



Artwork from Making Two Worlds Work Project developed by Mungabeena  
Aboriginal Corporation and Women's Health Goulbourn North East 2008

# **Inner North West Metropolitan Region: Aboriginal & Torres Strait Islander Peoples' Health Consumer Perspectives Project**

**February 2013**

# Inner North West Primary Care Partnership (INWPCP) Closing the Health Gap: Aboriginal and Torres Strait Islander People's Health Consumer Perspectives Project

## **Introduction and background:**

The Inner North West Metropolitan Region (INWMR) Closing the Health Gap Wellbeing Partnership Aboriginal and Torres Strait Islander People's Health Consumer Perspectives project is hosted and supported by the INWPCP. The INWMR Closing the Health Gap project is funded by the Department of Health until June 2013, and as part of this initiative funding was made available for the development and implementation of a 'Health Consumer Perspectives Project'. The purpose of this project was to better understand Aboriginal and Torres Strait Islander people's experience of current health services in the region, identify barriers and enablers for access to services, and provide recommendations for improvement to services within the INWMR. The INWMR covers the municipalities of Melbourne, Moonee Valley, Moreland and Yarra, and organisations within the catchment include local councils, community health services, hospitals, non profit organisations, and other state funded service providers. Findings from this project will provide insights and recommendations into how services should best be structured and delivered to support and engage Aboriginal and Torres Strait Islander people in the INWMR.

Information collected from participants in this project may be relevant to any of the following services within the region:

- hospitals
- hospital services ie: pathology
- Aboriginal Community Controlled Health Organizations
- community health services
- local councils ie: Home And Community Care (HACC), Maternal & Child Health Services (M&CHS)
- mental health services
- dental services
- General Practitioners
- Royal District Nursing Service
- Other community services

Merri Community Health Services (MCHS), a member of the INWMR Closing the Health Gap Wellbeing Partnership, were the successful applicant in submitting an Expression of Interest to conduct the Project. The MCHS Koorie Community Engagement Officer was funded an additional 2 days per week for 10 weeks from August to November 2012 to implement the project.

## Method

- **Recruitment**

The MCHS Koorie Community Engagement Officer used existing networks and partnerships to promote the purpose of the Project and seek assistance to recruit participants. Phone calls, emails and meetings were made to Aboriginal health workers in Aboriginal and mainstream health services such as Aboriginal Hospital Liaison Officers (AHLO's), Home And Community Care (HACC) workers in local councils and Aboriginal organizations, General Practitioners (GP's) and Nurses at Medical Centres through the Close the Gap Project Officer at Inner Metropolitan Melbourne Medicare Local, and Aboriginal and Torres Strait Islander social gatherings, as well as local Moreland community family and social networks. Contact was made with key organizations in the 4 Local Government municipalities of Moreland, Moonee Valley, Melbourne and Yarra, with organisations such as community controlled services, community health services, local councils, and hospitals.

A flyer (see Appendix A), Information sheet for Participants (see Appendix B), Introductory Letter to Organizations (see Appendix C), and Consent form for Participants (see Appendix D) were developed and distributed. A comprehensive list of questions were formulated to cover all areas of information required (see Appendix E) Remuneration to acknowledge time and contribution was offered to participants, with each receiving a \$30 gift voucher for their participation, and reimbursement of travel expenses if needed. The project was based on the National Health and Medical Research Council (NHMRC) Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (<http://www.nhmrc.gov.au/book/chapter-4-7-Aboriginal-and-Torres-Strait-Islander-peoples>). Maintenance of confidentiality of participants' identity was a key priority of the project. All transcripts obtained were de-identified.

- **Participants**

Overall, 26 participants were interviewed for the Project, 2 people declined to be interviewed and 3 did not respond to invitations. Of the 26 willing participants, 10 were individual interviews and one was a focus group comprising 16 people, which due to the size of the group and discussion was counted as 1 participant. Ages ranged from 26 years to 80 years. Of the total participants interviewed there were 18 women and 8 men. Participants resided in Moonee Valley (3), Moreland (6), Yarra (16) and Melbourne (1).

Table A.

LGA's	Male participants	Female participants	Total (by LGA)
Melbourne	0	2	2

<b>Moonee Valley</b>	2	1	3
<b>Moreland</b>	1	5	6
<b>Yarra</b>	5	10	15
<b>Total (by sex)</b>	8	18	

The services accessed by the participants included hospitals, hospital services such as pathology and pharmacies, Community Health Services, Aboriginal Community Controlled Health Services, Council services and GP's. The majority of participants reflected on their experiences with hospitals, GP's, and community health, and a smaller proportion discussed their experiences with hospital services, Aboriginal Services, and Local Councils;

Table B.

LGA's	Community Health	Hospitals	Hospital Services	Aboriginal Services	Local Council	GP's
Melbourne		6				
Moonee Valley			2		1	1
Moreland	1			1	1	5
Yarra	4			2		
<b>Total</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>6</b>

## Study Design

The information collected provided qualitative data which was then subjected to a thematic analysis, where key themes were drawn out and identified. [This report includes the specific breakdown of findings and feedback, so tangible recommendations can be provided for different health services in the INWMR.](#)

## Results

There were three clear themes to emerge from the findings which were **Cultural Competence** of the service, **access** to services and **reputation** of services. Of these three, Cultural Competence was the strongest theme.

### Cultural Competence

- ***Sites visibly Koorie friendly***

Participants' first impressions of a service were more positive when they could see Aboriginal artwork around. Some responded that it was nice to see Acknowledgement plaques and artwork on the walls. They reported settings that were visibly Koorie friendly made them feel measurably more welcome and lessened their degree of apprehension somewhat. One mainstream medical practice accessed by a Moreland participant, has her and some other family member's artwork on display.

*"Got my artwork, my daughters', he's got other peoples there as well and now he's getting us to paint the front of the surgery because he had it all done up".*  
(GP/Moreland LGA)

The GP at that particular clinic has a number of Aboriginal and Torres Strait Islander clients and not only uses their artwork around the clinic but wants them to paint the recently renovated front surgery with Aboriginal art.

Another participant said the fact mainstream services had the flag or poster's displayed around their waiting rooms told her they were aware of the Aboriginal community and of some of the health issues affecting Aboriginal people. It helps create a welcoming atmosphere.

*"Some of them, when you would go there to the waiting room you would look around... I would look around for the flag colours or posters, Aboriginal posters and that would have told me that that non-indigenous health service or local service, community health service had some consultation or connection with Aboriginal community or Aboriginal health. That's how I would know and that would make me feel more comfortable and I'd think "oh yeah, well that's good". So they were aware"*  
(Community Health/Moreland LGA)

A person who attends regular appointments at a hospital in the Melbourne LGA and was very pleased to see the addition of new artwork in a subsequent visit to the Outpatient clinic.

