

# Acknowledgements

All personnel involved in PEPA wish to acknowledge the Aboriginal and Torres Strait Islander peoples as First Nation peoples of Australia. Aboriginal and Torres Strait Islander peoples have survived and adapted despite a history of past negative policies. We acknowledge and respect Aboriginal and Torres Strait Islander culture and peoples.

Development of all learning materials related to PEPA for Aboriginal and Torres Strait Islander Health Workers has been overseen by a Reference Group of representatives from health, education and policy sectors of the Aboriginal and Torres Strait Islander community.

A Working Party comprising the project coordinator, PEPA Managers, Indigenous project officers and the National PEPA team developed Communication Guidelines.

## Reference Group members

**Roslyn Lockhart**, (Chairperson) Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)

**Dr Deborah Prior**, Project Coordinator, Queensland University of Technology (QUT)

**Catherine Jacka**, Indigenous Health Unit, Queensland Institute of Medical Research

**Stephen Christian**, Indigenous Health Coordinator, Queensland Health

**Janine Englehardt/Mark Saunders**, National Aboriginal Community Controlled Health Organisation

**Vlad Aleksandric**, Deputy CEO Palliative Care Australia.

**Andreas Molt (2008)**, Palliative Care Australia

**Dr Vinesh Oommen**, PEPA Senior Project Officer, QUT

**Natasha Myers**, PEPA National Coordinator, QUT

**Professor Patsy Yates**, PEPA Project Lead, QUT

## Working Party members

**Dr Deborah Prior**, Project Coordinator, QUT (Chairperson)

**Ellen Sheridan** PEPA Manager, Victoria

**Cherie Waight**, VACCHO, Indigenous Education Officer for PEPA Victoria

**Janet Taylor**, PEPA Manager, South Australia

**Peta Jackson**, Indigenous Project Officer, South Australia

**John Carson**, PEPA Manager, Northern Territory

**Cindy Paardekooper**, Indigenous Education Officer, Northern Territory

**Kathy Parr**, PEPA Manager, Western Australia

**Dr Vinesh Oommen**, PEPA Senior Project Officer, QUT

**Natasha Myers**, PEPA National Coordinator, QUT

**Professor Patsy Yates**, PEPA Project Lead, QUT

We acknowledge all PEPA managers for their contribution to the success of the program. The Queensland University of Technology is acknowledged with appreciation of the infrastructure support and overall management of PEPA that ensures optimal quality of products and resources. We thank the project staff of the Australian Government Department of Health and Ageing as the funding body of PEPA, for their guidance and support.

# Disclaimer

This resource has been developed and reviewed by palliative care specialists, and is based on best evidence at the time of writing. It is not the responsibility of, nor does it necessarily reflect the views of the organisations to which individual team members may be affiliated or that of the funding body, the Australian Government Department of Health and Ageing.

PEPA for Aboriginal and Torres Strait Islander Health Workers is funded by the Australian Government Department of Health and Ageing under the National Palliative Care Program.

© Commonwealth of Australia 2010

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and enquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, National Circuit, Barton ACT 2600.

For telephone enquires please ring (02) 6141 6666 or made available online at

<http://www.ag.gov.au/cca>

Suggested citation: PEPA Project Team (2010). PEPA for Aboriginal and Torres Strait Islander Health Workers' Communication Guidelines. Queensland University of Technology: Brisbane.

# Table of Contents

	Page
General Consideration	4
Cultural Respect in PEPA	5
Practice Principles	5
Principle 1	5
Principle 2	7
Principle 3	8
Bibliography	9

# 1. General Consideration

The PEPA Communication Guidelines have been developed to provide guidance for individuals and organisations involved in the implementation and evaluation of PEPA and to enable them to work within local cultural practices and protocols.

## **Statement about 'Men's and Women's business'**

Traditionally Australian Aboriginal and Torres Strait Islander peoples have had a clear division between 'Men's and Women's business' particularly in regards to health issues and gender specific body parts and functions.

