

Yarning about Sad News and Sorry Business

An engagement and consultation toolkit

palliativecareqld.org.au

An initiative of PalliativeCare QUEENSLAND
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PCQ acknowledges that there is no single Aboriginal or Torres Strait Islander identity, but there is significant diversity within these two groups. The term 'Aboriginal peoples and Torres Strait Islanders', is cited in this toolkit, however, given the range of nations, cultures and languages adopted across Australia, respectful language use depends on what different communities find appropriate.

The information presented in this toolkit reflects consultation methods and the main discussions that emerged, which generated a wide range of insights and opinions. Any views and recommendations contained in this toolkit do not necessarily reflect the views of PCQ or indicate a commitment to a particular course of action. No representation expressed or implied is made as to the currency, accuracy, reliability or completeness of the information and data contained in this resource.

PCQ acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past, present and emerging.

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PCA is funded by the Australian Government.

Warning: This toolkit contains material that may cause sadness or distress

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TABLE OF CONTENTS

Acknowledgements 2

About Us 4

Rationale - a message from Palliative Care Queensland's CEO 5

Yarning about Sad News and Sorry Business - An engagement and consultation tooklit: At a glance 6

How we engaged 8

What we heard: Conversation summary 10

Key Messages 16

- Acknowledge that history does have an impact 18
- Recognise that real engagement takes time and flexibility 19
- Recognise the Aboriginal and Torres Strait Islander concept of health is holistic 20
- Ensure language and terminology are considered 21
- Know the community you are going to 22

References 24

About Palliative Care Queensland

Palliative Care Queensland (PCQ) is a leading charity and independent peak body representing palliative care providers, consumers and their families and those with an interest in palliative care in Queensland. PCQ was established in 1988 and is a membership-based organisation, supporting the individuals, families, carers, community members, as well as specialist and generalist health care professionals working with Queenslanders experiencing serious illness, dying, death and grief. Collectively, the PCQ membership body holds tremendous knowledge and wisdom about the challenges the sector faces and the opportunities those challenges can bring. PCQ is a founding member of Palliative Care Australia.

Our organisational priorities are that all Queenslanders:

- Are able to live every day until their last
- Are able to have a dignified death, regardless of their illness, age, culture or location
- Have access to a supportive social network at the end phase of life and have the choice of quality palliative care

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The PCQ Inclusivity Statement

We are inclusive. We celebrate multiple approaches and points of view. We believe diversity drives innovation and connects us closer to our members, clients and our communities. We're building a culture where difference is valued. We take a holistic approach. We foster both a top-down and grassroots approach. When we say Palliative Care is Everybody's Business, we mean everybody.

A note regarding the use of terminology in this toolkit

Regarding terminology, this toolkit uses the words death, dying, grief and bereavement, however PCQ acknowledges that different communities use different terms, including 'passing' and 'finishing up', and that there are different customary practices associated with death and dying, or Sorry Business for Aboriginal communities[5, 6] and Sad News for Torres Strait Islander communities.[6, 7]

PCQ highlights that when considering engagement with Aboriginal and Torres Strait Islander peoples it is important to understand that individuals and communities may consider talking about death and dying to be taboo, or 'bad talk', making it difficult to initiate conversations about palliative care, end of life and grief.[6, 3] This can extend to talking about or naming a deceased person, which can cause deep distress and sadness for family members, extended family members, and community members.

PCQ acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past, present and emerging.

Rationale - a message from Palliative Care Queensland's CEO

Access to palliative care is a human right,[1, 2] and palliative care services are needed more than ever before, to increase the provision of care and to mobilise networks that can provide the social, cultural, spiritual and emotional needs of those who are experiencing serious illness, dying, death and grief. The National Palliative Care Strategy states that,



'...palliative care is not equally available to all people across Australia, for reasons of geography, awareness, economics, workforce, and accessibility. Aboriginal and Torres Strait Islander people, in particular, are impacted by unique factors such as intergenerational trauma, cultural dislocation, oppression, and systemic racism that influence their decision making around end-of-life considerations.' [1 (p.2)]