*"The clinic at the Royal Melbourne has indigenous artwork in their waiting room in the clinics, that's fairly new probably about six months, so that's good to see*

Interviewer *"And that makes you feel good?"*

Participant *"Yeah" (hospital/ Melbourne LGA)*

One participant who had recently been referred for the first time to the Aboriginal Community Elders Service, was asked about what she thought of the interior artwork.

*"Oh yes, I was quite amazed at it." (Aboriginal community controlled Service/Moreland LGA)*

Another client of a mainstream medical clinic, his local, told him when they joined the Practice Incentive Program (PIP) and the Closing the Gap Pharmaceutical Benefits

Scheme Co-payment scheme, which enabled him to have access to cheaper or free medications. He'd been attending there his entire life and was pleased about that development. His Doctor had explained what the Program was about.

*"Yeah, and they've got the close the gap thing, you know" (GP/ Moreland LGA)*

Aboriginal and Torres Strait Islander people always notice the acknowledgement plaques, especially at mainstream services.

*"Just walking through the front entrance, they had a little acknowledgement plaque there. So that was nice, it was good to see" (hospital/Melbourne LGA)*

When asked if they could recall seeing any artwork or literature they could relate to, almost all could.

*"Yeah, there was some posters up. You do notice the Koori specific posters" (hospital/Melbourne LGA).*

Interviewer *"So you noticed them?"*

Participant *"Yeah. And I think when I went to like a radiology part, I think there was some stuff about Aboriginal health and oral hygiene of course. So it was around, it was definitely around so I did notice it, which was good" ( hospital/Melbourne LGA)*

This person was referred to another hospital in a location which was unfamiliar to them. They were from interstate and had never been to this other hospital, and initially couldn't remember seeing anything Koorie specific when asked if the service had a Koorie friendly look about it. He replied

*"No, not that I remember. Look I'm sure there are probably posters in the main reception area or main foyer when you walk in, I couldn't remember."*

Then when he thought about it he remembered spotting the Aboriginal flag on a flyer.

*"Actually, having said that, when you first walk into the Western General, on the left hand side on the pin up boards there was a lady contact details and I was drawn to it because I saw the Aboriginal flag, and it must've been an Aboriginal worker, I forget the lady's name, but I did notice it. Took note of that. And that is as you first walk in on the left-hand side. And I think that was the only thing I really saw. But it was significant because.."*

Interviewer: *It caught your eye?*

Participant: *I went straight to it. It captured his attention.(hospital/Maribyrnong LGA)*

Observations such as this, clearly emphasise the effectiveness of having the colours of the Aboriginal flag to capture the attention of Aboriginal people. Even though this person wasn't a Victorian Aboriginal, he identifies with the flag. The Aboriginal and Torres Strait Islander flags are the most recognisable representative symbols that Aboriginal and Torres Strait Islander people connect with, irrespective of where they or their family originate. When Aboriginal and Torres Strait Islander people see a

pamphlet or flyer with Aboriginal artwork they will pick it up.

Services that lacked any artwork also drew comment, as this person remarked

*“No, they didn't have any and they've got so many bare walls, I reckon things could go up there”. (hospital/Melbourne LGA)*

Sometimes an acknowledgement plaque counts for little if the program provided reflects nothing of the Aboriginal and Torres Strait Islander culture. This Koorie Mum was left feeling awkward because there was nothing she could relate to at a Council run new mothers group.

*“There weren't really posters or books or anything that I could see that reflected our culture. Because it was linked with a child care centre I think there was the acknowledgment plaque at the front. But there were no other Koori mums attending that particular mum's group. And I just didn't really, I didn't really feel like I fitted in” (council service/Moonee Valley LGA)*

One medical service had an excellent collection of Koorie specific pamphlets encouraging patients to identify and explaining why it was important. Unfortunately they were in an area of the waiting room that was not at all prominent.

*“I went to the far back of the room to get a bit of reading done and there tucked around the corner of the bookshelf was a whole lot of pamphlets asking Are you Aboriginal or Torres Strait Islander. I thought what's the point of that? No-one could see them, if I hadn't gone there I wouldn't have known they were even there” (GP/Moreland LGA)*

Her observation was - while it was an eye catching resource, it was totally ineffective due to careless positioning in the clinic. This is definitely not the right way to get the message to the target consumer group.

### ***Aboriginal and Torres Strait Islander workers***

Another positive and effective strategy for mainstream organizations wanting to engage the community and better assist them to address health needs, is the appointment of Aboriginal and Torres Strait Islander people in identified positions. Recruitment of Aboriginal and Torres Strait Islander people in these positions is extremely beneficial for the service and the community as they help bridge the gaps between mainstream services and Aboriginal and Torres Strait Islander culture. When mainstream services employ Aboriginal and Torres Strait Islander people in positions such as Aboriginal Liaison or Community Development roles, it reflects a commitment from the organisation in seriously improving the communities access to that service.

*They've got some (Aboriginal and Torres Strait Islander) workers there. So there's a bit of an effort to get more people involved, which is probably good.*

*I suppose, for me, it was just about personal relationships, because I knew a lot of people, I knew particular officers there in their roles, I felt comfortable.*

(hospital/Melbourne LGA)

Koorie workers in identified positions in mainstream organizations play an important role in promoting the organization's services to Aboriginal and Torres Strait Islander people, and this in turn can lead to more people accessing and receiving the health care they need. Aboriginal and Torres Strait Islander community members look to these workers as people in the organization who can be trusted. A participant said this of the Aboriginal Liaison worker at a dental hospital in Melbourne

*she basically looks after community engagement and she goes "you should come and access the services and all the support is available". So that's how it all started.*

The same person explained that this chance meeting with the Aboriginal and Torres Strait Islander worker led to an appointment at the dental hospital and then referral for further surgery at another public hospital. For him having the Aboriginal Liaison Officers involvement was a positive connection, especially as he was nervous about the Dentist and anxious about what treatment might be needed. He believed without that assistance from the ALO, he probably wouldn't have received the oral care he needed and ultimately got.

*So it was easy to access. I've accessed medical clinics before and that, but I felt a little bit nervous accessing it, you know. so I suppose if I was fresh off the street I probably would've not actually gone in there. And I had that personal contact (the Aboriginal Liaison Officer), Yeah, just that personal..... not just a name or just an email*

Interviewer *Would you go back?*

Participant: *Probably, probably I'd say, only because I suppose I've accessed it before and I had that personal contact. (the ALO)*

Where there are no specific Aboriginal and Torres Strait Islander positions, the lack of support left people feeling very isolated and vulnerable. This participant spoke of her experience when her son was placed into a mental health facility for the first time. Though the facility was not in the Inner North West Metropolitan region, it highlights a lack of support within the mental health system at that time.

