

Partners In Recovery

Guide to PIR Organisations on Cultural Competence and Special Needs Groups

Culturally Competent Services

In delivering a culturally competent response, PIR Organisations should:

- Seek to identify and understand the needs of specific special needs groups (Aboriginal and Torres Strait Islander , people of culturally and linguistically diverse backgrounds, Humanitarian Entrants etc.) within the region.
- Investigate, understand and take into account a person's beliefs, practices or other culture-related factors in considering support options.
- At all times be respectful of a person's cultural beliefs and values.
- Ensure that the work environment and practices are culturally inviting and helpful.
- Ensure that services are flexible and adapted to take account of the needs of specific special needs groups and individual persons.
- Provide access to culturally specific training and supports to improve team understanding of the local community groups and effective communication methods.
- Regularly monitor and evaluate the cultural competence of the PIR Organisation and staff (including obtaining input from the person and the community).
- Use information and data about specific special needs groups to inform planning, policy development, operations, and implementation of PIR.

Organisational Cultural Competence

It is important that cultural competence is valued and is a key consideration at the organisational level. Consideration of the following will assist to improve organisational cultural competence.

- Is the organisation's governing body educated about cultural competence?
- Are community members represented on the governing body and advisory committees?
- Does the organisation have both formal and informal alliances and links with local community representative groups?
- Are regular reports provided to key stakeholders on the cultural competence activities undertaken?
- Is cultural competence embedded in the philosophy, mission statement, policies and key objectives?
- Does the organisation have formal cultural competence-related policies (that were formulated with input from the community) regarding staff recruitment and retention, training and staff development, language, access and communication, cultural competence-related grievances and complaints?
- An effective complaints mechanism is important to all individuals who are vulnerable and should also be easily accessible and useable by culturally and linguistically diverse people or Aboriginal and Torres Strait Islander people, with specific cultural needs.
- Does the organisation have processes in place to obtain the person's, community and staff input in the development of cultural competence-related plans?
- Does the organisation regularly self-assess cultural competence?
- How can the organisation collect person-level cultural competence-related information, conduct regular community needs assessments and evaluate cultural competence-related activities? How will this data inform quality improvement activities?
- How are needs assessments and development of PIR Action Plans conducted for individuals where English may not be a first language?
- What types of culturally appropriate materials are required to communicate effectively? Is signage and key written materials available in the language(s) of the local community and appropriate to the literacy level of the community? Are there alternative strategies that can be used to manage costs?
- Can the organisation recruit staff with suitable skills and experience who are connected with the local community and can provide appropriate support? Are there any cultural issues in doing this?

Special Needs Groups

There are a number of groups of people who face additional disadvantages in the recovery journey. They are often referred to as special needs groups. Many PIR clients may be included in these special needs groups.

Such groups may include, but are not limited to:

- People of Aboriginal and Torres Strait Island background;
- People from culturally and linguistically diverse backgrounds, including Humanitarian Entrants and recently arrived refugees and migrants;
- People who are homeless or at risk of homelessness;
- People who have previously been institutionalised (including Forgotten Australians/Care leavers and child immigrants);
- Young people leaving out-of-home care;
- People who have been previously incarcerated; and
- People with drug or alcohol co-morbidity.

Indigenous Australians

An Indigenous person is defined as someone of Aboriginal or Torres Strait Islander descent, identifies himself or herself as an Aboriginal person or as a Torres Strait Islander, and is accepted as such by the community in which he or she lives.

People from Culturally and Linguistically Diverse Backgrounds including Humanitarian Entrants and recently arrived refugees and migrants

People from Culturally and Linguistically Diverse Backgrounds are defined as people who identify "...as having a specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents' identification on a similar basis." (Victorian Multicultural Strategy Unit, 2002, in Australian Psychological Society Ltd 2008)

Humanitarian entrants are defined as people who are subject to substantial discrimination amounting to gross violation of their human rights in their home country, are living outside their home country and have links with Australia (<http://www.immi.gov.au/visas/humanitarian/>).

Refugees are defined as people subject to persecution in their home country.

Over the past 50 years, over half a million refugees and displaced people have resettled in Australia.

People who are homeless or at risk of homelessness

Homelessness does not simply mean that people are without shelter. It can also mean people who are without stable or permanent accommodation. A stable home provides safety and security as well as connections to friends, family and a community.

There are three kinds of homelessness:

- Primary homelessness, such as sleeping rough or living in an improvised dwelling.
- Secondary homelessness including staying with friends or relatives and with no other usual address, and people staying in specialist homelessness services.
- Tertiary homelessness including people living in boarding houses or caravan parks with no secure lease and no private facilities, both short and long-term.

People who have previously been institutionalised (including Forgotten Australians/Care leavers and child immigrants)

The term 'institutionalisation' generally refers to the committing of an individual to a particular institution. However, it is also used to describe both the treatment of, and damage caused to vulnerable people, when a person becomes accustomed to life in an institution so that it is difficult to resume normal life after leaving.

Forgotten Australians are people who were raised in institutional care (out of home care, including entrants from the child migration program and Aboriginal and Torres Strait Islander children) last century, predominately between 1930 and 1970.

Young people leaving out of home care

The 'young people leaving care' group refers specifically to young people who have been in the formal care of the state and are in the process of transitioning to independence.

The nationally consistent approach to 'leaving care planning' recognises the transition from out-of-home care to independence as a process occurring along a continuum, commencing no later than age 15 years and continuing up to age 25 where the young person needs and/or desires ongoing assistance.

Out-of-home care refers to foster care, kinship care and therapeutic residential care. It focuses on those children and young people with Children's Court ordered care arrangements, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive. It does not refer to young people who just happen not to be living at home.

PIR clients may have experienced this type of care as young people.

People who have been previously incarcerated

Incarceration is where a person is detained in a prison, remand centre or other corrective institution for being suspected of, or having committed a criminal offence.

People with drug or alcohol co-morbidity

Co-morbidity means the co-occurrence of one or more diseases or disorders in an individual. Co-morbidity of mental disorders and substance use disorders is common, and may occur in PIR clients.

Access issues for Special Needs Groups

There are a range of issues which can create barriers to accessing services for special needs groups. These include:

- Complex administration processes and procedures;
- Costs – perceived or actual (out of pocket expenses however small will deter people);
- Shame and stigma (fear of being judged);
- Prior negative experiences (with particular organisations or institutions etc);
- Inflexible approaches (e.g. requiring particular attendance or appointment times in set locations etc);
- Communications/cultural, linguistic or health literacy barriers;
- Fear of authorities (vulnerable people may have experienced difficult situations with authority figures and fear possible consequences of seeking help – e.g. their children might be taken away or they could lose their income support payments from Centrelink);
- Lack of knowledge of entitlements; and
- Lack of support or social networks.

Many PIR clients may be from special needs groups. The following considerations will assist PIR Organisations in considering how to most appropriately interact with people from special needs groups.

Overcoming access issues

- Become known in the community – people need to understand what PIR provides and see the value in accessing PIR.
- Being accessible – having an open door approach, using outreach not just drop-in or appointment services.
- Being accepting – not stigmatising or devaluing further - being acceptable and relevant to the local community and reflecting its ethnic and cultural values.
- Providing good coordination – by using bottom up approaches to planning coordination based on the needs and strengths of PIR clients.
- Continuity – providing ongoing support and enabling a trusted relationship with a named worker.
- Co-ordination – having a comprehensive assessment, monitoring and review process for individuals. Coordinating with other workers or agencies on behalf of an individual to ensure that their needs are met.
- Flexibility – one size doesn't fit all - varying approaches to suit the individual, not making an individual fit the services.