

Close the Gap for Vision by 2020

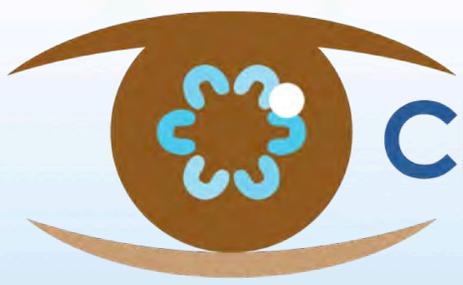
Striving Together

National Conference 2018

Session 4: Overcoming Common Issues

Mitchell Anjou, Indigenous Eye Health

#CTGV2018



Close the Gap for Vision by 2020

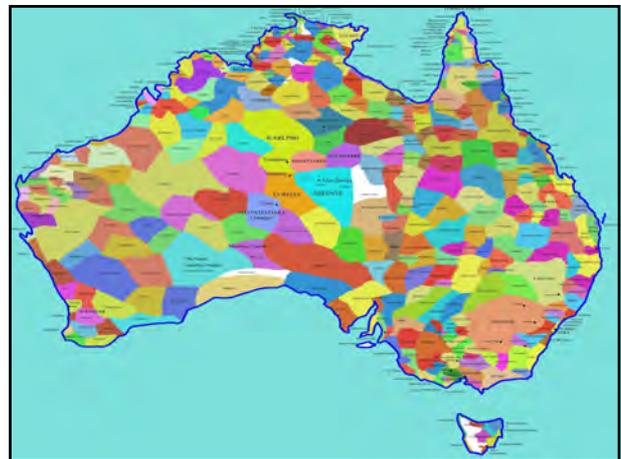
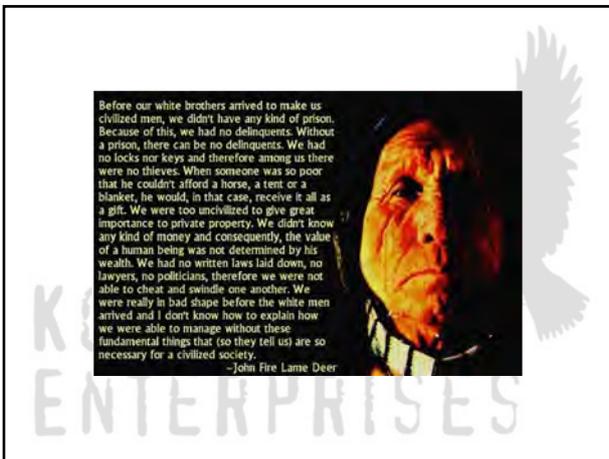
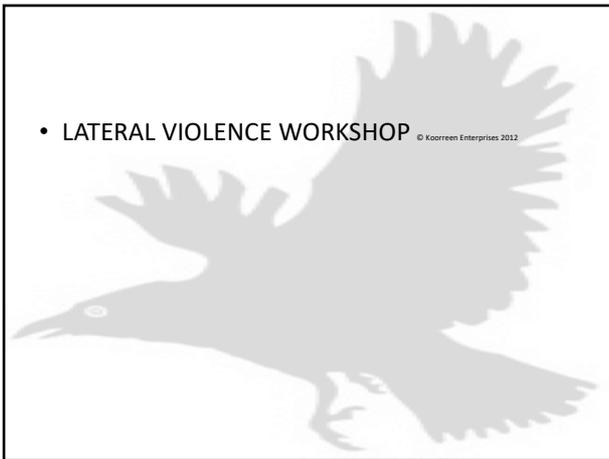
Striving Together

National Conference 2018

Keynote: A Matter of Cultural Safety

Richard Frankland, The Wilin Centre for Indigenous Arts & Cultural Development

#CTGV2018





Culture – meaning and identity

“Culture frames the identity of all people
Our senses see, hear, taste, feel and smell the
world through culture
Culture is as necessary to a sense of meaning and
identity as air is to living.
Culture is the air our minds breathe.
Culture is our eyes onto the world.
Culture explains the world to us and us to the
world”

Muriel Bamblett

• “My daughter and son caught their first fish where one thousand five hundred generations of their grandmothers and grandfathers caught their first fish. This is forever business. My children’s sons and daughters, and their grandchildren will catch their first fish here on this country, this link in this chain that physically, spiritually and emotionally connects us to the past, to our ancestors, to our grandfathers and grandmothers and to our land and waters can never be broken.”

Richard J Frankland

What is Cultural Safety?

- A place where you feel safe to be yourself within your cultural framework
- A feeling of safety that comes about by seeing, feeling, experiencing the positives of your people and culture
- Speak learn or reclaim your language and customs
- Experience, learn or reclaim your cultural practice

What is Cultural Safety?

- Cultural Safety is about relationships and environments, meaning and identity; it has a spiritual dimension;
- What is safe in relationships and environments is a web of interrelating factors and everyday experiences (being on country, belonging, access, home, identity, culture, heroes etc);
- Underlying these everyday experiences of safety/non safety in relationship & environment is a matrix of power relations that connect us; and
- Aboriginal lore/law weaves everything together providing a spiritual, physical, emotional and social foundation and sense of identity and meaning for daily existence.

• “Speaking of Cultural Safety, cool thing is, I’m home, I feel safe, I’m living on the land my ancestors were living on 60,000 years ago. I’m actually living there now you know, and you know, it does my heart good, it makes me feel good.”

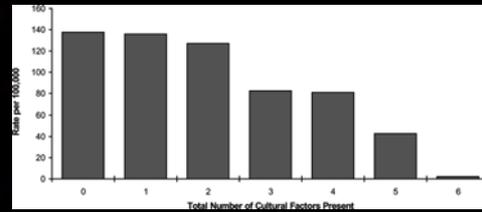
Koorie male

Forces For and Against Cultural Safety

- a) internal strength-based processes within Aboriginal communities which encourage cultural resilience and resistance
- b) external processes of the colonised environment which are generated from the broader society.