*First of all there was no Aboriginals there (patients or staff) and I was frightened for my son. I was frightened for myself. I was still a bit confused because I had never experienced this, this was my first time*

*I can honestly say that I felt really frightened and I felt bad and alone. I really felt alone. Because there was, I guess I felt alone because there was no Aboriginal worker there*

She described being caught up in a frightening incident involving staff and an upset patient in the intensive section of the facility while visiting her son. She felt particularly intimidated by the reaction to her by the hospital staff who she described as "heavies".

*And these heavies came out of the blue out of these rooms from nowhere, come bolting out and targeting me, that I was to blame for this person going off his head. And I tried to say no I'm sorry , I was just talking to my son, sitting down here quietly,*

*I haven't done anything wrong and they asked me to leave. Just like that. And I felt trapped and I felt like I was imprisoned because that was the intensive section. (of the mental health facility) When I saw these heavies, like bodyguards, big men, that frightened me. That they came out of the blue from the rooms. I was very frightened I really was.*

She was concerned not only for her own safety but also for the welfare of her son. The presence and support of an Aboriginal worker may have helped alleviate some of her concerns and also could have helped diffuse the situation.

*and when he was really bad and locked up in the intensive part I would go there and think and come away and think, "oh what's happened to my son, they can do anything, to any of those patients, even to girls" All this is going on in my mind because I'm focused and aware and I was very, very concerned and very worried for it being my first experience in this situation. What's happening with him, are they bashing him? All this was going on in my head, are they giving him too much needles?*

There was also a lot of discussion by the participants around workforce capacity and the underemployment of Aboriginal and Torres Strait Islander people in this specific area. Where it was known that Identified positions existed, the complaint most often voiced was that the workers were not always able to be accessed. These comments concerned Aboriginal Hospital Liaison Officers in metropolitan Melbourne.

*Well I think that they need a few more workers around to help*

*they do have Aboriginal workers in the hospital, they don't have enough*

*I've never seen an indigenous worker come to me as a patient sitting there.*

*There's not enough Kooris working for the hospital*

*Somebody arrived I think very briefly but they didn't come back*

A reason for this may simply be that they are often just too busy with their roles and responsibilities to the organization they are employed with. In a hospital setting there may be two Aboriginal Hospital Liaison Officers (AHLO's) employed. One is often required to do training and education aspects of the role, while the other provides direct service to patients. Whole days can be taken up with the issues of one patient which results in other patients missing out. The level of stress that the workers experience in trying to meet the demands placed on them in the course of fulfilling their duties is cause for concern, as expressed by an ALO in a hospital:

*it's really difficult when there's just two of you and you've got to do direct service and you've got to do training here and there and then you get burned out and everybody else want you to jump on this or jump on that and then it's like "what am I, the black fella for everyone"?*

*This whole business of just a lone Aboriginal Hospital Liaison Officer (AHLO) in a hospital is not acceptable. Even two workers in a hospital is not acceptable. You need a team and it's just ....the workload is huge*

*I think even though we really do try our best, we've got the best interests of the patients at heart, those systems themselves can sometimes fail because there's not enough workers.*

Aboriginal and Islander people more often than not know which services have identified positions and like to make contact with the worker, either for referral to other services, assistance, advice in navigating the system, or just to be put at ease at a time of great stress. This is an important service, as the journey through the health system can be very overwhelming for many people. An experienced health worker missed her appointment at the Eye and Ear Hospital and had great difficulty trying to make another. After being handballed from one department to another and getting conflicting information, she finally sought the assistance of the Aboriginal Coordinator, who though not Aboriginal, was known to her through her own work.

Interviewer: So you had to refer it to the Aboriginal co-ordinator to follow up for you and that's only because you work within the system and you can do that? So how do you think a person (who didn't know the system or the existence of an Aboriginal Co-ordinator position) would have coped?

*They wouldn't have followed it up and I just thought that whole process, like it's an access issue and also pathways as well within that hospital and I just found if I as a health worker was having issues, trying to access something that should just be simple, imagine what our community mob would be, imagine what it's going to be like for them. If they didn't know who to contact, who to call, what questions to ask, then that is a huge gap and that really concerns me. (Eye and Ear Hospital, Melbourne LGA)*

This patient at a private maternity hospital was aware of the Aboriginal Liaison Officer service provided to Public patients but believes the ALO was referred to her because she had identified as Aboriginal on a form.

*I knew (Name of the ALO) she was the Aboriginal liaison officer at the old Women's. So she came and saw me (hospital/ Melbourne LGA)*

Aboriginal Liaison Officers are highly regarded in the health sector. One participant found them to be a great support for her daughter at a time of great sadness when she was a patient at an inner Melbourne hospital.

*(Her daughter's name).had them (the ALO's) for (grandchild's name).....that's her little girl that died and (her daughter) had them when she was so ill. (hospital/Melbourne LGA)*

As another participant points out, the ALO doesn't just deal with the patient's health issues, they also provide support and advocate on the patients behalf for other services in the community to assist their general health and wellbeing outside of the health sector.

*They can also provide a link to community but they can also provide a more holistic service to our community - people that come in and access the services (of the hospital) (hospital/Melbourne LGA)*

Aboriginal Liaison roles in other organizations assist people to access services they would not otherwise have known about. This elderly Aboriginal lady needed assistance to stay in her home and through her acquaintance of the Aboriginal Liaison officer in the Home and Community Care program at Council, she was linked to a service provided by another organization.

*(The Home and Community Care ALO) got me into the Brotherhood of St Laurence and they're coming tomorrow to do the lawns because she (the HACC ALO) has been able to do things.(council HACC service)*

Another example of an ALO providing a holistic service -

*and the day I was ready to run away and jump off a cliff or something she(the HACC ALO) was there for me, I mean it made me feel good.(council HACC service)*

One person complained they were never once referred to the Aboriginal Liaison Officer at any of their hospital stays.

*Well the only thing I thought was odd was some of the hospitals I've been to they haven't linked me up with the Aboriginal Liaison Officer.(hospital/Melbourne LGA)*

This may have been because ALO positions didn't exist in those hospitals or were vacant. However she was aware that in one of her stays, that the hospital did employ an ALO.

*No, even if I was there for say five days possibly, I think I had to ask to see somebody.(hospital/Melbourne LGA)*

Reflections around why this might have occurred were thought to stem from hospital staff assessment of this client's perceived level of need. She is a highly educated, confident woman and believes that should not be a barrier to her being offered the service.

*Asking people perhaps if they'd like to see the Aboriginal Liaison Officer rather than just assuming that it's not necessary or ...It's not something I need because I seem confident and articulate and perhaps why would I need that? I'm just trying to guess what they're thinking behind it might be.(hospital/Melbourne LGA)*

It is entirely up to the client whether they choose to use a service or not so it should be standard procedure that it be offered.

- **Asking the Question**

Another important finding to emerge was that the majority of the people interviewed reported they were never verbally asked about their Aboriginal and Torres Strait Islander status.

*You don't cop that question in every medical place you go (Community Health/Yarra LGA)*

Some paperwork might have the question, and people are generally happy to fill it in.

