

# Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business)



A framework for supporting Aboriginal and Torres Strait Islander peoples through Sad News and Sorry Business



**Health**

Northern Sydney  
Local Health District

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NSLHD Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business)  
A Framework for Supporting Aboriginal and Torres Strait Islander Peoples Through Sad News and Sorry Business.  
Northern Sydney Local Health District  
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## 1 ACKNOWLEDGEMENT

This document has been adapted from Queensland (QLD) Health’s “Sad News, Sorry Business Guidelines for caring for Aboriginal and Torres Strait Islander peoples through death and dying”

The Northern Sydney Local Health District (NSLHD) Aboriginal Health Service would like to thank Queensland Health, in particular Lyndell Leitch from the Queensland Cultural Capability team for allowing “Sad News, Sorry Business Guidelines for caring for Aboriginal and Torres Strait Islander peoples through death and dying” to be adapted for NSLHD.

The NSLHD Aboriginal Health Service (AHS) would like to acknowledge the Cammeraygal people of the Guringai nations, the Wallemedegal peoples of the Dharug nations to the west the Darkinjung peoples of country to the north and the clans of the Eora nations whose country and borders surround us.

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

## 2 FOREWORD

It is with great pleasure that I present to you the Northern Sydney Local Health District's Aboriginal Health Service Death and Dying in Aboriginal & Torres Strait Islander Culture; A Framework for supporting Aboriginal & Torres Strait Islander peoples through Sad News and Sorry Business.

This resource has been developed to answer questions regarding death and dying or Sorry Business and Sad News for Aboriginal and Torres Strait Islander peoples in NSLHD facilities. It provides culturally sensitive and appropriate methods of communication when dealing with Sorry Business and Sad News.

This is one of many important resources developed by the Aboriginal Health Service NSLHD to assist staff working with Aboriginal and Torres Strait Islander peoples to provide culturally respectful and responsive health care.

NSLHD is committed to providing culturally proper accessible services that will improve the health status of Aboriginal and Torres Strait Islander peoples in our communities. We recognise that responding to community and organisational concerns is a priority in order to achieve better health care outcomes for Aboriginal and Torres Strait Islander peoples in Northern Sydney.

We wish to remind staff to be aware of and acknowledge that Aboriginal and Torres Strait Islander peoples are diverse in their cultural beliefs and each Aboriginal and Torres Strait Islander person should be treated as an individual when accessing health services.

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



**Dr. Andrew Montague**

Acting Chief Executive

Northern Sydney Local Health District

## 3 ART WORK

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All other artwork depicted in this resource is by Peter Shine NSLHD Director Aboriginal Health Service and has been reproduced with his permission.

All photographs are property of the NSLHD.

**Aboriginal and Torres Strait Islander peoples are warned that this resource may contain images of deceased peoples.**

## 4 EXPRESSION OF THANKS

The Director of the Aboriginal Health Service NSLHD Peter Shine would like to thank the following people for their assistance in the preparation of this resource:

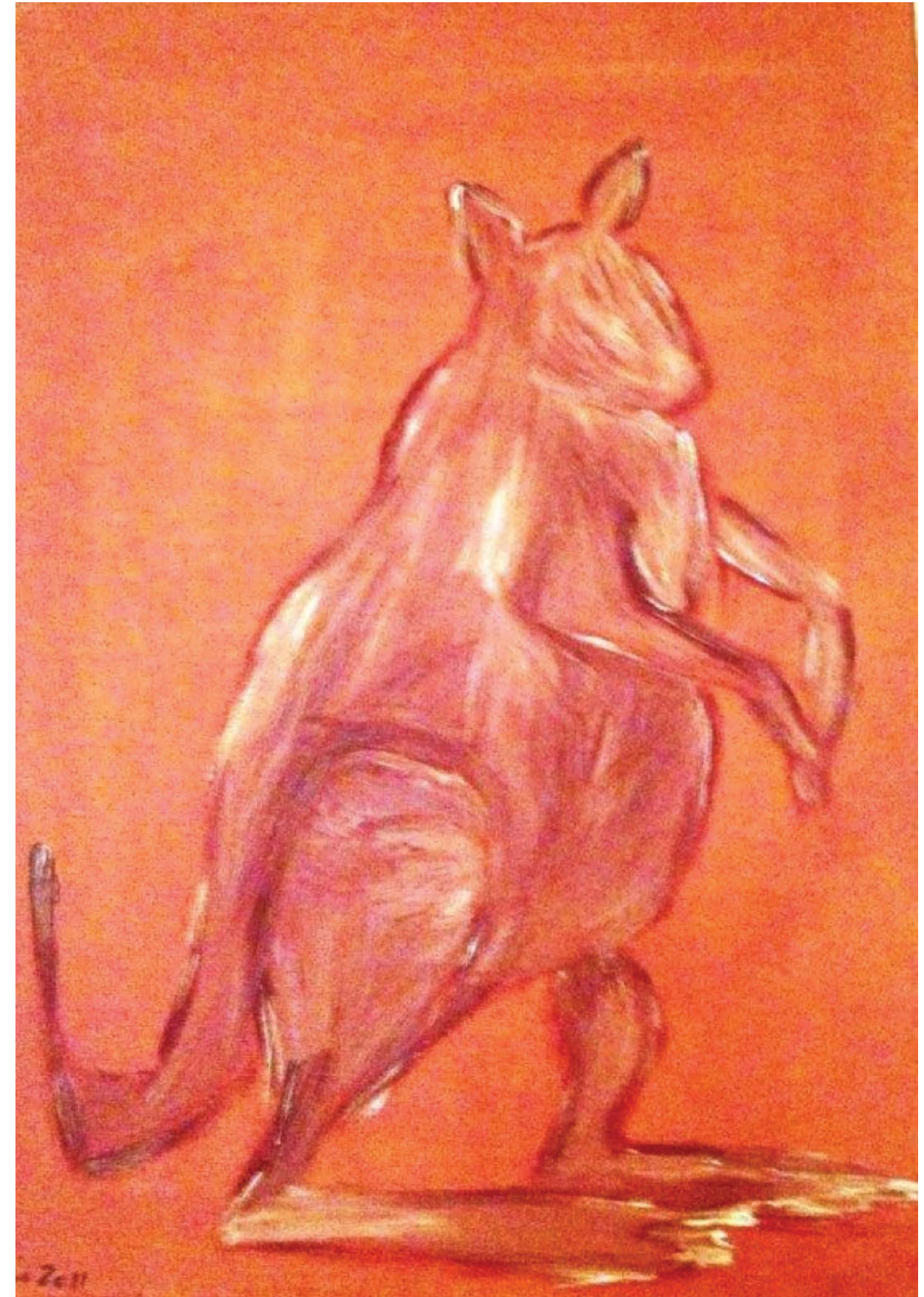
The NSLHD Aboriginal Health Service, in particular Alana Rousselot for assistance with the preparation of this resource.

NSLHD Executives with particular appreciation of the support by Anthony Dombkins, Andrew Montague and Vicki Taylor.



