

NSW ABORIGINAL SEXUAL HEALTH RESOURCE

# Cultural Respect & Communication Guide

**A resource to assist sexual health service delivery to  
Aboriginal communities**



NORTH COAST  
AREA HEALTH SERVICE  
NSW HEALTH



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North Coast Area Health Service 2009

Acknowledgements  
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## The Importance of History

As has been noted in the introduction, the history of Aboriginal people in Australia is one fraught with conflict, discrimination and difficulty. While there has been an increasing recognition of Aboriginal disadvantage over the past 20 years, much of the disadvantage remains today<sup>5</sup>.

For service providers, in order to develop a better understanding and provide appropriate services to Aboriginal people, it is important to have a greater understanding and knowledge of Aboriginal history and its context. This understanding will lead to a deeper insight into Aboriginal culture and way of life. It is furthermore important to recognise and acknowledge the difficulties that may have been faced along with the continued discrimination, and how this may affect the current situation. It is undeniable that history affects the present and future. For Aboriginal people, history and, for example, bad experiences with authority may affect the way that Aboriginal people perceive or interact with authority figures in a given situation. This may act as a complex barrier to Aboriginal people accessing services and is discussed in more detail in the following chapter.

## Some Important Dates in Aboriginal History

1700-1860

- Beginning of the occupation of Australia by the British, with immediate Aboriginal resistance.
- Settlers authorised to shoot Aboriginals.
- Pinjarra Massacre (1834), Myall Creek Massacre (1838), Slaughter House Massacre (1838), Fighting Hills Massacre (1840), Jaburra Massacre (1868).
- Floggings and sexual abuse of Aboriginals common.





1860-1900

- First Aboriginal missions created.
- Aborigines Protection Board established, forcing all Aboriginals onto “missions” or “reserves”.
- Beginning of cultural genocide. Traditional lifestyles are destroyed through institutions such as mission-controlled schools.

1900-1960

- Federation.
- Aboriginal populations are not included in the constitution.
- Due to a decline in health and increase in poverty, many believe the Aboriginal population will die out.
- Protectionist policies are introduced by the government.
- An assimilation policy is adopted by the Australian government.
- Aboriginal children are forcibly removed from their families.

1960-1970

- Assimilation policy abandoned for a Policy of Integration.
- Aboriginal people are given the right to vote (1967)

1970-1990

- Tent Embassy is established (1972)
- Aboriginal Land Right Act passed.
- Royal Commission into Aboriginal deaths (1987). There had been 99 deaths in custody. Approximately 50% of those victims had been separated from their families as children.

1990-Today

- Council for Aboriginal Reconciliation is established.
- Native Title Act passed.
- ATSIC established (now disbanded).
- National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.
- National Sorry Day (13 February 2008).



# Overview

Aboriginal people often experience a large number of barriers to accessing health services. These barriers can be applied to accessing any type of health service. However, compounding these impediments are a host of further barriers which arise when addressing sexual health and accessing services for sexual health issues. Some of these barriers are structural or practical in nature, while others can relate to the mode of service delivery, socio-economics or cultural aspects<sup>17</sup>. These barriers to access and care can greatly affect health outcomes for Aboriginal people and Aboriginal communities.

This section aims to identify and outline some of the main barriers, discuss the issues involved and propose some potential practical solutions. While a knowledge and understanding of these barriers creates a solid base, it is the link between this and behaviour change and action<sup>18</sup> that correspondingly improves approaches to service delivery. These changes in service approach may lead to increased numbers of Aboriginal people accessing services and more responsive and effective service delivery, particularly with regard to sexual health issues.

It is furthermore important to recognise that barriers to access do not exist in isolation. Barriers are intertwined and one identified barrier may have a big impact on other barriers. For instance, both *shame* and *communication* can be identified as barriers to Aboriginal people accessing services for sexual health concerns. *Shame* may act as a barrier in itself, in that shame may stop an Aboriginal person accessing a service altogether. However, an Aboriginal person may in fact access a service but due to shame that person may not clearly communicate the concern, or the service provider may not be skilled in a way that allows for culturally appropriate and respectful communication around shame issues. Therefore, *shame* and *communication* combined stop effective service delivery from taking place.

While the separation of the barriers is extremely difficult due to their overlapping nature, this guide attempts to identify some of the central barriers on paper and create an opportunity for discussion to identify them with more ease.



## Intertwined: Some of the Central Barriers to Service Access

Each barrier can affect other barriers.



## Cultural Respect

Before investigating some of the central barriers, cultural respect must first be addressed.

A lack of cultural respect can act as an overarching barrier, as without cultural respect it is impossible to overcome any other barriers. Cultural respect can determine the way services present and conduct themselves and as a result can determine the effectiveness of a service. The Australian Health Ministers Advisory Council defines cultural respect as:

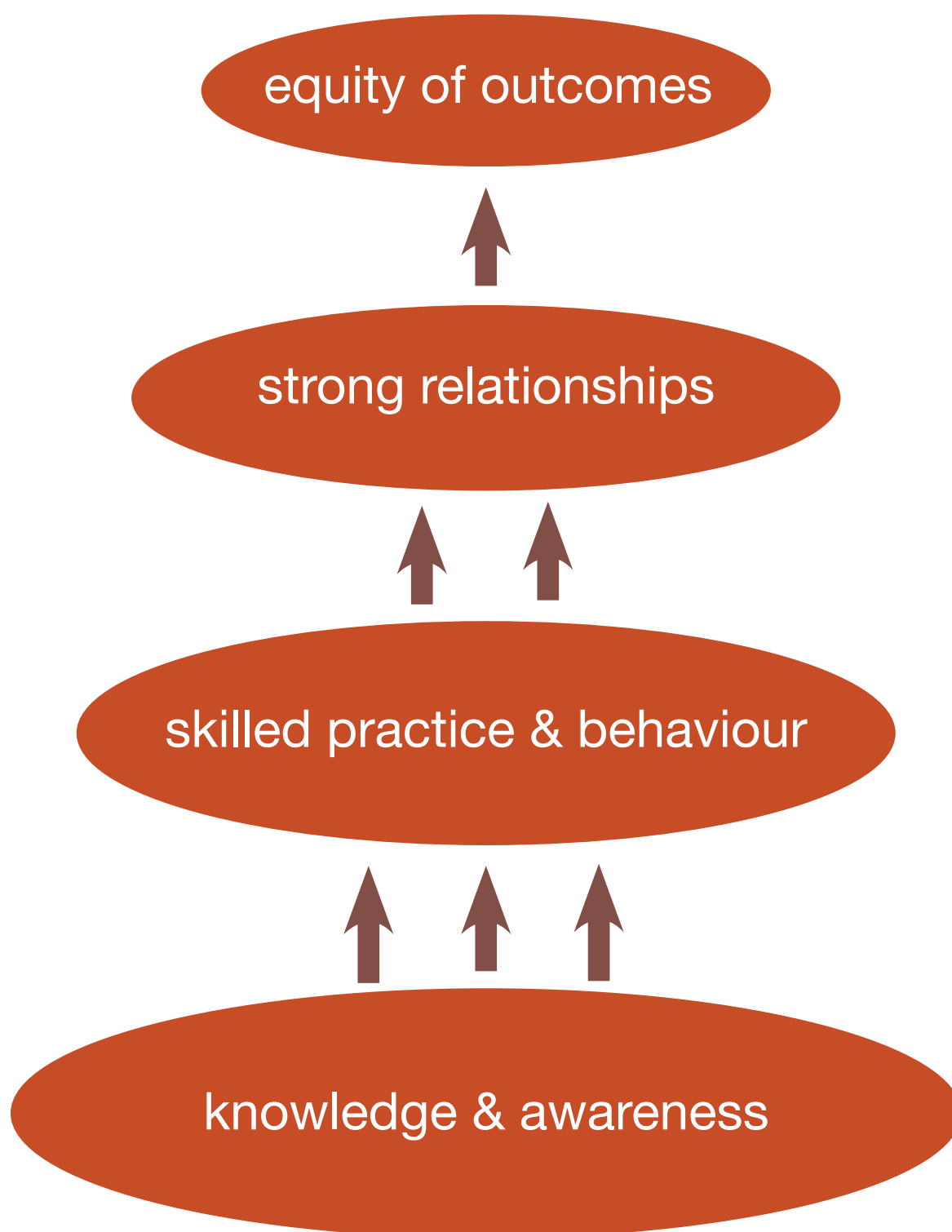
“recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander people and where cultural differences are respected”<sup>19</sup>

When working with Aboriginal communities, it is important to display a certain level of respect and understanding of Aboriginal culture. This does not mean that you have to know everything about Aboriginal languages, belief systems and cultural practices. It is more about being aware that Aboriginal culture differs from non-Aboriginal culture, and that this culture may impact on the way that health and illness is perceived, how Aboriginal people communicate, and which services they are willing to access. It is about being willing to learn and being open to new ideas, beliefs and priorities.

