

3RD EDITION /

Our Health Our Way



A publication that provides information, advice and strategies for members of Aboriginal Communities, Aboriginal and Non Aboriginal Support Staff, Case Managers and Clinicians.



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Executive Summary

'On behalf of arbias I proudly present this 3rd edition of Our Health Our Way; a publication that provides information, advice and strategies for members of aboriginal communities, aboriginal and non aboriginal support staff, case managers and clinicians to effectively support aboriginal people who have an acquired brain injury (ABI) and in particular those who acquired their brain injury as a result of alcohol and other substance abuse'.

In the recent 10 years much more has been learned about acquired brain injury and how it affects people, and more importantly how the community and ABI service providers can assist people to live safely and constructively within their local communities.

The information provided in this publication focuses on ABI, the presentations and behaviours of people with a mild, moderate and severe cognitive impairment and importantly what we and the person affected can do about it to improve their life.

The issues faced by people with an ABI, and the causes including the consumption of risk levels of alcohol and other drugs, assault and trauma are the same for people who are non aboriginal as those who are aboriginal. The challenge for services to effectively support aboriginal communities is appreciation and engagement to the cultural sensitivities unique to people with an aboriginal background.

I would like to acknowledge and thank the Victorian Aboriginal Health Service and the Victorian Aboriginal Legal Service for their advice and guidance that ensured the re-draft of this important publication addressed the cultural sensitivities that are traditional to aboriginal people.

I would like to sincerely thank the Hon Mary Wooldridge MP, Minister for Mental Health, Minister for Women's Affairs and Minister for Community Services for officially launching this publication.

John Eyre
CHIEF EXECUTIVE OFFICER

arbias

Our Health Our Way

Aboriginal people know that there are a number of serious health problems that affect their community. They also know that most of these health problems are due to significant changes to their diet and lifestyle since European settlement in Australia.

One serious health issue that most people within the aboriginal communities don't know about is Acquired Brain Injury (ABI). ABI is damage done to the brain sometime after birth. ABI can lead to cognitive impairment which can cause problems with the way we think, problems with memory and the way we behave. ABI can also leave us with physical problems like poor coordination and paralysis.

ABI is not the same as Intellectual Disability, mental illness or dementia; however it can exist at the same time as these other conditions. This is referred to as co-morbidities.

An ABI will affect different people in different ways depending on the part of the brain that is injured, how severe the injury is and the diet, health and well being of the person including their general living conditions.

An ABI can be caused by Head Injury (for example a motor vehicle accident or assault), Alcohol and/or Drug abuse, Stroke, Brain Tumor, Brain infections and/or Lack of Oxygen to the brain (for example overdose of drugs).

ABI and Aboriginal People

Whilst alcohol and drugs weren't traditionally part of the Aboriginal culture, since European settlement a large number of Aboriginal people have engaged in alcohol and drug abuse and subsequently may have an ABI. This doesn't mean all Aboriginal people have alcohol and drug issues nor do they have an ABI, however those who take drugs and consume risk levels of alcohol over time are at very high risk of having an ABI.

The information in this book focuses on Acquired Brain Injury, the cognitive impairments associated with mild, and moderate injury, and importantly provides strategies and advice for support workers, families and carers, case managers and clinicians and Aboriginal people who think they have, or do have a confirmed ABI. This publication also includes an updated list of key Aboriginal services and organisations nationally.

About Acquired Brain Injury



‘What is Acquired Brain Injury?’

‘Acquired Brain Injury (ABI) is the name given to damage done to the brain, which has happened sometime after birth, it is not something we are born with.’

Certain things cause ABI and these are listed below:

01 Head Injury
(car accident, falling over, assault)
The head is hit or forced to move quickly backwards and forwards. The brain may be torn, stretched, cut, bruised or swollen.

02 Stroke
(increased risk for Aboriginal People with diabetes) During a stroke the blood vessels in the brain become blocked or they can burst causing damage to the brain.

03 Infections
(meningitis, hiv)
These viruses can infect and attack brain cells that may lead to brain damage.

04 Tumours
Tumours can cause brain cells to die or they can squash the brain.

05 Lack of Oxygen
(near drowning, drug overdoses)
The brain needs oxygen to function properly – if the oxygen supply is stopped, the brain can be damaged.

For Aboriginal People the main causes of Acquired Brain Injury are heavy drinking and head injuries due to fights and accidents that can happen when we drink. Aboriginal People who have diabetes are also at risk of Acquired Brain Injury because of the chance of having a stroke, especially if they don’t watch their diet.

06 Alcohol
Heavy drinking can damage the brain in a number of ways. Alcohol can kill off the cells in our brains that control our thinking, memory and co-ordination. It can also affect the cells that deal with how we organise, plan, think and learn new skills.

