

Mpwelarre Health Service CULTURAL PROTOCOLS for SANTA TERESA



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New staff should come in with an open
mind and learn what is different”*

ABORIGINAL HEALTH PRACTITIONER



Mpwelarre Health Service CULTURAL PROTOCOLS for SANTA TERESA

The purpose of this document is to outline cultural protocols that members of Santa Teresa 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

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New staff should come in with an open
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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. Avoid the use of acronyms and foreign biomedical terminology. Use an interpreter/translator if necessary.

"Don't talk flat out to people"

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, terms of address and reference can signal unequal power relations and lack of respect.

*"Don't refer to men as boys.
That's culturally offensive"*

"A lot of non-Aboriginal people use the term 'those people', when they should refer to them as clients. 'Those people' is often used in the negative. It homogenises everyone in a group [and] doesn't recognise diversity and individuality"

Be aware that certain body language, actions and ways of dressing may be perceived as disrespectful and/or intimidating. To avoid such perceptions, treat people with kindness and concern and dress appropriately.

"Don't wear short dresses—there is protocol. Wear a dress below the knee or a Congress uniform... We don't like people wearing the colour red"

Confidentiality and privacy

"Don't talk about a person in front of them as though they don't exist"

"Take [the] patient away to consult [with] them. We don't want to know other people's personal problems"

Although Santa Teresa is a small community where people know each other and are interrelated, confidentiality and privacy are important to individuals. 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.

The issue of privacy extends to all aspects of life in a small community. Here it must be remembered that Aboriginal communities and families have experienced intense surveillance as part of the ongoing process of settler colonialism (most recently under the Commonwealth Government's Northern Territory Emergency Response, commonly referred to as 'the Intervention'). Not surprisingly, the community resent it.

"Might be two families arguing. Don't ask about things that are not your business—don't ask what the fight is about and who's involved. Non-Aboriginal staff should mind their own business"

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 Santa Teresa should seek advice from the Aboriginal Liaison Officer (ALO) and Aboriginal staff about the dos and don'ts in the community.

An important part of understanding another culture is the ability to set aside the assumptions that one takes for granted and not make judgements. This requires critical reflection on one's standpoint or position. Over time, as a trusting, respectful relationship develops, people may be more open and willing to share non-restricted, cultural information.

"It's up to staff what they learn. [It's] good to be able to ask, 'Where is your pain? And [for staff] to learn body part names [in language]"

While people appreciate new staff making an effort to learn language, understanding language is more than translating words. It involves understanding different concepts, values and modes of behaviour.

Participation in local cultural events

As a general principle, always wait to be asked before attempting to participate in local cultural events. Never attend cultural events unless specifically invited to do so and you are accompanied by elders and/or those with cultural authority.

Avoidance of places—ask where you can go, and not why

It is important to be aware that there are particular areas at Santa Teresa which are designated as 'no go zones' or places that non-Aboriginal people must avoid. The location of such prohibited places may change over time and is rarely signposted. Thus, non-Aboriginal staff should seek advice from local Aboriginal health staff (for example, the receptionist, ALO and health practitioners) about areas to avoid.

"They are not allowed to go for walks all over the place. Not allowed to go to the cross and hill, or ceremony time places. They can exercise along the bitumen—up the creek and back and the main road to Alice Springs—they'll keep out of trouble. Certain things off the road—there's a lot of things they could see—sacred things—but we don't want to have to explain"

As a general principle, if they want to walk or exercise, non-Aboriginal staff should keep to public areas, for example, the main road. Note that what might appear to be a public area may in fact be hedged with restrictions. For example, as the earlier quote makes clear, staff should not climb the hill behind the church to visit the cross. Nor should they wander away from the main road. Staff and family should not ask questions about the reason for such restrictions, which are there to protect them. There are severe consequences for the transgression of prohibited areas.

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, a funeral and a 'finishing up' stage of mourning. Following a death, close kin of the deceased will establish a specific space for mourning, where relatives come to pay their respects and grieve. There is no one specific designated place for

'sorry business' at Santa Teresa. It is up to the family of the deceased person to decide where the 'sorry camp' is held.

