Companion Guide

Providing culturally respectful palliative care to Aboriginal people in South Australia

A companion guide to the:

Resource Kit
Providing culturally appropriate palliative care to Aboriginal people in South Australia
Acknowledgements

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- The Aboriginal Health Council of South Australia.

- All South Australian Palliative Care Service providers who provided information, advice and feedback.

The cover artwork was painted by KJ McInerney, Aboriginal artist originally from Oodnadatta. The artist states that:

*The painting respects the South Australian Aboriginal people from desert lands and Aboriginal people that live on the coastal and river lands.*

The art designs throughout the Companion Guide as seen below and in the background of the cover design, were developed from the original artwork and produced by the Wodonga Institute of TAFE.
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Background
This Companion Guide to assist in providing culturally respectful palliative care to Aboriginal people in South Australia was developed in response to feedback received from palliative care providers, Aboriginal health care providers and Aboriginal community members during a statewide consultation undertaken in 2005 by the Department of Health as part of the review of the Indigenous Palliative Care Education and Training Resources Kit. Much valuable practical information relating to providing culturally respectful palliative care was gathered during the consultations and this has been compiled into this Companion Guide for palliative care providers.

The Resource Kit: Providing Culturally Appropriate Palliative Care to Aboriginal People in South Australia (hereafter referred to as the SA Resource Kit) was developed for use in SA following the review and evaluation of the Indigenous Palliative Care Education and Training Resources Kit developed in 2004 for the Department of Health and Ageing by Wodonga Tafe.

It should be noted that consultations during the review of the Indigenous Palliative Care Education and Training Resources Kit didn’t include Torres Strait Islanders living in South Australia, as they are relatively few in number.

However, it is recognised that Torres Strait Islanders are a distinct group with their own identity and culture and palliative care providers in South Australia are advised to identify the cultural needs of Torres Strait Islander patients and their families by applying the principles from the SA Resource Kit.

Purpose
The Companion Guide is a supporting resource to the SA Resource Kit. It provides a range of practical information to guide palliative care providers to work effectively with and care for Aboriginal people.

The Companion Guide does not aim to provide comprehensive information about Aboriginal culture and practices because individuals and groups have different needs due to the diversity of cultural practices and experiences with colonisation. Each Aboriginal person and community is unique. Palliative care providers need to develop partnerships with their local Aboriginal services and community, to agree on how best to meet their needs.

1 Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples Resource Kit, 2005, Commonwealth of Australia
2 Resource Kit Providing culturally appropriate palliative care to Aboriginal people in South Australia, Government of South Australia 2006
The Companion Guide has been developed to assist palliative care providers to:

- Improve access for Aboriginal people to their services,
- provide a culturally respectful service and,
- strengthen and maintain effective relationships with Aboriginal Health Services and workers.

It is to be used in conjunction with the:

- SA Resource Kit, particularly the Cultural Safety model,
- Cultural Respect Framework\(^3\).
Key Points

Use of palliative care by Aboriginal people in South Australia

Across Australia, statistics from palliative care services and research indicate that very few Aboriginal and Torres Strait Islander peoples access palliative care services. Statistics collected from metropolitan and country palliative care services reveal that this is also the case in SA. However, the high death rates and the generally shorter life expectancy of Aboriginal people suggest that the reverse should be case.

Cultural diversity in South Australia

In South Australia there are many Aboriginal cultural groups with different languages, beliefs and practices living in urban, rural and remote locations across the state. Aboriginal people who live in urban areas may have strong links with their homeland and/or local community which could be vast distances from their site of care.

Many Aboriginal and Torres Strait Islander peoples from the Northern Territory are referred to South Australian specialist services for treatment. Being a long way from their family and communities can cause distress especially when they have a life limiting illness. It is highly likely that the patient may speak English as a second or third language. It is important to involve the Aboriginal Hospital Liaison Officer and the patient’s local Aboriginal Health Worker and Aboriginal Health Service located in their community for guidance regarding communication and care of the patient and family.

- There are many cultural beliefs and practices of Aboriginal people that impact on palliative care provision. Aboriginal patients and family are experts about their cultural needs and palliative care providers can allow opportunities to understand their needs by taking time to talk and listen.

Barriers to Aboriginal people accessing palliative care

In order to provide culturally appropriate care to Aboriginal people it is important to identify and understand the barriers that exist that prevent Aboriginal people accessing palliative care. These are complex and involve both the past experiences of Aboriginal people with health services and health services not providing culturally respectful care.
• Aboriginal people may mistrust mainstream services due to past experiences over generations and they may have limited information and knowledge of palliative care.

• Palliative care providers may have limited experience and knowledge in working with Aboriginal people and understanding of Aboriginal cultures and may not feel confident in meeting the needs of Aboriginal patients.⁴

Providing a multi-layered approach to delivering a culturally safe service is imperative. Ways of working through the barriers include,

• Participate in cultural safety training see list of training providers in other resources section.

• Link with your local Aboriginal community and Aboriginal health service to provide information about your service and palliative care.

• Develop effective partnerships with your local Aboriginal health service, Aboriginal health service workers, community organisations and individual community representatives.

• Consider using Aboriginal protocols.

• Involve the Aboriginal community when developing policies and plans.

• Develop and conduct awareness programs about palliative care, your services, facilities and protocols.

Cultural Respect Framework

The Cultural Respect Framework is being implemented across South Australian Government health services. The goal of Cultural Respect is to:

- uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.⁵

Four dimensions are described where it is important to have strategies and initiatives in order to develop the cultural competency of mainstream services. The following dimensions can be applied to palliative care services,
- Knowledge and Awareness
- Skilled Practice and Behaviour
- Strong Relations
- Equity of Outcomes

Developing Policies and Action Plans

The development of policies and action plans to improve access and care for Aboriginal people at the service organisational level will assist in developing initiatives within your organisation as well as with clinical care. Policies and plans provide a framework so that culturally respectful palliative care continues regardless of changes in staff.

Plans need to be based on the identified needs of the local Aboriginal community. Involve local Aboriginal community members, consumers, the Aboriginal Health Advisory Committee and Aboriginal Health Services.
The Nunga Palliative Care Story

Tree – Represents the life-death-life cycle, half in leaf and half bare, showing both sides of the person’s experience of living and dying. The words on the trunk are our thoughts on palliative care.

Water – Is the source of life, sacred and spiritual, flowing through us and around us.

Sunset – The day is closing, this life is finishing.

Figures – People, community, linking together being strong, reaching up celebrating life and reminding us they are still with us. Children by the campfire are looking up to the elders, supporting and learning.

Fire – People grieving, finding comfort and warmth in being together, sharing stories.

The Nunga Palliative Care Story banner was a joint venture between the Western Region Elders Forum (Kura Yerlo Inc.) and Western Adelaide Palliative Care (The Queen Elizabeth Hospital). Lisa Warner (artist) facilitated the original artwork through a project through the Caring Communities Program.
Cultural Protocols

The following cultural protocols have been developed by the Shared Bereavement Care in the West project undertaken by the Western Adelaide Palliative Care Service The Queen Elizabeth Hospital, 2006, that is located in the western area of Adelaide.

The cultural protocols have been developed to assist mainstream palliative care providers to be confident when working with Aboriginal people. Mainstream health workers do not want to offend Aboriginal people but sometimes are not sure about how to be culturally appropriate.

There are no hard and fast rules about working with Aboriginal people.

- Every person is an individual.
- Every community is unique and
- Each community is recognised as culturally distinct.

Communication Protocols

Be careful not to assume that Aboriginal people are not fluent in the English language. For those whose first language is an Aboriginal language, you need to check their level of understanding and the following points may be useful.

- Build trust and get to know the person before starting any clinical intervention (it only takes a few minutes to build rapport). Historically, Aboriginal and Torres Strait Islander peoples suffered many losses and injustices. As a result, many don’t trust mainstream society or mainstream services.

- Speak in a manner that is easily understood.

- If necessary, use an interpreter.

