

# Didja Know

## Cultural Information & Communication Guide



**Health**  
Northern Sydney  
Local Health District

## Acknowledgments

This document has been adapted from information compiled by the former Hunter New England Health Service. The Aboriginal Health Team would like to thank the Aboriginal Health Unit from the former Hunter New England Health Service for allowing Didja Know to be adapted for Northern Sydney Local Health District (NSLHD).

An acknowledgment is extended to, Phillip Towney, Aboriginal man and descendant of the Wiradjuri nation who commenced with the creation of this resource and who was instrumental in developing the concept of Didja Know. Additionally we would like to thank the Western NSW LHD working group who worked to adapt this valuable resource for this region.

The Aboriginal Health Service (AHS) of the Northern Sydney Local Health District would like to acknowledge the Cammeraygal people of the Guringai nations, the Wallemmedegal peoples of the

Dharug nations to the west the Darkinjung peoples of country to the north and the clans of the Eora nations whose country and borders surround us.

We acknowledge and pay our respects to the Ancestors and Elders, both men and women of those nations, and to all Aboriginal people past present and future. We acknowledge that past, current and future Aboriginal people from those nations are the traditional and continuing custodians of the country upon which we work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to work and meet on this ancient and sacred country.

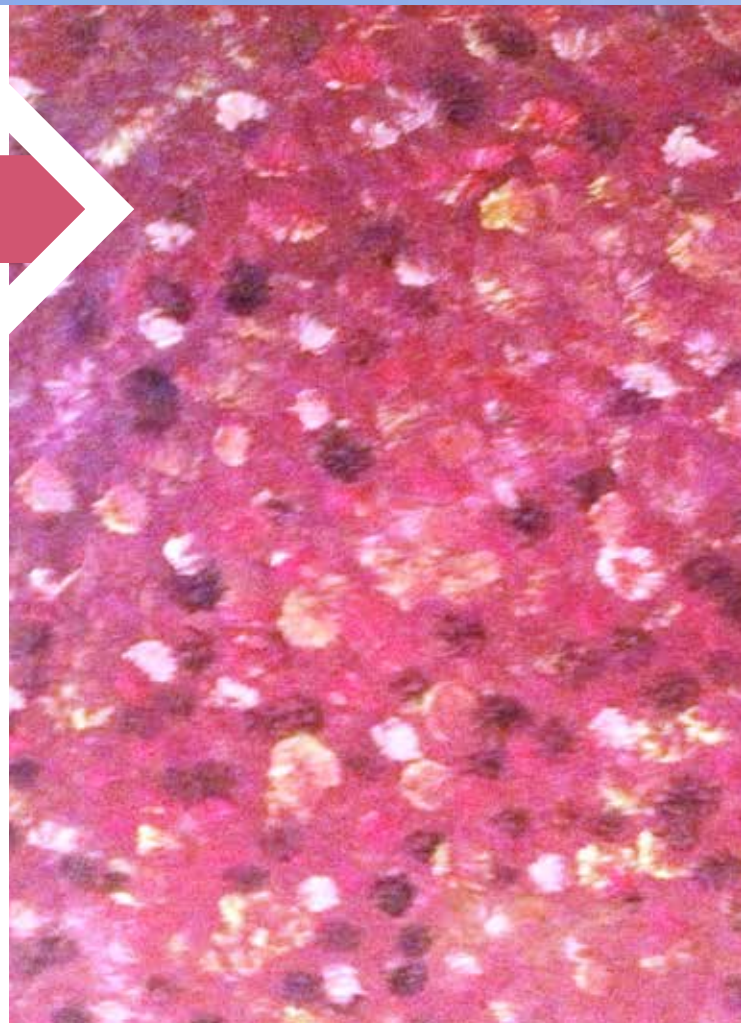
The Director of Aboriginal Health NSLHD Peter Shine would like to acknowledge the Aboriginal Health Unit for their assistance with the preparation of this resource.

## Our Artwork

The painting on the cover of this resource and on pages 4 and 12 were painted by Bradlee Commins and have been reproduced with his permission.

The painting on page 10 is by Liz Perks and is reproduced with her permission

The Painting of the Turtle 'Warabaa' is by Peter Shine. The turtle is representative of long life, wisdom and resilience in the Aboriginal culture that the artist grew up with. This painting has been adopted by the Aboriginal health Service Northern Sydney Local health District as their logo. All other paintings (except those cited) are by Peter Shine.





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# Forward

It is with great pleasure that I present to you the Northern Sydney Local Health District's (NSLHD) adaptation of Didja Know, A Cultural Information and Communication Guide.

Didja Know has been developed to answer some commonly asked questions relating to Aboriginal people and communities and aims to provide useful information to assist health staff to improve service delivery to Aboriginal people. The booklet is one of many resources designed to assist staff in working with Aboriginal people to provide culturally respectful and responsive health care.

Didja Know provides lots of general information relating to terminologies, customs, history and protocols. Additionally this adaptation provides localised Aboriginal social, demographic and Aboriginal Health Workforce information.

The information within Didja Know is a compilation of useful information gathered from various National and State documents. Every attempt has been made to fully reference and acknowledges various sources; however in some cases this may not have been possible. If this is the case, we apologise and will correct in future publications.

If you would like to make a comment please contact the Aboriginal Health Team on (02) 9462 9017

NSLHD is committed to providing culturally proper, accessible services that will improve the health status of Aboriginal people in our communities. We recognise that increasing cultural competency is a priority in order to achieve this commitment.

We wish to remind staff to be aware of and acknowledge that Aboriginal people are diverse in their cultural beliefs and each Aboriginal person should be treated as an individual when accessing Health Services.

We trust that this booklet will help open up the communication barriers. Please do not hesitate to contact the Aboriginal Health Workers in your area for more advice and support.

## **Adjunct Associate Professor**

Vicki Taylor  
Chief Executive  
Northern Sydney Local Health District





# Aboriginality

## Didja Know

Aboriginal people both individually and collectively as a community define themselves by their culture and not by the colour of their skin.<sup>1</sup>

An Aboriginal person<sup>2</sup> is a person who:

- Is a member of the Aboriginal race of Australia?
- Identifies as an Aboriginal person.
- Is accepted by their Aboriginal community as being an Aboriginal person.

NSW Health mandates that at the first point of contact with health services, all people need to be asked the following question: "Are you of Aboriginal or Torres Strait Islander origin?". This question should be asked of all clients irrespective of appearance, country of birth, or if the staff knows the client or their family background<sup>3</sup>. There is nothing discriminatory about asking this question.