EXAMPLE OF COMMUNITY-LEVEL INDICATORS AND THEIR RELATIONSHIP TO A HEALTH OUTCOME –

An index of "cultural continuity" comprised of six marker variables: degree to which each of B.C.'s individual bands have already secured 1) some measure of self government; some control over the delivery of 2) health, 3) education, 4) policing services, and 5) cultural resources; and 6) are otherwise at work litigating for Aboriginal title to traditional lands.



Suicide rates by number of factors present in the community (1987–1992). (Taken from Chandler M and Proulx T. Changing selves in changing worlds: youth suicide on the fault lines of colliding cultures. *Archives of Suicide Research* 2006; 10: 125-140. 2006).

“Invasion is a structure not an event” (Patrick Wolfe)

- the nationhood of Australia is built on the injustices practiced and lands and waters taken from the First Peoples without consent or treaty.
- First Peoples - the undifferentiated other in the eyes of the dominant culture
(Marcia Langton)
– formatting a negative self perception as a form of acting out trauma.

Trauma – a personal journey

- *The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless. Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience.*

Trauma is such a personal journey. Although we suffer collectively, trauma is a close personal journey which impacts on us in a multitude of ways, sometimes the impact, the repercussions of the trauma are unseen or undetected by those outside the trauma

(Centre for Non Violence and Social Justice)

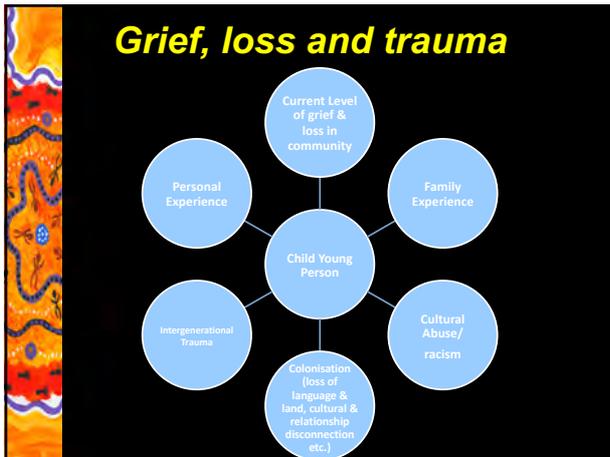
Trauma – a phantom limb

- Cultural loads – sources of trauma
- Legacy of an ‘unknown’ or unrecognized war
 - ‘Nursery version of history’
 - An entire society and social order smashed
 - Contemporary dominant cultural perspective
 - Self Perception

“... the experience of trauma shatters – often irrevocably – some very basic assumptions about our world, our relationship to others, and our basic sense of identity and place in the world.”

Sandra L. Bloom

“Trauma Theory Abbreviated. Final Action Plan: A Coordinated Community-Based Response to Family Violence.” Attorney General of Pennsylvania’s Family Violence Task Force. (1999), p. 12



Lateral violence: a by-product of invasion

- a response to the ever-presence of trauma
- an attempt to use power in the face of the deconstruction of traditional authority
- a striking back – but against those who are suffering similar pain rather than the power of the colonisers.

Colonisation and its Echoes

- **Homelessness** – *terra nullius*/empty land, disconnection from land, moved onto reserves/missions
- **Powerlessness** – no law, lack of acknowledgment of Aboriginal authorities, not citizens until 1967, lack of real self-determination
- **Poverty** – no ownership, no recognition of traditional economies, limited access to dominant culture economy, dependency
- **Disorientation/Confusion** – nowhere, no place in dominant culture, cultural in-competence of mainstream, constant policy changes and confusion, racism

(above factors identified by W.E.H Stanner in the 60s)

Echoes of invasion - racism

VicHealth report, *Mental health impacts of racial discrimination in Victorian Aboriginal communities* notes that

- 97% of Aboriginal people experience racism each year
- 70% experience at least 8 racist incidents each year
- People who experienced the most racism also recorded the most severe psychological distress scores.
- Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores. This suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental illnesses such as anxiety or depression.
- More than 70% worried at least a few times a month that their family and friends would be victims of racism.

VicHealth, *Mental health impacts of racial discrimination in Victorian Aboriginal communities- Experiences of Racism survey, a summary*, Melbourne, VicHealth, 2012, p. 2.

Issues that impact on the Aboriginal community

Removal from natural family

Key messages	Data
<p>Removal from natural family</p> <ul style="list-style-type: none"> •12 in 100 Aboriginal people in Victoria •7 in 100 Aboriginal people in Australia <p>Relative removed from natural family</p> <ul style="list-style-type: none"> •47 in 100 Aboriginal people in Victoria •37 in 100 Aboriginal people in Australia <p>The majority had a grandparent or aunts or uncles removed from natural family</p> <p>20 in 100 young Aboriginal people (12 to 17 years) identified with the Stolen Generation</p>	<p>Proportion of Aboriginal people aged over 15 years living in household with children (0 to 17 years) who were removed from natural family, Victoria and Australia, 2008</p>

Connectedness to culture and community and equity issues
Culture and community: Cultural identification

