

# Providing culturally responsive housing solutions to remote communities in Far North Queensland

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## Abstract

Over the past 10 years, tenancy management of housing across a number of Indigenous communities in Queensland has been transferred from local councils to the state government. This has enabled residents to receive a new housing specific occupational therapy service funded by the National Partnership Agreement on Remote Indigenous Housing (NPARIH) now known as National Partnership on Remote Housing (NPRH). This agreement aims to close the gap between Indigenous and non-Indigenous populations by addressing housing-related issues. The primary goal of the occupational therapy service is to provide specialist housing support to community members so that they are able to remain healthy and safe within their homes.

This paper focuses on how the occupational therapists providing this specialist support have identified the need to deliver a service that is responsive to the unique cultural needs of Aboriginal and Torres Strait Islander people. Examples include the involvement of family members during the therapy process, utilising local translators, observing cultural practices (e.g. sorry business or gender protocols) and exploring housing solutions that enable clients to remain on their traditional land. These variations aim to acknowledge and address the strong cultural ties that influence the way clients will interact with others and their environment as well as the activities that they will undertake.

This paper will provide an overview and examples of how occupational therapists have adapted their service delivery to meet the housing needs of Indigenous people residing in remote communities throughout Far North Queensland.

## Introduction

The Queensland Government provides a housing-specific occupational therapy service to remote Aboriginal and Torres Strait Islander communities located across Far North Queensland. This service is offered in conjunction with tenancy management services provided to communities by the Department of Housing & Public Works (DHPW). The combination of tenancy management and the housing-specific occupational therapy service aims to provide a holistic approach to suitably housing Aboriginal and Torres Strait Islander people and ensuring their accommodation needs are comprehensively met. The Queensland Government has been identified as the first known state government to provide a housing-specific occupational therapy model alongside their tenancy management services; therefore, they have been able to pioneer a strategy for service delivery.

Over the past ten years, The DHPW has seen an increase in the number of properties located within remote communities in Far North Queensland being transferred to them for tenancy-management from local councils. This has resulted in more and more people becoming eligible to receive housing-specific occupational therapy services offered by the DHPW.

According to the 2011 Census [1], there are approximately 14,105 Aboriginal and Torres Strait Islander people residing within the Cape York Peninsula, Northern Peninsula Area and Torres Strait Islands. This makes up approximately 71.1% of the population of these areas [1]. These figures

indicate that the majority of people accessing the housing-specific occupational therapy service within Far North Queensland will be of Torres Strait Island or Aboriginal descent; therefore, there is a demonstrated need to provide a service within these areas which responds to the cultural needs of this population.

Occupational therapists providing this specialist housing support have identified the need to deliver a service that is responsive to the unique cultural needs of Aboriginal and Torres Strait Islander people. Examples include the involvement of family members during the therapy process, utilising local translators, observing cultural practices (e.g. sorry business or gender protocols) and exploring housing solutions that enable clients to remain on their traditional land. These actions aim to acknowledge and address the strong cultural ties that influence the way clients will interact with others and their environment as well as the activities that they will undertake.

This paper will provide an overview and offer examples of how occupational therapists have adapted their service delivery to meet the housing needs of Aboriginal and Torres Strait Islander people residing in remote communities throughout Far North Queensland.

## Background information

The housing-specific occupational therapy service provided to remote communities in Far North Queensland is funded under the National Partnership on Remote Housing (NPRH). NPRH is an initiative that was developed by the Council of Australian Governments (COAG) [2] in 2008 in response to the release of the Social justice report 2005 [3]; which reported the inequities in life outcomes between non-Indigenous and Indigenous Australians. In response to the stated inequities, the COAG set six target targets; which aimed to close the gap on disadvantage for Indigenous people [2]. These targets are covered in the 'Closing the Gap' strategy and are as follows:

- close the life expectancy gap within a generation (by 2031)
- halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- ensure access to early childhood education for all Indigenous four-year-olds in remote communities within five years (by 2013)
- halve the gap in reading, writing and numeracy achievements for children within a decade (by 2018)
- halve the gap for Indigenous students I year 12 attainment rates (by 2020)
- halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

The COAG identified that the ability for Aboriginal and Torres Strait Islander people to access suitable and secure housing would be essential for addressing the known gaps and supporting the achievement of their six targets. Thus, the National Partnership on Remote Housing (NPRH) was created. NPRH was allocated federal funds over a 10-year period to tackle severe overcrowding, homelessness, significant housing shortages and poor housing conditions within remote Aboriginal and Torres Strait Islander communities; where it was identified that the housing need was greatest [4].

