

# Aboriginal information and support needs assessment for families and carers

AFACT (Aboriginal Families and Carers Training) – Stage One



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# Contents

	Page
<b>Executive summary</b> .....	<b>1</b>
<b>Overview of findings</b> .....	<b>3</b>
<b>Recommendations</b> .....	<b>6</b>
<b>Details on research</b> .....	<b>11</b>
Table 1. Composition of groups .....	13
<b>Needs assessment findings</b> .....	<b>15</b>
General issues identified by families and carers .....	15
Table 2. Issues identified by families and carers .....	15
Barriers to families and carers accessing information and support .....	16
Support needs of families and carers.....	16
Issues identified by service providers – clients’ needs.....	17
Access to services.....	18
Service issues .....	18
Issues for children and young people .....	18
Key issues impacting on families and individuals .....	19
Feedback on existing Streetwize resources .....	19
Experiences of what works in Aboriginal communities .....	20
Table 3. Information needs assessment with Aboriginal communities – Comparative Media.....	23
Distribution channels .....	24
<b>Bibliography</b> .....	<b>25</b>
<b>Appendix 1. Focus groups and interview questions</b> .....	<b>26</b>

# Acknowledgements

The Beyond Consulting team working on the Aboriginal Families and Carers Training (AFACT) project would like to thank members of the Aboriginal communities of Western Sydney, Kempsey, Moree and South-Western Sydney who shared stories. The time and patience they took in explaining the issues and challenges they face has helped us gain a better understanding of the kind of support and information that would make a difference to them. We hope we have been able to represent their wishes and opinions as clearly as they were expressed to us.

We would also like to thank the many Aboriginal and Torres Strait Islander community sector workers, and those representing government agencies, who have generously assisted us to arrange focus groups and other meetings around New South Wales. Their contributions to focus groups, time spent on the phone with us and their assistance in distributing draft reports have been very much appreciated. We hope that the outcomes of the AFACT project, including the resources that will be produced in Stage Two of the project, assist them in their important work with communities.

We would especially like to thank Streetwize artist Stephen McLeod, for his invaluable work during consultations in Kempsey and Moree, and Les Bursill for his willingness to share statistics and his knowledge of the impact of the misuse of drugs and alcohol in New South Wales Aboriginal communities.

Finally, we appreciate the guidance and support of the Project Reference Group and Streetwize Communications during this project.

Suzanne Kenney  
and Fredrick Malone  
Beyond Consulting

# Executive summary

The Aboriginal Families and Carers Training (AFACT) Project has been developed as part of the NSW Health Families and Carers Training (FACT) project in response to the need for a range of services and resources to support families and carers of people who misuse drugs and alcohol. The AFACT and FACT projects are funded under the National Illicit Drug Strategy (NIDS) as components of the New South Wales Government Family Support Project lead by the NSW Department of Community Services (DoCS) and sponsored by the Australian Government Department of Family and Community Services.

Stage One (of Two) of the AFACT Project, undertaken by Streetwise Communications, investigated the information and support needs of families and carers of Aboriginal people with drug or alcohol issues. The second stage involves development of information resources based on the findings of the research.

### Aims of Stage One of the AFACT project

- Plan and undertake research with the target group (Aboriginal carers and families) in NSW.
- Identify key support needs.
- Identify information and education needs.
- Undertake limited market testing of available materials to identify appropriate means of communication.
- Identify appropriate distribution channels.

### Who was consulted?

- More than 130 Aboriginal and Torres Strait Islander people.
- Aboriginal families and carers.
- Specialists in the areas of drug and alcohol prevention and treatment.
- Educators, family support workers and community health workers.

Consultations took place in metropolitan and regional NSW. The needs assessment research was undertaken in the form of focus groups and one-on-one interviews.

### Key findings

- The misuse of drugs and alcohol by family members affects Aboriginal people of all ages.
- Carers are a diverse group of people in terms of age and gender.
- Caring can also be undertaken by more than one individual or a community.
- Support and information needs are consequently also diverse.
- Based on this research and feedback gained on existing resources, the following recommendations are made for Stage Two of the project:
  - current resources need to be redeveloped to make the content and layout more relevant, appropriate, appealing and easy to understand for Aboriginal people
  - information about the effects of drugs and alcohol is required and need to be factual and up-to-date.

- information on support available to the user is required
- information and support available to the carer is also required
- general information on health and safety from violence is required
- new resources in accessible forms should be developed. These could take one or a number of innovative forms including comics, posters, playing cards, radio segments and more.

Resources for children were outside the scope of this project, therefore the focus is on information for young people, adults, the elderly, and those who are recognised as elders in the community.

## **In conclusion**

Through the course of this needs assessment research it has become evident that the experiences and needs of Aboriginal families and carers have to a large extent been undocumented. Beyond Consulting is pleased to have been involved in this important consultation stage of the project and is confident the recommended resources will be relevant, appropriate and appealing to Aboriginal families and carers who are caring for people with drug or alcohol issues.

# Overview of findings

This study indicates that broad and sustained intervention and prevention is needed, including drug and alcohol education programs targeting all age groups from pre-school to older people. This kind of strategy is seen as a way of addressing inter-generational cycles of drug and alcohol use in families and, in part, responds to concerns that current drug and alcohol programs are not sufficiently followed up and reinforced.

It was identified that all families and carers require information to be delivered in ways and formats that assist in supporting kinship ties in Aboriginal communities. Families and carers identified a need for information that is targeted to specific age groups, that:

- is relevant to the interests of different age groups
- caters for people who may not be able to read well, or read at all
- uses local languages/dialects
- is clear and easy to understand
- is relevant to the local Aboriginal community
- is delivered in formats and technologies that are accessible to the particular age group being targeted.

## The need for appropriate information

Feedback from family members, carers and service providers has highlighted the need for existing resources to be specifically targeted to Aboriginal communities. Respondents have identified the need for clear messages that are accessible to people who may have limited literacy abilities.

## Information for service providers

Service providers suggested the AFACT resource include a training package with materials for Aboriginal service providers to use and adapt in addressing specific support and information needs of their clients.

This study has identified that Aboriginal people would like to have more choice of appropriate services whether Aboriginal or non-Aboriginal. They are keen for staff in non-Aboriginal services, including hospitals, to become more aware of cultural issues generally and the specific needs of carers and family members of those who misuse drugs and alcohol in Aboriginal communities. In these circumstances, the resources developed for the AFACT project should also be used as a resource for non-Aboriginal services and workers.

## Support needs of Aboriginal families and carers

It is clear that there are a number of identifiable groups involved in caring for those who misuse drugs and alcohol in Aboriginal families in New South Wales. While the multiple impacts of the misuse of drugs and alcohol belong to the Aboriginal community as a whole (a finding that mirrors the experience of the broader community), respondents identified the following vulnerable groups and points:

- Aboriginal people of all ages are affected by the misuse of drugs and alcohol by loved ones, from very young children to the most senior members of communities.
- a carer may be male or female, a child, a teenager, an adult or an elder.
- the caring role may be taken on by particular individuals (including children) or may be shared within families and communities.
- the issues and needs of family members and carers affected by the misuse of drugs and alcohol by others may be largely undocumented.
- while all Aboriginal families and carers may have similar support needs at times, the support needs of individuals may also be quite different, depending on individual circumstances.
- different groups of family members and carers may access support in different ways.

The specific support needs of Aboriginal families and carers identified in this study are:

### **Support in accessing appropriate information about drugs and alcohol**

The study identified difficulties experienced by Aboriginal families and carers in accessing information to assist them to understand and respond to the issues they are faced with. It is clear that people need:

- access to useful information about drugs and alcohol, particularly for people who are isolated due to their caring role
- ways of accessing the information that will not put the family member or carer at risk of violence or threats of violence.

### **Crisis support**

Support is needed for families and carers in times of crisis and also to assist them make the transition from crisis to stability. The following support needs were identified:

- assistance for victims of family violence, including sexual assault, to ensure personal safety
- access to emergency accommodation
- access to appropriate health and counselling services to address health, emotional, spiritual and other ongoing support needs
- access to emergency financial assistance.

