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Understanding Aboriginal Australians for more effective provision of Home Modification Services

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Working with and understanding Australian Aboriginal Communities

This bulletin is designed to provide some background information about Aboriginal Australian communities and the health and housing services available to them, in order to increase understanding, reduce cultural stereotyping and introduce culturally appropriate services. It is hoped that increased understanding will lead to a reduction in cultural stereotyping, therefore enabling better service provision and increasing confidence when communicating across cultures. Lack of understanding between Aboriginal and non-Aboriginal Australians, or, for that matter, between any members of society, has implications for communication and practical service delivery when it comes to the installation of home modifications, or assessment by occupational therapists and other health providers.

Although this bulletin focuses on Aboriginal Australians, many of the communication tips, considerations and guidelines provided can be used and considered in any cross-cultural interaction, or, indeed, in your interactions with members of your own cultural background. Consideration for individuals and their particular cultural context can lead to clearer and more effective communication on many fronts.

The NSW Department of Ageing, Disability and Home Care (DADHC) has implemented a series of strategies that will focus on improving Aboriginal access to DADHC programs and services, by increasing the accessibility and relevance of these services under the DADHC 'Aboriginal Policy Framework'. It is hoped that developing an improved understanding of how to best communicate with Aboriginal people will lead to improved access to such programs, contributing to the development of the NSW '*Two Ways Together*' Aboriginal affairs plan, 2003 - 2012. The aims of this plan are to develop a two-way commitment between Aboriginal people and the government, in order to contribute to improving the social, cultural, emotional and economic status of the States' Aboriginal people (NSW Department of Ageing Disability and Home Care, 2005), (Department of Ageing Disability and Home Care - Aboriginal Consultation Strategy, 2005).

Historical Context

The arrival of Captain Cook in 1770, and Australia's subsequent colonisation in 1788, introduced a set of beliefs and way of living foreign to Aboriginal people - including land ownership, individualization and intensive agriculture, etc. (Horton, 1994). Dispossession from their land, exposure to infectious diseases

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and the creation of missions has impacted the way Aboriginal Australians behave towards, view, and are viewed by, non-Aboriginal people - resulting in racism and poor living conditions for many Aboriginal people.

When working and communicating with Aboriginal people it is important to acknowledge the impact of colonisation, and to approach Aboriginal people with an attitude of understanding, openness, and willingness to bridge any cultural divide. Traditional Aboriginal customs, beliefs, laws and cultural practices still exist in Australia and impact Aboriginal lives and, therefore, the roles of those interacting with them.

Historically, Aboriginal Australians were often identified using such terms as 'full blood', for those people with 100% Aboriginal genetic heritage, or 'half-caste', to refer to people with both Aboriginal and non-Aboriginal heritage (Butler, 1993). These terms are no longer considered either acceptable, or polite. Instead, anyone identifying themselves as Aboriginal, of Aboriginal descent, or living as an accepted community member - regardless of skin colour and heritage, may be known as an Aboriginal Australian, or Aboriginal person. Aboriginal people may identify by the name of their traditional language grouping, or by their regional area names (Sloane, 2005a). According to Sloane, the regional area names used to refer to Aboriginal communities in Australia include;

- Koori – NSW, VIC, TAS
- Murri – QLD
- Nungar – SA
- Nyungar – Southern WA
- Yamayti – Northern WA
- Yolgnu – Arnhem Land
- Anangu – Central Australia

Torres Strait Islander people should be known as such, however there is variation within this group also.

Aboriginal people are not a homogenous group

The above definitions are not adequately reflective of the true range of variation in Aboriginal Australian languages, and, therefore, the wide variation in accompanying cultural practices. There are over 380 different Aboriginal tribal groupings, spread across 18 regions in Australia, and the above regional area names are but a few of those traditionally used. The possibility for linguistic and cultural variation in the Aboriginal community is great and, although grammatically similar, the vocabulary within the various Aboriginal and Torres

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Strait Islander languages varies distinctly (Horton, 1994). Where a group of Aboriginal people live in an urban setting, use of the English language is most likely - although traditional languages may still be spoken. In rural and remote areas, use of English may be minimal.

Diversity in language groupings reflects great diversity in beliefs and behavior patterns. As such, the guidelines provided in this bulletin are not designed to be a prescriptive script for interacting with Aboriginal Australians. They are, instead, a set of guiding principles that may assist in furthering your understanding of, and interaction with, cultural differences.

Basic Statistics

Aboriginal Australia has a population average age of 20.5 years, and a disability rate 2.4 times that of the non-aboriginal average (Australian Institute of Health and Welfare, 2006). The average age of the non-Aboriginal population is 36.1 (Australian Bureau of Statistics, 2004).

The Aboriginal population makes up 2.4% of Australia's overall population, and is comprised of approximately 90% Aboriginal and 6% Torres Strait Islanders, with approximately 4% of both Aboriginal and Torres Strait Islander origin. Around 26%, or one in four, Aboriginal people, live in remote areas, compared with only 2%, or one in fifty, non-Aboriginal people.

Understanding Beliefs and Practices

Spirituality

Changes to the traditional living environments of the Aboriginal people have resulted in changes to traditional belief systems. The traditional Aboriginal belief, however, is that a creator spirit (known in Central Australia, for example, as Baiame) brought the world into being during a period known as jukurrpa (dreaming). Stories of the dreaming are taught from one generation to the next, as a way of passing on cultural heritage and knowledge about the creation of the landforms, flora and fauna. Telling these stories allows the continuous creation and recreation of the dreaming. Each tribal group may have a number of dreaming stories relating to particular animals or spirits of importance to their family lineage and land area. These stories have been reproduced for western audiences as children's picture books, and often describe particular events that have led to the creation of a certain animal, or the appearance and properties of a particular plant.

