



## Cultural protocols for working with Aboriginal & Torres Strait Island people

Prepared by Cherie Waight, Manager Aboriginal Palliative Care Project, Victorian Aboriginal Community Controlled Health Organisation (VACCHO), 2010

When working with Aboriginal people, health services and communities, the following cultural protocols are important:

### Partnership

Service providers and Aboriginal community controlled health organisations should develop sustained and active agreements about how to operate based upon dialogue, shared expectations and information, face to face contact, shared work experience and mutual respect.

### Identification of Aboriginal status

Always ask the person and their family about their cultural identity and find out what cultural practices are important to them. Don't assume a person's cultural background.

### Understanding the cultural context

- Many Aboriginal people will not tell you if they do not understand what you are saying and will not ask questions out of politeness.
- Many Aboriginal people have a very different spiritual reality from most westerners. Do not assume that what the family or client is telling you is due to medication or pathology. Many Aboriginal people see previously deceased family around them when they or their families are close to death.
- Do not make assumptions about the roles and relationships of family members (e.g. carer, decision makers, advocate). There may be complex cultural issues involved in who takes what role and when.
- Aboriginal people are generally not used to having non-Aboriginal visitors in their homes and may still have strong fears of outside visitors because of the long history of stolen children.

## Cultural awareness

- All non-indigenous service providers should undertake cultural awareness training.
- Please do not assume that you will understand 'Aboriginal culture' because you have had cultural awareness training – there are many variations across Victoria and Australia. Be aware that there is a different cultural reality to your own.
- Seek development and inclusion of a palliative care component or focus into existing cultural awareness training.
- History plays an important role in how Aboriginal people perceive what happens in society today.
- Aboriginal people have been traditional owners of this land long before European settlement of this country.
- Aboriginal people are disadvantaged compared to the general population and this is the result of past and present injustices.
- Aboriginal people believe their origins come from the dreamtime and creative ancestors. It was the time when patterns of life were established and lores were laid down.

## Relationships and continuity

- Build relationships with Aboriginal health workers / hospital liaison workers; this is important for cultural safety.
- Where possible and appropriate, make sure there is an Aboriginal community representative, liaison person or advocate present at the initial meetings. Wait until the client and family are comfortable before their presence is withdrawn. The Aboriginal community representatives should be acceptable to the client and family and may be a family member.
- Allow sufficient and appropriate time for early meetings and be prepared to revisit, sometimes several times. Several shorter visits may be better than a longer visit.
- Be prepared to re-schedule meetings or visits if family or community business is happening for the client and family.

## Consistency

- Be consistent with the team member who visits and limit the number of new faces, especially early in the relationship.
- Introduce all the team members.
- Remember that many faces can be confusing for the person and family members.
- A good idea is to leave a photo behind so that the face becomes familiar to the person and family.

- If someone new is visiting, forewarn the person or family.

### Trust

- Be aware you will have to earn and build the trust of an Aboriginal person and their family.
- Explain to the person and the family who the team is and where they come from and what services will be provided.
- Explain clearly what to expect and what not to expect from the services (remembering to be sensitive).
- Be clear and sensitive in helping the person and family understand the disease progression and ask if they would like to have an Aboriginal health worker or family member present when discussing this.
- Ask about their expectations and hopes.

### Language

- Using plain language is important, and just be yourself.
- Use active listening skills.
- Ask for feedback to check that the information has been understood by the person and/or family members.
- Check the information given previously is understood.
- If the person is very unwell and unstable, leave written information behind that enables the carer/family to remain informed.
- Remember there is a lot of information to be taken in and it is likely to sound complicated.
- If there is a language barrier, discuss this with the Aboriginal health worker or family member, including what resources can be provided to assist in helping the person to understand.
- Provide copies of care plans or a letter clearly stating the expectations and agreements. The carer/families can then share this information appropriately.

### Referrals and assessment

- When making a referral or receiving one ensure you ask about whether the person or their family is an Aboriginal or Torres Strait Islander.
- Inform the person/s of their option to have an Aboriginal community liaison representative and family members involved from the start.
- Ask if an Aboriginal representative is already involved and seek permission to contact that person.

- Be aware that the main carer, family/contact person, Aboriginal community representative and decision maker/s may be different people.
- In making bereavement risk assessments, be aware of the likelihood of multiple losses.
- Be prepared to revisit to get all the information required for an assessment.