### **Whole of family, whole of community services**

Aboriginal families and carers require advocacy and support in gaining access to services for the whole family, including:

- more access to, and involvement in, rehabilitation services for the user
- access to appropriate post-treatment healing and follow up support for the family and the user
- better access to training, education and other services that assist individuals and families gain skills for living and maintain healthy lifestyles
- better access to support via outreach services, eg family support worker home visits.

### **Legal support**

There is a high level of need for assistance with legal issues for families and carers. In many cases, people are under pressure not to involve the police when other family members are involved in illegal activity. At other times, carers put the needs of the user ahead of their own needs and rights. Family members and carers need:

- access to advice on their legal rights and responsibilities
- appropriate legal assistance when required
- support and advice with custody and child protection matters
- support and assistance in dealings with police
- support when court attendances are required.

### **Interaction with Government agencies**

Carers and family members may need support when their lives are disrupted by the drug and alcohol misuse of others. These affected people may require assistance and support in negotiating with other government agencies. For example offering accommodation to extended family may exceed tenancy arrangements of a carers home and require negotiations with NSW Department of Housing, or offering out of home care for children within the community may involve the Department of Community Services and the carer may need assistance organising Centrelink payments that they may be eligible to receive.

### **Different needs of different groups**

The needs of carers and families are as diverse as the people who have the caring role.

*“Most of these issues impact on the whole family, not just one person using drugs and alcohol, or one carer – when these families try to access mainstream services, they are not adequately supported, because the system isn’t equipped to address whole family issues and needs.”*

Urban service provider comments

*“Traditionally-based support systems need to be re-established and restored.”*

Regional service provider comments

*“Intervention and prevention is needed.”*

*“It is important that resources are not relied on alone. The resources would need to be part of an overall program or strategy. It would need*

*the involvement of community role models, eg Elders should be invited to share their wisdom and knowledge. They can touch the hearts of the kids. Things like question and answer sessions with Elders where they are able to offer advice and guidance would work."*

Regional service provider comments

The main categories of carers, and their identified needs, are:

### **Children and young people**

Children and young people who are carers for those in their family who misuse alcohol and other drugs are particularly vulnerable. Their support needs include:

- Significant adult allies within the extended family who can assist them in finding and receiving the support they need.
- Access to education and other programs that assist children and young people to learn that drug and alcohol misuse is not normal and to reinforce healthy living skills.
- Programs that address such interconnected issues as nutrition, financial difficulties and housing.
- Support in gaining access to health and other professionals to assist children who are the victims of family and sexual violence.
- Respite and other support, including assistance to remain at school. These could include home-based mentoring, tutoring support, assistance to maintain sporting and other interests outside the home and opportunities to take part in social and cultural activities that give children and young people time to relax and enjoy the company of their peers.
- Access to positive role models, through mentoring and 'uncle programs'.
- Assistance and support for young people who wish to break the generational cycle of problems associated with drug and alcohol misuse in families.

### **Senior members of communities**

The support needs of elderly members of the community, including Elders and grandparents involved in raising the children of family members who misuse drugs and alcohol, were identified as:

- Assistance and support for victims of violence.
- Advice and assistance in dealing with government departments.
- Financial assistance.

- Support to maintain connections with families and communities, including assistance with transport to attend groups and activities.
- Education.

### **Men**

The need to support men in their role of carer when other family members misuse drugs and alcohol was identified in this study. The specific kinds of support men need includes:

- Acknowledgment and recognition by service providers of men's roles as carers.
- Assistance in accessing support available for the children and other family members they are caring for.
- Respite when needed, including out-of-hours respite.
- Assistance and support for men who are victims of family and other violence.
- Access to appropriate short-, medium- and long-term accommodation, particularly on exiting rehabilitation programs.
- Support to access men's groups and other services.
- Education.

### **Women**

The particular vulnerability of women carers who become isolated from the support of extended family and community was identified. Women placed in housing in unfamiliar suburbs and locations were identified as being particularly at risk. The identified needs of women were:

- Support to provide drug and alcohol education to their children in culturally appropriate ways, and with the support of family and community.
- Advocacy support to assist women to gain suitable housing in locations that ensure they can maintain connections with their family and community.
- Respite support.
- Access to programs and other support for their children.
- Assistance with transport, including out-of-hour transport.

# Recommendations

## Format

A range of formats and products are needed to adequately address the different interests and preferences of the generations and age groups of carers.

The research revealed that the following communication media are appropriate<sup>1</sup>:

- print based media, including magazines, posters, pamphlets and other resources that are identifiable through project logo, theme, design or similar, which can provide families and carers with easily accessible information and basic messages via a range of products (eg fridge magnets, caps, rulers, cups etc)
- radio, including scripted community service announcements that can be adapted from print media text with information specific to particular communities. Information that can be adapted for local radio plays, radio panel discussions, etc was also identified
- music/performance, including a catchy song or tune that is picked up as the theme for the project
- television/video

- web-based resources
- audio-tapes
- training resources/package.

Consultations indicate resources need to be specifically targeted to Aboriginal communities. There is a need for clear messages that are accessible to people who may have limited literacy.

## Scope of interventions

The needs assessment research revealed the need for broad and sustained intervention and prevention strategies to assist in delivering information to Aboriginal families and carers.

## Resources

The research revealed a need for Aboriginal communities to be adequately resourced to enable individuals and communities to care for people who misuse drugs and alcohol. Examples of these resources are listed in order of priority:

<p>Up-to-date, factual information</p>	<ul style="list-style-type: none"> <li>■ different drug groups including alcohol and tobacco</li> <li>■ different methods of use and effects of mixing</li> <li>■ drug interactions</li> <li>■ drug, set and setting</li> <li>■ awareness of changes from recreational to dependent use and impact on the user and family</li> <li>■ mental health issues</li> </ul> <p><i>“One of the hardest things for [mothers] to understand is what is happening to their child, why they are using and what makes them do it.”</i></p> <p style="text-align: right;">Regional community member comment</p> <p><i>“What is needed is information about what happens to the person with the drug or alcohol problem so [family members] can understand better.”</i></p> <p style="text-align: right;">Regional community member comment</p>
<p>Impact of drugs and alcohol on Aboriginal communities</p>	<ul style="list-style-type: none"> <li>■ impacts of drug and alcohol misuse including comparisons with wider community</li> <li>■ impact on family of dangers in normalisation of drug and alcohol use</li> <li>■ impacts on all generations, from children to the elderly</li> </ul>

<sup>1</sup> See Table 3, Information needs of Aboriginal communities – comparative media, pp ???.

Treatment options	<ul style="list-style-type: none"> <li>■ harm minimisation and harm reduction</li> <li>■ information on 'stages of change' model, including relapse possibilities</li> <li>■ detoxification and other treatment options and how they work for particular substance dependencies</li> <li>■ where can the user get support to enter treatment?</li> <li>■ how can families and carers support users?</li> </ul> <p><i>"There is a high awareness, but in terms of accessibility of ways and means to make a change, they are very low."</i></p> <p style="text-align: right;">Urban service provider comment</p>
Information on support options for families and carers of users who are not yet ready to undergo treatment	<ul style="list-style-type: none"> <li>■ support for families and carers who are not sure what they can do about the drug and alcohol misuse of others</li> <li>■ skills development on setting/negotiating boundaries of acceptable behaviour with the user</li> <li>■ can this kind of support be accessed through outreach services?</li> <li>■ description of Al-Anon and Nar-Anon and appropriateness and contact details of support agencies</li> </ul>
Information on support options for families and carers of users undergoing treatment	<ul style="list-style-type: none"> <li>■ how and where to get support</li> <li>■ potential issues</li> <li>■ sustaining themselves if the user relapses</li> <li>■ information on recovery process</li> <li>■ wide access</li> <li>■ access to respite services</li> </ul>
Information about self-care for families and carers	<ul style="list-style-type: none"> <li>■ importance of self-care</li> <li>■ how to get support</li> <li>■ locations, contact details and meeting times for support groups</li> <li>■ ideas for taking time out for yourself</li> <li>■ support groups with other carers</li> </ul>
Information about coping skills and strategies for families and carers	<ul style="list-style-type: none"> <li>■ recognising unhealthy coping skills</li> <li>■ letting go of the 'shame and blame' game</li> <li>■ avoiding getting caught up in the 'craziness of the user'</li> <li>■ developing healthy coping skills</li> </ul>
Information about strategies for handling yourself around alcohol or drug affected people	<ul style="list-style-type: none"> <li>■ how to develop your own strategies</li> <li>■ dialogue</li> <li>■ how to discuss issues about users' difficult behaviour</li> <li>■ how to ensure safety of the carer and the user</li> <li>■ decisions about involving police and other authorities – how and where can you get support</li> </ul>
Information about what to do in emergencies	<ul style="list-style-type: none"> <li>■ service telephone numbers</li> <li>■ emergency assistance for overdose</li> <li>■ when to call the ambulance</li> </ul> <p><i>"Education needs to come in on different levels and pick up on technologies that people are using, and on their experience."</i></p> <p style="text-align: right;">Regional service provider comment</p>
Crisis support information	<ul style="list-style-type: none"> <li>■ emergency accommodation contact numbers</li> <li>■ emergency safety procedures</li> <li>■ dealing with issue of carer or other person being threatened by the user's behaviour</li> </ul>
Post-treatment healing and other follow up information	<ul style="list-style-type: none"> <li>■ accessing healing and other follow up support</li> <li>■ how families can be more involved</li> </ul>