What is known is that Aboriginal and Torres Strait Islander peoples in Australia have poor access to specialist and generalist palliative care services in mainstream facilities, as these are often viewed as powerful, isolating and not relevant to their culture, way of life, family and belief systems.[3] Aboriginal and Torres Strait Islander peoples, especially those residing outside major cities, are substantially under-represented in care, where over a five-year period (2010-15) 1% of people accessing specialist palliative care identified as Aboriginal or Torres Strait Islander.[4] The literature, although limited, argues for the development and need for culturally specific Aboriginal and Torres Strait Islander palliative care models, which are culturally appropriate, locally accessible and delivered in collaboration and partnership with Aboriginal controlled health services.

Engaging Aboriginal and Torres Strait Islander peoples in planning, designing, implementing and evaluating palliative care and end-of-life care programs, services and policy is critical, to ensure their distinct issues, needs and aspirations are not overlooked and are explicitly accounted for. The question is –
Are consultation processes truly effective and meaningful for Aboriginal and Torres Strait Islander peoples?

Palliative Care Queensland (PCQ) initiated this toolkit to gather insights and perspectives from Aboriginal and Torres Strait Islander peoples living in Queensland, on engagement and consultation processes in relation to palliative care. These activities also provided the unique opportunity for participants to offer their tips on how to build stronger engagement within local communities. As such, this toolkit is suitable for governments at all levels as well as Primary Health Networks (PHNs), palliative care service providers, academics, and any consultants, organisations or services looking to engage with Aboriginal and Torres Strait Islander peoples within urban, rural and remote locations.

With the assistance of Health Consumers Queensland, PCQ confirmed that people have different understandings of 'palliative care'. We learnt that there is a need for good communication and early engagement when planning consultation with a community. Critically, involving the whole community and elders is of prime importance, as is understanding culture and spending time before and after the consultation. The key messages of this toolkit are informed by the valuable conversations we were privileged to have.



Shyla Mills
Chief Executive Officer
Palliative Care Queensland

YARNING ABOUT SAD NEWS AND SORRY BUSINESS - AN ENGAGEMENT AND CONSULTATION TOOLKIT:

AT A GLANCE

Why we did this

Palliative Care Queensland is committed to providing quality and user-friendly resources to support appropriate palliative care provision for Aboriginal and Torres Strait Islander people.

We wanted to know whether consultation processes are truly effective and meaningful for Aboriginal and Torres Strait Islander peoples.

The Yarning about Sad News and Sorry Business Engagement and Consultation Toolkit brings together a range of conversations to provide key messages and considerations shared by Aboriginal and Torres Strait Islander people to provide guidance on engagement and consultation processes in relation to palliative care.

Our Question: Are consultation processes truly effective and meaningful for Aboriginal and Torres Strait Islander peoples?

What we did



Key Messages

- Acknowledge that history does have an impact
- Recognise that real engagement takes time and flexibility
- Recognise the Aboriginal and Torres Strait Islander concept of health is holistic
- Ensure language and terminology are considered
- Know the community you are going to

Limitations of this toolkit

This toolkit serves as a snapshot for governments at all levels as well as Primary Health Networks, palliative care service providers, academics, and any consultants, organisations or services, to consider the issues raised by the participants. It is by no means a comprehensive guide to consulting or engaging with Aboriginal and Torres Strait Islander communities, relating to palliative care issues, nor a description of appropriate protocols. It is therefore essential to engage with Aboriginal and Torres Strait Islander organisations and community members in the first instance, prior to any event or meeting.