1 NSW Department of Community Services, Working with Aboriginal People & Communities a Practice Resource.2009:8

2 NSW Health Communicating Positively, A Guide to Appropriate Aboriginal Terminology.2004

3 Aboriginal and Torres Strait Islander Origin, Recording of Information of Patients and Clients (PD2012\_042)25-Jul-2012

## Didja Know

We have to ask the question:

For collection of better health statistics assists in the planning, monitoring and improvement of Aboriginal health.

The information lets us know which patients may want access to Aboriginal health services.

It also assists staff to provide culturally sensitive services.

Aboriginal people have the poorest health outcomes of all Australians and are under-reported in many health related data collections across NSW. Asking all people "Are you of Aboriginal or Torres Strait Islander origin?" allows us to identify the people belonging to this high-risk group and to assess what health care they are receiving.

The identification of an Aboriginal person should ensure a culturally sensitive service is offered and to make the contact with the health service a positive one. In this way it is hoped more Aboriginal people will access health services and improve health status.

Appropriate data collection provides an evidence base to assess the needs of the community and to plan for future service provision.

## Didja Know

What to say when someone wants to know why they are being asked the question?

Your response should be that:

This information allows us to plan, treat and monitor the health of Aboriginal people accessing our services and to keep us informed of what we need to do in order to provide best practice healthcare.

We can work towards improving the health of Aboriginal peoples through enhanced Services i.e. follow up contact and coordinated health services for Aboriginal people with chronic disease(s).

## Didja Know

Not all Aboriginal people will want to be identified as Aboriginal, so it should not be assumed that all Aboriginal people will want to receive services from an Aboriginal health staff. All people have a democratic right to practitioner.

However, you should:

- Be sensitive the patient has the right to choose whether to identify as Aboriginal or not.
- Record their answer as they state it.
- Advise patients of specific Aboriginal services i.e. Aboriginal Health Worker (AHW) or Aboriginal Hospital Liaison Officers (AHLO).
- Advise patients of general health staff who can assist, always ask how you can help.

## Didja Know

The Stolen Generations describes how many Aboriginal and Torres Strait Islanders children were stolen and removed from their communities and families as children by Australian Federal and State government agencies and church missions under acts of parliaments. This occurred from the late 1800's to the 1970's. These children were then sent away to be placed in girls and boys homes, missions and foster families. Some of the long term effects on the Stolen Generations:

- Loneliness
- Mistrust
- Depression
- Unable to manage relationships
- Violence
- Loss of culture
- Loss of country
- Low self esteem
- Internal guilt
- Difficulties parenting
- Intergenerational traumas
- Loss of family
- Loss of language
- Loss of identity

## Didja Know

Some of the reasons Aboriginal people do not access mainstream health services include:

Institutional and individual racism	
The size, confusion and processes of the health system	Fear of being confined in an institution
Apprehension relating to privacy and confidentiality of their information	Distance from home or their country
Lack of understanding of their rights and responsibilities	Previous negative experience with the service
Lack of understanding and self-esteem to request information	No access to transport services (locally or area)
Low literacy skills	Varying levels of health literacy
The number of Aboriginal people / relatives who have died in hospital	Embarrassed or shame
Lack of understanding by service providers about effects past government policies have had on Aboriginal peoples lives i.e. Stolen Generation	Feeling that service providers won't understand and therefore don't want to give 'real' details
Feeling judged by service providers	Service providers are not culturally sensitive

There is a long standing history of mistrust of welfare based agencies. Historically the words Protection Board and Intervention have not been associated with positive outcomes for Aboriginal people, even where the actions of individuals offering these services may have been well intended.





# Welcome to Country Protocol Policy

## Didja Know

The purpose of the NSW Health Welcome to Country Protocols<sup>4</sup> Policy is to assist services in observing the appropriate protocols for the recognition of Aboriginal people at official events or at events where NSW Health is a sponsor. NSLHD has a policy that dictates the Welcome to Country protocols for the NSLHD directorate

NSLHD recognises the unique position of Aboriginal people in our culture and history. Aboriginal people in NSW have a strong connection to their traditional lands, cultures and heritage. All Australians can be proud to learn of and share these unique histories and cultures.

## Didja Know

Terminology used within this document reflects the authors understanding of relevant NSW Government Policy directives. The term “Aboriginal” is used in preference to “Aboriginal and Torres Strait Islander” in recognition that Aboriginal people are the original inhabitants of NSW<sup>5</sup>. The term “Indigenous” has been avoided wherever possible as some Aboriginal people feel that the term diminishes their Aboriginality.

The instances where it is used are on quotation from secondary documents which employ this terminology. The practice adopted is consistent with Communicating Positively – A guide to appropriate Aboriginal terminology, NSW Health 2004<sup>6</sup>. The term Aborigine(s) has been avoided as it causes offence to some Aboriginal people. Always capitalize “A” in Aboriginal as you would other designations like Australian, Arabic. The word aboriginal with lowercase refers to an indigenous person from any part of the world and as such, it doesn’t necessarily refer to the Aboriginal people of Australia.

4 NSW Health. Welcome to Country Protocols Policy PD2005 - 472

5 NSW Health Circular 2003/55.

6 NSW Health. Welcome to Country Protocols Policy PD2005 - 472

## Didja Know

Torres Strait Islander people are another distinctive culture and though there are some similarities there are also many differences that will not be covered in this booklet. We acknowledge and respect that Torres Strait Islander people are among the First Nations of Australia; however in this document we refer to Aboriginal people in recognition that the term Aboriginal is now used collectively for the traditional peoples of NSW.

## Didja Know

Aboriginal & Torres Strait Islander peoples are the “Original Custodians”? It is important that this unique position is recognised and incorporated into NSLHD official protocol to enable everyone to share in Aboriginal cultures and facilitate better relationships between Aboriginal and non - Aboriginal communities.

Official events include health forums, health seminars, conferences and state-wide meetings, and ceremonies engaging the attention of participants, observers and the broader community. These events also symbolise the values of our community and the way we envision ourselves.

## Didja Know

By incorporating Aboriginal ceremonies into official NSLHD events we are able to:

Recognise and pay respect to Aboriginal peoples’ cultures and heritage.

Communicate to all people of Australia the cultural heritage of Aboriginal peoples.

Promote development of mutual respect and understanding.

Provide opportunities to witness and experience Aboriginal cultures first hand.

Change perceptions by demonstrating that Aboriginal cultures are “living” and “enduring”.

