Government of **Western Australia**
South Metropolitan Health Service

Patient Centred Cultural Care Guidelines

Aboriginal Health Strategy

Forward

The Patient centred cultural care guidelines has been designed to assist health professionals to work effectively with Aboriginal patients by enhancing one's current knowledge and understandings of Aboriginal ways of working. These guidelines have been developed to assist in the delivery of culturally sensitive practices and work towards ensuring a culturally safe health service for Aboriginal patients and their families.

While focused on cultural safety, the guidelines consider other connected issues, as well as the wider determinants of health within a holistic and community-based context, family culture and historical events. The aim is to understand the risk and the effectiveness in providing holistic health care for Aboriginal people. This is done by providing users of the guidelines with the opportunity to better understand and ensure a cultural responsive practise.

Nola Naylor
Director, Aboriginal Health Strategy
South Metropolitan Health Service

The concepts of cultural safety and cultural security evolved as Aboriginal people and organisations adopted the terms to define new approaches to health care and healing.

Much of the literature confirms a definition of cultural safety should include a strategic and intensely practical plan to change the way health care is delivered to Aboriginal people. In particular, the concept is used to express an approach to health care that recognises the contemporary and aspirational living conditions of Aboriginal people. Whilst the South Metropolitan Health Service (SMHS) is ensuring its sites are able to offer culturally secure services, these guidelines do not replace face-to-face cultural training, or any engagement with Aboriginal people to ensure the best possible care for its patients.

It is important to understand Aboriginal and cultural safety/awareness is very different and separate from multicultural awareness. Aboriginal Australians are the First Australians and their experience is very different from that of migrants.

Contents

Acknowledgement of Country and People

SMHS acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Acknowledgement

These guidelines have been adapted from earlier publications developed by Queensland Health and CAHS (Princess Margaret Hospital, Child Adolescent Community Health, Child and Adolescent Mental Health Services and Perth Children's Hospital). We acknowledge the information provided from these health services towards ensuring that Hospitals within SMHS work towards cultural competency and enable effective care of Aboriginal people.

Artwork

SMHS extends sincere thanks to Phillip Narkle for his illustration "Nyoongah Kalla Boodjah".

Use of the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Document control

Version Number	Version Date	Description	Actioned by
1.0	6 April 2018	Version 1.0 Released	Michelle Sultan
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1.0	6 April 2018	Paul Forden, Chief Executive, South Metropolitan Health Services

Glossary

Aboriginal Health and Wellbeing

Health, defined by the World Health Organisation (WHO) as a state of complete physical, mental and social wellbeing, is recognised as both a fundamental human right and an important worldwide social goal.

Aboriginal health and wellbeing refers to not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. In addition, health and wellbeing for Aboriginal people is often linked to spirituality, connection with land and the harmony of interrelating factors. Health for Aboriginal people is also about determining all aspects of one's life, including control over physical environment, of community self-esteem, of dignity, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.

Cultural Awareness

A demonstrated understanding of relevant cultural issues or practices, the differing levels of understanding and awareness are directly related to the theoretical and practical knowledge an individual has gained throughout their lifetime, and also by the experiences they have encountered throughout their personal and professional lives.

Cultural responsiveness

Cultural responsiveness describes the capacity of organisations and service providers to respond to the health care issues of individuals and of cultural groups. A culturally responsive health service provides patient-centred care (taking into account cultural, linguistic, spiritual and socio-economic background) for patients. This requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural safety

Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience – the individual's experience of care they are given, ability to access services and to raise concerns.

Cultural Security

Is a commitment undertaken by Health Services that the design of and principles underlying health services delivery does not compromise the rights, values and expectations of Aboriginal patients.

Cultural Security is achieved through the development of accessible and effective health care systems which respect Aboriginal patients, their families and their culture. The acknowledgement of Aboriginal patient's right to self-determination provides a valuable insight in to diverse cultural views, and contributes to effective cultural responsiveness from the Health Service provider. Aboriginal patients, their families and support persons are empowered to

actively participate in decision making around their health, thereby enabling patients to play an integral role in adhering to health care

Culture

Refers to the distinct identity, practices and beliefs owned by a community or group. This includes the language, gestures, customs and the rituals of a groups cultural, spiritual, social, emotional, physical ways of being (i.e. protocols, interactions, traditions, dress, art, music and food).

Equity

Equity in the context of culture aims to address the unequal access and unequal health outcomes that Aboriginal Australians and other marginalised cultural groups experience. This requires consideration of need, and how/where services and resources are provided and distributed.

Health literacy

Health literacy is about how people understand and process information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy contributes to health and the safety and quality of health care.

Health services have an important role to play in ensuring that consumers are able to understand the information provided and that they use a number of communication strategies in relaying sometimes complex health information.

Identity

Identity refers to who an individual is, this can be either as an individual or a group, the way they think about themselves, the way they are viewed by the world and the characteristics that define them

For Aboriginal people throughout Australia there is a three part definition of Identity, this comprises of:

- being of Aboriginal descent
- identifying as an Aboriginal person
- being accepted as such by the community in which he/she lives.

It is important that every patient entering the health service system is asked if they are Aboriginal.

Intergenerational or Transgenerational Trauma

Intergenerational trauma is a form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. Intergenerational trauma.

Spirituality

Spirituality is defined as a deeply intuitive, but not always consciously expressed sense of connectedness to the world in which we live, for Aboriginal people spirituality has its diversity within the many regions of Australia. Health service staff need to be aware that one Aboriginal persons spiritual beliefs or values may not be the same as those from other areas

Purpose

Health care is delivered in a demanding and complex health system where treatment of the patient's condition is the primary focus. To support good health outcomes and ensure patients and families have positive care experiences, it is vital that a relationship be established between Aboriginal patients and their healthcare providers. This relational foundation of care is built on trust, communication across cultures, geography and life experiences.

These guidelines are offered as a tool to support SMHS staff in the delivery of safe, clinical and culturally responsive care for Aboriginal patients. It is important to note that the guidelines provide general advice only and are not designed to address the diverse cultural differences across Western Australia.

Being culturally aware is not about becoming proficient on Aboriginal culture, it is about being aware of the existence of cultural differences, and developing an understanding and acceptance of those differences

To develop within this space, there needs to be:

Commitment	Being able to admit a lack of knowledge and a having a commitment to learning.
Awareness	Being able to identify existing cultural knowledge and determining how to find out more.
Acceptance	Understanding significant differences between people of different cultures exists.
Ability	Being able to get in touch with values, standards and the messages that have been passed down through families and communities.

As a SMHS provider you will need to demonstrate flexibility within your relationships with others and in the examination of your own realities and attitudes

Background

In recent years the health outcomes of Aboriginal people have improved in comparison to non-Aboriginal people. This is particularly evident in key areas such as life expectancy and child mortality[1]. However, the rate of Aboriginal people hospitalised is 3 –4 years higher than the rest of the population, the high prevalence of Chronic disease in Aboriginal communities contributes to these rates, and Aboriginal people are more likely to die at younger ages than other population groups within Australia[2].

Approximately two thirds of Aboriginal people live in regional and remote communities and socio-economic disadvantage is prevalent within these communities. The other third live in major cities/urban communities often in areas with the greatest disadvantage and have a higher representation of low socio-economic status. These disadvantages often result in a higher prevalence of health risk factors for Aboriginal people.

The quality of healthcare for Aboriginal people is often influenced by:

- performance gaps in the health system (including access) in addressing health needs
- cultural incompetence (research demonstrates links to risk and poor quality outcomes)
- communication barriers (may lead to adverse events and poor quality of care)

1 Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

2 Australian Institute of Health and Welfare 2014. Cardiovascular disease, diabetes and chronic kidney disease – Australian facts: Morbidity–Hospital care. Cardiovascular, diabetes and chronic kidney disease series no. 3. Cat. no. CDK 3. Canberra: AIHW.

Person centred cultural care

Patient centred cultural care is about ensuring that the patient journey is a culturally safe and reliable one.

In the Aboriginal context it focuses on respecting cultural differences, partnering with patients and their families; the effective responsiveness of service delivery and a commitment to ensuring cultural security within the hospital setting. Health service providers are shifting conversations with patients from 'what's the matter, to what matters to you'. There is a commitment to ensuring that patients and their family are at the core of decision-making, this enables them to be genuine partners in the co-design of their care.

South Metropolitan Health Services (SMHS) acknowledges that patient centred cultural care is integral to the patient journey, and recognises that Aboriginal community and consumers have long held customs, knowledge, practices and resilience which have ensured their continuing existence. The commitment to continually improving the care experience (building stronger coordination, communication, and compassion in to its delivery of health services) increases the level of the patients' voice and therefore influences service design.