Developing culturally appropriate services means developing culturally responsive services that meet the needs of Aboriginal people. Hanging a piece of Aboriginal artwork in the reception area does not necessarily demonstrate cultural respect or the fact that the services provided are culturally appropriate or responsive. Cultural respect needs to be backed up through all aspects of the service. Having an understanding of Aboriginal history and culture, and how this may impact on how Aboriginal people perceive and utilise services, will provide a grounding to address barriers which affect Aboriginal people accessing services for sexual health, and the effectiveness of the services provided.

Hint: To assist in this, ensure that all staff attend cultural awareness training.

## The Dimensions of a Cultural Respect Framework



*Source: Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009, Australian Health Ministers' Advisory Council p10*





# Communication

How you communicate with people, or the effectiveness of a communication between two people, can determine whether or not a person will revisit a service. Due to word of mouth, ineffective communication with one person may lead not only to that one person not attending the service again, but possibly the whole Aboriginal community of that area staying away as well. Clearly, this could have far-reaching consequences in terms of general health and also possible STI transmissions. The use of appropriate communication demonstrates respect for the other party, and if applied effectively, it can put someone at ease in what may be an embarrassing and uncomfortable situation.

There are many aspects of communication including verbal and non-verbal cues. When working with Aboriginal people, in addition to adhering to general rules of polite communication such as open posture, attentiveness and active listening, other aspects of your communication style or your interaction should be taken into consideration.

## Introductions & Rapport Building:

The first few minutes of your initial interaction with a new Aboriginal client are crucial. If it does not go well, it may prove to be a lost opportunity. If you are unable to make someone feel comfortable, which can be an incredibly difficult task particularly in the area of sexual health, then it is likely that that person will not communicate their concerns honestly and openly, and may not revisit the service. When working with Aboriginal clients, the building of rapport is essential. Building rapport with someone often involves finding some common ground. We find ourselves doing this daily in our social activities with friends or colleagues but sometimes forget to transfer this skill to our working relationships with clients.

If an Aboriginal client who lives in a rural area walks through the door you might initially think that you wouldn't have anything in common. Yet regardless of how different that person's life might be, most of the time through active listening you will find that there is something you





have in common which could be as simple as sharing a particular value or view. However, establishing rapport is not only about finding some common ground. In terms of a service provider and client, the starting-point to building rapport is by demonstrating and acknowledging that you have a level of understanding and respect for the client and their uniqueness.

It is also important to remember that building a solid rapport is a process that requires consistency and continued effort. Just because you get along with someone the first time you meet does not necessarily mean that a strong rapport has been built. Proper rapport and trust may need to be established over a long time-frame.

Building rapport with an Aboriginal client to the point where they are able to discuss their sexual health concerns with you involves understanding and demonstrating respect for their cultural values and history. If you have an understanding of these things and respect the fact that Aboriginal people may respond better to a different way or style of communicating from non-Aboriginal people, the possibility of a positive interaction is increased. It is about being flexible and responsive, while at the same time creating an environment which is safe and open.

## Language:

While it is well known that non-verbal communication is of utmost importance, the language you use in verbal communications and interactions can also determine the way an interaction progresses, whether that be to produce positive or negative outcomes.

Medical terminology and statistics can act as a real deterrent to Aboriginal people if they don't understand what is being said. Things need to be stated simply and clearly<sup>20</sup>. It is important not to assume that somebody has understood what has been said simply because they have said "OK, that's fine" or something similar. People are often too embarrassed to admit that they don't understand something. Aboriginal people are also often more visual and verbal than non-Aboriginal people in today's world, which is often more numerated.

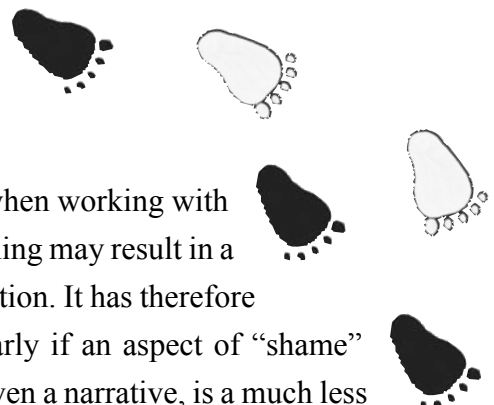
Using too much medical terminology also creates more of a power imbalance and helps to make people feel inadequate. Many Aboriginal people who walk into a service are very aware of the power imbalances. Due to Aboriginal history and the continued discrimination, Aboriginal people often feel unequal to service providers. This is particularly true if the service provider is non-Aboriginal. The use of medical terminology risks enhancing that feeling or perception. It is important to note that while it is imperative to use appropriate language when communicating with Aboriginal clients, ensure that you do not mimic Aboriginal patterns of talk or Aboriginal slang, as this may come across as very condescending and insulting<sup>21</sup>.

Additionally, service providers need to be aware that within the Aboriginal population, there are varying degrees of literacy and numeracy. This needs to be considered when seeing Aboriginal clients. The use of interpreters may be considered in certain cases.

## Communication Style:

The style of communication you undertake can greatly affect the outcome of a consultation with a client.





In a study conducted by Westerman (2004) it was noted that, when working with issues where “shame” is involved such as sexual health, direct questioning may result in a hasty and untrue “yes” or “no” response just to get away from the question. It has therefore been suggested that when working with Aboriginal people, particularly if an aspect of “shame” may be involved, open-ended and “positively phrased” questions, or even a narrative, is a much less threatening approach, and as such, much more constructive and productive<sup>22</sup>.

Generally speaking, open-ended questions provide people with more options. It is important to remember that people may also present stating that they have some simple concern without initially disclosing their real reason for attendance out of “shame” or embarrassment. Often, after gentle probing with some open-ended questions, the more pertinent concerns will be uncovered.

While your communication style does need to be open, straightforward and honest, if it is too direct this may frighten people away. In terms of body language ensure that your posture is open yet non-confrontational. You may also notice when working with Aboriginal clients that some may be reluctant to make eye contact. Unlike in the non-Aboriginal population, where making eye contact is seen as being polite, some Aboriginal people view making eye contact as asserting power over or reprimanding someone. Therefore, if an Aboriginal person is not making eye contact, do not interpret this as a sign of rudeness or bad communication. It may simply be a sign of respect<sup>23</sup>.

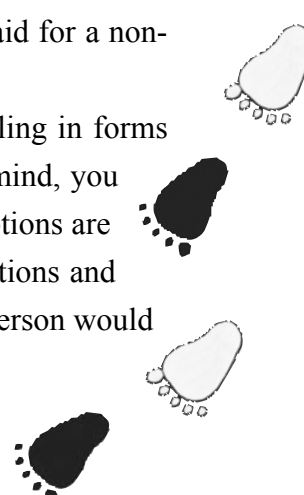
## Written Material:

Additional material can often assist in communication, particularly if people are finding verbal communication difficult. Printed resources, flyers and visual aids can be of great assistance for encouraging understanding and awareness, or as an aid to explain something more thoroughly. For example, you could use a poster of a body and point to body parts. Written material for clients to take home can be helpful, as taking in everything at once may prove too difficult. When putting together written resources for Aboriginal people it is important firstly to make them culturally appropriate, and secondly, to take into account people’s varying reading and general literacy abilities. For example, a poster may be more effective if it comprises more pictures than words.

## Forms

It is important to keep in mind the varying literacy levels of Aboriginal people in terms of other service aspects as well. Take for example the forms people are required to fill out when accessing a service, such as a registration form. If you have an Aboriginal client attempting to access a service, there is a chance that they may be unable to read or write. While the same could be said for a non-Aboriginal person, literacy levels are much lower among the Aboriginal population.

If someone is unable to read or write, or has very limited literacy abilities, filling in forms is not only difficult but can also be very embarrassing and intimidating. With this in mind, you may need to simplify registration forms and ensure that no jargon is included. Other options are also worth considering. For example, is it possible for the receptionist to ask the questions and fill out the forms on someone’s behalf? Or perhaps the reception staff could ask if the person would





be happy to fill out the form on their own, or if they would prefer the receptionist fill it out for them. This way no assumptions are made and people are also able to keep their pride. If these options are incorporated and questions are asked out loud, privacy must also be taken into consideration. A further option would be that forms are sent out to people prior to their appointment so that they can fill it out before the appointment, ask others for assistance if required, and then bring it with them to their appointment.