Build and strengthen relations with Aboriginal peoples and their communities.

## Didja Know

The Welcome to Country Ceremony is to be undertaken by the traditional custodians “an Elder” or a locally recognised Aboriginal community representative from the land upon which they are currently meeting on.

There is no exact wording for Welcome to Country. As such, the content of the Ceremony should be negotiated between agencies, Elder or recognised representative with reference to the nature of the event and cultural community practices prior to the Ceremony. Generally, the Elder or recognised person will offer delegates local Aboriginal history, cultural information and will go on to welcome the delegates to their country.

## Didja Know

The key contacts for local Elders who can undertake a Welcome to Country are at the Local Aboriginal Land Councils, Aboriginal Community Controlled Health Services and Aboriginal Health Workers. Please refer to the NSW Health Welcome to Country Protocols Policy for more information<sup>7</sup>.

## Didja Know

If a Welcome to Country Ceremony cannot be undertaken for reasons specified above then an Acknowledgement of Country is to be conducted.

An Acknowledgement of Country is a way to respect Aboriginal heritage by an Aboriginal person who is not a traditional owner or custodian of the land where the event is being held on for non – Aboriginal people.

An Acknowledgment of Country is only to be undertaken when none of the traditional custodians are available to do so, and all avenues to locate one within the community have been explored.

The Chairperson, Speaker, Master of Ceremonies or others, can begin the meeting by acknowledging that the meeting is taking place in the country of the traditional owners. There are some areas where debate is ongoing as to who are the traditional owners of certain land areas. In these instances those who Acknowledge Country can acknowledge all the traditional owners of this land without naming those people. If it is clear who are the ‘Traditional Custodians of land’ it is appropriate to say so.

## Didja Know

It is important that all speakers, both Aboriginal and non – Aboriginal should acknowledge any Elders in attendance prior to presenting or speaking. Appropriate wording for Acknowledgement of Country and Elders for an Aboriginal person who are not traditional descendant of the land where the event is being held:

*“I am (name) an Aboriginal person from (tribe/ clan) and I acknowledge the traditional owners of the land (insert name if known) we are meeting on and remind people that we are on Aboriginal land. I also acknowledge our Elders and in particular those attending today’s event”*

Appropriate wording for a non – Aboriginal person:

*“I would like to acknowledge the traditional custodians of the land (insert name if known) we are meeting on and remind people that we are on Aboriginal land. I also acknowledge the Elders and in particular those attending today’s event”*

Northern Sydney Local Health District has a policy that dictates protocol around Welcome to Country.

[http://intranet.nslhd.health.nsw.gov.au/AreaGov/NSGovSys/AreaPPGLibrary/Population-PublicHealth-Planning-Performance/HealthPromotion/PR2006\\_001.pdf](http://intranet.nslhd.health.nsw.gov.au/AreaGov/NSGovSys/AreaPPGLibrary/Population-PublicHealth-Planning-Performance/HealthPromotion/PR2006_001.pdf)

## Didja Know

Aboriginal people are often asked to give personal or cultural histories to non – Aboriginal people to create a greater understanding and awareness about Aboriginal history and culture.

National Reconciliation Week and National Aboriginal Islander Day Observance Committees (NAIDOC) provide opportunities for Aboriginal people to speak at forums, public meetings, schools and at local and state government functions. Guest speakers may be able to give a personal account, talk on history or provide the audiences with knowledge of Aboriginal cultural heritage and local practices.





# Aboriginal Culture

## Didja Know

Aboriginal people have a different view of health, which is often in conflict with the western medical model of health. This is a whole of life view which includes not just the physical wellbeing of the individual but refers to the social, emotional, cultural and spiritual wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life<sup>8</sup>.

## Didja Know

When an Aboriginal person presents for care, the room becomes a cultural meeting ground and clinicians need to be mindful that while they are examining Aboriginal people they too are being examined. Good health practice advises that all observation begins in the waiting room observing many things about a client. Aboriginal people may also be checking for an Aboriginal face, poster, book or other cultural information as a sign of welcome. These things form a simple bridge to acceptance.

Cultural understanding shapes the provision of health services and can improve Aboriginal health outcomes<sup>9</sup>. The Aboriginal Health Unit NSWLHD has a fundamental role in establishing initiatives to improve Aboriginal health and to ensure that this is conducted in partnership with Aboriginal communities and organisations both within and without NSWLHD.

## Didja Know

Some non-Aboriginal people have a negative stereotypical view of Aboriginal people, which often ignores cultural and individual differences. People of Aboriginal origin come from a wide social and cultural background and have a diverse range of cultural differences as do other racial groups.

Cultural safety is an important aspect of service delivery to the Aboriginal communities.

There is an urgent need to provide front line staff with additional information on practical issues regarding Aboriginal people to ensure that services are culturally safe. In addition, Aboriginal communities need to play a fundamental role in identifying issues and developing solutions, taking control and participating in the process of advancing health initiatives and improving health. It is important to help empower Aboriginal people by building capacity within communities through the initiatives undertaken, by promoting feelings of greater trust and confidence, and by improving access to and equity of services for Aboriginal peoples that are culturally sensitive and responsive.

## Didja Know

NSW Ministry Health is implementing Respecting the Difference - Aboriginal Cultural Training eLearning; a key strategy identified in the Good Health - Great Jobs: NSW Health Aboriginal Workforce Strategic Framework 2011 - 2015. The training for all NSW Health staff, addresses the need for organisations to provide more respectful, responsive and culturally safe services. It is designed to give staff the necessary knowledge and skills to interact positively with Aboriginal people and communities to improve healthcare.

It is recommended that you set aside approximately 2 hours to complete the eLearning program. If you need to leave the eLearning site, the last slide you looked at will be book marked.

The purpose of this training is to motivate staff to build positive and meaningful relationships with Aboriginal patients, clients, visitors and staff. The eLearning component supports staff by providing an insight into why many Aboriginal people do not comfortably engage with healthcare providers.

The following issues will be addressed in the eLearning component:

- Aboriginal History and Culture
- Aboriginal Identity
- Aboriginal Health
- Communication
- Existing barriers for access to health services

Here is a link to the training:

<https://www.heti.nsw.gov.au/courses/aboriginal-culture---respecting-the-difference/>

A certificate is issued on completion.