- Use of silence does not necessarily mean that Aboriginal people do not understand. They may be listening or remaining non-committal, or they may not have enough English to have a full discussion.

- During discussions, Aboriginal people may delay expressing a firm opinion even though they may hold one. Instead, they may listen to others before offering their own view. If their view conflicts with others, they will often tend to understate it.

- Keep technical words to a minimum. If they have to be used, they should be explained in full and be careful not to speak too quickly.
• Being direct may be seen as confrontational.

• Be sensitive to the use of non-verbal communication cues, which are a natural part of Aboriginal communication patterns.

• In Torres Strait Islander and Aboriginal communities, some members of families are unable to talk directly to one another and may refer to each other differently. For example, a son-in-law is unable to be in the presence of a father-in-law, or a brother is not able to use his sister-in-law’s name.

The importance of country
Each traditional Aboriginal community has a homeland which is called their ‘country’ or ‘nation’. People identify themselves by the country they were born on or by the country of their birth mother. Many urbanised Aboriginal and Torres Strait Islander peoples still have a strong connection to their traditional land or country because it defines their cultural identity. The effect of children being taken away from their family and traditional land still effects people today.

The role of the family in looking after the sick
Family and community are highly valued by Aboriginal people. Whenever possible, family would prefer to look after their sick and those close to death. Some families choose to stay when the person is actively dying, but others may leave.

It is culturally important for family and people from the community to visit before the person dies. Hospitals need to accommodate large mobs of grieving Aboriginal people.

Informed consent
Consent is an important cultural issue to Aboriginal people. The patient can usually tell you who the right person is to give consent, but it can take several days for consent to be given. If someone comes to the hospital from a rural / remote community with an escort, the escort is not usually able to give consent.

People need time to discuss treatment options, ask questions and make sure that they agree with the treatment plan. If treatment is given without their knowledge and the person deteriorates, the family and community will be angry and mistrust the mainstream service. There have been instances of payback in the Aboriginal community when this has happened.
Attitudes to sickness

There are many powerful cultural beliefs around the causes of sickness that are held by both traditional and urban Aboriginal people. The beliefs may be difficult for non-Aboriginal health workers to understand, but they need to be respected. It is believed that some people suffer from a sickness of the spirit and need spiritual healing from a traditional healer before their body will recover. Traditional healers or Ngangkari’s (nung-kar-ees) use many different plants and animals as traditional medicines and have special powers to heal with their hands.

Blood is a sacred fluid and Aboriginal people may be hesitant to give blood for testing or receive transfusions. Dialysis is acceptable when it is understood that it is the process of cleansing his or her own blood.

Aboriginal people may not ask for pain relief and need to be monitored carefully.

Attitudes to terminal illness

Health and well-being is understood by the life-death-life cycle. The cause of disease has a spiritual component for many urban and traditional Aboriginal people and many would prefer not to have surgery for spiritual / cultural reasons.

Talking about death and dying is still a taboo in many Aboriginal cultures. Aboriginal people often know when they are going to die and don’t need to be told. Some traditional cultures have a protocol to not tell the person how much time they have left to live.

Rituals and spiritual beliefs around death and dying

Many Aboriginal people want to go home to their country before they die so that they can reconnect with the land and their ancestors and be at peace in the spirit world. Sometimes people need to seek the community’s permission to return, especially if they have not been able to fulfil their cultural obligations (eg. return to attend funerals or ceremonies).

After death, the spirit is torn between wishing to return to the spirit world and wanting to stay with kin. The time immediately after death is dangerous for those near the body, especially if the person is not on their traditional lands. They fear that the spirit may harm them because it is lost.

When an Aboriginal person dies in hospital, the family may request certain rituals when dealing with the body. It is best practice to ask the family how they want the body handled.
Immediately after death, a household, sometimes a whole camp may change its location. The family may use rituals to cleanse the house and belongings, e.g. a smoking ceremony. Many refuse to remain living in the house of the deceased especially if that person died in the house.

Funerals are community events. It’s important culturally to pay your respects by attending the funeral. Many communities have a mourning period where that person’s name and image cannot be used. The mourning period can vary between a week, a year, or an indefinite period. Some communities use a mourning name eg. Kumantjayi (meaning ‘no name’) as used in the Northern Territory instead of the deceased’s first name.

Aboriginal and Torres Strait Islander people grieve together as a family and as a community. Traditional women may wail, hit their heads with heavy objects until blood flows, and rip their clothes in distress.

Protocols on how to refer to Aboriginal People

It’s offensive to question the ‘amount’ of Aboriginal or Torres Strait Islander blood an Indigenous person has. Labels such as “full blood”, “half cast” and “quarter cast” are racist and unacceptable when used.

Regional terms are used by Aboriginal people to describe each other according to their home country, e.g. Nunga (Adelaide area). Such terms recognise the cultural variations that exist in contemporary society.

Avoid use of acronyms such as ATSI to refer to Aboriginal peoples. It is preferable to use the words Aboriginal and Torres Strait Islander people in full.

Protocols on Grammar

Always use the capital A for Aboriginal and capital I for Indigenous.

Most Aboriginal people prefer not to be called an Aborigine and it’s preferable to say Aboriginal person or peoples.
Developing and sustaining effective equal relationships

Engaging with Aboriginal workers and services

The Shared Bereavement Care in the West project (The Queen Elizabeth Hospital 2006) that took place in the western region of Adelaide successfully developed effective links with their local Aboriginal community. Initial contact with an Aboriginal organisation or agency was through a cultural broker, someone who knew the Aboriginal organisations and who might be the best person within that organisation to discuss palliative care. Initially, word of mouth was the best process, followed up with a formal written request of the manager of the Aboriginal organisation. This is the process used within Aboriginal communities, which builds trust and shows respect.

The process and model develop by the Shared Bereavement Care in the West project can be used to enhance relationships between palliative care services and Aboriginal teams, services and community and is described below.

The cycle of poor access and ‘but we don’t see Aboriginal patients anyway’ can be interrupted by a specialist palliative care service changing its practice to create a culturally safe service for Aboriginal patients and reaching out to the local Aboriginal health workers/organisations and mainstream workers working with Aboriginal people.

Engagement is a three-dimensional process. Three distinct spheres of service already exist:

- mainstream health services,
- social services (mainstream and Aboriginal) and
- Aboriginal services.

The specialist palliative care team already has relationships and connections with mainstream health services and palliative care providers, and with social services. Aboriginal services already have relationships and connections with Aboriginal health organisations and Aboriginal Health Workers, Aboriginal organisations and mainstream workers working with Aboriginal clients/patients within the Aboriginal community, and social services. Linking and building relationships with Aboriginal peak bodies like the Council of Aboriginal Elders of SA, Aboriginal Health Council of SA and cultural brokers including individual family members and Aboriginal Hospital Liaison Officers, is the process of pulling the three spheres together.

Cultural competency training is also an integral component.
Developing and maintaining relationships

Engagement is an ongoing dynamic process. It takes time to build relationships and trust within Aboriginal communities. However, it is a very valuable process which builds the capacity within the palliative care community to know what Aboriginal services are available and how to interact with Aboriginal people effectively. Palliative care providers should not rely on cultural brokers to be the link between mainstream and Aboriginal services, but to know how to work collaboratively together. Palliative care providers need to be responsive to Aboriginal patients’ cultural needs and cultural competency can be built through experience and training. This willingness to reach out to the Aboriginal community will help create a culturally responsive service.
Diagram 2: A model of engagement

**Mainstream health services**
- Royal District Nursing Service
- Metropolitan Domiciliary Care
- General Practitioners
- Department of Health
- Palliative Care Council of SA
- Divisions of General Practice
- Aged care facilities
- Community health centres
- Private and public hospitals
- Specialist palliative care provider
- Aboriginal Teams

**Aboriginal services**
- Aboriginal Home Care (Adelaide)
- Council of Aboriginal Elders
- Aboriginal Health Council of SA
- Aboriginal Community Controlled Health Services

**Social services**
- Centrelink
- Housing Trust
- Aboriginal Housing Authority
- Aboriginal Legal Rights Movement
- Women’s Legal Service
- Aged Rights Advocacy Service
- Home & Community Care (HACC)
- CYFS
Practical ways to build partnerships
The following practical ways to build partnerships were gathered during the Jurisdictional Review and Evaluation of the Indigenous Palliative Care Education and Training Resources project (Department of Health SA 2005) consultations.

