

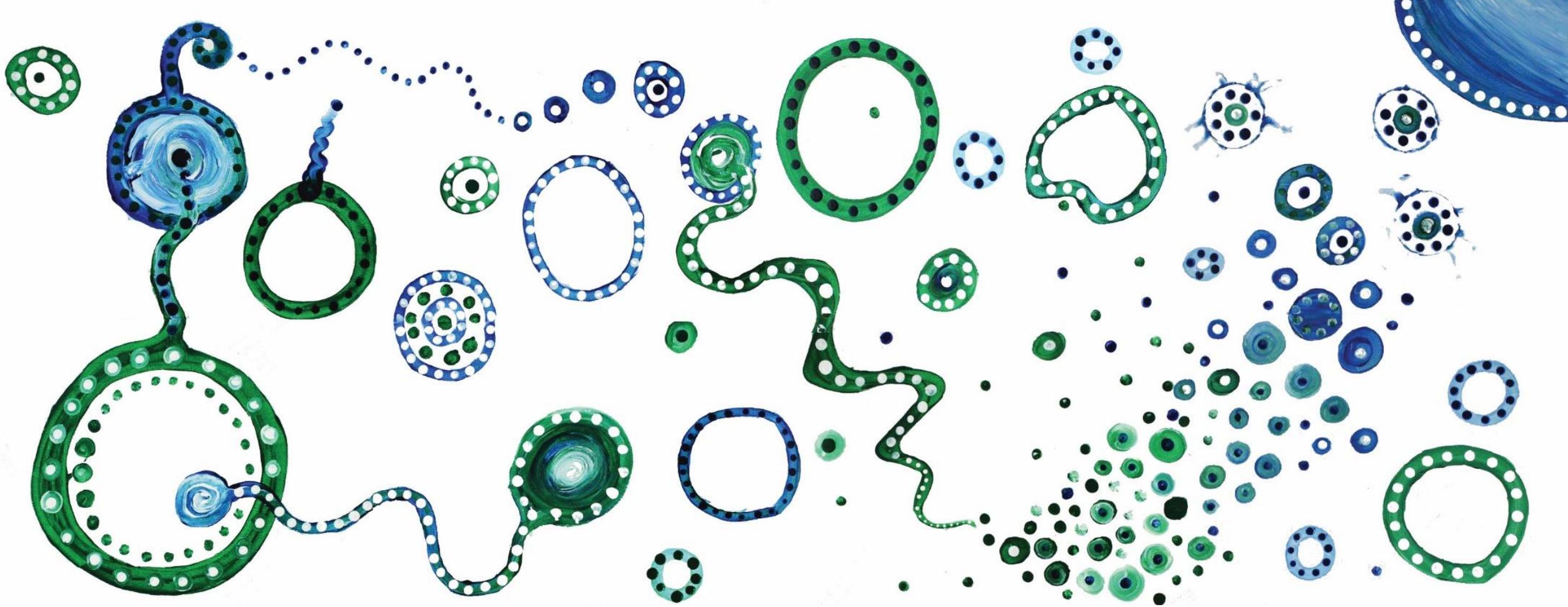


AGENCY FOR
**CLINICAL
INNOVATION**

Communicating positively with Aboriginal people

Kiel Hennessey

Manager, Aboriginal Chronic Conditions Network, Agency for Clinical Innovation



The ACI acknowledges the traditional owners of the land that we work on.

We pay our respects to Elders past and present and extend that respect to other Aboriginal peoples present here today.

The role of the public service is to implement government policies of the day.

This has meant that government agencies, including Health have implemented a wide range of racist and paternalistic policies that have led to the dispossession of lands, intergenerational trauma and disparities in health access and outcomes.

This means there is a lived distrust of government and the health system.

Racism: at the interpersonal level, usually identifiable by its overt nature in actions or words

White privilege - exists when one group has something of value that is denied to others simply because of the groups one belongs to

Unconscious bias - unthinking bias against people of a race, culture or ethnicity different to one's own

Cultural safety: how care is provided, recognition of power inequity between practitioner and patient, decolonising model of practice based upon communication, power sharing and acknowledgement of white privilege.

Institutional racism: enables organisations to deliver disparities in outcomes for some groups in society, It is about the way organisations are governed, staffed, resourced, operated and held accountable.

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Guideline's Purpose



Support a culturally safe health system for Aboriginal patients and staff.

The use of accurate and non-offensive language is essential to ensure health services and programs that Aboriginal people access are culturally safe.

Provides NSW Health staff, and other stakeholders, with information and guidance on appropriate word usage when working with Aboriginal peoples and communities, and when developing policy and programs.

We have a responsibility to provide culturally safe health services and work environments to Aboriginal patients and staff.

Aboriginal communities and organisations have expressed frustration how Aboriginal peoples and Aboriginal health is reported and portrayed.

The 'deficit discourse' refers to communication (both written and verbal) that represents Aboriginal people in terms of deficiency i.e. absence or failure.

Strengths Based Approach



A 'strengths-based approach' attempts to counter the deficit discourse and is a framework for developing initiatives and reporting on impact.

Acknowledges the resilience and strength of Aboriginal people and the successes in Aboriginal health.

Creates the opportunity for empowered voices.

A 'Welcome to Country' is a ceremony where traditional owners, usually Elders, welcome people to their land.

An 'Acknowledgement of Country' can be done by everyone, to pay respect to the fact that one is on Aboriginal land.

When Acknowledging country, it is critical that this is meaningful, personal and is not to be tokenistic.

The use of 'Aboriginal person' or 'Aboriginal people/s' should be used.

Always capitalise the 'A' in 'Aboriginal' people/s and 'I' for 'Indigenous' Australians.

Goori – usually used by Aboriginal people in northern NSW coastal regions

Koori – usually used by Aboriginal people in parts of NSW and Victoria

Use of Language



The following terminology/language is offensive;

ATSI, Native, Mixed blood, Half-caste, Quarter-caste, Full-blood, Part-Aboriginal, 25% 50% Aboriginal, Aborigines, Them/they/their.

Aunty and Uncle are commonly used terms of address for an elder in Aboriginal communities (not necessarily a blood relative).

Under some circumstances it may be appropriate for a non-Aboriginal person to address an elder Aboriginal person as Aunty or Uncle.

This may include when the person has been introduced using the term Aunty or Uncle and/or when the person is personally known to them.