Differing world-views

When we talk of an Aboriginal world-view, we refer to the concept of how Aboriginal people's interpretations of the world are different from other groups within Australia. This can be due to a number of factors. Although the principles and practices of Aboriginal groups have ensured their continuing survival for many thousands of years, in this present day chronic disease (with its contributing factors), access (or lack of) to cultural practices and experiences have a significant impact on the health and wellbeing of Aboriginal people.

Aboriginal people have a different world-view from that of non-Aboriginal people. We are all born, raised and live within social, educational and organisational cultures. Our assumptions of the world, the beliefs and values we hold come from our cultures, and the behaviours we demonstrate are formed not only from these cultural perspectives, but also as a result of the influences that are part of our day to day living.

Through our interaction with others, we become more aware of the similarities and differences. These encounters can sometimes be challenging for us, and we are often forced to look outside of our own cultures to find solutions. In a health setting, these challenges must be met in the provision of equitable, appropriate and accessible services to all our clients.

"We are all here now and we have to solve our differences and live together as Australians… Together we can build a remarkable country, the envy of the rest of the world."

Lowitja O'Donoghue, Australian of the Year, 1984 and Patron of the Lowitja Institute

Section 1
Factors influencing access to healthcare

Factors impacting on Aboriginal people accessing health care

Cultural factors

Health is a holistic concept and for Aboriginal people it encompasses the physical, social, emotional, spiritual and cultural wellbeing of the individual and the whole community. This is a whole-of-life view and includes the concept of life-death-life. This belief system remains as a strong factor for many Aboriginal groups. It is important to consider the impact that colonisation, legislation and policies have had on Aboriginal people. The introduction of religion, food and the exposure of disease have impacted on our cultural knowledge, connection to country, people and practice, and therefore, significantly, health.

Understanding the diverse needs of Aboriginal people/groups

- There is no 'one size fits all' approach to working with Aboriginal patients, their families and carers. Before colonisation, there were up to 300 Aboriginal language groups that shared this country. See Tindale's map to gain an informative view of the differing language groups of current Aboriginal people in Australia[3].
- No individual Aboriginal worker can be aware of the protocols and practises of all the Aboriginal groups throughout Australia. It is important Aboriginal patients are given the opportunity to explain protocols, practise and experience relevant to them throughout their patient experience.
- As a result of settlement of Australia by non-Aboriginal people there are differing needs between urban, rural and remote Aboriginal groups. Understanding differences through engagement with different groups helps to build relationships between the patient and the service provider, which is important to an optimal outcome.

3 Tindale's Map. https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia

Social and historical factors

SMHS is committed to ensuring the provision of a culturally safe and secure environment for patients, families, carers and staff. SMHS staff at all sites are encouraged to undertake learning experiences that can provide an opportunity to participate in discussions around various Aboriginal health issues and gain knowledge about the social and historical factors that have and still do, impact on Aboriginal people.

Aboriginal patients, families and carers may experience the following upon presentation at an Emergency Department or on admittance to a ward of a hospital

- Anxiety from not knowing what is happening to them and their body.
- Fear and distrust of mainstream health services and buildings, as these can appear threatening and alienating.
- Perception of extreme imbalance of power due to history and the experience of disadvantage.
- Feelings of vulnerability, shame and disempowerment.
- Cultural misunderstanding, stereotyping and disrespect to a racial group.
- Isolation from family, community and country.
- Financial difficulties.
- Difficulties accessing appropriate accommodation (for those who come from other areas).
- Hospitals can symbolise a place of dying and death rather than healing, adding to existing fears.

What is meant by differing world-views?

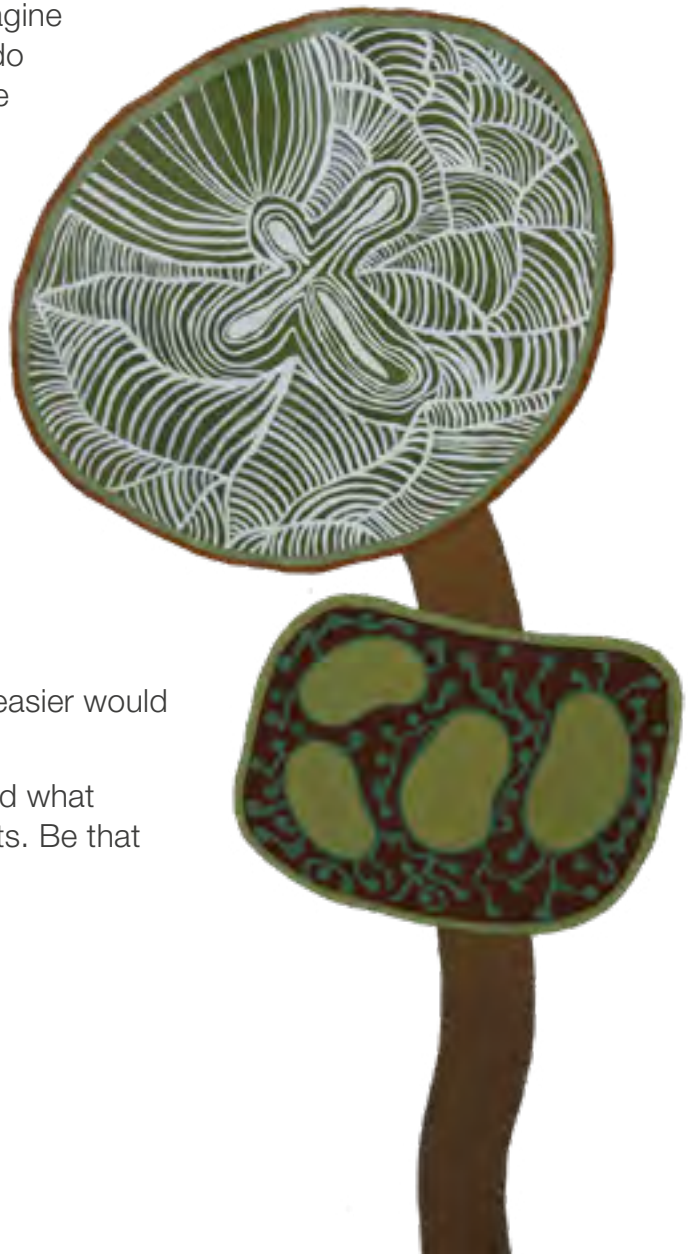
In order to gain an understanding of what a hospital may feel like for Aboriginal people, think about how you as an individual would see the world, what things are familiar to you and what things are strange? Imagine you had to travel to a hospital in a place you may not know or know little of. What sort of feelings do you think you would have about going to this place and what would make you feel this place a safe place to be?

Imagine also most of the people you meet along the way do not speak your language or do not have the same values as yourself, how would that make you feel? How would you feel if you had little or no control over what was happening to you, and the treatment or care you were receiving was new or different from what you are used to?

What if you had to travel long distances to this hospital and the people who are familiar to you weren't able to come along? What supports, if any, do you think you could access? How would you find your way around from one place to the other if you did not understand maps? Would you use landmarks to help guide you and what if you weren't able to identify any landmarks?

What if, on this journey, you came across someone who was able to understand you and knew what it was that you were asking for, someone who could tell you what things you needed to know and explained what was happening to you in a way that you could understand? How much easier would that then be for you?

When working through and referring back to this package, think about the differing world-views and what you can do as a health service employee, to provide the best care and service to Aboriginal patients. Be that person who provides fair, timely and appropriate care for all patients.



Cultural competency and health services

The cultural competency of hospitals is critical in the provision of better quality of and more effective care for Aboriginal people[4].

The barriers to achieving cultural competency are based around the understandings of the complexities within Aboriginal communities.

These include:

- The recognition and acknowledgement of the differing needs of Aboriginal people living in urban, rural and remote areas.
- Different languages and skin groups, specifically how communities interact with each other according to the impacting influences of globalisation, long held customs and rites.

When practitioners are culturally incompetent they are prone to the following:

- prejudice – making up one's mind about something or someone without sufficient or appropriate information
- racial prejudice – negative attitudes to people who have been classified according to physical or cultural characteristics, then are judged and labelled or stereotyped according to those presumed characteristics
- stereotyping – generalised views of people in a particular group, whether or not most people of that group fit the stereotyped image. Stereotypes are reinforced by people seeing what they want to see

Practitioners may be doing more harm than good by not providing a culturally safe and secure place for their clients

4 Improving health outcomes for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome – A practical toolkit for quality improvement. 3rd Edition. Heart Foundation.

Cultural awareness training

The Aboriginal Cultural eLearning (ACeL) program is mandatory for all WA Health staff and is available as an online learning resource from any desktop. Staff will need a “HE” number to access this training. It is important all staff make a commitment to increasing their knowledge about Aboriginal people as this enables the SMHS to become a culturally safe service for Aboriginal patients and their families.

The alternative ACeL is a face-to-face training, which is available for staff who are unable to access the online package or who may have literacy problems. This training is usually delivered in a group format according to need.