- Palliative care providers work in Aboriginal Health Service clinics eg by providing a regular consultative or clinical session. Working together builds trust and confidence in the service.

- Invite staff from your local Aboriginal Service or teams to your service for planning days and information sharing.

- Develop relationships through actions. Visible presence and doing things speaks loudly. It takes time to develop relationships.

- Be consistent and deliver what you have said you will do. Don’t make promises that you can’t deliver on.

- Develop a good relationship with local Aboriginal people that are identified by the local Aboriginal Health Service or Community.

- Negotiate placements in Aboriginal Health Services and this could be reciprocal, to put knowledge into practice and develop links.

- Negotiate joint home visits with an Aboriginal Health Worker/Aboriginal Home and Community Care (HACC) worker when seeing a palliative care patient in their home.

- Provide information and updates to the Aboriginal Health Workers involved in the patient’s care so that they can fully assist.

- Undertake a formal process to develop a partnership by the palliative care service/hospital manager writing to the Chief Executive Officer of the Aboriginal service.

- Undertake informal contact between palliative care providers and Aboriginal Health Workers eg telephone calls about patients.

- Involve your local Aboriginal Health Worker or Aboriginal Hospital Liaison Officer in your service and clinical planning by inviting them to meetings.

- Invest in building trust. Trust needs to be earned, due to historical events such as colonisation and removal of Aboriginal children.
Be prepared to let the Community explain what’s needed.
Be prepared to allow time for this to occur.
Be prepared to change.

**Spiritual wellbeing**

Spirituality and identity for Aboriginal people involves a relationship with their country ( homeland). It is based on stories of Dreamtime and involves ceremonies, singing and dancing. Patients may need to return to their country to pass away for their spiritual wellbeing.

**tip...**

⇒ Ask the patient during the initial assessment if they want to go back to their country. Making the arrangements to return can be complex and needs to start as soon as possible. There are limited resources in rural and remote areas and flexibility is needed with planning. Discussion about the patient’s needs with local carers and service providers is essential.

⇒ Sometimes patients may choose not to have the treatment offered, eg palliative radiotherapy, as it is more important to return to their country and to spend time with their kin. Choices need to be supported and respected. However the patient and family can only make an informed choice when they fully understand the options.

In the past many Aboriginal people were taken away from their country and placed in missions run by religious organisations. Many Aboriginal people have both cultural and religious beliefs and practices.

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Northern Territory Department of Health and Community Services, 2005, Companion Guide. For implementing best practice palliative care for Aboriginal and Torres Strait Islander people in the Northern Territory, Northern Territory Department of Health and Community Services. Page 28
Practical ways to provide culturally respectful care

Talking about passing away

**Communication that may offend:**

- Using the words ‘death’ and ‘dying’. Don’t use these words unless you are sure that they won’t offend the patient and family.

  Words that can be used are ‘passing on’, ‘end of your journey’, or ‘end of life’. Some Aboriginal people may refer to the end of life as ‘finishing up’.

- Expecting an immediate response to questions. The information may need to be discussed with family or time is required for the information to be processed.

- Talking directly to the patient about end of life.

- Using names of deceased people. When speaking to traditional Aboriginal people, don’t use the name of the deceased person unless you are sure that it is acceptable. Say ‘your brother’ etc.

**Interpreters**

- Sometimes the client may speak some English but not understand the meanings of medical and health terms. If an interpreter is not used in those situations vital information may be missed.

  ➞ When an Aboriginal language is the patient’s first language, ask the patient if they would like an interpreter. Males may require a male interpreter and females may require a female interpreter. Find out the name of the interpreter and check with the patient that the interpreter can hear the information and it is not culturally inappropriate for them to do so.

- South Australian Interpreting Services have interpreters for a limited number of Aboriginal languages. When there is not an interpreter available in South Australia for the patient’s language and the patient is from the Northern Territory...
contact the Northern Territory Aboriginal Interpreting Service. They can provide interpreting over the telephone. For telephone numbers see the Resources Section. The patient’s local Aboriginal Health Service can be contacted for advice and assistance.

**Practical Considerations about Communication**

- Aboriginal Health Workers and Aboriginal Hospital Liaison Officers can assist in communicating including explaining information to the patient and their family. They can also provide you with advice about communicating.

- Aboriginal patients may not always talk about why they are uncomfortable, withdrawn or afraid.

**tip...**

⇒ Invest in time. Take time to talk to the patient and get to know each other so that you are both more comfortable. Show your interest in the person and not only their illness.

⇒ Ask the family, local Aboriginal Health Worker/Aboriginal Hospital Liaison Officer or the Aboriginal Health Worker from the community where the patient lives to find out what the reasons may be so that they can be overcome.

- Talk to the patient and family to determine how information is provided as there is a risk of making assumptions or stereotyping.

- Right Person: In some Aboriginal groups particularly in the Northern Territory a traditional Aboriginal person may not be allowed to know their diagnosis or make decisions about their own care. Aboriginal people sometimes have to refer all decisions to some other member of the family for their own spiritual wellbeing and cultural safety. It may be the responsibility of one or more family members to know the ‘right story’ about an Aboriginal person’s condition and treatment. An appointed family member may be the person you need to communicate information to. The family member will pass the information back to other important people especially the one who may give consent. They may be located back at the community. The patient may withdrawn or be upset and offended if the health professionals try to talk to them about their condition and treatment.  

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8 Northern Territory Department of Health and Community Services, 2005, Companion Guide. For implementing best practice palliative care for Aboriginal and Torres Strait Islander people in the Northern Territory, Northern Territory Department of Health and Community Services
Find out who the appointed family member is that can provide information to you about what can be discussed with the patient and who you need to provide information to.

Family members may need access to a telephone to inform other family and community members and discuss the information.

- Extended family members may need to hear the full story about diagnosis, treatment and care. They will then be able to provide help and support.

Arrange a family meeting. Ask the patient and family who needs to be present. The meeting may need to occur by teleconference and require an interpreter and Aboriginal Hospital Liaison Officer/Aboriginal Health Worker to be present.

Check that the patient understands the information and processes. Do not assume that medical terms or processes of treatment are understood. The patient or their family may have had limited experience with large health services and mainstream medicine. Avoid using medical jargon and explain medical and nursing terms.

Don’t assume that all Aboriginal people have poor literacy skills.

The doctor needs to fully inform the right family member/s of the reason for the person passing away. This will reduce misunderstanding in the family and community.

A traditional Aboriginal patient may not look at you while talking as a mark of respect or shyness. However the person will be listening.

Elders are respected as the holders of knowledge in Aboriginal culture therefore there is a potential barrier if a young palliative care provider provides important information to an older traditional Aboriginal patient.
**Case study**
From my discussions I had in the last few weeks of her life in hospital, she did not want anybody to be sad and wanted everybody to be bright and happy. She wanted people to remember her as a sexy lady, bright and cheerful. Something that will always bring a smile to my face was, we were talking and she was telling me that she wanted to look sexy when she passed over. I said that’s okay, I’ll see to that. Then the doctor came in and the doctor was on one side of the bed and I was on the other. She looked at me and said, “What will I say?” I said, “You are the boss you tell the doctor whatever you want”. She started by saying “you know doctor, you have been my friend for a very long time and my lover”, that brought a shocked look and then a smile to the doctors face. Then she went on to say, “But I wanted to let you know, that I do not want to go quickly, I want to take my time”. Well she did that alright. She lasted 13 days without dialysis and was bright as a button right to the end. That’s the way she wanted it. Very appropriate don’t you think?
Aboriginal Hospital Liaison Officer.