## Some hints for effective communication:

- Remain open and honest.
- Allow enough time for the appointment or consultation so that the client does not need to be rushed.
- Avoid technical language and medical jargon.
- Always check to ensure that people have understood what is being said. You may need to repeat information.
- Acknowledge that you understand that certain issues may be embarrassing or difficult to talk about.
- Speak quietly if other people are around.
- Adopt non-threatening body language and tones.
- Be patient.
- Do not make assumptions about sexuality and/or behaviour.
- Adopt a non-judgemental attitude and approach.
- Provide the opportunity for the client to have a support person or family member present.
- Simplify forms and written information as much as possible.
- Try to use open-ended probing questions when attempting to obtain a sexual history.
- Emphasise the confidentiality of the conversation but also be upfront about the limits of this confidentiality.
- Consider using visual aids (e.g. a picture of a body and pointing to various body parts) to assist in questioning or when trying to explain something.

*Use the KISS Principle – “Keep it Simple Sweetheart”*

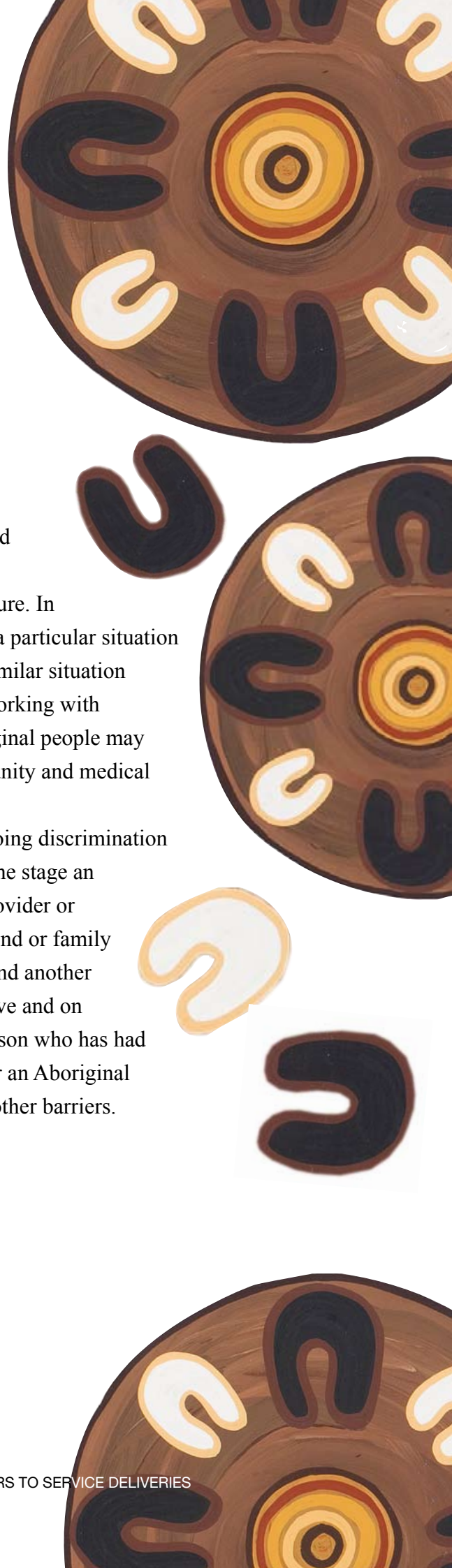


# Past experiences

A common barrier when working with Aboriginal clients is overcoming or breaking through negative past experiences and history.

It is undeniable that history affects the present and future. In simple terms, if for example you have a bad experience with a particular situation in the past, that might affect your outlook on being put in a similar situation today. The same needs to be taken into consideration when working with Aboriginal people. Due to bad experiences in the past, Aboriginal people may fear authority figures or have a distrust of the medical community and medical services.

In the context of Aboriginal history and the often ongoing discrimination experienced, both direct and systematic, it is likely that at some stage an Aboriginal person has had a bad experience with a service provider or doctor. This may have been experienced in person or by a friend or family member. Naturally, this may make that person hesitant to attend another health service, or if they do attend, they may be more defensive and on guard. While this would also be true for a non-Aboriginal person who has had a bad experience previously, it may be a lot more complex for an Aboriginal person when taking into account history, cultural values and other barriers.



# Workforce

## Male / Female workers

Numerous documents highlight the fact that in some Aboriginal communities, some health issues are classified as either “*men’s business*” or “*women’s business*”<sup>24</sup>. Sexual health issues definitely fall into this category. This means that Aboriginal men with a sexual health issue or concern may only feel comfortable talking to a male health care worker, with the reverse being true for Aboriginal women.

Accommodating this cultural value can be one of the most difficult problems facing service providers. Obviously time and resource restrictions, especially in smaller services or more rural services where there may only be one worker, play a big part in being able to meet this cultural need.

## Suggestions to consider:

- Where possible, offer an Aboriginal person the opportunity to see either a male or female worker.
- If a choice of male or female worker is not possible, explain this to the client and ask them whether they would prefer to be referred elsewhere (Hint: have an established list of referral phone numbers/names of the closest services to be used for these occasions).
- If for example you only have a male worker at a service, is it possible that you can make links with another local service, so that you can perhaps have access to a female worker when required and provide the reverse service to them if needed.



## Aboriginal / non-Aboriginal Workers

In addition to seeing a health care worker of the same gender, some people believe that Aboriginal people only want to see an Aboriginal worker. This, however, is highly contested. Some service providers believe that Aboriginal people only want to see an Aboriginal worker as they feel that they, and their cultural values and related perspectives, are better understood in such a situation. Others, however, have said that Aboriginal people often don't want to see an Aboriginal worker, particularly around areas of sexual health as they have the fear of that person then knowing "their business", and the fear that this information might then make its way back to their community<sup>25</sup>.

Whether or not an Aboriginal client would prefer to see an Aboriginal service provider is a personal preference and impossible to know without asking. In many cases, as with seeing a service provider of the same gender, this may simply not be an option. At the same time, however, it is something that as a service provider you need to be aware of.

### Suggestions to consider:

As with the previous section,

- Where possible, offer any Aboriginal people the option of either seeing an Aboriginal or non-Aboriginal service provider.
- If a choice of an Aboriginal or non-Aboriginal worker is not possible, explain this to the client and ask them if they would prefer to be referred elsewhere (Hint: have an established list of referral phone numbers/names of the closest services that could meet these needs).
- If for example you only have a non-Aboriginal worker at the service, is it possible to make links with another service that has an Aboriginal service provider who may be able to assist when needed?



# Shame

As has been noted previously in this guide, issues around sexual health are often considered private issues which people find difficult to discuss openly out of *shame*. This is true for the general population but compounding this further in Aboriginal communities are additional cultural beliefs, attitudes, and sensitivities<sup>26</sup>.

In the Aboriginal community *shame* is a word that can have many meanings but more often than not it is linked in with things that are considered embarrassing, private, or have associated stigma or negative connotations. It is about culturally defined boundaries informing the context in which sex can or cannot be discussed. *Shame* makes education and discussion necessitated by sexual health programs very problematic and complex.

Due to *shame*, and corresponding feelings of inadequacy and embarrassment, many Aboriginal people are afraid to tell others that they have a STI. Aboriginal people often struggle with feeling less than equal as soon as they walk through the door of a health service, so that even raising their concerns with a service provider brings up shame. For example, they may be worried that it will be considered that they are “*not clever and got caught (with a STI)*” or that they were “*dooly*” enough to catch a STI.

Shame, mistrust and a lack of knowledge can all be barriers of their own accord, although they are often inextricably linked. There still remains a lot of misunderstanding and stigma surrounding many STIs such as HIV/AIDS and other sexual health issues, and *shame* can arise out of this.

Shame is also linked with issues of confidentiality. For service providers, maintaining confidentiality is of utmost importance. If there is a breach of confidentiality, or even a perceived breach, gaining trust from the Aboriginal population and encouraging them to continue to utilise the service will be extremely difficult, if not near impossible.



# Lack of Knowledge

Another barrier that prevents many Aboriginal people from accessing services for sexual health issues is a lack of knowledge around issues of sexual health.

If people lack knowledge and understanding of sexual health issues, their importance and their potential consequences, they are unlikely to access appropriate services. Correspondingly, the spread of STIs will continue to have severe repercussions in Aboriginal communities.

