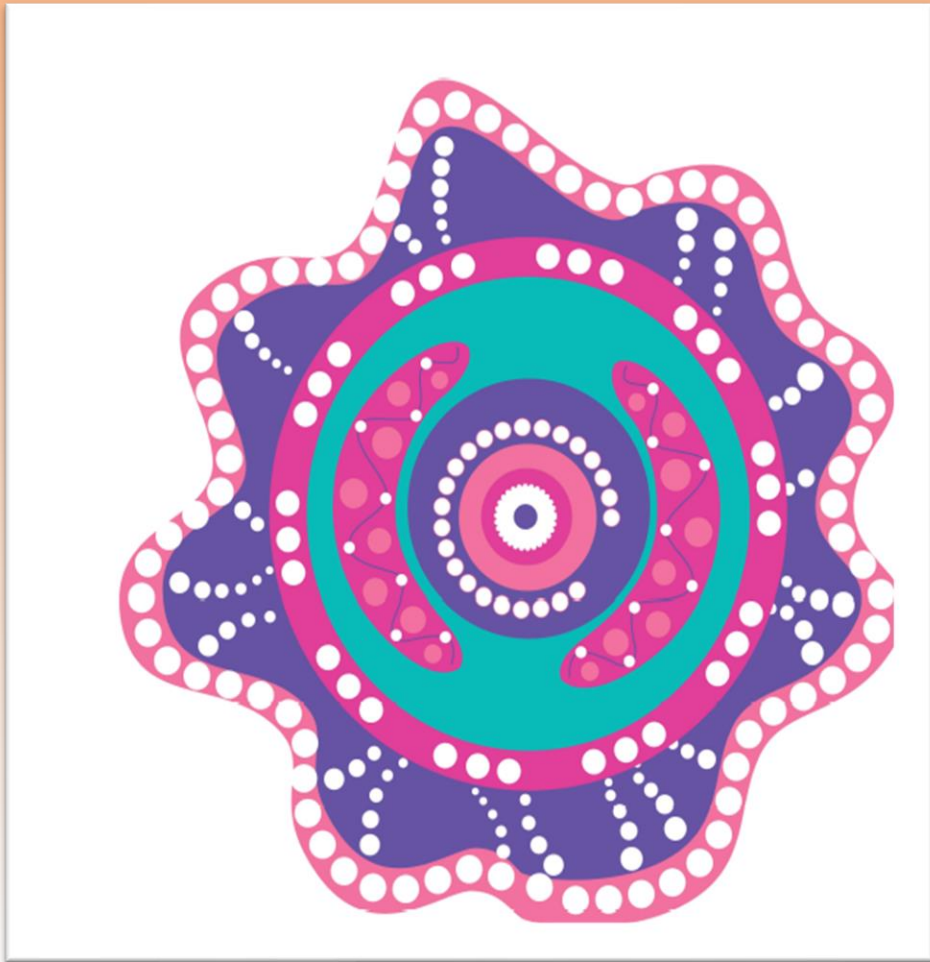
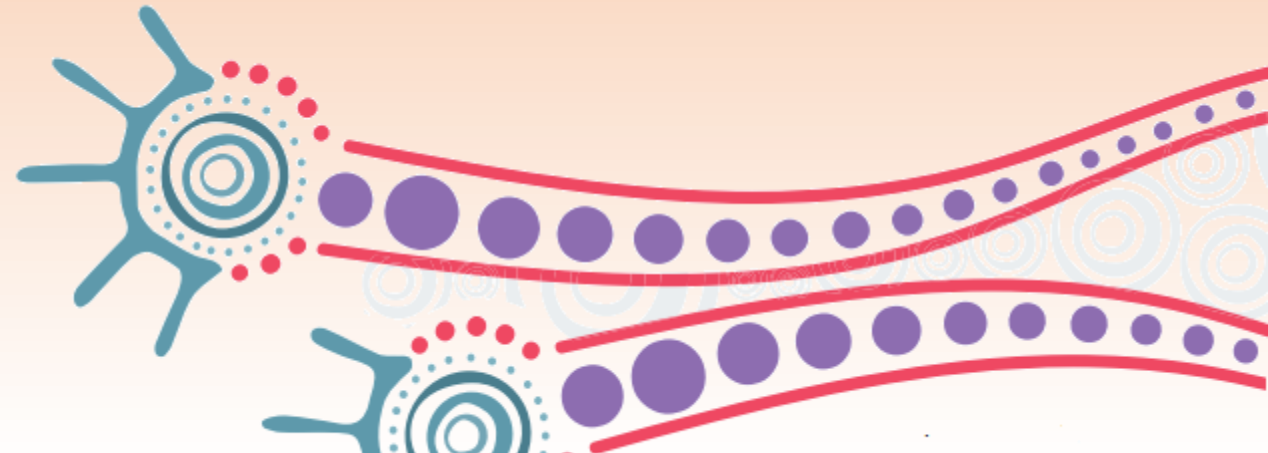