Providing culturally respectful care
The following information is a guide about values and beliefs that may impact on palliative care and some practical ideas on meeting the cultural needs. Please be aware that these are broad statements as it is not possible to fully reflect the complex cultural needs of individual Aboriginal people.

At times it may seem difficult to support some of the cultural needs of the patient due to building, OH&S requirements or time constraints. Discuss with client and family any issues from the health service perspective and look at options that suit both the service and family. Not meeting the cultural needs of a patient may mean that the patient their family and community do not access the service.
Support cultural needs or work toward meeting those needs through discussions with your local Aboriginal community/Aboriginal Health Service.

Aboriginal people’s discomfort or dissatisfaction with using a service may not only be related to cultural matters but also due to,

- mistrust of health professionals and mainstream services due to past experiences and
- socioeconomic issues such as poverty, poor housing etc.
Kinship and Family

Kinship in traditional Aboriginal groups is complex and involves obligations, responsibilities, support and avoidance according to relationships. The terms mother, uncle, brother etc have different relationship meanings to western society. A basic principle in kinship is that each person in a language group can identify their relationship to every other member of that group. Difference in sex and generations are important elements in this system, as is the equivalence of siblings of the same sex. Thus brothers share identity with each other and sisters do likewise with each other. A consequence of this is that if a person recognises a man as his father, he must also recognise that man’s brothers as fathers, not uncles as in Western society. An uncle would be a male on the mother’s side. Kinship determines who cares for the patient, who can give consent and who is involved in making decisions regarding the patient as well as other matters.

tip...

⇒ When the patient’s escort or partner will not give consent and you’re not sure why, it is a possibility that they do not have the cultural responsibility to do this. However not all Aboriginal people practice traditional kinship obligations.

Extended family is of great importance for Aboriginal people. People living in urban areas that may not practice traditional kinship obligations, may want extended family members involved in treatment and medical decisions.

A large number of family members may visit the client as Aboriginal people have a wide family and kinship group. There may be a cultural obligation or expectation to visit the terminally ill person and shame may occur if this doesn’t happen.
Flexible visiting times are needed as visitors may travel long distances and may only be able to stay for a short period. Financial assistance may be needed.

Provide advice and recommendations but don’t tell the patient/family what to do unless specifically asked. Allow the patient and family to guide you about the treatment and assistance they prefer.

**Ngangkaris**

Acknowledge and support that “bush” doctors (can be called witch doctor, Ngangkari, traditional healer) may be requested or used. There are many powerful cultural beliefs around the causes of sickness that are held by both traditional and urban Aboriginal people. It is believed that some people suffer from a sickness of the spirit and need spiritual healing from a traditional healer before their body will recover. Traditional healers use many different plants and animals as traditional medicines and have special powers to heal with their hands.¹⁰

**Women’s and men’s business**

Traditionally women’s and men’s business is kept separate. Be aware that Aboriginal people from traditional backgrounds may feel shame when this isn’t recognised and the following may occur,

- Women may refuse to be showered, assisted with bodily functions or examined by males.
- Males may refuse assistance in the same circumstances with a female health care provider.
- Males may not talk to female health professionals and females to male health professionals about certain subjects particularly sexual/reproductive areas.
When the same gender health professional is not available, talk to the patient or family to determine how it is best approached. Showing sensitivity will allow the patient to feel less anxious.

Other considerations

Blood is a sacred fluid and traditional Aboriginal people may be hesitant to give blood for testing or receive transfusions. Initiated men may be uncomfortable when blood is taken from an arm in ways which are similar to male rituals.\(^{11}\)

Traditional male patients may refuse or be very uncomfortable about blood being taken. Explain the blood tests to traditional male Aboriginal patients and ask if blood for testing should be taken by male staff.

A traditional Aboriginal man may be wearing a headband when he attends your service – this is not to be removed.

Many Aboriginal people want to go home to their country before they pass on so that they can reconnect with their kin, land and ancestors and be at peace in the spirit world.\(^{12}\)

If a patient chooses to return to their homeland to pass away liaise with the community and community services. You must immediately liaise with the Aboriginal Hospital Liaison Officer or Aboriginal Health Worker to make the necessary arrangements.

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\(^{11}\) B. Edwards, Nyaa Tjana Wangkanyi? Interpreting for Aboriginal People in the Health Sector, paper presented at the Conference of the Australian Institute of Aboriginal and Torres Strait Islander Studies in Canberra, November 2004

\(^{12}\) Shared bereavement care in the west project Western Adelaide Palliative Care, The Queen Elizabeth Hospital 2006
The time of passing away

Traditional Aboriginal people may not stay with their terminally ill relative in the last days when they are hospitalised away from their community.

Casestudy

When a woman in her early 60’s was hospitalised in Adelaide for several weeks with a serious cancer, her husband visited Adelaide for a few days but when he sensed that she was unlikely to recover, he returned to his community a few days before her death. Some nursing staff expressed surprise that he did not stay to comfort her in her final days. However, he felt that his primary obligation was to be with his family and to mourn with them and comfort them when they received the news of her death. Pitjantjatjara people may feel that the kurunpa or spirit has left the body and that there is no point in remaining near it. In fact if they stay close by, the spirit of the person may molest and harm them in some way.\(^{13}\)

Aboriginal patients who are in the same hospital/health service where another Aboriginal patient is passing away may leave. This is due to the following,

After an Aboriginal person has passed away traditional Aboriginal people believe that the spirit is torn between wishing to return to the spirit world and wanting to say with kin. The time immediately after death is dangerous for those near the body, especially if the person is not on their traditional lands. They fear that the spirit may harm them because it is lost.\(^{14}\)

- Aboriginal patients may refuse to stay in the same room where another Aboriginal person passed away until it is smoked or cleansed.

\[\text{tip...}\]

⇒ To arrange a traditional healer/Ngangkari to cleanse a room, by performing ceremonies or smoking a room, contact the Aboriginal Hospital Liaison Officer or your local Aboriginal Health Service or Elders. Smoke may not be able to be used in some hospitals or areas within hospitals. Discuss with Elders in the Community affected, if the room or area can be cleansed without smoke being used.

It is very important that clothing and personal items of the deceased person is given to the family in a timely manner. A lock of hair from the deceased may be requested by family who will authorise who is to cut the hair. Items may be used for sorry business ceremonies for traditional Aboriginal people.

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13 Edwards, Nyaa Tjana Wangkanyi? Interpreting for Aboriginal People in the Health Sector, paper presented a the Conference of the Australian Institute of Aboriginal and Torres Strait Islander Studies in Canberra, November 2004

14 Shared bereavement care in the west project Western Adelaide Palliative Care, The Queen Elizabeth Hospital 2006
Grief and Sorry Business

Yami Lester from Wallatina South Australia provided the following information about Sorry Business during a telephone conversation in June 2006. The conversation is included with full permission.

Case Study

Sorry Business

People get sad and make arrangement for sorry camp. They move away from where they were staying before to a new area and wait for the funeral.

Mourning camp - called sorry camp these days. Funeral - the right people need to organise that. Brother in laws and sister in laws and sometimes distant grandsons and granddaughters are involved. Family recognise them for carrying out the duty. Then they talk with the family - those organising the funeral - one of them talk to the family about waiting for the airplane or which day, which week it will be or if they are waiting for an autopsy and waiting for white people to say from the clinic. They say a little bit, not too much letting the family know.

Close family, mourners are very upset and wait for mourners from other communities. A lot of wailing. It’s a sad time for them. Family members come from near and far and have a good cry about it.

Sometime the member of the family will blame another member of the family and they will have an argument. The organiser controls this telling them to put the stick away and they will settle down. The organiser takes the stick off them so they don’t get hurt.