07 Drug Abuse
All drugs, including both prescribed and non prescribed drugs will affect the way the brain works. Some will actually cause injury to it because of what is in the drug and how they are used.

7.0 Marijuana
When smoked over a long period of time places people at risk of having problems with their brain functioning. It may affect a person’s ability to learn new things and to be able to concentrate on what they are doing.

7.1 Inhalants
Inhalants like petrol, glue, and aerosols can cause problems with memory and with the ability to think about complicated situations. These drugs can cause paranoia (thinking someone is out to get you) and psychosis (losing touch with reality or seeing and hearing things). There is also the potential risk of suffocation. This limits how much oxygen gets to the brain. This lack of oxygen can cause permanent injury to the brain. (Chroming of any kind directly destroys brain tissue. It is extremely toxic)

7.2 Heroin
The main risk of injury through the use of heroin comes through overdoses which can interrupt oxygen flowing into the brain. The brain needs a continuous flow of oxygen to function properly. If the lack of oxygen causes the brain functioning to be interrupted, permanent brain damage can occur in as little as 2-4 minutes. This is known as ‘cerebral hypoxia’ or a ‘hypoxic brain injury’.

7.3 Speed
Speed is a type of amphetamine. Some people can become paranoid and psychotic when they use Speed. There is a growing body of research that suggests that long term use of amphetamines could cause psychosis and permanent brain damage.



Drug Abuse Cont..
All drugs and alcohol put people at risk of overdoses, withdrawal and the inherent dangers of being under the influence. Overdoses can be fatal.

They can also cause permanent injury to the brain because when they occur oxygen stops going to the brain. Withdrawal from drugs or alcohol can make you very sick. If you have been drinking significant amounts or using a lot of pills like valium this can cause seizures or fits which can cause brain damage, either by the person hitting their head, or by not getting enough oxygen to the brain. Being under the influence of alcohol or drugs, there is a real risk of getting a head injury through fights and accidents that can happen when you are stoned or drunk. In fact some people who have an Alcohol related brain injury can also suffer from other ABI’s due to these kinds of accidents and fights.

What Acquired Brain Injury can do

ABI can cause problems with the way we think and remember things. It can also affect the way we behave and how we get along with people. The kind of cognitive impairment a person may have because of ABI can be so serious that they may need someone to look after them either in hospital or in a special accommodation home. It can be far less serious so a person may only suffer from memory problems and they try to carry on doing their usual routine. The words used to describe the degree of cognitive impairment a person suffers because of an ABI are- MILD (less serious), MODERATE AND SEVERE (most serious).

ABI can cause physical problems too. It can affect co-ordination, which is the way we control our body’s movement and it can cause paralysis, where there is no movement in parts of the body.

This can happen because of heavy drinking or when a person has had a stroke. How badly a person is affected by ABI will depend on the parts of the brain that is damaged. The brain is made up of different sections and each section controls what the body does. So if the front part of the brain is damaged, we can have problems with our memory and thinking straight. If the back part is damaged we can have problems with the way we walk or our balance.

It is important to note that this cognitive impairment will diminish ones ability to plan, coordinate, problem solve or have insight into ones actions, converseley increase disinhibition, and impulsivity which can bring you in contact with police and the justice system.

The main risk factor for ABI in the Aboriginal community is heavy drinking. As already stated, the effects of heavy drinking can kill off brain cells, and stop the brain getting the necessary vitamins it needs to work properly. The kind of brain injury caused by alcohol use is called Alcohol Related Brain Injury (ARBI).

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About Acquired Brain Injury CONT.



Why is Acquired Brain Injury a disability?

‘This means that an ABI injury will change the way we can do things in our daily life. For example how we hold down a job, look after our family and relate to other people. ABI is sometimes called the “invisible disability”. This is because most of the problems caused by ABI are not as easy to see as those caused by a physical disability. Because of this people who have ABI are sometimes misunderstood and not treated fairly. Aboriginal people need to know more about ABI – how these are diagnosed and the effect, so that proper assistance can be offered to those who have an ABI. We also need to have a good understanding of all the causes of ABI so we can prevent people from getting an ABI in the first places.’



Alcohol Related Brain Injury in the Aboriginal Community.

The main risk factor for ABI in the Aboriginal community is heavy drinking. As already stated, the effects of heavy drinking can kill off brain cells, and stop the brain getting the necessary vitamins it needs to work properly. The kind of brain injury caused by alcohol use is called Alcohol Related Brain Injury (ARBI). ARBI can lead to cognitive impairment. This means it can cause problems with thinking, memory and co-ordination. These problems can be mild, moderate or severe depending on how much the person drinks, how long they have been drinking and whether they are male or female. It can also cause problems with memory, especially short term memory such as remembering things from day to day or week to week. Because of this, people with ARBI will have problems with remembering recent events and learning new information.