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Methods and styles of painting, dance and song are used to pass on these stories, and to mark important events and rituals in the life of the community. Each land area has a different totem animal that the Aboriginal people of that area will neither kill, nor eat. When animals are killed this is done for food and survival only. Dances and paintings may relate to these totem animals, and artistic practices are a dominant part of Aboriginal spirituality. Sacred sites containing certain spiritual properties are associated with their creation by traditional spirits. These sites are revered by the clans of a particular land area. The Aboriginal connection to the land may be so strong as to extend to a fear of flying and, as a result, disconnection from the land (Horton, 1994).

Symbols are often used to represent the landforms, flora and fauna in Aboriginal art. The symbol of the circle is often used and the traditional belief is that when you sit in a circle, the person opposite you reflects your nature; your good and bad qualities. Everyone has the ability to change their character and personality. Believing this, they reason, commits tribal people to being better persons' (Global Volunteers - Partners in Development, 2006). Elders are traditionally the carriers of knowledge and wisdom in traditional communities. Possessing knowledge of where to find food and water, in addition to being teachers and educators of the younger members of the community, elders are highly respected. They possess an understanding of the land, culture and traditional healing methodologies that is passed down to future generations through oratory, dance and song.

As in non-Aboriginal societies, where some topics are more likely to be discussed by men or women, there are particular beliefs and practices that may be considered private to either group. Private 'men's business' or 'women's business' may be associated with rites of passage for young Aboriginal people, and may include sex-specific issues, such as pregnancy or menstruation, or other private belief systems. This information may not be publicly shared. In addition, people wishing to practice the dance of another totem group must first ask permission to do so (Guivarra, 2004).

Kinship Systems

Aboriginal people have a strong connection to the land of their birthplace, and to all tribal members of that land. Individual names may be derived from one's English name, 'skin' name (related to a particular tribal or land group), or a combination of the two (Horton, 1994). Nicknames are common. Finding out someone's birth name is best done by asking for their family name, however this may be seen as culturally insensitive, and it may be best to ask a person which name they prefer to be known by (Sloane, 2005b). In Aboriginal kinship

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systems, relational terms often used in English - i.e.: brother, sister, mother, father etc., are used to refer, not only to one's blood relations, but also any member of the community from the same land area (Horton, 1994). Slightly different terms may be used to refer to relatives on the maternal and paternal sides of the family. Non-Aboriginal people may also be referred to by Aboriginal people with such terms as 'sis' and 'bro'. This does not necessarily indicate an acceptance of the individual into one's kinship group. Instead, such terms are usually used as terms of endearment and thanks, in place of terms like 'darling' or 'sweetie', which might be used by non-aboriginal people when expressing gratitude. Traditional kinship systems may restrict or limit social interaction with other groups (Sloane, 2005b).

A persons' position in the kinship system may impact the way they interact with others in the community. Some people in the community may be unable to interact with one another due to 'avoidance' relationships, which may impact the therapeutic relationship. Two people may not be able to be in the same room together, let alone communicate. Recognising the existence of these 'avoidance' relationships, and attempting to reduce discomfort, is important. This may be possible by rearranging circumstances so that the respective individuals need not come into contact with one another (Park, 1995).

Aboriginal kinship and skin systems create feelings of warmth, openness, inclusiveness and community, whilst also distributing responsibility for the education and care of children. This means that parents are not the sole carers of children, a situation which may create difficulties in health care relationships when consent is required (Park, 1995). Collective wellbeing rules over and above individual wellbeing, and family responsibilities take precedence over individual health needs (Australian Museum Online, 2006; Park, 1995)**.** As a result, people's perceptions of the importance of their health care appointments may differ to perceptions of people in mainstream cultures. Non-attendance of appointments may occur if an issue that is perceived to be more important arises (Park, 1995). Overcrowding of housing can rapidly occur as a result of extended family responsibilities, placing strain on existing plumbing, which may then need modification.

Health Belief Systems

In Aboriginal communities, health and wellbeing is considered to be more than just a state of physical health. While one's physical health is important, so too is one's state of emotional health, mental health and connection to the community. The person is seen as the collective mind, body and spirit (Sharing the True Stories - Improving Communication in Indigenous Healthcare, 2006a). Such

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health beliefs may impact the way a person understands their illness. It is important to acknowledge and work together with the Aboriginal understanding of health, rather than assuming the superiority of the medical system. Doing so may enable more effective and successful treatment.

Healing and illness are believed to relate to the spirit world, with the causes of illness often attributed to sorcerers or spirits that have the capacity to 'sing' a person into a state of illness. Illness can be attributed to natural, direct and indirect, supernatural, environmental or introduced causes, and can occur for many reasons - such as stepping outside the bounds of law. Traditional healers can help to explain the causes of illness to patients and to reassure them. In the healing process, objects such as wood or stone are often blessed by singing. Contact with these objects is then used to draw a person out of illness (Horton, 1994). Traditional medicinal practices using native bush plants also persist. Payback is seen as acceptable where a particular person is believed to have caused an illness. Once punishment has occurred, the matter is seen to be resolved, unless a cycle of reciprocity begins (Park, 1995).

In many remote communities, access and exposure to the biomedical health system may be limited. Regional communities are likely to have broader access to the western medical system, which may result in a greater awareness, and understanding of, medical terminology. As the traditional and biomedical understanding of illnesses differs greatly, Aboriginal people may require detailed explanations of medical terms, as might others who have a background other than English. Lack of familiarity with medical treatment systems may lead to suspicion of non-Aboriginal therapists, their motives and objectives. As an understanding of illness is related to a person's community, social and emotional states, convincing an Aboriginal person to take medication when they are ill may be difficult, particularly if they do not feel ill. Some health conditions and interventions, such as wheelchairs, may be unfamiliar to Aboriginal people and may require extended explanation. Using stories, drawings and examples to explain terminology may result in more successful communication regarding the reasons and need for treatment, while working in conjunction with an indigenous health worker will enable a better understanding for all parties concerned.