The funeral takes place. These days they have a Christian burial and services. Church service then afterward go down to the cemetery. They have a cemetery in every community. After that they go home back to the sorry camp and wait for the people working at the cemetery to come back. The workers go around shaking hands with all family and friends. Campers put down blankets, quilts and clothes, anything they find that they owned they give it away for all the cemetery workers and the religious minister or pastor who talked at the service. It is a gift for what they have done at the cemetery and service. These days there are a lot of white people who help. Workers in return bring back blankets and money and put down on the camp and family and friends can take it. Then they have food, billy tea, meat and bread and go back home.
Aboriginal people suffer many family losses and may have unresolved grief when using palliative care services.

Attending the funeral is very important for family and community and can be a cultural obligation or expectation. Not attending can bring shame to the family. Therefore there may be many people attending and the funeral director needs to be aware of this so that a large space is available.

Clear communication with the family about the reason for passing away by health care professionals before and after the end of life lessens misunderstandings.

Providing information and assistance to Aboriginal families regarding funeral options should be the core business of palliative care services rather responsibility of Aboriginal Health Workers.

The family may want to dress the body. Palliative care providers may need to advocate to funeral parlours on behalf of the family for this to occur.

Bereavement care and support should be offered.

- The family may choose to use a mainstream service.
- There is currently limited specialist bereavement care through Aboriginal services across SA.

Rituals regarding someone’s passing away may include wailing, hitting and cutting self, singing and dancing to show the depth of grief.\(^{15}\)

Cultural practices need to be respected and support given. These are normal grief practices.

Sorry business can be over a period of time and people may have to take extended leave from work as it is a cultural obligation to attend. Aboriginal services may close for a period when a respected Elder passes away, as a show of respect.
Vacating houses after a person’s death occurs in some communities. The house may be abandoned for a week, months, a year or even permanently.

Smoking or sweeping helps the departed person’s spirit to leave the place of death or places frequented prior to death to continue on its journey to where it is going. If a room cannot be smoked, Aboriginal people who are then admitted to the facility may feel restless and frightened and may leave the hospital without formal discharge, appropriate resources (medication or equipment) or follow up. Aboriginal people may see the person who has died in the room or feel their presence. This is very real for Aboriginal people and they need to be changed to another room.\textsuperscript{16}

\begin{quote}
\textbf{tip...}
\end{quote}

\begin{quote}
\Rightarrow\quad \text{It is important to allow the smoking of the room if an Aboriginal person dies in that facility. If smoking is absolutely not possible in the facility, discuss with the family the possibility of the area being cleansed without smoke.}
\end{quote}

Many Aboriginal people don’t realise that they can access financial assistance to be buried in their homeland. The Department for Families and Communities, Funeral Assistance Program (telephone, 1300762577) may provide transportation costs to the deceased person’s homeland if assessment criteria are met.

Some Aboriginal people may choose a Christian funeral with or without traditional ceremonies.
Aboriginal Health Workers and Aboriginal Hospital Liaison Officers

Aboriginal Health Workers may be employed in
- Hospitals as Aboriginal Hospital Liaison Officers
- Aboriginal Community Controlled Health Services
- Aboriginal health teams in mainstream health services
- Home and Community Care (HACC) programs.

Aboriginal Health Workers roles include the delivery of primary health care services to the Aboriginal community. Involvement in the development, implementation and evaluation of programs and strategies to meet the health needs of the Aboriginal community and to liaise with relevant community groups, health professionals, organisations and agencies.\textsuperscript{17}

Aboriginal Hospital Liaison Officers assist patients and their families in understanding medical procedures, medical terminology and use of medications. They assist the patient to understand hospital protocols and to assist in making their stay in hospital as comfortable as practicable in an often alien environment. The Aboriginal Hospital Liaison Officer also advocates on behalf of the patient and follows up on social issues that the patient, escort and family may have. They may also be involved in discharge planning, family conferencing, and travel and accommodation arrangements.

The Aboriginal Health Workers role includes:
- Cultural brokerage
- Providing health education to clients
- A referral source to link clients into other services
- Assistance with communication
- Linking with Aboriginal Health Service, family and community
- Providing support to family and patients
- Providing information and education to mainstream workers about providing culturally respectful services

Aboriginal Health Workers are members of their community as well as part of the health team. The terminally ill person may be their relative. They have professional responsibility as well as responsibility to their family and community.

\textsuperscript{17} ERA Project, Working with Aboriginal People. A Cultural Guide for community – based Health and Home Care Services in Wakefield, Gawler and Mid North Areas of Rural South Australia, Department of Human Services 2003
Aboriginal Health Workers may need support from palliative care providers to debrief or to cope with their own grief and bereavement.

Because of the nature of the community and the extended family and cultural links Aboriginal Health Workers are regularly called upon after hours by family and community and this can be demanding and stressful.

The palliative care team need to make sure that the patient and family have their contact details so that they can be contacted after hours or can arrange a support system to be put into place.

At times the Aboriginal Hospital Liaison Officer or Aboriginal Health Worker may not be able to assist a patient due to cultural reasons such as kinship. However an alternative health worker may be able to assist. Aboriginal Health Workers have a high workload and therefore may only be able to provide advice.

Aboriginal patients have the right to refuse or receive elected services provided by Aboriginal Health Workers and may prefer not to link with an Aboriginal Hospital Liaison Officer/Aboriginal Health Worker.

Explain the circumstances to the patient and ascertain if they would like you to contact the Aboriginal Hospital Liaison Officer, local Aboriginal Health Worker – provide the patient with the choice.

If you do not have an Aboriginal Hospital Liaison Officer or Aboriginal Health Worker employed in your service, consider developing a position. While developing links with your local Aboriginal Health Service jointly identify a key contact person for your service.
Palliative care in the community. Urban, regional and remote areas

Family and community are highly valued by Aboriginal people so Aboriginal patients may prefer to pass away at home with their family caring for them. Palliative care providers need to talk with the patient and family to determine the level of assistance that the patient would like. The patient may have health care providers from Aboriginal Health Services and it is important to link with the health care providers.

- Visit with an Aboriginal worker who already provides support to the family or knows the family as people might feel shame about who comes in.
- Include the family by talking about how they can best assist the patient and fully explain what palliative care services provide.
- Let the family know when you are visiting, don’t just call in.
- The first visit should be getting to know each other. Note verbal and body language cues to know when to talk about palliative care.

⇒ Wait until the patient/family addresses you about the subject.

Transport to appointments can be a problem for some Aboriginal patients.

⇒ Palliative care providers should check if they need to make transport arrangements for the patient to attend appointments.

Respite may be needed. Aboriginal services may be preferred rather than using mainstream services.
Medications

Some Aboriginal people fear medications for symptom management especially Morphine. It is important to provide information about medications and the effects and discuss queries to overcome fears. Also providing current treatment information will allow informed decision making. However if the patient refuses some medications it is important to respect their choice.

⇒ Consider writing the name of the medications down for the client’s and family’s information.
Hospitalisation

Some Aboriginal patients may choose to spend their last days in hospital. Families may not be willing to have the person pass away at home (despite the person’s express wish to do so) because of the potential consequences.\textsuperscript{18}

Also many Aboriginal patients are hospitalised in regional hospitals or Adelaide to undergo investigations and palliation treatment but live in a rural or remote area. They may come alone or with an escort.

Visiting families may need assistance with accommodation see Resources Section.

Aboriginal people may be uncomfortable in hospital as it is seen as a “dying’ place, when they may want to pass away at home.

Whenever possible, ensure the Aboriginal patient is in a single room because many family and friends will visit.

Escorts may need assistance, especially if they are not well themselves.

\begin{itemize}
  \item [⇒] Liaise with the escort’s local Aboriginal Health Service if prescriptions and Medicare card are needed.
  \item [⇒] A referral can be made to the local Aboriginal Health Service for medications and treatment.
  \item [⇒] Contact the Aboriginal Hospital Liaison Officer for assistance for the escort.
\end{itemize}
Planning discharge from hospital

It is important that liaison occurs with all of the carers and services that will be involved in the patient’s care on discharge. Liaise with:

- The patient and family
- Aboriginal Hospital Liaison Officer
- Aboriginal community services

- When a patient is admitted to hospital/health service from another region or state contact the patient’s community health care providers (eg Aboriginal Health Worker and community nurse in Aboriginal Health Service) to determine if there are any issues such as housing, support or cultural needs to be considered.

