Department of Health
Government of **Western Australia**

ABORIGINAL CULTURAL SECURITY

A BACKGROUND PAPER

Executive Summary

- Culture and identity are central to Aboriginal perceptions of health and ill health. At the service interface these perceptions and the social interaction surrounding them influence when and why Aboriginal communities access services, their acceptance or rejection of treatment, the likelihood of compliance and follow up, the likely success of prevention and health promotion strategies, the client's assessments of the quality of care and views of health care providers and personnel.

- The current policy approach, normally labelled Cultural Awareness has been in vogue for more than 25 years yet Aboriginal people continue to portray health services as alienating and uncomfortable. Aboriginal communities continue to draw the link between this view and poor health outcomes[1]. Cultural Awareness is a soft option that has delivered sub optimal results. A more rights based approach is required involving *Cultural Security*.

- The crux of the move to *Cultural Security* is in principle simple: it requires a shift in emphasis from attitude to behaviour.

- *Cultural Security* is a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administration.

- *Cultural Security* impacts on health workforce development, workplace practices, purchasing/funding and planning of services, monitoring and accountability of the system and the perceptions of Aboriginal clients and the public at large of the quality of services.

- *Cultural Security* is about ensuring that the delivery of health services is such that no one person is afforded a less favourable outcome simply because she or he holds a different cultural outlook.

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[1] Health is Life, Report on the Inquiry into Indigenous Health, House of Representatives Standing Committee on Family and Community Affairs, 2000

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Background

Aboriginal culture is one of the oldest surviving cultures in the world. Recent finds indicate that Aboriginal society may have existed on this continent for more than 65,000 years. Aboriginal culture is not homogeneous, different Aboriginal groups live and manifest their culture with varying language, ceremonies and relationship rules. There are nonetheless common values across Australian Aboriginal cultural groups.

Culture as a social function creates obligations and responsibilities and establishes an order that binds together individuals, families, communities and land. It provides a strong ethic that prompts co-operation multilaterally and includes the soil, waters, plants and animals as members of the community. At the centre of Aboriginal culture everywhere is the relationship to land.

The cultural fabric of Aboriginal communities, their social networks and characters have been directly and indirectly disrupted over many decades. This cultural transposition has been premised on the "…the imposition and promotion of foreign values, beliefs and ideals." [2]

'Culture' as a human right emerged in international debate in the mid 20th century and has increasingly gained recognition since. Many international Human Rights frameworks have come to recognise the 'right to culture' as a fundamental tenet[3]. Essentially, these assert that culturally distinct people have a 'right to be different' and that respect for such differences, and the elimination of any restriction on or impediment to the enjoyment of cultural differences, should be promoted.

At an international level the protection of the cultural rights of the world's Indigenous Peoples has over the past three decades gained greater attention and recognition. As a result there has been a shift in policy from assimilation and integration to respect and protection of socio-cultural values and rights.

A seminal report[4] produced under the aegis of the United Nations Sub Commission on Prevention of Discrimination and Protection of Minorities drew together a

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[2] Report of the International NGO Conference on Discrimination against Indigenous Populations, 1977.
[3] Universal Declaration of Human Rights; International Convention on Civil and Political Rights; Indigenous and Tribal Populations Convention, ILO, 1957; Declaration of the Principles of International Cultural Co-Operation; The Declaration on Race and Racial Prejudice.
[4] Study of the Problem of Discrimination Against Indigenous Populations, Matinez Cobo 1987, E/CN.4/Sub/1986/7

coherent analysis of many facets of Indigenous life and recommended international, national, legal and policy reform to protect the fundamental rights and freedoms of Indigenous Peoples.

That report determined that a commitment to an essential pluralism that provides the framework and opportunity for the parallel recognition of indigenous and non-indigenous cultures and society was required.

The report went on to recommend that Indigenous Peoples should not be deprived of the right to participate in the cultural life of their community. It concluded that direct and indirect actions, which might have the result of limiting or restricting Indigenous social or cultural life, could breach international standards for the protection of fundamental rights and freedoms.