## Didja Know

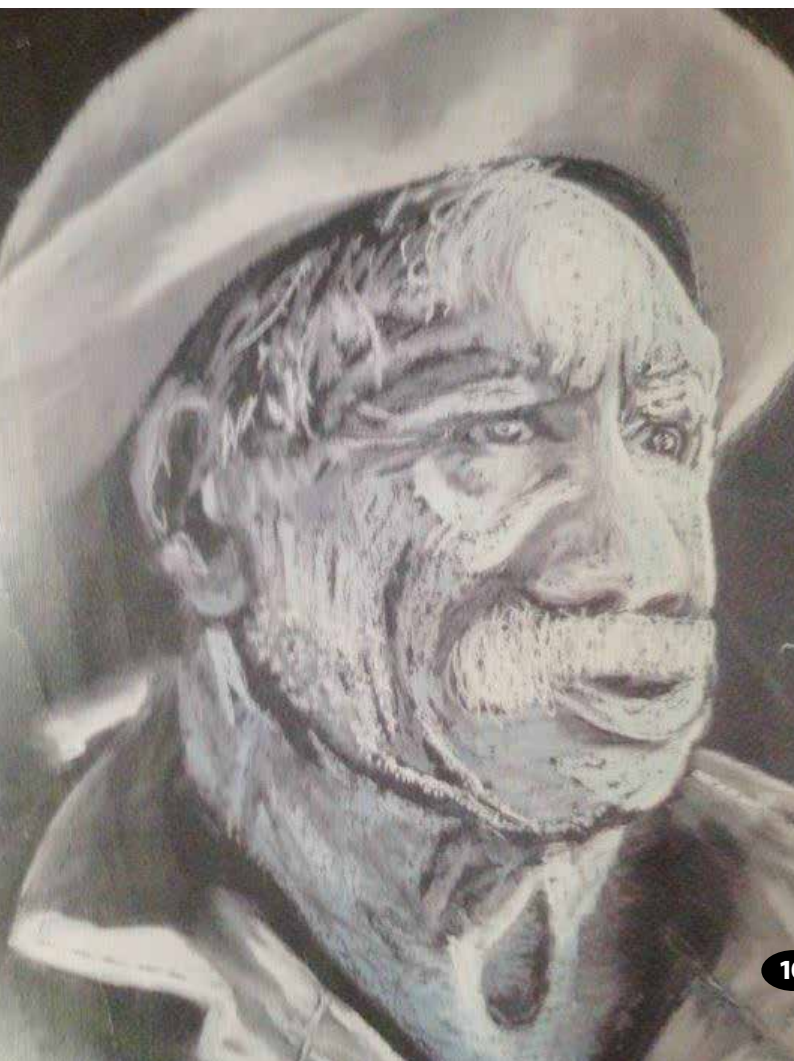
NSLHD has its own mandated cultural awareness training run by Bradlee Commins, Manager Aboriginal Employment & EEO Workforce & Culture Northern Sydney Local Health District

9887 5616 (Direct)

0405 641 339 Mobile

Bradlee.Commins@health.nsw.gov.au

[www.nslhd.health.nsw.gov.au](http://www.nslhd.health.nsw.gov.au)







# Aboriginal and Torres Strait Islander Flags



## Didja Know

The Aboriginal flag (left at top of page) was designed in 1971 by Harold Thomas an artist and Luritja man, originally from Central Australia and Uncle Bob Randall, a recognised traditional custodian of Uluru. The black represents the Aboriginal people, the red the earth and their spiritual relationship to the land, and the yellow the sun, the giver of life.

The Aboriginal flag was first raised in Victoria Square in Adelaide on National Aboriginal Day in 1971, but was adopted nationally by Aboriginal and Torres Strait Islanders in 1972 after it was flown above the Aboriginal Tent Embassy outside Parliament House in Canberra.

The Aboriginal flag is increasingly being flown by both Aboriginal and non - Aboriginal people. In view of its increasing importance in Australian society, the Commonwealth Government initiated steps in 1994 to give the flag legal recognition. After a period of public consultation, the Government made its own decision in July 1995 that the flag should be proclaimed a Flag of Australia in section 5 of the Flags Act 1953. The flag was so proclaimed by the Governor General of Australia, William Hayden, on 14 July 1995

## Didja Know

The Torres Strait Islander flag (right at top of page) is attributed to the late Bernard Namok of Thursday Island, and was flown for the first time in 1992. The flag is emblazoned with a white Dari (traditional headdress) which is a symbol of Torres Strait Islanders. The white five pointed star beneath it symbolises the five major island groups and the navigational importance of stars to these seafaring people. The green stripes represent the land; the black stripes represent the people, and the blue the sea. The flag as a whole symbolises the unity of all Torres Strait Islanders.

As with the Aboriginal Flag, the Torres Strait Islander Flag is beginning to be flown more widely and gaining more recognition as Torres Strait Islander issues gain more prominence in Australia.

## Didja Know

In July 1995, both flags were proclaimed as official Flags in section 5 of the Flags Act 1953. At events at which flags are shown, the order of display, from an audience perspective from left to right, the Australian flag, the NSW flag, the Aboriginal flag and the Torres Strait Islander flag."



# Different Terminology

## Didja Know

Aboriginal people use different names to describe themselves and their traditional identity depending on the area or part of the country where they come from.

Some examples are:

<b>"Koori"</b>	<b>Most of NSW and Victoria</b>
"Goori"	North coast of NSW and some of South East Queensland
"Murri"	Northwest NSW and South East Queensland
"Palawa"	Tasmania
"Yolgnu"	Arnhem Land and North Eastern Northern Territory
"Nunga"	South Australia Regions
"Nyoongar"	South west of Western Australia
"Wongi"	Western Australian goldfield Regions (inland)
"Yamatji"	North coastline of Western Australia
"Anangu"	Central Australia
"Mob"	Family, extended family members and friends together in the one place or generally referring to people of the same country.

## Didja Know

That there are some terms that should not be used, these are:

"ATSI, Natives, Mixed blood, Half-caste, Quarter-caste, Full-blood, Part Aboriginal, 25%, 50% Aboriginal, Them, Them people, Those people, Those Folk, You people, Your People, Aborigine(s)".







# Communicate Effectively

## Didja Know

There is often confusion by service providers about providing services to Aboriginal people, how those services should be provided or what they should do in any given situation.

This booklet is provided to assist Northern Sydney Local Health District staff to better understand the needs of Aboriginal people to provide culturally responsive, appropriate care and services and to discredit some of the myths surrounding Aboriginal people and their communities.

## Didja Know

The following tips have come from oral history from a variety of Aboriginal health staff. This list has been developed in response to some commonly asked questions; it is not a definitive list and will vary across the different traditional boundaries/clans.