- Discharge planning needs to occur as soon as possible as it can take time to make arrangements. The following points need to be considered:
  
  - What do the patient and family want?
  - Medications - are they available in the place where the person lives, or will they need to be ordered as soon as possible by the patient’s local health service so that they are available shortly after discharge? Are they appropriate for a remote location if that is where the patient is being discharged to? Liaise with the local doctor and/or community nurse.
  
  - Equipment – is it available in the area where the patient lives? Do additional arrangements have to be made so that the patient has the equipment that is needed?
  
  - Transport – how mobile is the patient and what type of transport is needed? How are the escort and other family members travelling home?
  
  - Are the patient’s doctor, community nurse and local Aboriginal Health Worker aware of the discharge plan?
Referral Guidelines

Aboriginal patients and their family should be given the option of the palliative care service involving the patient’s local Aboriginal Health Service or Team in their care. This will assist palliative care providers to meet cultural requirements and preferences and ensure continuity of care.

It is important to first determine if the patient and family,

- Want palliative care service providers to visit at home together with Aboriginal Health Workers.

- Would prefer care to be provided by Aboriginal Health Service workers from their local Aboriginal Community Controlled Health Service or Aboriginal Team in the mainstream service. The palliative care service could provide training and support to the Aboriginal workers.

- Would prefer the palliative care service to provide care and/or support of the family in providing palliative care at home.

Contacting the Aboriginal Health Service

When an Aboriginal person is admitted to mainstream health, the Aboriginal patient may already use an Aboriginal Health Service or organisation and can advise who should be contacted in the organisation.

A referral may come from an Aboriginal Health Worker working in a community service to the palliative care service.

Otherwise, initial contact with the Aboriginal Health Service or organisation could be through a cultural broker who knows and who can provide advise on the best person in the organisation to discuss palliative care. This is most often the Aboriginal Health Worker or Aboriginal Hospital Liaison Officer.
Flexible models of care

Depending on the wishes of the patient and family and the key function of the Aboriginal Health Service/organisation referring a patient may involve flexible models of care such as:

1. **Shared care**

   This may include case conferencing and palliative care service providers visiting at home with Aboriginal Health Workers

   • Identify the contact person in the Aboriginal Health Service.
   • Identify the services that the Aboriginal Health Service provides.
   • Arrange a Case Conference.

   Ideas for areas of discussion are:

   • The cultural needs of the patient and family.
   • The palliative care treatment and supports required.
   • Who provides care and support for the patient and family?
   • Training about providing palliative care that can be provided by palliative care providers for the family and Aboriginal Health Service workers.
   • Training about cultural needs that the Aboriginal Health Service can provide to the palliative care service.
   • How the Aboriginal Health Service providers can be supported by the palliative care providers.
   • Ongoing communication.

2. **Supporting the Aboriginal Health Service/organisation to continue to provide care:**

   • When contacting the Aboriginal Health Service workers be aware that they may be related to the patient or family member.
   • Talk to the key person about identified support needs for the patient and family.
   • Discuss training and support options for the Aboriginal Health Service.

3. **Palliative Care Service only provides support for the family to provide palliative care at home.**

   • No referral needed.
   • Option of the local Aboriginal Health Service/organisation providing general advice about providing culturally respectful care.
Developing formal relationships

A letter to the Chief Executive Officer or Manager of the local Aboriginal Health Service will formalise the working relationship and provide an opportunity to talk about how the services could work together to support Aboriginal patients who need palliative care.

The palliative care service provides specialist knowledge and the Aboriginal Health Service/organisation provides cultural information and advice to the palliative care providers and cultural support to the patient and family.

Respect the patient and family’s wishes regarding who to share information with.

Health Service Environment

Having posters, brochures, art, videos and music with an Aboriginal content in your facility will assist in making Aboriginal patients feel more at ease and welcome.

Access from a room to the outside may make visits by family easier and the patient may be more comfortable being able to easily go outside.

Having a private area where family and visitors can grieve in a traditional way when a loved one has passed away is important.

tip...

⇒ Ensure facilities are acceptable to Aboriginal people by asking their advice and inviting them to have input into redevelopments/changes.
Travel, money and accommodation

Family and community members may travel long distances at short notice to visit the terminally ill patient. They may not have money, or access to their money, for food, accommodation or the return trip. Mainstream and/or Aboriginal services may provide assistance. Please see the resources section for contact numbers.

The local Aboriginal Health Service where the patient/family live may also be able to assist the patient and/or family.

Centrelink Allowances

The patient and family may not be aware of the allowances for which they are entitled. Ask the patient and family if they need assistance.

**Carer Allowance** is a government-funded support payment and administered through Centrelink. It is not means tested or effect the taxable income. The GP must fill out the form and a nurse will visit the home to assess eligibility.

If the client/family member is on a pension or on a low income they are eligible to apply for **Carer’s Payment**. This is another government-funded support payment and administered through Centrelink. This payment is income and means tested and the carer may be employed, or a student. A social worker or Centrelink office will assist.
# RESOURCES - SOUTH AUSTRALIAN SERVICES SPECIFICALLY FOR ABORIGINAL PEOPLE

## Adelaide Metropolitan Area

<table>
<thead>
<tr>
<th>Health Services and Organisations</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>The following health services and organisations include Aboriginal Community Controlled Services, Aboriginal Teams in mainstream services and mainstream services with Aboriginal Health Workers.</td>
<td></td>
</tr>
<tr>
<td><strong>Aboriginal Drug and Alcohol Council (SA) Inc.</strong></td>
<td>8362 0395</td>
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<tr>
<td>53 King William Street</td>
<td></td>
</tr>
<tr>
<td>Kent Town SA 5067</td>
<td></td>
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<tr>
<td><strong>Aboriginal Health Council of South Australia</strong></td>
<td>8132 6700</td>
</tr>
<tr>
<td>78 Fullarton Road</td>
<td></td>
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<tr>
<td>Norwood SA 5067</td>
<td></td>
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<tr>
<td><strong>Aboriginal Home Care</strong></td>
<td>8234 8373</td>
</tr>
<tr>
<td>2 Marion Road</td>
<td></td>
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<tr>
<td>Brooklyn Park SA 5032</td>
<td></td>
</tr>
<tr>
<td>Home and Community Care (HACC) funded program caring for the frail elderly and younger disabled</td>
<td></td>
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<tr>
<td><strong>Aboriginal Hospital Liaison Officers</strong></td>
<td></td>
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<tr>
<td><strong>Flinders Medical Centre Aboriginal Health Team</strong></td>
<td>8204 6359</td>
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<tr>
<td>Flinders Drive</td>
<td></td>
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<tr>
<td>Bedford Park SA 5042</td>
<td></td>
</tr>
<tr>
<td><strong>Lyell McEwin Hospital Aboriginal Hospital Liaison Officer</strong></td>
<td>8182 9206</td>
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<tr>
<td>Located at Muna Paiendi Community Health Service</td>
<td></td>
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<tr>
<td><strong>Royal Adelaide Hospital Aboriginal Team</strong></td>
<td>8222 4000</td>
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<tr>
<td>North Terrace</td>
<td></td>
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<tr>
<td>Adelaide SA 5000</td>
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</tbody>
</table>
The Queen Elizabeth Hospital  8222 6000
Aboriginal Hospital Liaison Officers

Women’s & Children’s Hospital  8161 7000
Aboriginal Health Unit

Aboriginal Housing Unit

Housing SA  131299
153 Wakefield Street
Adelaide SA 5000

Aboriginal Legal Rights  8211 8824
321 -325 King William Street
Adelaide SA 5000

Aboriginal Sobriety Group  8223 4204
182 – 190 Wakefield Street
Adelaide SA 5000

Mobile Assistance Patrol (MAP)  0411474368

Adelaide Aboriginal Step Down Service  8342 2250
Provide transport and assistance for rural and interstate
Aboriginal patients referred to Adelaide for medical treatment.