## 5 DEFINITIONS AND TERMINOLOGY

|                        |  |
|------------------------|--|
| AHW                    | Aboriginal and Torres Strait Islander Health Worker  |
| Chronic disease        | A long lasting disease that cannot be cured however can be managed with appropriate medication and medical supervision |
| Coronial investigation | Investigation into the reasoning behind the cause of death   |
| Country                | The particular land area in which an Aboriginal or Torres Strait Islander person was born on considers being home      |
| Custodian              | A person who has responsibility to take care or to protect something   |
| Dreaming               | Spiritual lives of people living on after death on earth   |
| Family                 | Immediate and extended relations of people to an individual  |
| Indigenous             | Aboriginal and Torres Strait Islander peoples  |
| Holistic               | All-Inclusive patient care that encompasses physical, emotional, spiritual, family and connection to country           |
| Immediate family       | An individual's mother, father, brother or sister  |
| Kulaw Gudpuday         | Unveiling of the tombstone in Torres Strait Islander Culture   |
| Lore                   | Aboriginal Cultural heritage and practices   |
| Marigeth               | The partner of a family member in Torres Strait Islander culture   |
| Mob                    | An Aboriginal term referring to family or traditional group  |
| Tombstone              | A large or flat stone accompanied with arrangements to make a house like structure laid over a grave                   |
| Totem                  | An animal or object associated with specific Aboriginal and Torres Strait Islander groups and individuals              |
| Passes                 | A term used to describe dying  |
| Pre-colonisation       | The time before the British colonies arrived in Australia  |
| Sad News               | Torres Strait Islander term for death and dying  |
| Sorry Business         | Aboriginal term for death and dying  |



## 6 WHY IS THIS RESOURCE IMPORTANT?

This resource will serve as a cultural communication guide for non-Aboriginal and Torres Strait Islander health professionals when working with Aboriginal and Torres Strait Islander patients and their families who are dealing with death & dying. Healthcare workers may find this resource useful in providing culturally specific care within a multidisciplinary team to support the patient and their families. Though there are many cultural variations in response to death and dying it is important that NSLHD health care professionals understand the importance of providing Aboriginal and Torres Strait Islander peoples with culturally appropriate care during this vulnerable time. There are different customary practices associated with death and dying or Sorry Business and Sad News for Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander peoples often travel to specific health services within the NSLHD. It is recommended that there are resources, guidelines and support frameworks in place for staff to follow when working with Aboriginal and Torres Strait Islander patients dealing with death; as well supporting family members as they grieve for their loved one.

For the purpose of this document the term Sorry Business will be used to also represent Sad News.

Please note that the information contained in this document is a general view of Aboriginal and Torres Strait Islander culture on death and dying, and may vary depending on country or mob.

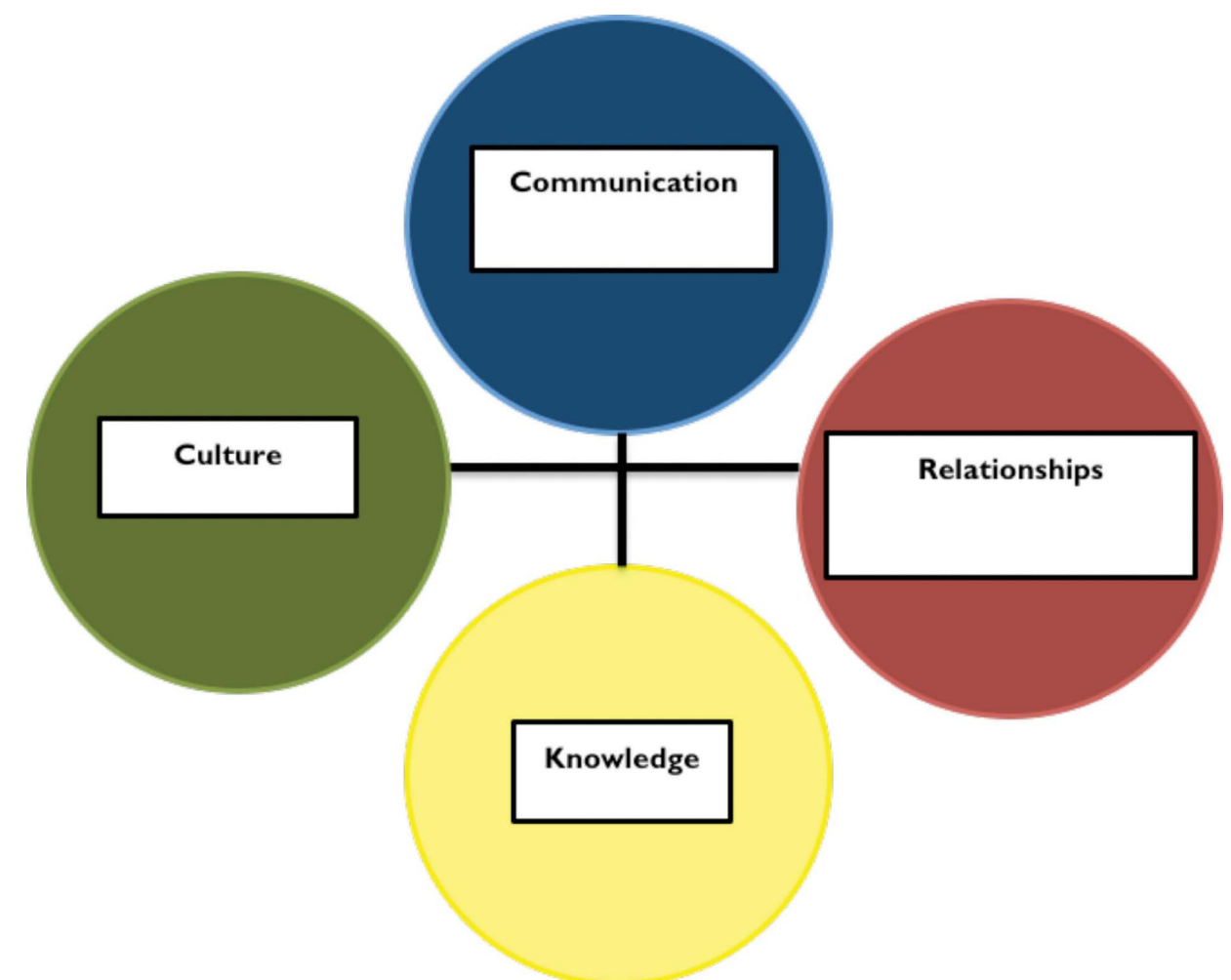


## 7 KEY COMPONENTS TO EFFECTIVE CARE

The NSLHD Aboriginal Health Service has interpreted the four guiding principles in The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033. The framework highlights key components of quality and effective care for Aboriginal and Torres Strait Islander peoples.

The framework is a helpful guide to understanding the characteristics of health service delivery for Aboriginal and Torres Strait Islander peoples. The aim of the resource is to provide recommendations and practical ways of caring for an Aboriginal and Torres Strait Islander person who is grieving the loss of a loved one.

7.1 Figure 1





## 7.2 Culture

- **Recognising that each Aboriginal and Torres Strait Islander person is an individual and not part of a homogeneous mass**
- **Each person's cultural beliefs and views are different, depending on their personal history and experiences**
- **Respect that Aboriginal and Torres Strait Islander peoples view of death and dying is often different from mainstream views and perceptions**

## 7.3 Communications

- **Needs to be open, honest and clear communication**
- **Be aware of patient's body language**
- **Healthcare workers own body language in order to facilitate trust, safety and engagement e.g. sit at bedside**
- **Use simple and clear explanations**
- **Do not use medical jargon**
- **Ask the patient if they want a support person present e.g. family member, Aboriginal and Torres Strait Islander Health Education Officer**
- **The role of next of kin in Aboriginal and Torres Strait Islander culture may not be an immediate relative of the patient. It is important to ascertain from the patient/family who the responsible person for decision making, receiving and relaying messages is. The nominated next of kin is very often NOT the person to be informed of a death**

## 7.4 Relationships

- **Relationships are essential when sharing information between different Aboriginal and Torres Strait Islander cultures. Relationships between staff, family members and the patient will allow for defined boundaries and clear outlines of each person's role and responsibilities during the stages of dying or passing**
- **Referral to the AHS is strongly recommended to assist and facilitate with cultural practices and advocacy**

## 7.5 Knowledge

- **Provide staff with the resources to be more culturally responsive and appropriate e.g. fear of offending patient and family**
- **Have the confidence to start a conversation with the patient and his/her family around death and dying**
- **Decrease the fear around death and dying**
- **Enhance and strengthen the partnerships between all health professionals involved with the patient's care**

# 8 ACKNOWLEDGING CULTURE AND HISTORY

Australia was originally home to many different Aboriginal and Torres Strait Islander peoples all of which had well established beliefs, languages, customs and practices that had been passed down from generation to generation. After colonisation, the sometimes forced integration into western society created disengagement within Aboriginal and Torres Strait Islander communities and non-government and government services.