### Recognise and pay respect to Aboriginal peoples' cultures and heritage.

Some Aboriginal people are more likely to respond to indirect questions. Very blunt, personal or direct questions may make Aboriginal people suspicious. The amount of information shared often depends on the level of the relationship and commitment to that relationship. This does not automatically mean we have nothing to say. Long periods of silence and thought, characterise Aboriginal meetings. Given time and trust, people do express their opinions.

Western society expects others to 'hold eye contact' while speaking and assume those who don't, are shy or not to be trusted. Some Aboriginal people show respect for age or authority by lowering their eyes.

The loss of personal dignity can be felt by an Aboriginal person when being singled out in front of others for criticism, praise or being ridiculed. This can cause the person to suffer severe 'shame'.

Aboriginal people tend to be more 'people' oriented than 'task', 'information' or 'material goods' oriented. This means human relationships form the most important factor in all interactions. The 3 R's are very relevant to Aboriginal society; Relationship, Respect and Responsibility. If we translate this into an employment or training situation, this means that who is doing the training or supervising, is more important than the success of the content of what is being taught.

Like people from all other ethnic groups, Aboriginal people do not form a homogenous mass. Certain general characteristics can be discerned, of course, but they can never be assumed to apply invariably, and to the same extent, to every Aboriginal person.

Smile and be prepared to explain procedures. Don't be patronising and paternalistic.

Some Aboriginal people are more likely to focus on the past and present than in the future. This means that what is happening now or what has occurred, tends to be of more interest and importance than plans or wondering about what will happen in the future.

In some traditional languages there appears to have been no words for 'please' or 'thank you'. Most traditional languages seem to have a particular 'respect code of language' to show respect or regard which includes such concepts as in the personal relationship/reciprocity system, one did things for others because it was expected, or a duty or because one wanted to do it.

Words have different meanings and are said differently in different clans.

Some Aboriginal people tend more to be influenced by everything around them; family, friends, peers, colleagues, the environment, etc.). The individual tends to see him/herself more as part of a whole; so that removing an element from the wider field seems to change the whole field to an Aboriginal person.

As a matter of principle, an Aboriginal person should be treated as an individual with individual needs and understandings and Aboriginality not stereotyped.



# Death and Dying (Sorry Business)

## Didja Know

Generally there may not be any special requirements; however the most common issues that will arise will be the number of people wanting to visit. Most families will do what is required back home and we should respect and be aware of the variety of cultural beliefs and customs around sorry business.

AHLO's or AHW's can arrange family meetings with staff to arrange for cultural protocols to be put in place. If hospitalisation is required for an Aboriginal person, arrangements should be made for the persons spouse to stay with their partner. Very often having the partner with them is the only tangible connection to Country that the patient may have and this could mean the difference in the success of treatment.

Arrangements can be made for the next of kin to stay with the patient if the situation is critical and/or if the next of kin is the only connection to country or culture that the patient has whilst they are in hospital.

## Didja Know

You need to seek permission from the patient before referring to AHLO services. Where an AHLO is not available and if permission is granted please contact your local AHW. It is not appropriate to assume that all Aboriginal people will want a referral or support from an AHLO or AHW.

A number of Aboriginal health staff is employed in Northern Sydney Local Health District who can provide support to Aboriginal patients, family members and health staff. There are also a number of Aboriginal community organisations that can be approached to provide support for Aboriginal patients or family.

## Didja Know

The dying patient and their families:

May grieve differently to non - Aboriginal people.

Will travel great distance to pay their respects, before and after the death of the patient and/or relative.

Will have strong spiritual connection, words are not spoken it is acknowledged and accepted that things are going to happen.

Will often say goodbye when they are ready, they may linger until all family members are present before passing over or they may wait until certain family members leave the room.

Where possible Aboriginal patients should not pass over (die) alone this is important for their passage into the afterlife (spirit world).

And the whole Aboriginal community may become involved in the grieving process especially within smaller communities.

Will also need to be aware of the extended family's needs (medical or social i.e. accommodation).

Smiles that may appear on their faces when a past loved one is in the room to take them home.

Patients reaching for the sky or calling out to family member(s), or they may seem to wave someone in and is often heard saying "I am ready to go now or take me home".

Some patients waiting for us (family) to say it is ok to go now and we sometime need to give them permission to go.

Some patient's / family members may wish to have a smoking ceremony to send the spirit on and to clear the room of evil spirits.

There is often a long period of mourning or 'sorry business', the length of this depends upon the family and the requirement of specific cultural ceremonies.

Aboriginal people should be asked if there are any cultural requirements.

The patient may want to return to their own homeland to pass over.



# Aboriginal Families

## Didja Know

Aboriginal people have strong family values and cultural obligations. The family structure and the extended family networks that operate in Aboriginal communities mean that an Aboriginal person can have many “relatives” and as such may have many visitors whilst in hospital, especially Elders.

It is important to Aboriginal people to show respect by visiting relatives in hospital especially around major events such as births, deaths or if the person is well respected member of the Aboriginal community. Also in such an event phone contact will also increase. Please ensure all phone calls are passed to the nominated family member.

## Didja Know

Aboriginal people come from many different clans and their cultural values should be respected and treated on an individual basis. Should visitor numbers become a concern this can be raised with one of the immediate family members. Seek the advice of the Aboriginal Health Unit who may be able to work with the family regarding visitor numbers or provide a space for family members and/or visitors to have breaks.

## Didja Know

Aboriginal families are complex and it is always essential to ask the person who is the next of kin or whom do they wish the information to be given to. Do not assume it is always the same person, as it may depend on who is there on a specific day. It maybe is advisable to contact the AHLO or AHW in this situation. Stress that patient confidentiality is held in the highest ethical regimens.

## Didja Know

“Who is an Elder?” An Elder is not necessarily a particular age but more about a “rite of passage” and also a level of respect that is afforded to you in the community however, this will change from community to community. An Elder is determined by wisdom and knowledge rather than by age.

## Didja Know

Like people from all other cultures, Aboriginal people do not form a homogenous group and therefore it should not be assumed that all Aboriginal people are the same and what works for one works for all.