Collaborating With Aboriginal Communities: To Ensure Cultural Safety Within Research



Health


South Western Sydney
Local Health District




Connections: Who Am I



I am a Mandandanji Woman from South West West Queensland Born on Gadigal land with family ties to Ngemba Country South Western NSW. I have extended family connections to Dhunghutti people on the North Coast of NSW and Waddi Waddi people of the South Coast of NSW



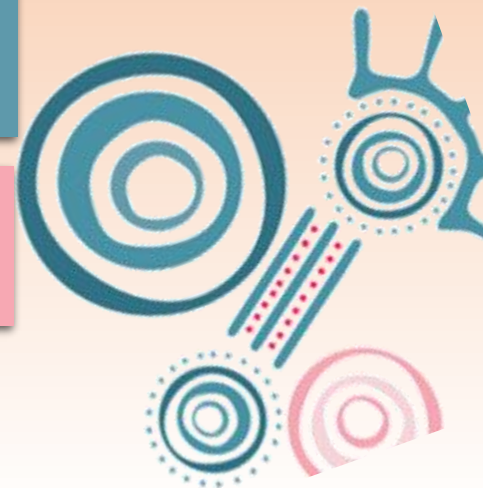
I pay respects to the Dharawal peoples, Elders past, present and emerging. I acknowledge the resilience, guidance and wisdom of all my elders, Knowledge Holders and utilise their teachings to inform and inspire my practice



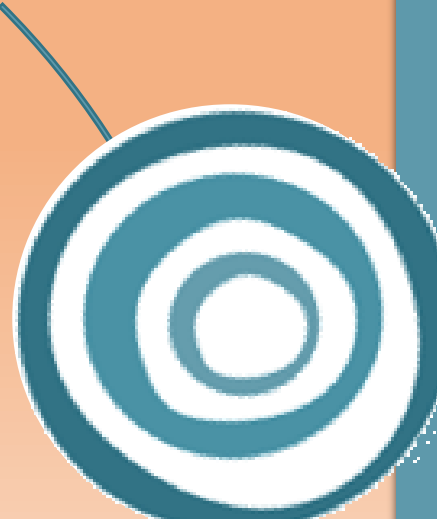
I have lived and worked across the lands of the Dharug, Gundungurra and Dharawal lands for the past 45 years and have many community and cultural ties to communities across NSW and Queensland



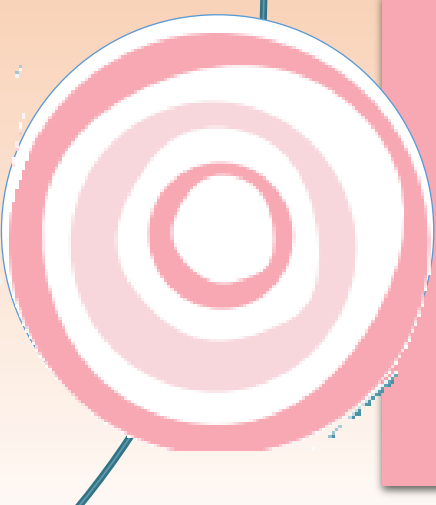
My Career has spanned Commonwealth Employment and Education, NSW Juvenile Justice, Aboriginal Community Controlled Health Services, NSW Health



Culture & Cultural Safety




“Culture is an umbrella term which encompasses the social behaviour, institutions, and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups. Culture is often originated from or attributed to a specific region or location. Humans acquire culture through the learning processes of enculturation and socialization, which is shown by the diversity of cultures across societies.




Cultural Safety is reached when a recipient of care deems the care to be meeting their cultural needs. People feel safe and secure in the health environment due to shared respect, meaning, knowledge and experience, ensuring dignity and true listening. Cultural safety incorporates cultural sensitivity which refers to sensitivity to cultural factors and taking them into account.