Death is one of the certainties of life; all cultures experience death and have their own unique traditions when dealing with bereavement. Australia is a multicultural country with many different nationalities and cultures, Aboriginal and Torres Strait Islander peoples making up 2.5% of Australia's population<sup>1</sup>. Therefore it is even more important that health professionals understand Aboriginal and Torres Strait Islander history in order to deal with the Social Determinants of Health that are the basis for ill-health, death, dying and Sorry Business in Aboriginal and Torres Strait Islander lives.

Aboriginal and Torres Strait Islander cultures were anathema to the colonists during the period of colonisation. Western culture stripped the credibility of Aboriginal and Torres Strait Islander traditional culture by enforcing western methods and beliefs as mandatory practices<sup>2</sup>. Aboriginal and Torres Strait Islander peoples were forbidden their practices around death and dying and were not allowed to pass down their knowledge.



<sup>1</sup> Australian Bureau of Statistics, Population Aboriginal and Torres Strait Islander peoples. Retrieved from [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20\(3.5\)](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20(3.5))

<sup>2</sup> Richard Broome, 2010, Aboriginal Australians A History since 1788 ( Fourth Edition pg. 57) NSW, Allen and Unwin

## 9 CULTURE VS. HEALTH CARE

Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander peoples have contrasting views on health and wellbeing. Non-Aboriginal and Torres Strait Islander peoples usually interpret hospitalisation as a place of healing, rehabilitation and security for improved health. For Aboriginal and Torres Strait Islander peoples the hospital may be categorised as a place where people go when they're suffering and more than likely a place of death.

As a health professional working with patients it is essential that all care is responsive to the unique needs of each individual patient and service delivery is personalised to ensure better health outcomes.

## 10 EFFECTIVE COMMUNICATIONS

Communication is an information sharing process that is based on imparting knowledge and exchanging information. Effective communication is the key to successful service delivery and ensuring patient safety. When caring for an Aboriginal and Torres Strait Islander patient there are communication factors to consider.

**Listening is the most effective communication tool for all health care professionals**

### 10.1 Body Language

Appropriate body language will change depending on each individual. It is important for staff to speak with Aboriginal and Torres Strait Islander Health Workers to identify what is appropriate for local communities and what might not be for some.

**If a Staff member wants to express their condolences and has not been able to seek advice, it is suggested that a hand shake without eye contact is the most appropriate action. In some cases it will be appropriate to quietly leave until the family expresses a wish for you to be present**

### 10.2 Verbal communication

Aboriginal and Torres Strait Islander languages and cultural practices have been passed down through storytelling, song, dance and art. During colonisation Aboriginal and Torres Strait Islander peoples were forbidden to speak their own language or share in any cultural practices. One in nine Aboriginal and Torres Strait Islander peoples fifteen years and over do not identify English as their first language.<sup>3</sup>

It's important when communicating medical terminology and procedures that the complexity of the information is simplified.

<sup>3</sup> Queensland Health, 2011, Sad News, Sorry Business Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying, QLD, Queensland Government Health

### 10.3 Below are points that may assist in rapport building:

- **Aboriginal and Torres Strait Islander peoples may be more likely to respond to indirect questions**
- **Personal questions may make Aboriginal and Torres Strait Islander peoples suspicious**
- **Singling out Aboriginal and Torres Strait Islander peoples for criticism or even praise is not recommended as it may cause the person severe shame**
- **Use simple terminology when explaining procedures, however it is essential to not patronise or be paternalistic**
- **Some Aboriginal and Torres Strait Islander peoples speak more than one language, and some experience difficulty with English, particularly medical terminology**
- **Some Aboriginal and Torres Strait Islander peoples prefer to talk about what is happening now rather than talking about the future or past**

## 11 CONNECTING AND RELATIONSHIP BUILDING

Respectable relationships between Aboriginal and Torres Strait Islander communities and staff in health care systems are pivotal. These relationships demonstrate significant importance during Sorry Business. Building rapport with Aboriginal and Torres Strait Islander patients is the starting point of building trust and credibility which will allow for open lines of communication and successful holistic care for the patients and their families.

These relationships are important during the time of Sorry Business because they offer a sense of stability and safety in unfamiliar surroundings and by having these relationships staff are able to provide culturally appropriate care.

- **Listen to what the patient wants and engage the patient or their family in their treatment plan as much as is appropriate. This is better than simply telling the patient and ordering treatments without engaging**
- **Be honest**
- **Be proactive by ensuring you inform the patient of all procedures and housekeeping agendas that may be applicable and explain in terms that people can understand. Notice the patient and do not avoid their presence assuming someone else will do this**

Aboriginal and Torres Strait Islander peoples communicate amongst themselves about experiences, particularly negative experiences. However, if it is a positive experience then the organisations reputation within the Aboriginal and Torres Strait Islander community will improve dramatically.





## 12 FAMILIES

Family members play a significant role in the care of the patient. Often when staff build relationships with family members it is a good indication of how the patient will respond to the service and the treatment offered. Not only is it important to build rapport with the patient but family members as well. It is important to be aware that the next of kin might not always be the appropriate person to communicate with in regards to the patient's medical status. Hospital staff need to be aware of the immediate family structure so the correct family (or non-family) member can be notified.

For example, a patient's father might be recorded as the next of kin but it may be someone else the patient identifies as the person to whom medical information is given.

In some Torres Strait Islander cultures the In-laws have the responsibility after death has occurred to inform family members, organise arrangements and to speak on behalf of the family.

**Torres Strait Islander In-laws are called 'Marigeth' (pronounced Ma-ra-get)**

## 13 PATIENT ESCORT

Some Aboriginal and Torres Strait Islander patients may come from outside of New South Wales (NSW) and have an escort with them on arrival. The escort is often a family member or close friend.

A family member (often the immediate family) will remain with the patient in hospital. They may be the patient's only physical and spiritual connection to country and this may be the difference between successful and unsuccessful treatment. If an Aboriginal or Torres Strait Islander patient is close to death, it is important that an Aboriginal or Torres Strait Islander patient not die alone. Family presence is culturally important at this time.

The NSLHD Aboriginal Health Service created a precedent for the partner or the next of kin of all Aboriginal and Torres Strait Islander patients who are in a critical condition or undergoing life changing surgery, to stay by the bedside (in the same room) during the patients stay in hospital. This arrangement is now standard practice for the NSLHD to follow when an Aboriginal or Torres Strait Islander patient is admitted to hospital with a critical status.

If an Aboriginal or Torres Strait Islander person passes it is important to have the details of the correct family member who plans to escort the deceased back to country. Having clear communication with the family member and health services in the area it will ensure culture protocols are being followed as well as guidelines regarding health and safety.

**The opportunity for an Aboriginal or Torres Strait Islander person facing death to return to country (if possible) should be considered as a high priority. It is important for the person to pass away on the land on which they were born as the connection is profound and holds a strong spiritual significance**

### 13.1 Case study

**An Aboriginal Elder was flown in critical condition to the Northern Sydney Local Health District to receive treatment. The Elder was an original custodian of Uluru and had no connection to country here in NSW.**

**He was not expected to survive and death was a highly likely outcome. The Nursing Unit Manager (NUM), Director Nursing and Midwifery NSLHD and Director of the Aboriginal Health Service NSLHD discussed the importance of ensuring this patient had connection to country as it was essential to his survival. The patient's wife, a non-Aboriginal woman was given approval to stay in the hospital room with her husband as her presence would greatly contribute to his recovery.**

**After an extended stay in hospital the patient recovered sufficiently and was able to be discharged from hospital.**

**The patient told Aboriginal Health Staff**

**"If my wife had not been here when I woke up, I would have died"**

## 13.2 Case study

**A non-Aboriginal man was transferred to Royal North Shore Hospital from out of area to undergo Neurosurgery. The wife of the patient was an Aboriginal woman; the couple had been married for over 25 years. The patient's wife was visibly distressed as leaving her husband in hospital meant being away from each other for the first time in their married life. The Aboriginal and Torres Strait Islander Health Education Officer together with the Social Work Department and ward NUM arranged for the wife to stay in the same room with her husband while he was undergoing treatment at hospital. This was arranged so the patient and his wife's social and emotional wellbeing (SEWB) was being cared for and to ensure the best possible holistic health outcomes for the patient.**

**After some months had passed since the patient was discharged from hospital, the Aboriginal and Torres Strait Islander Health Education Officer was approached outside the hospital by the wife of the patient. The wife could not thank the Aboriginal and Torres Strait Islander Health Education Officer and hospital staff enough.**

**"Being able to stay in the room with my husband allowed me to concentrate on his health and also my own, if I wasn't able to be there I would have become un-well myself with stress and worry"**

In circumstances where an interpreter cannot be located for assistance, a family member is welcome to provide this assistance. Before allowing a family member to interpret, the patient must consent to the family member's involvement in their care.

