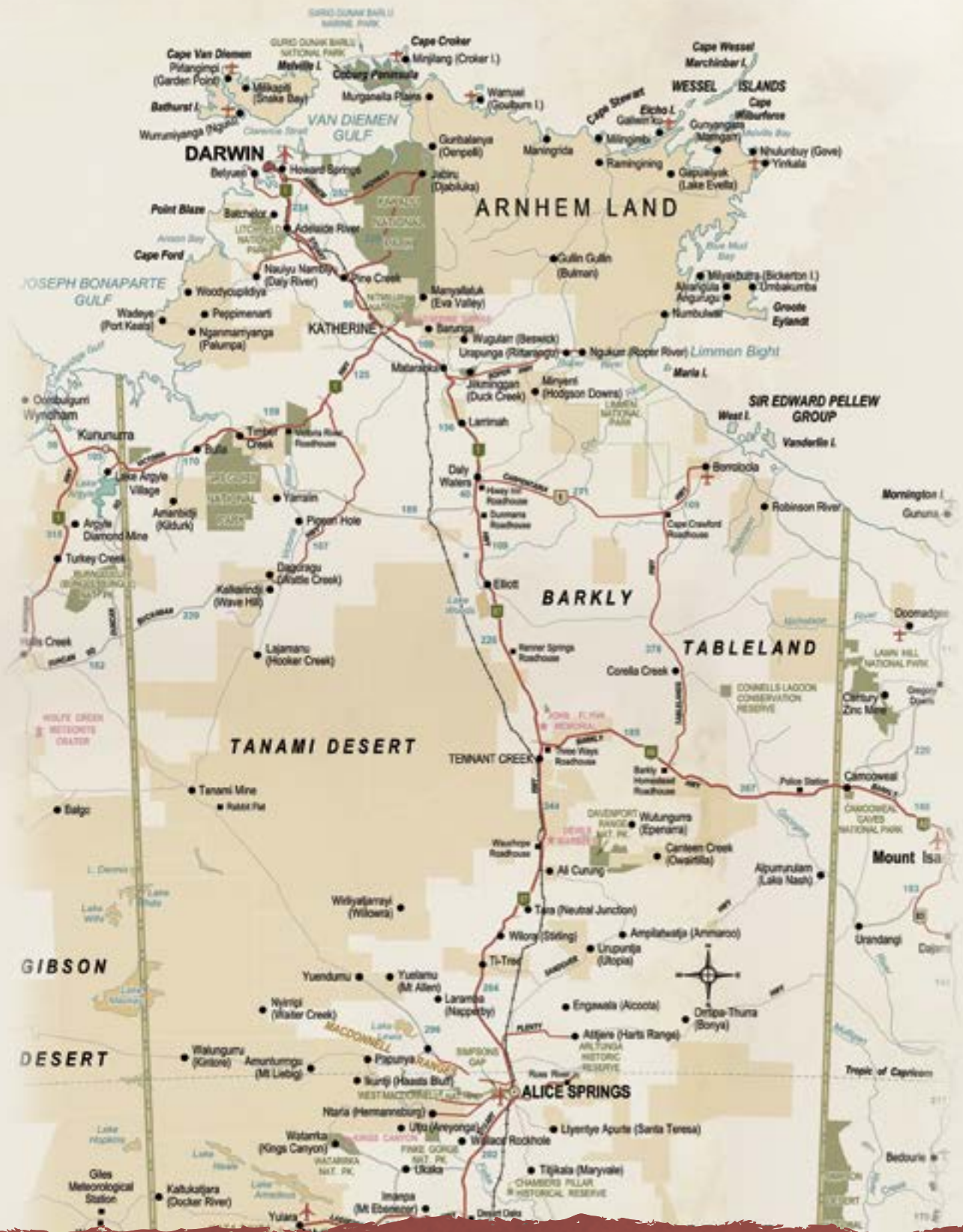




# Cultural Orientation Handbook

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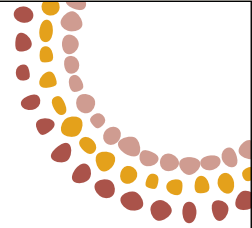


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## Welcome to the Remote Area Health Corps (RAHC)

Thank you for your interest and willingness to experience the rewards and challenges of working in remote communities. The opportunity to provide service, work with teams of dedicated health professionals and contribute to improving health outcomes for Aboriginal Australians should be fulfilling and beneficial to you and the community you will work with. At RAHC we recognise that for this to happen we must provide information and training that will prepare you for the unique challenges and opportunities that lie ahead and importantly, for achieving a successful placement as a health professional.

This RAHC Cultural Orientation Handbook is the first part of the training and orientation program you will undertake. It aims to provide an introduction to working with and living in remote Aboriginal communities and to the cultural issues you will need to be aware of in providing health services. Critical issues such as the role of the Aboriginal Health Practitioner and working among kinship networks are discussed in order to help you work effectively and safely as a health professional.

However, we must also emphasise that it is impossible to cover these and similar issues completely and you should always be open and alert to the situations that are unique to the community you are working in. We recommend you regularly seek the advice of colleagues including Aboriginal Health Practitioners and your Health Centre Manager.

RAHC would like to acknowledge and express gratitude to the Aboriginal people of the Northern Territory, who have so generously shared aspects of their culture and great wisdom for use in this handbook and in other RAHC training materials. The first versions of this handbook were prepared for RAHC by The Echidna Group and we acknowledge and thank Dr Terri Farrelly and Ms Bronwyn Lumby for their contribution. RAHC also acknowledges the contribution of Mr Don Christophersen whose local knowledge and years of experience in working on cultural orientation have enriched the handbook. For later editions we have drawn upon feedback and suggestions from staff of the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and Katherine West Health Board.

As you read and work with this handbook, go on to participate in other RAHC training programs and most importantly, experience work and life in remote communities, we encourage you to provide feedback and advice on how we can continue to develop and strengthen our orientation and training programs. We look forward to hearing from you and wish you the best in your RAHC experience.

A handwritten signature in black ink that reads 'P Roberts'.

**Philip Roberts**  
General Manager

# Introduction to *this* handbook

*This handbook provides you with information specific to working within an Aboriginal community such as personal conduct, appropriate methods of communication and cultural factors you need to consider when providing healthcare.*

The information has been compiled through a review of available literature and consultations with members of Aboriginal communities in the Northern Territory. Two existing texts were of particular use:

- Eckermann A., Dowd T., Martin M., Nixon L., Gray R. and Chong E. (1992), *Binan Goonj: bridging cultures in Aboriginal health*. Armidale, NSW: University of New England Press.

- Franks C. and Curr B. (1996), *Keeping company – an intercultural conversation*, Wollongong, NSW: University of Wollongong.

Both these texts are now available in revised editions – details are provided at the end of this handbook.





**Remember:** there are no hard and fast rules. Every cultural group and community is different.

# Your *first* days



The key to being culturally competent and being able to deliver a culturally appropriate health service in Aboriginal communities, is to:

- be respectful
- be observant and willing to learn
- ask for advice.

Even other Aboriginal people who travel to different regions have to be aware of the cultural protocols that apply to the particular community they are in.

Your first days within an Aboriginal community as a health professional are important, as this is where first impressions are made. These first impressions can determine both your satisfaction in your role and placement, as well as the satisfaction of the communities and camps you are working with and ultimately impact on their health outcomes.

## Permits

If you want to visit or work on Aboriginal land in the Northern Territory, you must by law have a permit to do so.

You should already have a permit organised for you by the health service where you will be working, however it is important that you understand it is likely this permit will only allow you to be in a specific area. It is also important to note that it is likely your permit won't allow you to fish or camp at any time during the job – this will require additional permits.

If you wish to venture to other areas, you will need to apply for additional permits via the relevant NT Aboriginal Land Council.

## Forbidden areas and sacred sites

The very first thing you should do on arrival is determine where you can and cannot go in the community or bush camp area – don't wander about until this has been confirmed, because there may be numerous forbidden areas or sacred sites in and around the community or camp.

These forbidden areas are vital spiritual and cultural places which link Aboriginal people to their cultural traditions and the land. They may be places linked to ceremonial activity, such as men's and women's business, or to spiritual beliefs. They may or may not be sign-posted.

Accidentally or intentionally entering such areas will offend Aboriginal people in the area and may even result in your immediate removal from the community or camp.

Please respect the wishes of the traditional owners by avoiding and respecting these areas.

To learn more about sacred sites, go to the Northern Territory Aboriginal Areas Protection Authority website at [www.aapant.org.au](http://www.aapant.org.au).

## Alcohol

Many Aboriginal communities and bush camps are dry – alcohol is prohibited. These laws are typically enforced strictly.

Some communities may have a permit system where residents can apply to have a nominated amount of alcohol with them in the community area. Other communities may have restrictions on availability of takeaway alcohol from clubs and pubs.

It is strongly recommended that you do not bring alcohol with you into the community to ensure you do not breach any laws that may be in place. Once you have arrived and are familiar with the particular restrictions applicable in that area you can then act accordingly.

*Even other Aboriginal people who travel to different regions have to be aware of the cultural protocols.*



## Introductions

As a health professional, it's vital that you spend your first few days being introduced to members of the community and, where appropriate, bush camps. This includes being introduced to the Board of Directors of the health service (where applicable) and other Aboriginal organisations in the area.

Sometimes if Aboriginal people have not been introduced to new health professionals working in their community they may visit the clinic but may choose not to speak or interact with them.

You can overcome some of these issues by taking steps to ensure you are introduced to members of the community and bush camps. Ideally, introductions should be conducted by an Aboriginal Health Practitioner or other well-respected local Aboriginal person.

## Adjusting to your role

You must at all times remember that you are there to do a particular job. You must also be aware of your position as a newcomer to the community. You may encounter situations where you wish to intervene, change or control matters, or take particular actions as you would normally do in non-Aboriginal environments. It is important that you step back and consider the factors of the situation that are directly related to Aboriginal cultural beliefs and protocols and the implications your actions may have on the community as a whole.

Aboriginal people are typically wary about being judged and betrayed. How you react and respond to particular situations that are either beyond their direct control (living conditions, environment, poverty), or related to cultural beliefs and protocols (sorry business such as cutting and payback) may result in members of the community feeling you are judging them or betraying their trust in you.

This Cultural Orientation Handbook includes examples of situations that you may find difficult and your usual responses and courses of action may not be appropriate in this context. You will have to consider the implications your actions may have on the community as a whole given the unique circumstances. Remember to respect the community's decisions and activities as much as possible and take care not to deliberately or inadvertently judge or betray.