Research From Our Cultural Lens



Aboriginal Australians are known as the longest living continuing culture in the world. We have been gathering data, analysing, recording and sharing the results of our research since our time began through, story, song, dance, painting, our songlines and dreaming



Impacts of Colonisation saw our knowledge dismissed, the Doctrine of Discovery already dismissed our spiritual beliefs. Early colonists recorded our beliefs, our agricultural practices, our language, the way we lived through their culture lens, it was often misinterpreted, and misunderstood. Where people did take the time to listen and understand there have been many conflicting records it is only now people are analysis records and changing the history .



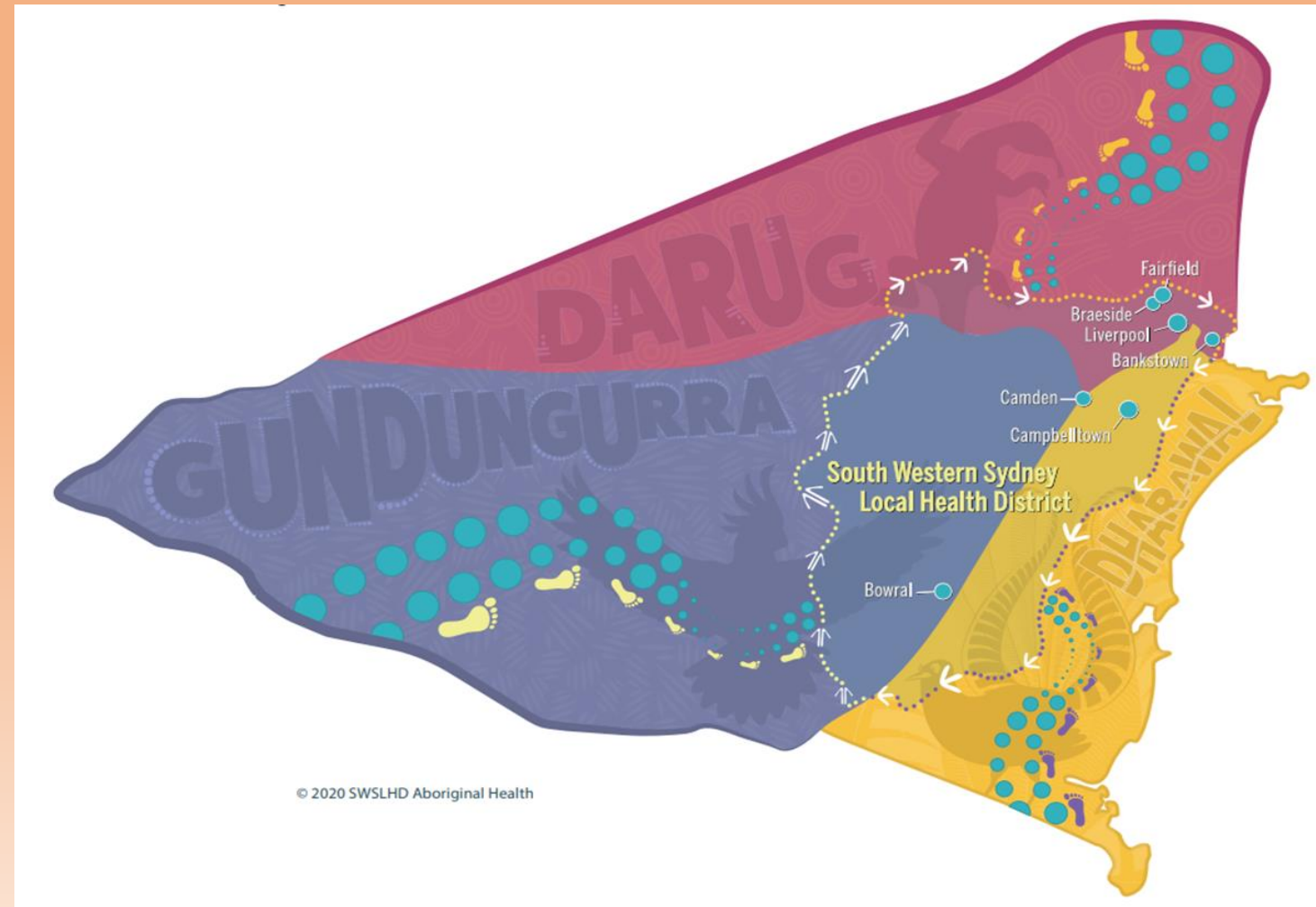
Aboriginal Australians are one of the most analyzed and recorded peoples in the world. This gathering of data was taken without our, knowledge, permission and interpreted and used against us to dislocate us from our land, families and communities. The Aborigines Protection Policy came about from the gathering of this data.