AHWs may be able to help translate the expectations that present as cultural barriers. AHWs can also contact the patient's family for support, make clarifications on any medical history or current undocumented conditions and provide direction on discharge plans

However it is very important to remember that certain topics cannot be discussed with everyone, for example women's health cannot be discussed with any male family member. Also some topics may not be appropriate to talk about with particular members of the family, this can lead to shame issues.<sup>6</sup>

**In Aboriginal culture particular topics are discussed separately between men and women, this is known as Men's Business and Women's Business**

**"Where possible it is preferable for men to speak to men and for women to speak to women, especially in circumstances where you are not known by the person or community"<sup>6</sup>**

## 14.1 Family interpreters

- **If the family member has any questions it's good to discuss with the family member before the interpretation starts**
- **Create a simple and direct list of what actually needs to be translated with the family**
- **Ensure you explain the importance of accurate information being translated**
- **Speak with the family and find out who is the best candidate to translate to the patient, keeping in mind men and women's health matters**
- **Try not to use any medical terms. Diagrams are a great way to communicate any complicated messages**

## 14 INTERPRETERS

The New South Wales Health policy directive for Interpreters 'Standard Procedures for Working with Health Care Interpreters' states it is a legal requirement that an interpreter is provided for people whom English is not their first spoken language. This policy derives from the Anti-Discrimination Act 1977, Mental Health Act 1990, and the Community Relations Commission and Principles of Multiculturalism Act 2000.<sup>4</sup>

Policy states interpreters need to be accredited or officially recognised by the Commonwealth National Accreditation Authority for Translators and Interpreters (NAATI). NAATI is currently collaborating with the Australian government and Northern Territory Aboriginal Interpreter Service (NITAIS) on two projects that aim to increase the number of accredited professional interpreters focused on Aboriginal and Torres Strait Islander languages.<sup>5</sup>

<sup>4</sup> NSW Government Health (2006) Interpreters- Standard Procedures for Working with Health Care Interpreters PD2006\_053, NSW,NSW Government Health

<sup>5</sup> National Accreditation Authority for translators and Interpreters (2015) Indigenous Interpreters project. Retrieved from [https://www.naati.com.au/home\\_page.html](https://www.naati.com.au/home_page.html)

<sup>6</sup> NSW Department of Community Services Aboriginal Services Branch in consultation with the Aboriginal Reference Group, 2009, working with Aboriginal people and communities A practice resource. Retrieved from [http://www.community.nsw.gov.au/docswr/\\_assets/main/documents/working\\_with\\_aboriginal.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/documents/working_with_aboriginal.pdf)

## 15 THE NSLHD ABORIGINAL HEALTH SERVICE & STAFF SUPPORT

### 15.1 Aboriginal and Torres Strait Islander Chronic Care Nurse Coordinator

Being diagnosed with a chronic disease can be very demanding and difficult to manage. The Aboriginal and Torres Strait Islander Chronic Care Nurse Coordinator's role is to assist in the management of chronic disease in Aboriginal and Torres Strait Islander communities.

The Aboriginal and Torres Strait Islander Chronic Care Nurse Coordinator is available to assist patients with accessing medical services, managing medications and further educating and supporting the patient about their chronic disease.

### 15.2 Aboriginal and Torres Strait Islander Health Education Officer

The role of an Aboriginal and Torres Strait Islander Health Education Officer is to provide social, emotional and cultural support to Aboriginal and Torres Strait Islander peoples during their time in hospital. The role also offers assistance to any Aboriginal and Torres Strait Islander peoples during their stay at hospital by communicating with medical staff and departments to help improve relationship building and dialogue exchange.

The Aboriginal and Torres Strait Islander Health Education Officer is also committed to the communities' development and to educate other organisations about cultural awareness.

**Staff are encouraged to contact the Aboriginal and Torres Strait Islander Health Education Officer when caring for any patient who is dying or who has passed.**

**The reason for this is to ensure all cultural protocols are being met and respected where possible and also to help the staff member feel supported and confident in their cultural service delivery**

### 15.3 Aboriginal and Torres Strait Islander Health Worker (AHW)

AHWs may be able to help translate the expectations that present as cultural barriers. AHWs can also contact the patient's family for support; make clarifications on any medical history or current undocumented conditions and provide direction on discharge plans.

Often towards the end of life some Aboriginal and Torres Strait Islander peoples will prefer to be at home on country. If this is medically possible often the AHW will be able to arrange support and services for this request to be honoured.

**Aboriginal and Torres Strait Islander Health Workers also play a key role in the relationship between health care professionals and patients. Often speaking with an AHW from the patient's local community is the most productive method of sourcing information and communicating with the patient**



Establishing rapport with Aboriginal and Torres Strait Islander staff allows for a learning platform that may increase cultural knowledge and influence the service provided.

If an Aboriginal or Torres Strait Islander patient is close to death, it is important that they not die alone. Family presence is culturally crucial at this time. Unfortunately in some circumstances the patient may be a long way from home and family are not able to be present, if this is the situation the involvement of the local AHW will be essential in order to offer the patient cultural support and comfort.

Working with Aboriginal and Torres Strait Islander community groups and councils are an important element of service delivery. These groups and councils can assist in connecting with local Aboriginal and Torres Strait Islander peoples through cultural sharing strategies and also create productive momentum within the respective communities.

In the event the patient has passed away it would be culturally appropriate for medical staff to wait for the appropriate person to be available before he/she informs the family of the patient's death for cultural proprieties. The AHW also needs to be contacted so he/she can be present during the process if a need is expressed by the family



## 16 IN-SERVICES

If health staff understand or make an attempt to understand the cultural needs and protocols of the patient's culture, they are more likely to respond to care. To facilitate the gathering of this cultural knowledge the NSLHD Aboriginal Health Service offer In-services to hospital staff throughout the Northern Sydney Local Health District.

The In-services include cultural awareness training, education on Aboriginal and Torres Strait Islander history, the services that are able to be provided in order to support staff working with Aboriginal and Torres Strait Islander peoples and ways in which staff can provide quality care whilst honouring culture.

In-services encourage staff to actively participate through discussions and providing feedback. This allows an open forum so people can discuss ideas relating to culturally proper hospital care. The reasons behind particular motives and theories for specific care models for Aboriginal and Torres Strait Islander health are highlighted.