# Working *within* the Aboriginal community



## The Aboriginal community (Australian cultural diversity)

Imagine if a handout on 'Understanding Australian Culture' had to be produced for Aboriginal health professionals about to start working in Canberra with non-Aboriginal people. How complex and diverse would this document need to be to take into account all aspects of Western culture and the new multicultural society that is Australia today.

Imagine also if you lived in a community of 2000 people, many of whom were your family by blood and marriage. You also had a kinship relationship with the other people in the community and could call every Aboriginal person in the community family. At every level of communication and interaction, you would be dealing with your family, 24 hours a day, 365 days a year.

Understanding cultural issues will help with your work in an Aboriginal community. To understand the people you'll be working with and the community members who will be your clients, you will need to have empathy. All people are complex, all cultural groups are complex and culture is not the only answer or explanation for some of the issues and personalities you will encounter.

It is easy to have an idealised notion of Aboriginal communities that includes viewing community members as being united in purpose and action and sharing a common culture. Peters-Little (2000) characterises popularised notions and assumptions of the Aboriginal community as the following:

- members are caring and generous in all matters
- disadvantage and adversity is inevitable and even acceptable
- materialistic values are unnecessary
- independence and individuality is rejected if not in the common interest of the larger population
- external assistance is revoked and solutions only exist within the community
- there is a communal sharing of socio-economic and cultural opinions, experiences and expectations.

Such views have been referred to as the type you can afford to have when you don't have to live in the community. These notions however fail to accommodate the true origin and establishment of such communities.

Many Aboriginal communities across Australia were historically displaced from their traditional lands and often resettled in new communities as a result of past governmental policies. Some new communities were an amalgamation of different peoples who are traditional enemies. They then experienced forced segregation on missions and reserves. Later government policies of self-management and self-determination resulted in such missions and reserves being granted a freedom of sorts, with limited autonomy. In this way, they were forced to become communities in name, despite the lack of voluntary association among members. In many cases, when the artificial infrastructure provided by legislation, regulations and religious evangelism was removed, nothing was substituted in its place.

Understanding this as the basis of many Aboriginal communities will help you understand why certain situations have evolved and why certain issues seem extremely difficult to resolve.

## Factionalism and politics

While some of the family groupings within a typical Aboriginal community may be aligned, others may be long-standing antagonists, often resulting in factionalism. Factionalism is characteristic of many Aboriginal communities and is often not negotiable or remediable. This impedes interpersonal relationships and interferes with a community's socio-economic progress.

Factions will not be readily identified by a newcomer, however factionalism is common within community organisations and can be complicated by the intended or unintended involvement of outsiders. A common scenario is for factions controlling one community organisation (for example, the health service) to be in conflict with factions controlling another community-controlled organisation, even where both organisations are supposed to work closely with one another. Keep your eyes and ears open and make discreet enquiries of your colleagues to ensure you are aware of any such situation.

To work effectively within the community, take care not to be perceived as taking sides or affiliating yourself with one or more of these factions, thereby putting yourself at odds with others. Providing particular services, funds or resources for one faction and not for others and inadvertently being seen as supporting certain activities and not others (even if unintentional), can result in community members assuming you are favouring a certain faction.

## Aboriginal Community Controlled Organisations

Aboriginal Community Controlled Organisations came into being in the early 1970s amid a growing determination by Aboriginal people and communities to take control of their destinies. A common example of an Aboriginal Community Controlled Organisation is the Aboriginal Medical Service found in many Aboriginal communities across Australia. The following statement provided by a doctor working in such a service explains their conception and purpose:

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*Rather than being set up by the government of the day, the Aboriginal Medical Service was born of the Aboriginal community's consciousness of the need for the provision of more accessible and appropriate healthcare to the people. Its establishment and initial survival was achieved by local people and depended on the active support of the community. From the beginning it was a medical service operating along lines dictated by Aboriginal people (Fagan, 1984, cited in Eckermann et al, 1992, p.180).*

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Other examples of Aboriginal Community Controlled Organisations include women's centres, family violence prevention and intervention services and youth groups. Many of these organisations, despite not being Aboriginal Medical Services, will often have a health focus given the holistic view of Aboriginal health and wellbeing.

Aboriginal Community Controlled Organisations are typically established in the following manner. An Aboriginal corporation is set up (for example, an Aboriginal Medical Service Corporation) and Aboriginal community members register as members of the corporation. Annual general meetings are held where members of the Aboriginal corporation elect board members who will be responsible for the corporation's governance. The board members are usually Aboriginal members of the community and corporation. In this respect, the organisation is described as being community controlled because it is the community members who ultimately control its management through their involvement and election of the board of management.

## Aboriginal Health Organisations

One of the goals of Aboriginal Community Controlled Health Organisations is to recruit as many Aboriginal staff as possible. This is based on international evidence showing that Aboriginal health services are most effective when delivered by Aboriginal health professionals. In terms of Australian Aboriginal health and wellbeing, this is problematic as Aboriginal people comprise a relatively small percentage of the total Australian population. The wide socio-economic disadvantage experienced by Aboriginal people has resulted in an under-representation of Aboriginal people in all health disciplines. As a result the majority of health professionals in these services are non-Aboriginal.

However, the development of the role and qualification of Aboriginal Health Practitioner has enabled the employment of Aboriginal people in health roles that can effectively act as intermediaries between the Aboriginal client and the non-Aboriginal health professional, as well as perform many clinical tasks independently. Thus, in a typical Aboriginal Community Controlled Health Organisation, management, administration and Aboriginal Health Practitioner positions are occupied by Aboriginal people and health professional positions (for example, doctors) are largely occupied by non-Aboriginal people in the absence of available qualified Aboriginal people.

## Working with Aboriginal Health Practitioners

Aboriginal people prefer to be cared for by other Aboriginal people. However, given the shortages of Aboriginal doctors and nurses, the role of the Aboriginal Health Practitioner has become critical. Consequently it is essential for all health professionals to support and work effectively with these Practitioners.

Aboriginal Health Practitioners may have qualifications that vary from TAFE certificates to university degrees and the level of clinical experience may vary greatly. The essential role of the Aboriginal Health Practitioner is twofold:

1. to provide basic healthcare to Aboriginal clients
2. to act as a bridge between Aboriginal clients and the community, the non-Aboriginal health professional and mainstream health system.

Aboriginal Health Practitioners may work in a variety of positions in both Aboriginal Community Controlled Health Organisations (for example, Aboriginal Medical Services or women's centres) and mainstream services.

Aboriginal Health Practitioners can be caught in a conflict between the two distinct definitions of their role. While the benefits of a clinical background and knowledge are recognised, they can also be criticised. This is because the social value of their role as a catalyst within the community, talking to people and encouraging their attendance for health checks, often results in two roles – clinical and social – that can be in conflict.

It is important to remember that for many Aboriginal Health Practitioners:

- English may be a second or third language (this is a positive for a community clinic)
- talking to a non-Aboriginal doctor or nurse may be intimidating
- many clinical situations may be foreign due to a lack of training.

By understanding this, you will be in a better position to appreciate and access the expertise of Aboriginal Health Practitioners.

Indeed, some may have 20 or more years of service as a health professional in the same clinic and as such they are critical for maintaining stability and cultural security for the whole health team.

Aboriginal Health Practitioners may have particular kinship relationships and obligations to members of their community. This can result in Aboriginal Health Practitioners:

- feeling obligated to work with clients out-of-hours if they are part of their community or kinship group
- feeling obligated to share their resources with family members
- perceiving clients in a holistic way (without many of the functional boundaries of Western culture)
- being unable to assist certain community members due to avoidance relationships and factionalism
- being exposed to high levels of stress resulting from the fact that potentially all the clients seen by the service who may be experiencing very distressing situations are well-known, if not related or closely connected to them
- being under immense pressure as a result of community expectations, which in certain situations may be impossible to deliver on
- being the target for blame if something goes wrong with the treatment of an Aboriginal client
- needing to be away from the clinic to attend funerals – this is part of their job description, not just taking time off. Attending funerals is a cultural expectation and failure to do so results in cultural repercussions such as shame.

It's important to appreciate that Aboriginal Health Practitioners have to regularly find ways to work around clashes between their professional and cultural ethics due to the family and kinship issues within their culture – never an easy task.

Aboriginal Health Practitioners in the Northern Territory are also among the most highly trained in Australia.

## The community's expectations of you

The community expects you to perform appropriately in your role as a health professional. This includes dressing, speaking and generally conducting yourself in a manner in keeping with the role and having the knowledge and expertise expected of your profession.

You are also expected to be sensitive and empathetic and to recognise, honour and respect the vibrancy of Aboriginal cultures. The values detailed below have been endorsed by the National Health and Medical Research Council (2003) for conducting ethical research in Aboriginal health contexts. These values also serve as a sound guide for cross-cultural communication:

- **Spirit and integrity** – a respect for the spirit and integrity of all cultures, communities and individuals
- **Reciprocity** – full recognition of the involvement and contributions of stakeholders, a dedication to the feedback of meaningful results and the assurance that outcomes must be of equitable value to the communities and individuals involved
- **Respect** – acknowledgement and affirmation of the inherent diversity that exists within cultures and communities and a commitment to extensive consultation and involvement
- **Equality** – the promotion of distributive fairness and justice, affirming the right of individuals, communities and cultures to be different
- **Responsibility** – to ensure that all practice is transparent and accountable and will result in no harm to the individuals and communities involved.

The community also expects you to work with them in partnership. Franks and Curr (1996) provide the following summary advice on the ideal approach a non-Aboriginal health professional can adopt in building and working in partnership:

- I want to work with Aboriginal ways – show me.
- I want to cooperate with Aboriginal ways – educate me.
- I want to understand Aboriginal ways – help me.
- The clinic belongs to the community and I am here to work in a way that will suit everyone.
- We all work together and learn from each other how to do this the best possible way.

## Engaging with the community

Engaging appropriately and successfully with your host community involves taking the time to learn how to present and conduct yourself. This handbook provides some tips and further detail can be sought from your colleagues in the community, particularly Aboriginal Health Practitioners and Aboriginal Community Workers. Issues you should think about and be aware of include:

- general attitudes and conduct
- what you wear
- greeting and addressing people
- communication
- learning where you can walk and visit
- reciprocity and sharing

These issues will be explored in the following sections.

## Living in a small community

Some of the issues you may find hard to deal with may in fact be more related to rural culture, as opposed to Aboriginal culture. Remote and rural Aboriginal communities have the usual characteristics of small towns – community concerns and gossip run rife. However, in Aboriginal communities these characteristics are magnified as the spotlight is on all outsiders. Every action, whether private or public, is the topic of community conversation.

