole community and what the community needs. If a community member does need extra assistance and extra support, then it is our cultural obligation to assist that person in getting what they need. Many Aboriginal people work across all systems. Our core business may only be HACC, but we are expected to know about the housing systems, the legal systems. They come to us for support and in most cases we are advocates for Aboriginal people.

CHAIR: In terms of funding, if you are funded to deliver so many hours of service in a particular targeted group and then you have to address, which it is commendable that you do address, the family problems, is that then a drain on the funding per hour service delivery, because the person will obviously be paid for additional hours and that is going to take longer time? Does that lead to a negative in the--

Ms KELLY: No, it does not. Aboriginal people work 24 hours a day, seven days a week, and that is what we are expected to do by our communities. I do not see it as a drain. If we can get Aboriginal people accessing more services, both Aboriginal and non-Aboriginal services, then that is helping our community in the end. Aboriginal people who are part of the HACC program have missed out on much needed services over the years and it is because of their understanding to access those services. If we can increase the access and the awareness of those services, our community is going to be able to relate to services more appropriately and be able to access those on a more general basis.

CHAIR: I appreciate that. The point I am trying to make is that perhaps there might be other avenues to increase the funding. I understand that Aboriginal people work 24 hours a day.

Ms RIEMER: I think what we are talking about here is that holistic approach about not working straight down the book as mainstream services work. When you walk into an Aboriginal person's home you have to look at the whole picture of the family unit, and I believe our main role is advocacy, even though we may be employed as HACC development workers, but on that other level it is about educating the community and if you can get one family onto the next level where there are literacy programs, as a development worker for my community, I look at the next generations accessing services. If that parent gains reading and writing skills because I have led them to the local TAFE as a HACC development worker, it is the next generation you are empowering. As Aboriginal workers, that is why we look at the whole picture of community, not just to look after those 45 and up or those that are carers or those with a disability. We are looking at the whole family unit, how to empower them and educate them, to improve whether it is their medical or advocacy resources, and I think that is what we are trying to answer.

Ms WINTERS: If I can just add to that, in regards to hours, usually the case management and the advocacy role is actually taken up by service co-ordinators themselves. In their first initial assessment they will go out and do that. So no particular hours, as you are pointing out, are missed. The client still gets their personal care and they still come to the day centre. It is that additional work that is being done by co-ordinators and it is probably continual. We do it at a greater consistency for most of our clients who would need support to access services. So it is not that they are missing out on services. They are still getting the hours in personal care or respite. It is just the added role. Sometimes as co-ordinators our assessments can take up to two and a half hours as opposed to one hour because you are getting information of need from the whole community that you need to deliver services. So it is not missing out, it is just that you are doing more within the given day than what you would do in case management generally.

Mr WHAN: In a previous hearing when Sheree was here we had a discussion about community transport and the particular needs that Aboriginal and Torres Strait Islander people had involving community care and carers being able to access community transport services. Do you want to elaborate on your concerns in that area?

Ms KELLY: The needs for Aboriginal people, especially with health related transport, they may go to a medical transport and there is inflexibility in terms of if they go to a health related transport and on the way home they need medication, that community transport provider will not stop for that client to get medication. That is why most of the time community transports are very inflexible to meet the needs of Aboriginal people.

Ms KENEALLY: How is that specific to the Aboriginal community as opposed to--

Ms RIEMER: I think the issue is they do not have transport to begin with. So say we have booked community transport to take them to a certain doctor's appointment, for example. They have got to be at the appointment at nine o'clock. The transport picks them up and returns them home an hour later. That person does not have any access to transport but through the appointment they have need of medication. With an Aboriginal service we would stop to pick up that medication for them and maybe bread and milk on the way. With a mainstream service, they have got their documentation to take the client from A to B and back to A and there are no intervening stops.

Another issue with that is say a particular client has a carer, then that carer has to be documented in the community transport files. So the client is going and the carer, but for that morning say the carer cannot particularly go. So the client thinks, "I will just take uncle with me". That transport will not let uncle go because he is not down in the documentation. That is where we, as Aboriginal workers, say we work holistically. For us it is not an issue whether it is the specific carer that is down or another member of the family who goes with that person. That is where the changes are culturally and mainstream, that we can look outside the square and if that client does need the milk and bread on the way home from the doctor's appointment we will stop. You have got to sometimes and that is just picking up those other issues that we talk about. Constantly we work differently, where mainstream cannot see that.