## Service delivery overview

In Queensland, the DHPW allocates NPRH funding to provide a housing-specific occupational therapy service to 22 communities; 18 of which are located within the Far North region and will be the focus of this paper. These 18 communities consist of five communities within the Northern Peninsula Area, three communities within the Torres Straits and ten communities within the Cape York Peninsula. An occupational therapy service is extended to these communities on a fly-in / fly-out (FIFO) basis by two occupational therapists based in Cairns.

The service aims to provide specialist, professional advice within the areas of:

- home modifications
- housing needs assessments
- purpose-built new construction projections
- property allocations.

Since its inception, therapists working in remote Aboriginal and Torres Strait Islander communities have adapted their service so that it is responsive to the cultural needs of their clientele. This is based on the recognition that culture will inherently influence the way clients will interact with others, their environment as well as the activities that they will undertake (including engagement with services) [5]. The experiences of occupational therapists identified that providing a culturally responsive service helped to support the therapy process and provide good outcomes for the client. For example, an understanding of a client's cultural identity assisted therapists to better engage with clients so that they could establish and maintain a therapeutic relationship. Understanding the client's cultural background also helped to put their values and goals into perspective so that an effective and appropriate housing solution could be created and implemented.

In order to provide a culturally responsive housing-specific service within remote communities, occupational therapists have implemented various strategies that aim to meet the cultural needs of their clientele. These strategies are employed throughout the therapy process and ultimately aspire to enable therapists to design and implement housing solutions that enable clients to maximise their safety and independence so that they can continue to reside on country. A brief overview and examples of these approaches will be discussed within this paper.

### *Identifying and becoming familiar with the cultural background of the client*

Each of the 18 remote communities receiving the housing-specific occupational therapy service is home to at least one traditional owner group; who, most commonly, are considered the traditional custodians for the area in which the community is located. Despite being regularly referred to as Aboriginal and/or Torres Strait Islander people, each traditional owner group is unique; therefore, will have their own cultural identity, practices and, in some cases, may actively use their own language. These factors have highlighted the need for therapists to adopt an individual approach to providing services within remote communities rather than assuming a 'one size fits all' service delivery model.

To assist with meeting the cultural needs of their clients, the DHPW requires occupational therapists that service remote communities to complete community-specific inductions; which typically includes reviewing necessary documents (e.g. community fact-sheets) and meeting with the relevant tenancy management team members. These activities aim to provide therapists with some background knowledge and a basic introduction to the cultural profile of the specific community so that they can

begin to adapt their practice accordingly. For example, it may be communicated that it's not appropriate for female therapists to expose their shoulders or speak directly to male clients. With this knowledge, occupational therapists can begin to explore and employ alternative strategies (e.g. ensuring appropriate support person is present during a home visit or wearing appropriate shirt/blouse) to assist with maintaining the cultural safety of both the client and the assessing therapist.

In addition to completing induction activities, occupational therapists may also be provided with opportunities to gain further knowledge of the cultural profile of the remote community that they are working within. These opportunities may consist of discussions with Local Housing Officers (members of the tenancy management team who reside in community), local service providers and/or community members (inclusive of the clients themselves) regarding cultural practices, cultural landmarks, relevant history and the local language. Therapists may also be able to visit community cultural centres to further explore the unique cultural profile of the community so that they can acquire a further understanding of this and adapt their practice accordingly.

Having a basic understanding of the cultural background of clients can help the assessing therapist to pre-plan their home visit so as to ensure that they are using appropriate language, exhibiting culturally appropriate behaviour (e.g. avoiding physical contact or using inappropriate gestures), have arranged any necessary resources (e.g. translator, photographs, etc.) and have an awareness of what housing solutions may be suitable (e.g. transferring to another property within community, completion of home modifications, etc.). Pre-planning the home visit can help therapists to establish and maintain a positive therapeutic relationship with the client and assist them to provide services in a culturally safe manner. This will subsequently help to ensure that the therapy process is effective and achieves good outcomes for the client.

### *Recognising family as a key part of the therapy process*

During the delivery of a housing-specific occupational therapy service to remote communities in Far North Queensland, therapists have recognised the key role of family within the therapy process. Experiences have identified that family are often actively involved in a client's care as it may be considered culturally inappropriate for people outside of the family to provide in-home support. There may be some complexities surrounding family-based care arrangements (as some family members may not be able to assist with certain tasks due to their gender or family connection); however, this is usually managed at a family level. As a means of acknowledging the caring role that family play, therapists often consider the type of support that is provided to the client by family members and try to ensure that this is reflected in the therapy process. This may include involving family carers in the completion of assessments and recommending home modifications that will support family members to provide in-home support to the client (e.g. ensuring shower recess is large enough to accommodate carer).

