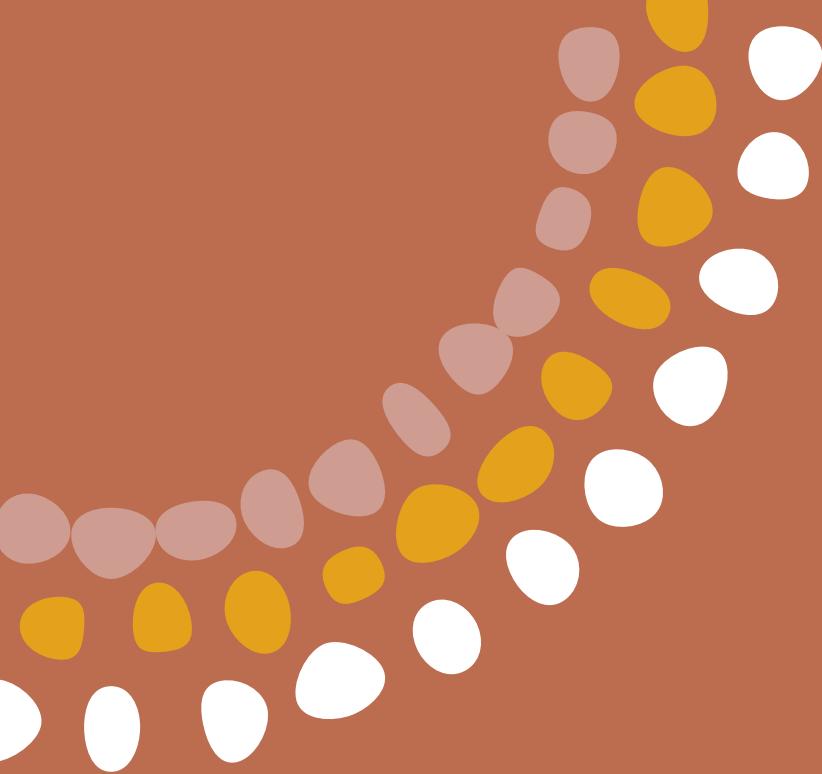


# Cultural Orientation Handbook





**Photographs used in this handbook were taken in the Northern Territory communities of Ampilatwatja and Galiwin'ku. Permission was sought from these communities, and from all individuals or guardians of individuals, before photography commenced. All photographs are copyright of the Remote Area Health Corps.**

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# Welcome

It is with great pleasure that I welcome you to work with the Remote Area Health Corps (RAHC).

We congratulate and thank you for your interest and willingness to experience the challenge and joy of work in remote Australian communities. The opportunity to provide service, work with teams of dedicated health professionals and contribute to improving health outcomes for Indigenous 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 having 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 worker and working amongst kinship networks are discussed in order to help you work effectively and safely as a health professional. However, we must also caution and 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 your colleagues including Aboriginal Health Workers and the 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.

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.



Lisa Studdert  
General Manager

# 1. 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 MEDICAL CARE.

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 Cur B (1996), *Keeping company—an intercultural conversation*, Wollongong, NSW: University of Wollongong.

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



## 2. Your first days

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

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, drive through or work on Aboriginal land in the Northern Territory, you must by law have a permit to do so. Permits are generally obtained from the local land council.

Permits do not allow visitors to fish, hunt or carry out commercial activities, including filming, on Aboriginal lands.

There are occasions when permits are not granted or cancelled. This could be because of a death or funeral or because a ceremony is being conducted in the area. It could also be because of weather or road conditions.

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. If you wish to venture to other areas, you will need additional permits. 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.

### Forbidden areas ('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.

### 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 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 the health professionals working in their community, they will come to the clinic and look at the health professional but refuse to speak or otherwise interact with them.

In most communities and bush camps, Aboriginal people do not realise that there is a shortage of health professionals. From their perspective, if they do not get told anything or are not introduced to anyone, they see a new person arrive, then in a couple of weeks they are gone. If they are not further informed, another new person may arrive and again they are not aware, and so the cycle continues.

You can overcome some of these issues by taking steps to be introduced to members of the community and bush camps. Introductions should ideally be conducted by an Aboriginal Health Worker or other local Aboriginal person.