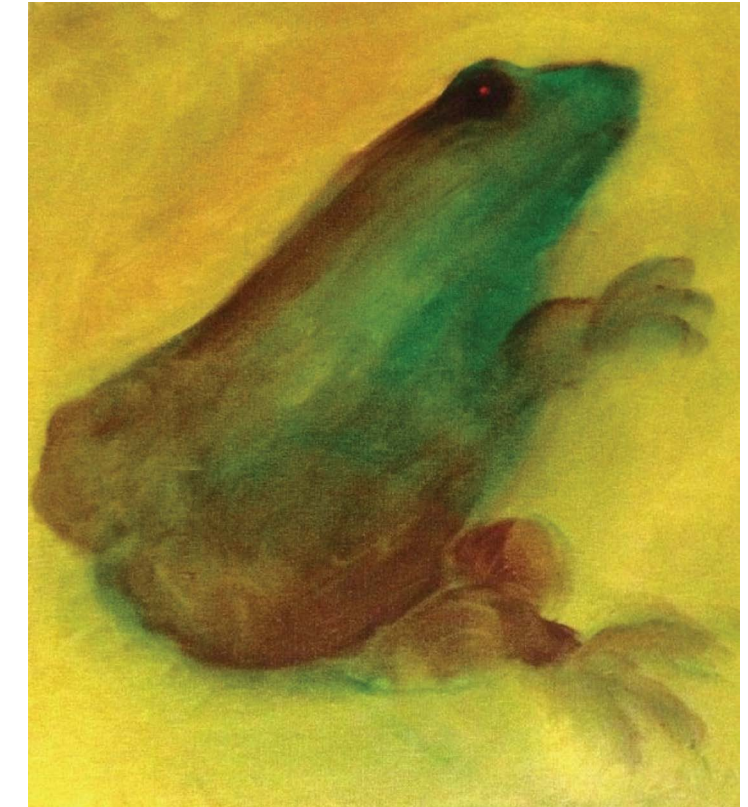
NSLHD Aboriginal Health Service offers one hour In-services to departments across all in area hospitals. It is encouraged for all departments.



### 16.1 Education resources

The NSLHD Aboriginal Health Service has created a Cultural Information and Communication Guide 'Didja Know' (2014) that is accessible for all. It discusses topics relating to Aboriginal and Torres Strait Islander peoples and culture.<sup>7</sup>

- Aboriginality
- Aboriginal culture
- Aboriginal and Torres Strait Islander flags
- Different terminology
- Death and Dying ( Sorry Business)
- Aboriginal families
- Aboriginal health partnerships
- Health and social issues
- Population



The NSLHD has also published the NSLHD Aboriginal Health Services Plan 2013-2016 which highlights specific key performance indicators (KPIs) for the Aboriginal Health Service. Being aware of this plan will help staff understand the importance of direction and the need for more culturally appropriate services for Aboriginal and Torres Strait Islander peoples.<sup>8</sup> In addition to the NSLHD Aboriginal Health Services Plan 2013-2016 the NSLHD Aboriginal Health Service has also published:

- The NSLHD Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020
- The NSLHD Aboriginal Health Service Needs Analysis
- Australia's First Peoples' Female Lifecycle, Health and Wellbeing Plan
- Wiyanga First Australian Birthing Practises in Gaimariagal Country: A Guide for Mothers and Families.

The NSW Ministry of Health through Health Education Training Institute (HETI) offers a Respecting the Difference e-learning module to provide health professionals with the necessary information when caring for Aboriginal and Torres Strait Islander patients.

<sup>7</sup> Northern Sydney Local Health District Aboriginal Health Service, 2014, Didja Know Cultural Information and Communication Guide, NSW, NSW Government Health Northern Sydney Local Health District

<sup>8</sup> Northern Sydney Local Health District Aboriginal Health Service, 2013, Aboriginal Health Service Plan 2013-2016, NSW, NSW Government Health Northern Sydney Local Health District

## 17 ENDING OF THE PHYSICAL JOURNEY

### 17.1 Diagnosis

Providing health information and a diagnosis to Aboriginal and Torres Strait Islander patients may be challenging when you consider the cultural and communication barriers.

### 17.2 What are some complications you may experience during diagnosis?

- **Some Aboriginal and Torres Strait Islander peoples do not identify English as their first language as a result there may be difficulties in communicating information. It is important to use simple terms rather than complex medical terminology**
- **Aboriginal and Torres Strait Islander peoples are often reluctant to engage in conversations that reflects negative health outcomes for themselves and their families. This can make it difficult to discuss serious medical diagnosis, complications and death**
- **Aboriginal and Torres Strait Islander peoples will often take time to consult their family members in order to ensure that everyone understands the situation and that everyone agrees on what may follow**
- **Some Aboriginal and Torres Strait Islander peoples will often have a different interpretation about the diagnosis. This may be due to spiritual and cultural beliefs. These beliefs can conflict with western medicine and interpretations**
- **By staff being culturally understanding and establishing respect for the beliefs of the patient it will assist in developing trust and allowing for better communication between the patient and health care professional**

## 18 WHEN DEATH IS APPROACHING

When it is known to a family or community that there is an expected death of an Aboriginal or Torres Strait Islander person, large gatherings at the hospital may take place to support and show respect for the family member who is close to death.

Some Aboriginal and Torres Strait Islander peoples believe that gathering helps prepare the person for the next stage of life on their journey. This also benefits the people who will mourn the death of the patient by allowing quality time to prepare for the loss and grief that will follow when the patient passes.

If an Elder of a community has died or their health is deteriorating, many community members will gather and there will be ceremonies that reflect the respect and honour that community held for the Elder.

There are cultural expectations that families need to adhere to following death. These expectations and duties are out of love, commitment to mob and respect. The duties can include supporting immediate families, helping with transportation, housing and providing meals and stability.

**An Elder is a member of the Aboriginal and Torres Strait Islander community who carries cultural knowledge and great wisdom of the Lore**

Often in Aboriginal culture it is believed when a member of community passes away the spirit will be released from the body and the spirit continues to the next stage in the journey after life on earth. If the spirit does not have the chance to leave the body there is a very real possibility the spirit will stay and cause disruption to the family



## 18.1 What can you do to prepare?

- **Consider providing a larger and more private room for the patient as a large number visitors should be anticipated**
- **If possible flexible visiting hours for Aboriginal and Torres Strait Islander patients should be considered as family members may be travelling quite a distance if they are from remote and interstate locations**
- **Family members may request to stay with the patient overnight. This is important to facilitate as often the family member is the patients only connection to country and it is very important that an Aboriginal and Torres Strait Islander person not die alone. Please contact your Aboriginal and Torres Strait Islander Health Education Officer to help support the facilitation**
- **Developing rapport with the family on first contact, will assist staff in the ability to provide the best possible care for the patient and helps ensure streamline co-operation and understanding**
- **You must obtain consent from the patient before contacting the Aboriginal Health Service**
- **Please consider and respect that not all Aboriginal and Torres Strait Islander patients will want to be seen by an Aboriginal and Torres Strait Islander Health Education Officer or the AHS**

## 19 DEATH AND WHAT FOLLOWS

The time of death can be a very sensitive and traumatic event for anyone to experience. Aboriginal and Torres Strait Islander patients cultural needs also need to be considered when providing open disclosures and end of life care.

There may be departmental legal requirements following death.

The next of kin may not be the appropriate person to contact when death occurs. It is important to identify the appropriate person as soon as possible.

In some Aboriginal and Torres Strait Islander culture taking photographs, writing the name of the deceased or speaking their name is not allowed. It is believed that this will call the spirit back to this world and affect the patients passing into their dreaming.

In the event the patient has passed away it would be culturally appropriate for medical staff to wait until the appropriate person is available before he/she informs the family of the patient's death for cultural proprieties. The AHW also need to be contacted so he/she can be present during the process if a need is expressed by the family.





## 19.1 The Northern Sydney Local Health District guidelines- care of deceased patient.<sup>9</sup>

Due to the fact that Aboriginal and Torres Strait Islander peoples come from different religious backgrounds and beliefs and from different areas of the state, interstate or from the Torres Strait it cannot be assumed that all Aboriginal and Torres Strait Islander peoples have the same cultural or religious requirements following death.<sup>9</sup> Family members need to be consulted as soon as possible to establish what needs to be done for their loved one and if there are specific things/rituals that encompass Women's Business/Men's Business. These things should be allowed to take place provided the death is not constrained by the requirements of a Coroner's Referral.

Family need to be asked if a Minister of Religion is required to administer last rites or for blessings and prayers as soon as possible before/after death has occurred.

ALERT: For all requests from the family/carer that differ from the processes outlined in this guideline i.e. donation of the body contact by the family/carer to the 'senior next of kin' needs to occur. The 'senior next of kin' is then responsible for making alternative arrangements on behalf of the deceased.