For Aboriginal people, being in an environment that is alien, removed from their community and natural healing environment, can be frightening. Many Aboriginal people may resist hospitalisation, or check themselves out before necessary. Aboriginal clients prefer to use Aboriginal health services wherever possible, and family involvement in a person's healthcare may assist speed of healing. Due to the nature of the kinship systems, a person's ill health may

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quickly become community knowledge (Park, 1995), however Aboriginal people are unlikely and unwilling to discuss the needs and illnesses of others, or demand service provision (Kendall & Marshall, 2004). Involving family members in the health care and treatment of their kin is strongly recommended (Kendall & Marshall, 2004).

General Health Conditions

Sadly, Aboriginal people suffer from a wide range of often co-morbid health conditions, including eye and sight difficulties, asthma, back problems, ear and hearing problems, heart and circulatory problems and diabetes (Australian Bureau of Statistics, 2006), in addition to high risk smoking and drinking behaviour (66%). While those over 55 are twice as likely to report poor health as non-aboriginal people, 78% of the Aboriginal population report their health to be good or fair. Particularly in remote communities, high levels of happiness, wellbeing, peace and energy are reported (Australian Bureau of Statistics, 2006). Such significantly high subjective health ratings may be a result of strong spiritual ties to the land, and participation in community and social relationships.

Despite their positive self-reported health, anxiety, nerves, hopelessness and restlessness are common responses to the stressors experienced by Aboriginal people (Australian Bureau of Statistics, 2006), including minimal access to appropriate health services, racism, unemployment, drug and alcohol dependence, inadequate housing and poverty.

Aboriginal and non-Aboriginal child development appears to differ slightly, with visuo-spatial acuity in the Aboriginal community developing early on as a result of being carried for long periods while young. Where visual acuity is strong, fine motor skills and walking ability appear slow to develop (Australian Bureau of Statistics,
2006; Park, 1995).

Disability

Disability may be perceived as physical, psychological and socio-cultural, and disability may result from limitations in the environment such as inappropriate or inadequate housing; a physical disability, perhaps as a result of injury or illness, or a psychological disability. A culture of health and medical services that deny, or are ignorant of, the beliefs and practices of Aboriginal peoples' may create disability in one of these areas, where it may not otherwise be considered to exist - while there may be a mismatch between an individual and the beliefs and practices of the culture into which they must 'integrate'. Whether people

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perceive themselves to have a disability is dependant upon their level of support from others, and upon the nature of any pre-existing medical conditions. Major illnesses and conditions may or may not be considered as disabilities, but may instead be normalized due to their frequent occurrence.

Psychological illnesses such as depression, anxiety and related drug and alcohol addictions may be the result not only of a chemical imbalance, as often perceived in a medical sense, but more likely of socio-cultural 'disintegration' - the disconnection of a people from their land, traditional beliefs, practices and medical perspectives (Bostock, 2004). A fragmented sense of self may result from a lack of cultural connection and a feeling of being misunderstood and misrepresented in society; being denied a voice in the political community, or being made to suppress or modify their aboriginality (Kendall & Marshall, 2004). Traditional and remote communities may experience disconnection as a consequence of limited knowledge or use of the English language (Bostock, 2004) and, in a country where English is the dominant language, and where most services are provided in English, for traditional aboriginal language speakers this barrier may be disabling. The prevalence of hearing impairment in Aboriginal people may contribute to the learning difficulties and language barriers experienced, and may merely add unnecessary challenge to the processes of communication.

In rural and remote communities, where the availability of, and access to, disability services may be minimal, Aboriginal people with disabilities may face difficulties regarding mobility and access around the home, and also facilities within their neighbourhood. Beliefs about disability are interesting, in that participation in health services may depend upon whether another family is already accessing that particular health service.

Aboriginal people with a disability, even if an acknowledged disability, may be resistant to requesting assistance as a result of the belief that they either do not require, or perhaps do not deserve, such assistance. As a result, services that provide to Aboriginal people may feel their services are obsolete, unnecessary, or being pitched to a community that does not wish to change. This stereotyped perception may be damaging to both services and clients, perpetuating a cycle of disrupted communication and, thus, inadequate service provision and further disability.

A quarter of all Aboriginal people in households in the Taree area, NSW, reported disability. 1 in every 20 of these people were severely handicapped. The disabilities were, in order of frequency, sense disorders – including sight and hearing loss, circulatory disorders and respiratory disorders. The nature of these disabilities will, understandably, impact the types of modifications

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required. Aboriginal communities have much greater levels of disability than non-Aboriginal communities, particularly as they age. Co-morbid disabilities are common.

Racism

Aboriginal people have been subject to racist treatment by non-Aboriginal people since colonisation. Unfortunately, this racism has impacted all areas of a person's life. Although the Aboriginal kinship system often leads to very welcoming and accepting behaviour with regard to others, racism by Aboriginal people also exists. Aboriginal people who have had very poor experiences of service provision, whether by social, health, or other service workers, may be resistant to receiving the support that they require. This behaviour is often a reaction to the racism and dispossession suffered either personally, or by previous generations, and should not be taken personally.

Flags

When entering an Aboriginal community, you may see one of two flags displayed - the Aboriginal or the Torres Strait Islander.

Figure 1. Aboriginal flag

Divided into two halves, the red base of the flag represents the Aboriginal land, while the black panel symbolises the Aboriginal people. The two halves of the flag are connected by a central yellow circle, representing the sun. The Aboriginal flag was designed by a central Australian Luritja man, Harold Thomas, and was designed to signify the unity of the Aboriginal people during the land rights movement in the 1970's. First flown at Victoria Square in Adelaide on National Aborigines day, July 12, 1971, the flag was proclaimed the official 'Aboriginal flag of Australia' in 1975.

Figure 2. Torres Strait Island Flag

The Torres Strait Islander flag consists of a blue horizontal mid panel, flanked by two green panels. These are separated by thin black lines representing the people. A 5 pointed white star, symbolic of peace and the Aboriginal islander groupings, sits central to the flag. This is surrounded by a 'deri'/'dharri' headdress, symbolic of the Torres Strait Islander People (Sloane, 2005a). The flag is attributed to Bernard Namok of Thursday Island (Horton, 1994).