Throughout PEPA workshops, clinical placements and other educational events, educators and participants are encouraged to be mindful and respectful of the mores associated with 'Men's and Women's business'. Materials and concepts presented in PEPA should be respectful of the feelings of each participant, and ensure that the teaching and learning environment is at all times effective and culturally safe.

A strategy for cultural safety is to ensure that PEPA participants are supported in their right to leave the facility at any time should they find material or situations confronting or contrary to their own belief system about 'Men's and Women's business'. Should the situation arise where participants demonstrate their discomfort because of incongruence with their values, it is the responsibility of PEPA Managers, mentors and educators to review and adjust content or style of current and future programs. Consultation with local Aboriginal or Torres Strait Islander health care personnel is recommended to gain further understanding about protocols relating to gender issues.

## **Cultural Respect**

The PEPA Communication Guidelines are underpinned by the principles of a Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009<sup>1</sup> which should be applied in the development, implementation and evaluation of PEPA for Aboriginal and Torres Strait Islander Health Workers.

Cultural Respect is defined as:

Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples (2004, p.7).

The broad principle of Cultural Respect is that interventions or services should 'not wittingly compromise the cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples' (ibid).

<sup>1</sup> Australia Health Ministers' Advisory Council's (AHMAC) Standing Committee on Aboriginal and Torres Strait Islander Health Working Party. *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*. Department of Health South Australia, March 2004.

## 2. Cultural Respect in PEPA

The Practice Principles identified in the Resource Kit: *Providing culturally appropriate palliative care to Indigenous Australians (2004)*<sup>2</sup>, provide the framework for implementing cultural respect principles in PEPA.

### Practice Principles

1. Engage with Aboriginal and/or Torres Strait Islander organisations and personnel in the planning, delivery and evaluation of PEPA to ensure educational activities are culturally appropriate
2. Communicate with Aboriginal and Torres Strait Islander Health Workers, health care organisations and providers in a sensitive way that values cultural difference
3. Provide information or training to all personnel involved in delivery of PEPA to ensure the principles of cultural respect are applied

**Recommended organisational and personal strategies for applying each practice principle are listed below.**

#### Principle 1

Engage with Aboriginal and/or Torres Strait Islander organisations and personnel in the planning, delivery and evaluation of PEPA to ensure educational activities are culturally appropriate.

### Organisational strategies for applying principle 1:

#### General

- A Reference Group with representation from Aboriginal and Torres Strait Islander Health and Education organisations will oversee development, implementation and evaluation of PEPA for Aboriginal and Torres Strait Islander Health Workers
- A Working Party of PEPA Managers and Indigenous project or education officers will consider the recommendations of the Reference Group when developing guidelines, policies and educational material
- Reference should be made to state or territory guidelines on protocols relating to implementation of cultural respect principles - see for example [www.AustralianIndigenousHealthinonet.ecu.edu.au](http://www.AustralianIndigenousHealthinonet.ecu.edu.au). This site links to published cultural protocols and guidelines from different jurisdictions.

<sup>2</sup> *Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples Resource Kit*. Mungabareena Aboriginal Corporation, Wodonga Institute of TAFE. 2004. Australian Government Department of Health and Ageing.

## 2. Cultural Respect in PEPA

### Specific

The 'Acknowledgement of Country' and/or 'Welcome to Country' should be observed at the beginning of PEPA workshops or similar events. In addition, individual presenters, lectures or mentors may choose to incorporate an 'Acknowledgement of Country' at the beginning of their presentation.

**Welcome to country** is a very important protocol; please ensure that you observe protocols relevant to the community in which you gather. A Senior Aboriginal person (recognised Elder of the community) usually gives the 'Welcome to Country' for the local area. An Elder is not necessarily an older person, but rather someone who has the trust and respect of their community and is recognised as a cultural knowledge keeper<sup>3</sup>. A fee may be charged by the local Indigenous organisation for their representative to perform the 'Welcome to Country'.