ARBI can also cause problems with thinking, planning, organising and solving problems. People with ARBI may have difficulties coping with new ideas and often prefer structure and routine. These kinds of problems are a result of the damage done to the frontal lobe of the brain and can cause further problems with co-ordination, balance, problems with hands feet and legs like numbness, pins and needles and a burning feeling in the area. Confusion and problems with vision are another symptom of ARBI. Aboriginal people with diabetes are also at risk of ABI because of the chance of having a stroke, especially if they don't eat healthily.

About Acquired Brain Injury CONT.



How can you tell if someone has an Acquired Brain Injury?

It is often hard to know whether someone has an ABI, especially if the injury to the brain is mild. The difficulties that are experienced by people who have mild cognitive impairment, such as problems with thinking and memory, can often go unnoticed by the people around them.

Sometimes people who have mild cognitive impairment can cover up their problems especially when they don't have to use their short term memory or problem solving skills. This is why ABI is called 'the invisible disability' because often the person themselves, their family and friends and even health professionals don't have a good understanding of what is really going on.

The following is a list of some of the possible symptoms of ABI.

Some of the physical problems that are caused by ABI can also be confused with symptoms of other illnesses. For example people with ARBI can experience blurred vision, numbness in their hands and feet. These are also symptoms of diabetes. Because of this, a careful assessment needs to be done to decide whether a person has an ABI or some other problem.

01 **Mood Changes**

The person may go from feeling ok to feeling anxious, upset or depressed even in a short space of time.

02 **Behaviour**

The person may be difficult to get along with, they may be suspicious or paranoid (thinking that people are out to get them). They may act inappropriately such as act in ways that don't suit the situation. For example, they may make sexual comments or inappropriate to strangers in the street.

03 **Problems with Communication.**

The person might say the same things or tell the same stories over again. They may also have trouble concentrating on what someone is telling them.

04 **Problems with Short Term Memory.**

The person may forget to pay bills, forget what they need to get at the shops, miss appointments or forget to pick up the kids.

05 **Confabulation.**

This means the person may make up stories about the past, as a way of trying to build some memory of what has happened.

06 **Confusion and Disorientation.**

The person may forget or not know where they are, even if they are at home or in familiar surroundings.

There are, however, many ways a person with an ABI or an ARBI can improve the quality of their life.

Sometimes people who have mild cognitive impairment can cover up their problems especially when they don't have to use their short term memory or problem solving skills. This is why ABI is called 'the invisible disability' because often the person themselves, their family and friends and even health professionals don't have a good understanding of what is really going on.



The best way of finding out if a person has an Acquired Brain Injury (ABI) is for them to have a Neuropsychological Assessment. This is a test to find out what is going on in the brain and tests specific areas of the brain such as memory, attention, concentration, learning, planning and problem solving and the ability to make decisions. The assessment is done by a qualified neuropsychologist.

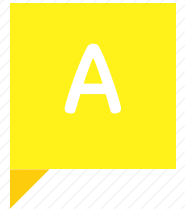
Neuropsychological Assessment

A neuropsychological assessment may be of use to help sort out what is going on for a person;

- The person has a long history of alcohol or drug use or other risk factors
- Family and friends are concerned about the person's change in behaviour, or their ability to remember things
- It is not clear if the person has an ABI or a mental health problem or dementia
- The person has had a stroke that may have resulted in an ABI
- The person has had a head injury

Anyone can fill in the referral form. It is important to ask as many questions as you want answered on the referral. This way, the neuropsychologist can do specific tests to answer your questions better. Some of the common referral questions are:

- Does the person have an ABI?
- What are the person's strengths and weaknesses?
- How is the person's ABI impacting on their ability to make decisions, their memory, their problem solving skills? Is an ABI causing the person to behave in a certain way?
- Strategies for management of everyday cognitive problems (e.g. memory failures, finances)
- Advice for management of people who have challenging behaviours (eg. aggression).
- Advice on how the person's ABI is impacting on behaviours of concern and their criminal activity.



What Happens During a Neuropsychological Assessment?

During the first part, the neuropsychologist will ask questions from the person to get an idea of the person's history, what problems they might be having and some medical details. The next part is when the person is asked to do some tasks that will test their memory, attention, concentration and problem solving. The tasks are remembering lists of words, answering questions, copying diagrams and some basic mathematics. An assessment takes about three hours with breaks in between.

It can be difficult for some of us to go through an assessment like this, especially as it is done by Non-Aboriginal people. Neuropsychologists are usually aware of this and try to make things as easy as possible for people. It could also be helpful for the person who is having an assessment to take someone they trust with them to the appointment.