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Concepts of Time and Place

Traditional aboriginal people may still experience time in a cyclic fashion (i.e. seasons and natural environmental rhythms), or in an events-based manner (Edis, 1998), as distinct from conventional, 'clock-based', time keeping methods. Rather than saying they injured themselves ten years ago, for instance, they may refer to a major event around that time, for example, 'it happened just before my son was born'. Such a statement necessitates that the person be aware of the son's age in order to gain a true perspective. Measurements, weights, time and quantities cannot be accurately translated into Aboriginal languages, which use different measures of time and quantity.

A relaxed approach to time, and a focus on being in the 'now', may impact a therapeutic consultative process that is often geared toward finding the appropriate information to produce an end solution (Sloane, 2005b). Taking time is important in dealing with clients, and this extra time for conversation with clients may be necessary and important for improved service provision. This applies also in other cultures where English is not the native language.

Research on the Yolgnu community in the NT has shown that pauses between sentences, and when waiting for responses from some groups of Aboriginal people, may be longer than usually expected in non-Aboriginal Australian culture (Sharing the True Stories - Improving Communication in Indigenous Healthcare, 2006b). Long silences while considering one's answer may be common. Not allowing an appropriate time period for a person to speak, regardless of who they are or where they might come from, may result in miscommunication, the assumption that the therapist knows what is about to be said, or that they have been misunderstood (Edis, 1998). As with all groups, people must be provided with adequate time to talk and to discuss their issues.

Improving the Performance of Daily Tasks

The ability to bathe and wash clothing and bedding greatly contributes to the maintenance and improvement of Aboriginal Health. Without this capacity, illness and infection are likely to increase. The revised edition of the National Framework for the Design, Construction and Maintenance of Aboriginal Housing (Commonwealth. State and Territory Housing Ministers' Working Group on Indigenous Housing, 1999), will include details of a specially designed and planned washing area, incorporating both the bathroom and laundry. Specifically designed with accessible bench heights to allow wheelchair users to access the laundry tub, and including a combined shower and toilet area, this facility is designed to enable users to work from both inside and outside the

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house, and provides a clear visual path to the outdoor environment. Such a design may be specifically appropriate to rural areas, but is also being considered for use in urban environments, and may be of most use to the primary carers of children in the community.

Men's issues' and 'women's issues' often relate to gender specific experiences, such as childbirth, menstruation and rites of passage, and cannot be discussed between members of the opposite sex. These issues are best dealt with by a therapist of the same gender. If this is not possible, calling on the assistance of other gender-appropriate health workers or community members, or leaving the door ajar to alleviate anxiety and indicate the presence of others, may be necessary. Care should be taken to gain permission before touching the client (Park, 1995).

Use of Spaces

In traditional Aboriginal communities, centrally located fireplaces often serve as a focal point for communication, storytelling and gathering, whilst providing warmth for sleeping. Simply designed houses and outdoor living are not unusual in remote communities. Where regularly designed urban housing has been provided, overcrowding commonly occurs. Many activities normally performed inside non-Aboriginal homes, such as washing, eating, sleeping and communal gathering, may occur outside Aboriginal homes.

Housing and Crowding

Crowding is a major issue in Aboriginal housing, and it is not uncommon for up to 30 people to occupy a house at one time - whether for short or longer periods (Neutse, 2000). Some of the disrepair associated with Aboriginal Australian housing results from the additional strain placed on housing infrastructure that is not designed for such heavy use (Neutse, 2000). Overcrowding can lead to adverse health outcomes.

The state and quality of housing for Aboriginal people differs, depending upon whether they are regional or rural. Poor construction often leads to disrepair in housing funded by the Department of Housing, while some Aboriginal households may be lacking in one or more of the fundamental services that many people take for granted, such as gas, electricity, a bathing space, waste disposal facilities or an area in which to cook. In many circumstances the core survival needs of many Aboriginal people are not being met by the housing provided (Mitchell, 1999), and such 'health hardware' facilities are often poorly designed or manufactured.

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With 69% of Aboriginal people living outside major urban areas (Australian Bureau of Statistics, 2004), location and isolation have a strong impact on the ability for home modification and maintenance repairs to be undertaken. Lack of such appropriate repairs may result in otherwise preventable illness, disease and cross contamination, leading to disability.

The geographic isolation of many rural Aboriginal communities is often the result of a desire to remain on traditional meeting grounds. As a result, people may be isolated from services both by distance, lack of transport or disability (Sloane 2005b). In more traditional communities, frequent moving may make keeping track of and providing appropriate follow up health services to Aboriginal people fairly difficult (Park, 1995). Limited health services may mean that as a care worker or therapist in an Aboriginal community, one may be called upon to do work that may be outside the framework or traditional hours of their position. As a non-Aboriginal person, the extent of this responsibility may be difficult to understand or adjust to.

Lack of trust or knowledge of the medical system, lack of social support and fear can all limit support and assistance-seeking for health related matters. Language, gender issues and lack of understanding or awareness of treatment or modification options may be limiting factors in seeking assistance (Horton, 1994), so education is paramount.

The Impact of Drugs and Alcohol

Drug and alcohol abuse can lead to cognitive, physiological or health impairment. Petrol sniffing, alcohol and intravenous drug use and abuse are all common. Again, the newly revised National Framework for the Design, Construction and Maintenance of Aboriginal Housing will attempt to prevent unnecessary drug use and accidental poisoning by including a lockable medicine cabinet that provides appropriate access to necessary medications by responsible adults and community members.

In some cases, home modifications are more about removing possible dangers in the home than putting in place accessibility options. Possible dangers should be assessed against their environment and their suitability for modification.

Aboriginal People, Policing and Welfare

Caution should be taken when involving police in any issues regarding Aboriginal people. Relationships between Aboriginal people and police are often problematic, and health care prevention initiatives may be disadvantaged if police become inappropriately involved. Understanding the nature of the

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relationship between police and the community is important for workers, to enable them to best negotiate the need for police involvement. Keeping in mind the often fragile nature of these relationships, however, do not be discouraged from involving the police when necessary and appropriate.