Educating Aboriginal people about sexual health is a complex task due to “*shame*” and the cultural values of “*men’s business*” and “*women’s business*”. Shame can make people reluctant to talk about sexual health at all and additionally involves negative connotations which are difficult to overturn. With “men’s and women’s business”, in line with the preference of seeing a service provider of the same gender is the fact that in some Aboriginal communities, men and women will not talk about sexual health issues together. This means that men may have very little understanding of women’s sexual health issues and vice versa, and also means that discussions and negotiations around safe sex are extremely problematic. Some service providers have suggested that it is time to place the men and women together to get rid of the secrets and promote open discussion<sup>27</sup>, although this would mean overriding cultural views and beliefs which are of high importance to some Aboriginal people. As such, this remains an issue of contention.

Providing outreach education sessions in Aboriginal communities which incorporate sexual health issues could be an important first step in increasing knowledge around sexual health and STIs, and in turn increasing access to sexual health services. However, conducting outreach clinics or education sessions within Aboriginal communities is not as simple as just saying “OK, let’s go!”. It requires solid preparation and planning and adhering to



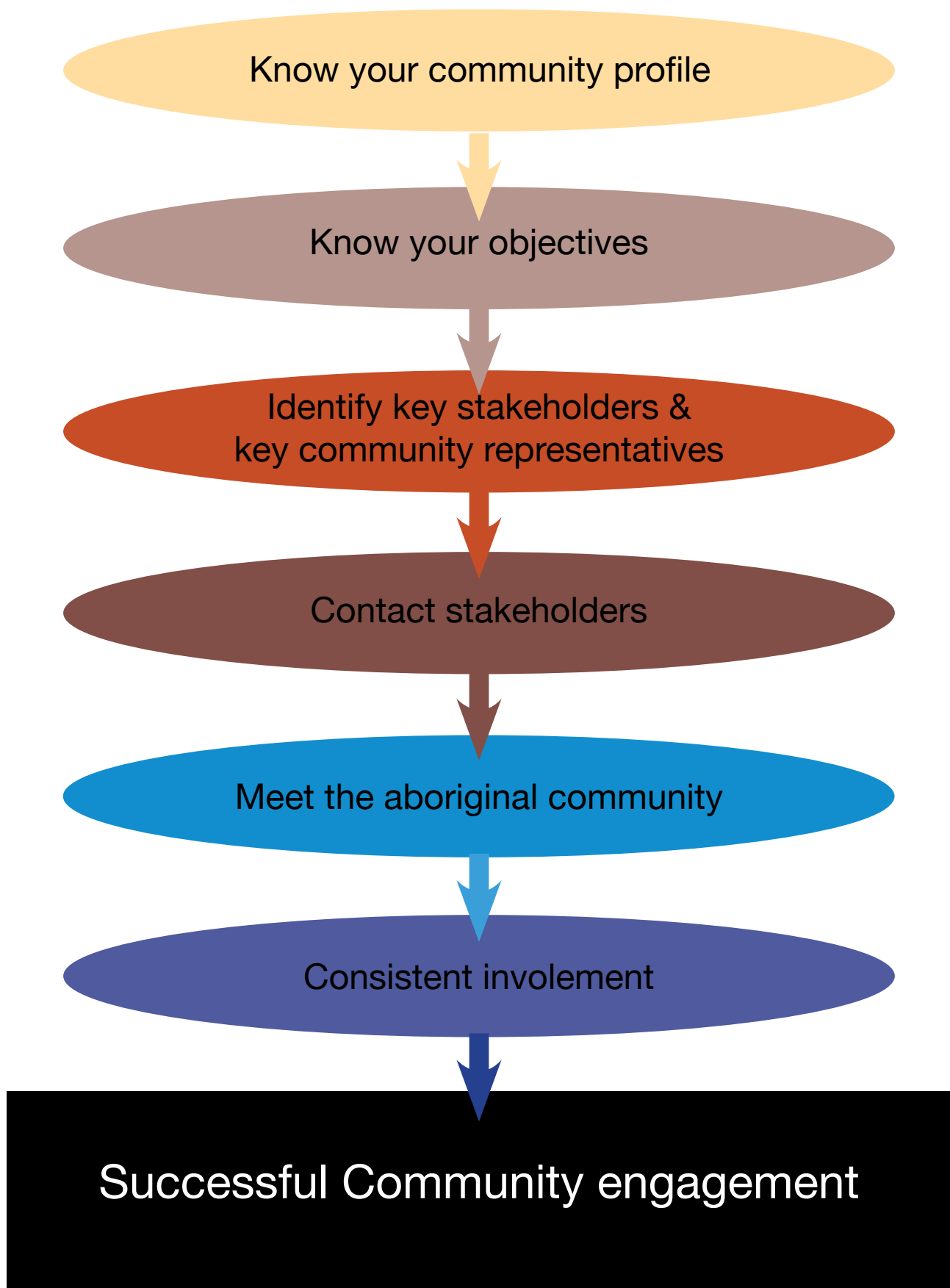
appropriate protocols so as not to offend the Aboriginal community you are trying to work with. Section Three on Community Engagement will revisit this topic in more detail, and will suggest various steps which should be taken when wanting to engage the Aboriginal community.

## Some possible ways forward:

- Provide community education sessions incorporating sexual health issues.
- Attempt to normalise “sexual health” issues and STIs.
- Make a point of talking to all Aboriginal clients about sexual health issues in the context of keeping healthy and looking after yourself.
- Display sexual health information around the service where you work. This provides education but also lets people know that it’s okay to raise sexual health issues there.



## Summary of steps to Community Engagement





# Steps to community engagement

## STEP ONE: Know Your Community Profile

The first step in encouraging community engagement and/or starting up outreach clinics is getting to know your Aboriginal community<sup>38</sup>.

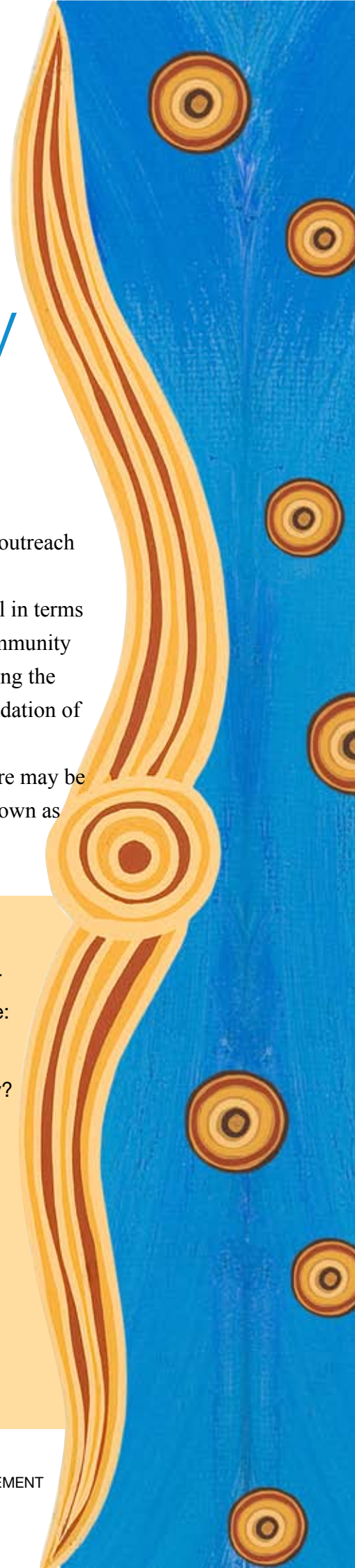
Getting to know the Aboriginal community in your area is crucial in terms of what kind of service provision might be needed, in what areas the community priorities might lie and what obstacles may need to be overcome. Knowing the demographics of the Aboriginal community in your area provides a foundation of knowledge that can greatly assist with engaging the community.

It is important to recognise that in one local government area there may be a number of separately identified communities. Communities may be known as missions, settlements or reserves.

### Tips:

Find out as much as possible about the Aboriginal communities in your area. Start with the following questions to begin building up your profile:

- Where are the majority of the local Aboriginal community located?  
Is the community centralised or dispersed and living quite separately?
- What kind of housing/living arrangements are there? Do people have access to shelter, water, electricity etc?
- Are they a very mobile community or an established community?
- Is it a growing community?
- What is the percentage of males versus females?
- What is the median age?
- What are the current issues for that community?
- What services are currently available to that community?