## Didja Know

There are various things you can do or that will help when dealing with Aboriginal people; to the journey for Aboriginal people, to provide culturally sensitive services and to improve services to Aboriginal people by:

### Talking to Aboriginal people and learn about their individual thoughts on Aboriginality

Respecting Aboriginal people, their cultures and the diversity that exists within the culture

Remembering that some Aboriginal people may have poor literacy levels and seem distrustful of people asking questions – take this into account when addressing patient needs

Remembering that all Aboriginal people are not the same and what may be appropriate for one may not be appropriate or relevant for another

Remembering that no Aboriginal person has the right to speak for another unless requested to do so by either the patient or family member(s)

Listening to what Aboriginal people are saying and take the time to understand their story

Asking open questions and be mindful of how, what words are used (don't use big terminology as some Aboriginal people may not understand clearly)

Remembering that statements or actions regarding Aboriginal issues should be taken to a number of Aboriginal people before being implemented

Being prepared to take a little extra time and try to view things from a different perspective

Not making assumptions based on appearance

Engaging with an Aboriginal patient maybe due to the issue being seen as "Men's or Women's Business". You should contact the Aboriginal Health Unit for advice

As a matter of principle, an Aboriginal person should be treated as an individual with individual needs and understandings and Aboriginality not stereotyped.

## Aboriginal Health Partnerships

### Didja Know

Northern Sydney Local Health District is committed to working in partnership with all ACCHSs and other significant agencies. NSLHD has a Partnership Agreement with AMS Redfern. The Partnership Agreement is to be replicated at all levels of the health system, with the aim to establish collaborative service delivery NSLHD has working partnerships and agreements with Northern Sydney Medicare local (NSML), Sydney North Shore and Beaches Medicare local (SNSBML, Community Care Northern Beaches (CCNB), Catholic care the diocese of broken bay and other external and internal partners within the NSLHD boundaries.

### Didja Know

That Northern Sydney Local Health District has several formal Partnership Agreements at a local and also at a regional level. The aim of local Partnership Agreements is to ensure that the expertise and experience of all agencies is brought to health care processes. This expertise comprises knowledge of Aboriginal cultures, health care delivery, and clinical service provision.

Partnership Agreements will ensure:

Enhance and support Northern Sydney Local Health District and partners in health service provision to Aboriginal peoples within NSLHD area by providing leadership and ongoing advice on general health policies, strategic planning, service issues and equity in the allocation of resources where appropriate.

Work collaboratively to maximise procedures for improving information on Aboriginal health by promoting a partnership approach at all levels within the area.

Ensure that Aboriginal health retains a high priority in the health system overall; that it is integrated as a core element in all NSLHD Policies and their implementation; and that effort is sustained.

Meet twice a year with key service providers and discuss opportunities to improve, implement and manage joint initiatives within the Northern Sydney Local Health District area.





# Aboriginal Health Partnerships (cont.)

## Didja Know

There is a diversity of Aboriginal Health Worker (AHW) roles in the Northern Sydney Local Health District which have specific focused areas and differ in accordance to the role, function and duties. The various positions/roles are listed as follows:

Director of Aboriginal Health
Aboriginal Chronic Care Nurse Coordinator (ACCNC)
Aboriginal Liaison Officer (AHLO)
Aboriginal Health Worker Trainee (AHWT) x 2
Aboriginal Mental Health Trainee (AMHT) (Macquarie Hospital)

## Didja Know

That an AHW is a critical link between the health service and the Aboriginal community, they can work in the hospital or community health and some work in specialised areas i.e. Sexual Health and Aboriginal Maternal Infant Health Worker.

## Didja Know

Any AHLOs have a non-clinical role, they; promote, provide social emotional support, implement the principals of Primary Health Care in health care delivery and assist in the necessary treatment of Aboriginal patients.

In 2007 the National Aboriginal and Torres Strait Islander Health Worker (AHW) Qualification gained VETAB accreditation.

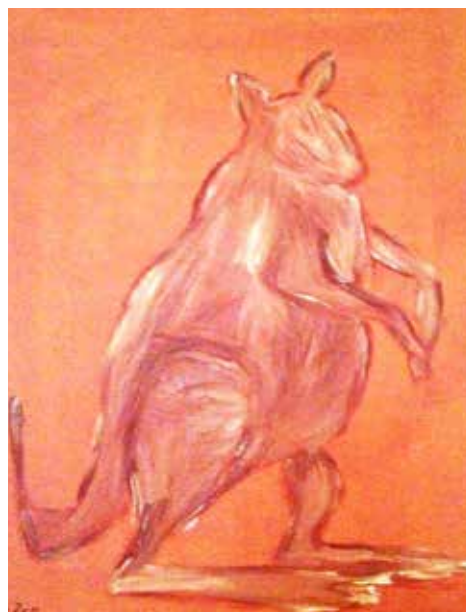
Within the qualification Certificate IV there are two streams:

Practice stream: Which has a more clinical focus and includes the module "work with medicines" – however, current legislation and NSW health policy does not support AHW's applying the skills learned in this module within NSW Health sites. The Practice Stream is the minimum qualification to become a Registered Aboriginal Health Practitioner.

Community Care – this is underpinned by functional knowledge of anatomy and physiology but is more focused on health education and community development.

Aboriginal Mental Health Worker Trainees undergo a three year university degree with work based training. This is the Djirruwang program at Charles Sturt University in western NSW.

# Aboriginal Health Partnerships





# Health and Social Issues

## Didja Know

Aboriginal people are the most disadvantaged group in Australia, as measured by a range of socioeconomic indicators that include; education, employment, income, housing and incarceration.

## Didja Know

In 2010 the Aboriginal population had an unemployment rate three times more than that of the Non - Aboriginal population. Aboriginal year 12 completion rates are less than half that of Non - Aboriginal students.

## Didja Know

Socioeconomic disadvantage is associated with a higher prevalence of health risk factors and higher rates of hospitalisations, deaths and other adverse health outcomes. Indices of socioeconomic status indicate that the Northern Sydney Local Health District area generally has a lower socioeconomic status compared to Australia as a whole.

## Didja Know

The increased burden of disease carried by the Aboriginal population cannot be fully explained by socioeconomic disadvantage alone or in lifestyle risk factors as the impact of colonisation on the loss of land has undermined the economic, spiritual and cultural basis of Aboriginal society and may contribute to poorer health.

## Didja Know

Northern Sydney Local Health District is committed to improving health outcomes for Aboriginal people.

## Didja Know

That all Northern Sydney Local Health District policies must have an Aboriginal Health Impact Statement to ensure that the needs of Aboriginal people have been considered in all policy decisions.