Community and health care workers may be considered with disdain, or placed at a distance, as a result of the association between welfare workers and children's removal from families. Clear introductions of the health worker to the community are necessary, and their role must be clearly outlined in order to avoid doubt, avoidance and confusion (Park, 1995).

Approaching Aboriginal People

The comments contained here may be considered applicable not only to Aboriginal people, but to any groups who may be unfamiliar to you, including those of your own racial and cultural background - all who deserve the same level of respect.

The most appropriate approach for a particular person or community will depend greatly on the context and the community that you are approaching. When visiting an urban neighbourhood, you are most likely to have direct contact and individual appointments. In rural areas, however, you may be put in contact with a community or a group of elders. If you do not have direct contact, the list below indicates who you may approach.

As a home modification service provider, you may need to visit a family to undertake an assessment. When providing Home Modification services to Aboriginal people, take into account the lack of awareness of service availability, and hence, that communicating ideas about home modifications may be challenging. For those with no experience working in Aboriginal communities, a number of things may make the process smoother and easier.

The following people may provide not only permission to access a community, but also information on levels of community need, community settings, access, and the unique culture of the community you are visiting. They may also alert you to any issues which may impact your service provision. Appropriate contacts may include:

The individual client

Aboriginal clients often find themselves feeling disempowered by their cultural context, or their treatment by health, medical and government staff. In order to make sure a client is empowered in your interaction with them, it is important to consult with them directly. Writing a letter outlining the reasons for your visit,

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including approximate dates, and information about who will be taking part, will ensure that you are expected - either by the individual you are visiting, or the local community. This will assure that when you make contact on arrival you will be identifiable (Sloane, 2005a). When approaching a home, it may be helpful to call a few minutes ahead, in order to let them know you are about to arrive.

Local Government Council Representatives, a representative of the local Aboriginal Lands Council, or similar

Local Council may provide you with appropriate contacts. The geographical context of your visit will need to be taken into account. In rural or remote areas, it is more likely that you will have to consult with people outside of the direct therapeutic relationship in order to establish who may require assistance.

Local Health and Community Professionals and members of Indigenous NGO's

There may be various other care providers in your area, including medical centres, health staff, hospitals, HACC programs and education service providers. In addition, there may be a number of indigenous NGOs in your region. Ensuring staff know of your services will make them less wary of your demands on their limited time, while these members of the community may also know who may require assistance with home modifications, or may be able to help arrange contact with clients. In rural communities in particular, limited services are available. The best approach may be telephone contact, followed by a fax of the details of your visit (Sloane, 2005a). Doing so will alert professionals to your presence and allow them to consider who may require assistance. Particularly when beginning work in an Aboriginal community, being accompanied by an Aboriginal care provider, health worker from the area or liaison officer from the Department of Housing is of fundamental importance to make the transition to the local community much easier.

Well Known Members of the Community

These may be any number of people within the community, including elders or professionals (Sloane, 2005a).

Redfern and Woolloomooloo communities in NSW, for example, have local community centres. The staff has an in-depth knowledge of the community. Making sure these people are aware of the services you can offer may allow them to advise you who might benefit from assistance, including people who may not otherwise have been considered. In addition, they may be able to provide knowledge of local issues and appropriate methods to use when approaching community members for informal discussion or home modification assessment.

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Engagement in Community Consultation processes

The contacts provided above can help you to arrange community consultation. Allowing community members a level of program control and including community members in the decision making process is likely to produce greater acceptance of modification interventions, providing more effective health outcomes. Individuals are likely to have the best understanding of the impact of their health conditions on daily life, and can provide feedback as to the extent of their limitations, or the accuracy and suitability of assessment recommendations to their particular needs.

Particularly where housing may be designed from scratch, region-specific community consultation is encouraged. This would enable designers of housing to work in conjunction with residents, encouraging input regarding practices that currently work, or do not work, in order to provide the most appropriate housing and allow more robust and successful results to be achieved. Doing so shifts the focus from one of aid provision to one of empowerment, encouraging ownership over the housing provided.

Communication

The following are only guidelines and should not be seen as restrictive. The idea is not to paralyse one's attempts at communication, but instead to offer considerations for communicating with Aboriginal people. In the establishment of a relationship with clients, be it in an aboriginal or non-aboriginal setting, you may find that you will start to use, or be required to learn and adopt, some of the slang, colloquial language of the groups you are interacting with. This may mean that you are required to learn terms that may not otherwise be familiar to you. Establishing a comfortable therapeutic relationship with clients may be facilitated in a number of ways;

Names

Using a person's preferred name can help to demonstrate your respect for them. Finding out which name they prefer to be known by is a good way of building trust, and demonstrating to a client that you are interested in them. For the purposes of completing paperwork, it may be necessary to clarify their legal name.

Eye Contact

Non-verbal communication can be a useful tool when speaking to both non-Aboriginal and Aboriginal Australians, including eye contact and body language. The use of eye contact and body language may differ between urban and rural

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areas. In urban Aboriginal and non-Aboriginal Australian' cultures it is often considered rude *not* to maintain eye contact, whereas in many traditional Aboriginal settings *direct* eye contact may be seen as rude, and as either a direct threat or a sexual advance. When communicating with an Aboriginal person, introducing yourself informally and observing their level of eye contact can assist you to know what is appropriate (Edis, 1998). Sitting or kneeling at the same level as the person so that you are not seated in a dominating position is a good idea, particularly with elders. This is the case in both Aboriginal and non-aboriginal communities.

Time and Storytelling

Allowing extra time to meet with a client, chatting to them casually, being honest and open about your limited level of cultural knowledge and listening carefully, providing feedback and adopting a relaxed and casual approach, will enable your Aboriginal client to feel comfortable with you and open to disclose any necessary information you might require (Sloane, 2005b).

