Amoonguna Health Service

CULTURAL PROTOCOLS

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“All places are different.
We all speak different languages
and have different laws.
New staff need to learn
from a place”

ABORIGINAL HEALTH PRACTITIONER

Amoonguna Health Service
CULTURAL PROTOCOLS

The purpose of this document is to outline cultural protocols that members of Amoonguna community have highlighted as being *significant* in the operation of the local clinic. This document should be read in conjunction with the Congress Cultural Safety Framework. The Framework provides both a background to the principles of cultural safety and a broad overview of cultural protocols that should be observed when engaging with Aboriginal people, communities and Congress clinics in Central Australia.

All places or communities are different

"Each community has its own individual culture; not one community runs the same. The way that one clinic works is not the way another one does"

NON-ABORIGINAL HEALTH PRACTITIONER

It is important to recognise that all Aboriginal communities are unique. While the places where Aboriginal people live in Central Australia share common features there are also differences. These differences are important to people's sense of community. Variation is likely to be greater between places where the residents share no common language. However, even when members of communities speak the same language and share many common cultural beliefs and practices, there are also likely to be differences. Health practitioners risk offending local people by assuming that their values, beliefs and practices are the same of those of another community.

Variations between communities can be due to a combination of factors including: cultural, linguistic and historic factors; the demographic composition of the community; the location of the community in relation to other non-Aboriginal and Aboriginal communities; the availability of infrastructure and resources (tangible and intangible); and the differing histories of engagement of members of the community with non-Aboriginal society, organisations and governments.

Practices and beliefs may also vary among members of the same community. This is likely to be most marked where people from different socio-linguistic groups live in the same place; however, cultural practices may also differ somewhat between elders, young people and others from the same language group. Despite such differences, long-term residents generally feel a strong sense of connection with the place they call home and they tend to emphasise its unique identity. An individual's pride in his/her community is a cultural asset that contributes to general well-being and should be affirmed.

Respectful interaction and communication

"They've got to respect us and our culture"

Ways of showing respect include using appropriate language that people can understand, while not talking down, loudly or roughly to them. When thinking about appropriate terms and language, keep in mind that effective intercultural communication involves the translation not just of words but foreign concepts. Furthermore, be aware that many clients and Aboriginal health practitioners do not speak English as a first language (or indeed, as their second, third or fourth language) and that they may need time to respond to questions. Learn to be comfortable with pauses in conversations. Pressing for a response before a person has answered a question is likely to be perceived as 'whitefella bossiness' and as an inability to listen well with empathy.

In addition to a person's speaking style and tone of voice, a person's body language and actions may be perceived as disrespectful. As one local person commented:

"It's not just about talking rough but how you grab a child roughly. And tone of voice—especially to young mothers and men: speak respectfully. If a young mother goes in with a baby, like a 1 or 2-year-old, don't pull children by trousers or treat them roughly. We had such an incident here and it was hard to calm the young mother down and get her to visit the clinic again"

Confidentiality and privacy

Although many people living at Amoonguna are interrelated, confidentiality and privacy are as important to individuals as in mainstream Australian society. It is very important not to talk about clients in front of other people and to respect clients' rights to make decisions about their health.

Learning about local Aboriginal culture and society

Aboriginal people appreciate non-Aboriginal staff expressing interest in learning about their culture and language. However, clients may respond warily to being questioned by a stranger about cultural matters. New staff at Amoonguna should seek advice from Board members and Aboriginal Liaison Officers (ALOs) about the dos and don'ts in the community.

Board members have suggested that new staff attend an introductory social and cultural awareness morning which would be hosted by them with input from Aboriginal staff. This would be more than a quick drive around the community pointing out places and it would provide an opportunity for new staff to ask questions. In relation to the latter, an important part of understanding another culture is the ability to set aside the assumptions that one takes for granted and not make judgments. This requires critical reflection on one's own standpoint or position. As a non-Aboriginal health practitioner commented, "What is important to us is not necessarily important to others. You need to learn to let go."

Participation in local cultural events

Over time, as a trusting, respectful relationship develops, people may be more open and willing to share non-restricted cultural information. As a general principle, however, always wait to be asked before attempting to participate in cultural events at Amoonguna. Never attend a traditional religious or ceremonial event unless specifically invited to do so by elders and/or those with cultural authority.