Guideline- Care of the Deceased Patient NSLHD  
Document Number GE2010\_061

## 19.2 What can you do to prepare?

- **At the first point of contact NSLHD facilities has mandated the following question is asked of everyone accessing all health services "Are you of Aboriginal or Torres Strait Islander origin, or both?"**
- **In the event of a decline in health or death of a patient, identify the appropriate person to talk to, often it is best to ask the senior member of the family this question in private**
- **Ask your local Aboriginal and Torres Strait Islander Health Education Officer for advice following a patient's death**
- **It is a good idea to pay attention to the deceased patient's family to see what words are being used, however make sure you check before you use what seems to be an appropriate word for substitute for the patient's name, in case this causes offence**
- **Notifying Aboriginal and Torres Strait Islander staff, it is important to note that the Aboriginal and Torres Strait Islander health staff may have family relations with the patient. It is suggested staff ask the patient if they have any family working at the present facility. If the Aboriginal and Torres Strait Islander health staff are related please ensure to respect protocols and adhere to cultural sensitively when informing them**

<sup>9</sup> NSW Government Health (2013) Care of the deceased patient- NSLHD GE2010\_061, NSW,NSW Government Health Retrieved from [http://intranet.nslhd.health.nsw.gov.au/AreaGov/NSGovSys/AreaPPGLibrary/Governance%20and%20Service%20Delivery/Deceased%20-%20Care%20of/GE2010\\_061.pdf](http://intranet.nslhd.health.nsw.gov.au/AreaGov/NSGovSys/AreaPPGLibrary/Governance%20and%20Service%20Delivery/Deceased%20-%20Care%20of/GE2010_061.pdf)

## 20 SAD NEWS, SORRY BUSINESS:

This section will provide some insight into the two different perspectives of death and the customary practices within Aboriginal and Torres Strait Islander culture during Sad News and Sorry Business. It is important to understand that not all Aboriginal and Torres Strait Islander cultures share the same beliefs and customs.

### 20.1 Aboriginal culture

Often in Aboriginal culture it is believed when a member of community passes away the spirit will be released from the body and the spirit continues to the next stage in the journey after life on earth. If the spirit does not have the chance to leave the body there is a very real possibility the spirit will stay and cause disruption to the family.

To assist the journey of the spirit continuing on after life on earth, there are two significant practices that are followed:

- The name of the deceased person is not spoken out loud for a long time; this could be for a number of months or years. The reason why the person's name is not spoken is because it is believed that it will help make sure the spirit is not called back into this world and the spirit can move onto the next journey without interference.
- A smoking ceremony will almost always be carried out. The reason for a smoking ceremony is to help the spirit depart from this world and into the next. Smoking of the person's home, personal belongings and where they pass away is often involved in the smoking ceremony.

In some cases the cause of death will demand an autopsy. Aboriginal people have a similar practice that is performed by particular elders and often delivers an answer and reasoning of a spiritual nature.

Some Aboriginal cultures will do this differently some will collect a sample of the deceased person's hair. Other traditional practices include searching for objects within the body that are not meant to be there, like a feather or a stone. These objects often will give the answers about why the person has died.

**If the family member does request the hair of the deceased, inform the doctor and document the retrieval of hair in the patient's notes**

**This is usually done in private so it is recommended to not draw any unnecessary attention**

## 20.2 Torres Strait Islander Culture

In some Torres Strait Islander culture there is a religious view to life after death<sup>10</sup>, often following Christianity which was influenced by the Christian Missionaries. When a member of the Torres Strait Islander community passes many family members gather together to mourn.

The day before the burial the family members arrive to dress the deceased person. Only family members of the same gender are able to dress the deceased. The family member is dressed in a cultural or significant outfit which has sentimental value.

When the deceased is lowered into the ground immediate family perform a significant Christian act by throwing soil over the coffin as a symbol of the body returning to dust. The rest of the family will follow. Another important cultural event is the Kulaw Gudpuday (tombstone unveiling). This occurs anywhere up to five years following the burial. The tombstone is not laid straight away because it is important to wait for the coffin to disintegrate and the ground to become firm and stable. This is the mourning period for families and friends.

During this time the deceased person's family members save money and gather materials to wrap around and cover the tombstone. When the tombstone is finally ready to be laid on the burial site the female family members, usually daughters, will decorate the tombstone in materials and other items. The unveiling of the tombstone is the responsibility of the Marigeth and this signifies the end of grieving and is time for celebrating the life of the person who has passed.

**The celebration after the unveiling is usually held in a large hall and tables are filled with traditional foods. Many people perform dances and songs that often depict the totem of the deceased person<sup>10</sup>**



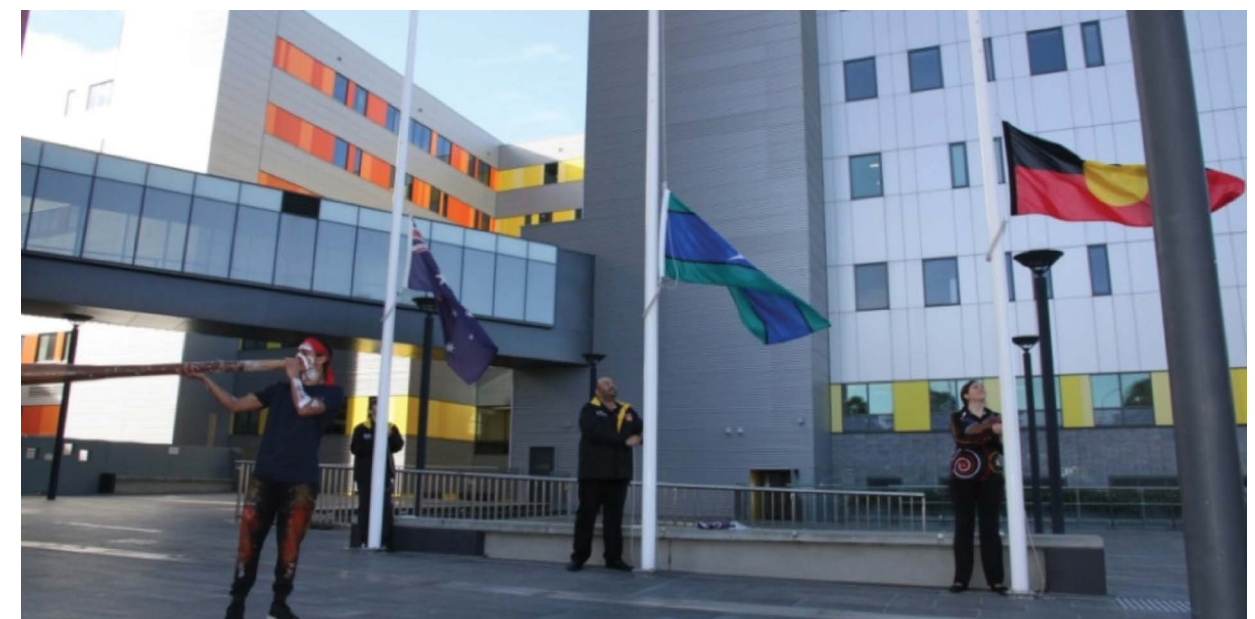
<sup>10</sup> Dana Ober: Linguist Tagai State College, Kulaw Gudpuday Ceremonies and celebrations explained. Retrieved from [http://islandermag.com.au/fileadmin/content/culture/Culture\\_-\\_L\\_C\\_-\\_Kulaw\\_Gudpuday.pdf](http://islandermag.com.au/fileadmin/content/culture/Culture_-_L_C_-_Kulaw_Gudpuday.pdf)

## 21 OPEN DISCLOSURES

Open disclosures are mandated in the National Safety and Quality Health Service Standards (NSQHS)<sup>11</sup>. New South Wales Health's Open Disclosure Policy is referenced from the Australian Open Disclosure Framework. It is recommended to read other NSW Ministry of Health policies and guidelines to enable clinicians to obtain a complete understanding of open disclosures, complaints management and incident management. In every circumstance sensitivity should be practiced with an open disclosure. The NSLHD Aboriginal Health Service strongly advises staff to reference the policy before conducting an open disclosure with a patient or family.