After the assessment is completed, the neuropsychologist will write up the report that answers the questions asked in the referral. The report will also give details about the person's ABI (if they have one) and how it impacts on the person. The report will give some strategies on how best to support the person. These strategies are helpful to carers and workers as well as for the person. At arbias, there is also the option of having a feedback session after the assessment is done, so that the person can have a chat with the neuropsychologist and is a great opportunity to ask questions about the report.

For more information on places that provide neuropsychological assessments, please see the resource directory at the end of this booklet.

What can you do to help ABI?

Assistance with Problem Solving

The following approach to solving problems and making decisions can be effective for anyone faced with a new challenge or situation - whether they have ABI or not. The best approach to solving a new problem is to follow these procedures using a pen and paper:

1. *State the problem.*
2. *Brainstorm for alternatives - ask friends, case workers, local doctor, and family. Make a list.*
3. *List the advantages and disadvantages of all alternatives.*
4. *Eliminate alternatives that are not viable.*
5. *Choose the solution you think is best.*
6. *Evaluate the outcome. If the problem was solved, give yourself a pat on the back. If the problem was not solved, learn from the mistake and go back to step 3.*

Planning and Organising

Don't put off important jobs. Write a plan. Check it. Then make a start. Try following these guidelines:

- Break down the job into steps; make a list of the things you will need to do and all the equipment you may need.
- Put the steps into order.
- Can you think of any problems that may come up? Ask for another opinion.
- Begin working on the job, one step at a time. Each time you finish a step, tick it off and go on to the next step.

This system can be used to make plans for many different jobs - doing the washing, planning a holiday, shopping, planning a budget, fixing the toilet, or meeting Court order requirements

Asking Others to Help You

Your friend, family, local doctor, counsellor and work colleagues can help by understanding ABI. For example, ask people close to you to repeat instructions, slow down when they are talking, give important information in written form, not rush you.

To help others understand, you could ask them to read this booklet, or other information available on ABI. By Listening, others may also help by providing an ear and letting you talk about difficulties you may be experiencing.

By Acting as Your "Frontal Lobes".

In times of change, stress or complex decision-making where you feel overwhelmed, friends, family and health workers can help guide you calmly through the problem-solving process.

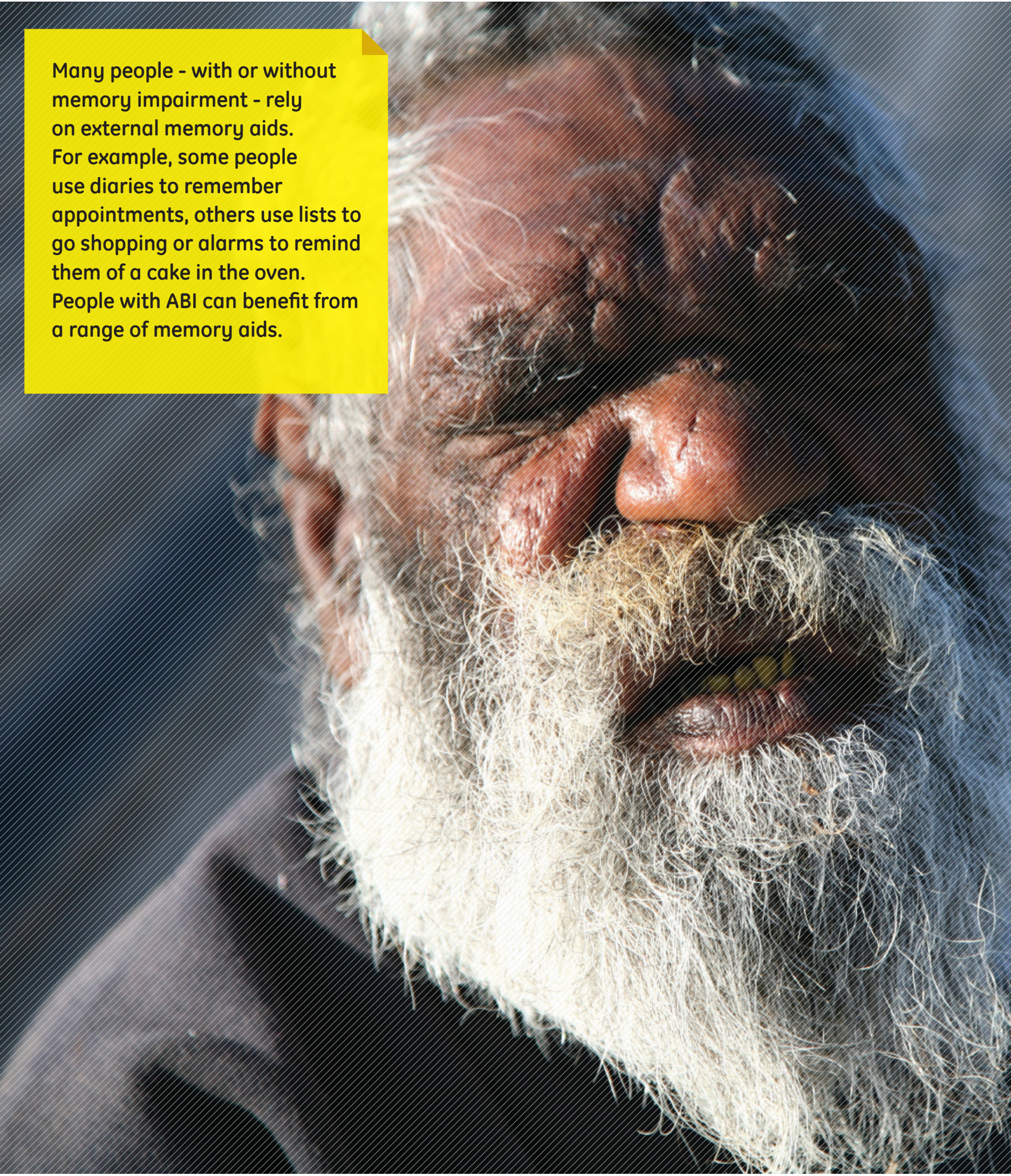
By Giving Feedback.

