The bumpy road to culturally appropriate services for Aboriginal and Torres Strait Islanders within the Transitional Care Program

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I would like to acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon here today. I acknowledge the deep feelings of attachment and the relationship of Aboriginal peoples to the country. I also pay respect to the cultural authority of Aboriginal people visiting and attending from other areas who are present here today.

I would also like to acknowledge that I’m not an expert in Aboriginal and Torres Strait Islander (ATSI) Health by any means but I feel that I’ve had numerous experiences, challenges and triumphs that are important to share and which I hope you will find interesting.

What is TCP?
The Transitional Care Program (TCP) is a jointly funded initiative between the State and Federal Governments focusing on restoration and rehabilitation of elderly clients after an inpatient admission. The program began in 2007 and evaluations indicate that there are many barriers to participation for ATSI clients and significant under representation within those clients accessing packages. Therefore, particular focus has been on the increased participation and the provisions of culturally appropriate services for ATSI clients.

Port Augusta:
Since beginning as the Senior Allied Health Clinician – Community Based Support within the Transitional Care Program based in Port Augusta focus has been on developing partnerships and increased participation for our ATSI clientele within the program.

Port Augusta is considered a ‘meeting place’ for Aboriginal people in South Australia and has a large population of Aboriginal people who live within the community and the surrounding areas. It is also one of the major Hospitals, in which transitions to other remote locations around the state, particularly North-Western communities happen.

How have we made the Transitional Care Program more accessible?
In making the program more accessible to ATSI clients, areas of focus include;
- Use of Aboriginal Liaison Officers to identify suitable clients,
- Regular education sessions to key Aboriginal Liaison Officers and Hospital staff regarding the entry criteria and general education about the program and benefits for clients,
- Increased awareness from the Discharge Planner and wider inpatient community about ATSI TCPs,
- Establishing a rapport with clients in the inpatient sector,
- Develop strong links with the existing Aboriginal Health services and explaining the assistance that can be provided via the TCP,
- Attendance at coordinated Aboriginal Health meetings,
- Using client centered practice for goal setting.

Flexible and tailored approach to restoration:
- Understanding of individual clients’ previous relationship with the health system,
- Exploring and seeking clarification about issues that could impact on restoration of the client particularly the varying social determinates of health,
Involving the client’s family and ensuring that the appropriate key stakeholders understand what is happening e.g. elders, aunties, uncles, siblings and children,
• Flexibility in service provision and modifying practice for the individual,
• Being knowledgeable about cultural triggers that may affect restoration and rehabilitation,

Challenges:
A number of challenges have been faced include;
• Developing strong community links and being able to identify people, who are willing to be involved with the care,
• Cultural competence in staff and access to ALO’s,
• Language and education barriers,
• High workloads across the Health Services,
• Cultural sensitivity in the construction of the packages, ensuring the approach is appropriate for the individual,
• Service provision flexibility and access of staffing,
• Sustaining cultural competence and sensitivity in Health Care with high turnover of staff,
• Reflecting on own challenges to cultural diversity and considering each client with an individual approach,
• Cultural safety for our Aboriginal staff who work with our clients and the importance in which their role carries past the Health Centre door and into the community

How we move forward:
• Continued focus on Aboriginal and Torres Strait Islander health within the organization,
• Education of staff about the program and the benefits for clients,
• Developing links with the local services which are already established
• Seeking feedback from workers and Transitional Care recipients,
• Establishing how clients from different geographical locations can be transitioned without interruptions to service provision,
• Reflection on our own experiences and understanding of cultural diversity, competence and consider each client with an individual approach,

Take Home messages:
• Rapport is essential.
• Think about and identify the clients’ life priorities (e.g. social determinates of health) and commitments, as well as rehabilitation goals, holistic assessment.
• Involve the key stakeholders that the clients identify as important and have them involved from the beginning.
• Map your own local Aboriginal & Torres Straight Islander community and the services and supports that are available.