As a member of the international community and its progress towards the improvement of human rights, Australia ratified the International Convention on the Elimination of all forms of Racial Discrimination (CERD). The Commonwealth Parliament subsequently passed the Racial Discrimination Act, 1975 giving effect to our obligations under CERD – declaring as unlawful discrimination on the basis of race, colour, descent or national or ethnic origin.

The Act establishes that racial discrimination happens when someone is treated less fairly than someone else in a similar situation because of her or his race, colour, descent or national or ethnic origin. It can also occur when a policy or rule appears to treat everyone in the same way but actually has an unfair effect on more people of a particular race, colour, descent or national or ethnic origin than others[5].

In almost all jurisdictions, complementary legislation has been enacted which makes unlawful discrimination on the basis of race.

However the elimination of discrimination is not just a matter of the law of the land. Respect for Aboriginal and Torres Strait Islander cultures is a fundamental element in ensuring the social and moral cohesion and unity of Australia. The final report of the Reconciliation Council draws readers' attention to the importance of promoting, understanding and manifesting culture as a means of building a more cohesive and respectful Australia.[6] The Council, along with many others, has pointed to the need for practical strategies to embed Aboriginal and Torres Strait Islander cultures in Australia's social and public functions.

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[5] Human Rights Commission, www.hreoc.gov.au , March 2001
[6] Reconciliation Australia's Challenge, December, 2000

Australia has said that the elimination of racial discrimination is an essential tenet of our national cohesion and that *racial discrimination is not only morally repugnant, it repudiates Australia's best interests*[7].

Domestic efforts to lift the economic and social circumstance of Aboriginal people have parallelled these developments. Almost all reports on Aboriginal affairs since the 1970's have recommended improved recognition of Aboriginal culture as an essential characteristic of policy formulation and program implementation. Community control and Cultural Awareness have increasingly been incorporated into efforts to improve the nature of services provided to Aboriginal people. Cultural Awareness programs have featured in efforts to eliminate any unintentional or institutional discrimination in the form and function of service provision.

[7] Australian Government White Paper on Foreign and Trade Policy, 1997

What is culture and why is it important to health and health servicing?

The cultural divide does not merely comprise differences in language of ethnic origin of religion or a combination of all these elements. There are differences in techniques, in economy, in organisation and in social institutions. The differences often relate to the material, social, psychological and spiritual aspects of the culture and they do not amount simply to the sum of these aspects. There is something more. There is a different way of understanding the world. [8]

Culture is defined in many ways and the debate about it has continued since the 19th century[9]. For Aboriginal people it is an inherited strength and obligation, it has a spiritual dimension, it is law and history and tradition, a way for Aboriginal people to live together and a framework for interaction with the non Aboriginal world and it is song and dance and other objects of Aboriginal people. Culture is a set of standards for perceiving, believing, valuing and acting that are imposed on, and make sense of the world, and that guide relationships and behaviours within a social group and with the environment[10]. Culture is both a set of rules or behaviours and a template that is inherited by one generation from another. It lies at the very core of Aboriginal identity.

Culture and identity are central to Aboriginal perceptions of health and ill health. At the service interface these perceptions and the social interaction surrounding them influence when and why Aboriginal communities access services, their acceptance or rejection of treatment, the likelihood of compliance and follow up, the likely success of prevention and health promotion strategies, the client's assessments of the quality of care and views of health care providers and personnel.

Culture, as an inheritance of the future generations of Aboriginal people, must be protected. Its safe transmission from one generation to the next must not be compromised by any implied surrender of distinctiveness in any context but here, specifically, associated with Aboriginal use of health services designed and delivered for and on behalf of the dominant society.

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[8] op.cit

[9] British anthropologist Taylor proposed a definition that culture was socially patterned human thought and behaviour.