## Didja Know

There is a high prevalence of cardiovascular, respiratory disease, renal disease and diabetes in the Aboriginal communities. Based on current data collections, the main health problems are:

Diabetes	Substance Misuse (Alcohol & Other Drugs)
Respiratory/Asthma	Sexual Assault
Cardio-Vascular disease	Mental Health (Depression, Grief & Loss, Trauma and Suicide)
Otitis Media in Children	Injury
Renal	Poor Nutrition
Poor Oral Health	Poor health associated with environmental factors i.e. access to clean water, rubbish removal and sewage, as well as appropriate housing and fresh food
Cancer	Child and Maternal Health



# Population

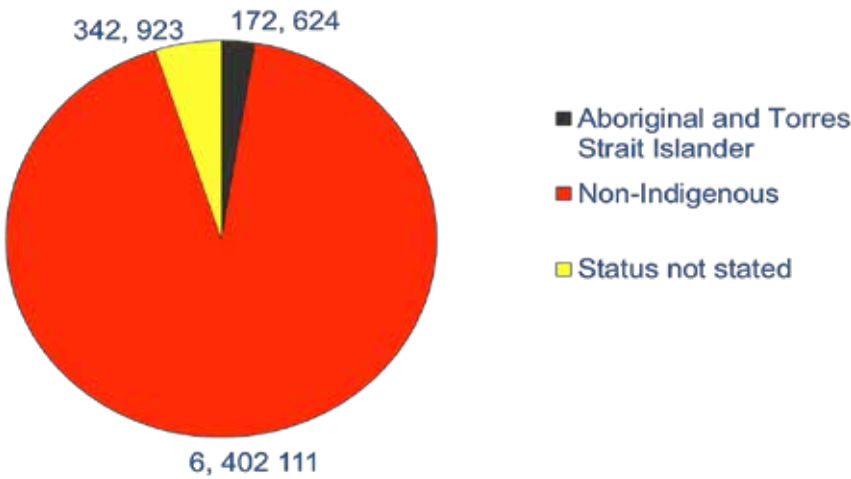
## Didja Know

In the 2011 Census there were 2,463 people who identified as Aboriginal or Torres Strait Islander living in Northern Sydney. This represents 0.3% of the Northern Sydney population and 1.4% of the Aboriginal population of NSW.

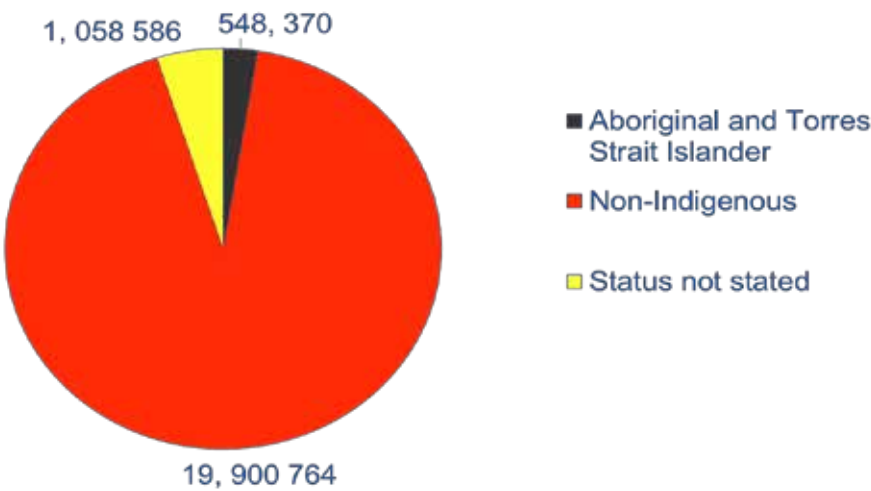
## Didja Know

There is scope for considerable improvement in the collection of information in NSW health services. It has been estimated that in 1998 the Inpatient Statistics Collection under recorded Aboriginal and Torres Strait Islander origin by an average of 33%.

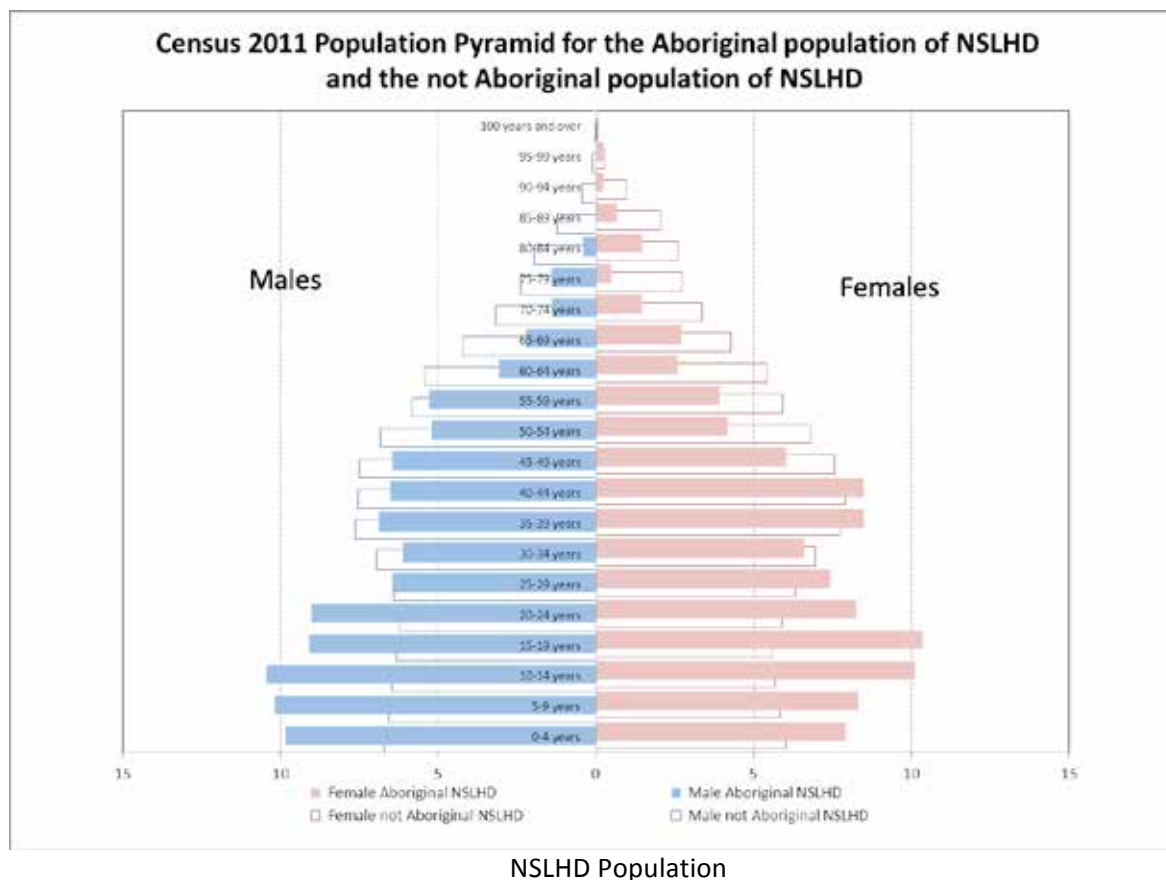
NSW Population



Australian Population



Source: Australian Bureau of Statistics (ABS) 2011 Census Data –Place of Usual Residence. Accessed 27 September 2012 on [www.censusdata.abs.gov.au/census\\_services/getproduct/census/2011/communityprofile](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/communityprofile)