Support group information	<ul style="list-style-type: none"> <li>■ Aboriginal support groups available</li> <li>■ transport</li> </ul>
Information about family support services	<ul style="list-style-type: none"> <li>■ will a family support worker come to your home?</li> <li>■ what sort of help and support can they give you?</li> <li>■ how do you contact them?</li> <li>■ what non-Aboriginal family support services are available and how do you access them?</li> </ul>
Legal information	<ul style="list-style-type: none"> <li>■ where can you get information about legal issues?</li> <li>■ what are your legal rights and responsibilities?</li> <li>■ does your local community legal centre have an Aboriginal worker?</li> <li>■ do they do outreach work?</li> <li>■ can they support you when you are finding it hard to deal with your partner's illegal drug use, etc?</li> <li>■ court support</li> <li>■ breaching of an AVO and you need support to talk to the police?</li> </ul>
Advocacy support information	<ul style="list-style-type: none"> <li>■ interacting with government agencies</li> <li>■ housing advice and tenancy rights</li> <li>■ welfare rights advice</li> </ul>
Information needs of children and young people who are carers	<ul style="list-style-type: none"> <li>■ rights of young people and children</li> <li>■ victims of violence</li> <li>■ what is sexual assault and what can you do if it happens to you?</li> <li>■ support and help available</li> <li>■ Kids' Helpline and other services</li> <li>■ crisis intervention with friends</li> </ul>
Information needs of elderly	<ul style="list-style-type: none"> <li>■ victims of violence</li> <li>■ where you can get assistance if you are caring for children</li> <li>■ financial assistance</li> <li>■ details of support groups</li> <li>■ coping skills and strategies</li> </ul>
Information needs of men	<ul style="list-style-type: none"> <li>■ where can you get help and assistance to help you care for your family?</li> <li>■ men's groups – contact details</li> <li>■ parenting skills</li> <li>■ financial assistance</li> <li>■ diversionary activities for children</li> <li>■ housing advice</li> <li>■ men's programmes – radio, etc</li> </ul>
Information needs of women	<ul style="list-style-type: none"> <li>■ culturally appropriate education about drugs and alcohol for women and their children</li> <li>■ support/Information groups</li> <li>■ educational resources</li> <li>■ transport to access family support</li> <li>■ housing advice</li> </ul>
General Information needs of the Aboriginal community	<ul style="list-style-type: none"> <li>■ strategies for supporting Aboriginal children and young people to learn about drugs and alcohol in culturally appropriate ways</li> <li>■ role of parents and elderly, including elders, in educating about drugs and alcohol</li> <li>■ Aboriginal community involvement in schools and other drug and alcohol education programs</li> </ul>

From the findings of the research and testing of existing formats for communication materials, Streetwize Communications makes the following recommendations. The AFACT Information package should include:

- The design of a family group featuring young people, men, women, elderly and elders as family members or carers. The group would be a recognisable brand appearing on all resources. The family group would provide information from the perspectives of different family members allowing the information to be accessible to a range of different target groups. The family group would be illustrated in scenarios, depicting typical situations and reinforcing key messages. Individual family members would be narrators of appropriate sections of the resource.
- A 12-page magazine style information resource utilising the characterisation and style of the existing Getting on Track resource (Streetwize, 2003). The resource would feature a combination of information panels and scenarios addressing the issues faced by family members/carers, what they do, how they get help, what happens when someone joins a support group, contact numbers, etc. The magazine would feature the information recommended in the content section which would be adapted from the FACT resource.
- Reinforcement of key messages and contacts through posters and the development of a pack of cards based on the existing sexual health playing cards Play Your Cards Right resource (SWSAHS & Streetwize Communications, 2004).
- Scenarios from the magazine recorded for radio segments. The segment could include three minute scenarios followed by information and advice. Streetwize recommends the development of segments which would feature scenarios, information and advice and contact numbers. Music could also be added to the segment incorporating songs written by young people. The segments would be distributed to mainstream and Aboriginal community radio to be used as a precursor to an interview and possibly talk back. Streetwize has developed similar campaigns in regional and rural areas which have received positive feedback from follow up with service providers.
- The development of a training kit for service providers. The kit would include the other resources for use with families and carers. The kit would provide background information adapted from the FACT resource with information on how to use the

materials with individuals and groups, suggestions and ideas for working with different aged carers, fact sheets, contact details of other Aboriginal services and workers who can assist in delivering information sessions, etc. The training kit would be aimed at Aboriginal workers but would also be a useful cross-cultural tool for non-Aboriginal workers when working with Aboriginal clients. The kit would ideally be in the form of a video illustrating scenarios about issues facing different groups/ages of families and carers.

- Source or commission a song or songs/music to be used as the AFACT resource theme. A CD/DVD including the song and possibly other materials (eg fact sheets) could be part of the resource.
- With regards to language, the research indicated that resources should:
  - be in plain English to cater for people with low literacy ability
  - avoid unnecessary medical and other jargon
  - include varieties of Aboriginal English and incorporate Aboriginal communication style
  - feature New South Wales Aboriginal languages and dialects to make the resources culturally specific.

### **Recommendations on distribution outlets**

A range of appropriate distribution outlets were identified including generalist Aboriginal organisations as well as specific drug and alcohol services.

The research clearly showed a need to have the information distributed to non-Aboriginal organisations to be accessible to Aboriginal families who may be more inclined to access these services due to concerns regarding confidentiality in Aboriginal services. Distribution to more mainstream services would also provide non-Aboriginal workers with a resource they can use with Aboriginal clients.

Non-traditional distribution outlets were suggested such as sporting events, having resources at Aboriginal events during NAIDOC week, Youth week, Elders week and Reconciliation week to reach the broader Aboriginal community. Another strategy raised was linking to Indigenous media ie Koori Mail, Vibe magazine, etc. Specific recommendations are as follows:

- Magazines should be distributed free to all existing Streetwize distribution points as well as others identified in this study.

- Consideration given to distributing magazine by mail to clients of particular services, accompanied by invitation to call to arrange family support worker visit, to join a support group, etc.
- Poster to be distributed widely to Aboriginal and non-Aboriginal services throughout New South Wales, including schools, youth centres and doctors surgeries.
- Training resource to be distributed widely at points identified in this study, and via training sessions for service providers throughout New South Wales.
- Other resources to be distributed via service providers, and for service providers to be involved in activities utilising materials, etc at organised annual events including NAIDOC week, football knockouts, CrocFest in Moree, etc.

## Recommended information package options

### *Option 1*

- The design of a family group featuring young people, men, women, elderly people and Elders as family members or carers. The group would be a recognisable brand appearing on all resources.
- A 16-page magazine style information resource incorporating traditional Aboriginal design with illustrated scenarios addressing the key information needs. The resource would be printed and adapted into an interactive format for use on websites, cd rom and floppy disk.
- Scenarios recorded for radio and distributed to mainstream and Aboriginal community radio.
- The development of a training kit/folder for service providers. The kit would include all resources for use with families and carers, as well as background information and tips on how to use the materials with individuals and groups, suggestions and ideas on working with different aged carers, fact sheets, contact details of other Aboriginal services and workers who can assist in delivering information sessions, etc.
- 6 x Training-the-Trainer sessions to demonstrate how the kit can be used and discuss support issues.

