

## Caring Communities Program - Project Overview

- Organisation:** Wentworth Area Health Service  
**Name of Project:** Developing linkages between and indigenous population & a palliative care service  
**Length of Project:** 1 year

### Project Summary

An indigenous palliative care liaison officer will create sustainable links between the indigenous population and a palliative care service enhancing service delivery to indigenous patients and their families.

### Project Objectives

1. To **establish partnerships** with key stakeholders caring for the Aboriginal and Torres Strait Islander population residing within the Wentworth Area Health Service.
2. To develop opportunities for **networking, collaboration and communication** with key stakeholders.
3. To attend a **needs analysis**, encompassing Aboriginal and Torres Strait Islanders perceptions about palliative care services including what is provided by these services and whether or not their needs as a target group is being met.
4. To **improve access** to mainstream palliative care services for the target population of Aboriginal and Torres Strait Islander peoples.
5. To provide **education** on the issues facing indigenous people and on indigenous cultural awareness to staff caring for Aboriginal and Torres Strait Islander peoples.
6. To provide **information** about palliative care services to Aboriginal Liaison Officers and other indigenous health workers.
7. To **develop strategies** that will assist Palliative Care workers to provide a service that is culturally sensitive to the needs of indigenous communities within WAHS.

### Project Activities

1. Establish the project management structure.
2. Recruit a Palliative Care Aboriginal Project Officer.
3. Perform a Needs Analysis.
4. Develop Partnerships between key stakeholders.
5. Develop Aboriginal and Torres Strait Islander Cultural Awareness amongst palliative care workers in Wentworth Area Health Service.
6. Develop health care guidelines for the care of Aboriginal and Torres Strait Islander patients and their families who are experiencing a terminal illness.

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### **Main Message**

The main value of this project was to discover why the Aboriginal community were not accessing palliative care services and then working with them to develop strategies to improve that access.

### **What we did**

- Reviewed current practices and literature concerning Aboriginal and Torres Strait Islander health
- Conducted focus groups and interviews to determine
  - Aboriginal community attitudes to palliative care and related issues
  - Aboriginal services workers attitudes to palliative care and related issues
  - Health services workers attitudes to health care for the Aboriginal community
- Developed an Aboriginal culturally appropriate learning module for non-Aboriginal health workers now part of the quarterly palliative care education module (Appendix 1)
- Education for local Aboriginal Health Care Workers is still being negotiated but remains a difficult area to access
- Conducted informal information sessions with local Elders groups on
  - What is palliative care and how to access it
  - Pain management
- Presentations at national, state and local level
- Developed “friendships” with local Aboriginal groups

### **What we learned**

- Bureaucratic controls can limit the effectiveness of construction, implementation and ongoing delivery of health initiatives to assist Aboriginal and Torres Strait Islander people. For example, our health system does not support the time or the process needed to develop relationships with a community in order for it to be trusted to assist them with services
- The institutional structures that are our health system are not perceived by the Aboriginal community as including them
- A sense of prejudice and racism was noted from non-Aboriginal health workers
- A sense of fear and prejudice was noted from the Aboriginal and Torres Strait Islander people
- Any policy development or implementation relating to Aboriginal and Torres Strait Islander health needs cooperation and partnership (“friendship”) and respect from the beginning of the process
- A need for cultural sensitivity and appropriateness on the part of all health care providers was identified, not only in regards to the quality of services provided but also the quality and appropriateness of information shared
- The face-to-face interaction with the Aboriginal community has resulted in increasing access and building a “friendship” with palliative care and many other health services

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- All palliative care services would benefit from a local Aboriginal person as an integral member of their team. Naturally there are considerable financial implications, but the presence of a trusted Aboriginal health worker facilitated this project and many of the other advances we have made in the field of Aboriginal health. This person guides effective and culturally appropriate discussions. The local communities know someone they accept and trust to relay their needs and culture to a white health care system.

### **What is useful to other projects and to other communities**

- There is a need to incorporate Aboriginal cultural training into health care curricula
- The National Palliative Care Indigenous Resource Kit can assist in providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander people. A trusted Aboriginal liaison officer co-facilitating the process will further enhance its benefit
- Having the resource of a locally known and trusted Aboriginal Liaison Officer enhances the development and maintenance of partnerships, “friendships” and sharing with local organizations, Aboriginal health care workers and the local Aboriginal community.
- Conducting this project increased referrals to palliative care services
- The methodological ways of mainstream learning should be relaxed and addressed in order to promote ways of learning in a culturally sensitive and effective way

### **What have been the benefits of disseminating information about your project**

- Generating interest in the methodology and outcomes – what we did, how we did it, will it work in other areas
- Generating interest from non-health areas
- Sharing information on this project with local Aboriginal communities empowered them to own the project and its outcomes

**For the Aboriginal and Torres Strait Islander communities within SWAHS,  
“friendship” means knowing learning trusting then sharing.**

**“Don’t walk for us, walk alongside us.”**