*you tick the box yourself*

*we always identify (to a written or verbal enquiry)*

or it is already in the system and known by the service, as in this example.

*It was on my record.(GP/Moreland LGA)*

In some cases, people took the initiative and volunteered the information themselves.

Interviewer: *And were you asked if you were Aboriginal or Torres Strait Islander at that first appointment?*

Participant: *No. No, but I told them. I did wait to see if they would ask me but they didn't ask me, so I offered the information anyway. (hospital Melbourne LGA)*

Another person identified only when directly asked.

Interviewer: So do you always identify?

Participant: *It all depends, if they specifically ask then I will say yes. Sometimes I'll just go as a public patient. But if there's a question involved I'll always identify. (GP Moonee Valley LGA, hospital Melbourne LGA)*

This person didn't receive any explanation about why they were being asked and thought the receptionist was being discriminatory.

*when they first asked that, disgusted I was. (When asked Aboriginal Status)*

Asking if a person is Aboriginal or Torres Strait Islander gives people the opportunity to access services that can enhance their overall wellbeing. The following example was related by one of the participants who was asked about her Aboriginality while doing a computer course at TAFE. Identifying connected her back to community and set her on a journey of discovering her family.

*and the (TAFE) teacher that was teaching me back then is still there, she was the one that said to me "are you Aboriginal descent" and I said "yes", she said "they've got an Aboriginal unit", I said "oh where" and she took me down and I met (one of the Koorie staff) and that's how I found out a lot of information about family. Then I started meeting different people through the years then but I'm still learning and looking. I've been there ever since. It's home away from home to me.*

While not a direct experience of the health sector, it still demonstrates a very positive example of the value of being asked the question. The Aboriginal concept of health

is “not just the physical well being of the individual but the social, emotional and cultural well being of the whole community.” (The Life is health is life, Victorian Aboriginal evidence based health promotion resource Taking action to close the gap May 2011) Family and community connections are cited as one of 10 determinants and contributing factors to Aboriginal health.

Unfortunately identifying can still result in inappropriate and offensive reactions from health workers’ based on their outdated presumptions of who is or isn’t qualified to identify as Aboriginal or Torres Strait Islander.

*We had identified as being Aboriginal and Torres Strait Islander, she (the Maternal Child Health Nurse) actually said "so what benefits do you get"?(council service/Moonee Valley LGA)*

*"oh you can get lots of things if you claim descent"....it put me off him actually. If he was my GP I wouldn't be seeing him. (hospital/Yarra LGA)*

*The registered nurses, they wanted to know why she would identify being black, they did. I was a little surprised and I think they were somewhat annoyed that she did. (hospital/Melbourne LGA)*

*I had ....with me who was 3 at the time and an 8 month old and she said to me "oh so your boy's adopted" and I said "no, they're mine" But because obviously they've got olive complexion and curly hair she didn't think they were my children. But I thought if she had of looked at my yellow book, the maternal and child health book, she would have seen that I had the kids, I had him at the Royal Women's. So I thought once again it's that, it was just inappropriate. I'd be really interested to know what sort of training the maternal and child health nurses have had since that time around Aboriginal culture and needs of Aboriginal families and identity and that sort of thing.(council service/Moonee Valley LGA)*

*Actually I remember one of the doctors sometime ago looking at my file and I don't know whether it was actually...or not but I did mention to him or her at the time that I was Aboriginal and he or she said "oh I assumed you were Spanish".(hospital/Melbourne LGA)*

Interviewer: Because of your name?

Participant: *And my appearance,yeah. So that was interesting. (hospital/Melbourne LGA)*

Interviewer: *So it was on file and have you ever been asked again at any time when you've presented?*

Participant: *What happened recently, I've been admitted to hospital three times this year and one of the times was, I had a scheduled treatment so they sent me a pre-admission form and you tick the box yourself.*

Interviewer: So you didn't have anyone ask?

Participant: *I didn't have anyone asking me but at one admission where it was probably an emergency and I didn't get a pre-admission form, she went through the list and I got up to that box about identity she(Triage nurse) just looked at me and said "oh you're not Aboriginal, we won't worry about that one". So I had to correct her (hospital/Melbourne LGA)*

Interviewer: How did you feel when she just presumed?

Participant: *I just thought "here we go again, same old story" no surprises there*

Another participant said she is often judged solely on her fair appearance.

*(The nurse) just thought that I wasn't Aboriginal because I wasn't black (council service/Moonee Valley LGA)*

Prejudice was a recurring problem which one of the male participants encountered constantly at a variety of services, because he did not possess a Concession card.

*When I go for blood tests for example at the Melbourne Pathology a medicare card or something(he was referring to a Health Care card) And one time I was grilled for nearly 15 minutes why I didn't have that card. Yeah the concession card. Why don't you have a concession card? And eventually when I asked the lady who was taking blood from me why I must have it and she said "but you must" I asked "do you have one?" and she said "no" and I said "well if you don't have one why must I have one" and she said "but you do". That's what she said. That kind of devastated me.(pathology/Melbourne LGA)*

Another example

*Had experience of going to the pharmacy to get medicine..Again Moonee Ponds.They insist again, the health card, why don't you have it? Again some girl there insisted that I should have it, it's to my benefit that I give them this health care card to get free medicine...It's like they assume that you're black ...You must be on a welfare benefit.(pharmacy/Moonee Valley LGAs)*

*But I think it's that thing of health care card, it confronts me all the time. I have corporate private health, top corporate private health and people get shocked I have that. So again I had to explain myself, my professional status. I had to spiel, I did this, I did that and who I worked for and it went on and on and on.... She gave me a hug, she said "you've done very well" Good boy. I felt I was being called good boy, you've worked so hard, you deserve it. (radiography/ Moonee Valley LGA)*

- **Staff interaction**

The way staff interact and communicate with Aboriginal and Torres Strait Islander people is pivotal to how the service is perceived by the consumer of that service. It is especially crucial at the first appointment and will be a major contributor to the consumer returning.

*They offer and say "would you like to see (the Aboriginal Liaison Officer)....."  
(community health/ Yarra LGA)*

*My experience with RMH Private staff was tremendous. They were very receptive.  
(hospital/Melbourne LGA)*

*And then they obviously asked what the issues were from my point of view. I told them the trouble I was having. Yeah, they listened. (hospital/Melbourne LGA)*

This was the experience of one person accessing a very busy dental service that could appear quite stressful and chaotic. Fortunately he received adequate information about the service he received.

*Lots of people and people going in. But having said that, they obviously gave me like enough time to look at me, assess me, treat me, refer me on. I had subsequent follow up appointments and such. Just more information about patient follow up, which they gave and they follow up with some phone calls. (hospital /Melbourne LGA)*

This person used two different mainstream services and was very satisfied with the way her family were received at both. The reception staff were polite and put her at ease, and there was a section set aside for children in the waiting area. She said the doctor's listened to her.