In some situations a coronial investigation may have to take place. This can create strong and complex emotional reactions from the family and community. Reflecting on the lack of trust Aboriginal and Torres Strait Islander peoples may have with health care services; there may be a strong retaliation and negative response when a coronial investigation needs to take place. It is encouraged to seek support from the Aboriginal Health Service, and legal advice when this needs to be included in the open disclosure.<sup>12</sup>

It is suggested that New South Wales Coroners Court and the New South Wales Government Coroners Act 2009 is also consulted for guidance relating to legal obligations, professional conduct surrounding communication and ethical responsibilities.



<sup>11</sup> Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health. Retrieved from <http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf>

<sup>12</sup> Coroners Court (2015) Funeral arrangements. Retrieved from [http://www.coroners.justice.nsw.gov.au/Pages/what\\_happens\\_process/first\\_steps/funeral.aspx](http://www.coroners.justice.nsw.gov.au/Pages/what_happens_process/first_steps/funeral.aspx)

## 21.1 When an open disclosure needs to be had with an Aboriginal or Torres Strait Islander family it is suggested to consider the following:

- **Consult with the Aboriginal and Torres Strait Islander Health Education Officer, Marigeth in Torres Strait Islander culture or an important member of the family when preparing for the open disclosure**
- **Be prepared and confident when having the open disclosure as this impacts the trust between the patient and staff**
- **Make sure all required family members have been invited to attend and are available for the open disclosure**
- **It is essential to consider the environment. Privacy must be adhered to in any location that is chosen. Discuss with the family where they would feel more comfortable talking, as in some cases a hospital setting may not be the ideal location**
- **Anticipate emotional responses from family members and have supportive strategies in place**
- **You must clarify with the family if you are allowed to use the deceased patient's name during the open disclosure and if not what 'name' will be appropriate to use**
- **Consider the language and terms used during the open disclosure, and allow time for the information to be understood and reflected on**
- **Be straightforward and honest**

## 22 FINANCIAL OBSTACLES AND SUPPORT OPTIONS

The cost of a funeral can be expensive and some families may not be able to afford to pay for a funeral. Aboriginal and Torres Strait Islander families may experience more financial strain as during Sorry Business many family members need emotional and financial support.<sup>13</sup>

- **New South Wales Government provides assistance through the Department of Human Services (Centrelink). However contacting Centrelink within 28 days following a death is required<sup>13</sup>**
- **Local Aboriginal organisations may be able to offer support and funds to help assist in the payment of funeral costs<sup>13</sup>**
- **It is also suggested families speak with the funeral director and enquire how much the funeral will cost and request a payment plan for after the funeral has been held. A copy of the medical death certificate will be required to assist with this<sup>13</sup>**
- **Assistance may be required with contacting employer and superannuation schemes**
- **The Department of Veterans Affairs may be able to help cover the funeral cost if the deceased is a Veteran<sup>13</sup>**
- **The state of NSW will assist to provide a basic burial or cremation service, however certain criteria will apply. For any enquiries and requests can be made through the Coroner's Court or investigating police officer**
- **Chandler Macleod Managed Training Services (MTS) is working in partnership with NSW transport to provide Aboriginal and Torres Strait Islander peoples with a service to allow community to enquire and apply for funding to attend funerals**

<sup>13</sup> Australian Securities and Investments commission Money Start Simple Guidance you can trust. Retrieved from <https://www.moneysmart.gov.au/media/131954/paying-for-funerals.pdf>



## 23 THINGS TO REMEMBER DURING SORRY BUSINESS

- Correctly identify patient on admission
- Remember the next of kin might not always be the appropriate person to share information. Find out which family member should be consulted regarding the patient's health status and document this in the patient's file
- Start building rapport early. Listening is the most effective communication tool
- Ask the family and patient if there are any cultural protocols that need to be made known to staff
- Offer to connect the family and patient with the Aboriginal Health Service, consent should be given before the Aboriginal Health Service can become involved with the patient
- It is important for an Aboriginal or Torres Strait Islander patient close to death not to pass away alone. It is recommended that the next of kin or chosen family member stays in the hospital with the patient. Speak with the Aboriginal and Torres Strait Islander Health Education Officer to help with arranging amenities
- Be prepared for many visitors to arrive at hospital to visit the patient during time of Sorry Business. If possible arrange a larger and more private room for the patient as many people are expected. Many people will have travelled long distances, if appropriate allow for flexible visiting hours
- In the event of a patient passing away it is culturally appropriate for staff to wait for the nominated person to arrive before the family informed of death
- Ensure cultural protocols are followed, as outlined above

Wandabaa Yuluwirri Ngandabaa Baiyaame Gorialla Yilambu

Tha-Rawa-Li Ngindaay Yilathu Gunil Bubaa Ngambaa Yurrun

“ At the end of the day may the spirits of the Ancestors, Baiyaame and Gorialla the Rainbow Serpent from long ago smile upon you all and carry you safely to the camps of your mother and father on your chosen road”<sup>14</sup>

- Peter Shine



<sup>14</sup> Clinical Associate Professor Peter Shine, 2014 Sorry Day Stolen Generations

## 24 DIRECTORY ASSISTANCE

| NSLHD Aboriginal Health Service | Address   | Contact Numbers                           |
|---------------------------------|---|---|
| The Aboriginal Health Service   | Ground Floor Community Health Building<br>Royal North Shore Hospital,<br>2C Herbert Street St Leonards 2065<br>NSLHD-AboriginalHealth@health.nsw.gov.au | Ph: (02) 9462 9017<br>Fax: (02) 9462 9083 |
| Peter Shine                     | Director of the Aboriginal Health Service   | Ph: (02) 9462 9017                        |
| Gladys Wilson                   | Aboriginal and Torres Strait Islander Chronic Care Nurse Co-ordinator   | Ph: (02) 9462 9019                        |
| Paul Weir                       | Aboriginal and Torres Strait Islander Health Education Officer  | Ph: (02) 9462 9016                        |
| Alana Rousselot                 | Aboriginal Health Administration Trainee  | Ph: (02) 9462 9017                        |

| Health Services in Partnership         | Address  | Contact Numbers                           |
|--|--|---|
| Catholic Care                          | Levels 10 and 13, 133 Liverpool Street,<br>Sydney NSW 2000 | Ph: (02) 9390 5377<br>Fax: (02) 9261 0510 |
| Aboriginal Medical Service Redfern     | 36 Turner Street, Redfern NSW 2016                         | Ph: (02) 9319 5823                        |
| Bungee Bidgel Aboriginal Health Clinic | 3-7 Derby Rd Hornsby, Sydney NSW 2077                      | Ph: (02) 9485 6200                        |

| Support Contacts   | Website  | Contact Numbers                      |
|--|--|--------------------------------------|
| Department of Human Services (Centrelink)  | <a href="http://www.Humanservices.gov.au">www.Humanservices.gov.au</a>               | Ph: 13 63 80                         |
| Coroner's Court: Sydney Metropolitan area  | <a href="http://www.coroners.justice.nsw.gov.au">www.coroners.justice.nsw.gov.au</a> | Ph: (02) 8584 7777                   |
| Australian Taxation Office<br>Indigenous Helpline                                | <a href="http://www.ato.gov.au">www.ato.gov.au</a>                                   | Ph: 13 10 30                         |
| Department of Veterans' Affairs  | <a href="http://www.dva.gov.au">www.dva.gov.au</a>                                   | Ph: 13 32 54                         |
| Aboriginal Funeral Transport (AFT)<br>Chandler Macleod Managed Training Services | <a href="mailto:mts@chandlermacleod.com">mts@chandlermacleod.com</a>                 | Ph: 1300 361 787<br>Ph: 1800 555 254 |