## Understanding how to work within the kinship network

You need to gain an understanding of Aboriginal kinship networks and relationships and how you can work appropriately within these networks. This is because every relationship you have in the community and much of the work you do while there will be affected by kinship networks.

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*All people in all cultures have some form of kinship system that governs their lives. It is the changing world and exposure to other cultures and world views that influences people and therefore changes our own understanding of family and how we connect to each other.*

*Kinship encompasses the norms, roles, institutions and cognitive processes referring to all of the social relationships that people are born into or create later in life and that are expressed through, but not limited to, a biological idiom. Dousset (2005)*

*Kinship is the recognition of a relationship between persons based on descent or marriage. If the relationship between one person and another is considered by them to involve descent, the two are consanguines (“blood”) relatives. If the relationship has been established through marriage, it is affinal. Stone (1997)*

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Aboriginal kinship may be defined as existing in two formats – traditional and urban.

### Traditional Aboriginal kinship system

The traditional format of kinship is commonly based on 16 names. All Aboriginal and some non-Aboriginal people have these names, which give every individual a relationship with every other person in the community. These relationships link you together and provide a set of rules for you to conduct the processes and tasks in your daily life.

### Urban Aboriginal kinship system

Many Aboriginal children were systematically taken from their families throughout the history of the Northern Territory (the ‘Stolen Generation’) and many members of the Stolen Generation established themselves in the urban townships of the Northern Territory. Other Aboriginal people settled in urban townships through circumstance, such as work or marriage. These urban Aboriginal people created a different and simplified version of the traditional kinship system and the extended family that included blood and marriage, but also friends.

## Understanding cultural factors and how they impact on treatment

Develop a basic understanding of how to respond appropriately to cultural factors such as how birth and death are viewed and dealt with in the community. Some grasp of ceremonial issues and beliefs relating to the causes of disease and illness and traditional cures and healing, is imperative. Some basic information is provided in this handbook, however further direction should always be sought from your colleagues, particularly Aboriginal Health Practitioners.

## Getting to know your local Aboriginal community

Take the time to read and learn about the Aboriginal community you are working in – the language groups, cultural groups, historical factors, demographics, services and organisations and current issues within the region. Your colleagues, particularly the Aboriginal Health Practitioners and other Aboriginal staff, can be a source of great knowledge about the local community. Work towards establishing trust and credibility – go out regularly and have contact with community members so people get to know you. Keep promises and always ask permission before branching out in any way or doing something you are not sure about.

## Asking for advice and using it

Always ask for advice in any situation where you are not confident regarding the appropriate methods for proceeding. Simple questions such as ‘what is the best way for me to do this?’ can help you ascertain the appropriate ways of going about particular activities, whether they are related to clinical practice or everyday life. Others within the community will always be happy to teach you. Return the favour by ensuring you listen to the advice and put it into practice.

When in doubt about anything – no matter how small or insignificant it seems to you – ask someone such as an Aboriginal Health Practitioner, Elder or other Aboriginal community member. They can advise you or direct you to someone who will know what is best. What may seem insignificant to you may be of substantial significance to others in the community.

## Aboriginal community events and initiatives

Attending, participating in and supporting community events can help increase your familiarity with community members, establish trust and credibility and help you get to know the community and what’s going on. Always check first with someone such as an Aboriginal Health Practitioner or other colleague to ensure your presence at particular events will be appropriate and importantly, that it will not be unwittingly offensive, or align you too closely with particular factions within the community.

## Building relationships

While it’s important to build effective inter-cultural relationships, remember not everyone will be your friend and conflict will inevitably arise even within the best of relationships. Healthy relationships tolerate difference and negotiate consensus and are able to cope with conflict because these relationships provide an environment that allow it to safely occur. What is important is how you respond to and resolve conflict, not the details of the conflict itself.

## Addressing the priorities of the community

It is important that as part of the relationship and partnership you are building with the community, you are willing to give attention to the issues the community sees as a priority, rather than trying to simply address the issues.

*You are also expected to be sensitive and empathetic and to recognise, honour and respect the vibrancy of Aboriginal cultures.*







# Personal presentation *and* conduct



## Attitude

In a word, it is all about being *adaptable*.

Adaptation does not mean giving up your own culture, but rather being willing to accommodate new and different circumstances, reflecting on your journey and learning from it.

Franks and Curr (1996, p.109) provide the following strategies essential to being adaptable in this context:

- give up perceived power positions that are inherent in a dominant culture
- listen and absorb new knowledge to apply in future intercultural contact
- learn to stand back and observe what is happening without overlaying the situation with *your* cultural baggage
- have the humility to appreciate another cultural viewpoint
- dare to give something of yourself at each contact – that is not to be the enigmatic, all-seeing, all-knowing professional
- assume equivalence of status within every working/social relationship.

To be adaptable, you need to be in touch with your own feelings, beliefs and needs and this can be achieved by spending time every day orienting yourself in time and space. By focusing your thoughts on who and where you are, your reasons for taking on the position and taking the time to care for your own health and wellbeing, you will learn to become part of the environment, rather than reacting to it.

To be adaptable you also need to be able to accept community structures and characteristics for what they are. You need to work within these structures and characteristics, rather than battling to change what may have been well-entrenched over many generations. Franks and Curr (1996) note that this includes avoiding 'shoulds' and 'oughts'. For example, '*the mothers ought to look after their children better*', '*the fathers should control their sons*', or '*they should pick up the rubbish*'. Your energy will be wasted trying to control situations that for the most part you are taking at face value from your first impressions. What is needed is time to let these first impressions sit until you are able to see what lies beneath them and gain an understanding of how better to work with them rather than *against* them.

## Conduct

Conduct can also be summed up in one word – *respect*.

Respect should be an inherent part of your interaction with everybody within the community. Being disrespectful is seen as ignorant and selfish.

In Aboriginal communities, you need to carefully consider how you behave. Get to know people and their habits before taking up invitations to go to the social events. Among many non-Aboriginal groups, it is acceptable for men and women to mix freely on social and professional levels. Such mixing is not always acceptable in an Aboriginal context where women tend to mix with women and men tend to mix with men. For example, while it may be quite acceptable for a non-Aboriginal female health professional to treat male Aboriginal clients, it may not be proper for her to interact socially with such men unless accompanied by a chaperone. To do otherwise could leave the health professional open to community gossip and shaming, which does not help establish relationships of mutual respect.

A lot of health professionals socialise among the community, but the wise hands do it in a gradual way. One of the difficulties with outside health professionals coming and going from Aboriginal communities is that often they break social rules. Yet they may not be there long enough to learn any differently, or even find out they have offended others, socially or professionally. The best way to start to socialise is by joining people for a cup of tea.

Some general tips on conduct include:

## DO

- treat people gently, both physically and emotionally
- greet people respectfully and speak softly
- act politely and demonstrate an interest in people and the community through recognition – a smile, a wave, a small sign
- conduct your private life in a discreet manner
- observe others when communicating and take their lead, particularly regarding shaking hands and eye contact
- ask for advice in any given situation where you are unsure of what to do or how to act – people will always be happy to teach you
- not be impatient or raise your voice with anybody – particularly older people or children.

## DO NOT

- speak harshly to someone that is drunk – speak to them in the same manner you would a sober person
- badmouth or enter into gossip about anyone in the community
- swear around anyone in the community
- drink alcohol in alcohol-free (dry) areas
- take illegal drugs
- eat in front of others if they are not eating
- assume that you know everything. Aboriginal people are not fond of people who talk too much about their assumed knowledge and try to 'big note' themselves, particularly in regard to assumed knowledge about Aboriginal peoples and cultures.

## Safety

- always take your personal safety and security as seriously as you would anywhere else
- ask for advice on safe routes and places to walk
- be careful of dogs, but also be respectful of dogs as they are often an integral part of family life
- be careful moving around the community at night, due to the lack of light
- always let other people know where you are going.



Respect should be an inherent part of your interaction with everybody within the community.

## What to wear

The community may have certain expectations about the way you should dress. As a health professional, they may reasonably expect you will dress in a way that reflects this role. The dress code is particularly important when meeting or treating older members of the community and in company of members of the opposite sex. To dress inappropriately can cause offence and shame, resulting in community members passing comments behind your back and avoiding contact.

### Acceptable

- skirts and dresses (below the knee, not above)
- blouses, shirts and tops with sleeves
- loose trousers
- loose-fitting uniform
- comfortable, enclosed shoes.

### Unacceptable

- short skirts (above the knee)
- singlets
- sleeveless tops
- tops showing midriffs
- tight-fitting shorts
- tight-fitting or very casual jeans
- thongs or flip-flops.

It can also be appropriate to wear clothes and jewellery that have been designed and produced by the community, or that is reflective and supportive of Aboriginal culture. This can demonstrate your respect and willingness to participate in the community. However, it is a good idea to check with your colleagues, particularly Aboriginal Health Practitioners, regarding what is appropriate and when it is appropriate to wear it. Wearing such items may not be seen to be appropriate for the clinic, but welcomed outside the clinic in daily community life and at community events.

## What to take with you

RAHC staff will assist you with information about the accommodation and shopping facilities in the community you will be working in. Generally, most communities have their own local store that is stocked with all essential food items, although these can be quite expensive due to transport costs and the range is generally limited. However, while it may be necessary to buy certain non-essential items from Alice Springs or Darwin before heading out to the community – for instance specific food, cleaning or personal products – remember that by shopping locally you are also supporting the local economy. Also be aware that some of the aircraft you may need to travel on to reach a remote community will have luggage weight restrictions, so it's a good idea to bring only the extra items that you really need. If possible, seek advice on weight limitations when you are issued with your itinerary.

Before packing for your Northern Territory journey here are a few tips:

- as well as talking to RAHC staff, try to speak to the health centre staff about local accommodation. RAHC will assist in linking you with the health centre as they will have more knowledge about whether you should bring your own linen or not, where you can wash your clothes and what appliances are available to you
- be prepared for weather extremes. Even though the Northern Territory is renowned for hot sunny weather most of the time, Central Australia can have very cold overnight temperatures and a jacket or tracksuit can come in handy if you are on call during the night
- take note of the guidelines in this handbook about what to wear above and pack appropriate clothing for the community and region you will be working in
- do not take non-essential valuable items with you. Security of your valuables is your responsibility and RAHC is not liable.

### Essential items to pack:

- appropriate clothing and footwear – enough to last for the duration of your journey
- personal toiletries
- power cords for any appliances you are taking with you, such as a mobile phone charger
- money for your groceries and personal needs. Most communities have ATMs and credit card facilities but try to check the specific details for the community where you will be located before you travel.