An occupational therapist (OT) who has personal experience conducting assessments in Aboriginal communities stressed that consultation and interactions between the therapist and an Aboriginal client differ significantly from interactions with non-Aboriginal people. In traditional consultations, interactions between therapist and client often centre on the therapist asking the client multiple questions. Asking too many questions up-front may be considered an imposition, and could be counter-productive. When talking to Aboriginal people, be prepared to allow the client to provide you with their information in an unstructured, narrative and story telling format. Consultations may take the form of a nice, long chat, or perhaps a few. When communication is lacking, the recipient of care may feel that their needs have not been taken into account. When they feel they are ready and able to tell their story, however, they may be more likely to accept and use modifications (Edis, 1998).

Allow plenty of time for consultations with Aboriginal people. Getting to know, or working alongside someone with experience in the community, such as an elder or local community worker, may enable further questions to be answered, or answers clarified, post appointment. As a non-aboriginal person, the best way to approach aboriginal people, both for building trust, and for your own comfort, is to be accompanied by a community member or care worker - in order to enable further questions to be answered, or answers clarified, later on.

Although you may make a specific time to meet with an Aboriginal person for a consultation, it helps to be very flexible in these meeting times. Making back-to-back appointments is not advisable, at least until you have become comfortable.

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You may end up consulting with many more people than you initially arrange for, appointments may take a long time and, once you have made a modification to one persons' home, others may also want to have modifications installed. Developing rapport is essential. Getting to know and being accepted by the community may take a long time. If taking over from a service provider with an established community relationship, accompanying them to appointments for an extended handover period may assist in building trust.

Gender

As for many non-aboriginal clients, attempt to provide a service provider of the same gender, where possible, in order to communicate about and assess issues relating to private activities such as showering, toileting or dressing (Sloane, 2005a). If this is not possible, a family friend, carer or other community member may be able to assist you. Without this consideration for privacy, service refusal may result.

Word Meanings

Many traditional Aboriginal people will speak aboriginal languages, and may be lacking confidence in English. Many Aboriginal people will have English as their first language, however, it is possible that many commonly used words will have different meanings or be differently understood by Aboriginal speakers. Differences in communication styles, word usage and interpretation, can lead to unintended misunderstanding between health professionals and aboriginal people when discussing health issues and treatment (Edis, 1998). Miscommunication may impact the way an Aboriginal person understands a home modification intervention and its' appropriate usage, or their interpretation of an occupational therapists role in treatment.

Understanding and Agreement

In some cases it may be seen as inappropriate for an Aboriginal person to disagree with something that has been said to them. This may be so in both distant relationships and relationships of perceived power, such as those between a service provider and an Aboriginal person. In such cases, a reply of 'yes' in answer to questions like 'do you understand how to use this ramp?' may not indicate a true understanding. Clients may be afraid of providing a wrong answer or, as a result of the traditional use of negotiation in Aboriginal cultures, may want to leave open an opportunity for negotiation in a future situation, and therefore be unwilling to disagree with what has been said (Sharing the True Stories - Improving Communication in Indigenous Healthcare, 2006b). Asking a client to physically demonstrate the use of a particular modification intervention or activity of daily living, or to explain in their own words how to use the

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modification, can give a clearer indication of their level of understanding (Edis, 1998).

In order to ensure that you have accurately communicated your message, you may want to clarify with the client or ask them to repeat their understanding of the issue discussed. It may be helpful to ensure that clients' family members also understand the issues discussed. Drawing diagrams and using pictures, gestures and concrete examples may help make explanations clearer.

Questioning

In Aboriginal Australian cultures, information is often obtained by asking indirect questions, making statements and seeking agreement or disapproval, or providing information to others for feedback at a later time. This differs from the direct lines of questioning that occur in non-Aboriginal Australian cultures, and that may make some Aboriginal Australian people uncomfortable. When direct questions are necessary, simply stated questions may provide clearer answers, i.e.:

> "Is this tap easy to use?" as opposed to;
>
> "Is this tap easy to use, or does it hurt your wrist?"

In the latter case, it would be unclear which option was being agreed with if an answer of yes were provided (Edis, 1998).

Using an Interpreter

For traditional people who speak an Aboriginal language, working with a qualified interpreter or translator can often be more effective than asking a family member to translate. In some cases, certain topics cannot be discussed between one family member and another; i.e., brothers and sisters (Sharing the True Stories - Improving Communication in Indigenous Healthcare, 2006a). An appropriate, impartial interpreter may help avoid communication challenges that could otherwise lead to inappropriate prescription, or unsafe use of, home modifications. If a carer is not part of the family they may be better able to assist with interpretation. It is important to explain to clients how interpreters work, and to be aware that there may not be appropriate or equivalent words in the Aboriginal language to match those you are using. It is important to try and make sure that your understanding of any important language terms meets the understanding of the person you are talking to. Explaining terms fully and clearly is appropriate, without oversimplifying. Sentences may require rephrasing to ensure that you have been understood. Directing questions and conversation to the client, rather than the interpreter, is important (Edis, 1998).

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Reverence to the Deceased

In some Aboriginal communities, reference to deceased people by name may be considered disrespectful. When in doubt, consult with the person who has referred you to this client. Cultural practice may be that when someone has died, others are unable to enter that persons' home for a period of time (Park, 1995).

Housing and Modification Services for Aboriginal People

The Aboriginal Housing Office runs a program supplying housing to Aboriginal Australians. This program entitles them to one extra bedroom in housing commission apartments, to cater for the possibility of extended family responsibilities (NSW Department of Housing, 2005). In addition to this program there exists an Aboriginal Rental Housing Program (ARHP), funded jointly by both the State and Commonwealth governments. The funding for this program is provided by the 'Community Housing and Infrastructure program' and includes funds from a Regional Council Budget, a State Grants program and a National Aboriginal Health Strategy program (Aboriginal and Torres Strait Islander Commission, 1998). Over 300 community housing organisations a year were funded by the Aboriginal and Torres Strait Islander Commission (ATSIC) in Australia before its abolition. Established to provide appropriate housing to Aboriginal people, Aboriginal housing organisations cater for cultural differences, income factors and often large family sizes. Capital works maintenance involved in the housing programs used to be funded by ATSIC funding grants (Aboriginal and Torres Strait Islander Commission, 1998).