Key messages	Data																
<p>Parent/guardians</p> <ul style="list-style-type: none"> • 62 in 100 identify with a clan, tribal or language group • 72 in 100 recognise an area as a homelands/traditional country • 15 in 100 Victorian parent/guardians report presently living in homelands/traditional country - significantly lower than in Australia at 26 in 100 <p>Children and young people</p> <ul style="list-style-type: none"> • Aboriginal children and young people are less likely to identify with a clan, tribal or language group and recognise an area as a homelands/traditional country in Victoria 	<p>Cultural identification amongst Aboriginal children and young people and parent/guardians, Victoria and Australia 2008</p> <table border="1"> <caption>Cultural identification data (Victoria vs Australia)</caption> <thead> <tr> <th>Category</th> <th>3-14 years</th> <th>15-24 years</th> <th>Parent/guardian</th> </tr> </thead> <tbody> <tr> <td>Identifies with a clan, tribal or language group</td> <td>62</td> <td>62</td> <td>62</td> </tr> <tr> <td>Recognition of area as homelands/traditional country</td> <td>72</td> <td>72</td> <td>72</td> </tr> <tr> <td>Presently living in homelands/traditional country</td> <td>15</td> <td>15</td> <td>26</td> </tr> </tbody> </table>	Category	3-14 years	15-24 years	Parent/guardian	Identifies with a clan, tribal or language group	62	62	62	Recognition of area as homelands/traditional country	72	72	72	Presently living in homelands/traditional country	15	15	26
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Issues that impact on the Aboriginal community: Life stressors
People aged 15 years and over living with children

Key messages	Data																																										
<p>Life stressors experienced by self, family or friends</p> <ul style="list-style-type: none"> • 79 in 100 Aboriginal persons aged 15 years and over in Victoria • 48 in 100 non-Aboriginal Victorian persons aged 15 years and over in Victoria • 71 in 100 Aboriginal people living elsewhere in Australia - significantly lower than Victoria <p>Types of life stressors most likely to be experienced in Victoria</p> <ul style="list-style-type: none"> • Death of a family member/close friend, experiencing serious illness, alcohol and drug related problems and mental illness 	<p>Of those parent/guardians who had themselves, or their family or friends, experienced life stressors in the past 12 months, types of stressors experienced, Victoria, 2008 and 2006</p> <table border="1"> <caption>Types of life stressors (Victoria, 2008 vs 2006)</caption> <thead> <tr> <th>Stressor</th> <th>2008</th> <th>2006</th> </tr> </thead> <tbody> <tr><td>Terminal illness</td><td>24.7</td><td>24.7</td></tr> <tr><td>Family problems</td><td>24.7</td><td>24.7</td></tr> <tr><td>Alcohol or other drug</td><td>24.7</td><td>24.7</td></tr> <tr><td>Witness to violence</td><td>24.7</td><td>24.7</td></tr> <tr><td>Sexual assault</td><td>24.7</td><td>24.7</td></tr> <tr><td>Lost someone important/dear friend</td><td>24.7</td><td>24.7</td></tr> <tr><td>Dispute in separation</td><td>24.7</td><td>24.7</td></tr> <tr><td>Trouble with the police</td><td>24.7</td><td>24.7</td></tr> <tr><td>Not able to get a job</td><td>24.7</td><td>24.7</td></tr> <tr><td>Mental illness</td><td>24.7</td><td>24.7</td></tr> <tr><td>Alcohol or drug related problems</td><td>24.7</td><td>24.7</td></tr> <tr><td>Serious illness</td><td>24.7</td><td>24.7</td></tr> <tr><td>Death of a family member or close friend</td><td>24.7</td><td>24.7</td></tr> </tbody> </table>	Stressor	2008	2006	Terminal illness	24.7	24.7	Family problems	24.7	24.7	Alcohol or other drug	24.7	24.7	Witness to violence	24.7	24.7	Sexual assault	24.7	24.7	Lost someone important/dear friend	24.7	24.7	Dispute in separation	24.7	24.7	Trouble with the police	24.7	24.7	Not able to get a job	24.7	24.7	Mental illness	24.7	24.7	Alcohol or drug related problems	24.7	24.7	Serious illness	24.7	24.7	Death of a family member or close friend	24.7	24.7
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Children and Young People: Social and emotional wellbeing:
Psychological wellbeing

Key messages
<p>Psychological distress</p> <ul style="list-style-type: none"> • Approximately 10 in 100 young Aboriginal and non-Aboriginal people reported experiencing high to very high levels of psychological distress • There was no significant difference between young Aboriginal and non-Aboriginal people <p>Social and emotional wellbeing</p> <ul style="list-style-type: none"> • 48 in 100 young Aboriginal people report low levels of psychological wellbeing • 35 in 100 young non-Aboriginal people report low levels of psychological wellbeing

Connectedness to culture and community and equity issues:
Culture and community: Cultural participation