SMHS Aboriginal Health Strategy encourages all staff to undertake further face-to-face cultural awareness training – internally and externally to supplement the system-wide cultural learning package and to benefit from the most up-to-date and relevant information available.

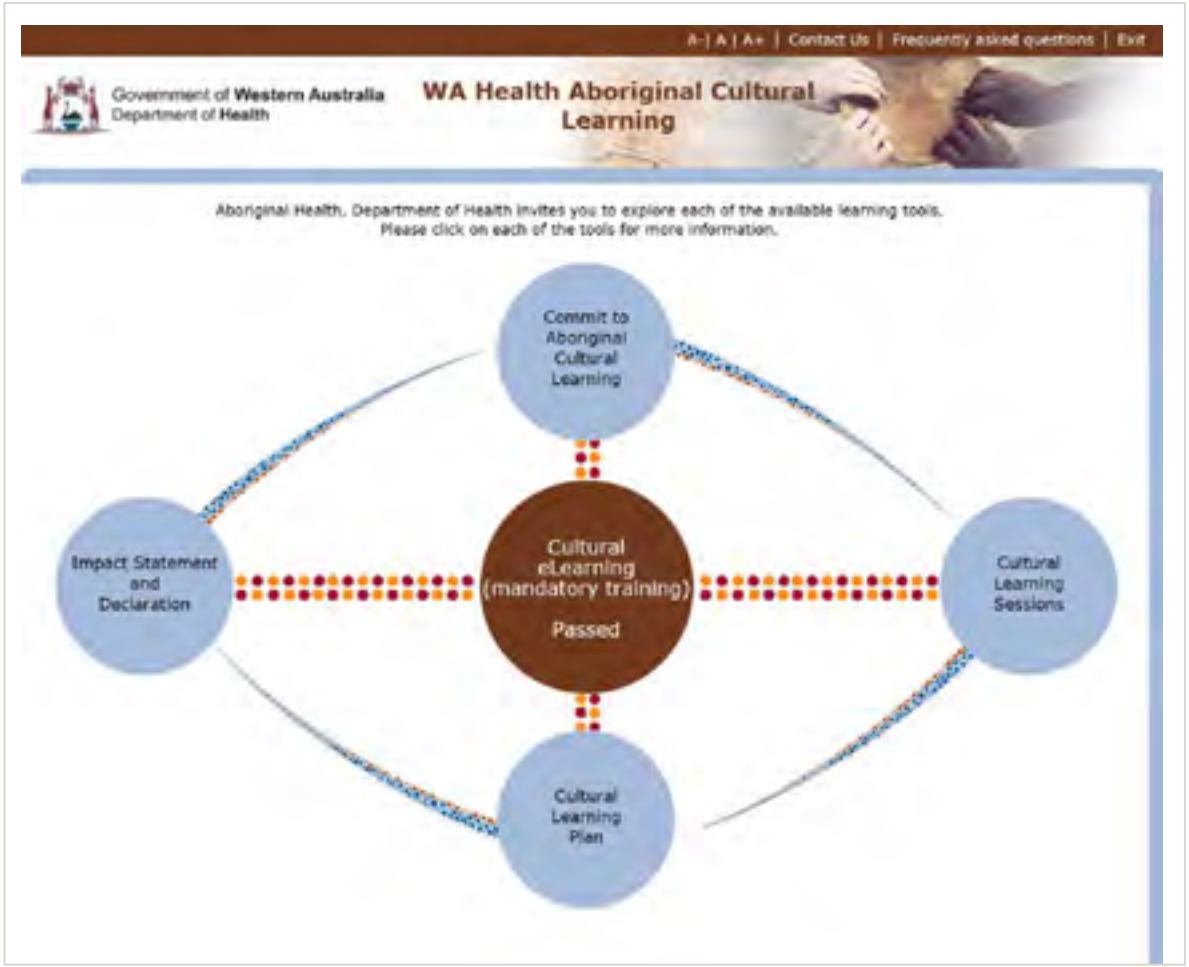


Figure 1. DOH WA, Aboriginal Cultural Learning portal

Kindness is the language which the deaf can hear and the blind can see

Mark Twain

Racism

Racism is often expressed as:

- **Stereotyping**: generalised beliefs (often of an offensive nature) about different cultural groups.
- **Prejudice**: unreasonable feelings, opinions, or attitudes, especially of a hostile nature, regarding an ethnic, racial, social, or religious group.
- **Discrimination**: the treatment or consideration of, or making a distinction in favour of or against, a person or thing based on the group, class, or category to which that person or thing belongs rather than on individual merit.

Racism occurs at different levels. The incidents of racism can occur through internalisation, interpersonal and systemic means, and are interrelated to the broader phenomenon of oppression. Institutional or systemic racism are the attitudes and behaviours of groups or institutions that disadvantage Aboriginal people through practices, policies or processes. This can be intentional or unintentional and entrenched into normal thinking patterns.

Oppressive behaviour refers to the unjust treatment or control of people by others, whether intentional or unintentional, the outcome inadvertently creates disadvantage for the oppressed group

Exposure to racism is associated with psychological distress, depression, and a poor quality of life. The prolonged experience of racism affects individual's health including the immune, endocrine and cardiovascular systems. The experience of racism can also inhibit an individual's ability to access health services.

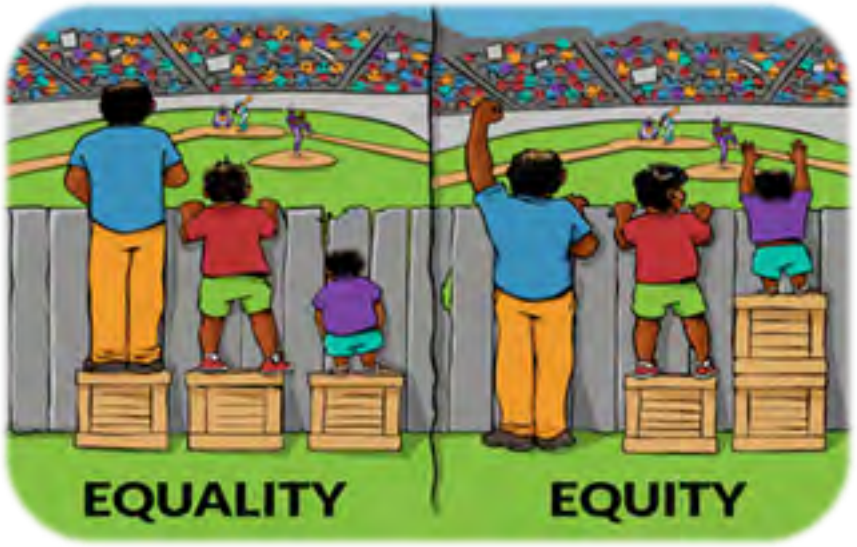
Strategic outcome:

WA Health recognises racism as a key social determinant of health for Aboriginal people. Healthcare, whether government or community provided, is to be free of racism and discrimination

WA Aboriginal Health and Wellbeing Framework 2015–2030. Strategic Direction 3: A culturally respectful and non-discriminatory health system.

Racism can be broadly defined as:

> "behaviours, practices, policies, beliefs and prejudices that underlie avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion (Berman and Paradies, 2010)[5]. This definition encompasses overt forms of racism such as racial abuse and refusal of a service as well as more subtle forms of racism such as racial stereotyping and micro-aggressions."
>
> *(DOH, 2014)*[6]



Artwork: Interaction Institute for Social Change www.interactioninstitute.org. Artist: Angus Maguire, www. madewithangus.com

Individual racism

Individual racism refers to an individual's racist assumptions, beliefs or behaviours and is "a form of racial discrimination that stems from conscious and unconscious, personal prejudice".[7] Individual racism is connected to/learned from broader socio-economic histories and processes and is supported and reinforced by systemic racism.

5 Berman, G. & Paradies, Y. (2010). Racism disadvantage and multiculturalism: towards effective anti-racist praxis. Ethnic and Racial Studies. 33(2), pp 214-232.

6 Department of Health, Western Australia. (2014). A culturally respectful and non-discriminatory health system: Understanding Institutionalised Racism.
Aboriginal Health Policy Directorate, System Policy and Planning Division, DOH. WA. p 2.

7 Henry, F,. & Tator, C. (2006). The colour of democracy: Racism in Canadian society, 3rd Ed. Nelson. Toronto. p 329.

Institutionalised (systemic) racism

Because we live in such a culture of individualism (and with the privilege of freedom of speech), some people may argue their statements and/or ideas are not racist because they are just "personal opinions."

It is important to point out how individualism functions to erase hierarchies of power and to connect unrecognised personal ideologies to larger racial or systemic ones. That is, individualism can be used as a defensive reaction. This is why it is crucial to understand systemic racism and one's world-views.