## Adjusting to your role

It is important to remember that you are there to do a particular job, not to become a member of 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 usual practice 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 or bush camps 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 course 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 to not deliberately or inadvertently judge or betray.

# 3. Working within the Aboriginal community

## The Aboriginal community (Australian cultural diversity)

Imagine if a handout on “understanding Australian culture” had to be produced for Indigenous health professionals about to start working in Canberra with non-Indigenous Australians. How complex and diverse would this document need to be to take into account all aspects of Western culture and the new multiculturalism 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 Indigenous person in the community family. In every level of communication and interaction, you would deal with your family, 24 hours a day, 365 days a year.

Understanding cultural issues will help with your work in an Indigenous 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) the 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.

Today, many Aboriginal communities across Australia are the result of past government policies which saw the displacement of many Aboriginal peoples—from differing cultures and languages, many of whom were traditional enemies—from their traditional lands. 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 amongst 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 a common arena for factionalism is within Aboriginal Community Controlled Organisations. Particular factions may be controlling one Aboriginal Community Controlled Organisation in the community (for example, the health service) and may be in conflict with factions controlling another community controlled organization (for example, the local Aboriginal Lands Council).

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 in response to the adoption of self-determination and self-management policies regarding Aboriginal people. 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:

*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 health care 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).*

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 managed in the following manner. An Aboriginal corporation is established (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 of management members who will be responsible for the corporation's management. The board members are Aboriginal members of the community and corporation who are nominated and elected by other members. 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.

One of the goals of Aboriginal Community Controlled Organisations such as Aboriginal Medical Services 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 Indigenous health professionals. In terms of Australian Aboriginal health and wellbeing, this is problematic as Indigenous people comprise a relatively small percentage of the total Australian population, and the wide experience of socioeconomic disadvantage of Indigenous people has resulted in an under-representation of Aboriginal people in all health disciplines. This disproportion means that the majority of health and related professionals in these services are non-Aboriginal. However, the development of the role and qualification of Aboriginal Health Workers 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. In a typical Aboriginal Community Controlled Organisation, management, administration and Aboriginal health worker positions are occupied by Aboriginal people, and health professional positions (for example, doctors) are occupied by non-Aboriginal people in the absence of available qualified Aboriginal people.

### Working with Aboriginal health workers

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 Worker has become critical.

Aboriginal Health Workers may have qualifications that vary from TAFE certificate levels to university degrees, and the level of clinical experience may vary greatly. The essential role of the Aboriginal Health worker is twofold:

1. to provide basic health care 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 Workers may work in a variety of positions in both Aboriginal Community Controlled Organisations (for example, Aboriginal Medical Services or women's centres) and mainstream services.

Aboriginal Health Workers 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 Workers:

- 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
- while on the other hand, some Aboriginal Health Workers may have 20 or more years of service as a health professional in the same clinic.

### 3. Working within the Aboriginal community (continued)

As Aboriginal people, Aboriginal Health Workers have particular kinship relationships and obligations to members of their community. This can result in Aboriginal Health Workers:

- 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.

Remember that Aboriginal health workers have to regularly compromise their professional and cultural ethics due to the family and kinship issues within their culture.

Aboriginal health workers in the Northern Territory are amongst the most highly trained in Australia.

#### The community's expectations of you

The community expects you to perform 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 empathic, and to recognise, honour and respect the vibrancy of another culture. 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 Workers. Issues you should think about and be aware of include: general attitudes and conduct, what you wear, greeting and addressing people, communication, sacred sites—learning where you can walk, reciprocity and sharing. These issues will be explored in the following pages.

## 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 kinship networks and relationships, and how you can appropriately work within these networks. This handbook provides some basic tips and further detail can be sought from your colleagues in the community, particularly Aboriginal Health Workers.

All people in all cultures have some form of kinship system which 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)

Indigenous kinship may be defined as existing in two formats—traditional and urban.

**Traditional Indigenous kinship system.** The traditional format of kinship is 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 Indigenous kinship system.** Many Aboriginal people were systematically taken from their families throughout the history of the Northern Territory. These children created a different and simplified version of the traditional kinship system and the extended family which included blood and marriage, but also friends. Many members of the stolen generation established themselves in the urban townships of the Northern Territory.

### 3. Working within the Aboriginal community (continued)

#### **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 Workers.

#### **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 Workers 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 Worker, 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 Worker 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 see as most urgent.

