

Some principles for working with Aboriginal families where there is a disability

This guide is not a substitute for cultural competence training.

If you haven't done Aboriginal cultural safety training, or if you haven't done it recently, then the most effective thing you can do is book in for a session. Wherever possible, choose cultural safety training that is specific to your location and the knowledge and protocols of Aboriginal communities in your area.

The 'NDIS Resources' page on the Centre for Excellence website has a list of [Aboriginal cultural safety training providers](#), and many other resources to help you work effectively with Aboriginal families.

The purpose of this guide is to highlight some of the differences between how Aboriginal families may relate to disability services like the NDIS, compared to families from other communities.

Aboriginal communities in Australia are closely tied to country, and each community has their own history of life on their land, including their history of dealing with white settlement. This means there is no single guide to understand each community, but there are some general principles that child and family support workers should keep in mind:

1. *Relationships and respect are more important than institutions.*

Unlike in the mainstream culture, a person's position of office, or the institution they represent, is not a source of respect and trust in itself.

Before attempting to work with a family for the first time, it is wise to find a community Elder or a health or community services worker who has a history with the community, and ask that person to introduce you. This will increase your local cultural understanding, and will increase the family's trust and openness towards you. If you meet the family in the company of somebody with whom they already have a respectful relationship, and you begin by

demonstrating courteous listening, you will find it much easier to work with the family.

The history of mistrust of state institutions since colonisation also means that Aboriginal families may be reluctant to be assessed by, or to discuss evidence of disability with, a non-Indigenous organisation. Where possible, it is important to work alongside organisations with existing relationships of trust and respect in the community, especially your local Aboriginal Health Service, or an Aboriginal Community Controlled Organisation such as VACCA, VACCHO, VAEAI or Victorian Aboriginal Health Service.

A history of mistrust of institutions may mean that medical histories are not complete, or that services have not been used consistently in the past. Even within communities variations exist; there may be some families who are not connected with their local ACCO/health service/Co-op.

2. *Aboriginal communities may view disability differently than the way it is viewed in other communities*

There is no equivalent word for 'disability' in traditional Indigenous languages. It is commonly reported that Aboriginal communities mostly refer to a person's impairment or illness as part of that person's particular roles and responsibilities within their community. In some communities the term 'disability' is seen as a devaluing label that describes the whole person –this is an especially sensitive issue when the label seems to come from outside the community.

Families have intimate knowledge of their family member as someone whose needs are different, and extensive experience in meeting those needs. When working with the family of a child with a disability, work with and validate the family's expertise and view your work as an opportunity to further empower them and build capacity. There is a risk that 'labelling' a person as having a 'disability' can make families question their capacity to provide good care".

This approach to disability also means that Aboriginal people who take on a caring role may not necessarily identify as being 'carers', and are less likely to seek out services for the family members they look after.

3. *Aboriginal communities may emphasise the community over the individual.*

The NDIS is a system that tends to prioritise the individual person with a disability. The benefits of this approach are that individualised disability supports are more flexible, and the person with a disability is more empowered to make choices, but in communities in which ties of family and kinship are important, the individualistic focus of the NDIS will not be a good fit.

For instance, the NDIS places a high emphasis on the person with a disability becoming more independent, but independence may be interpreted by an Aboriginal family as separation from community. It is more intuitive to speak in terms of supports making it easier for the person with a disability to function and to play their role in the community. This may become an important issue if a child is an NDIS participant, because the parent/carer may understate their need for supports from the NDIS.

In contrast to a focus on the individual, an Aboriginal family is likely to include additional family/community members, as identified by child's family/parents, in discussions about the child's needs and supports. This means the immediate family may want other members of the extended family or community involved in discussions about needs and supports for the child.

The relationship between individuals and the community is also important when thinking about respite care. In particular, Aboriginal parents/carers may not think of separation from their family as a relief, but as a source of stress. They may not be willing to spend respite time apart from the child they care for. Here are two examples of respite that may at first surprise a non-Aboriginal person:

One family of a child with high care needs took a trip to visit relatives who live near a beach. The change of location, and

the chance to share care among other family members, was a welcome form of respite that did not involve separation from the child.

Another family used a trampoline in the backyard to create respite. This allowed the child with a disability to have fun socially with other local children, which in turn created social time for the carer, who could supervise at a distance.

In both of these cases, respite is more a change of routine, and a break in direct supervision over the child with a disability. These examples illustrate that an Aboriginal family may have an idea of respite that is quite different from what is assumed in systems like the NDIS.

This guide has been produced by the Centre for Excellence in Child and Family Welfare, in collaboration with the Victorian Aboriginal Community Controlled Health Organisations

Other tools and Resources

[DHHS Child Protection Manual: Aboriginal Children Policy](#)

[NDIS Aboriginal and Torres Strait Islander Strategy](#)

[Health Vic: Aboriginal Community Engagement and Partnership Framework](#)

DHHS: a framework for culturally competent organisations

Department of Human Services and the Victorian Child Care Agency **Aboriginal Cultural Competence Framework** (2008) provides a set of standards by which child and family services can work in ways that are accessible, responsive and safe for Aboriginal people with a disability and their families. A summary of the standards is provided below.

A culturally competent organisation:

- **Commits to Aboriginal self-determination and respectful partnerships** as reflected in policies and public service statements, protocols and formal agreements with ACCOs.
- **Embeds cultural respect within organisational and staff values and attitudes** that promote the recognition of the strengths of Aboriginal culture and people. This might include encouraging disability service management and staff to participate in Aboriginal community activities and events, while supporting the recruitment of culturally respectful staff, and the implementation of a code of conduct that highlights the importance of cultural safety and timely responses to racism, discrimination and cultural abuse.
- **Reflects cultural responsiveness in the abilities and skills of staff** as supported by policies and procedures for recruitment, induction and ongoing training and professional development facilitated in conjunction with local or other relevant Aboriginal organisations.
- **Promotes culturally safe environments and client experiences** that include consideration of welcoming and culturally safe physical and social environments that are sensitive to the cultural norms of Aboriginal people. This may include working in community settings chosen by Aboriginal people and positive inclusion of family and community members.
- **Ensures that cross-cultural practice and care applies to all aspects of disability services including:**
 - resources and public symbols that promote Aboriginal culture
 - maintaining and strengthening Aboriginal family and connections
 - assessments, planning and service delivery that consider parent-child, extended family and community relationships and dynamics
 - collaboration with Aboriginal organisations in the development and delivery of culturally competent responses.