[10] Mobbs R, In Sickness and Health: the sociocultural context of Aboriginal well-being, illness and healing, 1991.

The American Medical Association has recognised that "health care belief systems are critical to the patient's healing process."[11] Indeed some studies have shown that, in some overseas Aboriginal communities, patients value the practice and advice of traditional healers higher than that which they received from western medical practitioners[12]. These themes are repeated in the recent Australian Inquiry into Indigenous Health[13].

Culture also impacts on policy, professional education, quality and purchasing domains. In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are central to the diversity of health services' treatment and preventive interventions[14].

There is a growing recognition that a lack of attention to cultural issues leads to less than optimal health care and that addressing these concerns leads to improved health[15].

There are various models emerging in the health system that provide greater *Cultural Security* in service provision. These currently involve antenatal care including birthing; palliative care; aged care; primary medical care; and health promotion services. However, the vast majority of the services provided to Aboriginal people remain grounded in western values and approaches.

Harvard Pilgrim and Kaiser Permanente have adopted themes of cultural competence in their operations in an effort to improve market share, outcomes and quality and contain costs. In addition some US malpractice insurers have started offering premium discounts to doctors who take *Cultural Security* into their practice[16].

The reality is that for many Aboriginal people, hospitals and other non-Aboriginal institutions are significant symbols of their relative marginalisation in Australian society. From this standpoint Aboriginal patients may perceive even relatively innocuous behaviours as racist[17]. For example the failure to understand the status in culture of senior female and male elders can lead to conflict in palliative, respite or

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11 American Medical Association, Cultural Competence Compendium
12 Use of Native American Healers among Native American Patients in an Urban Native American Health Centre, Marbella AM et al, 1998.
13 Op.cit
14 Office of Minority Health, California
15 op.cit
16 Mutual Insurance Corp of America, reported in the Wall Street Journal
17 First Nations Women's Encounters with Mainstream Health Care Services and Systems, BC Centre for Excellence in Women's Health

aged care. Building *Cultural Security* will help to reduce the exposure of providers to accusations of discrimination. The dynamic engagement of culture in health servicing will improve the performance of both the individual practitioner and organisations.

From a systems perspective, the recognition of culture in health service practice offers opportunities to:

- improve outcomes;
- improve quality;
- enhance effectiveness and efficacy;
- reduce costs; and
- improve customer satisfaction.

This document supports the adoption of a proactive and progressive *Cultural Security* strategy to improve the Australian health system's recognition and response to cultural rights, expectations and values in the planning, organisation and service delivery of services.

What is Cultural Security?

Cultural Security is about ensuring that the delivery of health services is of such a quality that no one person is afforded a less favourable outcome simply because he or she holds a different cultural outlook.

Cultural Security is a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administration.

The practical implications of *Cultural Security* are potentially many but most fundamentally *Cultural Security* requires that the administrative, clinical and other service domains of the health system be systematically reviewed to ensure that their operation appropriately incorporates culture in their delivery.

It would be wrong to imply that everything currently done in providing health services offends the legitimate rights, values and expectations of Aboriginal culture. A careful analysis of pathways in health in areas that are considered important to Aboriginal people is required to establish priorities for action. This examination will reveal areas for change. Progress in these areas will build trust and acceptance in health services and facilities. Perhaps most important in all this *Cultural Security* will lead to improved health gain. Some providers in the US have stated, "Cultural Competence, without it we make mistakes. "[18]

The movement towards culturally secure health services must proceed with a strong appreciation of the fact that cultural life for Aboriginal people, be they Ngaanyatjarra, Nyoongars, Pintubi or Badi, is not the same. There is not a single homogeneous Aboriginal culture; there are regional variations that are important.