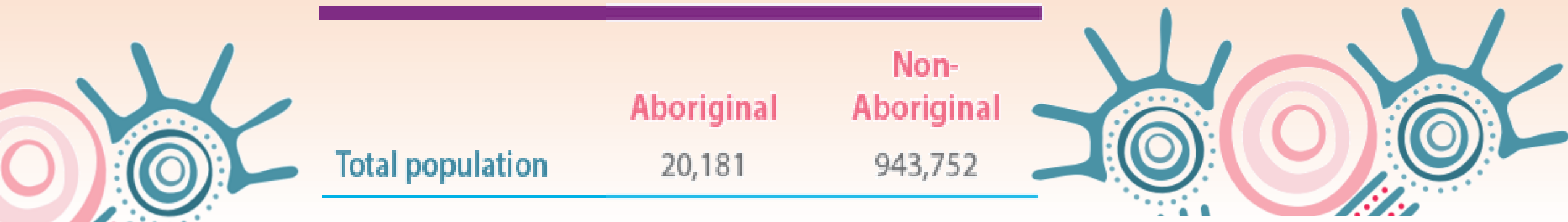
Most of the research conducted comes from a deficit perspective

Our Region

South Western Sydney LHD, covers the boundaries of the Darug, Dharawal and Gundungurra nations, 3 key Aboriginal organisations we work with: Tharawal AMS, Gandangara LALC, KARI – We have formalise partnership agreements with each of our Aboriginal Organisations



OUR PEOPLE




Role of the ABORIGINAL HEALTH UNIT



Oversee the range of culturally specific programs and services.



Support the workforce attached to these programs.



Manage partnerships and collaboration with Aboriginal community organisations.



Work with mainstream services to improve their cultural responsiveness.