HOW WE ENGAGED

Engagement Methods

First and foremost, it is important to acknowledge that the concept of 'community' is varied, as there are many Aboriginal and Torres Strait Islander 'communities' located in rural, remote and urban areas in Australia, where family and kinship ties, clans, nations, language and ceremonial groups play a key role.[8, 9] Community is about country, extended family ties and shared experience, and is central to Aboriginal and Torres Strait Islander peoples.[5]

In early 2020, PCQ engaged Health Consumers Queensland with the intention of hosting and facilitating 'Kitchen Table Discussions' which would provide Aboriginal and Torres Strait Islander community members, who may not normally have their voice heard, the space to share their stories and experiences in an informal and comfortable setting. 'Kitchen Table Discussions', as an engagement methodology, encourages individuals to come together, in a safe and friendly environment - under instruction, support and guidance by a member of their own community – to in turn facilitate small group conversations, at a time and venue that suits all parties.

One Kitchen Table Discussion was held with 5 members of the Coen community, a small remote town in the centre of the Cape York Peninsula in Queensland, where the population has more than 79% of residents identifying as Aboriginal or Torres Strait Islander (2016 Census).

After the introduction of COVID-19 restrictions, Health Consumers Queensland subsequently assisted PCQ to organise an online focus group. Expressions of interest for people identifying as Aboriginal, Torres Strait Islander or South Sea Islander to participate in a two hour Zoom discussion, resulted in 11 individuals participating from Cairns, Townsville, Mackay, Toowoomba, Gold Coast and Brisbane.

> ***Just acknowledging the connectedness with this strong powerful gathering [the online focus group] in this conversation about the ceremony of passing. We start this from when we are born, we start this journey. We have a final farewell to the physical. We have multiple stories and laid bare we shape the ceremonies of passing to come.***
> *– Conversation participant*

For the 'Kitchen Table Discussions' and online discussions, a simple question guide was developed to help facilitators navigate the issues regarding palliative care service provision whilst at the same time encouraging the natural flow of conversation. The four questions used to guide these discussions were:

1) ***What is 'palliative care' to you? (there is no right or wrong answer)***

2) ***Is it important for government or organisations to talk to members of your community? (when they are planning things, want to fund things, or need to know what is happening)***

3) ***How can government or organisations include your community more in a good way?***

4) ***Is there anything else you would like to say?***

WHAT WE HEARD:

CONVERSATION SUMMARY

Q: What is 'palliative care' to you?

Why we asked this?

- The terms 'end-of-life care' and 'palliative care' are used differently across health, aged care and social care systems and settings,[13] and this lack of consistency in language often results in differences in interpretation of information[14]
- Even when using the same terms, different people may attach very different cultural meanings to them[9]
- Aboriginal and Torres Strait Islander peoples may have a contrasting view of health and wellbeing[19, 3, 12] and this extends to illness, dying, death and grief which may not include the concept of palliative care[3]
- Aboriginal and Torres Strait Islander peoples spiritual and cultural beliefs about the cause of serious illness, death and dying may conflict with medical explanation[6, 3]
- There are more than 150 languages spoken by Aboriginal and Torres Strait Islander people in their homes.[3] English proficiency varies in more remote communities where English may be a second or third language.[9] Language may be a barrier, where for some languages the term 'palliative care' does not exist and this must be understood in an appropriate meaning and context
- Concepts and terms that government and organisations use in everyday communications may not be familiar. It is important to consider translating 'government speak' to enable community members to fully understand its meaning and implications to avoid confusion and misunderstanding and to ensure that communication is effective[9]
- Australia as a society has difficulty in discussing palliative care, death and dying.[1, 17, 16] This may be compounded within Aboriginal and Torres Strait Islander communities due to the deep impacts of Sorry Business and Sad News

A: Consultations revealed that knowledge regarding the *'meaning'* of palliative care varied between participants, however the main themes that emerged were:

- Helping people be closer to home instead of having to be away from loved ones
- Providing care to someone in their last days and making them comfortable with medication
- The end of a person's life
- An association with a specific physical building such as a hospital or hospice
- Specifically for older people and or people with cancer, and
- Is where you are forced to go to hospital

When asked specifically *'Is it the same as end-of-life care or aged care?'* responses varied, from those who feel it is the same, as *'most terminally ill people are elderly aged people,'* to those who are clear they are different to palliative care which '*offers more support to family, and it provides comfort, support and care whilst patients are being treated for their long-term illness'.*

