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LEGISLATIVE COUNCIL

Questions on Notice

Aboriginal Disability Network

Standing Committee on Social Issues Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care

Additional questions on notice

1. *Ageing, Disability and Home Care identified the program Services Our Way as an individualised support model that is being developed to improve responsiveness to the needs of Aboriginal people with disability*
   a) Are you aware of this program (or pilot) and if so could you please describe it in more detail?
   b) Do you know how many Aboriginal specific disability service providers exist in NSW?
   c) What recommendations can you make to support the development of Aboriginal specific service providers if required?

With regard the *Services Our Way* program I have only a very superficial awareness of the program so I would not be in a position to comment on it with any authority.

With regard how many Aboriginal specific disability service providers exist in NSW, I would argue that there are none that deal exclusively with disability other than the Yawarra Aboriginal Corporation in Condobolin and the Gilgai Aboriginal Centre in Hebersham, Western Sydney. What invariably happens is that 'disability' is included with aged services for Aboriginal people. Or Aboriginal people with disability are supported within HACC programs, which are not exclusively designed for Aboriginal people with disability. Aboriginal Home Care is the most prominent Aboriginal service system likely to be engaging with Aboriginal people with disabilities. However many Aboriginal Home Care services are overstretched and having to provide additional supports outside what they are actually funded for.

Whilst developing Aboriginal specific disability services is the ultimate goal to aim for, the Aboriginal Disability Network (ADN) believes this is some way off. This is because of the dominant medical model of disability which is still highly prevalent in an Aboriginal context. There is only to date a very small number of Aboriginal people that have a professional background in disability for instance, particularly in comparison to Aboriginal people that have a professional health background. Furthermore there needs to be significant raising of awareness of 'disability' across Aboriginal communities in general. Despite the very high prevalence of disability in Aboriginal communities the vast majority of Aboriginal people with disability do not identify as people with disability for reasons that have been explained in the original submission.

The ADN proposes that bolstering the Aboriginal Home Care system so that it can provide a complete disability service for Aboriginal people with disabilities would be the most appropriate way to proceed. However this will require investment in educating the existing workforce in 'disability'. It would then be more appropriate to give the organisation a different name, and the question then remains of what to do about the most significant component of Aboriginal Home Care functions that of supporting aged persons. The ADN would argue that it is more appropriate to in fact separate the disability and ageing components of Aboriginal Home Care so that Aboriginal people with disability can gain greater access to a potential Aboriginal disability support system.

2. *The submission from Carers NSW identified issues faced by Aboriginal carers. It stated that, "According to the 2006 census, Aboriginal carers were up to three times more likely than other carers to need assistance with core activities themselves... This has obvious implications for the impacts of care provision on their health and wellbeing, their capacity to care, and their own level of need for services and support, both as carers and in their own rights as individuals."*

    a) *Could you please discuss whether the current supports available to Aboriginal carers are adequate, any barriers you perceive and how carer support could be improved?*

An obvious starting point would be promoting the creation of more respite centres however this is problematic in an Aboriginal context. Many carers the ADN meet express concern or a deep reluctance to use respite services. This is because it may conjure connotations to old days of forced removable. The notion of having the person you care for taken away to a respite centre sits uncomfortably with many Aboriginal carers. Furthermore the idea of a centre based approach to respite may also be viewed as being culturally inappropriate by some Aboriginal carers. In addition the respite centre itself may be some distance away from home, even possibly in a different town or region which will also cause reluctance.

Therefore the priority must be to provide at home respite services, or community based respite services i.e. that happen in the same location as where parents, carers and family members live. Furthermore there needs to be greater recognition of the role some extended families or other community members may already play in providing respite. The ADN argues that proper acknowledgement by way of subsidy and providing greater resources to those in community who already act as respite providers is critical.

The ADN also meets regularly carers who themselves have disability, often acquired through the demands of being a primary carer. Furthermore it is not uncommon for the ADN to meet families that have several members with disability. The ADN is aware of positive programs initiated by Carers NSW in the past which have included an outreach component and ways in which Aboriginal carers could take some time out. These initiatives need to be reinvigorated and better resourced so that they can be rolled out around the state. To do this effectively it requires an Aboriginal person to lead it.