## Greeting and addressing people

### Take the lead from others

Always observe others and follow their lead, particularly in regard to shaking hands and eye contact. These protocols differ among cultural groups and even Aboriginal people visiting other regions are not always aware of the correct protocol. Instead, they watch and learn from others.

### Greetings

Always greet people respectfully and speak softly but clearly.

### Terms of address

Take note of appropriate terms of address for people. This includes skin names and terms of reference for Elders. If you are unsure, ask for advice.

You may address people as Mr or Mrs and use their family name only. This is seen as being very respectful and will not cause the issues that using a first name can. For example, the first name may be the same as a recently deceased person.

In some communities, the name of a deceased person and even others who share the same name, is not to be spoken for a certain period of time after their passing.

In some communities, it may be expected that you call people by their skin names as opposed to their first names. This may particularly be the case with Elders. If you are unable to identify a person, you need to ask for advice. It is not appropriate to refer to anyone using terms such as 'that old man' or 'that old woman'. Ask by using various associations that are more respectful, for example 'who is the person who was here this morning?'

Old people and Elders (people who have earned status within that community for their knowledge and experience) should not be addressed by their first names, such as 'Harry'. They may be called by their skin names, or 'aunty' or 'uncle'. It is best to ask what is most appropriate rather than simply assuming what they would like to be called.

### Shaking hands and touching

In some communities, shaking hands is inappropriate for general greeting as it has a specific meaning in traditional life, notably used during sorry business. To shake hands as a general greeting can shame an Aboriginal person. It is important to note that some Aboriginal people will offer their hand despite it being inappropriate, as they may feel it is expected of them. Remember many Aboriginal people feel intimidated in dealings with non-Aboriginal people, particularly those in positions of authority such as health professionals.

Touching someone in a comforting manner is appropriate and this may involve a gentle pat on the shoulder or a stroke on the arm. However, you should be aware that it may not be appropriate for a female to touch a male, particularly an older male. It may also be inappropriate for a male to touch a female. In such situations, it is best to seek advice from an Aboriginal Health Practitioner or Elder.

### Be aware of personal space

Distancing yourself or getting too close may be misinterpreted as coldness, inappropriately intimate or pushy. The gender of the person is an important factor in how personal space is used.

Touching on the head and hair is inappropriate in some Aboriginal cultures, particularly in regard to Elders and babies. Always seek advice from your colleagues, particularly an Aboriginal Health Practitioner or an Elder, if you need to touch a person's head.

### Eye contact

In some communities eye contact may be inappropriate and avoiding eye contact can be a sign of respect. This is often misinterpreted by non-Aboriginal people in authority as inattentiveness. Lack of eye contact may also be about power or lack of power and due to factors such as personality, guilt and distrust, rather than just being put down to culture.



## Communication

### Northern Territory Aboriginal languages

A large number of Aboriginal languages are currently spoken in the Northern Territory. The Northern Territory Aboriginal Interpreter Service works with over 50 Aboriginal languages (see Box 1).

**Box 1: Aboriginal languages for which the Northern Territory Aboriginal Interpreter Service is able to offer support.**

Region	Languages
Alice Springs (Central) and Tennant Creek (Barkly)	Alyawarre, Anmatyerre, Central Arrente, Eastern Arrente, Jingili, kaititj, Mudbarra, Luritja, Ngaanyatjarra, Ngaatjatjarra, Pintupi, Pitjantjatjara, Southern Arrente Wambaya, Warlpiri, Warnmanpa, Warumungu, Western Arrente, Yankunytjatjara, Wuriaki
Borrooloola	Yanyuwa
Darwin	Larrakia
North Eastern Arnhem	Yolngu languages: Dhay'yi – Djarrwark, Dhalwangu Dhangu – Golumala, rirratjinu, Galpu, Wangurri Dhuwala – Gupapuyngu, Gumatj, Manggalili Dhuwala – Wubulkarra, Madarrpa Dhuwal – Djambarrpuyngu, Liyagalawumirr, Datiwuy Dhuwal – Marrangu, Djapu Djangu – Warramiri, Mandatja Djinang – Murrungun, Mildjingi, Wulagi
Groote Eylandt	Alawa, Anindilyakwa, kriol, Nunggubuyu
Katherine	Gurrindji, Jawoyn, kriol, Mayali, Ngaringman, Walpiri, Nunggubuyu
Kunbarlanjanja (Oenpelli), Jabiru	Burarra, kunwinjku
Litchfield (Batchelor)	Madinarl, Mariamu
Naiyu Nambiyu (Daly River), Peppimenarti	kriol, Ngangikurrungur, Ngangiwumirri, Marithiel
Maningrida	Burarra, Djambarrpuyngu, Djinang, Guninggu, Gurrgoni, kriol, Nakkara, Ndjebbana, Rembarrnga, Yanyangu
Ngukurr	kriol, Marra
Tiwi Islands	Tiwi
Wadeye (Port Keats)	Mari-Jarran, Murrinh-Patha, Nungu Jamidi
Waruwi (Goulburn Island)	Maung, Walang, Iwaidja

## Language

You may notice that while many Aboriginal people speak English, it is often Kriol or a dialect rather than a standard form of English. You may find that even when the language is known, tonal differences, colloquialisms and other factors obscure the meaning, which can block your access to important cues for responding appropriately.

You should also remember that Aboriginal people may have difficulty understanding you and conveying the message they are trying to get across. There is no simple solution to this. It requires your willingness to make the situation as comfortable as possible for your Aboriginal clients and taking the time to learn to interpret such cues. Make use of interpreter services (both face-to-face and telephone), speak in simple language and take the time to explain.

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*According to Australian Bureau of Statistics data (2011) most Indigenous people (about 83%) spoke only English at home, which is similar to the figure for non-Indigenous Australians. About one in eight Indigenous Australians (11%) reported that they spoke an Aboriginal or Torres Strait Island (Australian Indigenous) language at home. Indigenous languages were much more likely to be reported by Aboriginal and Torres Strait Islander people living in geographically remote areas. Over half the Indigenous people living in very remote areas (55%) reported using an Indigenous language, compared with 1% of those in major cities and inner regional areas. Aboriginal and Torres Strait Islander people aged 25 to 44 years reported the highest rate of speaking English well or very well (91%).*

*Arrente and Warlpiri, from Central Australia and Dhuwal-Dhuwal, from Eastern Arnhem Land, were the most commonly spoken Indigenous languages. Kriol is a commonly understood language from Western Queensland and across the northern half of the Northern Territory to Western Australia.*

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## Non-verbal communication

The unspoken messages given and received in Aboriginal cultures probably have the greatest impact on communication and the potential for rapport between health professionals and clients. You will find that Aboriginal Health Practitioners are particularly adept at interpreting non-verbal messages from Aboriginal clients. Reading between the lines is not difficult to learn but it does require time.

## Silence

For many Aboriginal people, silence is used as part of communication styles and varies depending upon which community you are in. For example, silence can be used as a form of respect, contemplation, disagreement, or to allow time to reflect and consider. Aboriginal people may not speak up and therefore their concerns may not be seen as urgent.

People may be quite happy to sit and, aside from the occasional comment, there is no obligation to keep the conversation flowing. For those used to interactions which have a particular social or professional focus, being able to relax and accept such silences can prove difficult and even stressful. The best way to deal with this is to sit back and listen, learn to relax with silences and tune into the speech patterns and idioms of the community.



## Questioning

Conversational style, idiom and etiquette differ between language groups. Direct questioning is not very common (or polite) in Aboriginal conversation and questions are usually simple.

Franks and Curr (1996) note that as a health professional you often need to ask questions, so consider the way in which you do so. Ask only one question at a time and try not to ask compound questions (e.g. 'Is it this way, that way or the other way?').

Be aware that silence in response to a question may mean that the person does not understand the question, does not know the answer, or may know but is lacking the confidence to reply. Try reframing the question in a different way, making it more specific as opposed to general. Or if it was a compound question, break it up.

## Take care to look for other meanings

As a result of past experiences with racism and discrimination, as well as experiencing a marginalised position in Australian society, Aboriginal people may sometimes act in a way that they feel is expected of them. Of course, this may not be indicative of their true feelings, needs or wishes. Take care to make the person feel as comfortable and confident as possible.

## Go with the flow – allow a circular, time-rich process

Exact timing and meeting deadlines are less of a priority in traditional Aboriginal cultures. Everything done needs to be in tune with cultural responsibilities and obligations. If requests to do something fit into this order, then it will be done. If there is no meaning or purpose, then the chances are a person will neither turn up for a meeting nor carry out their duty statement as it is described. Franks and Curr (1996, p.67) state:

The skill in working inter-culturally is to identify what the task is and then adjust the circumstance under which it is to be done so as to not compromise Aboriginal priorities. This is not to say Aboriginal people cannot adapt to a contemporary lifestyle – that they can and do is obvious in any community – the adaptation must have meaning and significance in relation to traditional values.

Building good relationships takes a lot of time, energy and effort. Culturally, Aboriginal people work with process, whereas Western culture has become outcome-oriented. Many Aboriginal people find the usual practice of the health professional asking, 'What seems to be the problem?' or 'What is wrong with you?' very affronting. This is because Aboriginal ways of helping include allowing for a circular, time-rich process of yarning and storytelling (Lynn, Thorpe and Miles, 1998).

Time needs to be spent allowing the client to talk about other topics – often completely unrelated to their health and wellbeing – until they feel sufficiently comfortable to then introduce the problem or issue. If you as a health professional can enable this circular and time-rich process to occur, the client is then free to determine the content, direction and pace of the interaction between themselves and you. This helps build rapport and trust.





## Discussion of sensitive issues

Sometimes there may be a need to discuss a sensitive issue, initiated either by you or by the client. It is more appropriate to discuss other general, comfortable issues first and work your way gently to the issue, rather than to start the conversation by directly addressing the sensitive issue. Discussions are best held in situations where there is enough time to ensure that the conversation can initially be non-directed and to allow for sharing and 'going with the flow'. Importantly, you need to ensure that you talk plainly and simply and that your approach is non-shaming.

## Dealing with issues and conflict

Typical non-Aboriginal approaches to dealing with conflict include:

- confrontation
- discussion
- professional networking
- meetings (formal and informal)
- socialising
- industrial action
- grievance procedures
- arbitration, mediation, negotiation.

Typical Aboriginal approaches to dealing with conflict include:

- discussions with families
- allowing space and time
- consultation with Elders in the community
- avoidance
- belief that relationships are more important than the issues
- open discussion
- talking circles to explore the issues
- sharing stories
- factionalism.