*They were both really good services and I'd go back.(GP and community health/Moreland LGA)*

*I felt very comfortable and she was very helpful the receptionist also (GP/Moreland LGA)*

Interviewer So you would use that service again?

*Absolutely and I'd refer it to other people as well with children also.(GP/Moreland LGA)*

Aboriginal Community Controlled Services are also judged by the level of comfort felt when accessed by Aboriginal and Torres Strait Islander consumers, as expressed by the following examples,

*But sometimes I sort of feel, if you're not known then you're not really made to feel very welcome. (community controlled service/Yarra LGA)*

*I feel a little bit uncomfortable going to (Aboriginal service) ..... Yeah, because I don't know these people in there, I don't know, I just get a weird vibe. I don't know, maybe it's just me (community controlled service/Yarra LGA)*

*Yes, yes I went there (Community controlled service) and I was sitting in the waiting room looking around and also coming on Aboriginal radio and Aboriginal radio, Koori radio KND came in. That information that they put on there they had a few of the staff would go into the Aboriginal radio station and talk about health issues which was wonderful. And targeting chronic problems, diabetes and your wellness, your wellbeing and so that was really a good way of putting it out there and getting people information about what was available to them at the health service. I think that would have made a lot of people, including myself feel more informed and comfortable with the situation of going there.(community controlled service/Yarra LGA)*

*And I had that personal connection (with the ALO) so I felt pretty comfortable.(hospital/Melbourne LGA)*

Unfortunately a number of the participants experienced negative interactions, in person or over the phone. The lack of awareness of the diversity of the Koorie community is certainly a factor. This was reported to be occurring at both mainstream and community controlled services.

*A lot of time I've rang up places and I've been hung up on straight away just because of my accent. (Various health services)*

*What happens with me, a lot of people think when I ring up I'm a coconut, I'm white and when they see me... I see the reaction when I'm there ...*

*Well the one thing that I'll give them, the hospitals, for sure have got to learn to speak to Koori people and understand their culture and the way they were brought up (hospital/Melbourne LGA)*

*And judging you over the phone. I get called drunk, I've got a husky voice...*

*As soon as they see you're from this area or you're not upper class or middle class they don't talk to you, they talk down to you. (hospital Yarra LGA)*

*They look at us always "you're just drunks or just drug addicts or this and that".*

*they're meant to be doing their jobs, not judging us.(hospital/Melbourne LGA)*

*If they've got Koori workers in with the white people they would understand*

## Access to services

- **Transport**

Most participants were happy to use health services close to home. These were within walking distance or required minimal travel by car or on public transport. All were mainstream services that they trusted and felt comfortable using.

Convenience to the service was the initial reason this person chose her GP.

*because I could walk there. (GP/Moreland LGA)*

*I can get the bus there. If the (community controlled service).was a little bit closer it would probably be easier for people who live in Brunswick to get there but I find the services around here are fine. (private GP/Moreland LGA) The person*

*Because I live in the area, yeah.No, just in walking distance. (GP/Moreland LGA)*

This family didn't like the long waiting times and high turnover of GP's at one of the services they had been accessing and switched. Both were about the same distance from home..

*We were using a service, another health service, the general doctors just on the corner of Sydney Rd and we just didn't like it. I mean we didn't have to pay money there, whereas the other one we did but we liked paying the money for great service whereas the other one we didn't (GP/Moreland LGA)*

*I feel quite comfortable, I don't feel like I have to go all the way to (Aboriginal Community Controlled Service) just because they are there or yeah, I just feel that these are more convenient, they're within walking distance. (GP/Moreland LGA)*

In all of these cases the participants were long time users of the services they were speaking about and familiar with reception staff and the GP's.

*we just use the local. If you get a phone call from school it's just easier to pick up the kids and take them to the local clinic (GP/Moonee Valley LGA)*

*so I just go local to Glenroy Road. All my life Yeah, they're good there, bloody oath.(GP/Moreland LGA)*

*No,(the transport) it wasn't an issue no, because I've got transport, easy access and obviously I used to work across the road so I knew where it was and could access it. (hospital/Melbourne LGA)*

- **Geographical location versus where people live**

Two participants accessed Dental services that were known to them through their attendance at an Aboriginal Service and which were now providing an outreach service. One of them lived in Craigieburn and the other in Glenroy and both have cars.

*Yes, so glad when they moved to Epping, hey, closer to me because I live out in Craigieburn. I normally go there for the dental.(community controlled service Yarra LGA)*

*I get all my dental work done there. Yeah, at (community controlled service Yarra LGA)*

People were appreciative of these outreach services when it made access easier, especially if they feel more comfortable using the service.

Another person preferred to see her GP at a mainstream Community Health service where the GP also saw patients, because she no longer drives and it took less public transport to get to than the Aboriginal service.

*Why? Because it is more closer for me to go up there but the other main reason is because my doctor who comes from (community controlled service), she is also allocated up there (Broadmeadows) three days a week (GP/ Moreland LGA resident)*

That particular health service also offers a transport service.

*You see a community bus, I haven't asked to use it, I just make my way up there on the train or maybe my son comes across and takes me up there in his car.(GP / Moreland LGA resident)*

One person only uses the Aboriginal service but getting there is not always possible without a car. People were appreciative of these outreach services when it made access easier, especially if they feel comfortable using the service.

*So I keep going there all the time and I wouldn't go anywhere else.(community controlled service/Yarra LGA)*

*Yeah, well they've got this other lad there, I can't think of his name but I always ask for him because he done the one time after the other dentist left and I always ask for him now.(community controlled service/Yarra LGA).*

*I just can't get in there (without a car) most of the time, so I don't go, I just keep making appointments hoping I will be able to get in. (community controlled service/ Yarra LGA)*

*It helps when you've got a car so you can drive in there and that but I reckon they should be picking up people. Especially way over this way, there's a lot of people that don't have cars around this area.(community controlled service/Yarra LGA)*

*"well you going to come pick me up because that's what you're supposed to do isn't it?" (community bus) Apparently they're not allowed to do it anymore,(community controlled service/Yarra LGA)*

*because I worked near there (Fitzroy) and when I finished working in that area I couldn't go back because it wasn't convenient because I don't drive.(community controlled service/Yarra LGA)*

- **After hours**

A significant gap identified by the focus group was the inability to access medical services after hours. Many in the focus group were homeless or at risk of homelessness and depend on the community service workers who assist them during the week.

*Saturday, like it's completely dead, you can't get anyone to talk to anyone (Yarra LGA)*

*Like when we're crook or something we need medical attention straight away, we don't get it. We've just got to sit there (in the park) and wait.(until Monday)*

*You always get sick after hours. You've got no money to catch a cab or ambulance (Yarra LGA)*

*Well the after hour service I think is the main contender because people can get themselves to 101 different services during the day. After 5 o'clock ...You can't after 5.00, 6 o'clock down there.(Yarra LGA)*

*I think there should be a lot more after hours workers*

*there should be an after hours vehicle, go and pick up the patients*

The suggestion of a Koorie specific van or bus was followed by discussions of peoples first hand experiences of similar services operating in other states.