After each participant provided their thoughts on 'what palliative care is' they were provided with a brief overview of palliative care, which led to further discussion and noting of the following key comments:

- *Palliative care feels like it is an act of compliance:*
    - *There should be no rush, allowing a natural process*
    - *The importance of acknowledging traditional healers who are working with the spirit body, where 'the spirit body needs the assistance on its next journey'*
- *The need to acknowledge that Sorry Business can start when someone tells you they have a terminal illness, and families often have their own sustainable practices for 'palliative care'*
    - *There is a need to look at the cultural grieving process to know how to best go about palliative care*
- *When Aboriginal and Torres Strait Islander people are older, they are a lot more connected to country and need to have access to palliative care on country*
    - *Importance of appropriate palliative care facilities (hospice) close to home to ensure people are not alone in their dying days*

Q: Is it important for government or organisations to talk to members of your community and how can government or organisations include your community more in a good way?

Why we asked this?

- The history of engagement between governments, organisations, service providers and the wider society and Aboriginal and Torres Strait Islander peoples affects contemporary engagement[7, 19, 9]
- In line with the concept of self-determination, the active involvement of Aboriginal and Torres Strait Islander peoples in all decision making affecting their health is fundamental[5]
- Sometimes the usual ways we relate to people can cause Aboriginal and Torres Strait Islander peoples to feel unsafe, uncertain and offended, where language and understanding of cultural protocols are important for successful engagement[9]
- Body language expectations vary amongst Aboriginal and Torres Strait Islander cultures and play an important role in positive engagement[5]
- Certain topics are taboo and cannot be discussed between certain family members or need to be discussed by women only, men only or only by certain family or community members[5]

A: The overall response to this question was yes, it is important for government or organisations to talk to members of their community as 'others' do not know what the people want and instead will assume things. Participants were, in the main, not comfortable with sharing their stories with people outside of their family or community about 'Sorry Business', noting there can be fear of 'not knowing the right words to say' or not 'knowing enough' to know what to talk about. However, the need to have 'the conversation' was more important than not, as well as acknowledgement that it can be an 'awkward encounter for both sides'.

Participants were also very clear that it needs to be an 'each community' basis and stressed that consultants need to respectfully get to know the community and the correct family member to approach. The consultation process needs to be based on being 'equal', with as many members of the community as possible – where elders are most important. Participants want to be informed and to fully understand the purpose of the consultation prior to meeting, to enable them to speak up or have family knowledgeable enough to speak up on their behalf, with the importance of cultural appropriateness and use of a translator or interpreter viewed as essential.

Issues and recommendations that participants wanted to ensure were relayed are:

- If talking about Sorry Business, include community members who have a family member with a terminal illness or who has passed away - however this is dependent on their readiness to tell their story
- Be flexible with the method of consultation as *'one size does not fit all in our communities'*
- The *'big picture'* needs to also be looked at, where for Aboriginal and Torres Strait Islander peoples it is not just about illness but housing, transport, financial situations and other areas that impact on life
- Understand what Clan group individuals belong to, what traditions they might have regarding *'Sorry Business.'* As one participant indicated: *'You don't need to know everything but be able to ask where I'm from and know the clans in the area'.* This includes who to talk to from each Clan group, who speaks for each Clan group and who's connected to which group, as there may be multiple Clan groups within the same community
- Organisations/government need to be on the ground more instead of *'just coming in and having one meeting and then leaving'.* They need to spend the time learning as much as they can and talking to everyone in the community. This extends to finding out what services are in the area, or those that are relevant to each community and what such services actually do on a day-to-day basis as *'its nicer to know that you have tried to understand it a bit before you came to talk'*
- Another concern for the participants was the lack of knowledge of cultural appropriateness within the health workforce. Participants acknowledged there is *'something amiss'* between the lack of understanding, policy, and the ability to impart the correct palliative care to Aboriginal and Torres Strait Islander peoples
- The issue of consulting with organisations/government, only to have to do it all over again when someone new arrives or they have changed plans, without understanding why, as well as the importance of providing feedback on the outcome of the consultation as *'there is often lots of talks and lots of people coming to town but we don't see the changes'*, and
- It is important to invest in 'real' (face to face) consultation which includes remote and very remote locations