**'Acknowledgement of Country'** is provided by a non-Indigenous person or Indigenous person not from the land where the meeting is held. Information about your local Indigenous community or region may be obtained from your local Indigenous organisations. In addition you can learn about local Indigenous regions and language groups by accessing Internet sites, for example: [www.Alatsis.gov.au/aboriginal\\_studies\\_press](http://www.Alatsis.gov.au/aboriginal_studies_press).

Example of 'Acknowledgement of Country' statement

*"I would like to acknowledge the \_\_\_\_\_ people, as custodians and traditional owners of this land, and their elders past and present, and on whose land we now meet".*

- Local Indigenous people should be employed to co-facilitate PEPA workshops and implement PEPA activities, where possible. This is important when addressing all aspects of patient care associated with end-of-life issues
- Where possible and as desired a local Aboriginal or Torres Strait Islander Health Worker or similar person should be engaged to accompany the course participants during the clinical placement visit
- Use existing information materials developed for Aboriginal and Torres Strait Islander patients and families dealing with chronic or advanced illness
- Ensure a culturally safe learning environment, which considers strategies for emotional safety, recognition of cultural mores, appropriate and respectful language, and time and space that accommodates various learning styles

### Personal strategies for applying principle 1:

Undertake and facilitate cultural awareness orientation for yourself and others involved, as necessary

<sup>3</sup> Aboriginal and Torres Strait Islander Protocols. 2005. City of Sydney, viewed on 11 September 2008: [www.AustralianIndigenousHealthinfor.net.ecu.edu.au](http://www.AustralianIndigenousHealthinfor.net.ecu.edu.au)

## 2. Cultural Respect in PEPA

### Principle 2

Communicate with Aboriginal and Torres Strait Islander Health Workers, health care organisations and providers, in a sensitive way that values cultural difference.

#### **Organisational strategies for applying principle 2:**

Factors influencing communication, as listed in the Resource Kit (2004, p.62-68), that are particularly relevant to PEPA include:

- Using appropriate language
- Appropriate non-verbal communication and attire
- Considering gender issues (discussed on page 4)
- Using appropriate communication

#### **Using appropriate language**

Some Indigenous people are uncomfortable with the term 'death and 'dying', preferring terms such as 'not going to get better', 'unwell', 'very sick' or getting ready to 'finish up'. Referring to the terminally ill person as 'the sick person' is common. For some Indigenous Australians these alternative terms reflect the desire to maintain hope.

The term 'sorry business' usually refers to the time after the death of someone who is from the community, but some Indigenous people may also use 'sorry business' in relation to the time before death when the sick person requires palliative care.

#### **Appropriate non-verbal communication and attire**

Cultural safety for some Indigenous people may be compromised by unconscious 'messages' sent through non-verbal communication, and mode of dress, that can be associated with past negative experiences. These include:

- Persistent questioning, direct questions, prolonged eye contact, loud voices, being too close, and rigid routines
- Uniforms, worn by authorities such as nurses and doctors, may trigger memories of past negative experiences with health services and bureaucracy

#### **Using appropriate communication strategies**

A communication process should be established that provides regular updates, feedback and opportunity for commentary from local and national Aboriginal and Torres Strait Islander Health and Registered Training Organisations (RTO) and other relevant education facilities

A support network of Aboriginal and Torres Strait Islander Health Workers who have completed PEPA, should be established.

#### **Personal strategies for applying principle 2:**

- Gain information about the local Indigenous language/nation group
- Develop and nurture professional relationships with local Indigenous health personnel

### Principle 3

Provide information or training to all personnel involved in delivery of PEPA to ensure the principles of cultural respect are applied.