*in Brisbane and they had a service like that, it was called the detox van and they used to have dry out centre for people at night time in the parks and that and they come around and pick everybody up and take them to a safe place for the night.*

*And pick them up, whoever wants to go home, they pick them up and drop them off at their home address, an hour later come around again and whoever wants to go home...*

*In Adelaide we've got like a sobriety group, it's called Aboriginal Sobriety Group and we can ring them up after hours.."Do you need any medical assistance, any other assistance" and take us to the hospital or they take us to home. ..we get picked up and make sure we're looked after, if we need a feed and all that, we get that too.*

*I went up to Townsville.....and as soon as I got up there, it's unbelievable, they've got a bus that comes around twice a day.*

*The ones that need it too are the ones sitting in the park and drinking all hours of the night and the ones that can't get home to a bed because they've missed the train or a bus, they need that, we need that, we do.*

*talking about a group of people that feel very isolated and they're very lucky that this health service is across the road from the park (community health/Yarra LGA)*

Another major issue the focus group brought up was the breakdown in communication between services in and out of hours and the failure of any co-ordinated response between the justice and health systems.

*I never get (any identified) services, it's always remanded and bang, I never get, no Aboriginal liaison worker comes to see me. (Police)*

*When you get locked up they (the Police) don't bother ringing up a health worker to come and pick us up. (Police)*

When asked which services needed improved communication practices in particular, and how it may be achieved, it drew this response,

*All services health, legal, police. Liaison officers, you need more of them. The ones that do understand what we are going through.*

*They chuck fits you know.(people in holding cells). They're supposed to ring up the community controlled health service, (Police)*

*The coppers don't come and check up on them (in the cells)... they're too late for them, they're gone.*

*Well I think that they need a few more (identified position) workers around to help*

## **Reputation of services**

- **Previous experience**

Aboriginal and Torres Strait Islander peoples experience with a service will influence the decision to return to subsequent appointments, and service's reputation within the Aboriginal and Torres Strait Islander community is an important factor in determining whether people are more likely to access the service or not.

*And they pulled the tooth out alright but it took them ages and they busted my jaw. So I haven't been back since (hospital/Melbourne LGA)*

*But then when....#3 child was born and especially because of that experience that I had, I didn't go back. I did not go back to the maternal and child health nurse because it put me off. (council service/Moonee Valley LGA)*

*I had a toothache, I went down to (Aboriginal Community Controlled service) first and they put me down for a week later, I said "I'm in pain now"....And I walked up here and I was in in five minutes (community health/Yarra LGA)*

*He took out a tooth that I'd broken up the top and I never felt a thing. So I keep going there all the time and I wouldn't go anywhere else.(community controlled service/Yarra LGA )*

*you come here and the difference is you feel a little more service friendly (community health/Yarra LGA)*

*The service is more or less accommodated straight away (community health/Yarra LGA)*

*Get more respect. More relaxed.(service received at community health/Yarra LGA)*

*There's nothing really in there (the surgery) that's culturally inviting or reflective or that sort of thing. But we feel really comfortable going there, he really understands the diversity (of the Aboriginal and Torres Strait Islander community) (GP/Moonee Valley LGA)*

*Just off the street. I had a toothache once, I just walked in and bang, got in straight away. Down (at the Community Controlled service) they put you down for about a week, two weeks (community health/Yarra LGA)*

Many reported they felt ignored by the local community controlled service so were choosing to attend a mainstream service in the same area.

*The workers (at the community controlled service) a lot of them they just walk straight past,*

*they turn their noses up at you.*

*If this wasn't here (the mainstream service) you wouldn't be going down to the (community controlled service)*

The focus group also indicated the success of a program depends on it's continuing relevance to those that it is directed to. They spoke of the Billabong Breakfast program

*Well it's part of this service but it doesn't say that everyone's got to come. They come because they want to come but a lot of these people are sort of self sufficient.(Billabong program/Yarra LGA)*

*it's not about trying to put on a good breakfast where there will be food, you only just want to eat and run, come down for ..... there's a lot of people (community service workers) that want to be able to educate you more but we're past that I think. All you want to do is eat and then you're on your way and one good feed a week isn't going to make you healthy.(Billabong program/Yarra LGA).*

*Catch up time too (Billabong/Yarra LGA)*

*When they give anything at Billabong (useful information from services that attend) like the worker from Centrelink and things like that.*

*We tell them straight out, tell them like it is. They don't like the way we talk speak to them then they ...don't listen to us. That's why we don't get (go to) Billabong no more.*

*And the workers they don't want to work with us, so we don't want to work with them.*

- **Trust**

It is widely acknowledged the trauma of past policies of disempowerment experienced by Aboriginal and Torres Strait Islander people has left many with a significant distrust of authoritative organizations, and this wariness has been passed down through generations. Real or perceived, the merest hint of the breaking of trust can tar a services' reputation, perhaps irreversibly. This applies across all sectors, mainstream and community controlled.

*Maybe they are trustworthy but I wouldn't trust them. (GP's in general)*

The question of trust of a community controlled service is still an issue for some, despite stringent improvement to patient confidentiality, and at least 20 years passing.

*They don't keep in confidential there. (community controlled service/Yarra LGA)*

*They read your file and all.(community controlled service/Yarra LGA)*

*I know there were people getting access to files that really shouldn't have been able to see them.(community controlled service/Yarra LGA)*

*because I found out, once I went there to see a doctor, once.and I don't know where I was, whether I was at Triage but people were talking about people's mental files and then I heard my name come up I was listening and I said to the sheila..."what are you talking about, are you talking about people's doctor's files" and she said "yeah, everybody reads them (at the name of the service), I said "well I'm not f\*\*\*ing coming back there again" and I haven't been back to see a doctor since. (community controlled service/Yarra LGA)*

*Ever since then (hearing the rumours) I haven't been back to there.(community controlled service/Yarra LGA)*

*Questions about ethics and professional approach. That was in the 80's and I don't know whether those sort of issues have been resolved or looked at. (community controlled service/Yarra LGA)*

Building a level of trust may take time but it is important for the success of any future engagement.

*Dr (named), I won't go to any other doctor now. So I've been seeing him for years He's just a person that sits there and listens to your problems and tries, well he does help you and if he can't he'll send you to where you can get help.(GP Moreland LGA)*

*And I've known her for about, gosh, fifteen years she's been my doctor and she's my age and we get on like sisters.(community controlled service)*

This person is relieved they have a reliable health professional.