I have this problem constantly with community transport. We might have a day care centre where I have ten clients to return home after the day care activities, but actually during the day another two have arrived. That transport, even though there is room in that bus, they still will not allow those two on because it is not down in their paperwork, even if I ring the office. It is always complicated. There is no flexibility and I think that is what we find hard as Aboriginal workers. Within our community, because the community just expect it from you too, to pull those strings and understand that avenue.

Mr GILLIN: In a lot of cases also we have to book our transport in advance. Now, aunt comes in today and says, "I have got to go to the specialist tomorrow at Coffs Harbour. I need to get up there". A lot of community transport say, "We are booked out. We can't do it tomorrow. We need at least a week in advance." A lot of people in our community do not know. They only get news the day before themselves that they have a doctor's appointment. Unless we book ahead we have no chance of a bus service. As service co-ordinators, we have to go and do the transport ourselves. That takes away from the office, away from the responsibility of managing the organisation. As being managers, we are also drivers. We do anything.

Ms RIEMER: That gets back to your question earlier about the HACC hours, how does it take you out of those hours, but sometimes as workers we just have to pick up those end pieces. We do not have a choice because we have obligations within our communities, the expectations.

CHAIR: I drew from the evidence that perhaps it could be a funding argument and that is all.

Ms RIEMER: Yes.

CHAIR: What I was trying to identify was if you are being funded to provide X number of hours of a certain care and along with that you are providing X number of hours more, perhaps there is an argument there for a holistic view in the funding rather than an hour per person.

Ms RIEMER: Yes, exactly.

Ms FREEBURN: Can I add to that, from our perspective in the Gathering, with a lot of the reports we hear and the issues we pick up, we firmly believe that NGOs give value for money but that is the point that we cannot get departments to understand and make things easier, if you like. Where I think we lose a lot of our work hours is justifying what we are doing. We all work after hours because that is an expectation from families and from individuals in the community, but we also have to put in extra hours to fill in the paperwork that comes with the job and that is where I think we do lose client hours and client funds.

CHAIR: So you have to take from the service delivery area to the administration area?

Ms FREEBURN: That is right.

CHAIR: Is the Gathering Committee aware of changes proposed by DADHC to the operations of Aboriginal Home Care? Do you support the changes - that is assuming that you are aware of them - and do they address most or all of your concerns?

Ms FREEBURN: We can honestly say that yes, we are aware of the concept report or the concept plan. It actually fell off the back of a truck. It came to the Aboriginal Gathering Committee through non-Aboriginal workers. We have never been consulted on that document. I mentioned earlier that we held a conference in June. There were quite a few questions raised at that conference. We did ask the staff from the department to actually speak on this document and explain it but that did not happen, they did not speak on that particular document.

No, we do not support it. There might be some good things about it but I think as a majority, no, we do not, because to us we are actually losing services, we will be losing workers. Our understanding of it is that we will be going from eight branches down to six and that is a much bigger area for managers to actually manage in Home Care. As NGOs we have a problem getting in there and accessing Aboriginal Home Care now. We think if they have got bigger areas to cover, it would only just make things harder.

CHAIR: I am going to just backtrack a little bit there. The conference you referred to in June, what conference was that?

Ms FREEBURN: That was the Aboriginal HACC Gathering conference.

CHAIR: And you said you asked to speak--

Ms FREEBURN: We asked the Department. Some of our delegates at the conference raised the issue with Carol Mills. She was our Departmental representative who came to open the conference. We also asked the Aboriginal director at the time, Pauline Brown, to talk to the Gathering, to all the delegates about the document but it just did not happen and we do not know why.