# Contacts

AHS NSLHD	Address	Contact Numbers
The Aboriginal Health Service	Ground Floor Community Health Building Royal North Shore Hospital, 2C Herbert Street St Leonards 2065	(02) 9462 9017 (02) 94629083
AHS NSLHD	Email	Contact Number
Peter Shine	Peter.shine@health.nsw.gov.au	(02) 9462 9017
Gladys Wilson	Gladys.wilson@health.nsw.gov.au	(02) 9462 9019
Paul Weir	Paul.weir1@health.nsw.gov.au	(02) 9462 9016
Shaun Hancox	Shaun.hancox@health.nsw.gov.au	(02) 9462 9018
Maddison Ella-Duncan	Maddison.ella-duncan@health.nsw.gov.au	(02) 9462 9017

Facilities	Address	Contact Numbers
Hornsby Ku-ring-gai Hospital	36-76 Palmerston Road Hornsby NSW 2077	(02) 9477 9123
Manly Hospital	150 Darley Road Manly NSW 2095	(02) 9976 9611 (02) 9976 0961
Mona Vale Hospital	18 Coronation Street Mona Vale NSW 2103	(02) 9998 0333 (02) 9997 7079
Royal North Shore Hospital	Pacific Highway St Leonards NSW 2065	(02) 9926 7111
Ryde Hospital	Denistone Road Eastwood NSW 2122	(02) 9858 7888
Neringah Hospital	4-12 Neringah Avenue Wahroonga NSW 2076	(02) 9488 2200
Macquarie Hospital	Wicks Road PO Box 169 North Ryde 2113	(02) 9888 1222 (02) 9887 5684
Royal Rehab	235 Morrison Road Putney NSW 2112	(02) 9808 9222
Greenwich Hospital	97-115 River Road Greenwich NSW 2065	(02) 9903 8333

Health Services in Partnership	Address	Contact Numbers
Medicare local Northern Sydney	Unit 2, 1 Central Avenue Thornleigh NSW 2120	(02) 9477 8700 (02) 9477 8799
Medicare local Sydney North Shore and Beaches	Suite 1, 154 Pacific Highway St Leonards NSW 2065	(02) 9432 8200 (02) 9432 8299
Community Care Northern Beaches	Unit 7/8 Level 1, Pittwater Place 10 Park Street, Mona Vale NSW 2103	(02) 9998 2900 (02) 9979 7611
Catholic Care	Levels 10 and 13, 133 Liverpool Street Sydney NSW 2000	(02) 9390 5377 (02) 9261 0510
Aboriginal Medical Service Redfern	36 Turner Street Redfern NSW 2016	(02) 9319 5823

# Additional Resources

There are a number of excellent publications available that provide a good overview of needs and issues.

These include:

NSLHD Aboriginal Health Service Plan 2013-2016

<http://intranet.nslhd.health.nsw.gov.au/AreaGov/CorpGov/AreaCorpGovLibrary/AboriginalHealthServicePlan2013-2016Final.pdf>

NSW Aboriginal Health Impact Statement and Guidelines

[http://intranet.hne.health.nsw.gov.au/\\_data/assets/pdf\\_file/0019/35290/AboriginalHealthImpactStatementandGuidelines.pdf](http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0019/35290/AboriginalHealthImpactStatementandGuidelines.pdf)

National Aboriginal Community Controlled Health Organisation (NACCHO) and Oxfam Australia, CLOSETHEGAP, Solutions to the Indigenous Health Crisis facing Australia; A POLICY BRIEFING PAPER FROM THE NATIONAL ABORIGINALCOMMUNITY CONTROLLED ORANISATION AND OXFAM AUSTRALIA (2007)

<http://www.ahmrc.org.au/Downloads/CTG.pdf>

Two Ways Together – NSW Aboriginal Affairs Plan -2003-2012

<http://www.daa.nsw.gov.au/data/files/FinalPOLICY.pdf>

NSW Dept. of Health, Communicating positively: A guide to appropriate Aboriginal Terminology (2004)

<http://www.health.nsw.gov.au/>

Ekermann, A; et al. 2005 2nd Ed. Binan Goonj Bridging Cultures in Aboriginal Health, Elsevier Australia

Human Rights and Equal Opportunity Commission Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, Bringing them Home (1997)

[http://www.hreoc.gov.au/social\\_justice](http://www.hreoc.gov.au/social_justice)

Australian Government Department of Health and Ageing, National Aboriginal Health Strategy 1989 revised 2002

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-NAHS1998>

Australian Government Department of Health and Ageing, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013 Australian Government Implementation Plan 2007-2013 (2007)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-imp07-13>

NSW Dept of Health, Ensuring Progress in Aboriginal Health: A Policy for NSW Health System. (1999)

<http://www.health.nsw.gov.au>

Koori Mail Newspaper <http://www.koorimail.com/>

Aboriginal and Islander Health worker Journal <http://www.aihwj.com.au/>

NSW Chronic Care for Aboriginal People (model of care)

[http://www.health.nsw.gov.au/initiatives/chronic\\_care/aboriginal/index.asp](http://www.health.nsw.gov.au/initiatives/chronic_care/aboriginal/index.asp)

Aboriginal Health & Medical Research website <http://www.ahmrc.org.au/members.htm>

Central West Division of General Practice <http://www.cwdgp.org.au>

NSW Department of Community Services. Working with Aboriginal People & Communities a Practice Resource. 2009

Western NSW Local Health Network website <http://gwahs/index.php>

NSW Aboriginal Health Partnership Agreement 2008-2013 <http://www.ahmrc.org.au>

NSW Health, Aboriginal Health Publications and Resources

[www.health.nsw.gov.au/topics/aboriginal.asp](http://www.health.nsw.gov.au/topics/aboriginal.asp)