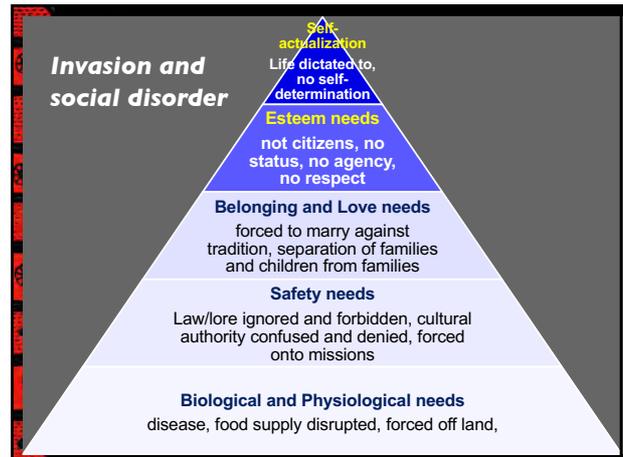
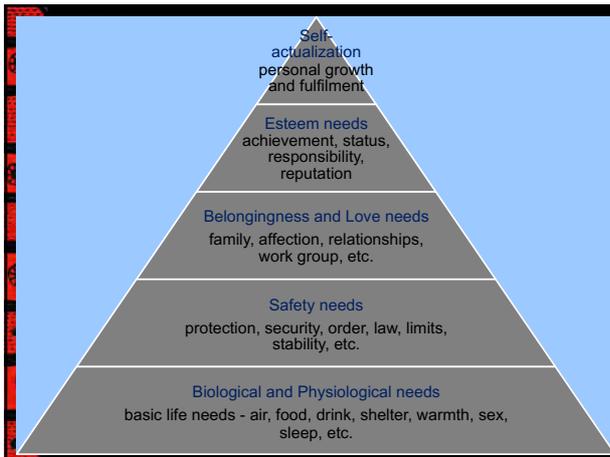
Key messages	Data																					
<p>Aboriginal Children and young people in Victoria</p> <ul style="list-style-type: none"> • 54 in 100 3 to 14 year olds participated in cultural events in the last 12 months • 54 in 100 15 to 24 year olds participated in cultural events in the last 12 months <p>Aboriginal parent/guardians in Victoria</p> <ul style="list-style-type: none"> • 56 in 100 parent/guardians participated in cultural events in the last 12 months • This was lower than in Australia 	<p>Participation in cultural events, ceremonies and organisations in the past 12 months amongst Aboriginal children and young people and parent/guardians, Victoria and Australia, 2008</p> <table border="1"> <caption>Cultural participation data (Victoria vs Australia)</caption> <thead> <tr> <th>Group</th> <th>Involved (%)</th> <th>Not involved (%)</th> </tr> </thead> <tbody> <tr><td>3-14 years</td><td>45.8</td><td>54.2</td></tr> <tr><td>15-24 years</td><td>41.7</td><td>58.3</td></tr> <tr><td>Parent/guardian</td><td>43.6</td><td>56.4</td></tr> <tr><td>3-14 years</td><td>51.1</td><td>48.9</td></tr> <tr><td>15-24 years</td><td>41.5</td><td>58.5</td></tr> <tr><td>Parent/guardian</td><td>37.5</td><td>62.5</td></tr> </tbody> </table>	Group	Involved (%)	Not involved (%)	3-14 years	45.8	54.2	15-24 years	41.7	58.3	Parent/guardian	43.6	56.4	3-14 years	51.1	48.9	15-24 years	41.5	58.5	Parent/guardian	37.5	62.5
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Connectedness to culture and community and equity issues:
Social networks: Time with an Aboriginal Elder

Key messages	Data												
<p>Time with an Aboriginal Elder</p> <ul style="list-style-type: none"> • 37 in 100 Aboriginal children and young people spent time with an Aboriginal leader or Elder • 12 in 100 Aboriginal children had no known leaders or Elders • 51 in 100 Aboriginal children did not spend time with a leader or Elder 	<p>Proportion of Aboriginal children and young people aged 3 to 17 years who spend time with an Aboriginal leader or Elder each week, Victoria and Australia, 2008</p> <table border="1"> <caption>Time with an Aboriginal Elder data (Victoria vs Australia)</caption> <thead> <tr> <th>Category</th> <th>Victoria</th> <th>Australia</th> </tr> </thead> <tbody> <tr><td>Child spends time with an Aboriginal leader or Elder each week</td><td>37</td><td>37</td></tr> <tr><td>No time spent with Aboriginal leader or Elder</td><td>51</td><td>49</td></tr> <tr><td>No known Aboriginal leaders or Elders</td><td>12</td><td>14</td></tr> </tbody> </table>	Category	Victoria	Australia	Child spends time with an Aboriginal leader or Elder each week	37	37	No time spent with Aboriginal leader or Elder	51	49	No known Aboriginal leaders or Elders	12	14
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Connectedness to culture and community and equity issues:
Equity: Discrimination

Key messages	Data																					
<p>Of people who had been discriminated against-where they felt discriminated against</p> <ul style="list-style-type: none"> • The highest category for Aboriginal young people and adults was other • 35 in 100 young Aboriginal people 37 in 100 Aboriginal adults felt discriminated against by police, security people, lawyers or in a court of law • 28 in 100* young Aboriginal people felt discriminated in an educational setting • 29 in 100 Aboriginal adults felt discriminated when applying for work or at work 	<p>Of those felt discriminated against in last 12 months, situations where Aboriginal people, aged 15 to 24 years and 25 years and over in households with children felt discriminated, Victoria and Australia, 2008</p> <table border="1"> <caption>Situations where discriminated (Victoria vs Australia)</caption> <thead> <tr> <th>Situation</th> <th>15-24 years</th> <th>25+ years</th> </tr> </thead> <tbody> <tr><td>Other situation</td><td>35</td><td>37</td></tr> <tr><td>At school, university, training courses or other educational setting</td><td>28</td><td>29</td></tr> <tr><td>While being my spelling, mechanical or maths teacher</td><td>12</td><td>11</td></tr> <tr><td>By police, security people, lawyers or in court of law</td><td>37</td><td>37</td></tr> <tr><td>At home, by neighbours or at someone else's home</td><td>15</td><td>14</td></tr> <tr><td>Applying for work or at work</td><td>29</td><td>29</td></tr> </tbody> </table>	Situation	15-24 years	25+ years	Other situation	35	37	At school, university, training courses or other educational setting	28	29	While being my spelling, mechanical or maths teacher	12	11	By police, security people, lawyers or in court of law	37	37	At home, by neighbours or at someone else's home	15	14	Applying for work or at work	29	29
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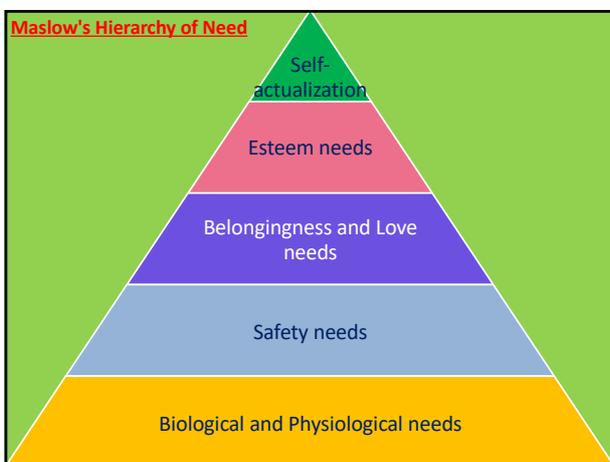
Maslow's Hierarchy of Need