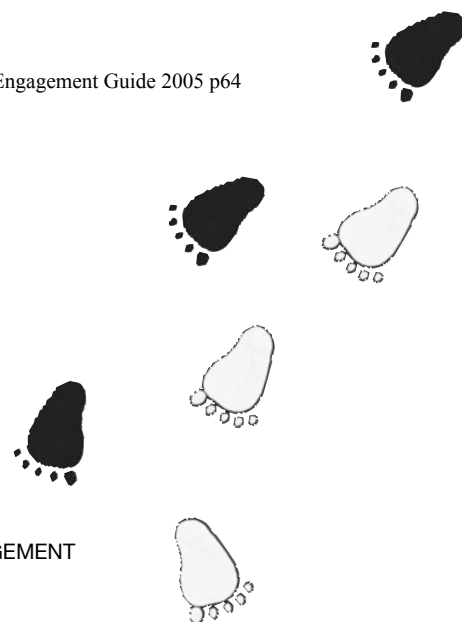
# Community & Demographic Profile Template

This template can be used to assist you in developing a community profile.

<b>Community Name:</b>	
<b>Language Group:</b>	
<b>Key Community Representatives' Names:</b>	

Age	Males		Females		Persons	
	No.	% of Males	No.	% of Females	No.	% of Persons
0-4yrs						
5-14yrs						
15-24yrs						
25-44yrs						
45 + yrs						
Total						

Source: Adapted from One Talk: Queensland Health's Aboriginal & Torres Strait Islander Community Engagement Guide 2005 p64



## STEP TWO: Know your objectives & methods of consultation

Prior to engaging the Aboriginal community you will need to determine what you are hoping to accomplish. It may be that you are interested in simply meeting people, or getting the word out as to what health services are available etc. If you have already met people previously, you may only be interested in dispersing some new information. You need to be clear as to your objective so that you know what kind or level of engagement is required. For example, meeting and getting to know the community may require numerous and ongoing visits to a community, whereas if you already know the community and only want to gather information on one issue, it may be possible just to conduct a survey or hold a meeting.

Consulting and negotiating with the Aboriginal community can provide you with a wealth of information that will assist you in providing a more appropriate sexual health service to Aboriginal people.

Below are some potential methods of consultation and negotiation.

### Which Consultation Method is the Best?

There are a number of methods that can be used to conduct consultation with the Aboriginal community. All of the methods or approaches have their strengths and weaknesses.

#### Committees

##### Benefits:

- Can provide useful ongoing feedback on numerous issues. E.g. It might be constructive to establish a committee that can meet on a regular basis (eg monthly or bi-monthly) to support and advise on service practices or difficult issues
- Allow for detailed feedback and dialogue
- Give the community a sense of ownership with involvement
- Give a broader range of solutions
- Enhance cultural sensitivity with involvement

##### Downfalls:

- Committees can be extremely time-consuming
- One person's voice may not be very representative of the entire Aboriginal community
- Factions within community
- Community members have personally driven agendas



## Community Visits

### Benefits:

- Informal method of consulting with the Aboriginal community which may fit in better with their cultural values and way of life. N.B. In order to make visits to an Aboriginal community, protocols must be followed and trust must be established
- Of irreplaceable value in terms of establishing networks and having the opportunity to make members of the community feel comfortable with you and the health services you can offer
- A presence builds rapport and trust within the community
- Community members are more at ease within familiar surroundings and are much more likely to engage in conversation

### Downfalls:

- A very informal process and therefore not very easily evidenced
- The environment is not controlled
- Documentation needs to be formal with any consultation
- Time-consuming if the communities are rural and remote

## E-Consultations

E-Consultations are among the newer methods available. They involve tools such as interactive websites and online forums.

### Benefits:

- Allow people to remain anonymous
- Ability to reach people who live long distances away and would normally be inaccessible
- Do not require access to physical venues
- Allow the freedom to search the Web
- Allow the service to interact with the age bracket within the target population
- Introduce and encourage new technology in communities

### Downfalls:

- This method is restricted to those who have internet access and computer skills.
- High levels of literacy difficulties in the Aboriginal population need to be taken into account





- Does not build trust or a rapport within the wider community

## Focus Groups

### Benefits:

- Can be very beneficial when dealing with a specific issue
- Can be quick and relatively easy to organise
- Enable more in-depth responses and more opportunities to explore people's responses
- Due to their smaller nature, people may also feel more comfortable with speaking up in focus groups than a public meeting
- Enables the community to have input into the way services are delivered in their community

### Downfalls:

- They require a skilled facilitator to keep discussions on track
- May be unrepresentative of the wider population
- Even though groups are smaller, people may still feel too uncomfortable to discuss issues of sexual health in front of others
- Gender could be an issue if you have males and females in the same group
- Difficulties in getting all the group together at the same time

## Interviews

### Benefits:

- Enable collection of in-depth information
- Offer the opportunity to discuss in greater depth issues that may arise through general interview responses
- Reach a personal level for the interviewee
- Have a much greater trust and confidentiality aspect
- Enable personal goals to be set

### Downfalls:

- Very time-consuming, therefore the number of potential respondents is limited
- The interviewer must be very skilled, because as with all methods, the responses will only be as good as the questions
- Could turn into a long-term dependency



- Could unearth underlying issues that are outside the service’s capabilities

## Public forums

### Benefits:

- Provide the opportunity to consult with a range of age groups, with immediacy of responses
- Offer the opportunity to present a wider range and quantity of information in a short time frame
- Allow every community member to have a say and voice their opinion
- The process extends across the whole of the community

### Downfalls:

- Could create an atmosphere of community versus service provider, and as such require a very strong facilitator
- It can be very intimidating talking in front of a number of people, so often it is the opinions of a few vocal people that are heard
- Due to their public nature, they are unlikely to work for sexual health issues except for possibly information dispersion
- Necessitate a meeting space such as a function centre or large hall

## Surveys/Needs Assessments

### Benefits:

- Surveys and questionnaires are probably one of the longest-standing consultation tools, many people are familiar with this method
- Surveys and questionnaires can also have the advantage of anonymity
- Can be conducted via mail, telephone, face to face or email
- Can be particularly beneficial if you require statistical data
- Have the advantage of responses requiring only a low level of literacy (e.g. yes or no)
- Can have a wide distribution area, and therefore have the added benefit of obtaining a broad sample of a community, not simply those who are very vocal in their opinion or active in the community
- Provide a space for the “*everyday person*” to have a say
- Can be carried out in conjunction with cultural events
- Can be carried out and results collated on the same day



### Downfalls:

- Can be very restrictive as they often don't allow for detailed responses
- There is no opportunity to respond to feedback
- Can be quite time-consuming, have a long turnaround, and often have a low response rate if done by means other than face to face
- Varying levels of literacy within the Aboriginal community need to be considered