#### **Organisational strategies for implementing principle 3:**

- Work with local Aboriginal and Torres Strait Islander Health Workers, Hospital Liaison Officers, interpreters and others to distribute available resources relating to cultural safety principles, to PEPA host sites
- Access local teaching resources and where possible involve personnel from states or territories, Registered Training Organisations (RTOs) responsible for Indigenous Health Workers education.

#### **Personal strategies for applying principle 3:**

- Pursue learning opportunities relating to cultural safety. Cultural safety training includes orientation to the local Indigenous community and services.

#### **Definition of cultural safety training**

*Cultural safety training focuses on the concept of self as a 'cultural bearer'. It includes the historical, social and political influences on palliative care and Indigenous Australian attitudes to palliative care services. It supports the development of relationships that build trust.*<sup>4</sup>

<sup>4</sup> *Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples Resource Kit.* Mungabareena Aboriginal Corporation, Wodonga Institute of TAFE. 2004. Australian Government Department of Health and Ageing. p.71.

### 3. Bibliography

Abbott, K., Fry, D., Ahmat, C. and Elliot, R. *Aboriginal Health Workers*. Competency, standards, career structures and history. The Central Australia and Barkley Aboriginal Health Workers Association. Viewed 9 October 2008 at [www.healthinfonwet.ecu.au/cabahwa/article.htm](http://www.healthinfonwet.ecu.au/cabahwa/article.htm)

*Australian Health Ministers Advisory Council's (AHMAC) Standing committee on Aboriginal and Torres Strait Islanders Health Working Party*. Cultural respect framework for Aboriginal and Torres Strait Islander Health 2004-2009. March 2004. Viewed 22 July 2009 at [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/\\$FILE/Cultural\\_Respect\\_Framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf)

Fried, O. 2000. Providing palliative care of Aboriginal patients. *Australian Family Physician*. 29(11): 1035-1038.

Fenwick, C. 2006. Assessing pain across the cultural gap: Central Australian Indigenous peoples' pain assessment. *Contemporary Nurse* 22:218-227.

Government of Western Australia Department of Education and Training. *Protocols for Welcome to Country and Acknowledgment of Traditional Ownership*. Viewed August 2008 at [www.dia.wa.gov.au](http://www.dia.wa.gov.au)

Janca, A, and Bullen, C. 2003. *The Aboriginal concept of time and its mental health implications*. *Australian Psychiatry*. 11: S40-44.

Kelly, L. and Minty, A. 2007. End-of-life issues of aboriginal patients. *Clinical Reviews*. *Canadian Family Physician*. 53:1459-1465.

Maher, P. 1999. A review of 'traditional' Aboriginal health beliefs. *Australian Journal of Rural Health* 7: 229-236.

McGrath, C. 2000. Issue influencing the provision of palliative care services to remoter Aboriginal communities in the Northern Territory. *Australian Journal of Rural Health* 7: 229-236.

Naylor, D. 2006. *Respecting Patient Choices*. Advanced Care Planning with Aboriginal and Torres Strait Islanders. Austin Health Aboriginal Health Development

Prior, D. 2003. Palliative care and sorry business. *Aboriginal and Islander Health Workers Journal*. 27:1. p. 7-9.

Rose, M and Jackson Pulver, L. 2004. Aboriginal Health Workers: professional qualifications to match their health promotion roles. *Health Promotion Journal of Australia* 15: 240-4.

Surbone A. 2008. *Cultural aspects of communication in cancer care*. *Support Care Cancer*. 16: 235-240.

Tamirsari, F. and Milmilany, E. 2003. DHINTHUN WAYAWU- Looking for a pathway to knowledge: Towards a vision of Yolngu education in Milingimbi. *Australian Journal of Indigenous Education*. 32: 1-10.

Usher, K., Lindsay, D., Miller, M. and Miller, A. 2005. Challenges faced by Indigenous nursing students and strategies that aided their progress in the course: A descriptive study. *Contemporary Nurse* 19: 17-31.