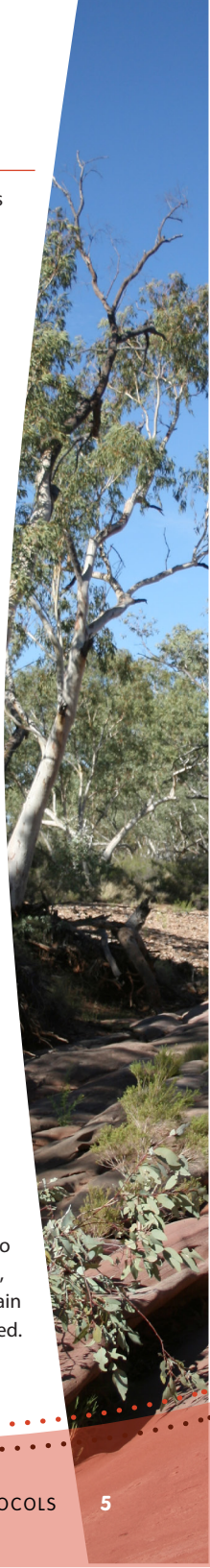
Avoidance of places

There are no permanent designated areas to avoid at Amoonguna. However, at certain times places may be deemed to be 'no go' zones—expect such areas to change over time. Staff should always seek advice from local Aboriginal staff such as Aboriginal health practitioners, receptionist staff, an ALO, or Board members about areas where they can go or that they should avoid.

Sorry business

'Sorry business' concerns bereavement practices. While protocols can vary among families, it generally involves an initial period of mourning for the deceased person, their funeral and a 'finishing up' stage. In the initial stage of mourning, close kin of the deceased may establish a separate space for mourning, where relatives come to pay their respects and grieve. There is no specific designated place for 'sorry business' at Amoonguna. It is up to the family of the deceased person to decide where the 'sorry camp' is held.

Be aware that there is a range of cultural practices associated with death and sorry business or bereavement. In some communities, bereaved people may ritually cut themselves in sorrow. Although this does not generally happen at Amoonguna any more, visitors to the community may still observe such practices. In relation to the latter, individuals may ask non-Aboriginal medical practitioners to facilitate access to deceased persons in the hospital morgue, for example to view the body and/or obtain body parts such as the hair of the deceased.



People are often highly mobile during 'sorry business'. Generally the house in which the deceased lived is vacated by resident family members. The house may remain empty for many months until other relatives move in. When someone passes away close family members who did not live with the deceased may also temporarily leave their houses to stay at a sorry camp at Amoonguna or at another community where the death occurred. It is not appropriate to go to a house when someone has passed away. Always seek guidance from local Aboriginal staff at such times.

When a client passes away, the clinic may be closed for half the day to local health practitioners. During this period, non-Aboriginal staff remain on call in case someone needs medical attention. If a person in a sorry camp grows ill, clinic staff should not attempt to visit the client by themselves. Someone from the community (either a Board member or family member) should accompany the doctor or nurse on the visit. When approaching the sorry camp, the non-Aboriginal health practitioner should wait outside until invited in to the gathering by a member of the deceased's family.

The timing of sorry business practices can vary. Depending on circumstances, a person's funeral may occur many months after their death, after mourning has taken place. A church service is generally held as part of the funeral. The day after the funeral relatives may 'smoke' buildings that were frequented by the person before he/she passed away. They may also file through such places with eucalypt branches to sweep away footprints and traces of the deceased. These practices are part of the 'finishing up sorry' process. In addition to private homes, the clinic, store and other community places may be smoked and/or swept. Relatives may also clean walls and/or paint and smoke the deceased's house. The deceased's belongings are given to cousins and shared with other family.

Recognition and acknowledgement of Aboriginal cultural expertise

It is important to seek the advice of Aboriginal health practitioners, local Aboriginal staff or Board members and to be guided by them about local social and cultural practices. At the Amoonguna clinic, the clinic receptionist and the ALO can provide invaluable advice about sorry business and other cultural matters.

"They let us know so we don't bother people. The receptionist and ALO are pretty critical."