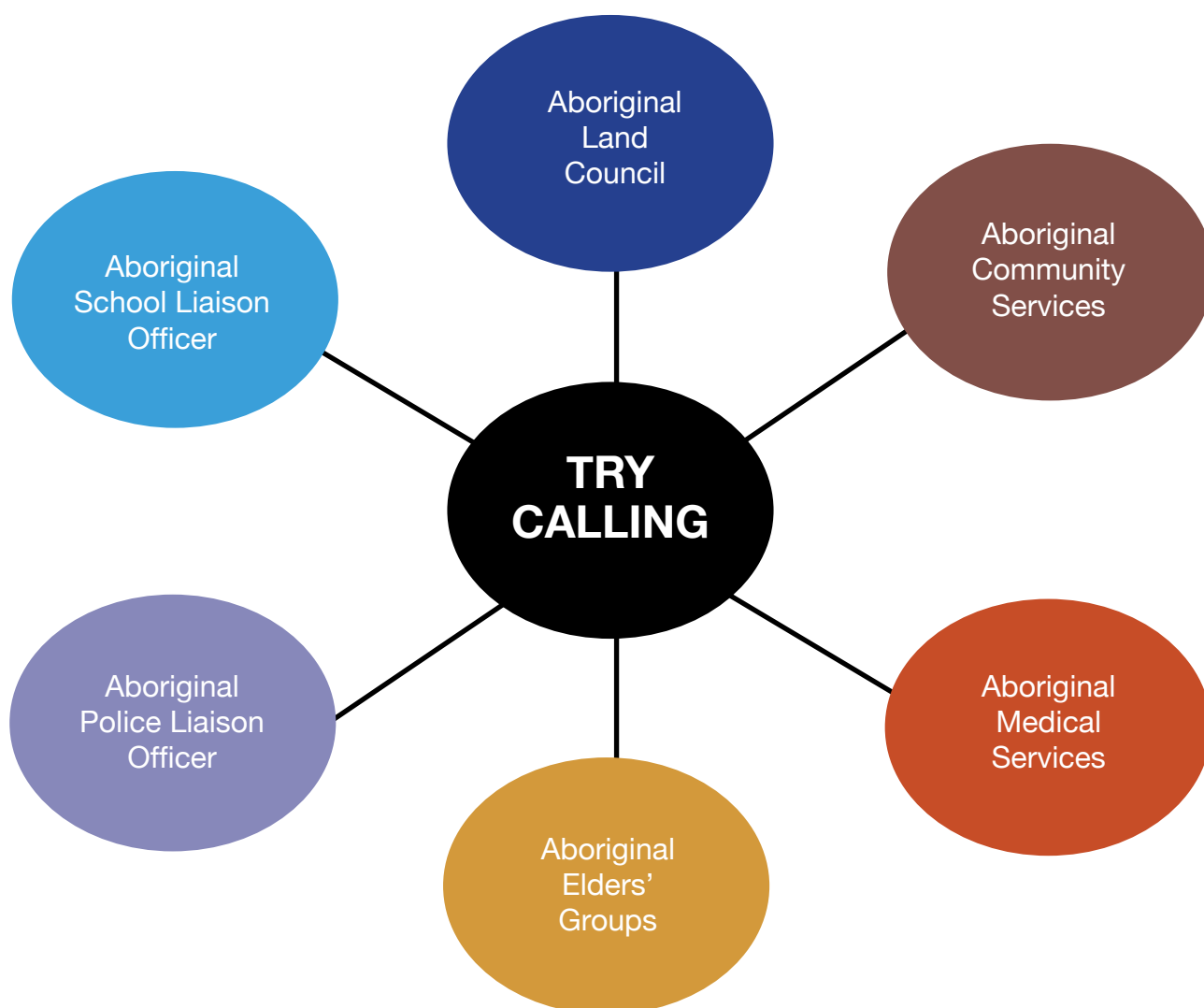
As has been demonstrated, there are many methods that can be applied to conduct consultation. Each, however, has its limitations. Which method of consultation you decide upon will depend on the topic you want to address, who with, and what resources are available to you. Once you have committed yourself to a particular method, you will need to be aware of its limitations and attempt to reduce these as much as possible. It is particularly important to remember that if using written material or surveys, literacy issues need to be considered. If utilising methods such as interviewing, language barriers will need to be addressed. This is true regardless of what type of community or population you are working with, but is particularly true for Aboriginal communities due to cultural and language differences.

It is also important to note that most of the consultation methods listed above require meeting the Aboriginal community beforehand, and that there will be a need to build trust and rapport with that community. The steps noted throughout this chapter will assist you to do that.

### STEP THREE: Key community representatives

Once you have established a basic knowledge of your local Aboriginal community in your area and have identified what your objectives are, this will determine the consultation methods you may wish to use. The next step is to locate key community representatives. The process of engaging with the community is complex and at times difficult ... Key community representatives will be able to guide you on how to go about engaging with the Aboriginal community and may be able to assist you through their existing links with and/or knowledge of their community. The key representatives could be Aboriginal Elders or other important community figures such as Aboriginal Health Workers, Aboriginal Liaison Officers and lands council co-ordinators.

Finding out who the key figures are in your local Aboriginal community does not have to be a difficult task. Call the following places as a starting point:





# Stakeholder Contacts Template

[illegible]

## STEP FOUR: Contacting Stakeholders

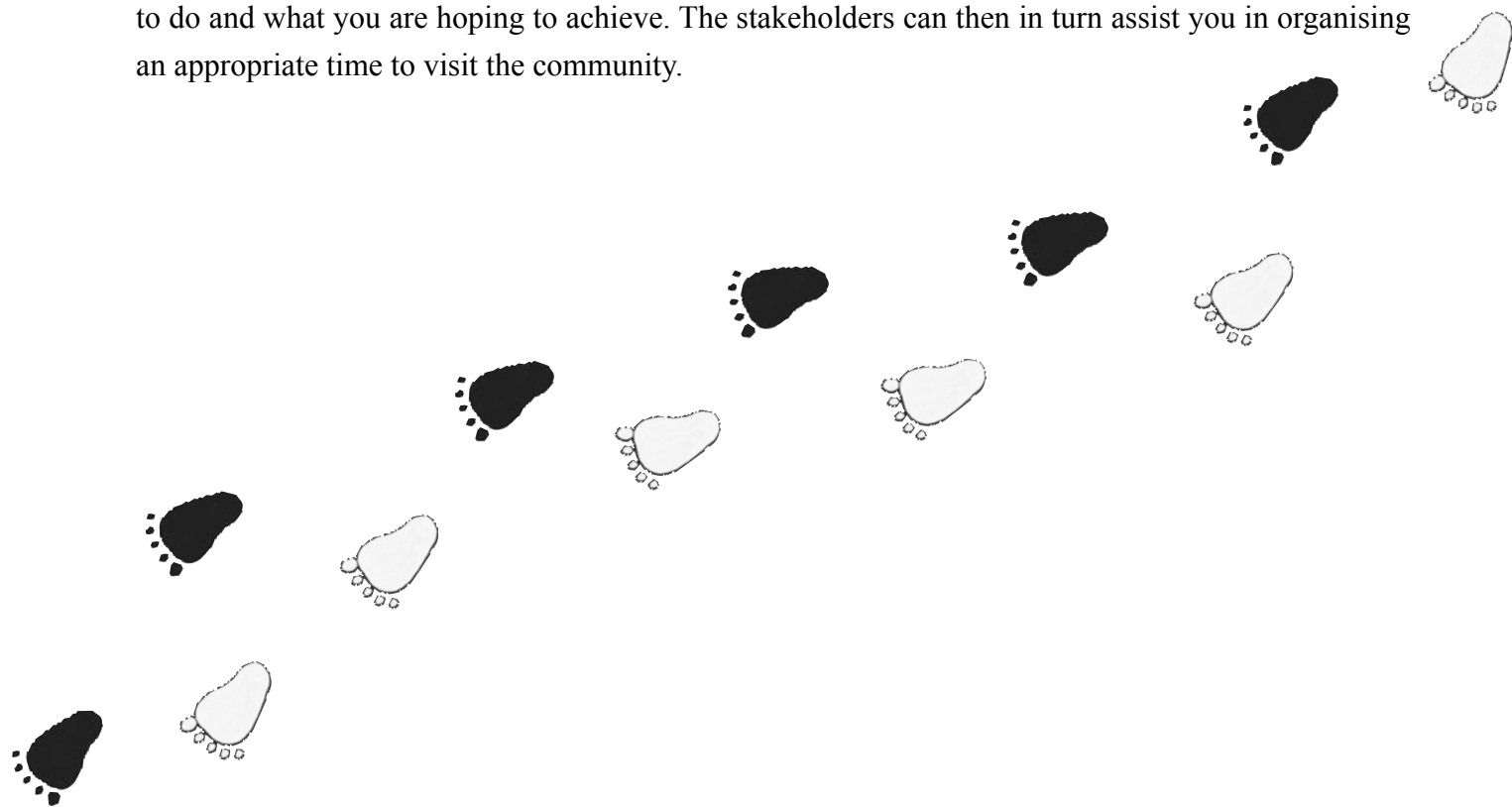
Once you have identified the key stakeholders, you will need to make contact with them.

How you go about making contact with the stakeholders very much depends on who they are and if you or your organisation have any existing links with them. You will need to rely on your own judgement as to which method is the most appropriate to use, depending on the situation.

### For example:

- If one of the key stakeholders is a member of the Aboriginal Land Council and is unknown to you, it might be best to begin with a more formal communication such as a letter introducing yourself and your service, followed up with a phone call.
- If the stakeholder is an Aboriginal health worker, with whom a colleague of yours has had some dealings, it might be enough to simply make a phone call to them directly, and then perhaps confirm in writing.
- If one of the stakeholders you want to make contact with is an Elder, perhaps one of the other stakeholders identified such as an Aboriginal health worker will be able to inform you of the best way to contact them. It might be that in such a situation the Aboriginal Health Worker is able to set up a meeting and make the introductions personally.

When writing or speaking to a stakeholder to request a meeting with them with the aim of gaining access to an Aboriginal community, it is important to explain clearly who you are, what it is you want to do and what you are hoping to achieve. The stakeholders can then in turn assist you in organising an appropriate time to visit the community.