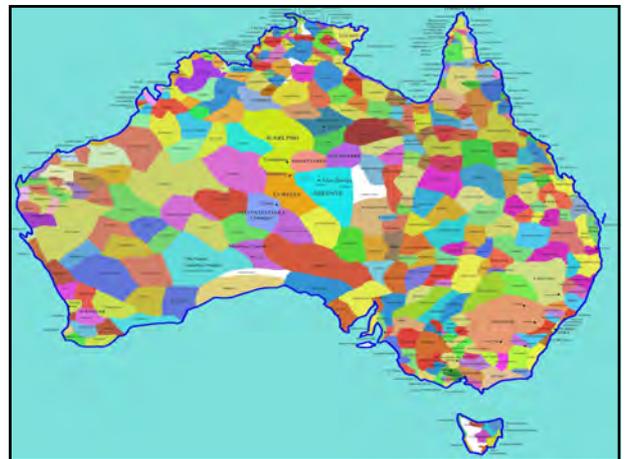
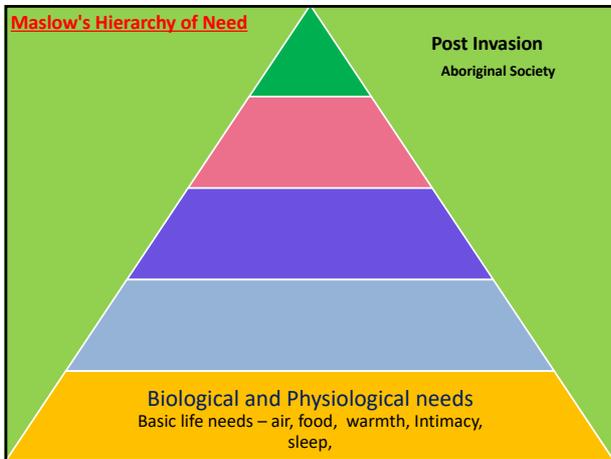
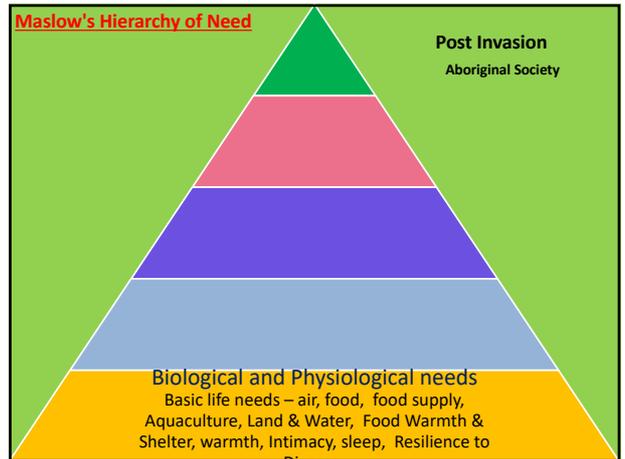
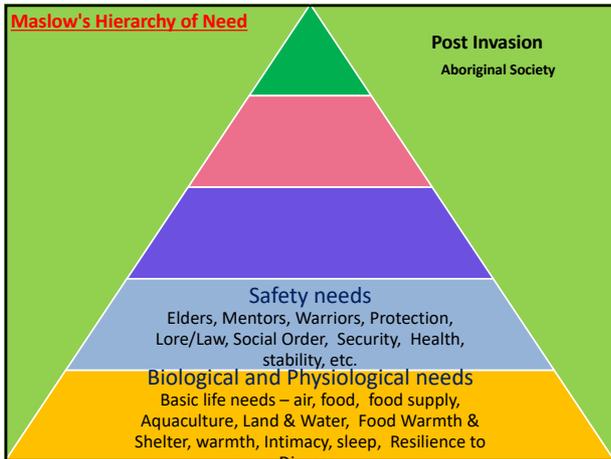
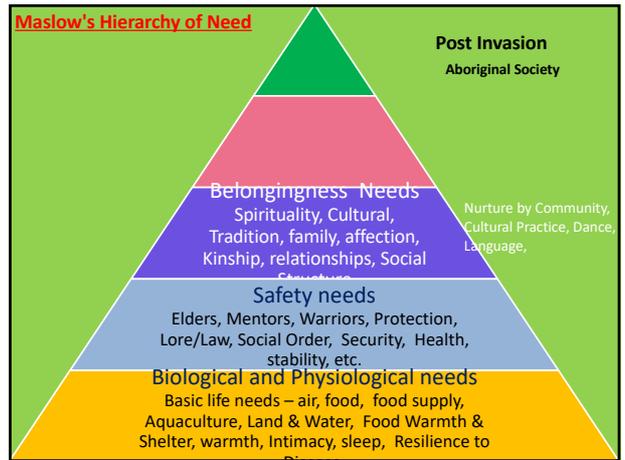
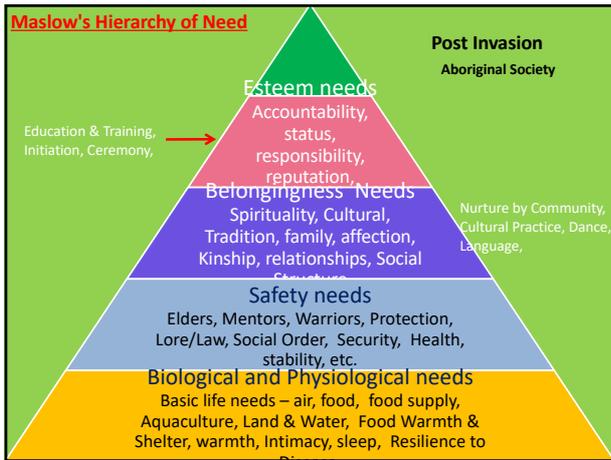
- Maslow (1943) stated that people are motivated to achieve certain needs. When one need is fulfilled a person seeks to fulfil the next one, and so on.
- This five stage model can be divided into basic (or deficiency) needs (e.g. physiological, safety, love, and esteem) and growth needs (cognitive, aesthetics and self-actualization).
- One must satisfy lower level basic needs before progressing on to meet higher level growth needs. Once these needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.
- Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet life's lower level needs