The following key words were provided by participants of the 'Kitchen Table Discussions' – these were identified as important considerations for Aboriginal and Torres Strait Islander peoples in relation to palliative care:



KEY MESSAGES

Key Messages

This consultation serves as a snapshot for governments at all levels as well as Primary Health Networks, palliative care service providers, academics, and any consultants, organisations or services to consider the issues raised by the participants. It is by no means a comprehensive guide to consulting or engaging with Aboriginal and Torres Strait Islander communities, relating to palliative care issues, nor a description of appropriate protocols. It is therefore essential to engage with Aboriginal and Torres Strait Islander organisations and community members in the first instance, prior to any event and or meeting.

The following key messages have been drawn from this particular engagement process, that was informed by the conversations undertaken with a small number of Aboriginal and Torres Strait Islander peoples in Queensland. They provide significant insight into *'what we need to do'* as organisations and individuals to respect Aboriginal and Torres Strait Islander perspectives on serious illness, dying, death and bereavement, to actively explore the culture of local communities through research, genuine consultation and guidance material.

PCQ acknowledges that Aboriginal and Torres Strait Islander peoples' cultures are not homogeneous and Aboriginal and Torres Strait Islander communities can differ considerably, with characteristics specific to location and variation across urban, rural, and remote communities.



Acknowledge that history does have an impact

Any consultation needs to be approached with consideration of historical, social, community, family and individual factors, where issues can be deeply entrenched.[10] Aboriginal and Torres Strait Islander communities' history of dispossession, racism and systemic discrimination are barriers to effective engagement[3] and can create low levels of trust, participation and social control, and high levels of disempowerment.[10] The forcible removal of many Aboriginal and Torres Strait Islander children from their families between the late 1800s and 1970s, has resulted in almost every Aboriginal family today being able to identify one or more family members lost as part of the Stolen Generations, which has a particular impact on palliative care and end-of-life care issues.[3] Being displaced from community in order to access palliative care services can be traumatic for individuals and their families, bringing feelings of isolation from country and community, homesickness and sadness.[3]

Governments and organisations must therefore ensure staff have undertaken cultural safety training and professional development activities, including the application of trauma-informed approaches and confidence working with interpreters. Additionally, processes must be put in place to respond to the emotional needs of the community during and after consultation activities, which should be organised with local services and supports.

> ***Listen to the community needs and work on what they want instead of making fake promises and not delivering*** *– Conversation participant*

Recognise that real engagement takes time and flexibility

Meaningful conversations in which Aboriginal and Torres Strait Islander peoples have a genuine 'voice', where they fully understand what is being discussed and have time for proper consideration of ideas, will lead to the development of trust and enable individuals to participate in consultation activities. This will require a sustained relationship which may involve continuous negotiations with key organisations and people to give the consultation legitimacy and is essential in ensuring activities reflect the needs and priorities of the Aboriginal and Torres Strait Islander community.[9, 11] It is important to also *'balance the talking with the doing'* [9] as often communities can and do experience *'consultation fatigue'* due to processes being rushed, repetitive or similar in focus, and little to no feedback is reported back to the community regarding their input.[10]

Governments and organisations should:

- Acknowledge that visits to a community should be at the community's convenience, and moreover be facilitated by ongoing communication that commences well in advance of the actual engagement activity[11, 9]
- Factor into planning processes:[11, 9]
  - that things can change at the last minute
  - the consultation process may go longer than expected
  - cultural protocols may require men and women to sit, meet or discuss separately
  - there may need to be several meetings to allow time for consensus
  - permits may be required to enter onto Aboriginal and Torres Strait Islander land[9]
- Be aware of traditions related to Sorry Business and Sad News as this may impact on time periods, availability of people to engage or ability of people to speak,[8, 7, 6] and
- Ensure follow up is included in timeframes and provide this in an appropriate way to enable the community to see that their effort was worth the time