### *Option 2*

- The design of a family group featuring young people, men, women, elderly people and Elders as family members or carers. The group would be a recognisable brand appearing on all resources.
- A 12–16 page magazine style information resource incorporating traditional Aboriginal design with illustrated scenarios addressing the key information needs. The resource would be printed and adapted into an interactive format for use on websites, cd rom and floppy disk.
- Reinforcement of key messages and contacts through the development of a pack of cards based on the existing sexual health playing cards Play Your Cards Right resource (SWSAHS & Streetwise Communications, 2004).
- Full colour posters depicting the main characters and scenarios, promoting the resource but also providing information on coping strategies and contact numbers.
- Source or commission a song or songs/music to be used as the AFACT resource theme. A CD/DVD including the song and possibly other materials (eg fact sheets) could be part of the resource.

## Details on research

### Context of the research

In recent decades Aboriginal and Torres Strait Islander disadvantage in Australia has been increasingly addressed at policy level by state and federal governments. However, feedback provided by Aboriginal people on projects such as the current AFACT project suggests the full and potential benefits of government policies are not always experienced on – the ground. Consultations conducted for this project provide further anecdotal information to add to the growing body of evidence (eg Jonas, 2002) of a need for more adequate levels of government engagement and support to enable Aboriginal people and communities to address their own issues in sustained and sustainable ways.

Drug misuse can be characterised as “one of a number of behaviours that can be influenced by a range of factors in the economic, social and cultural environments that occur at both the individual and the community level” (ADCA, 2004). NSW Department of Corrective Services and NSW Department of Health statistics discussed by participants in this study indicate that for Aboriginal people, the misuse of drugs and alcohol contributes to a ‘multiplier effect’ in which social and other conditions of families and communities continue to deteriorate at unacceptable rates:

- alcohol is implicated in as much as 90 per cent of contact with the criminal justice system
- anecdotally, marijuana use is endemic in Aboriginal communities
- there is a growth in amphetamines and MDMA use in Aboriginal communities
- incarceration rates are increasing
- in relation to the prison system, the life experiences of Aboriginal offenders are likely to be more extreme and isolating than those of mainstream offenders
- 25 per cent of urban Aboriginal people have a mental health issue, compared with 20 per cent for non-Aboriginal people

- there are higher levels of psychiatric, psychological and health needs in Indigenous communities
- male Aboriginal suicide rates are 80 per cent higher than non-Aboriginal rates (except in jails, where they are lower)
- Aboriginal murder rates are forty times that of the non-Aboriginal population. (Kevin, 2003).

Members of the AFACT Project Reference Group provided comments about the dynamic nature of the field of drug and alcohol policy development, approaches to education, and more. It was noted that it is essential in this complex and changing environment that Aboriginal communities are given answers to their questions about drugs and alcohol in ways they can understand.

### Methodology

The research project was undertaken by Beyond Consulting for Streetwise Communications and overseen by a Project Reference Group consisting of representatives from the following organisations:

- Aboriginal Health and Medical Research Council
- Aboriginal Medical Service Redfern
- Carers NSW
- Centacare
- Family Drug Support
- NSW Department of Community Services
- NSW Department of Health, Centre for Drug and Alcohol.

The Project Reference Group guided the development of key research questions for the project:

- What are the key support needs of families and carers?
- What are the information and education needs of families, carers and communities?
- What are appropriate distribution channels to provide information to families and carers?

- What kinds of resources would best assist people dealing with these issues?

They were used to structure further questions and guide discussions during consultations with agency workers, representatives of government agencies and families and friends of people who have, or who have had, issues with drugs and alcohol. The questions used to guide focus groups and discussions are at Attachment 1 to this report.

### Issues with Project Implementation

There were a number of setbacks/issues in the planned schedule of project implementation which led to revision of the project plan.

- Delays in receiving research approvals and delays from community organisations for cultural, and other reasons, in the early stages of the project meant a revision of the original plan to conduct up to twelve focus groups in specific regional and metropolitan NSW Aboriginal communities prior to the July 2004 school holidays. Visits to the regional centres of Kempsey, Moree, Wellington, Dubbo and Narooma as well as western and central Sydney had been planned.
- Staffing and other resource limitations in Aboriginal organisations in some regional centres affected their ability to assist with coordinating our visits at times, resulting in some visit cancellations or delays. For example, planned visits to more isolated townships of Mungindi, Bogabilla and Toomelah with an outreach worker based in Moree were not possible. Visits to Wellington and Dubbo prior to the July school holidays, and to Narooma during NAIDOC week, were unable to be finalised in time for the completion date of Stage One of the project. Additional community focus groups and meetings with agency workers were conducted towards the end of the project in south-western Sydney, rather than in central Sydney, following requests from Campbelltown-based workers, who sometimes find it difficult to attend meetings in Sydney.

The project consultants believe this has not compromised the project needs assessment and development process. It is recommended that the places that were not visited in the Stage One of the overall project, be included in the feedback of Stage Two.

### Results

The consultants spoke with more than 130 Aboriginal and Torres Strait Islander people in Stage One of the AFACT project, including specialists in the areas of drug and alcohol rehabilitation and education, family support and community health. A small number of the workers we spoke to were not Aboriginal or Torres Strait Islander but worked with Aboriginal communities.

The consultants also met with a wide range of community members, including Elders, men and women, 'older' young people (aged between 17 and 24) and elderly people. Young people under 16 years old were not consulted with as they were outside the brief for the project. Separate focus groups and consultations were generally held for community members and service providers, but workers were also present in a small number of meetings with community members.

The project commenced with a series of three (3) small consultations in western Sydney. The timing of these consultations coincided with Drug and Alcohol Awareness Week (21–25 June 2004). Nine (9) focus groups and/or consultations were then held in regional New South Wales – five (5) in Kempsey (28–29 June 2004) and four (4) in Moree (30 June – 1 July 2004). Summaries of these focus group outcomes were sent to participants: to give them the opportunity to comment further; to confirm the outcomes; and/or to ask for their comments to be changed or deleted. Agency worker participants assisted with the distribution, and in some cases also helped by reading the outcome summaries to community participants.

A further two groups in south western Sydney were consulted on 13 July 2004 (one consisting of community members and the other of service providers). At these meetings, summaries of outcomes of the previous urban and regional consultations were presented to participants. From this, we were able to confirm earlier findings, and to obtain further comments on particular issues and concerns. Additional input was provided by members of Muru Nanga Mai women's group, and Muru Nanga Mai men's group at Campbelltown (26 July 2004).

Focus groups and consultations were held at:

- Junaya for Families, Doonside (western Sydney) (3 female participants)
- PCYC, Emerton (western Sydney) (2 female, 1 male participant)
- Hebersham Aboriginal Youth Services, Hebersham (western Sydney) (3 female participants)
- Durri Aboriginal Medical Service, Kempsey (regional New South Wales) (2 female, 3 male participants)
- Belong's Haven Drug & Alcohol Rehabilitation Service, Kempsey (2 female, 2 male participants)
- Various private residences, Kempsey (3) (6 female, 9 male participants)
- Courallie High School, Moree (regional New South Wales) (5 female, 4 male participants)
- Pius X Aboriginal Corporation, Moree (2) (15 female, 12 male participants)
- Youth Centre, Moree (2 male participants)
- Gandangara Local Aboriginal Land Council, Liverpool (2) (south-western Sydney) (11 female, 4 male participants).

Additional meetings and telephone consultations were held with eight (8) Aboriginal agency workers in metropolitan Sydney.