## Where can I walk?

Every part of Aboriginal land is a place of significance and is an intrinsic component of cultural life. For this reason, there can be places, even in communities, where you are not able to walk or visit. One of your first questions needs to be, 'Where can I walk?'

## Buying artwork

Within many Aboriginal communities, many community members are artists. They may have arrangements with galleries to sell their works, however many may also sell their works privately, as is their right.

Purchasing artwork from members of the community is also your right. However, be aware that while it can be seen as being supportive of the community, some community members may be wary of your intentions as non-Aboriginal people frequently take advantage of low prices when buying direct from artists and stock-up on Aboriginal art pieces to later sell on for profit. This behaviour is obviously seen by many community members as unethical and inappropriate. If you intend to buy from a gallery, ensure the gallery owners have a good reputation among the community and look after their artists rather than exploiting them.

## Taking photographs

It is fine to travel with your personal camera or video recorder, but there are a few things to be aware of before you start filming in an Aboriginal community. Be courteous and always check with the person you are intending to photograph before taking a photo. Just as you wouldn't like someone coming into your home and taking photos of your family and your belongings without permission, it is the same for Aboriginal people.

Speak with your health centre colleagues about the use of cameras in the community. If there is an issue with the use of photographic equipment, then you must respect this rule. You will find that once you become more familiar with the community your opportunities for taking photos will greatly improve.

Be aware of sacred sites around the community that will be off limits to you. Taking photographs of these sites without permission will be strictly forbidden.

Taking photographs of children will require the permission of their parents or guardians.

Avoid walking around the community taking random happy snaps of everything you see. Always ask permission before you take photographs of homes or campsites.

*Aboriginal people may have difficulty understanding you and conveying the message they are trying to get across.*



# Working *within* the kinship network



## The kinship network

Kinship relationships in Aboriginal communities are both biological and – through marrying correctly – non-biological. However, kinship encompasses much more than this. It is about all the relationships that are professional, personal and family, that you will have throughout your life.

Kinship looms large in all the tasks, communications and processes of every day activities. Kinship is social order, governance, world view and it is the preferred way of doing things. Kinship is culture, which is not static. It is evolving and compromising to the world we now live in.

## Aboriginal kinship systems of the Northern Territory

- Aboriginal people think differently about family and extended family compared with non-Aboriginal people
- in every Aboriginal community in the Northern Territory members are using kinship
- there is biological (straight or full) family and there is kinship family
- Aboriginal people have many mothers, fathers, aunts, uncles, sons, daughters, nieces and nephews
- kinship, clans and language influence how a majority of the Northern Territory communities operate on a daily basis
- there are double relationship names, such as cousin – brother or niece – daughter

- even when Aboriginal people come into major centres they still follow kinship rules
- members are constantly making connections with people to confirm family and relationships
- when people die, the relationships between the living family members may change.

Having a basic understanding of the kinship network and the roles and responsibilities of people within this network can help you greatly in your own role as a health professional within the Aboriginal community.

Western society is strongly individualistic, while Aboriginal society emphasises membership of a group and the obligations and responsibilities of individuals to meet the expectations of others. For many Aboriginal people, family and community are of central significance and group interests and needs are a fundamental part of an individual's identity and self-fulfillment. Personal identity and self-esteem is expressed in places of belonging and one's place within the extended family, rather than individualistic characteristics or achievements.

Traditional Aboriginal societies functioned by means of kinship networks, which formed the basis of social relationships and maintained social order. Kinship relationships go beyond the extended family and include unions without blood or marital ties.

The kinship system has continued to evolve and adapt as part of Aboriginal culture, with Aboriginal families in urban, rural and remote areas still exhibiting kinship structures that provide psychological and physical support and security.

Every language group has its own version of kinship. What you are taught about kinship in North Eastern Arnhem Land may not be exactly the same in North Western Arnhem Land.

Language and kinship are like all other components of culture – they are always evolving. Aboriginal people are constantly adjusting their culture to fit within the dominant culture and to fit within the great diversity of other Aboriginal cultures in the Northern Territory.

Kinship is a life-long learning process and to fully grasp and understand all the rules and concepts people must apply it in their daily routines.

Do not be discouraged by the complexity of kinship. Just be aware of it and how it is used. Understanding family and how kinship is applied to the processes and tasks of Aboriginal people living in both remote urban communities, is enough.

Kinship relationships are commonly governed by a set of 16 ‘skin names’. You get your skin name from your mother – it is predetermined and follows a cycle. All Aboriginal people in the community have one of these 16 names. The names are all your biological family, marriage partner and in-laws. Every task you do will be in compliance with the rules and norms of kinship. Kinship is 24 hours a day, 365 days a year, in the shop, school, clinic, every house and workplace. Every person in the community can draw on this set of 16 names to make a kinship (family) relationship.

Some examples, according to language group, are as follows.

### Language group: Iwaidja – Minjilang and Cobourg Peninsula

#### Skin names

Male Skin Names	Female Skin Names
Nawulanj	Ngalulanj
Nangarrij	Ngalngarrij
Nawmut	Ngalamut
Namarrang	Ngalamarrang
Nangila	Ngalangila
Nawagaj	Ngalawaj
Nawuyug	Ngalwuyug
Nawangari	Ngalwangari

### Language group: Warlpiri – Central Desert

#### Skin names

Male Skin Names	Female Skin Names
Japaljarri	Napaljarri
Japangardi	Napangardi
Jakamarra	Nakamarra
Jampijinpa	Nampijinpa
Jungarrayi	Nungarrayi
Japanangka	Napanangka
Jupurrula	Napurrula
Jangala	Nangala

## Roles and responsibilities

There are many aspects to the kinship network: who can be spoken to, who has to be avoided, who has specific responsibilities and obligations, who guides, who teaches, who marries whom and who attends to passing away ceremonies. These are all contained in the guidelines laid down within the kinship protocols.

Franks and Curr (1996, p.38-39) provide the following description of the roles of different members of the kinship group as relevant to Central Australia:

Within a 'family' unit, all the father's brothers are fathers and all the mother's sisters are mothers. A father's sister is an aunt and a mother's brother is an uncle.

### Grandfathers

The paternal grandfather(s) guides the young man through land, culture and kinship knowledge, back into the previous generations. This can be thought of as a companionable relationship, with physical, mental and spiritual dimensions. The maternal grandfather(s) teaches the grandson ceremonies and understanding of his mother's [relationship to country]: the grandfather can speak on the mother's behalf. This relationship is an instructional one and is more formal than the paternal grandfather(s).

### Grandmothers

The mother's mother has a particularly close relationship with her granddaughter. It is that of friend, supporter, confidante, ceremonial partner and comforter. This is a relationship of unconditional acceptance, identifiable by the level of trust and enjoyment derived from each other. The father's mother has a more formal relationship with her grandchildren.

### Fathers

The father(s) have the same responsibilities and obligations to the son as the paternal grandfather(s).

### Mother

A mother's primary role is one of nurture. She feeds, clothes and loves her child. Other members of the kinship network perform the more rigorous duties of discipline and teaching. If the mother steps outside her defined boundaries, she is chastised by those whose responsibility it is to perform the duties. Mother and daughter participate and support each other during ceremonies and sorry business.

### Son

A son has responsibilities and obligations to both his father and grandfathers. These include a caring role and ceremonial responsibilities to any father or grandfather within the kinship system.

### Daughter

There is a loving relationship between mother and daughter. A daughter's role is both to look after her mother's social needs and participate and support her during ceremonies and sorry.

### Uncle

The role of uncle(s) is linked to the various developmental stage of the nieces' and nephews' growth. That is, the roles change according to age. From the time the children are small, the uncles are responsible for the discipline of their nephews and nieces. As young men separate from their mothers, the uncles assume the nurturing of the young men. Their role with their nieces, although caring, becomes more formal as they grow up. They provide support during sorry business for their sisters, nephews and nieces.

### Aunt

Their role is one of strict ceremonial protocol. The significance of niece/aunt relationships cannot be emphasised enough; it encompasses every aspect of living. There is utmost respect between these two people. It is personally special, as an aunt provides a unique friendship combined with teaching, formality, humour and support.

*A basic rule of thumb is to think of the way you would like to be treated in any of your own close relationships.*



## Avoidance and Poison relationships

Within the kinship network there are also avoidance relationships between people that are lifelong. Some of these are public knowledge and some are private. Franks and Curr (1996, p.68) provide the following description of public knowledge avoidance relationships:

These avoidance relationships are about respecting your family and are not about disrespect. The term 'poison' is also used to describe avoidance, this term is meant with respect. You do not touch or go near poison.

### Mother-in-law/son-in-law

Always 'no room' – this avoidance relationship is practised throughout Central Australia.

### Paradoxical relationships

Sometimes 'no room' – these relationships are complex and sometimes appear contradictory, hence the term 'paradoxical'. As well as an avoidance component, other aspects of these relationships include friendship, protector, third choice partner and grandparent. The avoidance component is related to ceremonial protocols.

### Daughter-in-law/father-in-law

Formal 'room' – this is a formal relationship which involves no eye contact, sitting sideways from one another, sitting a fair distance apart and involves the daughter-in-law having special duties of care.

Very young children are not affected by avoidance protocol. You need to be aware that such relationships exist and may explain why the Aboriginal Health Practitioner is unable to work with certain clients, or why particular people are unable to attend the same meeting together.

## Avoidance in names

Some people may not be able to say another's name due to avoidance but people can say the initial of the person's name or use the names of those people's children to identify them. For example, a woman cannot say the name of her brother James, so she identifies him as 'my brother starting with J'. She could also have identified her brother as David's father as James has a son named David.

Brothers and sisters should never:

- touch each other (ever)
- give anything to each other (use another person)
- talk to each other directly (use another person)
- say each other's names (gender specific)
- be in the same room together (at any time)
- attend each other's funeral.

## Right skin relationships

You may hear the term 'right skin' being used in conversation. This term relates to the people who can marry each other and their siblings. These people call each other right skin and want to work together and help each other. Aboriginal Health Practitioners constantly have to compromise their professional and cultural ethics due to the avoidance issues within their culture.

These avoidance rules will vary throughout the Northern Territory.

## Where do you fit in?

As noted, the kinship system is a major foundation of Aboriginal existence and way of viewing the world. Aboriginal people like to identify themselves by their family relationships. For example, upon meeting, Aboriginal people will often question each other about where they are from, who they are related to and who they know. They are often looking for some common ground and kinship system which will determine how they will relate to each other. It may be useful for you as a non-Aboriginal to share personal information about yourself upon meeting others, including where you come from and other Aboriginal and Torres Strait Islander communities where you may have worked.