In Aotearoa[19], nursing has adopted a cultural safety outlook[20]. In the US an increasing number of regulators, providers and funders are recognising and insisting on cultural competence[21]. One approach to this issue from the Northern Territory

[18] The Kaiser Permanente Medical Group, 2000
[19] Aotearoa has two names, the other is New Zealand
[20] Cultural Safety in Nursing education in Aotearoa, A Report for Maori Health and Nursing, Ministry of Education New Zealand, 1990.
[21] National Standards for Cultural and Linguistically Appropriate Services in Health Care, 2000

defines cultural safety as "an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening."[22]

[22] Cultural Safety – What does it mean for our work place, Williams R Territory Health Services, 1999

Cultural Security – What is wrong with what we currently do?

Policy measures must necessarily be based on a minutely detailed knowledge of indigenous customs and lifestyles, as well as an understanding of the preferences and aspirations of the indigenous peoples themselves. An over-all uniform theoretical approach carries with it the risk of over simplifying the issues and failing to grasp the complexities of indigenous societies, which as all other societies are themselves in constant evolution[23].

The contemporary and predominant public policy approach to improving appreciation by the health systems of Aboriginal cultural needs is "cultural appropriateness/sensitivity". The foundation of this approach is a commitment to 'train' staff about Aboriginal culture. The intention is to influence the attitude and awareness of the staff in the hope or anticipation that their subsequent behaviour may change.

The bulk of the Cultural Awareness process has focused on the social and political impacts of colonisation on Aboriginal and Torres Strait Islander peoples, taken a generic focus on Aboriginal culture and has been described in its poorest light as "teaching Doctors and Staff to throw Boomerangs".[24] This approach has failed to provide real and regionally relevant practice frameworks and management processes that the workforce could use when they were confronted with an Aboriginal patient who had high expectations that their culture would be respected.

Cultural Awareness is seen as a soft option leading many to conclude that it has delivered sub optimal results and that a more rights based approach is required. Cultural Awareness as a public policy has been in vogue for more than 25 years, yet Aboriginal people continue to portray health services as alienating and uncomfortable. Furthermore they continue to draw the link between this view and poor health outcomes[25]. The continuing inappropriateness of services suggests very clearly that current efforts are inadequate. Theoretical knowledge or awareness does not appear to be enough. Some of the reasons why, despite many years of Cultural Awareness training and activity, Aboriginal people continue to lament the inappropriateness of health systems include:

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[23] op cit
[24] Personal comment, 19 March, 2001
[25] op.cit

- the disjointedness of the system's approach to managing diversity including the limited opportunity for an organised assessment of organisational, clinical and administrative practices to ensure that an Aboriginal client's cultural values are not offended or ignored;
- the lack of specific knowledge about the cultural variables of different cultural groups and how these might be translated into doing things differently;
- the high turnover of staff, particularly in remote areas;
- the difficulties for graduates of awareness/sensitivity programs to effect change in clinical or organisational practice, including the implied expectation that aware individuals will effect and manage change; and
- the lack of any monitored self-assessment by providers of the Cultural Awareness of services offered and the concomitant absence of accountability to funders and owners.