AH&MRC Five Key Principles



Net Benefits for Aboriginal people and communities



Aboriginal Community Control of Research



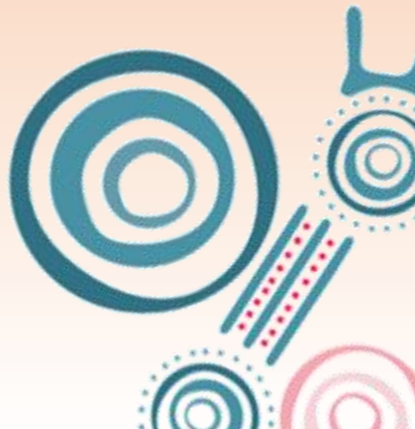
Cultural Sensitivity



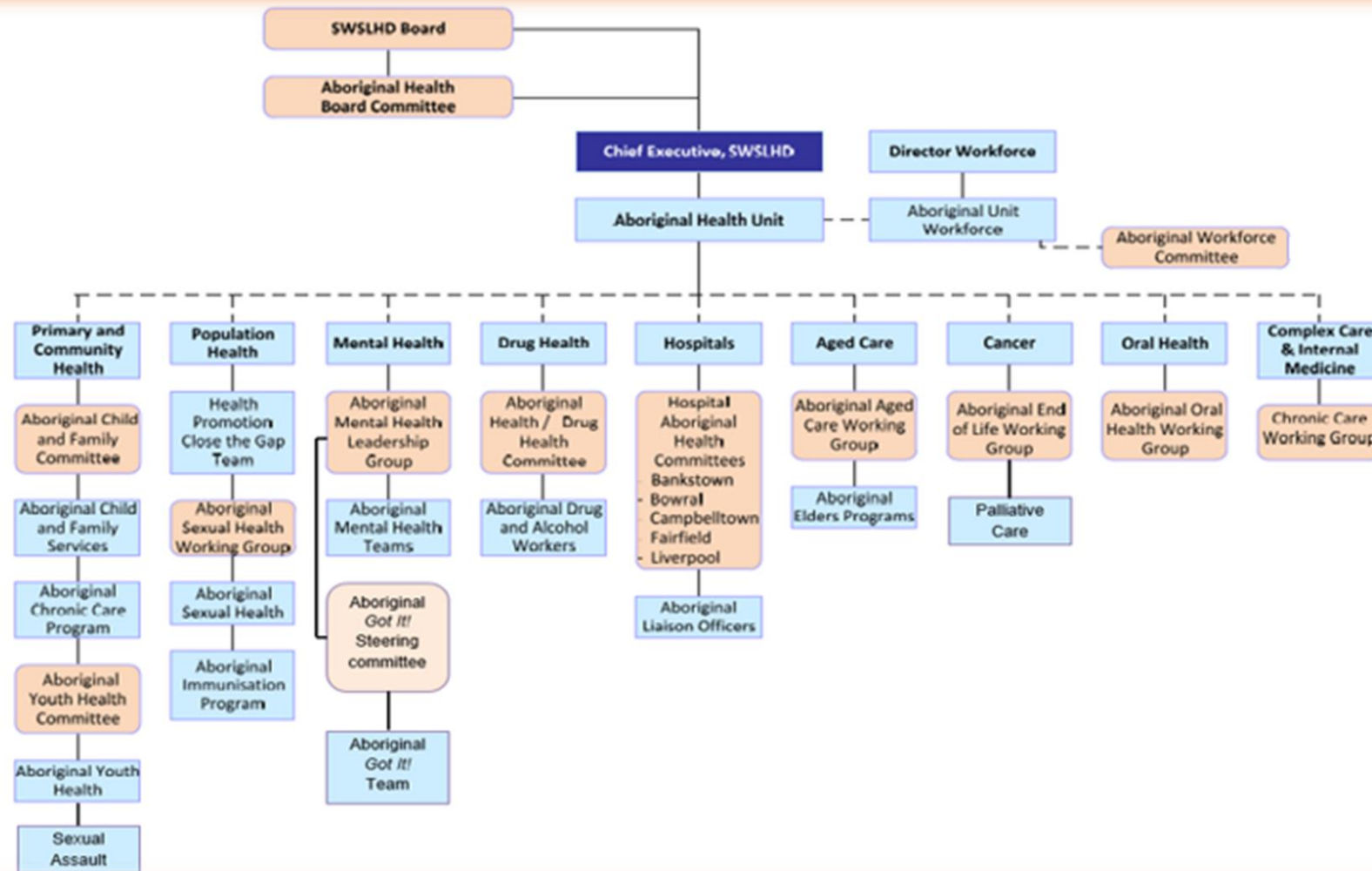
Reimbursement of Costs



Enhancing Aboriginal Skills & Knowledge




SWSLHD Aboriginal Governance Structure



SWSLHD AHU KEY PRINCIPLES



Appreciation of the impacts of colonisation and transgenerational trauma



- Cultural safety at the centre of all of our models
- Appreciate diversity of Aboriginal cultures
- Support family, kinship connections
- Holistic ways of working
- Development of culturally responsive service models
- Imbedding cultural frameworks within clinical models of care




Strengths based approach

Collaboration (ie; AHW's and Clinicians, partner organisations, service communities)

What We do in ensuring cultural safety



Assist with the facilitation and connection to community and community groups and ACCHS



Consult on design of research study,
Help with cultural communication
Integrate cultural healing practices into yarning circles, ensure there is a cultural tone
Ensuring analysis and feedback of outcomes and results are culturally responsive



Strengths based approach / Reframing language
Collaboration

Providing ongoing training to develop and implement cultural competency within the organisation

Didja Know Staff Resource

Cultural Services Audit

Cultural Supervision Structure / Formalized policy endorsed by the Health Board

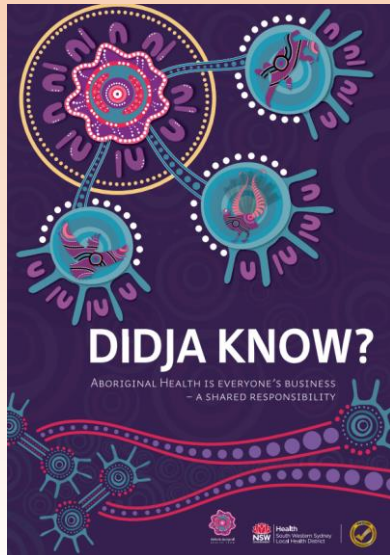
Cultural Strength Mapping Tool

Respecting the Difference Training 1 & 2 (Unconscious bias)

Training to middle Managers around workforce-debunking the myths Aboriginal people in the workforce

Developing Cultural Competency Framework

Development of an Anti-Racism Committee – First Webinar Tackled White Privilege, White Fragility



South Western Sydney Cultural Audit Tool for Child and Family Health Services

In 2018 the Department of Community Paediatrics in SWSLHD set up innovative new clinics and pathways specifically for Aboriginal children resident in South Western Sydney with the aim of developing culturally responsive and trauma-informed, enhanced clinical pathways, building on existing programs in the public health system. These were further expanded and refined in 2019.