Franks and Curr (1996, p.68) state:

.....  
*Friendship for Aboriginal people is a relationship within the kinship network. There is a designated role attached to friendship which has its accompanying obligations and responsibilities. For a person outside the kinship network, relationships remain at an acquaintance level of intimacy. Even when a person is fitted into the kinship network, the obligations and the responsibilities have to be fully acknowledged and accepted in order for true intimacy and trust to develop. Clearly this is a different concept from contemporary Western friendships, which have other less formal protocols attached to them.*  
.....

## When offered a skin name

If a non-Aboriginal person is around an Aboriginal culture for an extended period, they may be given an opportunity to be adopted into the kinship network. This would not strictly be an adoption in the Western sense, but the assignment of a skin name so that the individual has a skin group and may interact with people in the proper way, knowing who to avoid and what relationships and obligations are held in regard to others.

Being given a skin name does not mean you have been initiated but it does provide you with a place within the kinship network. It is also a significant mark of respect and will only be offered after much consideration and discussion among Elders. It is highly unlikely that a health professional with only a short-term connection to an Aboriginal community would be offered a skin name.

Aboriginal people also understand that, despite having a skin name, most non-Aboriginal people do not have the same kinship obligations and responsibilities as other community members. However, in the event that you are offered a skin name, it is important to be aware of at least some of the complex interplay of relationships and expectations. For example:

- your new skin name may mean you are now considered husband/wife to particular members of the community or in a similar relationship
- your new kinship relationships may mean it becomes problematic to treat or communicate with certain members of the community due to avoidance relationships
- there may be certain obligations and commitments that you are now expected to honour and these may include ceremony obligations
- you may have inadvertently taken a side in community politics/relationships which will again impact on your role as a health professional.

To decline the offer of a skin name may cause offence, but be as open as you can about any misgivings you may have in terms of your lack of cultural awareness. In some cases non-Aboriginal people have been referred to as 'brother' or 'sister' in the community, which may be a better option and again is an acknowledgement of your acceptance in the community but does not entail the complex kinship system.

## Working with the right members of the kinship network

When caring for Aboriginal clients, you will often need to involve and inform members of their family regarding details of their condition and care. It's important to make sure you are involving and informing the right person within the family, or kinship network, to ensure that the right story can be passed on. Information might not be shared or communicated fully if the Aboriginal people consulted with are not in the right relationship to the client. The best way is to ask around about who is best to talk to in the context of what is needed for the client.

Particularly in the case of palliative care, it is important not to talk to just one person but to as many family members as possible. Family meetings may be the best method of achieving this.

## Reciprocity – sharing

Functional Aboriginal culture has a basic commitment to sharing. It occurs within the kinship network and is typically seen in child rearing, food distribution, ceremonial obligations and housing arrangements. No one can be denied access to sharing. Each person reciprocates so no one has the full responsibility to provide all needs.

Sharing brings with it associated obligations and responsibilities. It's most important for you to act naturally and adapt the protocols and etiquette you know from your own culture.

A basic rule of thumb is to think of the way you would like to be treated in any of your own close relationships. To be placed within the kinship network means sharing in the same way that you would in any other intimate relationship. Any good relationship occasionally entails doing things you would rather not do. However, all relationships have boundaries and friendships within the kinship network are no exception. It is alright to say 'no'. Everyone's boundaries are different and it will be necessary for you to define yours while living in an Aboriginal community.

## Working with Elders

Elders are people within the Aboriginal community who have earned status within that community for their knowledge and experience. Elders are to be shown total respect.

Old age is considered to be the time for wisdom. Children often go to older people for advice, comfort, affection, or story telling. Elders have a very important role in traditional and contemporary Aboriginal families. They are often the key decision makers. They teach important traditional skills and customs, pass on knowledge and share personal stories.

When working with Elders it is important to dress appropriately and use respectful terms of reference.

As a health professional, it is helpful for you to have contact with Elders in the community, as they can provide you with useful advice and guidance in many matters.





# Birth *and* childhood



## Birth

Traditionally, birth occurred at a specific birthing place, with the woman attended by specific female skin relatives from the kinship network.

Today, while many Aboriginal births occur in hospital, there have been a number of developments in terms of providing more traditional practices within a medical environment. There can be some tension regarding the decision to either have the baby in hospital or at home in the community. High infant mortality rates lead to calls for hospital births, while within the community there can be pressures for children to be born at home in order to firmly establish their birth-rights for the future.

Pregnancy and birth are generally not to be discussed with the male partner of a female client. In the event of a medical emergency that may involve a woman being evacuated to hospital, the medical condition can be discussed, but not the actual pregnancy. Ask the Aboriginal Health Practitioner either to contact the relevant females within the kinship network, or advise you on what is acceptable procedure. If available, the sister, grandmother, cousin or aunt is the best person to provide you with the necessary guidance and advice.

If there is a serious life-threatening event, protocols can be breached and professional services given.

As a matter of course, Aboriginal women should be attended by female midwives. A male health professional should offer assistance and then wait until asked for help. Traditionally, men are never present at the birth of a child. This may still be the

practice in the community you are working with. Again, ask the Aboriginal Health Practitioner or an Elder for guidance regarding birth and pregnancy protocols specific to that community, particularly if you are a male health professional. Further advice should also be sought from the female client themselves and their sisters, grandmother, cousins or aunts.

After the birth the mother and baby return to the community where both may attend a smoking ceremony for strength, health and spiritual celebration. Often the mother returns to routine life when the child's umbilical cord has dropped off. Babies are identified by their skin name, which identifies their place within the kinship network. This ensures that there are people within the network who have a special interest in the child's welfare, as well as others who have particular responsibilities and obligations in regard to the child's upbringing.

A baby's hair is not to be cut – check with the family in regard to touching a baby on the head or if there is a medical reason for cutting the hair.

## Childhood

A child is a gift to the entire kinship network and is highly valued. Children are given constant affection and child-rearing is shared by all those who have a responsibility to the child within the kinship network. Each of these people has their specific role essential to healthy child rearing. Gaining a basic understanding of these roles can help you in your clinical practice.

For example, although the mother is responsible for feeding and nurturing her child and keeping them contented, others within the kinship network often have responsibility for guidance, teaching and ceremonial life (this could include taking responsibility when a child is sick). This makes it difficult for the mother to perform certain activities, for example administering medicine, as this would cause distress to the child and herself and she would be criticised by others for making the child unhappy. This is noted in the following excerpt from Franks and Curr (1996, p.136)

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*For the first time I began to see the impact of skin relationships and how to get the right person to achieve a desired response. Instead of getting frustrated with mothers who would not bring their babies back for a full course of needles, I could ask the aunt or grandmother and it would more often than not get done.*

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Therefore, you should consider other members of the child's extended family to be as involved and influential as the mother and father would be.

Affection is an essential ingredient of child discipline. Intervention by adults outside a defined kin group is rarely accepted. Teaching is done by demonstration and participation rather than instruction.



# Dying, death *and* sorry business



## Dying

### Diagnosis, information and support

Giving a diagnosis of a serious, terminal illness can be difficult in situations involving Aboriginal clients and their families. Health professionals have reported difficulties including Aboriginal understanding of terminal illness and reluctance on behalf of the client and their family to find out bad news. Many avoid seeking palliative support. Aboriginal Health Practitioners may find it difficult to talk to a client about the fact that they are dying. As the non-Aboriginal health professional, you need to talk honestly and firmly with the client and their family about what is happening and ensure the information is understood. This also includes information about the effects and side effects of treatment.

There do not appear to be any Aboriginal words for cancer and it is an issue that is surrounded by a lot of fear and relatively little community awareness. There may be many misconceptions regarding cancer, such as that non-Aboriginal people are not susceptible to it and regarding its causes and treatment.

In relation to cancer, research by McGrath and Holewa (2006) found that in outstations, people still hold strong faiths related to the use of bush medicine and bush tucker, rather than the Western beliefs associated with cancer diagnosis and treatment. The idea of cancer is typically understood from notions of black magic and spirits. But increasingly, if the person who has died has been pre-diagnosed with cancer and undergone

treatment, Aboriginal people are more likely to accept the explanation of cancer. If the cancer is detected at the end stage when the only treatment available is palliative, these people are still commonly said to have been cursed by black magic. This indicates the need for more education and information about cancer.

Try to ensure you give the client and family enough time and opportunity for the information to be understood and for them to consider and discuss it.

### Place of death

Many Aboriginal people feel strongly about their place of death and who cares for them. Many Aboriginal people prefer to go home to die rather than die in hospital.

For clients who have to be relocated for respite, it is essential that an escort accompany them. Help families understand that it is important to choose the right escort as they will need to be making serious end-of-life decisions. It may also be desirable for another person to support the escort. Ensure that escorts have contacts for support people such as Aboriginal liaison officers who are employed to work with mainstream health services such as hospitals and whose role essentially serves as a bridge between the health system and the Aboriginal client and their community. The Aboriginal liaison officer is able to advocate for the Aboriginal client and their family and can also provide much needed information, including explaining details such as accommodation and directions to hospital, as well as assist with finances. Escorts should have a contact person within the hospital framework.

A smoking ceremony may be held within a place where someone has died to cleanse all the spirits from the house and area. In some cultures, the family of a relative who has died in the family home will move out of the house and may even go to another community. This makes it easy to lose the house to others who move in, which can potentially result in homelessness.

### Cultural issues relating to care

McGrath and Holewa (2006) note that:

- an Aboriginal person who is dying and receiving palliative care may wish to go out to communities and touch base with country – this may be essential for their spiritual wellbeing
- many Aboriginal people have Christian as well as traditional beliefs – this translates into mixed beliefs
- in some cultures it may not be appropriate for certain family members to be present when blood is being taken from the person who is dying (for example, it may be inappropriate for the husband to be present when blood is taken from his wife)
- elders may require carers to be of a particular gender
- it may be inappropriate for others to look at an Elder's face when they are dying – even when coming into the room, people may have to shield their face
- particular ceremonies may apply in the situation of an Aboriginal person who is dying – this may involve singing special songs
- when an Aboriginal person is dying, many people will want to visit and pay their respects.

## Making decisions

One important factor affecting decision-making, particularly relating to ending curative treatment and relying on palliative care, is that of payback. The person who makes the decision for the dying person regarding particular interventions and medication may later be subject to blame and payback. This includes Aboriginal Health Practitioners, who may be subject to blame and payback for administering medication which if close to the time of death, may be seen as the cause of death.

It is essential that end-of-life decisions are made by a person who has respect because of their relationship to the dying person and who is well supported by the community in making these decisions.