Institutional racism refers to societal systems or patterns that have the net effect of imposing oppressive or otherwise negative conditions against identifiable groups based on race or ethnicity.

"Thus, hospital systems founded on a Western biomedical model of care and managed by mainly white middle class Australians living in the metropolitan area often fail to understand the language and realities of Aboriginal people living in remote areas."[8]

Institutional racism is often the most difficult to recognise and counter, particularly when it is perpetrated by institutions and governments who do not view themselves as racist.

It occurs when organisations, institutions or governments discriminate, either deliberately or indirectly, against certain groups of people to limit their rights. This form of racism reflects the cultural assumptions of the dominant group, so the practices of that group are seen as the norm and minority groups represent aberrations of some form or other.

Ways to reduce racism in the workplace

- Acknowledge own and others worldviews and history;
- Recognise how own worldviews can impact upon others; and
- Commit to increasing own knowledge around providing a culturally safe environment for patients.
- Ensure that Impact Statement Declarations are regularly applied when planning or developing any new program or policy.

8 (Durey, A,. Thompson, S. C, and Wood, M. 2011. Time to bring down the twin towers in poor Aboriginal hospital care: addressing institutional racism and misunderstandings in communication. Curtin University. Perth

Transgenerational trauma

Transgenerational Trauma is the trauma passed down from one generation to the other in families. Research in previous years assumed that this transmission was due to child rearing behaviour, however new research has found that this transfer is more likely of an epigenetic nature which means that the transfer is on the cellular level.[9]

As a result of colonisation, Aboriginal people in Australia have experienced trauma associated with the attempts to deprive them of their culture and land. Trauma has also occurred through subsequent Government policies which had a major impact on Aboriginal families including the forced removal of children.[10]

The resiliency of Aboriginal people

Aboriginal groups within Australia have over 65,000 years of existence in Australia and developed a highly skilled relationship with this land. This relationship includes establishing strong health and wellbeing practices which are still utilised in this present day, despite all that has happened since the British First Fleet arrived, Aboriginal people have continued to maintain their connections to country, culture and family.

The concept of Aboriginal people living in two worlds is not always easily understood by global populations, but it is a complex one which health service providers can increase their knowledge around, develop culturally safe practices and contribute to ensuring culturally secure service provision.

9 http://www.cam.ac.uk/research/news/scientists-discover-how-epigenetic-information-could-be-inherited

10 http://www.australianstogether.org.au/stories/detail/intergenerational-trauma

Accessing metropolitan health services from rural or remote areas

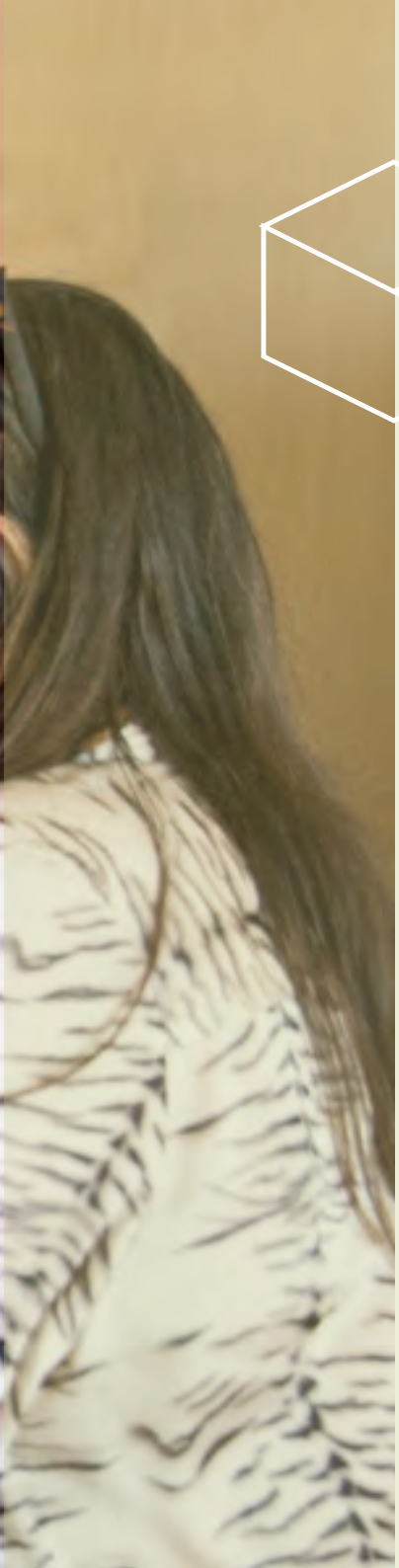
Aboriginal patients will regularly travel from rural and remote areas for treatment at metropolitan hospitals.

As a result, Aboriginal patients will find themselves in unfamiliar settings and this presents barriers that impact on the health and wellbeing outcomes of Aboriginal patients.

Barriers that may compromise health care for patients from rural or remote locations

- Being a country person in a city setting and an Aboriginal person in a mainstream system, i.e. travelling from a rural or remote area to arrive at a multi-story facility without ever seeing or using an Elevator and other commonly used technological items
- Experiencing a high burden of illness and needing care across the hospital system
- English is not the patient's first language
- Poorer health status of carers and the need for escorts
- Patients have travelled long distances from their home adding to a patient's emotional stress
- Concerns about the welfare of family and community, cultural obligations and financial responsibilities
- Difficulty in fully understanding medical information, jargon and interpersonal communication
- Hearing impairments (diagnosed and undiagnosed)
- Changes to diet, i.e. foods may be considered too rich or too elaborate to eat.


PHARMACY



Section 2
Providing culturally capable patient care

Providing culturally capable patient care

Whereas a western health service focus has a biomedical approach to health (concerned with the recognition and treatment of disease), the Aboriginal world-view often demands a more holistic approach, and is inclusive of the cultural determinants of health. The cultural determinants of health acknowledge the physical, cultural, and spiritual factors, which contribute to the overall health status of individuals.

To ensure cultural competency and effective health outcomes for Aboriginal people, it is helpful that health care staff have some understanding of the values that Aboriginal people have in regards to their health and wellbeing. The healthcare space is one that is transcultural (where different cultures interact). These interactions provide the opportunity to explore differences, negotiate power differences, and establish and build on relationships.

‘Healthcare staff who work with a patient’s belief system, rather than against it or ignoring it, will have greater success in providing culturally responsive care and improve health outcomes. This also involves staff being aware of their own cultural filters as we tend to interpret behaviours and decisions according to what makes sense in our own culture.’

Queensland Health Aboriginal and Torres Strait Islander Patient Care Guide

WA Health

“The health and wellbeing of Aboriginal people is everybody’s business…”

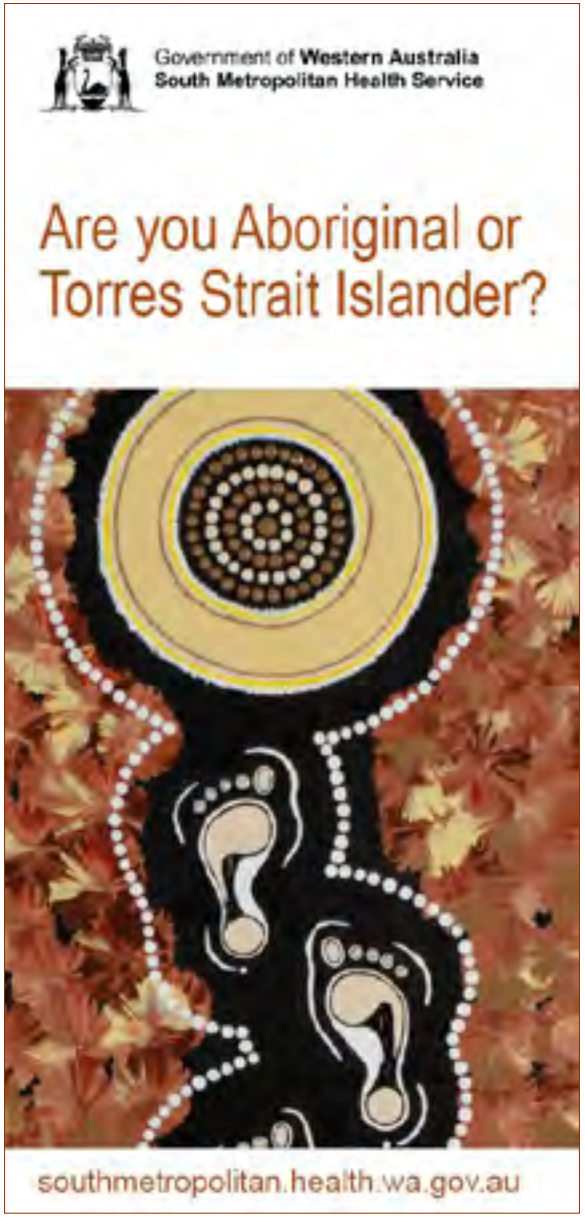
WA Aboriginal Health and Wellbeing Framework 2015–2030. A Guiding Principle

Identification as an Aboriginal person

Asking the question ‘Are you of Aboriginal or Torres Strait Islander origin?’ is a standard question that must be asked at admissions points. Correct identification of Aboriginal people is critical in minimising risks, providing relevant services such as the Aboriginal Hospital Liaison Office, and for monitoring quality, safety and effectiveness. When an Aboriginal person attends a hospital service within the SMHS as an admitted or a non-admitted patient, they are asked this question.