*I'll need to see specialists for the rest of my life. Nice to have someone you can trust. (hospital/Melbourne LGA)*

*It was probably good from my point of view because the doctor that was treating me was the same guy that I have been under at....., so I felt like I built up a little bit of a relationship with him, you know. Some doctors can be quite abrasive or whatever, but he was a young guy, he was pretty cool. He made me feel relaxed and went through what they wanted to do, the reasons why (hospital/Melbourne LGA)*

- **Word of mouth**

Word of mouth is often a powerful method of information sharing or promotion of services within the Aboriginal and Torres Strait Islander community and people will listen and make decisions based on what other people have experienced. Even one bad experience may mean reluctance to access that service again and word of a bad experience can influence others.

*when I was 20 this girlfriend was telling me about the Health Service and because I'd only found out just before that, that I was actually Aboriginal and I've been going there ever since. (community controlled service/Yarra LGA)*

*and she goes "you should come and access the services and all the support is available". So that's how it all started. (hospital Melbourne LGA)*

## **Conclusion**

In summary, this project has found that there are three key factors influencing the likelihood of Aboriginal and Torres Strait Islanders accessing services within the Inner North West Metropolitan Region; cultural competence, reputation, and access to services.

Cultural Competence was identified as the most important factor, with interactions between staff and clients playing a key role in the successful engagement of Aboriginal and Torres Strait Islander people to services. People felt most comfortable when the service reflected Aboriginal culture, in the form of artwork or information displaying Aboriginal colours they could relate to, such as the Aboriginal and Torres

Strait Islander flags. Acknowledgement plaques alone are not enough to make Aboriginal and Torres Strait Islander people feel culturally safe. People expressed the need for more Aboriginal Liaison Officers, they indicated they were more inclined to access a service if an ALO position existed. The lack of identified workers in mainstream services discourages Aboriginal and Torres Strait Islander people from engaging or returning to that service and this may have significant impact on their long term health. People also indicated they were willing to identify as Aboriginal and Torres Strait Islander, but generally were not asked.

People interviewed were happy to access services close to home, so transport for them was not seen as a barrier to accessing their service. Transport was an access issue for one participant who preferred a service at an Aboriginal Community Controlled service but sometimes didn't have the means to get there without a car. Others who could travel, were very pleased to be able to access Aboriginal Community controlled outreach services, especially as the Aboriginal and Torres Strait Islander people move out to the outer metropolitan areas. However, access to after hours medical services was identified as an area that needs addressing, This is particularly relevant to homeless and transient members of the Aboriginal and Torres Strait Islander community. It must be noted that the after hours issue also brought to light a breakdown in communication processes between services, such as Police and Health services, and this was also a concern as it put people's health at risk.

Reputation of services hinged on peoples first hand experiences as well as second hand through word of mouth. It is important for services to take the time to build a good rapport and level of trust when seeking to engage Aboriginal and Torres Strait Islander people. Many of the participants interviewed had long term associations with their health care providers. These services had made efforts to connect their Aboriginal and Torres Strait Islander patients through culturally inclusive environments and programs that help deliver Closing the Gap initiatives such as the CtG Pharmaceutical Benefits Scheme (PBS) Co payment measures, and the Practice Incentive Program. (PIP)

## **Recommendations**

In relation to the findings of these Aboriginal and Torres Strait Islander People's Consumer Perspectives, the following recommendations are made for organisations within the INWPCP catchment:

- Members of the INWMR Close the Health Gap Wellbeing Partnership should ensure their organizations provide Cultural Awareness training for staff within their organisations, reflective of the diversity of the Aboriginal and Torres Strait Islander people, especially for staff engaging directly with Aboriginal and Torres Strait Islander people in urban populations. Engage an Indigenous service provider to deliver the training or at the very least collaborate with a local Aboriginal organization for input.
- Ensure the organisational policies and procedures in place are culturally appropriate for Aboriginal and Torres Strait Islander individuals, and don't

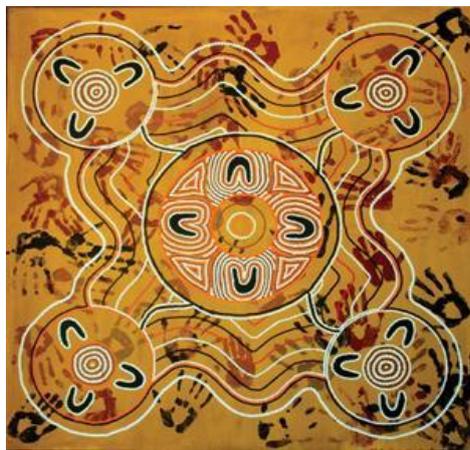
discourage or create barriers for access to services. eg: provide clear Priority of Access and fee for service policies and procedures, consider allowing for longer consultation times, make appointment reminder calls, and find out why an appointment is missed, make allowances for missed appointments and seek mutual solutions to access problems. Involve the Aboriginal and Islander Liaison Officer at your organization or a trusted family member or friend of the consumer. Assist with travel costs if necessary.

- Make environments more inviting and respectful of the Culture by displaying Aboriginal and Torres Strait Islander artwork, and identifiable symbols such as the flags and culturally appropriate literature and posters and promote community events and significant dates. (Refer to the Making Two Worlds Work “Working with Aboriginal clients and community” audit tool [www.whealth.com.au/mtww/](http://www.whealth.com.au/mtww/))
- Improve Identification systems to reflect truer numbers of Aboriginal and Torres Strait Islander people accessing services.eg: provide specific training for staff to achieve a more consistent and accurate method of Asking the Aboriginal Status question. Ensure records are regularly updated. Keep culturally appropriate pamphlets explaining the purpose of asking in and around areas that Aboriginal and Torres Strait Islander people access..
- Assess current access difficulties and put in place mechanisms to overcome barriers, eg: strategies to address needs of an after hours system and improvement to communication between health services and agencies
- Take the time to build trust with Aboriginal and Torres Strait Islander consumers eg listen to them, be respectful, and non judgemental, share a personal or mutual connection with them. Promote Client Confidentiality and Privacy policies.
- Review programs specifically for Aboriginal and Torres Strait Islander people and assess if they are still relevant eg Billabong Breakfast - ask the participants for their input, invite Aboriginal and Torres Strait Islander people to participate on advisory committees, seek regular consumer feedback
- Increase the number of Aboriginal and Torres Strait Islander people in Identified roles in hospitals and provide appropriate support systems and resources. Ensure the service is offered to all patients who identify as Aboriginal and Torres Strait Islander.

It is hoped that the findings in this project may guide health services in the Inner North West Metropolitan region to undertake the necessary steps to better deliver and improve services for Aboriginal and Torres Strait Islander people living in the region.

Appendix A

## Do you live in the local Government areas of Moonee Valley, Moreland, Melbourne or Yarra?



Artwork from Making Two Worlds Work Project developed by Mungabareena Aboriginal Corporation and Women's Health Goulbourn North East 2008

Have you needed to see a Health professional in any of those areas? Maybe it was in a Hospital, at a Community health service, or at your Doctors' or Dentist.