Following the abolition of ATSIC, the funding responsibility for most Aboriginal organisations was transferred to the newly established rural and regional Aboriginal Co-ordination Centres, funded by the Office of Indigenous Policy Coordination (OIPC). Program funding agreements were administered by the OIPC and Shared Responsibility Agreements, consisting of a series of commitments as to the outcomes that will be achieved by an organisation within a financial year, were signed with many Aboriginal organisations, in order to establish funding need and outcomes (Department of Immigration Multicultural and Indigenous Affairs, 2006).

The Aboriginal Housing Office allows people to request appropriate housing, including ground floor, modified units. With the appropriate documentation, individuals can either refuse units that may be unacceptable due to disability, health or mobility impairment, or request modifications to properties. If a request

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for modifications is made, the house will be assessed for its suitability and, if deemed unsuitable for modifications, individuals may be relocated to suitable properties (NSW Department of Housing, 2005). Repairs to these properties may, within certain financial limits and restrictions, be funded by the Aboriginal Housing Office, and must be approved by the appropriate authorised agent within the Housing Office. Modifications of up to 10,000 dollars are possible (NSW Department of Housing, 2005).

In a 2002 Australian Bureau of Statistics survey, approximately 22% of Aboriginal renters lived in state/territory housing, while approximately 66% of those renting did so from Aboriginal Housing services such as those above, in addition to private or community rentals.

The NSW Department of Aboriginal Affairs, in conjunction with the Department of Health, have funded the "Housing for Health – Aboriginal Communities Development Program" - an assessment and maintenance program to improve the safety and conditions of houses, in order to improve health outcomes for Aboriginal people (NSW Department of Aboriginal Affairs, 2006). The program works with selected communities to improve their housing services, with the intention to prevent illness by performing immediate maintenance and safety work, in order to increase the functionality of health hardware; tools necessary to promote healthy living.

> "Repairing vandalism or even over-use of buildings by Aboriginal Australian people, particularly the essential health hardware, has not been a significant cost (always less than 5 per cent), whereas poor initial construction - particularly of difficult to inspect in-ground works - has consistently consumed over 70 percent of fixed budgets. The remainder being used for regular maintenance tasks." (Pholeros, 1998)

Community Commonwealth Aged Care Packages (CACP's) are flexible packages of care provided by the government, and designed to assist with the care needs of older people and people with disabilities. These care packages may include transport, home assistance, meal provision, gardening and social support and personal care.

Care packages of many forms are popular within the Aboriginal population, with many more care packages awarded to Aboriginal people under the age of 49 than those over 49 in the non aboriginal population.

Assistive Technology

Assistive Technology includes any of a range of devices or systems used in the home to assist in activities of daily living, in order to make these tasks safer and easier to perform. Such tools may reduce the scale of necessary modifications.

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The use of assistive technologies may need to be tailored towards the specific needs of Aboriginal communities.

In situations where housing is overcrowded and where people sleep on the floor, hoists, which are usually used above normal height beds to enable people to climb in and out of bed, may not be of use. A detailed analysis of an individual's level of function relating to the activities in which they are involved will need to be undertaken, and applied, in the context of their physical, social and cultural environments – taking into account the presence of carers.

Due to the fact that many people may live together in a home, assistive technology such as bath boards may be used by more than the intended user. Such assistive technologies must be designed to support the weight of the heaviest possible user. Multiple use and possible cross-infection should be considered here.

Wheelchairs, lifting devices, portable ramps, bathroom chairs and other bulky assistive devices will need to be stored, and, particularly where crowding is problematic, the amount of space and ease of storage should be taken into consideration. Tools that can be folded for storage will be of more use in crowded environments.

Awareness and Acceptance of Home Modification Options

Disparities may exist in levels of awareness of home modification options between regional and remote areas, or among younger or older Aboriginal people. The same is true for non-aboriginal people.

Experience of some home modification service providers in more rural or remote areas has shown a lack of awareness regarding home modification options or the existence of services, whereas some experience in regional areas has shown a high level of awareness, and consequent demand and request for assistance when related to modifications. Each community is likely to have a different level of awareness, depending upon access to other health services and the level of communication around home modification options. In some cases one may not be aware until the assessment process that assistance is either required, or possible. This may also be the case in non-aboriginal people. In other cases, people may be aware of their rights and government provisions, and may already have an idea of the sorts of modifications they would like in their homes.

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Remembering that it is likely that modifications installed in homes may be used not only for the person intended, but by other family members, it is important to consider the suitability of any modifications for varied anthropometric measurements, ensuring they can cater for a wide range of sizes and weights in order to minimize danger wherever possible.

Fear of misunderstanding and exploitation by non-Aboriginal service providers may lead to an avoidance, or lack of acceptance, of home modifications and health assistance. This does not necessarily indicate a lack of interest in assistance however, but may instead be as a result of previous experience, either culturally or personally.

Alternative Care Approaches

The Department of Housing may provide greater flexibility of funding when dealing with Aboriginal communities. Purchases such as fridges, which would not be approved as modifications in non-Aboriginal communities, contribute to the basic health maintenance of a community.

Addressing health issues in Aboriginal communities may require different approaches to the standard approaches traditionally delivered by HMM services and occupational therapists. Modifications may be impractical in some housing circumstances, while alternate approaches, such as increased care worker training, or nutritional and health education programs, may be more successful at both reducing the impact of health complaints and increasing clients' sense of power and control over personal circumstances.

Assigning small geographical areas to particular therapists may be beneficial, in order to enable the development of strong relationships. Individuals may then consult with other therapists in the area who have experience in a different area of client treatment. Doing so enables each therapist to develop trust within their community, whilst drawing on various treatment modalities and networking with other therapists.