> ***If you want to talk health, talk to the people actually doing it [in the community] to get the right picture and talk to the sick people to see what more they think should happen. One on one can work better than meetings. If you talk palliative care, talk to patients and families living it or have lived it. Organisations might be able to talk right, but they don't sometimes have the life experience that others in the community do*** – *Kitchen Table Discussion participant*

Recognise the Aboriginal and Torres Strait Islander concept of health is holistic

The concept of health is holistic, where:

> *'health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities'* [12]

When consulting on health-related issues, the clarity about the purpose of engagement needs to relate to the Aboriginal and Torres Strait Islander concepts of wellbeing; and with this comes acknowledgement that strong spiritual and cultural beliefs about the cause of serious illness, death and dying may conflict with medical explanation.[6, 3, 9] By demonstrating respect for the diversity in these beliefs, a relationship of trust and rapport can be built, where Aboriginal and Torres Strait Islander peoples are more likely to engage if they can see the connection between what governments and organisations are offering, and how that might enhance their own sense of wellbeing.[9]

> ***For family members that we know by instinct they won't be with us for long - we "swarm" to support that family member despite the system's interpretation of our circumstance*** – *Conversation participant*

Ensure language and terminology are considered

Issues can often start with terminology – what a consultant understands their consultation piece to be about can differ to that of the community or an individual. For example, the terms *'end-of-life care'* and *'palliative care'* are used differently and interchangeably across health, aged care and social care systems and settings,[13] and this lack of consistency in language often results in differences in interpretation of information.[14]

To enable accessible, ongoing communication and information, government and organisations should acknowledge at a minimum:

- Concepts and terms that government staff use in everyday communications may be quite foreign to Aboriginal and Torres Strait Islander communities. Use accessible language without difficult words to minimise ambiguity or confusion
- Organisations should not assume their interpretation of a definition or issue is clear, correct or understood, and
- In more remote communities English may be a second or third language, and it is important to know beforehand if an interpreter will be required. Where possible, ask the community to nominate somebody to fulfil this role, ensure they are properly prepared and supported for the task, and staff have been trained to work with them[9]

> ***The palliative care needs to be made about the individual not the system***
> *– Conversation participant*

Know the community you are going into

For many non-Indigenous Australians there has been limited opportunity to interact with and learn about Aboriginal and Torres Strait Islander peoples and their diverse cultures, including communication styles, family structures, lived experiences and beliefs. A failure to appreciate diversity and acknowledge complexities within communities *'condemns policies and programs to failure'*.[9] Knowing the community is the best way to ensure the most effective method of consultation, which extends to more than geography, language or health statistics, to include consideration of politics, key stakeholders, other current and past engagement processes and topics, and other important issues taking place in the community.

Various governments and organisations in Australia, as well as international bodies, have issued guidelines or strategies for engagement, have language or terminology guides and protocols, and the UN Declaration on the Rights of Indigenous Peoples (UN General Assembly 2007) provides international articulation of the best practice expected.[15] These include issues related to:

- **Welcome and Acknowledgement of Country**
- **What clothes are appropriate to wear during consultations**
- **Movement around the community such as where you can and cannot walk and taking photographs or video footage**
- **Gender roles and sensitive issues**
- **Appropriate use of eye contact**

It is also important to know who to talk to, as when Aboriginal and Torres Strait Islander Elders, community members, and other local service providers are engaged in a consultative process, the real needs of the community can be distinguished, and the most appropriate methods of implementation can be identified.[10] The critical role that Elders play in the community and observation of appropriate respect to their status is a key factor,[9] as is identification of the right leaders to engage with relative to the particular purpose of engagement[5] and a sensitivity to the challenges and constraints local organisations and services have when engaging with outside bodies and the need to balance local relationships.[9]

> ***It is different in each community and you just don't know if you are getting it right. I would be ok in my community but if I went to another place and had to talk I'd make sure I talked to some other people quietly first so I could work out what the people in the room expected or thought was ok*** – *Kitchen Table Discussion participant*

If you had to give one message, what would it be?