Service providers representing a range of agencies in both urban and rural centres contributed to this study, including the following:

- Belong's Haven Drug and Alcohol Rehabilitation Centre, Kempsey

- Byamee Homeless Persons' Support Service, Moree
- Dhuuluu Yalla Fella Men's Group, Miller
- Drug and Alcohol Women's Network (DAWN), Campbelltown
- Durri Aboriginal Medical Service, Kempsey
- Gandangara Local Aboriginal Land Council, Liverpool
- Hebersham Aboriginal Youth Services, Hebersham
- Junaya for Families, Doonside
- Kamilaroi Family Violence Prevention Service, Moree
- Marrin Weejali Aboriginal Drug and Alcohol Service, Emerton
- Moree Community Drug Action Team
- Moree Family Support Service
- Moree Youth Homelessness Project
- Muru Nanga Mai men's group, Campbelltown
- Muru Nanga Mai women's group, Campbelltown
- NSW Department of Community Services
- NSW Department of Corrective Services
- NSW Department of Education and Training
- NSW Department of Housing
- New England Area Health Service, Aboriginal Health Team
- Pius X Aboriginal Corporation, Moree
- South Moree Residents' Council
- Wentworth Area Health Service, Penrith
- Yura Yulang Community Drug Action Team (Campbelltown).

Table 1. Composition of groups

Gender	Total	Location	Total	Age	Total
Male	61	Regional	62	16–19	22
Female	71	Urban	70	20–30	22
				over 30	88
Total male and female	132	Total regional and urban	132	Total in all age groups	132

Respondents included all age groups as detailed above, except for children under 16 years. Members of families who are currently, or have been, caring for children of other users of alcohol and other drugs in their own families and/or communities were well represented. The age of carers in focus groups varied from late teens to late sixties, with more than half of the participants aged over thirty (30) years. A small number of foster carers of children whose families are affected by drug and alcohol misuse were also spoken with. A small number of people currently in rehabilitation programs also contributed to the study.

Agency workers included Aboriginal people who work in Aboriginal community organisations involved in a wide range of programs supporting individuals and families (for age groups from young children to elders). Workers in government agencies included those whose programs are intended to address drug and alcohol and other issues in Aboriginal communities.

Anecdotal evidence in this study suggests that the issues of Aboriginal families and carers of those who misuse drugs and alcohol may affect high numbers of Aboriginal children. As children were not able to contribute to the study, it is suggested that work in this area is needed to further clarify what their issues and needs are.

# Needs assessment findings

## General Issues identified by families and carers

In the consultations with families and carers, people explained the issues they face in both personal terms and in terms of shared concern about the effects of drugs and alcohol misuse on Aboriginal families and communities:

**Table 2. Issues identified by families and carers**

Personal issues	Family/community issues
Stress	Assaults, including sexual assaults
Fear	Verbal and physical arguments
Lack of support	Property damage
Destruction and destructive emotions	Financial pressures
Anxiety and depression	Stealing and other crimes
Self harm by carers	Family breakdown
Use of prescription drugs	Separation and divorce
Suicide	Worries in the family
Loss of childhood	Pressure from family if you try to get help
Rebelliousness	Violence in families
Schooling affected	Kids think its normal to use alcohol and drugs
Carers take up drugs and drinking	Violence against elders
No-one around to go home to	Mums and dads are alcoholics or users
Hard to keep up with things – the drugs are changing all the time	Children are in foster care because of D&A issues in their families

Although families and carers agreed to answer questions and provide information in the context of this project, they made consistent comments about the high number of short-term projects that come and go in Aboriginal communities. There was strong criticism of one-off projects that are initially successful but are not followed up. An example was given of a project which aimed to promote the use of condoms, and which targeted

Aboriginal communities around Australia in the mid 1990s. This project was agreed by community participants to be popular and highly successful, but they do not consider it to have been implemented in a sufficiently sustained way:

*“Whatever happened to Condoman?”*

Urban-based community member comment

There was general concern about the inadequate services available to Aboriginal people and communities and a perception that government departments are failing Aboriginal communities. Disappointment was also expressed that community needs are compromised when Aboriginal workers fight amongst themselves.

*“There’s too much bickering. The community needs to support each other, and they need the workers to support them, not fight amongst themselves.”*

Regional-based community member comment

All respondents were very clear in linking the lack of services with the extent of the issues being faced by families and carers of people misusing drugs and alcohol. The lack of services for young people and men were of particular concern. Specifically, the following services were identified as ones people would like to see delivered, or improved upon:

- hostels and safe houses where people can go if they are affected by alcohol and other drugs and other addictions such as gambling
- refuges for men
- better understanding and acceptance of Aboriginal people and their issues in non-Aboriginal services
- regular and sustained drug and alcohol programs in schools, including pre-schools. In recognition of the extent of effects on children and young people, it was suggested that school-based programs should be run weekly
- more access to literacy and numeracy courses
- access to more relevant training courses – more variety in TAFE and other vocational courses, particularly in regional areas

- a structured environment with free activities for young people – like a PCYC as families and carers often cannot afford to pay even small amounts for membership and activities.

*“We need a place where we can provide things for kids like music, performing arts, painting, cultural programs where we can take the kids to the bush, and living skills and other things for young men as well. The PCYC has things, but it costs \$10 per child for membership and \$5 per program. If the kids’ parents don’t give them any money or all the money is spent on grog or drugs, the kids miss out.”*

Moree community member comment

## Barriers to families and carers accessing information and support

Common themes emerged when people were asked to talk about the specific barriers that prevent families and carers accessing information and support.

Barriers were across the spectrum of personal, cultural and structural. The most frequently identified barrier was the fear of confidentiality being breached when Aboriginal services are used.

*“We wouldn’t ask for help. A lot keep it in the family. Where counsellors are located, everyone knows what you’re going there for, and there’s stigma and shame.”*

Urban-based community member comment

*“Some go to the Aboriginal D&A services at the hospital, BUT there is a big fear of backlash from the family and the community if you go somewhere visible like this. Fear of people talking and people knowing.”*

Regional service provider comment

*“In many families there is shame, and fear of confidentiality being breached if you go and speak to someone in a service about the problems you are facing – so parents don’t speak to anyone to get support.”*

Regional service provider comment

Other barriers included:

- isolation
- fear and shame
- fear of stigma and/or violence
- lack of money
- lack of transport

- difficulty in finding information when you need it, especially in times of crisis
- denial to yourself that you are experiencing difficulties
- inability to access information and support services in a more private setting
- inability to act due to anxiety, depression and/or other personal problems.

*“People cover up for one another: No dobbin’; Take the blame.”*

Regional-based community member comment

## Support needs of families and carers

Families and carers identified the following support needs:

- increased use of whole-of-family services
- counselling services provided by Aboriginal four year qualified counsellors (male and female)
- a toll free number for support, particularly for help in a crisis
- outreach services to cater for family members and carers who are too embarrassed or otherwise unable to access services more directly
- more places and longer programs in Aboriginal rehabilitation centres
- more support and involvement for families while family members are completing rehabilitation programs – including sessions where family members can sit in with users and listen. It was thought that direct involvement with user support programs would help families understand the experiences of their loved ones who are battling with drug and alcohol dependency
- better follow up support for both users and families after rehabilitation programs have been completed
- assistance for families who wish to teach their children about drug and alcohol issues in culturally appropriate ways.

*“It would be good for them to go to sessions with users who are in rehab and listen to the kinds of things they say. This will help them understand.”*

Regional-based community member comment

*“Instead of just supporting the person using the drugs or the alcohol, the whole family should be helped.”*

*“Even Roy Thorn [rehabilitation centre] – they can only go there for three months and then they’re back*

*on the rivers drinking. There's nowhere to go after."*

*"There aren't any 4-year qualified Aboriginal counsellors here."*

Regional-based community member comments

## **Issues identified by service providers – clients' needs**

Service providers specifically identified the limited culturally specific and culturally aware counselling and support services available to Aboriginal people. In addition, providers saw the need for more advocacy services to address the continuing high levels of racism experienced by Aboriginal people. A particular identified need was advocacy for equal access to mainstream services. It was also strongly emphasised that apart from these needs there was an overall inadequacy of infrastructure and services available to Aboriginal communities.

Staff of both Aboriginal and non-Aboriginal government and community-based services expressed frustration at the lack of resources to enable them to support Aboriginal communities to achieve individual and community objectives. What was identified as particularly lacking was support to develop and implement programs that communities perceive to be successful, including overnight and cultural camps for children who are affected by the drug and alcohol misuse of family members. A further difficulty identified was the lack of coordinated follow up to ensure drug and alcohol education materials currently available in communities are accessible and utilised by Aboriginal families, carers and others.