Close friends and relatives can be helpful by giving open, honest and helpful feedback about your problems. Try asking people you trust to, for example, tell you when you're rushing into things, when you're becoming forgetful, or when you're having problems controlling feelings of anger.

By Prompting You.

You could ask a close friend or family member to help you establish a routine and keep prompting you to follow it until it becomes second nature. You could also ask friends to always ring you on the day of social events or appointments to remind you.





Many people - with or without memory impairment - rely on external memory aids. For example, some people use diaries to remember appointments, others use lists to go shopping or alarms to remind them of a cake in the oven. People with ABI can benefit from a range of memory aids.

What can you do to help ABI? CONT.

Useful Memory Aids

Lists

Shopping lists, lists of errands to run or to-do lists for work or home are a very good way to ensure nothing is forgotten. It can feel very rewarding to cross out items you have completed. While lists are valuable, it is best not to rely on them as your only memory aid. Lists are easily misplaced, lost or accidentally thrown out.

Keeping a diary

A diary is a good solution for people who rely on loose notes they cannot find. Using a diary to record appointments, dates, birthdays, and meetings is an excellent way of jogging your memory. In addition, a diary can act as a planner to list your plans or goals for the day. It can be used as an organiser to help you better manage your time, especially if you have a diary that allows you to write notes for each hour of the day. A useful strategy is to write a list of jobs to be done tomorrow, prioritise them and then note them down in your diary/planner, allowing plenty of time for each chore.

Using a whiteboard

A whiteboard can be used to jot down important reminders, or to display a timetable that organises your day or week. The advantage of a whiteboard is that if it is placed in an obvious position (for example, on the fridge), you probably won't forget to look at it. A whiteboard is extremely useful for families in which a member has ABI (mild, moderate or severe) and can incorporate a roster as well as the usual comings and goings of family members.

Prompts

A useful way to incorporate something new into your routine is to pair what you need to learn or remember with something you never forget. For example, a common complaint of diary users with ABI is that they never remember their diary, and if they do, they forget to look in it. One solution would be to tie the diary to your wallet (or something you are accustomed to having on you) with a rubber band. Another would be to connect it to your cigarette packet, so that every time you have a cigarette you are prompted to look in your diary. New medication can be another easily forgotten necessity. Try placing your medication with something you always remember - your toothbrush or shaving equipment.

Written Prompts

Posters or pictures can be placed in prominent places where you always look - for example, the toilet wall, next to your bathroom mirror, on the inside of the front door or on your bed head.

Alarms

You can use an alarm or a timer (for example, on your watch or clock) to prompt you to look in your diary or consult your timetable. For example, a timer can be set to go off each hour to remind you to look at your diary. Eventually you may be able to stop using the timer when consulting your timetable becomes part of your routine.

Study Techniques

For those people with mild ABI, there are some useful study strategies available to improve your ability to learn and remember information. In many cases, people with ABI will need to be better organised and spend more time studying than they once would have. While study may once have come easy, successful learning may now depend on developing efficient study strategies. You may find that reading over information is not enough to commit it to memory. In many cases, more active approaches to study are necessary. Help is available at universities and colleges to assist you to apply effective study techniques (usually from a disability liaison officer).

One good approach to studying is the **PARST** technique, outlined briefly below.