Business/Ceremonial time

"Health professionals should understand that if people are involved in business—might be men's business or women's—you can't shower off [ochre or designs]. In business people have to respect the law and staff have to respect that culture"

Culture is not only a matter of knowledge, it also involves embodied practices. It is common during ceremonial business for men and women to become ochred and/or have ancestral designs applied to their bodies. The designs are believed to be efficacious, reflecting the belief that 'healing comes from the Dreaming and the land'. Consequently, people allow the ochre to wear off their bodies naturally. It is regarded as culturally offensive to ask people to wash off ochre or designs before being treated in the clinic.

If a person falls ill in a men's business camp a male nurse or doctor may be asked to attend the camp. They should only do so however if accompanied by a local male elder or male Board member.

"Health professionals should understand that if people are involved in business—might be men's business or women's—you can't shower off [ochre or designs]. In business people have to respect the law and staff have to respect that culture"

ABORIGINAL HEALTH PRACTITIONER

Use of traditional healer (*angankeres* or *ngankari*) and bush medicine

It is common for people to visit a traditional healer (also called *angankeres* by Arrernte speakers and *ngankarri* by Warlpiri and others) before coming to the clinic for treatment or visiting the hospital. People may also use bush medicine to heal themselves, for example by rubbing it on their body. The use of traditional healing practices is generally regarded as complementary to western medicine. If you need advice in relation to these matters you should be guided by Aboriginal health practitioners and local clinic staff.

Avoidance practices, gender and socio-cultural boundaries

Avoidance practices

Aboriginal people at Amoonguna practise customary avoidance between certain categories of male and female kin. One way that people signal avoidance to non-Aboriginal health practitioners is by saying that they have 'no room'. This means that they cannot go near the person, nor have eye contact or talk to them.

Categories of persons who should not be in the same room are typically: mother-in-law and son-in-law; and poison cousins, also referred to as 'somebody'. The poison cousin avoidance relationship arises through ceremonial business and health practitioners should not ask questions about it.

There are separate rooms at the Amoonguna clinic so that people who are not allowed to speak to each other can avoid each other. There is also a back door.

In order to avoid offence, non-Aboriginal health practitioners should ask men and women "Are you OK with that person?" If two people have 'no room', typically the woman will go outside and wait. Depending on the urgency, health practitioners should treat the man first so that the woman does not 'feel shame'.

"…happily we've got a back door. The community or client tells us so we can work around it. If they come at the same time one will go in and out the back door. We haven't had any problems. The Aboriginal Liaison Officer and receptionist for the Clinic are the most important roles. They are following people up for us"

Other gender issues

Some Central Australian societies tend to be more gender segregated than others. While this is partly related to the need to observe avoidance relations between certain categories of relatives (for example, mother-in-law and son-in-law), it also concerns cultural beliefs about gendered persons. It is important to be aware that cultural sensitivities surround parts of the body/organs associated with reproduction and sexual health. In some situations, cultural sensitives may be heightened, and female nurses should never ask men questions about cultural practices involving private parts.

For these reasons, at Amoonguna most men (elders and younger ones) prefer to see a male doctor or nurse rather than a female doctor or nurse. The same is true for women; that is, people feel more comfortable with health practitioners of the same gender.

"Men are missing out—they won't go to see female doctor. It's cultural. Women prefer to see a female doctor"

While some people may make exceptions in certain circumstances (with consent), others will delay attending the clinic if they cannot see a person of the same gender.

Respecting socio–spatial boundaries: approaching people in their houses

When health practitioners visit a person's house they should stand outside the gate, call out and wait. If staff have people's mobile numbers they should phone first. This is not only a matter of respect but also a precaution against dogs attacking the health practitioner. It is recommended that if there are a lot of dogs at a person's house the health practitioner should wait outside the house in the car and sound the horn.

Home visits

Board members have requested that nurses make home visits for old people and also people on dialysis, especially in winter.