Why do hospital staff need to ask this question?

- Knowing if a person is Aboriginal based on looks alone is not reliable, the only way to find out for sure is to ask.
- WA Health requires all health service providers to collect data on the Aboriginal status of every person attending any WA health service.
- This information helps health services to direct their care to the people who need it most and to ensure resources are most appropriately directed.
- When staff know a person is Aboriginal, they can offer culturally specific services – such as Aboriginal hospital liaison officers and Aboriginal mental health workers – who can provide with culturally appropriate support.



Culturally appropriate communication

Initial contact – building rapport

Meeting Aboriginal people in their own reality builds trust and confidence. The first few minutes of your initial interaction with patients can set the tone for the remainder of their stay. Feeling safe and secure are fundamental needs in the delivery of a culturally competent health service.

Effective engagement with Aboriginal patients ensures a patient is aware of what is happening to them and they are able to participate in appropriate decision-making about their health. It is important that health professionals and patients are able to communicate on a level which is understandable to both, and that adequate supports are accessed when needed.

Engaging with Aboriginal patients

The ability to effectively engage with Aboriginal patients especially if English is not their first language is integral to high quality care. Hospitals for many Aboriginal patients, especially those from remote areas, can be frightening and feel foreign. It is the extra attention that builds rapport and alleviates any anxieties.

Aboriginal people often speak in a narrative/conversational style, using stories and talk around a topic to illustrate a point. Direct communication can be confronting for some people and may discourage the patient from participating.

Aboriginal people are very astute with the use of non-verbal communication and reading body language. Be conscious of non-verbal communication such as hand signs, facial expressions and body language.

> I think on the whole non-Aboriginal people misread Aboriginals in terms of how they respond, and I'll give you an example. The medical team on the ward will do a ward round and the Aboriginal patient is probably a little bit shy, a bit overwhelmed, spends a lot of time looking at the floor and looking away, not making eye contact, and the staff take that the wrong way... either [that] they don't understand or they don't care or they're not interested. They don't appreciate that there is a cultural aspect to that as well. So, then they're probably a bit dismissive of that patient and perhaps don't explain things as well to that patient as perhaps they might to someone else who they felt was engaging...
>
> *[Physiotherapist working in a tertiary hospital], Durey, Thompson & Wood, 2010, Ethics in Medicine*

"Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs."

WA Aboriginal Health and Wellbeing Framework 2015–2030. Strategic Direction 6: Equitable and timely access to the best quality and safe care.

Engaging with Aboriginal staff within the health service

Aboriginal staff makes up approximately 0.5 per cent of all staff within SMHS. These staff can be in clinical and non-clinical positions. They are colleagues that may be able to support you in working through different situations as required. It is important to note some Aboriginal staff may feel that they don't have the relevant cultural background to assist. It is important to respect their decision not to participate.

Diagnosed and undiagnosed hearing problems

Ear disease and subsequent hearing loss are significant problems in developing countries and among many indigenous populations in developed countries. Exceptionally high rates of ear disease and hearing loss have been reported in many Aboriginal communities, particularly in remote areas and among children. For some Aboriginal people, the inability to access services and their general knowledge of ear health can sometimes result in their hearing loss being undiagnosed.[11]

Hearing loss is a communication barrier and can impact on a patient's ability to participate in decision-making about their health. If you identify any hearing loss in an Aboriginal patient, the best practice is to adjust the way you communicate with them in a respectful way. It doesn't need to be a complex process, just slight changes to empower their participation in decision making.

Some ways in which you can be inclusive of Aboriginal patient's with hearing loss

- Ask them if they can hear you or if they have a hearing aid they need to use
- Speak clearly (volume, language and context) and don't raise your voice unless asked
- Position yourself where the patient can see your mouth when speaking
- Use visual aids or hand signals to help communicate, if you need
- Ensure appropriate referrals for diagnosis, treatment and management of hearing loss are actioned

11 http://www.healthinfonet.ecu.edu.au/other-health-conditions/ear/reviews/background-information

Aboriginal Hospital Liaison Service and Liaison Officers

Aboriginal Hospital Liaison Officers (AHLO's) and Aboriginal Health Workers (AHWs) have a pivotal role in providing support and assistance to patients, including practical and emotional support, advocacy, referrals, and discharge planning. From a cultural point of view, they provide cultural safety and connection (including externally with communities) and can help patients understand information relating to their hospitalisation and treatment, particularly if language is a barrier.

Services and wards are encouraged to offer Aboriginal patients support from the Aboriginal Hospital Liaison Service (AHLS) upon admission. If a patient declines assistance from the AHLS, this should be documented in their medical record. Where the request is urgent and immediate support is required, staff members should call the AHLS and speak with an AHLO and also send an e-referral.

You will find AHLOs located within the Fiona Stanley, Fremantle (Mental Health) and Rockingham General hospitals.

Fiona Stanley and Fremantle Hospitals Group AHLS
Rockingham Peel Group AHLS

All patients entering the AHLS will have a Patient Initial Assessment Form completed, which encompasses:

- Patients understanding of care
- Patients social needs
- Emotional and psychological needs
- Cultural and spiritual needs (AHLS to act as an advocacy and cultural broker to assist in minimising cultural shock).

On completion of this form, AHLOs are then able to provide relevant and culturally appropriate support throughout an Aboriginal patient's journey.

Aboriginal Health Liaison Officers

- Referring to an AHLO is best practice in caring for Aboriginal patients.
- They can provide support counselling and education for Aboriginal patients and their families in conjunction with members of a patient's healthcare team.
- They can provide support with the formation and implementation of individual treatment plans.
- They can provide support and liaison for Aboriginal patients who are threatening to Discharge Against Medical Advice (DAMA) in conjunction with members of the healthcare team.
- They assist with the discharge process by providing linkages to services to meet a patient's health needs after hospital care.
- They can assist in offering culturally appropriate health education.
- They are able to advise on protocols and practices of differing Aboriginal groups.

Aboriginal language groups across Australia

There are about 60 Aboriginal languages currently 'alive' in Australia today. At any given time, staff working within any SMHS hospital can come in to contact with Aboriginal people from any one of these language groups

For some Aboriginal people standard Australian English may not be their first language, and when spoken, the differing language groups within Australia are distinct from one another, although there are some common words all groups will use regularly.

Aboriginal communities have varying degrees of familiarity with the English language, but may differ in several ways:

- in dialect
- the meaning of words can vary with family and community influences
- tonal differences
- colloquialisms and other elements.

All these elements may obscure meanings and in the process may prevent healthcare staff from recognising essential cues to respond appropriately. Some members of the Aboriginal community may have difficulty with numeracy and literacy and may not be able to articulate symptoms, needs or pain levels. Elsewhere Aboriginal patients may have broad communication skills.

If you are unsure of what protocols and methods of communication is best, seek out the AHLOs or other relevant staff within the health service where available.

Cultural expertise

Aboriginal patients will come from many different areas throughout Australia. It is critical that you engage with the patient to ensure the best approach is being used to help effective decision-making about their health. What may work in one Aboriginal community may not work in another.

It is important that you as a healthcare professional are able to recognise an individual's way of communicating and their needs, and respond in a respectful and appropriate manner. Making assumptions about an Aboriginal patient is careless and irresponsible and can lead to further difficulties for the patient and health service.

A community's adherence to its protocols are evident in all Aboriginal groups, some more visible than others. Elders are highly valued and are able to provide appropriate direction on various cultural issues. Roles and responsibilities are spread amongst a community, and patients have commitments to family or community that may conflict with their health needs, but are just as important.

Best practice is to engage with the patient to find out what their cultural needs are and to problem solve in a way that is respectful and considerate of their specific cultural obligations.

"Aboriginal patients themselves are the cultural experts in the room."

Nola Naylor,
Director, Aboriginal Health Strategy, South Metropolitan Health Service

Doctors and nurses know best view

Patients may demonstrate they have an understanding of and an agreement to the diagnosis and treatment of their condition or illness. But in some instances, this may not actually be the case for a variety of reasons.

Patients may:

- Be polite by smiling and nodding to show they are listening.
- Act as a good patient to show respect for the staff member's authority and position.
- In more traumatic cases of diagnosis and treatment, be in shock or experiencing anxiety.
- Nod to agree or say yes because they want the consultation to be over, or because of embarrassment about not understanding what has been said.
- Be disinclined to openly disagree with staff in authority and to ask questions about the side effects for fear of giving insult.