Therapists have also found that including family members (where appropriate) during the completion of assessments enables the client to feel supported; which subsequently makes them feel more at ease during the assessment and makes it easier to build rapport. Therapists have identified through their experiences that having family members present can also help with verifying information (e.g. medical history) that clients may be uncertain about or communicating concepts that might be difficult for either party to understand or articulate. Engaging family members during the completion of assessments can also enable a more robust discussion about a client's circumstances and potential solutions, as there are more people to contribute to the discussion and provide an additional perspective based on their relationship and experiences with the client.

### ***Respecting cultural protocols***

Remote Aboriginal and Torres Strait Islander communities will commonly have a set of cultural protocols; which influence a client's behaviour, the roles they assume within community and the activities that they perform. The known diversity of Aboriginal and Torres Strait Islander people within Far North Queensland means that cultural protocols will differ amongst traditional owner groups; therefore, therapists need to ensure that they actively seek this type of information for each community (e.g. via community-specific induction) so that they have a basic awareness of any relevant protocols [6] and are being culturally responsive.

Cultural protocols may also be gender-based or linked to a traditional owner group's kinship system; which subsequently influences the interaction between men and women as well as between different family members [7]. If gender-based protocols have been identified within a certain community or with a specific client (i.e. if a female therapist cannot directly assess a male client) then the therapist will need to coordinate the presence of a suitable support person to assist with facilitating the assessment.

The experiences of therapists delivering a housing-specific service within remote communities has found that having an awareness of and observing relevant cultural protocols is important as it can help to appropriately engage with clients and build the therapeutic relationship. This is something that is key for the delivery of culturally responsive health care [8]. It has been identified that therapists risk the cultural safety of their client and could offend them if they do not observe cultural protocols; which could lead to the client withdrawing from services and not receiving the specialist housing assistance that they require. This could place the client at risk of injury or illness within the home and lead to poor health outcomes.

An example of how occupational therapists have adapted their housing-specific service to respect cultural protocols can be seen in the way they respond to a death within community. Deaths and the mourning activities that follow can sometimes be referred to within community as 'Sorry Business' [6]. During times of sorry business, it is usually not appropriate for therapists to conduct a home visit to assess the client out of respect for the mourning process. Therefore, therapists may have to postpone their planned assessment with the client and look at alternative assessment methods; for example—conducting a phone interview at a more appropriate time or using a combination of property photos, current medical reports and allied health reports to make housing recommendations.

During periods of sorry business, community members who co-resided with the deceased may relocate to another property (sometimes referred to as 'closing a house') for a period of time or until a relevant ceremony is held. This increased movement by the client can make it difficult to conduct a home visit to assess them in their typical home environment. In response to this challenge, therapists will often develop innovative ways to temporarily accommodate clients who have needed to relocate to another property until they can return home. These methods may include providing temporary modifications (e.g. toilet spacer, clip-on toilet rails, etc.) or referring the client on to other services for equipment.

### ***Supporting the use of traditional languages and using alternative communication techniques***

Many clients residing in remote communities throughout Far North Queensland continue to fluently speak traditional languages or communicate using a creole language (i.e. a combination of traditional language/s and English) that is specific to the region. Standard Australian English may be a second language for clients or a language that is not commonly used at home or within the wider community. Thus, clients may find it difficult to engage in occupational therapy assessments and communicate

with the assessing therapist. This can pose a challenge to the assessing therapist as the language barrier can make it difficult to acquire and communicate information that is pertinent for determining a client's medical history, access needs and occupational performance as well as discuss potential housing solutions.

As a means of addressing the language barrier and supporting a client's use of traditional languages, occupational therapists and clients may call on family members to act as translators. This is typically because family members can be readily sourced and will often have a more intimate understanding of how the client communicates. When family are unavailable, therapists may work with local housing officers or coordinate for a local service provider (e.g. Aboriginal/Torres Strait Islander Health Worker) to be present so that they can assist with translating information between the client and the therapist.

In addition to the use of translators, therapists may also use visual aids to assist with communicating with clients. Examples of these include photographs of various home modifications and using basic diagrams to indicate the proposed location of a grab rail. Therapists may also use appropriate gestures (e.g. tapping a grab rail) or model movements (e.g. using a handheld shower hose) to support verbal dialogue with the client. Assessing therapists have found that using visual cues and modelling movement helps to enhance the client's understanding of what the therapist is saying as they are provided with additional clues to accompany the words. This is particularly effective in communities where they may use an alternative name or phrase to refer to an activity, area of the home or item. For example, some clients may use the term 'swim' to describe the activity of showering or refer to the toilet as the 'small house'. These phrases have another meaning in standard Australian English; therefore, could easily be misunderstood by the assessing therapist and lead to the development of ineffective housing solutions.