*You are also expected to be sensitive and empathic, and to recognise, honour and respect the vibrancy of another culture.*

# 4. 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 which 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 everyday 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 pub or canteen. 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.

## 4. Personal presentation and conduct (continued)

A lot of health professionals socialise amongst the community, but they do it in a gradual way. One of the difficulties with health professionals coming and going from Aboriginal communities is the fact that often they break the 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.
- DO greet people respectfully and speak softly.
- DO act politely and demonstrate an interest in people and the community through recognition—a smile, a wave, a small sign.
- DO conduct your private life in a discreet manner.
- DO observe others when communicating and take their lead, particularly regarding shaking hands and eye contact.
- DO 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.
- DO 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.
- DO NOT bad mouth or enter into gossip about anyone in the community.
- DO NOT swear around anyone in the community.
- DO NOT drink alcohol in alcohol-free (dry) areas.
- DO NOT take illegal drugs.
- DO NOT eat in front of others if they are not eating.
- DO NOT 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 regards 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.

### 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 result in community members passing comments behind your back.

#### 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).
- Sleeveless tops.
- Tight fitting shorts.
- Tight-fitting or very casual jeans.
- Thongs or flip flops.



It can also be appropriate to wear clothes and jewelry that has 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 the Aboriginal Health Worker, 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 favourable 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 facilities and shopping opportunities in the community you will be working in. Generally, most communities have their own local store that is stocked with all essential food items. You may also have the opportunity to buy other non-essential items from Alice Springs or Darwin before heading out to the community. If you have a preference for a certain food, laundry detergent or personal product, then make sure you buy a needed supply before you leave home. 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 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 Worker 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.

## 4. Personal presentation and conduct (continued)

Touching on the head and hair is inappropriate in some Aboriginal cultures, particularly in regards to elders and babies. Always seek advice from your colleagues, particularly an Aboriginal health worker 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.

Observe others and take their lead. Take care to avoid staring at someone, particularly of the opposite sex. Look past the person, as opposed to directly at them, to avoid making them feel uncomfortable.

## 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 51 Indigenous languages (see Box 1).

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

REGION	LANGUAGES
Alice Springs (Central) <i>er</i>	Alyawarre, Anmatyerre, Central Arrente, Eastern Arrente, Jingili, Kaititj, Mudbarra, Luritja, Ngaanyatjarra, Ngaatjatjarra, Pintupi, Pitjantjatjara, Southern Arrernte
Tennant Creek (Barkly)	Wambaya, Warlpiri, Warnmanpa, Warumungu, Western Arrernte, Yankunytjatjara, Wuriaki.
Borroloola	Yanyuwa
Darwin	Larrakia
North Eastern Arnhem	<b>Yolngu languages:</b> Dhay'yi – Djarrwark, Dhalwangu Dhangu – Golumala, irratjinu, 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.
Kunbarllanjanja (Oenpelli) Jabiru	Burarra, Kunwinjku.
Litchfield (Batchelor)	Madinarl, Mariamu.
Nauiyu Nambiyu (Daly River) Peppimenarti	Kriol, Ngangikurrungurr, 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.
Warruwi (Goulburn Island)	Maung, Walang, Iwaidja.

According to Australian Bureau of Statistics data (2006) most Indigenous people (about 80%) spoke only English at home, which is similar to the figure for non-Indigenous Australians. About one in eight Indigenous Australians (12%) 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 an Indigenous language, compared with 1% of those in major cities and inner regional areas.

English was spoken at home by 80% of Indigenous people while just over 13% spoke an Indigenous language. Arrente and Walpiri, 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, across the northern half of the Northern Territory to Western Australia.

## 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.

## 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 workers 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.



## 4. Personal presentation and conduct (continued)

### 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 meaning

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

Aboriginal people are not time oriented. Everything they do is in tune with their traditional 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
- unions
- 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 than important than the issues
- open discussion
- talking circles to explore the issues
- sharing stories
- factionalism.



## Sacred sites—where can I walk?

Every part of Aboriginal land is a place of significance and is an intrinsic part of ceremonial 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 the low prices and stocking-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 amongst 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 with your new friends 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.*

# 5. Working within the kinship network

## The kinship network

**Kinship is biological, marriage is non-biological**, Kinship is not just about marrying correctly. It is about all the relationships that are professional, personal and family, that you will have throughout your life.