- ➔ Preview the material.
- ➔ Ask yourself questions about the material.
- ➔ Read the material.
- ➔ State the material, and the answers to your questions.
- ➔ Test yourself.

Another effective way to improve your memory for studying is to organise material so that it is easier to learn and to retrieve. Information to be memorised is best done if organised under headings and in a logical order that is meaningful to you. A useful way to achieve this is to jot down key points that can be used as headings on your first reading of the material. On further readings, you can note down information under the heading, putting the information into your own words so that it is meaningful to you.

What can you do to help ABI? CONT.



Information for Workers

‘It is important that workers have an understanding of what an Acquired Brain Injury (ABI) is, and how it impacts on people’s lives. People with ABI have very specific support needs that are unique to each person’.

The most important thing that workers need to remember when working with people that have an ABI is to focus on the person’s strengths, not their weaknesses. A neuropsychological assessment is one way of getting a detailed picture of what the person’s strengths and challenges are. Workers should take the time to identify what the person is good at and what is important to them as well as be aware of what the person struggles with. Workers can then draw on what the person CAN do, to support them with the things they are struggling with. An example of this would be supporting the person to use a dairy so they don’t forget to keep important appointments. In this example, the person CAN read, write and knows how to use a diary, but they find it difficult to remember appointments.

Person Centred Planning

Person-centred planning is based on supporting the person to focus on their own unique dreams and goals. Person-centred planning puts the person in control of their own life by increasing their participation in the community and building their strengths and skills to be able to live as independently as possible.

Each individual’s circumstances are unique and the person should be encouraged to tell their own story and to articulate what their vision for the future may be. It is important for workers to ensure that the person’s goals and aspirations are documented in a way that is meaningful to them.

The Planning Process

It is important for workers to take a ‘holistic’ approach when working with people with an ABI. This means that as workers, we need to look at what is going on for the person in all areas of their life.

This includes their culture, health, mental health, family, relationships, housing, legal issues etc. Because of this, working with someone who has an ABI may also mean working with other people from a range of health and welfare agencies, both Aboriginal and Non-Aboriginal services. This is called taking a multi-disciplinary approach. It may also involve educating workers from other cultures about people and the Aboriginal culture.

When making a plan of how to help someone who has an ABI, workers need to ask some of the following questions:

- What are the person’s goals and what supports do they need to achieve their goals?
- How does the person view their ABI and it’s impact on their life?
- What does the person enjoy doing?
- What is the person good at and what are they struggling with?
- Are there other services that are involved or need to be involved?

Some Useful Strategies

When someone has an ABI, they may have problems with their memory, how they think, plan and organise things. Because of this, it is important that workers don’t add to the confusion that the person may already feel. Less discussion and more action!

Workers should be careful not to overload people with information - that is, talk about or do too many things at the one time. Workers should repeat information if necessary, they should discuss one point at a time, and tackle one problem at a time, in a step-by-step sort of way.

Workers should try to use memory aids wherever possible, such as a diary, calendar, notepads, reminders, timers or alarms.

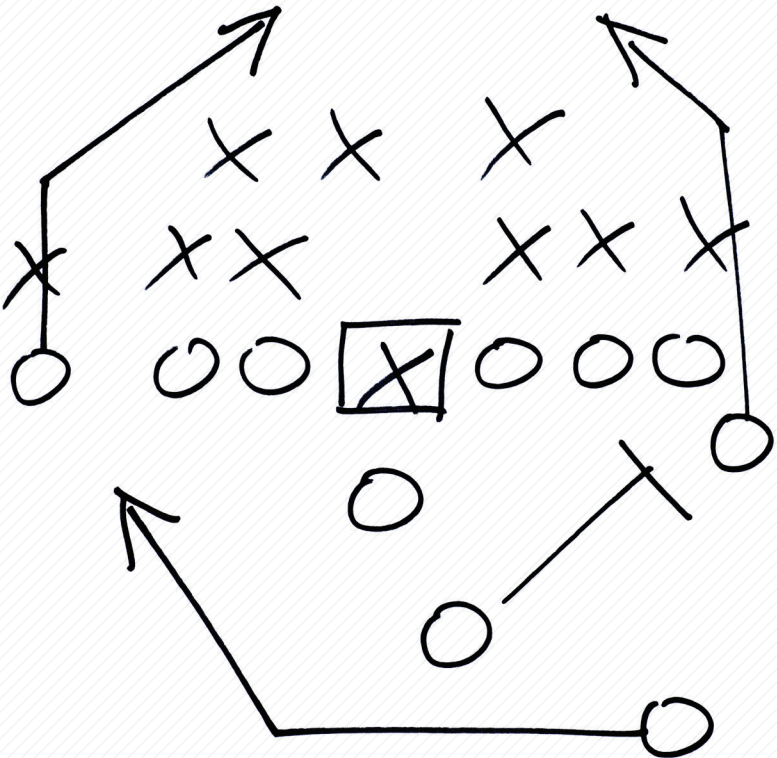
Try to maintain structure and routine to assist in organising daily activities and tasks. This can include a weekly planner, or scheduling appointments at the same time each week.