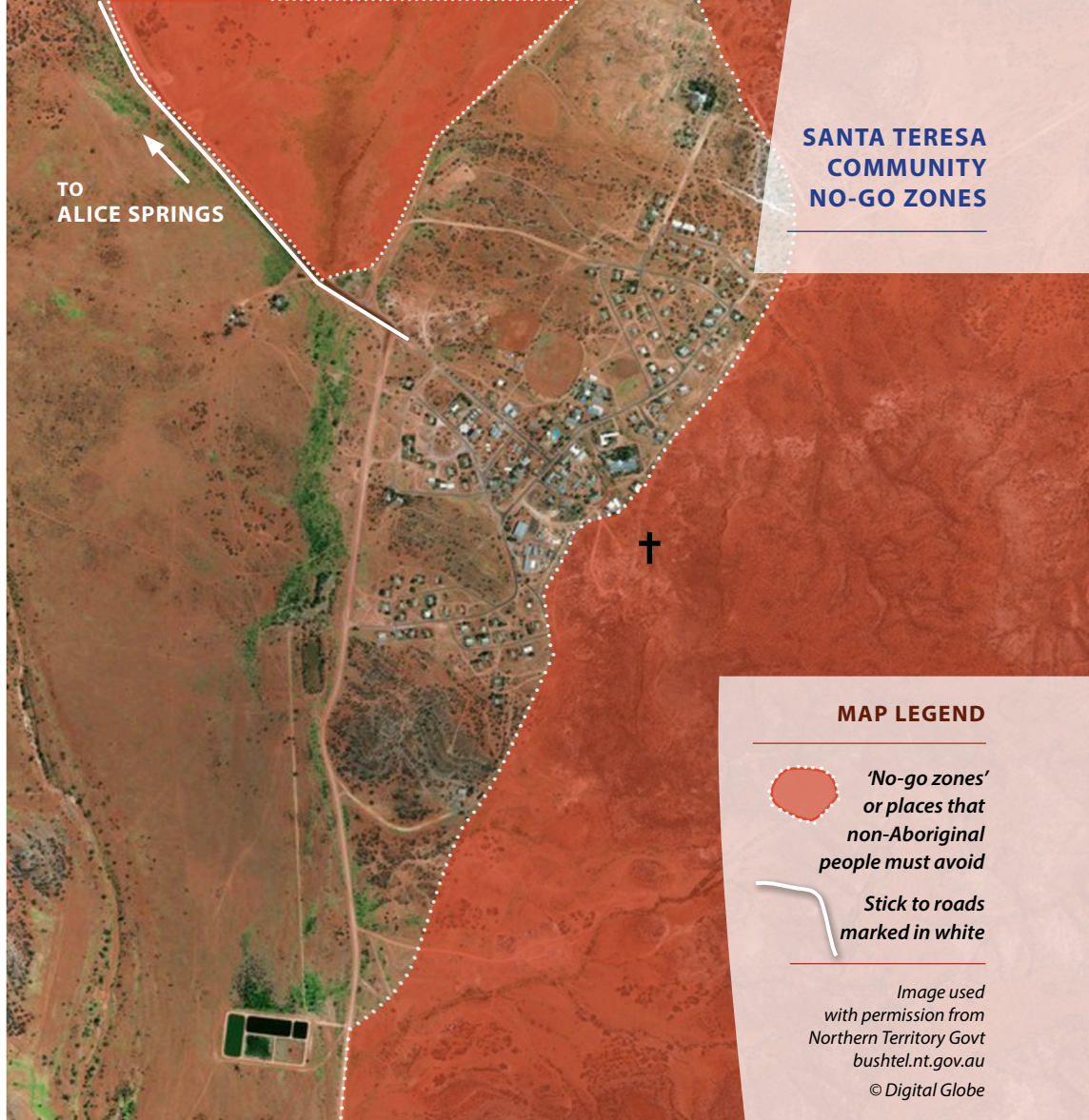
Cultural practices associated with death and sorry business or bereavement vary among different communities. Sometimes bereaved people may ritually cut themselves in sorrow. Although this does not often happen at Santa Teresa today, visitors to the community may still observe such practices. It is important to be aware that non-Aboriginal medical practitioners may be asked to arrange access to deceased persons in the hospital or morgue. The relatives may want to view the body. They may also want to obtain the hair of the deceased. Such cultural practices should be facilitated.

"If they ask for hair or clothes of a deceased person, they should get it. They don't need to question us about who is the right person. It's only a certain family member that's going to ask"

People are often highly mobile within the community 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 Santa Teresa 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 Aboriginal staff at such times.

When a client passes away, the clinic may be closed for local health practitioners for half the day. During this period, non-Aboriginal staff remain on call in case someone needs medical attention.

"If people are in sorry and a person is sick, usually someone will come to clinic and say: 'This person is sick'. Our Aboriginal Liaison Officer or health practitioner attends to that"



People may also come to the clinic at night and enter through the back door. 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. 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.



Recognition and acknowledgement of Aboriginal cultural expertise

“Always take the advice of Aboriginal staff and don’t underestimate their knowledge. We might be in the bush but our heads are not in the ground”

It is important to seek the advice of Aboriginal health practitioners and staff and to be guided by them about local social and cultural practices. At the Santa Teresa clinic, the ALOs and other Aboriginal staff can provide invaluable advice about sorry business and other cultural matters.

Business/Ceremonial time

Matters associated with men’s and women’s traditional ceremonies and Dreaming stories are referred to as ‘men’s and women’s business’ in English.