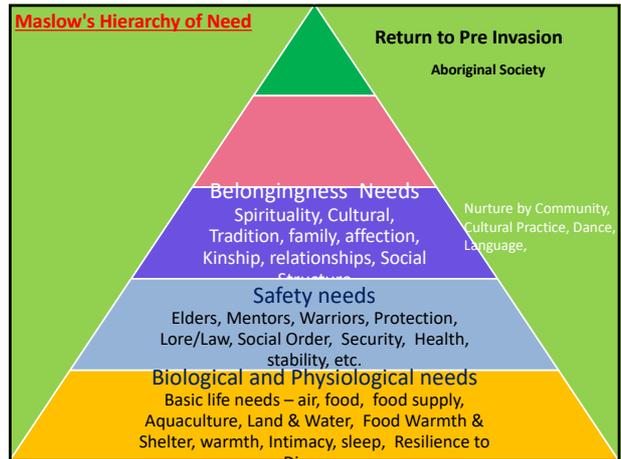
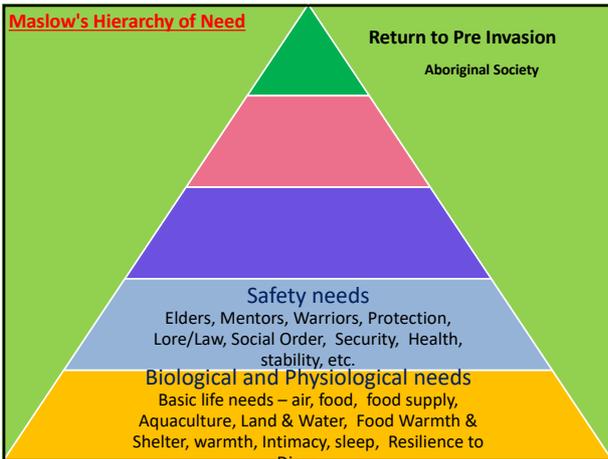
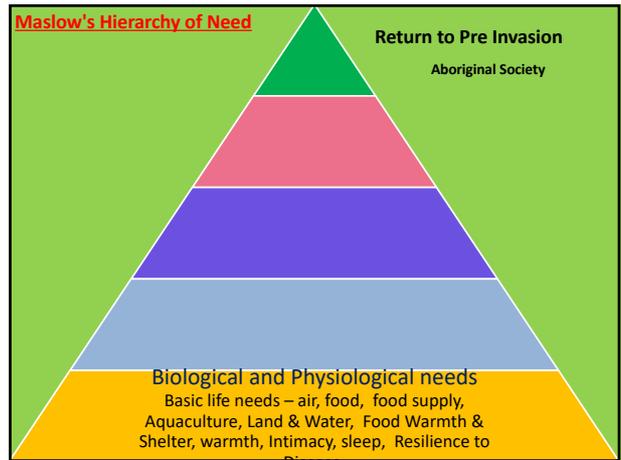
Maslow's Hierarchy of Need

1. Biological and Physiological needs - air, food, drink, shelter, warmth, sex, sleep.
2. Safety needs - protection from elements, security, order, law, limits, stability.
3. Belongingness and Love needs - work group, family, affection, relationships.
4. Esteem needs - self-esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility.
5. Self-Actualization needs - realizing personal potential, self-fulfillment, seeking personal growth and peak experiences.

A small pyramid diagram with five colored levels: red (Basic Needs), orange (Safety Needs), yellow (Social Needs), green (Esteem Needs), and purple (Self-Actualization).







Re-claiming Cultural Safety

Co-creation of post invasion environments where Aboriginal people

- perceive themselves as victims, to
- identifying as survivors of oppression and finally,
- seeing themselves as achievers and contributors within, and despite the pressures of, the dominant culture.

Requires actions that combat racism, lateral violence and promote/resource cultural solutions

Cultural resilience and resistance

- **Community wealth**— extended family networks, looking after each other – demonstrating elasticity (functionality in the face of risk) and buoyancy (ability to recover from trauma)
- **Story telling**— of creator spirits, key land marks, contemporary stories
- **Empowerment based on history of resistance** – eg. Cold Morning, Jupiter, Cocknose, Barak, Cooper, the Walk Off, Patton, setting up of Koorie orgs
- **Cultural expression** – songs/music and art

Cultural Safety – from the inside

- **Re-membering** – seeing the past as a means to re-joining and becoming members of both our particular Aboriginal community and society in general (**story telling v homelessness**)
- **Re-sourcing** – creating a map to find locations/situations/relationships where our people feel culturally safe (**community wealth v poverty**)
- **Empowering voice** – helping our people access places of cultural safety by having an effective voice (**resilience and resistance v powerlessness**)
- **Re-creation** of cultural products through various forms of creative activity such as music, film, theatre, craft and art (**cultural expression v disorientation**)

Re-membering

- Sense of belonging through identifying with the stories of the community
 - Traditional
 - Resistance stories and the local process of invasion