*"Where Aboriginal staff are not able to access adequate resources, the Aboriginal community is short-changed."*

*"Workers understand the intergenerational impacts of alcohol use in our communities. We need assistance to get the message out there to others in the community."*

*"There is a need for models of 'self-enabling' programs and funding to develop our own self-enabling programs that can be delivered to members of the Aboriginal community affected by this issue to assist them to take control of their own situation."*

Urban service provider comments

*"There needs to be more programs like the successful arts and crafts programs we have where people dealing with drug and alcohol in their families can explore their issues and express their feelings through silk painting and other art work."*

*"Healthy programs like the beach runs that have been organised by community members are helpful."*

*"We need to organise more cultural programs where kids can be taken on camps and given ownership of their culture again."*

*"There is nothing here for men and youth. There needs to be more youth specific training."*

*"Resources need to be part of an overall program where there is follow-up, not just a one-off."*

Regional service provider comments

*"Materials and education are out there in the community, but where's the follow-up support?"*

*"There are not enough workers out there in the community to meet people's needs and refer them on."*

*"Service providers in this community are heavily involved in working towards establishing and maintaining partnerships between Aboriginal organisations themselves, and between these organisations and the wider community. We are also involved in capacity building, promoting jobs and other employment opportunities, and in developing enterprise opportunities for our local community, as well as crime prevention, healing, education, TAFE initiatives, extending existing services such as the medical and other outreach services relied on by Moree and outlying communities. We need more practical and effective support to assist us to support our communities to achieve their own objectives."*

*"We need more support to develop and implement the programs we know will work."*

*"As the aim of many service providers is to be there for kids and others in their community who rely on them for support, they need effective resources to help to continue to develop and implement programs."*

*"It shouldn't be just a one-off, but any resources produced need to be part of a repetitive, ongoing education and support process."*

Regional service provider comments

## Access to services

Service providers raised the following issues they perceive impact on their clients ability to access support services:

- institutionalised racism in many mainstream services
- limited availability and/or lack of adequate housing and emergency housing
- concerns about client confidentiality in Aboriginal services
- limited availability of outreach services, particularly for Aboriginal people who live outside main centres
- lack of public transport
- limited means to access private transport and high numbers of Aboriginal people without drivers' licences
- limitations of community based transport services
- difficulty keeping appointments when family issues arise
- lack of respite for carers, particularly for people who do not identify themselves as carers.

*"There needs to be alternatives in place that are healthy, safe and well-organised, and that are open all hours (24 hours, 7 days a week), and with transport available to get people to and from the service."*

*"In this community, most services are not available for outlying, smaller communities, where there is very little available. So transport needs to be provided to help families from these areas to access town-based centres for families. This transport needs to be more than a bus that is operated 9-5, 5 days a week, because families regularly experience crises outside working hours."*

Urban service provider comments

*"We need a safe place where kids can go – an escape, a safe place when the crisis is actually happening (ie needs to be available out of hours)."*

Regional service provider comments

## Service issues

The service gaps identified by providers corresponded with the issues they identified as facing community members and families:

- the lack of flexibility in mainstream programs and service provision to cater to the needs of the Aboriginal community
- limited numbers of Aboriginal workers employed in service provision
- too few services
- client confidentiality.

## Issues for children and young people

Specific issues were identified for children and young people as family members or carers of someone with a drug misuse issue:

- lack of empowerment for children and young people
- lack of support from families
- impacts on young people's lives from growing up in homes where drug and alcohol misuse have become 'normalised'
- impacts on children and young people of acquiring criminal records because of family and peer pressure to become involved in drug cultures and other illegal activities
- health impacts on young people's lives, including anger, depression, HIV
- impacts of intergenerational social issues linked to generations of alcohol and other drugs misuse, on young people wanting to complete their schooling, to find employment, and to otherwise achieve their potential
- the lack of positive role models in young people's lives.

*"A lot of kids used to score for parents and they became runners when there were police raids – loaded up with the gear, the money and the paraphernalia. Some acquired criminal records in this way."*

Urban service provider comments

*"Children also experience feelings of abandonment and helplessness. They have to become carers for themselves and others. They become the parent."*

*"There is a lack of good parenting models. They're lost."*

*“More empowerment of young people is needed.  
They need help learning ways of coping,  
including knowing where to go, what to do  
when things get difficult at home.”*

Regional service provider comments

## Key issues impacting on families and individuals

Participants expressed deep distress at the continuing and unacceptable levels of violence in Aboriginal communities, which they related (in part) to drug and alcohol misuse. The high rate of family violence, including sexual assault, was of particular concern. Specific related issues identified included:

- health problems, including mental illness
- financial problems, including poverty in families
- loss of spiritual connections within families
- neglect of children and other family members
- transience, homelessness and other difficulties with housing
- problems gaining and retaining employment
- criminalisation associated with drug and alcohol misuse.

## Impact of multidimensional problems

- an intersection of drugs and alcohol misuse, sexual health and mental health disorders in Aboriginal communities
- impacts on the mental, physical, social and emotional health of individuals, families and whole communities
- impact of grief and loss
- effects of long-term incarceration on individuals and families
- lack of services for Aboriginal men contributing to family breakdown
- family breakdown leading to fragmentation of communities
- difficulties with trust and cooperation
- isolation and segregation
- depression, lack of self confidence and despondency from experiencing racism
- older people, including frail aged, under pressure to undertake parenting without financial support
- chronic crisis

- limited opportunities for community development
- problems in Aboriginal communities, including resentment between people and organisations.

## Violence related

- high incidence of sexual abuse, including abuse which is unacknowledged
- physical, mental and emotional abuse
- family violence and violence against the elderly.

## Lack of education and training outcomes

- chronic school attendance issues for children
- early school leaving, with many Aboriginal children not completing primary education
- low levels of literacy and numeracy across communities
- diminished opportunities for children and young people to reach their full potential
- limited further education, training and employment outcomes.

## Feedback on existing Streetwise resources

- while it was agreed that colourful comic style formats appeal to children and young people, a significant number of “key community members” and other group members expressed concern that the seriousness of the subject matter of the AFACT project is at risk of being trivialised if it is presented in comic style format
- respondents preferred the characterisation and style of the *Getting on Track* comic (Streetwise, June 2003) which they believe could be incorporated successfully into a magazine format appealing to the different family and carer group identified in this study, including older people
- it was recommended that a set of playing cards similar to the existing Streetwise – Play your cards right resource could be developed for elderly members of the community with key messages such as coping strategies.

## Feedback on existing families and carers training resources

The existing FACT Families and Carers resources (workers’ kit and families and carers’ booklet) were tested with service providers in western Sydney, Kempsey, Moree and south-western Sydney.

There was an agreement that:

- it is an excellent, high-quality resource, which is very useful for experienced trainers and workers who are confident in adapting materials for use with Aboriginal clients
- the poster is excellent
- its contents should be used as a starting point if a similar AFACT workers'/trainers' kit is to be developed
- materials for an AFACT resource should be simplified– there is too much information on some pages for it to be easily digested
- use of Aboriginal-specific information needs to be included throughout (eg Section 3 – Understanding Families – needs to address the diversity in Aboriginal families; Section 15 needs to refer to Aboriginal drug and alcohol treatment services.)
- the kit refers to fact sheets – there should be a set of accompanying fact sheets for Aboriginal families and carers. The Diabetes Australia model was suggested as an excellent example of how fact sheets can be successfully adapted for use with Aboriginal clients. The colour coding of sections is a good idea.
- sections might be needed for the different generations of carers – children to older people.
- artwork by Aboriginal artist/s could be included in design; or kit could feature Aboriginal children's artwork. A competition could be run to choose artwork and designs for the resource. This strategy was successfully used in the NSW Cancer Council's *No Smoke in Your Face* anti-smoking campaign targeting NSW Central Coast Aboriginal communities.
- supporting resources would be helpful. For example, print media could include scenario-based materials that service providers could pick up and use with families and carers. The kit could come with a video that has segments addressing the information needs of different age groups. The video could be shown to the relevant person/group, followed by activities based on scenarios that could be used to guide discussion.
- a typical scenario that many carers could relate to is when someone comes home drunk. Carers could be supported to develop their own strategies to minimise the risk of escalating violent behaviour, etc. What have you done in the past when this has happened? What thoughts go through your mind? Do you worry he/she will hit you or the children?