Healthcare staff through their engagement with Aboriginal patients (and any support networks) should respectfully ensure the patient has an understanding of why they need care and what plans have been formulated for them whilst they are in the health service.

Healthcare staff can establish and continue to build relationships with their Aboriginal patients and families through the following:

- Seeking feedback from patients about the diagnosis and treatment.
- Ask patients if they have any concerns about how their treatment is progressing.
- Actively listening
- Listening respectfully and responsibly

Health and spirituality

Within the healthcare setting, the practitioner and the patient both act on cultural knowledge according to their understandings of the methods of assessment and treatment. Whether this is the biomedical model of medicine or the centuries old holistic healing, each person will have their perspective on how to best care for their health according to their cultural knowledge.

These differing world-views can present challenges for the practitioner and patient. At the same time it also presents an opportunity to increase knowledge and cultural understandings and allow for a unique cultural learning experience.

Spirituality and Aboriginal health – a snapshot[12]

- Spirituality connects past, present and the future.
- Spirituality emphasises people's relationships with each other, the living and non-living life forces, based on their understandings or experiences of their place of origin.
- As a result of influences from other cultures, technologies and religions, Aboriginal spirituality may have undertaken varying degrees of transformation. These transformations are evident in the diversity of contemporary Aboriginal spiritual beliefs and experiences.
- Although there is a higher incidence of the promotion and use of traditional healing, bush food and bush medicine in more remote locations, urban communities will also maintain high values for traditional healers, medicines and healing programs.

Feeling shame (feeling ashamed or embarrassed)

For Aboriginal communities, the shame factor is not only connected with sensitivities and attitudes to cultural beliefs. Patients and their families may feel shame about:

- sharing personal and private issues
- not understanding the medical matters being discussed, this feeling of shame may prevent them from communicating to health staff that they do not understand
- sometimes coming into the hospital without shoes, a change of clothes or toiletries, or even money for necessities
- confidentiality which is also linked with shame. If a person believes there has been a breach of confidentiality with their health service and/or practitioner, it can be difficult for the practitioner to regain the trust of the patient. This can have an impact on whether patients continue to use that particular health service.

Strategies to overcome shame factors

- Listen with an open heart and mind, and respect confidentiality. Be kind and empathetic, but also respectful. Patients may not want to share their feelings until they feel safe enough to do so.
- Find some common ground, as this could bring opportunities for yarning.
- Respect a patient's differences, whether you agree with it or not.
- Consult with key family members or Elders.

12 Source: Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review (Poroch, Arabena, Tongs, Larkin, Fisher and Henderson)

Long gaps of silence

Silence is practiced by many Aboriginal people and is common in conversations. Its meaning may vary amongst individuals, communities and settings. It can indicate:

- The act of being respectful, contemplating what has been said and translating its meaning into the person's own language.
- The reflection of a question or a situation.
- Showing disagreement, mistrust or discomfort in an unfamiliar environment.

Ways of engaging with Aboriginal people when they are silent

- Be respectful of silence.
- Observe the cues (including non-verbal) that show they are open to engagement.
- Tune into speech patterns and local idioms.
- Take your time before responding.

Silence can sometimes be an act of mindfulness for Aboriginal people; an opportunity for them to work through strategies before responding. This is often a safe way that helps them to decide how they will engage with health professionals.

The positive use of silence should not be interpreted as lack of understanding or agreement, or that concerns are not urgent. In western culture, it is preferred that gaps of silence be immediately filled; however, when engaging with Aboriginal people it is not necessary to have constant verbal interactions, communication takes place in both verbal and non-verbal forms.

Avoidance or lack of eye contact

In western culture, direct eye contact is perceived as a form of respect and trust; however, in some Aboriginal groups, direct eye contact from others may be viewed as a sign of rudeness, disrespect and, in some instances, even aggression.

Healthcare staff should observe body language, including how patients position themselves, and the level of eye contact being used by the patient, their family or their carer. Follow their lead and modify your level of eye contact accordingly.

For Aboriginal people avoidance of eye contact can also be associated with a number of other factors including:

- Gender, age
- Shame or mistrust
- Fear or apprehension about the treatment being prescribed
- Being in a hospital environment and any past negative experiences
- General shyness when meeting new people for the first time.

Think about (or ask colleagues about) other ways in which you can determine if a patient, their carer or family comprehend the information given and/or any discussions about their treatment. This can take the form of noises and sounds, the changing of a position/posture/movement, signals and visual clues.

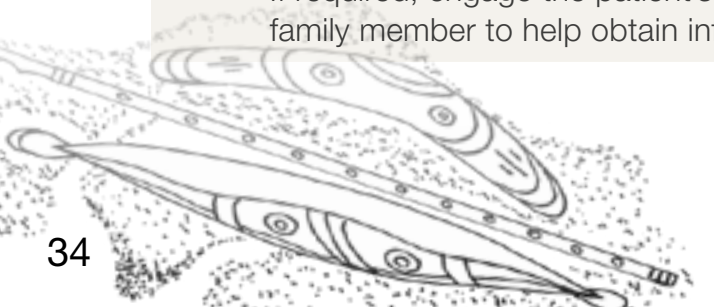
Gathering information

Patients may not be as open to disclosing or sharing personal and private information unless a sense of trust has first been established. Building rapport and trust will help to minimise misunderstandings and anxieties, and optimise the accuracy of information. Healthcare staff may find it necessary to provide some assistance in completing forms.

When asked multiple questions, Aboriginal people may not feel obliged to reply, giving the impression the patient is uncooperative or unresponsive. A patient's comprehension of any questioning can be impacted by a diverse range of issues. These can include how well they are feeling at the time, their grasp of the English language, any distractions pulling their attention away from their present situation, and any increase of anxiety about procedures.

To ensure better engagement with patients and to assist information gathering:

- Explain firstly why the questions are being asked.
- Ask one question at a time.
- Think about how you would ask compound questions, e.g. how often do you visit your GP and what are the reasons that you don't? Can you break this up into two questions and rephrase if needed?
- If required, engage the patient's support person or family member to help obtain information.



The hospital experience

The patient's and family's first perceptions of the health service will impact on their feelings of safety in accessing the services. Services that are culturally respectful and safe are more likely to be accessed by Aboriginal people as they will be viewed in a positive light and contribute towards positive experiences with regards to health care and health outcomes.

Explain the hospital system. Talk to the patient and their families about:

- Visiting hours, meal times, places for family/visitors
- How they can access other services such as transport, phones, banks, and food outlets
- Medicines and treatment times, information about the doctors/s and when they will visit
- Why medical and personal history is requested several times.

Tips to create a culturally safe environment include:

- Learning about the best way to work with Aboriginal people from different areas.
- Promoting Aboriginal cultures with artwork, signage and Aboriginal flags.
- Promoting and participating in events of cultural significance, such as Reconciliation Week, NAIDOC Week, Sorry Day and Closing the Gap Day.
- Using Aboriginal health resources, for example brochures, booklets and posters.
- Seeking advice from Aboriginal hospital liaison officers and/or Aboriginal colleagues.

Sensitive cultural gender issues

Men's and women's business must be respected within Aboriginal community and care. Female patients for example can be uncomfortable discussing sexual or reproductive health issues with male staff and vice versa for male patients and female staff.

It is understandable there will not always be appropriate gender specific staff available. Where this is the case, explain to the patient from the onset and ask the patient if they prefer their support person and/or family member to be present.

Due to gender protocols, it is inappropriate to place female patients in the same room as male patients. If this is unavoidable, explain the reason why the patient is being allocated a room with the opposite sex. Ask the patient if there is anything that can be done to make them feel more comfortable, for example, keeping the curtain closed at all times.

> "As an Aboriginal man I expect to be treated equally and provided with high quality care that is culturally safe when dealing with sensitive issues such as reproductive health, sexuality, etc.
>
> I would rather talk to, and be treated by a male health professional in these circumstances. For most other health conditions, I am happy to engage with a female health professional"
>
> *David Pigram, Project Support Officer, AHS*

WA Health

Interpreter services

While the patient's family and support person can assist with communication, they should not be officially used as an interpreter to explain medical and complex information. If patients and their family have limited or no English, health service staff can arrange for access to qualified interpreter services. An interpreter's role is to convey messages from one person to the other.

It is strongly recommended you engage an AHLO if an interpreter is not available to help with translating medical terminology and general health and medical literacy. Language barriers and interpersonal communication breakdown across a cultural divide can lead to difficulties in the assessment of symptoms, being able to reach an accurate diagnosis and providing effective care to the client.

Tips for using interpreter services

- Ensure you seek the appropriate language translator
- Ensure you provide clarity in your communications
- Be patient
- Always refer to your sites Language Services Policy for guidance.