*I will tell you something about stories They aren 't just entertainment.
Don 't be fooled.
They are all we have, you see,
All we have to fight off illness and death.
You don 't have anything. If you don 't have stories.
Their evil is mighty. But it can 't stand up to our stories.
So they try to destroy the stories
Let the stories be confused or forgotten
They would like that. They would be happy
Because we would be defenceless then*
(Leslie Marmon Silko)

Re-sourcing

Finding the strengths in community

- Key Elders, leaders and families
- Sacred sites or sites of significance – access to land
- Key ceremonies
- Key skills

Empowering voice

- Sources of cultural/community authority
- Role of Traditional Owners
- Leaders/Elders of families
- Experts and skilled workers
- Protocols and agreements between the families

Re-creation

- Encouraging forms of self expression
- Modern and traditional arts
- Navigating the 'white' culture
- Finding voice

Cultural Safety through cultural competence

- **Cultural Awareness** Knowledge with Understanding
- **Commitment to Aboriginal Self-determination and Respectful Partnerships**– the Ground Rules
- **Cultural Respect** - Attitude and Values
- **Cultural Responsiveness** – Ability and Skills
- **Cultural Safety** – Environment and Client Experience

Aboriginal Cultural Wellbeing Needs



Cultural loads

"Our job, it doesn't stop. Because you know, you go home and...you got community members who live in your street, ...you've got community members who live around the corner, um and, you attend community functions as part of your expanded kinship structures – family obligations – so when people see you on the street they don't think 'oh its 7 o'clock'. They don't think 'I can't approach you now because it's after five. They don't think that. You need to be – they see you as – being accessible all the time. So it's enormous."

CEO talking of pressure faced in job relevant to equivalent non-Aboriginal CEOs/workers.

Cultural Platforms: Key factors- particular to each area

- Geographical regions
 - Tropical, Riverina, Coastal, Mountain, Desert, Plains, Cold country
- Traditional practice (past and present)
- Knowledge of resistance
 - battle sites/ massacre sites
 - resistance in art
 - resistance in contemporary white law
 - resistance in writing, poetry etc
 - resistance in academia

(even anti social behaviour can be considered resistance)
- Methods of resistance
- Levels/rates of Dispossession

Cultural Platforms: Key factors- particular to each area

- Current leadership
- Level of tribal ownership in the creation, recognition, development and implementation of cultural platforms
- Levels of Lateral Violence
- Current levels of cultural safety

Cultural Platforms: Key factors- particular to each area

Levels of cross cultural interaction and acceptance

- cultural interaction in policy
- in sport
- in relationships
- in business
- spirituality
- in day to day life
- employment, education etc

Cultural Platforms

- knowledge empowers
 - about self,
 - people,
 - culture ie: knowing of our own icons;
 - own levels of resistance,
 - our contribution to ourselves and others,
 - own cultural shape and depththis then becomes a resistor to LV and its spin offs.

Cultural Platforms

- Immersion in the positives of one's own culture is the epitome of cultural safety,
- Becomes a cultural platform or cultural launching pad to positive cultural development and the implementation of cultural safety as a 'societal norm'
- Once cultural safety becomes a social norm then LV has no place to live and grow.

How a Journey toward Cultural Safety might look at the local level

- Workshops on cultural safety, trauma and awareness of lateral violence in communities
- Recognition and support of existing culturally safe programs, projects, events and activities
- Creation, development and implementation of culturally safe programs, projects, events and activities
- Establishment of cultural competency and cultural safety frameworks

How a Journey toward Cultural Safety might look

- Koorie friendly dispute resolution resources made available for communities, youth, families and orgs
- Establishment of regional and/or local family centres as per the recommendations of the Forever business report

Culturally safe family centres

- Reclaiming language, reclaiming birth rights in terms of Aboriginal heritage and connection;
- Creating culturally informed child and young people friendly spaces with access to support services;
- Re-establishing key rituals;
- Creating, maintaining and allowing access to a living Aboriginal specific library of material
- Being a healing centre to deal with intergenerational trauma and a dispute resolution centre for matters of lateral violence; and
- Creating a platform of cultural growth, maintenance and reclamation

What is cultural safety in my Community/Family/Tribe?

- Language
- Ritual
- Stories
- Music
- Art
- Orgs and programs
- Family
- Family meeting places
- Sporting events
- Community events
- Camping
- Bush crafts
- School Events
- Cooking
- Etc

Koorreen Principles

- Listen (to the Earth, waters and others so that you may learn)
- Learn (from all you hear, see and feel, this will inform you on who you are and who you can be)
- Respect (all living things and beings to enable them to respect you)
- Integrity (conduct yourself and act honestly at all times so that others may learn from you)
- Honour (honour the great spirit, the property of others and your own life path)
- Compassion (have compassion to others so that you learn to be graceful with you spirit)
- Courage (have courage to act in all of the above and to know when you have made mistakes so that you can know when to have humility)

How can we find cultural safety?