## Family meetings

It is important that you find the appropriate person to care and make decisions for the person who is dying. This person (or people) needs to have the right relationships to the dying person. It is also important that the whole family and community is involved when providing information regarding the client's condition and planning care. The involvement of the Aboriginal Health Practitioner is crucial, however there may be situations where the worker is unable to act effectively and may need the support and assistance of other suitable members of the community. Interpreter services should also be used where necessary.

It is important that family meetings are held before starting any interventions and that they are regular enough to enable the discussion of the client's progress. The family needs to be given time to plan for the end of life, obtain money for burial and make initial plans regarding where the person will be buried.

## Death

When a death occurs in an Aboriginal community, the person is generally referred to as having passed away. Passing away conveys the images of going through, not to return and going on a journey.

The name of the deceased is now not to be used. The name can be written down but not spoken. To refer to the deceased person to other family members you could say 'your father', 'your brother', 'your uncle', or whatever the relationship may be. Deceased people may be identified by their children's names ('Ricky's father').

In the Top End of the Northern Territory, smoking ceremonies take place at the deceased's house, workplace, shop, clinic, ambulance and other community vehicles, one, two, or three weeks leading up to the funeral. An ochre band will also be lined around buildings and vehicles.

The right people need to handle the body, including collecting the body and bringing it back to the community. It is important that health professionals understand this and enable this to happen.

In both coronial and non-coronial cases, the post-mortem needs to be discussed sensitively with the family members of the deceased, providing as much information as possible and taking the time to ensure everything is understood. In regard to post-mortems, it is appropriate to respect Aboriginal culture, however still treat people as individuals by offering the family of the deceased the same range of choices as anyone else.

Family and friends may gather in the house of the person closest to the one who died. While everyone is clearly grieving, it is also often a time to divert the pain of the loss through humour and tales of special memories – the love, jokes, adventures and trials they shared.

Many Aboriginal people will travel great distances to attend funerals and will be expected to do so even for deaths outside their immediate network. Not to do so would be disrespectful and result in shame. Often many members of the community will attend the funeral, which may mean that many activities within the community, including services, will be cancelled, postponed or closed for that day. Economic problems commonly occur in relation to the cost of funerals and the cost of travel to attend funerals.

Before the funeral, grieving relatives are supported by the community to ensure those most affected are looked after with enough to eat and enough sleep. After the funeral, a similar network of support and comfort is provided. Large groups may gather to look after those who are grieving to divert them from becoming too distressed and to ensure they have what they need to cope in the times ahead.

There may also be other ceremonies after a person has died. For example, a further ceremony may be held a year later. This may involve a smoking ceremony and the distribution of clothes.

In general, it is appropriate for you to quietly acknowledge the loss for the family involved and express your sympathy.



## Sorry business

Sorry business is the time of mourning following the death of an Aboriginal person. The term 'sorry business' is frequently connected to a death in the Aboriginal community but is also used to describe other events such as the forcible removal of Aboriginal children from their families and communities. The degree and intensity of mourning ceremonies are in direct proportion to the esteem the person was held in by the community and the level of responsibility that person had. The mourning process is designed to remember, let go of the memory and heal the grief of the community.

Sorry can vary in time from days to months, or in exceptional circumstances, years. During this time, sign language is often used as a means of communication between those grieving and the wider community. In some communities, the name of the deceased is never mentioned again. In others, it is not mentioned for a certain period of time. This may also extend to others still living who share the same name. Images of the deceased may no longer be shown. In other communities, it is important to remember the person frequently and to talk about their contribution to the community.

Franks and Curr (1996) note that some common Aboriginal responses to grief may include:

- crying and wailing – showing sadness as a means of showing respect
- ceremony singing, which involves certain songs and ceremony for the passing of an Elder (family members)
- talking with family members, telling stories
- continuing normal/satisfying activities such as painting and fishing
- moving to a different community or area and receiving love from different family and friends
- carers may be blamed for not looking after the dying person properly – blaming can complicate grief

- there may be disputes among the family of the deceased about how and why the person died and where the person should be buried
- those who are mourning may cut themselves – Sorry cuts can be a symbolic recognition attached to the sharing of blood as both a means of sorrow and washing away of sorrow. To show your own blood is to show how much respect and love you had for the deceased.

The signs of sorry (grief and mourning) in a community may include:

- firstly a scream, secondly hitting or cutting oneself
- women may remove their tops to show their grief
- some upper clothes or all clothes are removed
- a sorry camp may be established in the community away from the customary living area
- hair cutting, which is conducted in the sorry camp. Often the head is covered when going about the community, with a scarf or t-shirt
- extensive use of sign language.

Any person is welcomed into a sorry camp to pay respect and comfort. This can be done by shaking hands, embracing or slight shaking of the head with eyes averted. As a sign of respect towards the members of the community who are in sorry, you are encouraged to wear dark-coloured clothing. You may even be asked to wear a black t-shirt or arm band. The Aboriginal Health Practitioner can advise you on any other particular protocols in regard to the community's wishes. This is a time for quiet and little spoken conversation, which recognises the need to be seen to be sorry. There may be times when daily activities within the community are stopped, such as playing music. This should also apply to music not being played in the clinic and vehicles.

Any communication with an Aboriginal person in sorry must be done through the kinship network. An Aboriginal Health Practitioner can assist you with this and find an appropriate intermediary for you.

Self-inflicted sorry cuts may be part of the traditional mourning process and as a health professional you must be respectful, stand back and not offer advice or assistance. However, if a person voluntarily presents for treatment, then it is acceptable for you to carry out whatever treatment is necessary.

If in your opinion, a sorry wound is life threatening, then the kinship network is the means by which the relevant person can be approached to mediate with the person needing the treatment. Consideration may also be given to changing clinic hours when there are sorry camps, so treatment can be given in a culturally appropriate manner during this time. A clinic can be conducted at the camp, after consultation with the relevant people.

*It is important that family meetings are held before starting any interventions and that they are regular enough to enable the discussion of the client's progress.*



# Other *cultural* considerations relating to treatment

## Blame and payback

Aboriginal cultural beliefs often vary from Western medical knowledge regarding causes, explanations and management of disease. Blame can often be directed at the carer, or other culturally perceived cause of illness or death. Blame can result in traditional punishment – sometimes referred to as payback.

A fear of blame and payback can impact on the ability and willingness of carers to effectively care for those who are ill, particularly those with a terminal illness. This obviously includes Aboriginal Health Practitioners and their role in treating clients.

In regard to giving medicine to terminally ill clients who are close to death, it is preferable if the nurse or doctor does so, to make it less likely that the Aboriginal Health Practitioner will be blamed for the death.

This also highlights the importance of providing the larger kinship network with as much information as necessary when a client requires an intervention of any sort such as surgery, so the likelihood of someone being blamed is reduced.

If an Aboriginal person requires treatment for injuries relating to payback, you should consult with the Aboriginal Health Practitioner, or in their absence an Elder, before providing treatment.

## Curses

Many Aboriginal cultures have belief systems that include curses – ‘pointing the bone’, being ‘sung’ – as a cause of illness and death. In such cases, health professionals are encouraged to facilitate the client’s access to a traditional healer (see below) in the community, through the assistance of the Aboriginal Health Practitioner or an Elder.

## Traditional healers

A traditional healer, such as the ‘Ngangkari’ of Central Australia, is generally a person who has a recognised skill of healing. This skill is often recognised at birth or during childhood. Their skills are developed by an older healer, resulting in them becoming a fully accredited healer in their own right. The role is honoured and respected by community members. There is no condition – spiritual, emotional, mental or physical – that cannot be referred to a traditional healer.

The healing power of the traditional healer should not be underestimated in the treatment of an Aboriginal client. The Aboriginal Health Practitioner will be aware of the traditional healers associated with the community. You are encouraged to use the services of these traditional healers wherever possible to complement Western treatment. This approach will give the client comprehensive treatment which uses both contemporary Western medical expertise and traditional knowledge. This can in turn bring spiritual wholeness and healing, which consequently validates functional contemporary Aboriginal life.

## Use of ochre

Ochre is a soft rock found in specific areas in the Northern Territory. Ochre has been traded between language groups in the past and is still considered a valuable gift to someone.

The use of ochre painted on the skin and hair has ceremonial significance and can also be used as a sunscreen, to give a person a sense of safekeeping, for healing purposes and as an art medium.

Different coloured ochres have different meanings. Yellow and red ochres often have connections to the land and life. White ochre is technically not an ochre but is derived from several sources, such as friable limestone and pipeclay. White ochre is generally the symbol of mourning and is synonymous with sorry business – it represents the breaking of a link with someone within the kinship network. Black ochre is invariably charcoal and is often symbolic of Aboriginal people themselves.

Respect should particularly be shown to senior people in the community wearing ochre. If you see a person covered in white ochre, you can show respect to the mourning protocol by not commenting on this.

If a client is covered in ochre, it is important that you have respect for their culture and not shame them. Ochre has been successfully used as a healing agent for a long time. You will need to look past the appearance and assess what is being done.

Ochre should never be wiped or washed off a client requiring treatment. Where a person is injured and perhaps requires suturing, ask that they wash only the injured area. If there is an infected area requiring medical attention, clean only that area after obtaining their permission. If the person has a high fever, do not sponge the ochre off. When there has been an accident or other life-threatening event, you can remove the ochre for theatre or other treatment. The decision to remove ochre should be discussed with the family as soon as possible.

## Treatment arising from ceremonial activity

Certain injuries, particularly infections, can occur as a result of ceremonial activity (see also the discussion of Men's and Women's business following).

Treatment of any males should ideally be carried out by male health professionals in consultation with the male Aboriginal Health Practitioner.

Female nurses and doctors are not allowed to look on the initiate or deal with any infections in sensitive areas. However, if there is a male Aboriginal Health Practitioner to act as an intermediary, then this can occur under their guidance.

It is important that there be no questioning about how the injury occurred, although this can be a natural response. Again, consult with the male Aboriginal Health Practitioner in these circumstances.

There can be difficulties when the male Aboriginal Health Practitioner has a father/son relationship with the initiate requiring attention. In this case, the Aboriginal Health Practitioner may be unable to approach him at the initiation camp to ascertain need for treatment, or provide treatment. In such situations, consult with an Elder.

## Hair and clothing

Hair has many meanings and purposes that are sacred, secret and private knowledge. For these reasons, hair cannot be cut without the permission of the family and cannot be thrown out.

A senior man or woman must not be touched on the head. In some Aboriginal cultures, it is also inappropriate to touch babies on the head. If treatment requires this, then permission should be sought. Consult with the Aboriginal Health Practitioner or an Elder.

If a person presents with nits, hair can be washed with preparations and combed. It cannot be cut without permission.