Mr APLIN: We have been exploring specific provision of community care services. In that context and also in the context of your answers about the 45 years and over access and the requirement for a development officer per region, I would like to refer you to the response you made to the Auditor-General's report, in which you said that the mainstream HCS services must also respond to the needs of the Aboriginal and Torres Strait Islander people and provide appropriate cultural services and that this should not be left only to access specific HCS. You went on to say that development of an Aboriginal and Torres Strait Islander unit in HCS is not enough to appropriately respond to the needs of Aboriginal and Torres Strait Islander people. You have identified that there are specific needs which need to be addressed by specific people, yet you are also calling for this to be in the mainstream. The question is: What are the greatest challenges facing the provision of Aboriginal community care services and how could Aboriginal community care workers be best supported to address those challenges?

Ms WINTERS: What we mean by that is that Aboriginal people need to have an avenue to come to Aboriginal services, but also Aboriginal people are part of the mainstream as well. So what

we are saying is that mainstream services in general, community transport, Meals on Wheels, Homecare, NGOs, as well as the department, need to take responsibility that Aboriginal people can knock on their door and say, "I want to get on the community transport bus. I want Meals on Wheels", it is not an Aboriginal worker's responsibility only.

It is also flexibility to a great degree on mainstream services as well, because community care is about people. It is not about paper and it is about funding. We get funding to do our job, but it is mainly about people, and it is about saying to mainstream services, and all services but especially for Aboriginal people, to be a little bit more flexible, have culturally appropriate training and also have Aboriginal local training. We do CALD training as well. So it is just an emphasis on having some mainstream branches and services be accountable to Aboriginal people and allowing Aboriginal people that decision of what services they want to go to, whether it be Aboriginal Homecare, which is the preferred choice for a lot of our consumers, but also it may be that they want to go to mainstream services, and just ensuring that mainstream services do not have the concept that it is our job, because it is the community's job. It is the home and community care sector and Aboriginal people should be allowed to walk both sides of the street.

The challenge for us as Aboriginal workers is to ensure that our people have choice whatever they do and wherever they decide to go, whether it be an Aboriginal service where they get good appropriate cultural care, but also when they go into the mainstream, that non-Aboriginal workers understand people's situation, and that may be to go in and to look at housing and schooling options before they enter the HACC system and just to have an understanding of that.

Part of the Gilgai Aboriginal Centre and Jayde's role is to address that kind of information. We have actually come up with a document and some Aboriginal organisations in regional areas have done documents for mainstream service providers. This is a guide on improving Aboriginal access to mainstream HACC services. This is called *Working With Our Mob*. It is done in Western Sydney. Mid North Coast have done some books.

CHAIR: Are you going to submit that?

Ms WINTERS: Yes, and it is about little examples that we have been talking about today to say to mainstream services and also to say that Aboriginal workers are there to support that bridge all the time.

[Report tabled].

Ms KENEALLY: Briefly, one area we have not heard a great deal about is people with disabilities and that book looks like it will give us a lot of information about the partnerships between Aboriginal and mainstream services. Are there any examples in that book or that you can tell us from your own experience about providing services to Aboriginal people with disabilities? Are there any particular challenges?

Ms KELLY: The book *Working With Our Mob* basically is targetted at HACC funded programs in Western Sydney. It just looks at how to establish a service delivery model that is suitable to meet the needs of Aboriginal people and Aboriginal communities. It goes through things such as how to develop a culturally appropriate complaints procedure, how to develop your service in a culturally appropriate way, how to conduct an assessment in a culturally appropriate way. Those are some things that can be adapted to assessments and how to deliver services in a culturally appropriate way to people with disabilities, but it is only targetted at HACC funded programs.

Ms KENEALLY: Are there any specific challenges to delivering services to people with disability, any cultural challenges or anything you would like to highlight for us today?

Ms FREEBURN: Yes, in Aboriginal families a child with a disability is not the actual focus of the family unit. It is about the family and it is about extended family. While things happen automatically, Aboriginal families do not appear to have a structure but they do have because we do not have that child with a disability. It is like everyone else has been saying, it is about the holistic

approach and it is about fixing everything that needs to be done when it is the crisis of the time. Services for the child with a disability happen every day but it is not the forefront focus, if you like. It could be housing issues. I hope that answers your question.

Ms KENEALLY: It does.

(The witnesses withdrew)

(The Committee adjourned at 10 a.m.)