Contacting Interpreter Services:
www.tisnational.gov.au

Kimberley Interpreting Service:
www.kimberleyinterpreting.org.au

Patient support and nominated person(s)

As a patient of SMHS, all patients have the right to be accompanied by a family member, friend, carer or other person of their choice, where appropriate[13]. This includes during discussions around the care being provided. A carer, family member or another member of the community will often travel with and accompany a patient for support.

It should not be assumed the support person is the next-of-kin or can legally sign informed consent.

The travel and hospital experience may also be stressful for the support person, who may feel isolated and may have other responsibilities including caring for other family members.

Check if this person also requires support or assistance from the AHLO. The engagement of AHLO's and support person(s) assists in building relationships and adds value to the patient journey.

Under the *Mental Health Act 2014* any person including a child can make someone their nominated person; however, they must be over 18 years of age or over and accept the nomination. The role of the nominated person is to assist in making sure the patient's rights are being upheld and their wishes are being taken into account.

13 The West Australian Public Patients' Hospital Charter

Nominated persons

- **The nominated person can be given information about the patient's mental illness, option for treatment and care and the services available.**
- **There are certain matters which the psychiatrist considers not in the patient's best interest to tell the nominated person.**
- **There can only be one nominated person at a time.**
- **A copy of the signed nomination form (Form 12A) is placed on the patient medical records.**

Decision making

Decisions affecting a patient's treatment may sometimes involve more than talking to just the individual and the immediate family. In some cases Clinicians may need to talk to a larger group of people, seek assistance from either a family member, a family spokesperson or the Aboriginal Health Liaison Service if you need further clarification around who would be involved.

Visiting arrangements

Due to Aboriginal family/kinship relationships and cultural beliefs, a patient may be visited by large groups of immediate and extended family. This can prove to be a challenge for health services and can often require respectful and careful management.

Patients will usually have many visitors at their end stages of life. The most suitable approach is to coordinate with the spokesperson of the family and/or the AHLOs for the best way to accommodate all visitors, for example limiting the number of family members at a time to see the patient.

Families visiting hospitals are mindful of the impact their visit will have on the patient's rest or care requirements. They will also be aware of their surroundings including other patients in the ward. Visitors appreciate staff allow time for them to interact with, or sit beside their family members and can also assist in managing visits as needed.

Helpful options to manage visitors

- Engage the AHLO where necessary when talking with the patient, their support person and/or nominated spokesperson about who the best person is to share information with and what information is to be shared.
- Negotiate options to accommodate the presence of visitors, for example, if the patient is in the ward, you may want to consider a nearby lounge area as a waiting area/place to meet the patient. Alternatively there may be another area in the hospital that can be used for this purpose.
- Ensure visiting arrangements are also communicated to staff between shifts to minimise any confusion.

Section 3
Aspects of Clinical Care

Aspects of clinical care

Medical examinations

As with any patient it is critical you build a rapport with Aboriginal patients. This ensures you are able to effectively communicate with them in a culturally respectful way.

Most patients will be familiar with usual physical examinations, but it is good practice to explain any need to make physical contact with patients. Aboriginal people have differing levels of anxiety in relation to physical contact and sometimes an accompanying support person can provide a calming environment if the need arises.

If a more invasive examination is required, be aware men's and women's business will often present sensitive situations that are culturally unsafe and can sometimes result in trauma and embarrassment for patients.

The world view of Aboriginal patients can differ substantially to yours, be mindful and respectful of these differences when explanations about illnesses or injuries have a spiritual basis to their being.

Diagnosis and treatment

The best practice approach to ensuring the patient receives the best possible care is to:

- be mindful of the patient's and family's cultural or other beliefs
- discuss options for treatment
- ask the patient and the carer about what type of treatment they believe they should receive
- talk about what their main concerns and fears are
- ask what may prevent them from completing their treatment, as some patients will think of the impact on family/extended family community. In these instances, the patient's kinship relationships and community responsibilities and obligations may take precedence over their health.

It is important that the patient's beliefs and requests are considered when discussing their diagnosis and treatment. This includes allowing for the following options such as:

- Providing an opportunity for family members, carers to be present when explaining diagnosis and treatment.
- The use of jargon free language.
- The use of visual aids, if required.
- Allowing support persons such as family, community members or an AHLO to be present.

Administration of medication

The challenges faced by Aboriginal people managing and adhering to their prescribed medication can sometimes be prevalent to their health needs. It is important to check whether patients (and their carers) understood the information given during the consultation. When available, offer the patient or carer treatment options, for example patients may prefer to take medication orally or by injection.

Also important is the need for information to be communicated to treating staff, including those from primary health services (such as their Care Coordinator). Patients should be made aware that they can talk to their local GP or Pharmacists if they have any concerns about their medication.

It is important to be aware of these challenges when discussing any prescribed medications:

- Ensure any communication difficulties are addressed by engaging family members, AHLOs or interpreter services, if available.
- Explain in clear language why the medication has been prescribed, how it needs to be taken and how long they will need to take it.
- Explain to the patient what side effects may result due to taking the medication and how to manage these side effects.
- On discharge, highlight the importance of storage and risks of sharing prescribed medication with others.
- Use visual aids to get messages across where possible.

Pain management

It is not unusual for Aboriginal people to appear silent and reserved if they are experiencing pain. There are many factors that make the hospital experience unfamiliar and fearful. This can sometimes allow for the level of pain being experienced to be underestimated and/or misinterpreted.

When coping with pain, some Aboriginal people may use ‘centering’ as a technique to manage their pain.

Some common pain management methods

The following behaviours are not necessarily confined to Aboriginal patients:

- Minimal verbal communication – not speaking much
- Subtle body language – lying on their side and avoiding eye contact
- When being questioned, turning their head away
- Hiding under the blanket
- Minimalising or dismissing pain – patients can sometimes have a high level of pain tolerance, thereby presenting at EDs with more complicated health issues
- Sharing medication amongst other family or community members

Patient discharge

Continuity of care may be a more significant challenge for Aboriginal patients. When patients return to their communities, provision of care may become the responsibility of Aboriginal primary health care services, palliative care or other support services.

To minimise stress for the patient and their family, communication between the hospital and community health staff and other support services must be effective. Referrals by all Hospital Staff must be appropriately communicated and recorded.

It is important discharge planning includes strategies such as:

- transfer of treatment information
- information on potential progression of illness and what to expect
- transfer of cultural information including AHLO/AHW notes
- medication management
- changes to housing/accommodation, how will this be managed by the patient or their supports
- safe access to medical equipment such as oxygen facilities
- access to community services such as personal care support/respite services
- support for families, for example grief and loss counselling, financial support

Discharge against medical advice (DAMA)

Aboriginal patients discharge without or against medical advice at much higher rates than other patients. Underlying reasons may relate to what the person is experiencing, which may include feeling they are not being listened to and respected, their fear of procedures, sense of isolation, or associating their experience with past traumatic experiences in institutions. Other common reasons for DAMA are family and community obligations.

Preventing DAMA requires understanding of the patient's perception of their hospitalisation and treatment. Building rapport, communicating effectively, forming a trusting relationship and making patients feel safe at the very beginning are important to this process.

To prevent patients from leaving

- Keep patients informed about their health care to decrease anxiety. Talk to the patient and/or family explaining any procedures and processes.
- Ask patients what they understand about their treatment. Refer the patient and/or family to AHLOs, if needed.Ask why the patient wants to leave.
- Ask the patient for potential solutions.
- Help to problem-solve identified issues with assistance from an AHLO, if available.

Before patients leave

- Provide all relevant information about any clinical needs the patient has and ask them to make contact with their doctor or health service once they are home.
- Consider the patient's clinical and non-clinical needs (family, social and economic). Ask the patient what they think would be the best health/treatment for them.
- Make appropriate referrals.
- Follow up with patient if you are able to.
- Let the patient know they can return.

End-of-life care

Cultural practices and protocols relating to death and dying vary across all cultural groups. Providing care in a culturally safe environment recognises the spiritual, emotional and psychological importance and reality of where a patient may wish to be. For many Aboriginal people it is important they pass away surrounded by their family and close to their community on their Country (traditional homelands).

For Aboriginal people, certain cultural practices will need to be considered such as the role of the family and their community. Consult with the AHLO to gain knowledge and understanding of cultural protocols before discussing any related matters with the patient and their support person and/or family members. Refer to publications such as the 'Sad news sorry business publications produced by the Queensland Department of Health.[14] For further ways to assist Aboriginal families.

If you have established a long standing relationship with the patient and their family, it is considered respectful to attend the funeral, if you so wish to do so.

Other healthcare support

Increase patient's awareness by providing information about their rights, for example, the process for making complaints and feedback.

Seek information that could assist patients and their families, including initiatives that provide financial support and bulk billing (Close the Gap and the Pharmaceutical Benefits Scheme).