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Checklist

- ☐ Use culturally appropriate terminology and actions. For instance, seat yourself in an equal position to avoid offending or dominating others, and avoid extended eye contact. Try to gauge appropriate levels of eye contact by paying attention to the eye contact of those around you.
- ☐ Aboriginal languages and cultures vary greatly. Aboriginal people in remote areas may use an aboriginal language, and have a limited understanding of English. Engage in extended conversation and allow time for a person to narrate their story without too much questioning. Listen carefully for the answers. Try to use open questions that will allow extended answers. This means not using yes/no questioning
- ☐ Always ask for and use a persons' preferred name and, if necessary, clarify their legal name, as needed, for paperwork.
- ☐ Meet extended family members and consider larger community involvement.
- ☐ An Aboriginal understanding of health may differ from the non-Aboriginal understanding. Any medical terms may need to be clearly explained or illustrated.
- ☐ If you experience reverse racism, do not take this personally.
- ☐ When referring to time periods you may need to use several methods to specify. These may include saying 'morning', 9am, and 'after breakfast', to refer to the same time-period. Try to avoid using clock-based time keeping methods to discuss concepts of time and place, particularly when a client does not have a confident grasp of the English language.
- ☐ Be aware that many activities you would expect to see occurring indoors in a non-Aboriginal community may occur outdoors, such as sleeping, eating and gathering together.
- ☐ Try to use same-gender workers for consultations involving private or sensitive subjects. Be aware that some subjects are taboo between family members, or people of the opposite sex.
- ☐ Ask your clients to explain their understanding in their own words. Use diagrams and photographs to ensure your information is clearly understood
- ☐ When working with a translator or interpreter, ensure that you still speak to and address the Aboriginal client directly.

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- ☐ Ask for permission to approach a home - calling ahead if necessary. Arrange to accompaniment by an Aboriginal person or worker familiar to the local community.
- ☐ Be aware that referring to a deceased person by name may be culturally insensitive. Instead, ask the best way to make any necessary reference.
- ☐ Be aware that your Aboriginal clients may have other needs that require additional assistance. Contact Carelink (1800 052 222) to enquire about services available through Home and Community Care and Community Aged Care Packages and other supports. Refer to the appropriate Aboriginal Housing Organisation in your state for more information on housing and modifications.

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Contacts

These contacts may be able to provide you with further information about appropriate services in your local area, in addition to more localized funding opportunities.

Table 1. Contacts

Queensland	Indigenous Housing Programs PO Box 2457, City East Qld 4001 Phone: 13 QGOV (13 74 68) www.qld.gov.au/atsi/family-social-support/housing-support/ www.hpw.qld.gov.au/Housing/SocialHousing/ Rural Living and Infrastructure Program (RLIP) Athol Woodford Phone: 3225 8696 Email: Athol.Woodford@dlgp.qld.gov.au www.dsdip.qld.gov.au/resources/guideline
Northern Territory	National Partnership Agreement on Remote Indigenous Housing Phone: 1300 653 227 Email enquiries - dssfeedback@dss.gov.au www.dss.gov.au/our-responsibilities/indigenous-australians **Indigenous Coordination Centre - Alice Springs** 2nd Floor, Jock Nelson Building, 16 Hartley Street, Alice Springs NT 0870. PO Box 2255, Alice Springs NT 0871 Ph: (08) 8958 4200, Freecall: 1800 079 098
South Australia	Department of Human Services Aboriginal Housing Unit Rural and Remote Program 153 Wakefield St, Adelaide SA 5000 Phone: 08 8235 4301 *Basic Specification, Indigenous Australians Housing*

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Western Australia	Aboriginal Housing and Infrastructure Unit Ministry of Housing 99 Plain St, EAST PERTH WA 6004 Phone: 08 9222 4758 or: Environmental Health Service Health Department of WA PO Box 8172, Stirling St PERTH WA 6849 Phone: 08 9388 4920 *WA Environmental Health Standards 1999*
New South Wales	NSW Aboriginal Housing Office Level 6, 33 Argyle Street PO Box W5 Westfield PARRAMATTA NSW 2150 Free Call 1800 727 555 http://www.aho.nsw.gov.au/ Standards for Building and Buying Aboriginal Housing in NSW www.housing.nsw.gov.au/Changes+to+Social+Housing/ Aboriginal Home Care Service www.adhc.nsw.gov.au/individuals/help_at_home/aboriginal_home_care See website for regional and contact numbers
Sharing The True Stories; Improving Communication in Indigenous Health Care	http://www.sharingtruestories.com/ *A website dedicated to improving communication in Indigenous healthcare. Established in conjunction with the Yolgnu people of NE Arnhem land.*

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Department of Health and Ageing	Central Office Telephone Enquiries GPO Box 9848, Canberra ACT 2601 Switchboard: 02 6289 1555 Freecall: 1800 020 103 After hours: 02 6122 2747 General fax: 02 6281 6946 Website: http://www.health.gov.au *Information regarding Community Aged Care Packages and other supports.*
NSW Department of Ageing, Disability and Home Care	Level 5, 83 Clarence Street, Sydney NSW 2000 Ph: 02 9377 6000 TTY: 02 9377 6167 www.adhc.nsw.gov.au/individuals/help_at_home/aboriginal_home_care www.service.nsw.gov.au/nswgovdirectory/ageing-disability-and-home-care
Ian Buchan Fell Housing Research Centre	Director: 02 9351 4100 Administration: 02 9351 4220 Research and Library: 02 9351 4219 Fax: 02 9351 3031 Email: fell@arch.usyd.edu.au Social Housing Research Centre, based at the University of Sydney, Faculty of Architecture
NSW Aboriginal InfoNet	http://www.aboriginalaffairs.nsw.gov.au/ *A source of online information provided by the NSW Department of Aboriginal Affairs*
Australian Indigenous HealthInfoNet	www.healthinfonet.ecu.edu.au *A comprehensive collection of information relating to Aboriginal people, including health related issues*
The Indigenous Portal	www.indigenous.gov.au *A service providing access to indigenous research and resources, including government programs, courses and services*

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NSW Health – Communicating Positively: A guide to appropriate Aboriginal Terminology	http://www.health.nsw.gov.au/aboriginal/Pages/pub-terminology.aspx *This guide provides outlines as to the sorts of appropriate and non-offensive language that gives useful guidance on the language to be used for effective communication with Aboriginal people.*

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