Central Eastern Primary Health Care Service

Enfield Community Health Service  8342 8600
Shop 5, Northwood Plaza
221 Main North Road
Sefton Park SA 5083

Council of Aboriginal Elders of SA  8367 0783
50 – 60 Sussex Street
North Adelaide SA 5006

Inner Southern Community Health Service  8277 2488
1140A South Road
Clovelly Park SA 5042
Kura Yerlo Inc
208 Lady Gowrie Drive
Largs Bay SA 5016
Home and Community Care (HACC) funded service
for the frail aged and younger disabled

Muna Paiendi Community Health Service
Corner Haydown and Oldham Road
Elizabeth Vale SA 5112

Noarlunga Health Village Aboriginal and Torres Strait Islander Unit
Alexander Kelly Drive
Noarlunga Centre SA 5168

North/North Eastern Primary Health Care Service
77 Smart Road
Modbury SA 5092

Nunkuwarrin Yunti
182 – 190 Wakefield Street
Adelaide SA 5000

Nunkuwarrin Yunti Outreach Clinics
Brady Street Clinic
28 Brady Street
Elizabeth Downs SA 5113

Gilles Plains Centre, Gilles Plains Primary Campus
Aboriginal Neighbourhood House
489B North East Road
Hillcrest SA 5086

Southern Women’s Health Service
Alexander Kelly Drive
Noarlunga Centre SA 5168

Western Primary Health Care Services
Dale Street Women’s Service
47 Dale Street
Port Adelaide SA 5015
Accommodation

Aboriginal Hostels

Gladys Elphick Hostel 8261 6188
29 Second Avenue
Klemzig SA 5087

Karinga Hostel 8336 2525
430 Payneham Road
Glynde SA 5070

Luprina Hostel 8269 5254
2 Clements Street
Dudley Park SA 5008

Mulgunya Hostel (Medical) 8234 2488
55 Dew Street
Thebarton SA 5031

Nindee Hostel 8332 2352
2 Oban Street
Beulah Park SA 5067

Aged Care Facilities

Aboriginal Elders Village 8287 1454
2 Oldford Street
Davoren Park SA 5113

Regency Green Multicultural Aged Care Facility 8345 3518
181-193 Days Road
Regency Park SA 5010
Financial Assistance

Centrelink
Centrelink Aboriginal Liaison Officer (Adelaide)  8401 3222
Tel: 13 2300 – people on the age pension
Tel: 13 2717 – people on disability allowance
Tel: 13 2850 – people on unemployment payment
Tel: 13 6150 – people on a family payment
The Centrelink website contains information about services and payments, www.centrelink.gov.au

Department of Families and Communities  8226 7000

Funeral Assistance Program,
Department for Families and Community  1300762577

Patient Assistance Transport Scheme (PATS)
Central Office Adelaide  8226 6550

Information Services
Palliative Care Council of South Australia  1800 660 055
www.pallcare.asn.au

Interpreters
Interpreting & Translating Centre  8226 1990
South Australian Country Services and Northern Territory Services, (Central Australia) specifically for Aboriginal people

Health Services/Organisations

**Aboriginal Hospital Liaison Officers**

Hills Mallee Southern Regional Health Service
PO Box 346
Murray Bridge SA 5253

Port Augusta Hospital
Hospital Road
Port Augusta SA 5700

Whyalla Hospital
PO Box 267
Whyalla SA 5600

Amata Clinic (Nganampa Health Service)
PO Box 2232
Alice Springs NT 0871

Ceduna District Health Service Step Down Unit
3 Eyre Highway
Ceduna SA 5690
Contact person: Andrew Lane

Ceduna Koonibba Aboriginal Health Service
PO Box 314
Ceduna SA 5690

Central Australian Aboriginal Congress
PO Box 1604
Alice Springs NT 0871
Davenport Clinic 8642 2556
(Outreach of Pika Wiya Health Service)
PO Box 2021
Port Augusta SA 5700

Fregon Clinic (Nganampa Health Service) 8956 2918
PO Box 2232
Alice Springs NT 0871

Iwantja Clinic (AKA Indulkana) 8670 7986
(Nganampa Health Service)
PO Box 2232
Alice Springs NT 0871

Meningie and Districts Memorial Hospital and Health Services Inc 8575 2754
2 South Terrace
Meningie SA 5264
Aboriginal Health Workers for Meningie and Raukkan Communities

Murray Mallee Community Health 8535 6800
Aboriginal Health Team
PO Box 346
Murray Bridge SA 5253

Nganampa Health Hospital Liaison 8952 6322
Based at Alice Springs Hospital
PO Box 2232
Alice Springs NT 0871
Arrange transport and accommodation for patients from the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

Nganampa Health Service (Head office) 8952 6322
PO Box 2232
Alice Springs NT 0871

Nunyara Wellbeing Centre Inc. 8649 4366
17 – 23 Tully Street
Whyalla Stuart SA 5608
Oak Valley (Maralinga) Health Service 8670 4207
PO Box 519
Ceduna SA 5690

Oodnadatta Hospital 8670 7803
C/o Post Office
Oodnadatta SA 5734

Pangula Mannamurna Health Service 8724 7270
PO Box 942
Mt Gambier SA 5290

Pika Wiya Health Service 8642 9999
PO Box 2021
Pt Augusta SA 5700

Point Peace Community Health Centre 8836 7274
(Yorke Peninsula Health Service)
PO Box 218
Maitland SA 5573

Port Lincoln Aboriginal Health Service 8683 0162
PO Box 1583
Pt Lincoln SA 5606

Port Pirie Regional Health Service 8638 4693
Aboriginal Health Team
Community and Allied Health Services Division
PO Box 546
Port Pirie SA 5540

Pukatja Clinic (AKA Ernabella), (Nganampa Health Service) 8956 2946
PO Box 2232
Alice Springs NT 0871
Riverland Regional Health Service  8580 2445
Aboriginal Health Team
Maddern Street
Berri SA 5343

Royal Flying Doctor Service
Aboriginal Health Coordinator  8648 5500
Port Augusta Hospital
Hospital Road
Port Augusta SA 5700

South East Regional Community Health Service
Mt Gambier Campus  8721 1460
Wehl Street North
Mt Gambier SA 5290

Naracoorte Community Health  8762 8160
PO Box 366
Naracoorte SA 5271
Aboriginal Aged Care (HACC) and Aboriginal Health Worker

Tullawon Health Service (AKA Yalata)  8625 6237
PMB 45
Via Ceduna SA 5690

Umoona Tjutagku Health Service  8672 5255
PO Box 166
Coober Pedy SA 5723

Yorke Peninsula Aboriginal Health Yanggalagawi  8825 2690
32 – 34 George Street
Moonta SA 5558

Yorke Peninsula Health Narungga  8832 2050
36 Robert Street
Maitland SA 5573
Accommodation

**Aboriginal Hostels**

Lois O’Donoghue  8642 6658
34 Johnson Street
Port Augusta SA 5700

Aged Care Facilities

**Pukatja (Ernabella) Aged Care Facility**  8956 7033
(Nganampa Health Service)
PO Box 2232
Alice Springs NT 0871
Provide respite care

**Umoona Aged Care Aboriginal Corporation**  8672 5605
PO Box 347
Coober Pedy SA 5723

**Wami Kata Old Folks Home**  8641 1233
PO Box 221
Pt Augusta SA 5700

Interpreters

**Aboriginal Interpreter Service, Alice Springs**  8951 5576

**Aboriginal Interpreter Service, Darwin**  8999 8353
Other Resources

**Aboriginal Health – Everybody’s Business** – Regional Resource Package, South Australian Aboriginal Health Partnership (2005), Department of Health, South Australia. [www.ahcsa.org.au/content/24](http://www.ahcsa.org.au/content/24)

**Aboriginal Health – Everybody’s Business.** South Australian Aboriginal Health Indicators 2005, South Australian Aboriginal Health Partnership (2005) Department of Health, South Australia. [www.ahcsa.org.au/content/24](http://www.ahcsa.org.au/content/24)

**Australian Indigenous HealthInfoNet.** [www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au)
Provides information about the health of Aboriginal and Torres Strait Islander peoples.