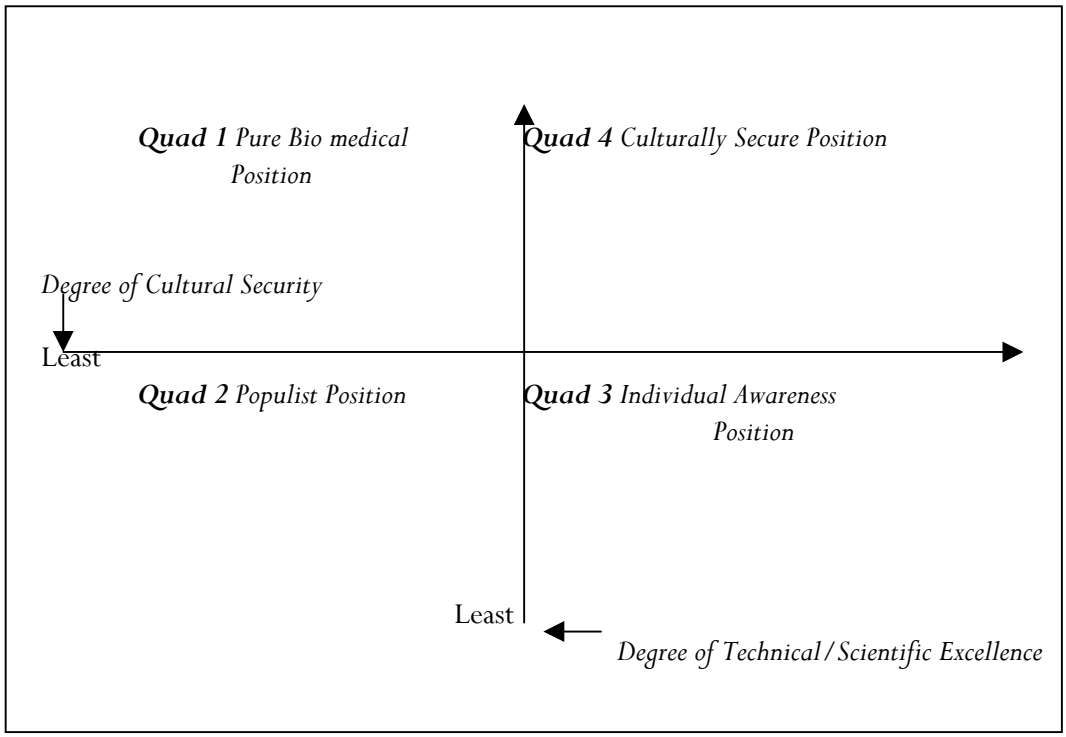
The current policy of Cultural Awareness does not focus on the system but on the individual worker. There are no quality or performance standards nor is there any strategic feedback process to ensure that the continuing experience of inappropriate servicing is dealt with and that the system learns from its mistakes. Progression beyond the limitations of the current position is both timely and required. However, the adoption of a new approach does not mean a total rejection of the past but a building on past efforts. None of the fundamental values that underpin the process for Cultural Awareness are denied but new strategies are required if we are to deliver a better outcome.

Cultural Security is focused directly on practice, skills and behaviours. It is about efficacy. *Cultural Security* is about doing not talking. It is about building the competence of practitioners and administrators to know, understand and incorporate Aboriginal cultural values in the design, delivery and evaluation of health services.

The deepening of the health system's commitment to ensuring respect for and practical incorporation of cultural values in the practice of delivering health services contributes to a better marriage of public policy and heath system performance.

The various components of the health system will have a different outlook on matters cultural. An encompassing approach that respects this and, from whatever starting point, seeks to embed Aboriginal cultural in their clinical and administrative practice is required. Adapted from work[26] related to HIV the conceptual framework (Figure 1) below seeks to model the relationship between Aboriginal cultural beliefs and values and the management of illness and provision of health services.

Figure 1. A Conceptual Model to Locate *Cultural Security*.



Different parts of the system and individuals within it will see themselves in different quadrants of the framework above. The challenge for the system is to move the system to Quadrant Four.

Quadrant One: Scientific knowledge and information on health risk and progress are clear; the bio-medical model is dominant. The understanding or perception of the relevance of cultural values and beliefs is low.

Quadrant Two: Science is compromised, as is *Cultural Security,* by the prominence in this quadrant of stereotypical attitudes and simplifications. It often reflects a combination of a "blame the victim" and a "tabloid press" approach.

[26] Adapted from Hodgson I, Culture Meaning and Perceptions, 2000

Quadrant Three: Cultural knowledge may be improved but the ability to synthesise culture and science is limited. While aware generally of cultural matters, the application of awareness in the practice of science is compromised.

Quadrant Four: Here *Cultural Security* and science are well allied. Good technical health care is enriched by embedding it in cultural values and beliefs to produce a service environment that optimises health gain.

Some Practical Steps Towards a Culturally Secure Health System.

