

Guiding principles

Purpose

The purpose of this document is to ensure that the *caring@home* for Aboriginal and Torres Strait Islander Families project is conducted in a culturally appropriate way involving partnerships with Aboriginal and Torres Strait Islander people and delivering outcomes that will be beneficial to their communities in Australia.

Guiding principles

1. Cultural respect and recognition

Aboriginal and Torres Strait Islander people are recognised as being the oldest continuous culture in the world and the traditional custodians of the land and the sea in Australia. The project is committed to contributing to the physical, cultural, spiritual and family wellbeing of Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people have a unique, holistic concept of health that incorporates physical, mental, emotional, cultural and spiritual health. It includes the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It includes the cyclical concept of life-death-life.

Aboriginal and Torres Strait Islander people have a unique perspective about death and dying. This may differ from mainstream perspectives however they are comparable in the value for the patient, family and community.

The historical impact of past cultural beliefs and practices on Aboriginal and Torres Strait Islander people and how that impact has resulted in current circumstances is recognised as experiences of trauma, loss and disruption to wellbeing that continue to have intergenerational impacts. The strength and resilience of Aboriginal and Torres Strait Islander people is recognised, respected, encouraged and appreciated.

2. Effective partnerships

Development and dissemination of resources will be based on community engagement and partnership with Aboriginal and Torres Strait Islander health workers/professionals, communities and individuals. A process will be developed to ensure dissemination of information back to the Aboriginal and/or Torres Strait Islander people/communities engaging in consultation.

Consultation and engagement will ensure that the project and the resources produced meet the needs and expectations of Aboriginal and Torres Strait Islander communities.

3. **Culturally-appropriate resources**

Aboriginal and Torres Strait Islander culture is diverse. There are over 500 Aboriginal nations, each with its own language and culture. Practices vary according to kinship systems, direct blood relatives, skin groups and extended family. Culture is present within the lifestyles of communities, and adapted across urban, rural and remote settings.

Importantly, although the differences between Aboriginal and Torres Strait Islander experiences needs to be considered, there is a fundamental shared experience across Australia. The recognition of diversity of groups and diversity of lifestyle should not exclude the development of resources that might be applicable across multiple language groups.

Any resources developed for Aboriginal and Torres Strait Islander people need to be culturally appropriate and reflect links between traditional culture, kinship and country. They should be accessible, written in appropriate language, consider literacy barriers, include storytelling and use diagrams/illustrations. Resources need to be used and explained by clinicians who take the time to develop trusting relationships with families, providing compassionate and non-judgemental care.

4. **Sustainability**

The resources developed as part of the project have the potential to contribute to the wellbeing of Aboriginal and Torres Strait Islander people, families and communities by leading to improved palliative care outcomes. The resources will remain available to all health professionals and Aboriginal and Torres Strait Islander families after the end of the project.

The *caring@home* model of care creates intentional collaborative connections between formal and informal care at the policy and the clinical level. It supports care that can delivered at home, within community by Aboriginal and Torres Strait Islander families and health professionals. In-home care allows tradition and ceremony to be embraced and personal care needs and experiences to be met.

5. **Capacity of Aboriginal and Torres Strait Islander people**

Education will be developed for health professionals including nurses, and Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Liaison Officers to enhance the skills and/or knowledge of these health professionals in palliative care. The needs and interests of these health workers will be embedded in the development of resources.

The consultation and engagement process is an opportunity to upskill members of Aboriginal and Torres Strait Islander communities about the principles and practices of palliative care. By involving Aboriginal and Torres Strait Islander health professionals as part of the project team and in advisory groups, the project will improve capacity for involvement in national projects and resource development.

6. **Capacity of project staff to engage in culturally responsive and safe ways with Aboriginal and Torres Strait Islander people**

Development of the capability, knowledge, skills and behaviours of the project team will provide and foster culturally-responsive communication with Aboriginal and Torres Strait Islander people involved in the project and using the resources.

References

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