Provide as much other general health information as required for effective out of hospital care.

14 https://www.health.qld.gov.au/__data/assets/pdf_file/0023/151736/sorry_business.pdf

The Australian Public Sector Cultural Capability Framework[15]

Cultural capability domains

Knowing

Gaining knowledge of Aboriginal and Torres Strait Islander culture, customs, histories, and place-based circumstances.

Understanding Aboriginal and Torres Strait Islander peoples' current and past interactions with government.

Doing

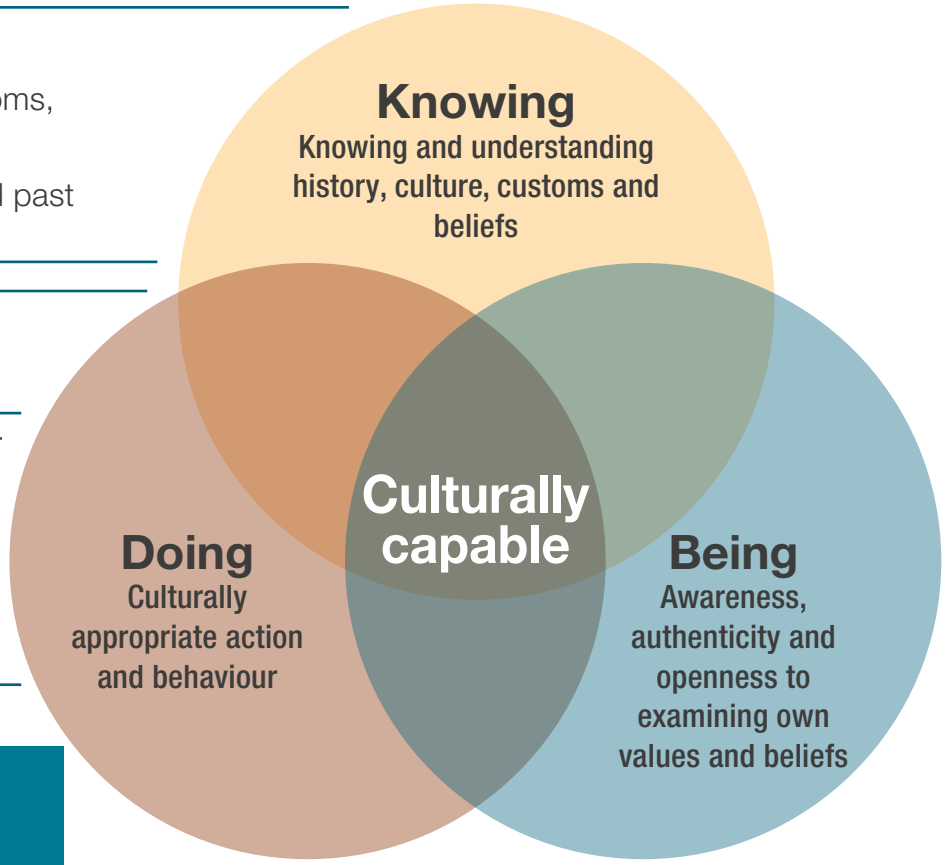
Taking action in a culturally appropriate way.

Being

Demonstrating authentic respect for culture in all interactions.

Being aware of personal values and biases and their impact on others.

Having integrity and cultural sensitivity in decision-making.



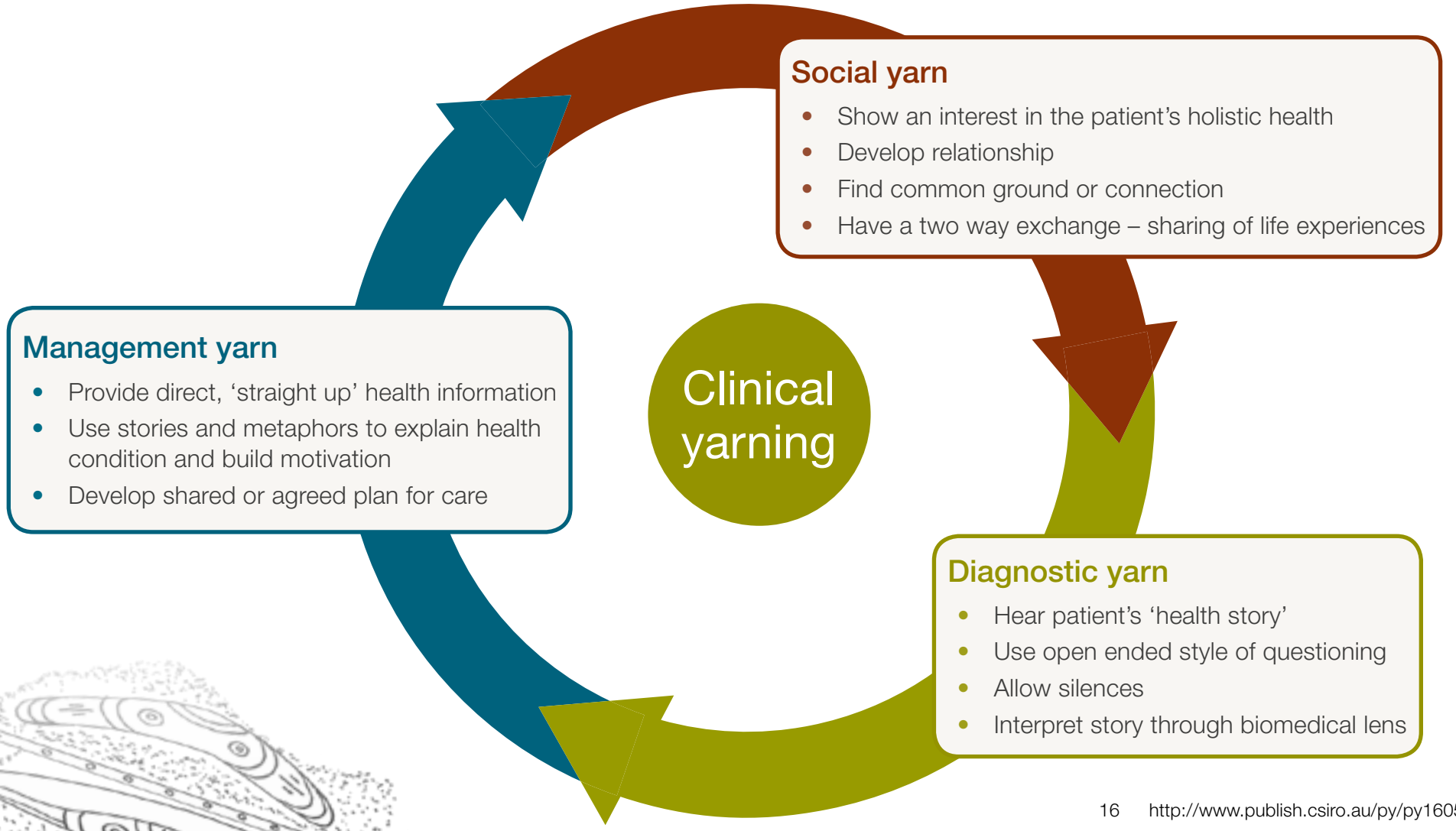
Knowing, Doing, and Being

Continuously building capability across all three domains. Cultural capability is a process of continuous learning.

15 http://www.apsc.gov.au/publications-and-media/current-publications/cultural-capability-framework

Clinical yarning[16]

Model from the published article '*Yarn with me*': applying clinical yarning to improve clinician–patient communication in Aboriginal health care. Written by Ivan Lin, Charmaine Green and Dawn Bessarab.



16 http://www.publish.csiro.au/py/py16051

Communication tips

- Allow time to build rapport
- Use open-ended probing and/ or non-direct questions where possible
- Talk through forms and written information where needed
- Be comfortable with silence as needed
- Listen and be paitent for responses
- Speak in plain English allowing yourself enough time to get the message across
- Adopt a non-judgemental approach
- Check to ensure that patient have understood what is being said
- Avoid technical language and medical jargon as much as possible
- Use active listening skills
- Speak quietly if other people are around when conveying confidential information

Use visual aids (images, X-rays, diagrams, etc.) to assist with explanations

Acronyms

ACeL	Aboriginal Cultural eLearning
AHLS	Aboriginal Hospital Liaison Service
AHLOs	Aboriginal Hospital Liaison Officers
AHS	Aboriginal Health Strategy
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
CAHS	Child and Adolescent Health Service (Princess Margaret Hospital, Child Adolescent Community Health, Child and Adolescent Mental Health Services and Perth Children's Hospital)
DAMA	Discharge Against Medical Advice
DOH	Department of Health WA
ED	Emergency Department
GP	General Practitioner
NAIDOC	National Aborigines and Islanders Day Observance Committee
SMHS	South Metropolitan Health Service

This document can be made available in alternative formats on request.

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