“There’s men’s business and women’s business. Some non-Indigenous male staff think that because they are a man they can go out to men’s business. Just because they are of the same sex doesn’t mean they can go to men’s business. We had a male doctor who went out to check on men in men’s camp. The men weren’t happy about that. Across the board it’s only men who are initiated who can go out there. Even Indigenous people who come here to work from outside need to ask permission.

Around men’s business, people will come at night and after hours through the back door. If someone is sick at bush camp there are protocols”

If a person becomes ill in a men’s business camp, the male ALOs and Aboriginal staff should attend to the matter.

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.

Use of traditional healer (angankeres) and bush medicine

It is common for people to visit a traditional healer, called angankeres by Arrernte people, before coming to the clinic for treatment or visiting the hospital. They may also request the services of a traditional healer at a later time. 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 be guided by Aboriginal health practitioners and staff.

Avoidance practices and gender issues

Avoidance practices

Aboriginal people at Santa Teresa practise customary avoidance between certain categories of male and female kin. When people say that they have ‘no room’ this means that they cannot go near a certain person, nor have eye contact or talk to them.

“We sort out avoidance relationships in the front of this clinic. Even if it might be wrong skin on the phone or ‘somebody’, we say, ‘Not for me—I’m not talking’, and we hand it over to someone else”

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.

"Sometimes we have avoidance relationships—but there's ways around it—we can talk to the person's partner or right skin relative. The nurses or doctors should go through Admin or the ALOs. They do all the talking and interpreting"

In order to avoid offence at other times, 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'.

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, 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 sensitivities may be heightened, and female nurses should never ask men questions about cultural practices involving private parts.

For these reasons, 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. This is particularly the case if a woman is pregnant.

"We ask first at the desk: 'Do you want to see me or do you want to see a female?' We note it in the book: 'Wants to see a male (or female)'"

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

"It's people's choice... in a woman's room, we don't mind if a husband goes in to check on a child"

Pregnancy and the new born

In Central Australian Aboriginal societies pregnancy and child birth are generally considered 'women's business'. As mentioned earlier, pregnant women generally prefer to see female health practitioners.

"Some might ask for umbilical cord—it's to do with spirit of the child, thinking Mum is still there. They don't need to question us about who is the right person. It's only a certain family member that's going to ask"

As mentioned earlier (in relation to sorry business), non-Aboriginal health practitioners may be asked to arrange the return of body parts. This is a cultural practice that should be facilitated.

Respecting socio-spatial boundaries: approaching people in their houses

"We'd rather the nurse doesn't go out to see people. At night time nurse can get hurt if she goes out on her own. During work hours go through the ALO and after hours through emergency support—yell out—don't get out of car and get tied up with dogs"

If health practitioners must visit a person's house they should call out from the car and wait. This is not only a matter of respect but also a precaution against dog attacks.

"Sometimes the nurses ask about house numbers to locate a person. We don't know house numbers. We say 'Who do you want? We'll show you the family.' Families move around and the numbers are all mixed up. If on the phone, ask the name of the client and 'where are you?'; and then ask nurse support for assistance to find someone"

Always rely on advice from Aboriginal health practitioners regarding the location and identity of individuals.

"Getting the identity of the person wrong is another issue. To some new white staff all Aboriginal people might look the same. This can lead to big problems. Once one nurse accused a husband of hiding a young woman, because he had the same name as someone else—but it wasn't his wife"

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 Santa Teresa use what is called the Arrernte kinship system. While the terms for kin differ according to the language spoken, the Arrernte 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 predominantly Arandic composition of the local population at Santa Teresa, 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, 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 (see later).

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 mother's 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 person's 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.

*"It is not enough to learn the skin names—
you need to know what is behind it.
Skin names are nothing by themselves"*

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.

Kinship carers (next of kin and who can give consent if a child's parents or normal caregivers are not available)

As mentioned earlier, Aboriginal ways of reckoning kin relations have implications for the care of children. Importantly, there is a wide range of kinship carers available to assist in looking after and nurturing children. At Santa Teresa, 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. This reflects the fact that kinship relations are not just about genealogical relatedness but about caregiving and family belonging.

"The carer who took the child to hospital can make decisions—but she'll ring around. If they are not at Santa Teresa, we can link in with the television screen; link in with the doctor so doctor can talk with health workers and family. Next of kin—usually grandmother who is caring for the child. If they need to talk to someone we know where every family lives here."

"In the case of a sick child or emergency—the family make the decision who is going with the child and they get here and talk for him/her. Mother or mother's mother can make the decision."

Mother's sister can make decisions. She is called auntie by white people but for us she is like another mother. Father's sister has to step back a bit—not part of the conversation"

In case of emergencies, however, the Aboriginal Liaison Officer 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 is happening and an individual is not blamed for making a wrong decision.

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. They should also be offered interpreting help if necessary.


"Be aware of different cultural practices. For example, old people singing songs—they are not being loud. We accept this"

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





*“...take the advice of Aboriginal
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ANONYMOUS

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