Kinship

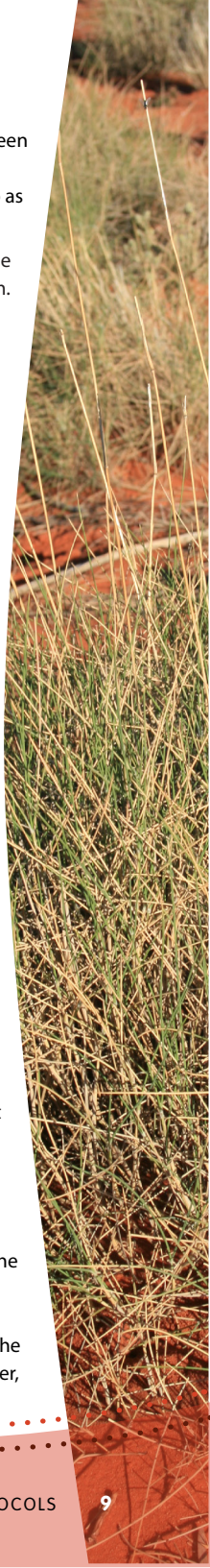
Kinship is concerned with notions of 'family'—that is, who counts as a relation (both close and distant) and how they care for one another. These notions vary cross-culturally as does the role of kinship. Aboriginal people in Central Australia construct kinship in different ways to Anglo-Australians and people of other cultures. This is not just a matter of different kin structures and terms, it also concerns patterns of behaviour between different categories of kin with associated responsibilities and sentiments. Different systems of kinship have implications for caregiving and other social responsibilities.

An important way of showing cultural respect is by recognising that other models of family and caregiving exist apart from one's own. For example, the English system of kinship limits the category of people classed as kin to a small family group, that of the genealogically related nuclear family. In contrast, Aboriginal people recognise a much larger group of people as both close and distant kin. It is important to be aware that distinctions made between close and distant kin are *not necessarily* based on what Anglo-Australians refer to as 'blood relations'.

The majority of people at Amoonguna use what is called the Arrernte kinship system. While the terms for kin differ according to the language spoken, the Arrernte (Aranda) system of kinship is basically the same as that used by Warlpiri and many other groups in Central Australia. However, it also differs in important ways from some other systems also in use, for example the Pitjantjatjara system. Given the composition of the local population at Amoonguna, we do not address the differences here.

It is helpful to know some key features of the Arrernte system as these have implications for caregiving and expectations and obligations associated with different types of relatives. A person calls his/her mother and mother's sister(s) by the same term for 'mother'; he/she calls her father and father's brother(s) by the same term for 'father'. Importantly, a person regards his/her mother's sisters as 'mothers', similarly he/she regards his/her father's brothers as 'fathers'. Significantly, these other mothers and fathers are regarded as having the same kind of responsibilities and obligations toward the person as the person's biological parents. This has implications for consent regarding medical care for children.

To continue with some examples of how the Arrernte kin system works, a person calls his/her father's sister by the term for auntie, and his/her mother's brother by the term for 'uncle'. Furthermore, the person calls the sons and daughters of his/her father's brothers and mothers sisters by the terms for brother and sister. Note, however,



that a person calls children of his/her parents' siblings (the person's uncles and aunts) of the opposite sex by the term for cousin. Different terms are used for the persons older and younger brothers and sisters. Seniority in terms of age is important in Arrernte kinship. These are just a few examples of the highly complex Arrernte kinship system.

In addition to kinship terms the Arrernte use what is referred to in English as a 'skin' or subsection system. The skin system provides an easy way to work out how all the members of one's language group are related to each other. For those interested in Arrernte kinship and 'skins', the book *Anpernirrenty Kin and Skin: Talking about family in Arrernte* (2013, IAD Press) by Veronica Dobson provides an easy to follow guide.

Age and seniority

Age confers status in Aboriginal societies and is associated with familial and community obligations. At the same time, the expectation is that elders must be treated with care and respect. Unless there is an emergency, aged clients should not be made to wait before being seen in the clinic.

Kinship carers

As mentioned earlier, Aboriginal ways of reckoning relations have implications for kinship care of children. Importantly, there is a wide range of kinship carers available to assist in looking after and nurturing children. Whether or not a person in a parental relationship to a child assumes an ongoing, primary responsibility for the child depends upon the particular situation and context. However, in the absence of a child's socially recognised mother or father, other individuals may step in and take responsibility for a child. In addition to parents, the mother's sister (who is called by the kinship term for mother and regarded as another mother), and grandparents, in particular the mother's mother, play a primary role in the care and nurture of children. Older siblings are also given responsibility for younger ones.