Do you get angry? Do you withdraw? Do you leave? Have ways you have reacted in the past contributed to fights or violence escalating? Skills could be practiced through role-plays and other activities to assist the carer explore alternative and healthy coping strategies to assist them in the future.

- the booklet for families and carers is not very 'Koori friendly', but it might be useful to some Aboriginal families and carers. The language is too formal. Some of the information is very good, but it needs to be adapted, taking into account Aboriginal communication styles, possible limited reading skills, etc.

## Experiences of what works in Aboriginal communities

Service providers made many helpful comments about other resources and kits that have been useful in their work with Aboriginal clients and suggested ideas that could be adapted for the AFACT resource.

There have been some very successful programs in recent years providing core training for Aboriginal community organisation staff in domestic violence and sexual assault. Kits produced included videos and a range of other materials that workers could use in their programs. A similar broad approach is needed to address issues of families and carers dealing with drug and alcohol misuse of family members.

Participants reported that in their experiences the following programs worked well:

- Younger children responded very well to art competitions, including those where their designs are used in materials for promotional materials eg Cancer Council's *No Smoke in Your Face* anti-smoking campaign. This project included a short CD with catchy songs that children learned. Winning designs from an art competition were used in an educational kit that included posters, fridge magnets and badges. A4 size art sheets were produced for younger children to colour in. The project was run during NAIDOC week, targeting children and parents. The sheets were laminated and sent home with children after they coloured them in, and were used as placemats. Parents and family members supported children by agreeing to their requests to smoke outside the house, etc).
- *Go Anna Go* was found to be a resource useful for people working with children because it includes

drug and alcohol education messages, such as short stories and poems from a child's perspective, eg *My brother's sad* – the effects of petrol sniffing on the user and siblings; *I can't sleep at night cause the drunks are too noisy*, etc.

- The Indigenous Parenting Program produced a video in segments as part of a training package that was received well by participants. A similar video/DVD could be produced for this project. Workers need resources where they can show groups a segment, have some discussion, show some more/do some activities, etc. Resources that are set out so they can easily be picked up and/or adapted by Aboriginal workers would be useful.
- Participants reported Rap music is popular with young people, including children, teenagers and young adults. Newcastle-based Indigenous rap group, *Local Knowledge*, appear regularly at Drug and Alcohol information events, including Marrin-Weejali's Drug and Alcohol Awareness Week community event at Emerton in June 2004. Their song, *Drunk* was thought to be a good example of a catchy song to include in campaigns seeking to engage young people, including young carers, to help them access drug and alcohol information.
- The *Dharawal Family Matters* (Yuru Yulang CDAT, 2004) format was thought to be a very good model for getting drug and alcohol education messages across in supportive ways, by utilising appropriate Aboriginal communications styles.
- *Chris Comes to the City* (Bursill and Martin, 2003) was also thought to be an example of a highly effective resource that is currently being used in drug and alcohol education programs targeting Aboriginal inmates in NSW detention centres with a wider application for drug and alcohol programs in Aboriginal communities. This is floppy disc-based flash animation comic that enables the user to point and click on particular characters to activate voices and dialogue containing messages of interest.
- The Diabetes Australia website allows workers to access excellent fact sheets and other resources that have been adapted for use with Aboriginal clients from existing resources. Workers report their non-Aboriginal colleagues now prefer to use the Aboriginal resources because of their clear and helpful messages, less boring ways of presenting visual information, etc.

The following information came from families and carers:

- people would be interested in videos with segments for different age groups, or a set of videos for children, men, women, elderly, etc
- local radio is popular in many Aboriginal communities – stories and plays on the radio were suggested, along with relevant announcements and other information to be aired in shows specifically for children, young adults, men, women and older people
- older people would prefer an audio cassette format.

### Visual information resource

A visual resource could be in a magazine or comic style in a narrative format involving an Aboriginal family. The resource would address the issues raised in the needs assessment and include contact pages for further help and information. Additional forms could be in CD size booklet, series of postcards on each issue, or fold out booklet etc.

- Consultations suggest that magazine style is appropriate, and that narrative/s involving Aboriginal family (and/or family or carer groups identified in this study) would be appropriate. The listing of contacts for further help and information is also appropriate. The study has identified the need for additional forms responding to the interests of particular groups – eg deck of cards for older people, gain interest and engagement of young people through catchy song or tune that they can identify with the AFACT project, etc.

### Resource for intermediaries working with the target group

The resource kit would give information for intermediaries working with Aboriginal families and carers on how to use the resource directly with families. This would take the form of an education kit/folder. The kit would provide advice on cultural issues, support needs and how to use the resource as well as provide information on contacts for further advice and support.

- *There was broad support from service providers for a supplementary resource kit for intermediaries to be developed in conjunction with the resource/s targeting families and carers.*

### **Capacity building training session with intermediaries**

From previous Streetwize research with Aboriginal communities, it is recommended that face-to-face sessions with intermediaries be set up to discuss the aims of the kit and provide the opportunity for questions and discussion. This could be undertaken in the areas where the needs assessment had taken place. The approach is supported by respondents, who would like to see it delivered as part of a broad and sustained intervention and prevention strategy.

### **Promotional poster/postcard**

The use of posters and other promotional resources is appropriate. Promotional posters could also be developed for use by intermediaries in contact with Aboriginal families and carers. These could be distributed through Streetwize's database to Aboriginal organisations state-wide to promote the resource and kit.

### **Radio segments broadcast through Indigenous community radio**

Respondents expressed strong support for radio to be used as one of the media for getting the messages of the AFACT project out to the Aboriginal community. They are particularly keen for resources to reflect the interests and aspirations of local communities. Radio enables information to be adapted and made relevant to particular areas and groups. Radio is an effective medium for people with low literacy skills. Should this option be adopted, Streetwize could adapt key messages into scripts. Streetwize has links with Indigenous community radio stations around NSW and the segments would be broadcast free as community service announcements.

Table 3. Information needs assessment with Aboriginal communities – Comparative Media

Media	Print media	Radio	Video	Television/ video	Television/ video	Music/ performance	Training/ workshop package
Format	Magazines Posters Pamphlets Deck of cards Fridge magnets, etc	Radio Script	Video	Film	Animation	Songs; theme tune rap music country music, etc	Print, video and other media supported by additional trainers/ workers' resource kit
Language	Can be adapted to local language/ dialect. Requires literacy in language.	Can be adapted from magazine text for different regions and areas Does not require literacy	Can be produced in local language/ dialect Does not require literacy.	Can be produced in local language/ dialect Does not require literacy.	Can be produced in local language/ dialect Adapts easily to different languages.	Can be produced in local language/ dialect Does not require literacy.	Can be adapted for the local area by Indigenous people.
General advantages	Magazine format of the kind suggested here can be adapted to needs of different age/generation groups. Effective for carers and family members with limited literacy skills Can be distributed throughout target groups using established networks. Can use story telling and local information Can be used as teaching aid.	Radio is popular medium. Can enhance text with use of well known local identity, country music, rap music etc. Text can be adapted for different ages/ generations. Can easily achieve repetition of message. Can create a series of scripts to cover a series of messages. Potential for wide audience coverage.	Popular visual media. Can use local identities. Can be used in reception areas – most now have a video playing. Can be used as training and education aid.	Wide exposure. Use of Indigenous actors or personalities enhances effectiveness. No requirement for literacy.	Wide exposure. Use of Indigenous characters enhances effectiveness. No requirement for literacy.	A catchy song or tune will enhance and reinforce messages of the resource throughout the Aboriginal community. Wide exposure, including possibility of the song being picked up in mainstream media, eg radio. Use of Indigenous songwriters, singers and other artists enhances effectiveness	Can extend and build upon information provided in other resources. Can assist to focus attention on particular issues. Can stimulate personal growth and empowerment Can be used in work with individuals and groups
General disadvantages	Some dependence on literacy, but images also tell story.		Use is reliant on active playing by organisation or workers Can get left on the shelf leading to no exposure	Not all individuals or communities have television sets.	Not all individuals or communities have television sets		Success dependent on effective facilitator and whether families and carers can access the training/ sessions.