When there is a head injury, permission must be sought from the person for any hair to be shaved or cut. If the person is unconscious or no family is present, cut the hair and wrap it securely to be returned to the family as soon as possible. It must not be thrown out or destroyed. It must not be given to anyone other than the family.

Seek permission if a senior man's beard needs to be cut.

Hair may also be cut as a cultural response to an event in the community, such as a death. Never comment on a person's cut hair, or when a person wears a scarf.

In the event of death, the clothing of the person must be returned to the family as soon as possible, particularly if there is to be a post-mortem.

## Men's and Women's business

Within Aboriginal cultural groups some knowledge is segregated to specific genders and is commonly referred to as 'men's business' and 'women's business'. This knowledge may include stories, ceremonies and rituals. Examples include birth, initiation rituals and ceremonies for male and female youth.

In certain circumstances, it may not be appropriate for you to deal with clients of the opposite gender, or to discuss particular matters with other members of their family or community. For example, in some cases it may not be appropriate for a female health professional to speak with a male carer or member of a client's family. It may not be appropriate for male health professionals to discuss pregnancy, birth or breastfeeding issues. It may not be appropriate for either a male or female health professional to discuss pregnancy or birth with the male partner of a female client.

Again, you are best to take the lead and ask for advice from your colleagues, particularly an Aboriginal Health Practitioner or, if they are unavailable, consult with an Elder.









# Treatment *compliance*



## Medication

All matters regarding medication, including the effects and side effects, need to be explained in language understood by the Aboriginal client or carer. Many Aboriginal people, particularly men, will not report pain.

As a result of their use in palliative care, syringe drivers are associated in many Aboriginal communities with death.

Many Aboriginal people have an intense fear of euthanasia. People may be scared of medicine in drips, especially morphine. Many have a fear of medication because it makes the person sleepy.

Many members of the community, including Aboriginal Health Practitioners providing palliative care to clients who are close to death, have a fear of administering medication to others. They may fear negative outcomes that could result in blaming and payback.

Many Aboriginal people are apprehensive about injections. They prefer to use patches or administer medication orally.

Be aware of literacy problems and ensure that medication instructions account for illiteracy and language barriers.

Hearing loss is also very common in Aboriginal communities and may be another reason why a patient is not complying with medical advice.

It may be inappropriate for a mother to give her child medication because of the different roles and responsibilities within the kinship network. In such situations, it may be more effective and appropriate to pursue the issue with other members of the child's kinship network such as a grandmother or aunt.

## Informed consent

Informed consent is a difficult concept as the Western way of looking at health is very different to the Aboriginal way.

It can be difficult to get authentic informed consent, particularly in hospitals. Issues include:

- Aboriginal clients may feel intimidated
- Aboriginal clients may say 'yes' because they think this is what the doctor wants them to say
- families can become angry, especially when an Aboriginal person dies – they may be unsure what they have previously given consent for
- interpreters need to be able to translate the concept from one culture to another – the meaning behind the words
- quite often, Aboriginal people do not understand what they are giving their consent for.

The best way to overcome these issues is to ensure the client and their family has been consulted and given as much information as they require to gain a good understanding of all the facts.

In the case of an emergency, always notify the family as soon as possible of decisions made regarding interventions, otherwise there may be anger over not being adequately informed.

## Travel for treatment

The Northern Territory runs a Patient Assistance Travel Scheme (PATS) for people living in rural and remote regions who require specialist services not available in their local area. For more information, see the Resources section on p.45 of this handbook.

*All matters regarding medication, including the effects and side effects, need to be explained in language understood by the Aboriginal client or carer.*

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# Useful resources

## Aboriginal Interpreter Service (AIS)

[www.dlghs.nt.gov.au/ais](http://www.dlghs.nt.gov.au/ais)

Northern Territory Department of Local Government and Housing Central booking service 08 8999 8353 Darwin.

Alice Springs - Tel. 08 8951 5576

AIS helps to alleviate the language barriers faced by Aboriginal people throughout the Northern Territory, particularly in relation to health and legal issues. The service was established in April 2000 and maintains and uses a register of Aboriginal interpreters and languages in the Northern Territory. It provides a service for government and non-government agencies that require on-site Aboriginal language interpreters. The AIS provides a 24-hour, seven-days-a-week central booking service. Clients must provide the following information when booking an interpreter:

- name of the organisation/section requesting service
- name, skin name, age and gender of Aboriginal person requiring service
- Aboriginal language required (AIS can assist with determining the correct language)
- location, date and time the service is needed
- topic of assignment.

Bookings need to allow time for travel and accommodation arrangements to be made. Fees apply, however the Northern Territory Government has allocated additional funding to the AIS to enable non-government organisations to access the service at no cost to the organisation.

## Aboriginal primary healthcare: an evidence-based approach (third edition)

Editors Couzos S. and Murray R. (2008), Kimberley Aboriginal Medical Services Council, Oxford Press, Australia

This text is a definitive guide to best-practice management of the major health problems facing Aboriginal people and Torres Strait Islanders. It helps health practitioners, policy-makers and communities to influence health determinants, advocate for and overcome inertia to change and strengthen healthcare provision within a human rights context.

## Avoiding burn-out in remote areas: surviving the day-to-day hassles

Council of Remote Area Nurses of Australia (2000).

This text is a guide for health practitioners going to work in remote areas. It can be ordered at [www.crana.org.au](http://www.crana.org.au).

## Binan Goonj: bridging cultures in Aboriginal health (3rd edition)

Eckermann A., Dowd T., Martin M., Nixon L., Gray R. and Chong E. (2005) 2010 Eckermann A., Dowd T., Chong E., Nixon L., Gray R. and Sally Margaret Johnson (2010), Binan Goonj: Bridging cultures in Aboriginal Health. (3rd Ed), Churchill-Livingston, Chatswood, NSW.

Binan Goonj means 'hearing but not listening'. This text provides a comprehensive introduction to the historical and socio-political context of Aboriginal health and continuing Aboriginal disadvantage and marginalisation. The book is primarily aimed at non-Aboriginal healthcare providers. It can be purchased by

contacting the Council of Remote Area Nurses of Australia on 08 8959 1111 or from [www.crana.org.au](http://www.crana.org.au).

## Bush Support Service

1800 805 391 (free call)

A 24-hour confidential telephone debriefing and support for multi-disciplinary rural and remote health practitioners and their families.

## Central Australian Rural Practitioners Association

PO Box 8143  
Alice Springs NT 0871

Ph: 08 8951 4700  
Fax: 08 8951 4777

Publications include:

- CARPA standard treatment manual (th edition) 5th ed, 2009
- The Medicines Book for Aboriginal Health Practitioners
- The CARPA manual reference book
- CARPA newsletter.

Clinical procedures manual (2009) 2nd ed, Women's business manual, (2008) 4th ed.

### **Keeping company – an intercultural conversation**

(2nd edition)

Franks C. and Curr B. (2007). 2nd Ed, Whyalla, S. Aust. : Spencer Gulf Rural Health School, Australia

This text was written in partnership with traditional Aboriginal authors from central Australia. It explores the structure and complexity of the Aboriginal kinship network and protocols and the concept of true reconciliation. It can be ordered from the University of South Australia's Department of Rural Health by phoning 08 8647 6036, faxing 08 8647 6164 or emailing [udrh@unisa.edu.au](mailto:udrh@unisa.edu.au).

### **Murri Way! Aborigines and Torres Strait Islanders reconstruct social welfare practice**

Lynn R., Thorpe R. and Miles D. (1998).

This report details findings from a research project into Aboriginal and Torres Strait Islander helping in a social welfare context.

### **The living model: a resource manual for Indigenous palliative care service delivery**

McGrath P. and Holewa H. (2006).

This report presents a flexible, detailed and unique model for appropriate Indigenous palliative care service delivery.

It has been developed from a two-year National Health and Medical Research Council funded study exploring palliative care service delivery within Aboriginal communities of the Northern Territory. It is available from the Central University of Queensland by phoning 07 4930 9886.

### **The Public Health Bush Book**

Northern Territory Department of Health and Community Services

PO Box 40596  
Casuarina NT 0811  
Ph: 08 8985 8019  
Fax: 08 8985 8016

The Public Health Bush Book is a valuable resource of two volumes for those who work in remote Aboriginal communities in the Northern Territory. It is written by those who have worked in and with remote community healthcare teams. The book can be ordered in hard copy, or downloaded from [www.health.nt.gov.au/Health\\_Promotion/Bush\\_Book/index.aspx](http://www.health.nt.gov.au/Health_Promotion/Bush_Book/index.aspx).

### **Sharing the True Stories: Improving communication between health staff and Aboriginal patients**

Coulehan K., Brown I., Christie M., Gorham G., Lowell A., Marrnganyin B. and Patel B.

This report comes in two volumes, covering each stage of a two-stage research project designed to identify strategies to improve communication between health staff and Aboriginal patients – a key determinant in improving health outcomes for Aboriginal people. Originally funded by the Cooperative Research Centre for Aboriginal Health, both volumes are available in hard copy from the Lowitja Institute or can be downloaded from [www.lowitja.org.au/lowitja-publishing](http://www.lowitja.org.au/lowitja-publishing).

### **Do not move the furniture and other advice for new remote area nurses (RANs)**

Lenthall S., Gordon V., Knight S., Aitken R. and Ivanhoe T., 2012

Published by Australian Journal of Rural Health (2012) 20(1), 44-45

Trudgeon, R (2000), Why Warriors lie down and die: Djambatj Mala, Aboriginal Resource Development Services, Darwin NT.

### **'Towards an understanding of why the Aboriginal people of Arnhem Land face the greatest crisis in health and education since European contact'**

Carson B., Dunbar T., Chenhall R. and Bailie R. (2007). Social determinants of Indigenous Health. Alen and Unwin, Australia

Shifting the focus from individual behaviour, to the social and political circumstances that influence people's lives and ultimately their health, helps us to understand the origins of poor health. It can also guide action to bring about change.

### **Social Determinants of Indigenous Health offers a systematic overview of the relationship between the social and political environment and health.**

Taylor, K. and Guerin, P. (2010). Health Care and Indigenous Australians: Cultural safety in practice. Palgrave MacMillan, Victoria, Australia

A book that focuses on the healthcare professional and what they can do to contribute to improving the health outcomes of Indigenous Australians. The book uses a cultural safety approach for health students or professionals wanting to improve their practice. With 14 Chapters that include activities, critical thinking questions, poems, 'making it local' activities and case scenarios, readers will find that the material provides opportunities to think in new ways about Indigenous health and about their practice more generally.

*These are just a few. There are many others out there including local or specific people or country-orientated and new ones continually being produced so keep your eyes open!*





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