What is required is a comprehensive approach that ensures the timely introduction of reform with a high degree of synergy to achieve the real potential on offer from *Cultural Security* in terms of health gain for the Aboriginal peoples of Australia.

The crux of the move to *Cultural Security* is in principle simple: it requires a shift in emphasis from attitude to behaviour. *Cultural Security* rejects the view that ensuring respect for and incorporation of Aboriginal cultural rights, values and expectations in health service practice and management is somehow optional or solely the responsibility of individuals. This policy approach acknowledges that society and the system have a role to play in building a culturally secure health service. *Cultural Security* recognises that a more respectful and responsive health system will contribute to improved outcomes, greater efficiency and improved equity.

The practical, operational policy on Cultural Security that is proposed touches on all major elements of the health system:

Workforce Development – Improvement in the education of professional and other staff with respect to the importance of Aboriginal culture and values in the delivery of health services. Ensuring greater attention is given to the competence of the health workforce to manage and practice in a culturally diverse community.

Workplace Reform – Incorporation of cultural values and practices in clinical, public health, administrative and management practices and pathways. Building professional and consumer trust in the quality of modifications to practices and pathways through local, specific education for staff on the particulars relevant to the service catchment population and the development of tailored quality assurance processes.

Purchasing of Health Services – Identifying the cost and other purchasing implications of *Cultural Security,* including the construction of a quality outlook in and multifaceted specification of *Cultural Security* in funding agreements. The construction of associated activity funding reforms to remunerate appropriately Health Services that are culturally secure. Developing complementary regional demographic and health profiles to assist in the focus of workplace and workforce reform.

Monitoring and Accountability - Building the measures and indicators of *Cultural Security*, and establishing valid and reliable data collections. Constructing monitoring processes to ensure maintenance of community confidence in the integrity of cultural property. Establishing the strategic feedback loops to clinicians, administrators, government, Aboriginal communities and the public.

Public Engagement – Building the public and Aboriginal trust in the policy and its functioning, ensuring the protection of cultural property and fostering of community appreciation of the value and implications of cultural diversity in our health service delivery.

Conclusions.

Aboriginal peoples see the issue of acknowledgment of their cultural rights as central to their priority for recognition, equity and respect. Aboriginal people, groups and representative organisations, have long asserted that "mainstream" programs and service providers have an obligation to ensure that Indigenous people can access their rights, *and an obligation to adapt their program policies and administrative requirements and practices to accommodate the legitimate values, beliefs and lifestyles of their Indigenous clients*[27].
The character of the Australian political, social and cultural landscape since Federation has developed largely without a cognisant and well structured contribution from Aboriginal people and culture. It must be remembered that the Commonwealth was created with powers to make laws for the nation, except for Aborigines[28]. The health systems of Australia are no different. Medicine and health services have emerged from a process largely devoid of Aboriginal contributions. How things are done and currently valued in health reflect largely western notions.

Much of Australian society's recognition of and approach to Aboriginal rights and culture has however changed in the last forty years. In one or two generations we have moved from a view of Aboriginal issues and culture as irrelevant to good health science and servicing to one where culture enriches human development and health. Further change now to embed the clinical and administrative practice of health systems in *Cultural Security* is a realistic and achievable goal.

The international community is increasingly coming to understand the fundamental tenet of equality, that Aboriginal peoples have a right to be different, to consider ourselves different, and to be respected as such[29] and that the protection and recognition of our cultural distinctiveness stands as a fundamental test of equality. The adoption and successful implementation of a *Cultural Security* policy will provide a strong rights based progressive foundation to meet this test.

> *To ignore Indigenous cultures is like burning the Library before we read the books. It is simply a major block to real progress and to the evolution in our societies*[30].

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[27] ATSIC, 2001
[28] Australian Constitution 1901
[29] Draft United Nations Declaration on the Rights of Indigenous Peoples
[30] The Role of Indigenous People in the next Millennium, The World Bank, 1999