People with an ABI can find it difficult to get started with a task or activity. They may also find it hard to come up with ideas and/or shift their thoughts. They may get stuck on one thought and find it hard to see an alternative. Workers should try to prompt the person to think of other ideas by giving them clues or by suggesting alternative options and spelling out the benefits. Keeping the task and activity interesting for the person is a great way to motivate them.

People with an ABI may also find it difficult to control their impulses and behave in ways that are not appropriate or acceptable. Workers should try as much as possible to provide accurate feedback and explain the negative consequences of their actions to the person.

When someone has ABI, they can suffer from something called a Disorder of Awareness. What this means is that they may not fully understand their disability and all that comes with it – including their problems with memory, their difficulty processing lots of information etc. This lack of insight may make it a challenging for workers to support the person, because the person may not feel that they need support or accept the support that is being offered to them. Working with people with an ABI requires lots of patience and may take more time to get things done.

Working with people with an ABI can be challenging for workers. This is why it is important for workers to keep track of all the ‘little steps’ that have been taken with the person. Often these steps are BIG achievements for the person. Workers should be encouraged to seek supervision and de-briefing time to talk about issues with colleagues and supervisors.



Advice for Non-Aboriginal Workers



Aboriginal people who use mainstream health services and agencies bring with them a culture that is unique, as a result of many thousands of years of influence. This affects their trust in Non-Aboriginal services and is compounded further where individuals have an ABI. This presents a challenge to non-aboriginal workers in working effectively with aboriginal people who have an ABI because of our limited appreciation of the cultural sensitivities that are key to aboriginal people engaging with us.

To meet this challenge, Non-Aboriginal workers need to gain an understanding of the Aboriginal culture and a willingness to apply the learnings in daily practice. Gaining a meaningful understanding of the Aboriginal culture comes from speaking and listening to Aboriginal people over time, including staff colleagues who are members of your team, reading about their history and the richness this culture brings to our communities in addition to taking advice from the key Aboriginal services that currently support their people.

The following provides practical advice given by Aboriginal health and welfare workers to non-Aboriginal workers and covers a range of issues:

Understanding the Importance of History

“Non-Kooris need to understand the philosophy and Koori approach... It’s not only about the past but how it is today. They need to understand the importance of our culture.”

Shaun Coade and Bootsie Thorpe
Victorian Aboriginal Health Service

Importance of Family

“You need to understand the importance of family when taking a client’s personal history.”

Barb Honeysett
Winja Ulupna

“You need to talk to extended family. When a Koori is sick, families bear the brunt of the person’s sickness.”

Shaun Coade and Bootsie Thorpe
Victorian Aboriginal Health Service

Establishing a Relationship

“Don’t turn Kooris away. It takes a lot for them to come and see you.”

Barb Honeysett
Winja Ulupna

“You have to build a rapport and gain trust. The first two meetings should be about getting to know me. Ask “where do you come from – who are you in the community?” You have to be careful how you ask questions. We are not stupid...(but) ask simple and uncomplicated questions. Be prepared to listen and not be judgmental.”

Shaun Coade and Bootsie Thorpe
Victorian Aboriginal Health Service

“You must have a good listening ear not just a hearing ear. You must know what the people are saying – it’s about understanding. The most important things are communication and interpersonal skills. They need to be top notch so you can work with Koori people effectively.”

Joan Vickery
Koori Diabetes Services Victoria

Making Contact with Workers

“Talk to a Koori worker and ask questions. Find out about us. Get yourself a Koori education.”

Marg Stewart
Bert Williams Centre

“The best way of finding out about us is to get out and do facility visits. Come and meet Koori workers.”

Shaun Coade and Bootsie Thorpe
Victorian Aboriginal Health Service

Working with Young People

“Some Koori kids won’t look you in the face when they are talking to you. It depends on where they come from. Their parents may have told them by not looking people in the eye they are actually showing respect. You need to get to know them, and then make up your own mind about them.”

Marg Stewart
Bert Williams Centre

Working with Women

“Don’t rush straight into paperwork. Before colonisation age, verification and proof of identity was not important because identity is usually established through family networks. Women need to feel safe and secure. Their name, a cuppa, a chat, and a good listening ear are the best remedy for the first point of client contact.”

Karen Bryant
Elizabeth Hoffman House

Cultural Awareness

“Non Kooris should work with our community. It’s best if we all work together – they should know about our history and the way we are.”