"Proper respect for Sorry Business is important."

"In some communities, councils and governments already have cultural protocols they follow in remote communities, such as closing the community down for a day or half day or sometime a week or more."

"Don't think that individuals or organisation represent everyone, talk to all people and the right people about the topic, the ones who are part of the topic and living it."

"There may be family conflict, so it is important to involve the whole family."

"Maybe a statement of principles or non-negotiables around the ceremony of preparing to pass away would help."

"The health care system needs to see how to accommodate our traditional practices like singing, smoking ceremonies, large gatherings."

"There needs to be more of a focus on health and wellbeing combined, and look at how Aboriginal and Torres Strait Islander people do things when they die. You get these eyes of authority looking at how we do things when loved ones are dying. We need to get rid of this."

"It is important to have earlier conversations about what this all means to us."

"Retention of culture is what you are assisting in, written documentation of how we do our practices."

"Access to traditional healers is so important to many communities."

"We need Aboriginal and Torres Strait Islander community palliative care coordinators."

"Grief counselling that is spiritually and culturally sensitive needs to be available to community members - not just after a loved one has passed but to prepare the whole family for the impending event."

"Attention tends to focus on communities that are 200km or less from saltwater – where the "dusty fork" families should not be forgotten."

"The service providers are restricted in what they can do for our quality of life, it is up to volunteers and family to help create this."

"We feel our grief more deeply."

"Palliative care outside of family or community can be a culturally distancing experience - we as a caring community can do better."

"We need to know that palliative care can go on for the family after the person died."

*The above statements came from Conversation Participants

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Share, connect and provide feedback on this tooklit

We would love to hear how you utilise or when you refer to the Key Messages and information shared in this toolkit. Please let us know!

Contact the team at hello@palliativecareqld.org.au

A note on self-care: The sensitivity of some issues means that staff from organisations and governments may be affected, either during activities or afterwards. Recognising this and responding to peoples' needs with appropriate self-care resources is essential.

Ideas for next steps

Ideas for Next Steps

PCQ Vision for Reconciliation

Guided by our values of trust, honesty, integrity, respect, compassion, empathy and zeal, Palliative Care Queensland's vision for reconciliation is that we live in a Queensland that accepts and acknowledges our shared history and embedded in our shared journey forward is an acknowledgement and respect for Australia's First Peoples.

We believe that the way we care for our dying is a significant indicator of the kind of society we are. We recognise that the place of passing is culturally and spiritually significant and 'returning to Country' at the end of life is often important for Aboriginal and Torres Strait Islander peoples. We recognise that all Aboriginal and Torres Strait Islander communities in Queensland have experiences of serious illness, dying, death and grief, and that for an individual, their family and their community, the impact of serious illness, dying, death and grief is often compounded by historical traumas.

PCQ's mission is to influence, foster and promote quality end-of-life care for all. We advocate for and support a Queensland where every person regardless of their illness, age, culture or location is able to access culturally appropriate, respectful and inclusive palliative care. We believe that palliative care is everybody's business, and every person should have the choice of holistic, quality and culturally appropriate palliative care when and where they need it.

PCQ First Nations Artwork

'Different Stages' is a commissioned artwork for Palliative Care Queensland by Casey Coolwell-Fisher. It is a powerful visual story unique to Palliative Care Queensland. Casey is a Quandamooka woman with traditional ties to Minjerribah (North Stradbroke Island). This artwork incorporates both Aboriginal and Torres Strait Islander cultures.

Different Stages

by Casey Coolwell-Fisher

Everyone goes through different stages of life.

This artwork represents the many different stages our life takes, stories of our lives being retold and acknowledged through family and community sitting around yarning.

The many different stages our life takes, are shown in the inner motif patterns.

The footprints we leave behind are represented in the dots throughout.

Our stories of our lives being retold and acknowledged are depicted through the community sitting around the yarning circle.

Our Aboriginal and Torres Strait Islander communities are represented throughout this artwork in the form of motifs and colours.





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