### Make sure that you:

- have a clear understanding of why you want to conduct the visit and of what you hope to achieve by doing so
- know how you will be able to achieve your objectives
- find out if any other organisations or services are involved with the community and if so, make sure that they are aware of your intended visit to reduce potential duplication of service delivery
- think about what barriers might influence your objectives and outcomes, and
- don't make promises to the community that you can't deliver on as this will undermine the entire process

## Helpful hints for when you are visiting an Aboriginal community:

- Emphasise common interests
- Respect community ways/values
- Accept and understand their culture
- Demonstrate an understanding of different communication styles that may be used
- Be open and honest in your approach
- Be open to new ideas

*Adopted from Protocols for Consultation and Negotiation with Aboriginal People 1999 p25*



When visiting an Aboriginal community there are also a number of other issues that you should take into consideration, such as:

- It is important to remember that in many Aboriginal communities, the separation of “men’s business” and “women’s business” is of utmost importance. In line with this, ensure that you don’t ask men about issues such as childbearing, or women about subjects such as circumcision. If you need to cover any of these types of topics, gain prior permission.
- Be wary of those people who appear to reject their old ways and take up your ideas too quickly. More often than not, these people do not hold power within the community<sup>39</sup>.
- Elders are of utmost importance in Aboriginal communities. Many people will look up to the



Elders and value their opinions, so it is crucial that you do not alienate them, but try to get them onside<sup>40</sup>.

- Those in the community who are considered to be leaders will often be silent if they feel that their views are unlikely to be heard. This silence will be noted by the rest of the community<sup>41</sup>.
- Choose the right time to discuss the purpose of your visit. It is not always best to discuss this right at the beginning. Let the community leaders set the pace<sup>42</sup>.
- Remember that cultural responses to time concepts are different. Furthermore, plans may change very quickly out of response to community issues such as funerals<sup>43</sup> or conflicts.

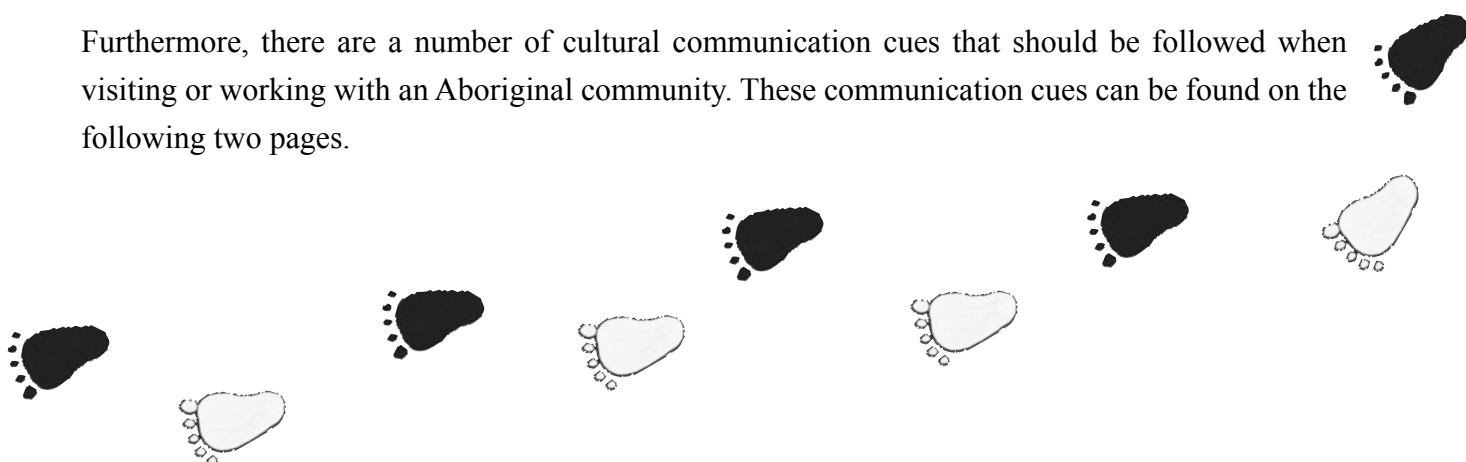
## Principles of community engagement

Below are five examples of principles identified as guiding community engagement, which can be adapted for our purposes here. The principles identified were:

- that a shared understanding of issues is developed, and that this type of relationship requires developing trust and mutual respect
- that an effective working partnership is developed where the contribution of each side is valued through the recognition of knowledge and expertise of each side
- that an integrated approach to community engagement is adopted
- that the process of community engagement is inclusive and is reflective of the diversity of social, cultural, economic, linguistic, physical and geographical characteristics (this may require the development of new, innovative approaches to ensure that all community members have the opportunity to engage), and
- that barriers to engagement are removed so that practical implementation of community engagement strategies can take place. These barriers can include those described in the previous chapters.

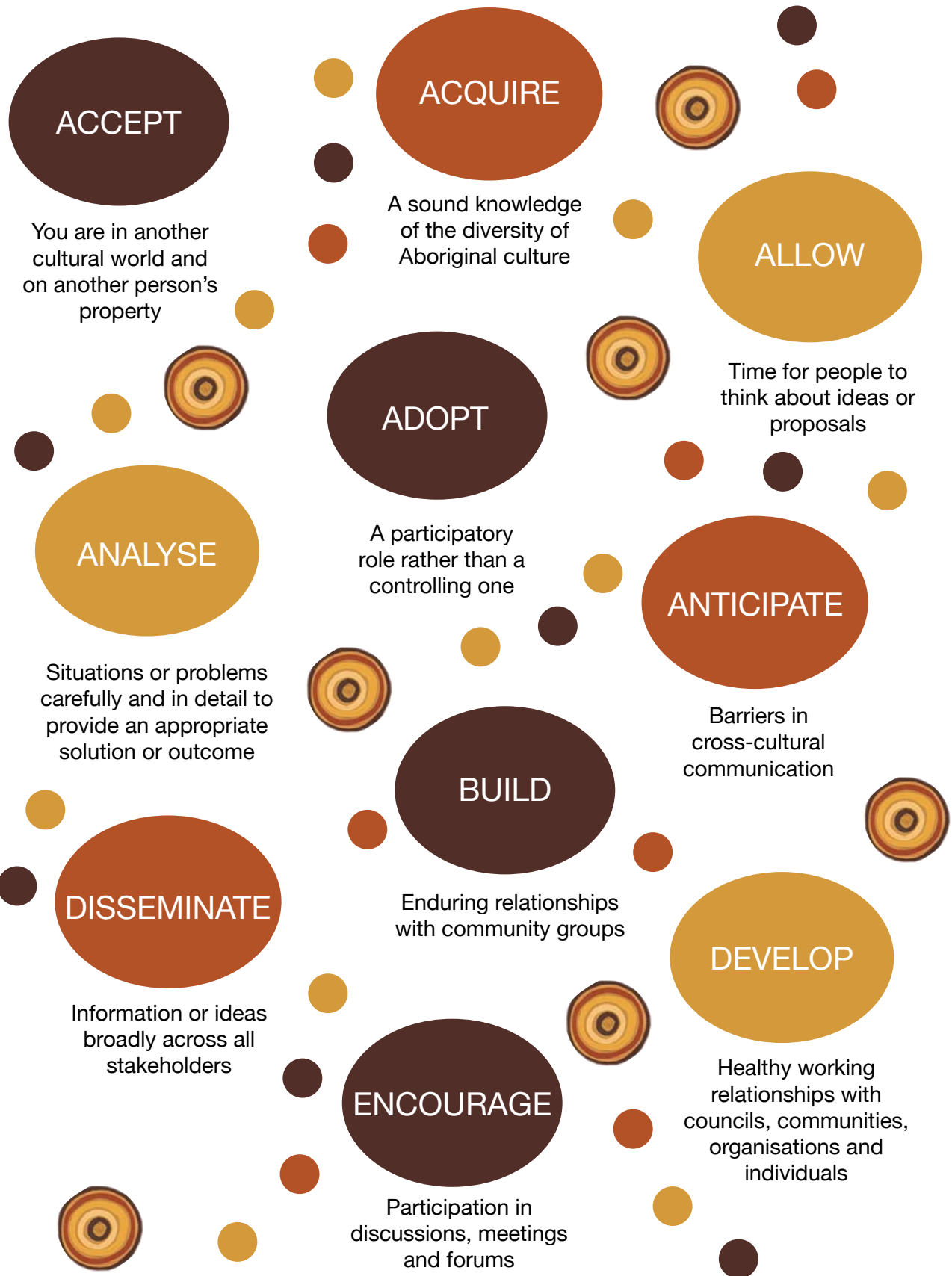
It is important to abide by these principles when looking at engaging Aboriginal communities.

Furthermore, there are a number of cultural communication cues that should be followed when visiting or working with an Aboriginal community. These communication cues can be found on the following two pages.