Bunta Pattern
Victorian Aboriginal Community Services Association Incorporated (VACSAI)

Non-Koori workers seeking information about cultural awareness programs should contact:

Aboriginal Affairs Victoria (AAV)
📍 Level 2, 115 Victoria Parade Fitzroy 3065
📞 Ph: 9412 7498
🌐 www.dpcd.vic.gov.au/indigenous

Koori Heritage Trust
📍 328 Swanston Street Melbourne 3000
📞 Ph: 9669 9058
🌐 www.koorieheritagetrust.com

Victorian Aboriginal Community Services Association Incorporated (VACSAI)
📍 71 Smith Street Fitzroy 3065
📞 9416 4266
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Health							Legal & Health	
	Danila Dilba Health Service Darwin Knuckey St Clinic	Derbarl Yerrigan Health Service	Nunkuwarrin Yunti Heath Service	Aboriginal Medical Service Redfern	Winnunga Nimmityjah Aboriginal Health Service	Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Brisbane	Victorian Aboriginal Health Services (VAHS)	Tasmanian Aboriginal Centre (TAC)
	32-34 Knuckey St Darwin NT 0800	156 Wittenoom Street East Perth WA 6004	PO Box 7202 Hutt Street Adelaide SA 5000	36 Turner St REDFERN, NSW, 2016	63 Boolimba Crescent Narrabundah ACT 2604	55 Annerley Road, Woolloongabba QLD 4102	186 Nicholson Street Fitzroy VIC 3065	Hobart Office 198 Elizabeth Street GPO Box 569, Hobart TAS 7001
	Phone (08) 8942 5444 Fax (08) 8941 3542	Phone (08) 9421 3888 Fax (08) 9421 3884	Phone (08) 406 1600 Fax (08) 2320949	Phone (02) 9319 5823 Fax (02) 9319 3345	Phone (02) 6284 6222 Fax (02) 6284 6200	Phone (07) 32408924 Fax (07) 38916149	Phone (03) 9419 3000 Fax (03) 94193000	Phone: (03) 6234 0700 Fax: (03) 6234 0799
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Legal								
	North Australian Aboriginal Justice Agency (NAAJA)	Aboriginal Legal Service of WA	Aboriginal Legal Rights Movement, SA	Aboriginal Legal Service (NSW) Limited	Aboriginal Legal Service (ACT) Limited	Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd	Victorian Aboriginal legal Service	
	61 Smith Street GPO Box 1064 DARWIN 0801	7 Aberdeen Street, Perth WA 6004 (near McIver Train Station) PO Box 8194, Perth Business Centre 6849	321-325 King William Street ADELAIDE SA 5000	Head Office: Ground Floor, 619 Elizabeth Street Redfern NSW 2016 Mailing address PO Box 646 Surry Hills NSW 2010	7/9 Moore Street Canberra ACT 2601	Level 5, 183 North Quay, Brisbane Queensland 4000 Australia PO Box 13035 George Street, Brisbane Q 4003	273 High Street [PO Box 52] Preston VIC 3072	
	Phone (08) 8982 5100 Toll free 1800 898 251 Criminal fax (08) 8982 5195 Civil fax (08) 8982 5199	Phone (08) 9265 6666 Fax (08) 9221 1767 After Hours (08) 9265 6644	Phone 08 8113 3777 Fax 08 8113 3755	Head Office Phone 02 8303 6699 Find a lawyer 02 8303 6600 Fax 02 8303 6688	Phone (02) 6249 8488 Fax (02) 6262 5226	Phone (07) 3025 3888 Fax (07) 3025 3800 Toll free 1800 012 255 (24 hrs, 7 days)	Phone (03) 9418 5999 Toll free 1800 064 865 Fax (03) 9418 5900	
	naaja.org.au	als.org.au	alrm.org.au	alsonswact.org.au	alsonswact.org.au	atsils.com.au	vahs.org.au	

THANKYOU /

Our Health Our Way

arbias

arbias organisational values of commitment, respect, social justice and partnership are underpinned by 6 key objectives, which include:

Prevention

Identify and address factors leading to alcohol & other substance related brain injury.

Intervention

Provide immediate services through secondary consultation, crisis intervention and monitoring.

Treatment

Provide a range of specialist services for people with an acquired brain injury and alcohol & other substance related brain injury and associated complex needs.

Awareness Raising

Actively promote issues of alcohol & other substance related brain injury with policy makers, service providers and the community.


Education

Develop and enhance the knowledge and skills required to work effectively with people who have an acquired brain injury and alcohol & other substance related brain injury.

Research

Undertake research in alcohol & other substance related brain injury which informs current and future service provision and policy development.

arbias Victoria


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