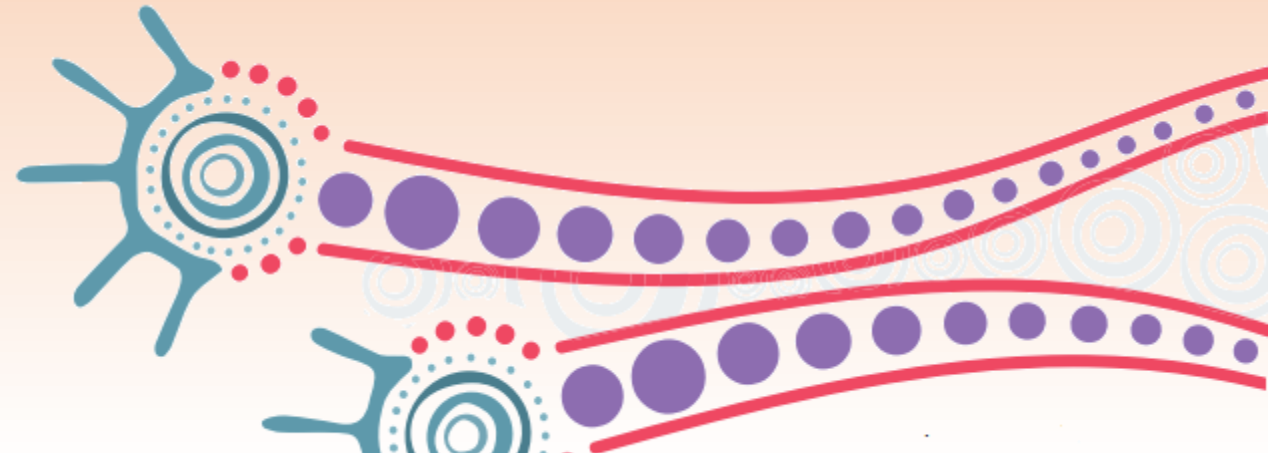
We would appreciate your assistance in evaluating these integrated Community Paediatric clinical services for Aboriginal children. Your time and your feedback are much appreciated and will inform further service planning and improvements.

Creating a welcoming environment
There are some simple ways of communicating to Aboriginal people that they are coming to a welcoming and safe environment.

Does your service display Aboriginal symbols of welcome, posters and Aboriginal artwork developed locally?	Yes	Maybe	No	Don't Know	N/A
Do the reception staff acknowledge people's presence on arrival?	Yes	Maybe	No	Don't Know	N/A
Is the waiting room child friendly (e.g. are there toys or activities provided) and safe?	Yes	Maybe	No	Don't Know	N/A
Do you provide reading material that is relevant to your Aboriginal clients, e.g. the weekly 'Koori Mail' newspaper, local newsletters & children's books with Aboriginal characters or content?	Yes	Maybe	No	Don't Know	N/A

Engaging with Aboriginal clients and communities
A respectful and inclusive engagement process is essential to establishing and maintaining relationships.

If an Aboriginal client contacts you to address a crisis, can you do your best to make a time that day, even for a brief initial contact?	Yes	Maybe	No	Don't Know	N/A
You can't always identify an Aboriginal person by looks. Does your service always ask clients "are you of Aboriginal and/or Torres Strait Islander descent"?	Yes	Maybe	No	Don't Know	N/A
Does your service ask people how they would like to be addressed?	Yes	Maybe	No	Don't Know	N/A
Do you encourage and support your client to attend with a family member or support worker?	Yes	Maybe	No	Don't Know	N/A
Has your service a procedure in place to assist with transport if needed?	Yes	Maybe	No	Don't Know	N/A
Does your service adopt each client's definition of "family" which may include, but not limited to, significant others, relatives by blood, same-sex partners, or spouses?	Yes	Maybe	No	Don't Know	N/A



Questions?