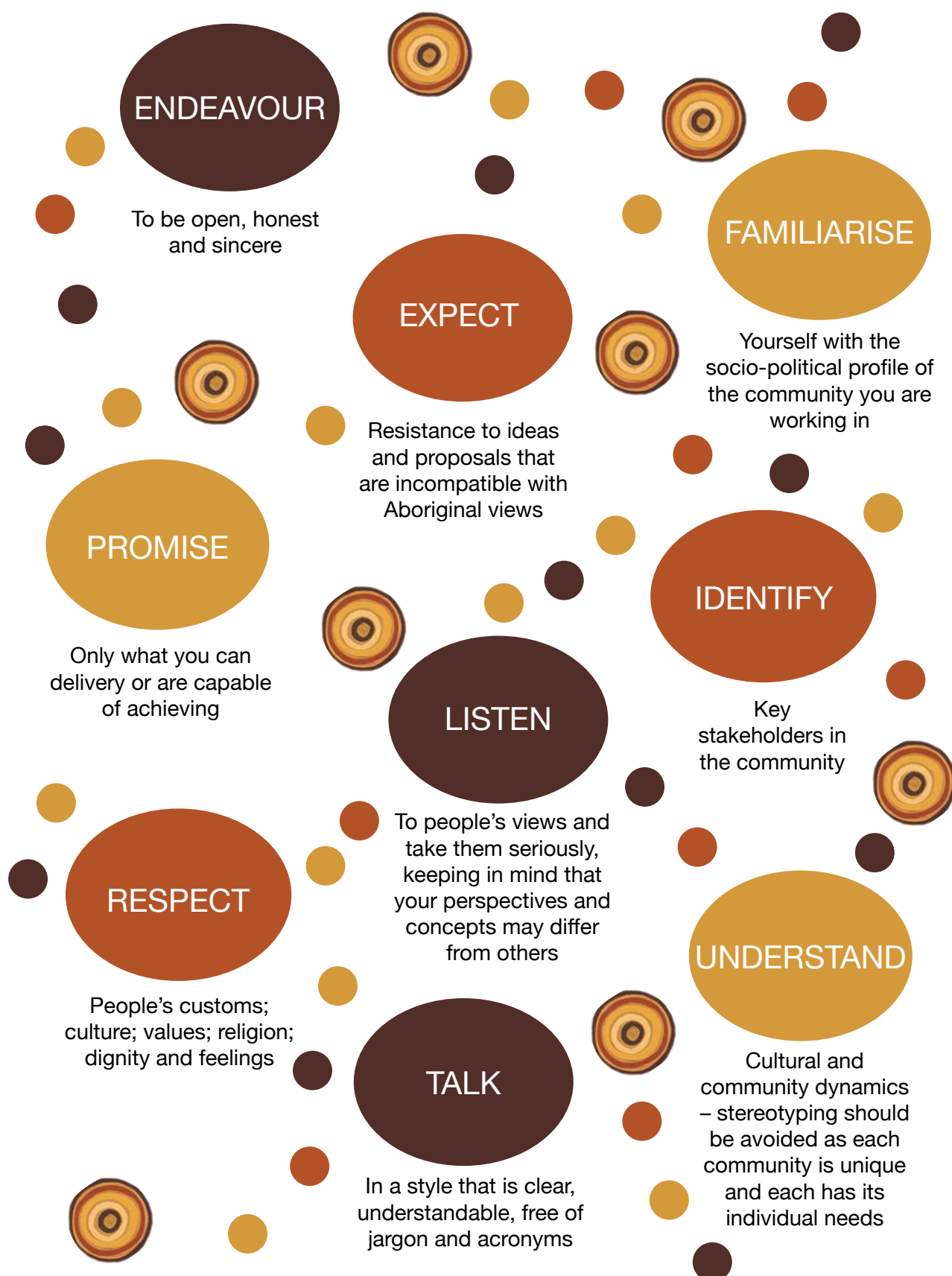




# Cultural Communication Cues<sup>44</sup>



# Cultural Communication Cues



*Information taken from: Protocols. For consultation and negotiation with Aboriginal people*



## STEP FIVE: Consistent involvement


Constructing relationships of trust and respect takes time. Don't expect that after one or two visits you will be accepted or trusted. Aboriginal communities have become familiar with people coming into their communities, getting the "information" they need and leaving. Many people that have "engaged" with Aboriginal communities in the past have left bad impressions due to not following through on issues, making promises they are unable to uphold, or not informing the Aboriginal community of what they are doing or the outcomes achieved. As a result, some Aboriginal communities have become disillusioned by promises of "help", distrustful of the motives of people visiting their communities, and very resistant to "consultation". Therefore a consistent approach is required.

Ongoing efforts on a regular basis may be time-consuming and hard work but the pay-offs can be very rewarding. It is about building up a relationship of trust, commitment and understanding. If the community sees that you are willing to stick around and put in the time, they will be more willing to recognise your motives as genuine and may eventually form a productive relationship with you.

### Helpful hints:

- Consistency and open communication are the keys
- Think of different ways to become involved with the community. Think outside the square
- Support important dates/events for Aboriginal communities and take part in community activities. e.g. NAIDOC week
- Take part in health days e.g. Well Persons Health Check etc
- Only make promises that you can deliver on
- Collaborate with other services and go out to the community in a group, e.g. men's health, women's health, diabetes etc. This destigmatises the issue of sexual health and places it within a more holistic approach to health
- Take the focus off health occasionally e.g. host a BBQ





## Significant Dates for Aboriginal Communities

26 January

### Survival Day/Australia Day

For many Aboriginal people this day represents European invasion.

21 March

### Harmony Day

An Australian government initiative designed to build relationships and address racism.

26 May

### National Sorry Day of Healing

Marks the anniversary of the tabling of the Bringing Them Home report, which was the result of an inquiry into the removal of Aboriginal children from their families. The day focuses on the healing needed to achieve reconciliation.

27 May – 3 June

### National Reconciliation Week

Offers the opportunity to focus on reconciliation and to learn about the culture and history of Australian Aboriginals.


3 June

### Mabo Day

Commemorates the High Court decision in 1992 that recognised the existence of native title rights of Aboriginal Australians.







## Significant Dates for Aboriginal Communities

### 1st Week of July (Sun to Sun) NAIDOC (National Aboriginal and Islander Day of Celebration) Week

Celebrates the history, culture and achievements  
of Aboriginal people.

### 9 August International Day of the World's Aboriginal People

Celebrates the achievements and contributions of  
Aboriginal people in the global community.

### 10 December Human Rights Day

Marks the adoption of the Universal Declaration of  
Human Rights by the United Nations

*Adapted from: Engaging with local Aboriginal communities. A resource Kit for Local  
Government in New South Wales 2007p 39-40*

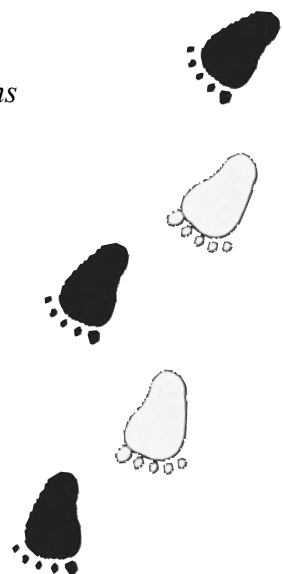




# Endnotes

As this has been adapted from a longer document, only references used in this document are mentioned below.

- 5 Vicary, D & Westerman, T 2004, 'That's just the way he is': *Some implications of Aboriginal mental health beliefs* Australian e-Journal for the Advancement of Mental Health, Volume 3, Issue 3, 2004, p1
- 17 Australian Health Ministers' Advisory Council 2004 *op.cit.*, p6
- 18 Australian Health Ministers' Advisory Council 2004 *op.cit.*, p11
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- 23 Australian Government, Department of Health and Ageing, 2007, *Alcohol Treatment Guidelines for Aboriginal Australians*, p31
- 24 National Centre in HIV Social Research 1999, *Aboriginal and Torres Strait Islander Sexual Health Promotion Initiatives in NSW*, Sydney, Australia p4
- 25 Vicary, D & Westerman, T 2004, *op.cit.*, p8
- 26 NSW Department of Health 2007 *NSW HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006-2009*, North Sydney, p5
- 27 National Centre in HIV Social Research 1999 *op.cit.*, p16





38 Community Cultural Development NSW 2003, *Respect, Acknowledge, Listen: Practical protocols for working with the Aboriginal Community of Western Sydney*, Liverpool, Australia



39 Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland Government 1999, *op.cit.*, p28



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42 Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland Government 1999, *op.cit.*, p29



43 Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland Government 1999, *op.cit.*, p24



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