Kinship guides you in how to do all the tasks and processes of every day activities. It controls and consumes you. 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.

### Indigenous kinship systems of the Northern Territory

- Indigenous people think differently about family and extended family.
- In every Indigenous 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, aunties, 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, e.g. cousin–brother or niece–daughter.
- Even when Indigenous people come into Darwin they are still following 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 society 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 their 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. Indigenous people are constantly adjusting their culture to fit within the dominate culture and to fit within the great diversity of other Indigenous 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 being aware of it and how it is used. Understanding family and how kinship is applied to the processes and tasks of Indigenous people living in both remote urban communities, is enough.

There is a set of 16 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 will 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 Coburg Peninsular

### 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

## 5. Working within the kinship network (continued)

### 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) teach 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).*

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

*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.*

*Uncle(s)—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' for their sisters, nephews and nieces.*

*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.*

*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'.*

*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'.*

*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.*

### Avoidance relationships – "poison relationships"

Within the kinship network there are also avoidance relationships between people which are life long. 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.*

1. *Mother in law/son in law—always 'no room'—this avoidance relationship is practised throughout Central Australia.*
2. *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.*
3. *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 worker is unable to work with certain clients, or why particular people are unable to attend the same meeting together.

*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 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 others 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 workers 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.

## 5. Working within the kinship network (continued)

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.*

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 would provide you with a place within the kinship network.

However, it is advisable to avoid such relationships or being adopted into a kinship system due to their complexity and the relationships and expectations which must be adhered to based on the skin name. 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 you can no longer treat or communicate with certain members of the community and must adhere to certain avoidance relationships.
- You may now have expectations and commitments you would not be prepared to follow and these may include ceremony obligations.
- You have inadvertently taken a side in community politics/relationships which will again impact on your role as a health professional.

If offered an opportunity to be given a skin name, avoid offence by simply acknowledging that you don't know enough about Aboriginal culture to accept such a generous offer. In some cases non-Aboriginal people have been referred to as 'brother' or 'sister' in the community, which would be the preferred 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 all right 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.

# 6. 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 worker 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 worker 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)

*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.*

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.

# 7. 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 workers 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 does 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, recent 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. Yet recently, 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 the 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 Workers, 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. There is a need to share one story. The involvement of the Aboriginal Health Worker 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 the 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, office 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 regards 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 costs 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' 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's life.

## 7. Dying, death and 'sorry' business

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 between 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 worker 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 worker 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.*

# 8. 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 to 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 Workers and their role in treating clients.

In regards 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 worker 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 Worker, 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 Worker 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 can not 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 Worker 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 sun screen, 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 below).

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

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 Worker 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 Worker in these circumstances.



There can be difficulties when the male Aboriginal Health Worker has a father/son relationship with the initiate requiring attention. In this case, the Aboriginal Health worker 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 which 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 Worker 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 Worker or, if they are unavailable, consult with an Elder.

# 9. 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 workers providing palliative care to clients who are close to death, have a fear of administering medication to others. They could fear negative outcomes that may 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.

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.

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

# 10. References

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# 11. 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

AIS helps to alleviate the language barriers faced by Indigenous 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 day 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
- name, age and gender of Aboriginal person seeking 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 health care: an evidence-based approach (third edition)*

Sophia Couzos and Richard Murray (editors), 2008.  
Kimberley Aboriginal Medical Services Council

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 health care 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 (2nd edition)*

Eckermann A, Dowd T, Martin M, Nixon L, Gray R and Chong E, 2005.

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 Indigenous disadvantage and marginalisation. The book is primarily aimed at non-Indigenous health care 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 Crisis Line

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

[www.carpa.org.au/](http://www.carpa.org.au/)  
PO Box 8143  
Alice Springs NT 0871  
Ph: 08 8951 4700  
Fax: 08 8951 4777

Publications include:

- CARPA standard treatment manual (4th edition)
- The medicines book for Aboriginal health workers
- The CARPA manual reference book
- CARPA newsletter.

## *Keeping company—an intercultural conversation (2nd edition)*

Franks C and Curr B, 2007.

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 Spencer Gulf Rural Health School by phoning 08 8647 6036 or faxing 08 8647 6164.

## Useful resources (continued)

### ***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 health care 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)