"Fifty per cent of the time it would be mum bringing in a child. Fifty per cent would be grandmother, auntie—not auntie as we know it—[the mother's sister, hence mother]—I don't know all their words. Who is next of kin is a struggle for medical staff"

NON-ABORIGINAL HEALTH PRACTITIONER

At Amoonguna it is frequently the case that the person taking a child to the clinic for medical treatment will not be the child's biological parent but a mother's sister, grandparent, aunt or uncle or older sibling. As mentioned, mother's sisters, and grandmothers, play an important caregiving role in Aboriginal society. However, other kin may also be called upon. As local people pointed out, "the person who has taken the child in will be a caregiver" and will be accorded responsibility for making decisions about the child. This notion reflects the fact that kinship relations are not just about genealogical relatedness but about caregiving and family belonging.

In case of emergencies, however, the ALO should be asked to contact the family to find out who has responsibility to make a decision. This will ensure that family are aware of what's happening and an individual is not blamed for making a wrong decision.

"ALOs can talk to family. Get someone who can speak the language to communicate and find out who is the right person"

BOARD MEMBER

Next of kin

"Normally you are aware of who belongs to what family. We have biographies in CommuniCare. It's a great resource. It will have next of kin: mother, father, brother and sister. One thing that is done well here is biographies. Each time someone comes in they will ask, 'Are you still at house x?' "

NON-ABORIGINAL HEALTH PRACTITIONER

While CommuniCare is an important resource, data will necessarily be limited if it does not take into account cultural differences in kinship relations. In addition to the earlier notes, the following general comments are provided to guide health practitioners in their work at Amoonguna.

"Talk to family members about who can make arrangements. If a lady doesn't have a husband—eldest son or daughter will be in charge. If the person has no children, then sisters and brothers can talk for them. Same way for a man. The mother's sister may grow up the child. The person who is growing up the child—the caregiver—can make decisions. Aboriginal way, family can grow you up.

In the case of unconscious elders, it's the [adult] children who make the decision. Staff need to be much more fluid here about this issue [than in the city]. Now you have technology, it's easy to phone. They can also call the Board members to get pointed in the right direction"

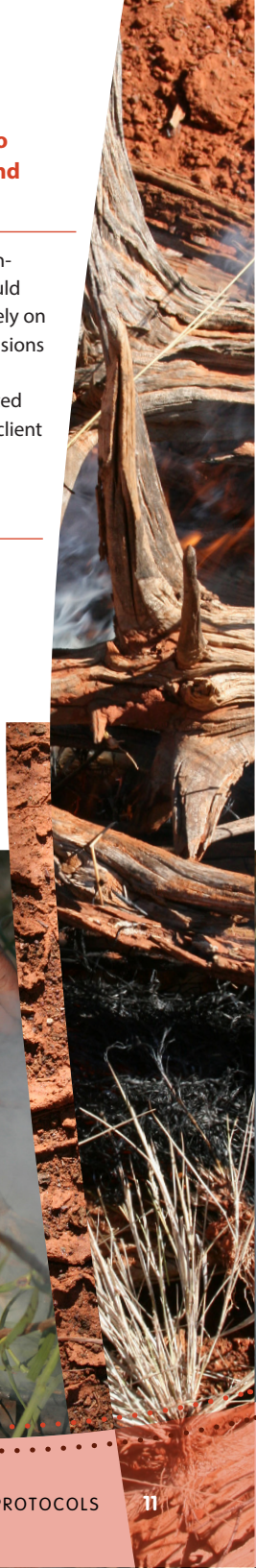
People and organisations who should be providing advice and making decisions

The Board members advise that non-Aboriginal health practitioners should consult the client's family and not rely on external organisations to make decisions for, or about, a client. However, the decision of anyone lawfully appointed to make decisions on behalf of the client must also be complied with.

More information

Refer to the ***Congress Cultural Safety Framework*** *for the following matters:*

- *Acknowledgement of Traditional Owners*
- *Welcome to Country*
- *Appearance and dress*
- *Community politics*



“Every community is different. New staff should come in with an open mind and learn what is different”

ABORIGINAL HEALTH PRACTITIONER

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