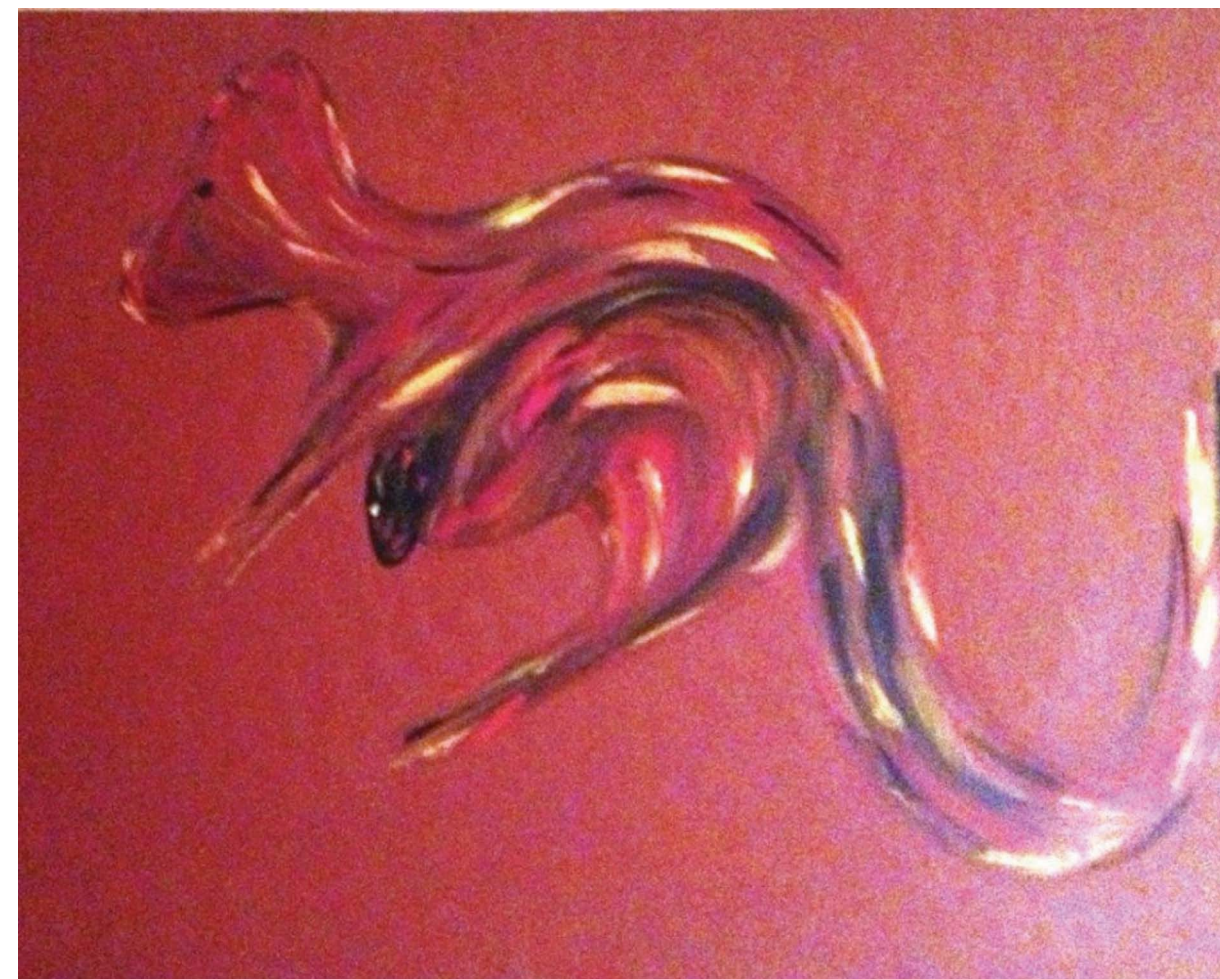
| Facilities                   | Address                                  | Contact Numbers                           |
|------------------------------|--|---|
| Hornsby Ku-ring-gai Hospital | 36-76 Palmerston Road, Hornsby NSW 2077  | Ph: (02) 9477 9123                        |
| Manly Hospital    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





## 25 REFERENCES

- Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health. Retrieved from <http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf>
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- Queensland Health, 2011, Sad News, Sorry Business Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying, QLD, Queensland Government Health
- Richard Broome, 2010, Aboriginal Australians A History since 1788 (Fourth Edition pg. 57) NSW, Allen and Unwin





## Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

### Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy?

☒ Yes ☐ No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development?

☒ Yes ☐ No

Please provide a brief description

Aboriginal Health Workers from across Northern Sydney Local Health District (NSLHD) and non-government organisations and key stakeholders were involved in the development of the Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business). A framework for supporting Aboriginal and Torres Strait Islander peoples through Sad News and Sorry Business.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A
4. Have these processes been effective?

☒ Yes ☐ No

Explain

The NSLHD Aboriginal Health Service and community representatives collaborated with the compilation on this document.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies?

☒ Yes ☐ No ☐ N/A

Explain

This resource has links within the resources pertaining to NSW Government Health NSLHD Guidelines for Care of the deceased patient GE2010\_061. The NSW Government Health NSLHD Policy Directive for Open Disclosure Policy PD2014\_028. The NSW Government Health NSLHD Policy Directive for Interpreters- Standard Procedures for Working with Health Care. The NSLHD Aboriginal Health Services Plan 2013-2016 and Didja Know Cultural Information and Communication Guide.

### Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services?

☒ Yes ☐ No

Comments

The resource will serve as a cultural communication guide for non-Aboriginal and Torres Strait Islander health professionals when working with Aboriginal and Torres Strait Islander patients and their families who are dealing with death and dying. Healthcare workers may find this resource useful in providing culturally specific care within a multidisciplinary team to support the patient and their families.

7. Have these effects been adequately addressed in the policy, program or strategy?

☒ Yes ☐ No

Explain

Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business), A framework for supporting Aboriginal and Torres Strait Islander peoples through Sad News and Sorry Business is important for those providing services to Aboriginal and Torres Strait Islander people and communities to maintain professional standard including actions that are respectful, courteous and that comply with cultural norms. The service provider needs to comply with Aboriginal values. The methods and measures need to be in line with local Aboriginal observances. All principles need to be in line with rigid ethical standards.

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?

☒ Yes ☐ No ☐ N/A

Explain

The complexity of needs prevalent in Aboriginal and Torres Strait Islander communities presents a significant challenge to health services. Aboriginal and Torres Strait Islander peoples have poor physical health and Social and Emotional Wellbeing compared with non-Aboriginal and Torres Strait Islander peoples in the community. This alone warrants separate and unique innovative interventions for Aboriginal and Torres Strait Islander peoples of Northern Sydney.

### Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?

☐ Yes ☐ No ☐ N/A

☒ To be advised

Describe

10. Will the initiative build the capacity of Aboriginal people/organisations through participation?

☐ Yes ☐ No ☒ N/A

In what way will capacity be built?

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

Briefly describe the intended implementation process

Aboriginal and non-Aboriginal Health professionals will benefit from this resource by being able to correctly implement the strategies suggested where Aboriginal and Torres Strait Islander Sad News and Sorry Business is relevant.

12. Does an evaluation plan exist for this policy, program or strategy?

☐ Yes ☐ No ☒ N/A

13. Has it been developed in conjunction with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

The NSLHD Aboriginal Health Service and community representatives collaborated with the compilation on this document.



# Aboriginal Health Impact Statement Declaration

An Aboriginal Health Impact Statement Declaration (and a completed Checklist where necessary) will accompany new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval. This will ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/initiative:

Death & Dying in Aboriginal and Torres Strait Islander Culture Sorry Business

Please complete the Declaration below and the Checklist if required.

Please tick relevant boxes:

☒

The health\* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.

☒

Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.

☒

Completed Checklist attached.

OR

☐

The health\* needs and interests of Aboriginal people have been considered, in the development of this initiative.

☐

The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation.)

Head of Unit Name and Title:

Peter Shine: Director of Aboriginal Health NSLHD

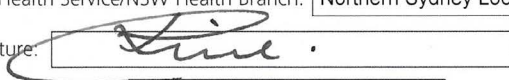
Unit Name:

Aboriginal Health Service

Area Health Service/NSW Health Branch:

Northern Sydney Local Health District

Signature:



Date:

26

/

08

/

2015

Contact phone no:

(02) 9462 9020

Email address:

peter.shine@health.nsw.gov.au

\*For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.