Adapted from Streetwise Communications/Quiggin (2002) Why Buy More Money Problems? Financial Services Information for Indigenous people in Regional and Remote Areas.

## Distribution channels

Family and community members identified the following as suitable distribution channels for information to families and carers:

- *Koori Mail* and other Indigenous media
- direct mail
- fliers and newsletters
- posters and information at Aboriginal Medical Centres, hospitals and other places where people go
- Aboriginal outreach workers
- family support workers
- local Aboriginal organisations
- programs where elders and respected community members are involved
- local Aboriginal radio programs
- NAIDOC week
- schools and TAFEs
- youth centres.

Service providers identified the following types of distribution points for information for families and carers:

- Aboriginal medical centres
- community houses
- other Aboriginal organisations
- doctors' surgeries
- PCYCs
- other relevant non-Aboriginal services
- schools, including Aboriginal pre-schools
- DoCS and other government departments
- sporting events like knockouts
- Reconciliation Week each year
- Youth Week each year
- Elders' Week each year
- other community events
- Croc Fest (Moree) each year
- Community Drug Action Teams
- NAIDOC week events each year.

## SECTION 6

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# Focus group and interview questions

The team was guided by the flow of the focus group and therefore not all questions were asked in each session.

Separate focus groups were held with service providers and family members and carers. We arranged for appropriate local workers to be available in case participants needed support as a result of speaking to us about their issues.

At the conclusion of each group participants were thanked and informed of the process for the rest of the project's development.

## A. Service provider focus groups/interviews

### *About the project*

- acknowledgement of country and thank-yous to individuals and groups who helped organise meetings
- introductions
- overview of Streetwize projects and hand-outs of previous comics
- project background
- confidentiality and discussion of participants' rights to check drafts

### *Questions*

#### 1. Issues for carers/family members:

- Can you tell us a bit about the service you work in; who are your clients/customers?
- In your position, do you assist community members who are dealing with D&A use of other family members, including children, grandchildren, parents, uncles and aunts, sisters and brothers?
- How does drug and alcohol use of family members/friends impact on the family?
- What are some of their issues?

#### 2. Current levels of knowledge/what do people need to know?

- Where do community members currently go to get information about alcohol and drugs in this community?
- Do you think community members generally have adequate/less than adequate knowledge about alcohol and drug use (and their effects, etc)?
- Do you think they need to know more?
- What kinds of additional information do you think they need?
- What about service providers – do you need more information, training, etc?
- What kinds of things do you need?

#### 3. Existing resources – what works for you/your clients? What else would help?

- Where do you/could you refer people to for information or services if they are affected by the alcohol or drug use of someone close?
- Which services wouldn't you refer people to? Why?
- What kinds of additional services/programs/information do you think would benefit people affected by this issue?

#### 4. Stages

- Are there stages that people affected by this go through that you know of?

#### 5. Cultural issues

- Are there cultural issues that might come up for people affected by this issue?
- For service providers?

#### 6. Coping mechanisms – individuals

- In your experience, what are some of the things people do to cope?

#### 7. Coping mechanisms – families

- What about families? How do they cope?

## 8. Support – who can people turn to?

- What kind of support do you think people affected by this issue need?
- Do you think they are getting the kind of support they need?
- Who/where do they get it from?

## 9. Formal support

- Are there any formal training programs available in your community for families or carers of people who use alcohol or drugs?
- If yes, who delivers it?
- Is it being accessed?
- Is it successful?

## 10. Information – what do people need?

- What kinds of things would service providers like to know?
- What would have been helpful to assist clients dealing with this issue in the past?

## 11. Treatment

- Do service providers have adequate information about treatment options for people with alcohol and drug issues?
- What else do they need to know?

## 12. Legal issues

- Are there any legal issues for service providers who assist carers or family members affected by the alcohol or drug use of someone close?

## 13. Self care for carers or family members affected by drug or alcohol use of someone close

- How do you think people affected are currently caring for themselves?
- What do service providers need to be able to support people in this situation?
- What else could be done for carers/family members to address their support needs?

## 14. Other

- Are there any other suggestions, ideas etc that you think would help families dealing with this issue?

### **Format – Resources**

- [Show/distribute resources; discuss]
- Which of these would be helpful for you or your clients?

- Which format/s (comic, booklet, leaflet, magazine, postcard) do you think works best?
- What would make it better?
- How should it look?
- Are there other ways of informing people about these issues (eg radio) that you think would work?
- What are the places that you/your clients go to access information?
- Where should the product/s from this project be distributed?

## **B. Family/Carer focus groups/interviews**

Explain about the project, as in “A”, above.

### **Information needs**

#### 1. Experience of families/carers

- What’s it like for carers and families when someone close is using alcohol or drugs?
- Can you tell us a little bit about you and your family, eg housing situation, how long in the area etc, and whether there is someone in your family or close to you who uses alcohol or drugs?
- Do you feel comfortable speaking with family, friends, doctor, Aboriginal Health Worker, counsellor, other?
- Which of these would you go to, and what can they do for you?

#### 2. Current levels of knowledge/what do people need to know?

- Do you know much about the drugs (or alcohol) being used?
- Do you need to know more?
- What kinds of things do you feel you need to know about your family member/friend’s alcohol or drug use?
- What other information do you need?

#### 3. Existing resources – what works for you? What else would help?

- Are there any programs (eg a course) that you have been to, or know of, for this sort of thing?
- How did you find out about them?
- Did they/do you think they would provide what you are looking for?

- Would you be interested in doing a course or a training program to help you deal with drug and alcohol use by someone close to you?
- What do you expect these programs (or services) to provide for you?
- What else would be helpful? (eg information, kits, etc)

#### 4. Stages

- Do you feel like there are/have been different stages that you go through?

#### 5. Cultural issues

- Are there cultural issues that have come up for you because of experiencing this issue in your life?

#### 6. Coping mechanisms – individuals

- How has your experience affected you?  
How do you deal with things?
- Are there things you have done to help you handle the situation?
- What sorts of things do you do to help you cope?
- How well do they work?

#### 7. Coping mechanisms – families

- What about other family members?  
How do they cope?

#### 8. Support – who can people turn to?

- Have you spoken to anyone to get support for yourself yet?
- If yes, has it helped? How hard was it to take the first step? If no, are there things preventing you from taking this step?

#### 9. Formal support

- Are there any formal training programs available in your community for families or carers of people who use alcohol or drugs?
- If yes, where are they held? Do they help?
- If a program/training was developed, where would you like to do the training? (which organisation/s?)
- Are there any you wouldn't feel comfortable going to? Why?
- What sorts of things make you unwilling to go to a particular service?

#### 10. Information – what do people need?

- What kinds of things do you think you and others in this situation need to know?
- What/who else would you have liked to help you when this first affected you and your family/friends?
- What advice would you give to others dealing with this kind of thing?

#### 11. Treatment

- Do you know enough about the different kinds of treatment available for people who have drug or alcohol problems?
- How/where could you get this sort of information?
- Is there somewhere you would/wouldn't go to find out?
- Do you need to know more? (What kinds of things?)

#### 12. Legal issues

- What about the legal side of things?
- Are there things you need to know?

#### 13. Self care for carers or family members affected by drug or alcohol use of someone close

- Are there things you are able to do to look after yourself while you are going through this situation?
- What other support do you need?
- What else could be done for carers/family members to help them get the support they need?

#### 15. Other

- Is there anything else you would like to say?

#### **Format – resources**

- What works? What else would work?
- [Show/distribute resources; discuss]
- Which of these would be helpful for you or your family?
- Which of these (comic, booklet, leaflet, magazine, postcard) do you think works best?
- What would make it better?
- How should it look?
- Are there other ways of helping people understand these issues (eg radio) that you think would work?
- What places do you/your family go if you need this kind of information?
- Where should the information produced from this project be available?



