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# Accreditation to Address Racism

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# Outline

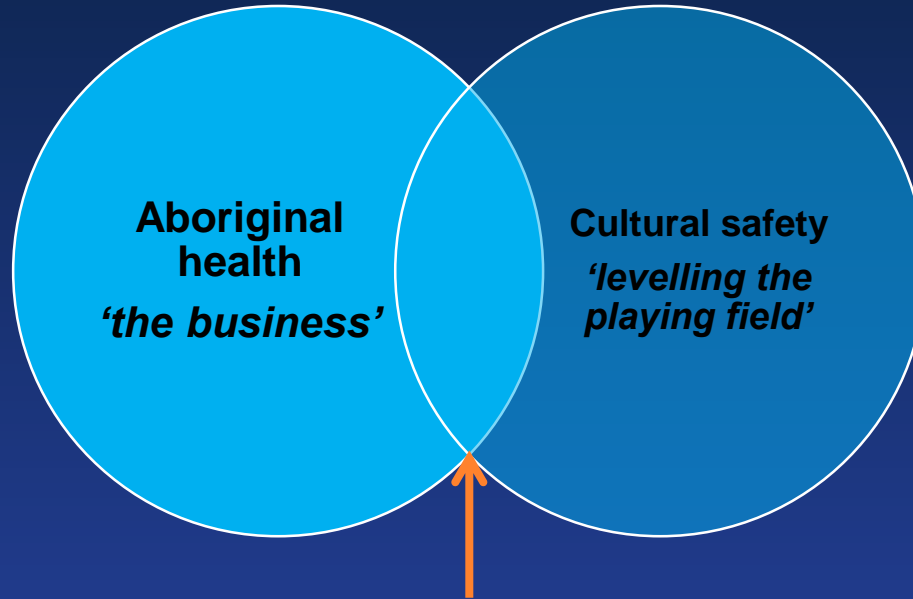
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- Cultural safety is not culture
- Accreditation
- Quality



# A Model of Applied Cultural Safety in Australia

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**'Indigenous Knowledge'** is about Intellectual Property - and depends on PLACE, context, history, social phenomena, languages, customs, cultures, spiritualities and religions

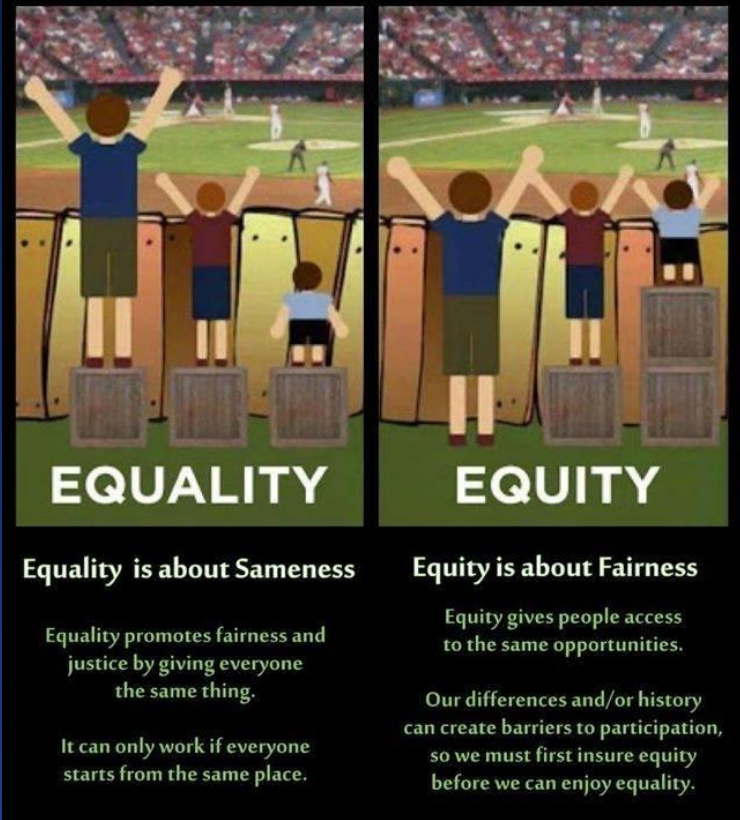
# Health effects of racism & colonisation