My name is **Liz Phillips** and I'm the Koorie Community Engagement Officer at Merri Community Health Services, and I'm doing a Project about Aboriginal and Torres Strait Islander people's experiences in the health system. I'd like to hear about what you thought of the service you got.

If you're interested, I'd like to have a chat to you. What you tell me will be strictly confidential, no-one will be identified and when the project is over, I'll let you know what happens to the information I gathered.

Call me on **9389 2271** if you'd like more information or you'd like to take part.



This is an Inner North West Metropolitan Region Closing the Health Gap Wellbeing project and is supported by the Inner North West Primary Care Partnership and Merri Community Health Services

## Appendix B



### Information Sheet for Participants

#### **Name of the Project: Inner North West Metropolitan Region: Aboriginal and Torres Strait Islander People's Health Consumer Perspectives Project**

My name is Liz Phillips. I am the Koorie Community Engagement officer at Merri Community Health Services. I am working on this Project for the Inner North West Primary Care Partnership to gain a better understanding of Aboriginal and Torres Strait Islander people's experience of health services in the Inner North West regions of Moonee Valley, Moreland, Melbourne and Yarra.

**About the Project:** The project is being funded by the Department of Health, together with the Inner North West Primary Care Partnership for its Closing the Health Gap Wellbeing Partnership to find out information on how Aboriginal and Torres Strait Islander people access the health services in the Inner North West region. Findings from the report will be sent to members of the Partnership such as Hospitals, Community Health Services, Dentists and General Practices and Local Government services so they can see what they need to do to improve the way they assist the Aboriginal and Torres Strait Islander community.

**What does taking part in the Project involve?** I will need to interview you by asking you some very basic questions about your experience with the health care service you used. To help me remember what you tell me I will need to record the interview and take notes, with your permission.

Where the interview takes place is up to you. It can be held at your home or my work. It can be one on one, or in a group, or with a family member or someone you feel comfortable with, present. If you need to travel to and from the interview a taxi voucher will be provided. A gift voucher to re-imburse you for your time will also be given.

**Do I have to take part?** No, not if you don't want to. Participation in the Project is voluntary and you may withdraw at any time, no questions asked. If you do withdraw, any information you gave me will be destroyed.

**What will happen to what I say?** The information will be transcribed and any information you supplied will be de-identified. This means no-one will be able to know who gave the information, and your name will not be used anywhere so you will remain completely anonymous. The transcripts will be shown to you before a report is finalised to make sure you are happy with it. You'll also be given an opportunity to see the final report at the end of the project.

**What if I want to know more about the Project?** You can ring me, **Liz Phillips** on **93892271**. I'm the Koorie Community Engagement Worker at Merri Community Health Services and I'll be doing the project.

**How do I become involved?** If you decide to take part in the project, just ring me, on 93892271 and I'll make a time to come to you to explain the project and if you're still happy to take part, you can sign a Consent Form to participate.



**“Inner North West Metropolitan Region: Aboriginal and Torres Strait Islander People’s Health Consumer Perspectives”**

My name is Liz Phillips. I work at Merri Community Health Services as the Koorie Community Engagement Officer. I am also working on a project for the Inner North West Primary Care Partnership to provide details of Aboriginal and Torres Strait Islander people’s experience of health services in the region.

The aim of the project is to gain a better understanding of Aboriginal and Torres Strait Islander people’s experiences in accessing health services in the Inner North West Metropolitan Region (INWMR) and provide insights and recommendations into how services should be best structured and delivered to support and engage Aboriginal and Torres Strait Islander people in the INWMR.

I am looking for Aboriginal and Torres Strait Islander people who live in, or have used services in the Inner North West Metropolitan regions of Moonee Valley, Moreland, Melbourne and Yarra, to seek their experiences when accessing health services in those regions. All information will be strictly confidential and completely de-identified.

Key themes from the interviews will be identified and used as a basis for development of a comprehensive report which will include findings, results and recommendations. It will include a breakdown of findings and feedback for specific services within the NWMR (hospitals, community health, councils etc) so specific and tangible recommendations can be provided for different health services in the area.

If you have any clients or know of anyone you think may be interested in taking part, please send them the attached flyer as a way of introduction and encourage them to get in touch with me. If you’re unable to print the flyer in colour, please let me know and I will send you some colour copies.

[Please feel free to contact me if you’d like more information or for a participant information sheet.](#)

Liz Phillips  
Merri Community Health Services  
11 Glenlyon Rd Brunswick

9389 2271  
[lizp@mchs.org.au](mailto:lizp@mchs.org.au)



Consent Form for Participants

**Inner North West Metropolitan Region: Aboriginal and Torres Strait Islander People’s Health Consumer Perspectives Project**

- I have read and understand the information sheet about the project, or had it explained to me in language I understand.
- I have taken up the invitation to ask any questions that I may have had and am satisfied with the answers I received.
- I understand that taking part in the Project is entirely voluntary and I can withdraw at any time
- I understand what it means for me to take part in this project
- I understand that I am free to withdraw from the project at any time
- I give permission for information I give this project to be used in the final report, provided that I am not identified in any way
- I understand that the final findings and results of the report will be made available to me

I am willing to participate in the Inner North West Metropolitan Region: Aboriginal and Torres Strait Islander People’s Health Consumer Perspectives Project, as described.

I am happy to be contacted by the Project team in the future.

Please circle:            Yes                                    No

Name: \_\_\_\_\_

(printed)

Signature: \_\_\_\_\_

Date:                        /   /

## Appendix E

### Project questions

- 1 Was the service an Aboriginal or mainstream service?
- 2 How did you find out about the service? Who referred you? Was it an Aboriginal organization or worker?
- 3 Had you used the service before?
- 4 Do you travel far to get to that service? How do you get there?
- 5 What was it like when you got there? What were your first impressions? Was there any Aboriginal artwork around?
- 6 Did you feel the services were culturally appropriate for you?
- 7 Did you feel comfortable there?
- 8 If it was the first time, were you asked if you are of Aboriginal and/or Torres Strait Islander descent?
- 9 Are you always asked that question? Do you always answer?
- 10 Do you know why you're asked that? Does the person asking explain why they want to know?
- 11 How did you feel when you were asked that?
- 12 If you said no, would you say yes at a later time?
- 13 Were you referred to any Aboriginal services or workers?
- 14 Did you have any problems with the service?
- 15 What do you think the service could do to improve?
- 16 Did you get the help you needed?
- 17 Do you think they listened to what you wanted?
- 18 What information were you given? Was it explained to you?
- 19 Were you referred to any other places?
- 20 Would you use that service again?
- 21 Are you feeling better?
- 22 Do you know of or use any Aboriginal Services?
- 23 And would you be happy to be contacted by the project team in the future to advise or assist to advise or assist or help develop resources to help improving the services?