**Bessie’s Story.** Palliative care in remote communities. An initiative of the North West Regional Palliative Care Committee with funding support from the Commonwealth Palliative Care Program and the Western Australian Health Department 1998.

**Developing an Aboriginal Palliative Care Strategy for South Australia.** Aboriginal Research Institute Faculty of Aboriginal and Islander Studies, 1998.

**Doing it right.** The South Australians Government’s commitment to Aboriginal families and communities in South Australia. South Australian Department for Aboriginal Affairs and Reconciliation 2003.

**Indigenous Palliative Care Service Delivery.** A Living Model. Principal Investigators: Dr Pam McGrath, Prof Jennifer Watson, Ms Bev Derschow, Mr Simon Murphy, Dr Rob Rayner, 2004 Funding by, National Health & Medical Research Council.

**Loss and Grief.** Helping Aboriginal People cope. Where to go for help Booklet developed for Aboriginal People by the Social Emotional Well Being Team at Central Australian Aboriginal Congress.

**Many ways of Caring.** Central Australian Palliative Care Service Flipchart with four paintings by local Aboriginal artists telling the story of palliative care.

**Mapping a Breast Cancer Journey after Diagnosis:** A Service Providers Information Resource for working with Aboriginal and Torres Strait Islander women. Country Division, Department of Human Services 2003.


Practice Guidelines for Health Professionals (Medical Practitioners, Nurse Practitioners and Aboriginal Health Workers). Dealing with the Death of a Northern Territory Aboriginal Person. Dr Tarun Weeramanthri. Menzies Occasional Papers. Menzies School of Health Research, Northern Territory. Issue No. 1/96


Cultural Awareness Program Providers
A Register of Providers has been supplied by the South Australian Government on the website, [http://intra.sa.gov.au/Procurement/Cultural/](http://intra.sa.gov.au/Procurement/Cultural/). The register will be updated periodically to provide current information. Please check the website for current information.

Black & White Consultancy
PO Box 756
Stirling SA 5152
Tel: 0417460393
David Branson & David Bonython-Wright

Black and White is an Aboriginal-non-Aboriginal partnership modelling the spirit of reconciliation in walking and working together in promoting cultural awareness. They have extensive experience with a wide range of audiences, including working in prisons in South Australia and promoting awareness and understanding of cultural differences eg. between Aboriginal healers and psychiatrists. The program covers traditional Aboriginal lifestyles, history and impact of genocide and organisational racism and focuses upon building cultural bridges. David Branson and David Bonython-Wright have vast experience in group facilitation and have a sensitive inclusive style, building on participants’ experiential knowledge. Programs are run on site.
The program presented by Aboriginal counselling practitioner, Rosemary Wanganeen, is based upon an especially developed curriculum founded upon loss and grief. The need to expose the impact of historical and contemporary issues, which results in unresolved grief, underpins the context of this cultural awareness program. The program unpacks history and the culture precipitated from policies and legislation which have bred stereotype views. It helps participants understand the major contributing factors to the many social and health issues and focuses agencies on improving their service provision responses to the Aboriginal client. Participants have the option of learning basic effective skills on how to engage and maintain rapport when considering delivery of care. The program can be delivered within any metropolitan area and regional area.

Unaipon School Research & Consultancy Group
University of South Australia, Yungondi Building, City West Campus, North Tce Adelaide SA 5001
Tel: (08) 83020562
Sharon Gollan & Dr Peter Gale

The Unaipon School program combines theory with a focus on its relevance to practice issues facing employees in their day to day activities. It allows participants to explore and reflect on their own life experiences as part of a process of developing an understanding of cultural diversity. The program also facilitates development and expansion of knowledge and understanding of Aboriginal cultures, societies and issues. The Aboriginal/non-Aboriginal partnership of presenters Sharon Gollan and Peter Gale has wide experience in facilitation and the program allows for managed debate in challenging racism and building relationships in which all voices are heard. Programs are delivered at your work site.
Shelley Reys is the principal of this Sydney-based Aboriginal owned company which delivers flexible, tailor-made programs since 1989. Programs are delivered by Aboriginal people and assists participants develop a greater appreciation and understanding of Aboriginal Australians, providing practical ‘can do’ tools for working with Aboriginal peoples and communities. The sessions are participatory based covering topics including communication, workplace challenges, history, challenging myths with factual information, contemporary social topics, agreement making. If desired this can lead onto facilitated sessions, eg. Policy formulation, strategies and benchmarking. “Managing Change” at organisational level is an intrinsic part of this cultural awareness program delivered at the work place. Visits to sites of significance can be arranged.

Spencer Institute Of Tafe
2 London Street
Port Lincoln SA 5605
Tel: (08) 86883600
Janene Pip

This cultural awareness program is delivered through a partnership of Aboriginal and non-Aboriginal presenters at various locations around South Australia where TAFE is situated. Since 1988 Spencer TAFE has been delivering Aboriginal Education courses. The Aboriginal Cultural Awareness programs aids in assisting organisations and people understand life from the perspective of an Aboriginal person. This program covers historical and contemporary issues as well as exploring Aboriginal recruitment and retention matters. The program provides a flexible and responsive learning methodology so that participants can acquire the competencies to be culturally inclusive in undertaking their work (articulation to TAFE Certificate IV).
Spencer Gulf Rural Health School
University Of South Australia, Whyalla Campus, Nicholson Avenue,
Whyalla Norrie SA 5608
Tel: (08) 86476158
Colin Weetra & Kym Thomas

The Aboriginal facilitators Colin Weetra and Kym Thomas present an interactive cultural awareness package providing participants with an opportunity to develop skills and knowledge in a safe, friendly environment, for working with Aboriginal peoples. The program is delivered in the work place, will cater for large groups and can include field trips to Aboriginal communities in South Australia. A range of resource material has been especially developed and is provided to participants. The program covers traditional, transitional and contemporary Aboriginal life. It challenges participants’ values, myths and stereotypes and deals with work place issues, drawing on the exciting emergence and appreciation of Aboriginal cultures.

Iga Warta Pty Ltd
Copley SA 5732
Tel: (08) 86483737
Cliff Coulthard & Gayle Mather

Iga Warta presents a residential program, offering a unique opportunity to experience Adnyamathanha culture, living, sharing and learning in an Aboriginal community setting in the Northern Flinders Ranges. It is owned, managed and operated by local Aboriginal people. The program comprises journeys sharing the importance of the Muda (Dreaming), through to contact history and the issues that face Aboriginal people in today’s society. Participants learn the relevance of Adnyamathanha culture to our everyday lives and how this impacts on the way Aboriginal people interact with the public service. The Aboriginal and non-Aboriginal facilitators have worked together for over 20 years. Iga Warta can tailor journeys and activities to suit your needs, including facilitation at your work site.
A cultural awareness program focusing upon developing participants' cultural competencies and based on an action learning approach. Presenters combine an Aboriginal and non-Aboriginal partnership who critique both organisational and service cultures, help understand poor work practices and facilitate learning and team culture building. Programs are tailored to specific learning groups and are aimed at increasing knowledge, examining attitudes and translating this to improvement in the work place. They include discussions on the dominant culture and white privilege and strategies for implementing culturally sensitive work practices. This provider can cater for whole workforce development and promotes action learning projects being undertaken at the work place.
References


Australian Health Ministers’ Advisory Council. Standing Committee on Aboriginal and Torres Strait Islander Health, 2004, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health*, Department of Health South Australia.


Territory Palliative Care, 2005, *Companion Guide For implementing best practice palliative care for Aboriginal and Torres Strait Islander people in the Northern Territory*, Northern Territory Department of Health and Community Services.
## Resources in your local community

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