### ***Respecting cultural boundaries***

Some Aboriginal and Torres Strait Islander communities located within Far North Queensland may contain boundaries, which divide the community into different sections and direct where people can reside or spend time. Boundaries may be present in communities where multiple clan groups or long-serving family groups co-reside. These boundaries are typically not sign-posted or marked on a map; therefore, may not be obvious to people from outside the community. Cultural boundaries will impact upon the type of housing solutions offered to clients as therapists may need to consider extensive modifications to a property (e.g. converting a standard bathroom into a wheelchair-accessible bathroom) as it will be inappropriate to transfer the client to a vacant accessible home located in an area that is not culturally appropriate for the client.

The community of Aurukun, an Aboriginal community located on the western side of the Cape York Peninsula, provides an example of the presence of cultural boundaries. Aurukun is home to five major clan groups and is a community that is divided into three different sections (top, middle and bottom). Members of certain clan groups are only able to reside in a specific section of the community; therefore, these locational requirements need to be considered whenever offering homes to clients or exploring possible housing solutions to a client's issue.

### ***Respecting traditional ties to the client's home or community***

Many clients residing within remote communities located within Far North Queensland continue to maintain strong ties to the land on which they reside. Clients have identified that these ties are primarily linked to the cultural significance of the land; however, some have also disclosed that the custom of handing down a property or the block of land (on which the home is located) through the family also creates a special bond between the client and the land.

In order to provide a culturally responsive housing solution, therapists have needed to take into the account the strong relationship that a client may have to their existing home or the block of land on which it is located. Therapists may do this by exploring the client's cultural ties during the assessment and then identifying potential housing solutions that will help to preserve any identified bonds. Examples of potential solutions may be modifying a client's existing home rather than transferring them to a more suitable property or relocating clients to a property that is still within an area of cultural significance. In some cases, therapists may also work with tenancy management teams and clients to ensure that properties are re-allocated to a suitable family member if it is identified that the property or block of land is of cultural significance to a certain family or clan group.

## Summary

Occupational therapists providing a housing-specific service to remote communities located across Far North Queensland have identified the need to adapt their service delivery so that it responsive to the cultural needs of Aboriginal and Torres Strait Islander people. This need was identified in response to the high proportion of Aboriginal and Torres Strait Islander people residing within remote areas of Far North Queensland (approximately 71.1%) [1].

Occupational Therapists providing this housing-specific service to remote communities within Far North Queensland have continually worked to identify and develop strategies that would enable them to be responsive to the cultural needs of their clientele. Some of these strategies; which were discussed in the body of this paper, included the following:

- identifying and becoming familiar with the cultural background of the client;
- considering family as part of the therapy process;
- respecting cultural protocols;
- supporting the use of traditional languages and using alternative communication techniques;
- respecting cultural boundaries;
- respecting traditional ties to the client's home or community.

Occupational therapists have found that providing a culturally responsive service has enabled them to establish and maintain positive therapeutic relationships with clients. Taking a culturally responsive approach has also helped to create better service outcomes for the client as it enables therapists to recommend housing solutions that are more holistic and meaningful.

## Recommendations for future practice

Allied health professionals operating within Aboriginal and Torres Strait Islander communities, particularly within Far North Queensland, are strongly encouraged to develop a service delivery method that is responsive to the cultural needs of their clientele. This recommendation is based on the ongoing experiences of occupational therapists employed by the Department of Housing & Public Works; which has found that being culturally responsive can help to develop better working relationships with clients as well as create more positive outcomes for both the service provider and client.

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## Presenter

Chloe Agale is an occupational therapist who works within the Queensland Government's Department of Housing and Public Works. Chloe's role is based within the Remote Area Housing Service Centre and focuses on providing specialist housing support to elderly tenants or tenants with disabilities who reside in remote Indigenous communities located within the Cape York Peninsula, Northern Peninsula Area and Torres Straits. Chloe is passionate about providing quality allied health services to people residing in remote areas and supporting them to successfully age-in-place. Chloe enjoys traveling to remote parts of Far North Queensland and tackling the unique challenges that are faced by Aboriginal and Torres Strait Island people who reside in these areas. Prior to her role with the Department of Housing and Public Works, Chloe spent time working in the mining industry within Western Australia.