- **Biological**
  - cortisol levels in Native Hawaiians (Keawe'aimoku Kaholokula, 2010)
  - blood pressure changes in foetal growth (Clayton 2014)
- **Psycho-social**
  - mental health & well-being (Priest 2011; Purdie et al 2010; Zubrick et al 2005)
- **Structural – access to services**
  - Education (McDermott 2012, de Plevitz et al 2007)
  - Public sector (Larkin 2014)
  - Health (Robson 2014; Came 2014; Paradies et al 2014)
  - 32.4% of Aboriginal respondents report racial discrimination in medical settings most or all of the time (Cunningham & Paradies 2013)
  - Sports (Klugman & Osborn 2014; Conor 2015)
- **Political & public discourse – ‘white fragility’** (DiAngelo 2011; Nelson 2014; McAllan 2011)

# Whiteness

- Not ethnicity or skin colour, but mindset (Hesse 2011; Bourdieu 2004)
- Values of Whiteness
  - Money rules everything
  - Hierarchy and inequality as normal
  - Sovereignty vested in the state, not the land (Dean 1999)
  - Assumed benevolence of the state (Foucault 1982)
    - Turns justice into human rights
    - Feminism into women's equality
    - Gay rights into heteronormative relationships
    - Land rights into native title
- State is now concerned with maintenance of power and control (sovereignty in itself), rather than the good of the people it serves
  - Turns self-determination into .....?

# Inclusion vs Justice



Inclusion / benevolence vs justice / liberation

# Accreditation - developments

- Curriculum frameworks – medicine (2004), public health (2005), national (2012), psychology (2015)
- Accreditation – nursing (2002), medicine (2006)
- Other initiatives – social work, physiotherapy, dentistry, psychology
- Major barriers:
  - False dichotomy of integrated or discrete training and standards
  - Myth of the meritocracy (recruitment and support)
  - Inclusion rather than justice



# AHPRA - strategy

- **Goal** - “Ensure patient safety is the norm for Aboriginal and Torres Strait Islander peoples, as defined by Aboriginal and Torres Strait Islander peoples”
- **Objectives**
  1. Cultural safety of the workforce (curriculum, accreditation, registration, changes to national law)
  2. Participation of Aboriginal and Torres Strait Islander peoples in the scheme (as practitioners and on national and state/territory boards, committees)
  3. Access for Aboriginal and Torres Strait Islander peoples – community engagement, notifications
- **Accreditation Review**
  - Recommended Aboriginal and Torres Strait Islander health and cultural safety are included in all accreditation standards, and that investments are made in resourcing this properly

# Changes to the National Law

- **Recommended that cultural safety is written into the national law**, with these caveats:
  - a) cultural safety is **defined by Aboriginal and Torres Strait Islander Peoples**
  - b) cultural safety is a critical component of **clinical safety and patient safety**
  - c) cultural safety a key strategy in addressing **racism** and discrimination in the health system (CTG target)
  - d) cultural safety includes:
    - cultural **competence, knowledge, skills, attitudes** when working with Aboriginal and Torres Strait Islander Peoples
    - critical **reflexive** analysis of the health practitioner's own cultural assumptions, behaviours, practices & beliefs, and impacts on the health of Aboriginal & Torres Strait Islander Peoples
    - critical analysis and redress of the institutional and **systemic governance and power** relations impacting on Aboriginal and Torres Strait Islander People's health

# National law changes - continued

- e) cultural safety is a **continuous learning journey**, rather than a singular or finite knowledge attribute, training program or strategy (this is sometimes referred to as cultural responsiveness)
- f) cultural safety responds to the National Cultural Respect Framework, **but is not limited by it**. Cultural safety as defined here enjoys stronger support and endorsement by national Aboriginal and Torres Strait Islander health peak organisations than the National Cultural Respect Framework.

# Quality

## DEFINITION

- Name racism and whiteness – cultural safety is not culture
- cultural safety is not something extra – it is a part of clinical safety
- ‘Aboriginal and Torres Strait Islander health’ does not mean fit Aborigines into white health paradigm
- Clarity on what to teach (critical race theory), not only culture
- Clarity on how to teach it (transformational unlearning), not just Aboriginal cultural, history etc

STANDARDS – integrated and discrete

RESOURCES - Staff and assessor training; resource it properly!

# Currently in Australia...

- We do inclusion or equality, not equity or social justice
- We do reconciliation or constitutional recognition, not treaty
- We do charity and benevolence, not social justice
  
- The problem is whiteness
  
- The solution is decolonisation

# Applying self-determination

Key elements are:

1. Power, Resources & Ownership
2. Negotiated between equal parties
3. Aboriginal values & definitions of success

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A blue-tinted photograph of a person jumping in a crowd. The person is in the center, with their arms outstretched and legs bent. Three small yellow dots are placed on their back, one on the lower back and two on the upper back. The background is a blurred crowd of people.

jump up and travel with the light

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