- Recognise existing cultural safety like;
- Good events
- Good works
- Good people
- Safe places
- Stories of resistance, such as fighters and heroes and battle sites
- Get involved with programs such as;
- Language
- Cultural retrieval and maintenance
- Art & music
- Passing on stories
- Helping out in community
- Changing terminology (eg massacre sites to battle sites)

Policy Points

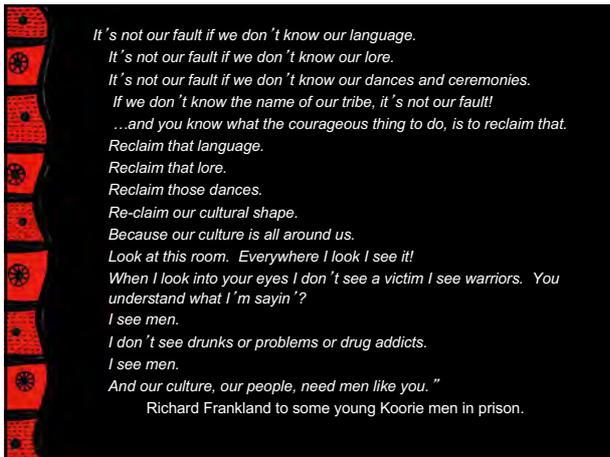
- Better understanding of our culture
- Connecting with families and more school support
- Awareness of child's upbringing
- Koori workers in the school
- Train teachers and students in the Koorreen Principles
- Learn about lateral violence and teach preventative measures to students and teachers
- Celebrate our culture: eg welcome to country day for babies

Policy Points

- Koorie Mediators to assist students, families and teachers
- Elders and role models to be part of a buddy system at the school
- Culture in curriculum and Aboriginal input in history
- Better relationships between students and teachers. Learn about multiculturalism
- Mutual respect
- Safety and protected
- Make role models for children
- Aboriginal presence on the school council and to have a council of Elders at the school

Cultural Safety is moving from:

- Being a victim
- And being just a survivor to
- Being an achiever and contributor.
- Only we can do this!



VISITING OPTOMETRISTS SCHEME

VOS- Visiting Optometrists Scheme, Administered by DoH through state fund holders

“To improve the access for people living and working in remote and very remote communities to optometric services”

Travel and accommodation expenses of visiting optometrists

Support also to provide some coordination and administration, education for local staff in outreach

Income is assumed to come from services delivered under Medicare and, in some cases dispensing

VOS OVERCOMES PROBLEMS ASSOCIATED WITH

Infrequent eye exams- performed by non-eye professionals.

Blind because...

Headaches due to....

Small problems become large- lashes, dry eye, infection....

Unnecessary travel away from community

Dislocation, expense

Recent changes

- VOS increasingly utilised for servicing ATSI communities
- 2015-> expanded to include urban (culturally secure) locations
- State and territory Fund holders administer
- Needs assessment in each jurisdiction
- Increased funding of NGO's and larger organisations to coordinate services

IMPORTANCE OF VOS TO INDIGENOUS EYE HEALTH OUTCOMES AND ALL PEOPLE IN NON-URBAN CENTRES

ACCESS

Frequency
Reach
Triaging
Follow up
Culturally Secure

CONTINUITY
Same practitioner over extended periods - relationships



A decade of change

Services tripled:

2009/10 6,975 cf 18,890 in 2014/15

Peaked 2011-12 20,151 services

- Highest service delivery Western Queensland , NT and Gippsland
- 2011 – VOS figures 8,800 Patients at an average cost to service of \$141 per patient



WA 2011- 11 VOS approved entities
317 Visits 100 remote
2017-20 – 15 VOS approved entities
460 optometry visits

MOST COMMUNITIES REACHED BY VEHICLE



NWEP (LOV) – Stats for Calendar year 2011 Typical year to year

44 Communities
134 Clinic Days
1719 Patients Seen
New Px 34%
81 % Aboriginal
39% Diabetics
566 magnifiers 374 grind
lenses
REFERRALS 15%



TRIAGING and EFFECTIVENESS

Maximising effectiveness of specialists (time) visits and local ongoing health care via GP/Health workers

Timing and frequency of visits 3-4 : 1
Optometry : Ophthalmology

Optometrists circuits ahead of ophthalmology to ensure appropriate referrals and recency to ensure patients know they need to come in

Visits subsequent to ophthalmology visits for after care- maximising effectiveness of treatment

REDUCING THE LEAKS IN THE CARE PATHWAY

Appropriate and timely treatment

Liaising with GP's, Health workers, other practitioners –OT/PT/Diet/Nurse...

Reducing waiting lists for treatment

Appropriate referrals –

maximizing ophthalmology productivity and patient outcomes

Operable conditions

Prioritising care

Follow up after Surgery

Culturally secure environment

Expanded role

- Programme management
- Systems development
- Health promotion
- Education of community, health workers and other professionals
- Linking with specialist services- including telehealth
- Clinical pathways navigation

Different approaches and models of care

- Each community may have different needs , frequency of visits, provision of services
- VOS allows for each community to determine their needs and level, frequency of visits and locations
- AMS, hospital, community facility

OA Survey

Currently surveying all VOS providers to understand needs and barriers to providing care – working with fund holders

CHALLENGES FOR OPTOMETRISTS TO MAXIMISE PATIENT OUTCOMES - OVERCOME BY ADVANCED PLANNING

Needs analysis

Long term contracts with fund holder – continuity of care

Liaising with communities about visits to ensure patients who need to be seen are aware of and able to get to see optometrist
local coordinators/ access /availability of patients/drivers

Having access to AMS/rooms and equipment (transport)

Access to and integration of findings with patient records medication, previous history- specialist care

Maximising Patient Outcomes (cont'd)

- Maintain funding to support service provision across all areas of need
- ATSI communities supported by service coordination that supports the visits and supports the patient on their care pathway
- Record keeping and access to health records
- Medicare remuneration- freeze and discount on rebates
- Affordable and timely vision correction
- Local expertise

OPTOMETRY STUDENT PROGRAMME Sustainability AWARENESS Employment



THANK YOU



Sustaining Regional Stakeholder Eye Care Activities

FAYE CLARKE, RN, CARE CO-ORDINATOR (ITC) AND DIABETES EDUCATOR (CDE)
BALLARAT AND DISTRICT ABORIGINAL CO-OPERATIVE



Challenges

- ▶ Across the region: Moving from a funded, directed, supported Advisory Group to a Stakeholder group
- ▶ Stakeholder engagement and interaction suffered



Staff commitment and buy-in ... or lack thereof

- ▶ Lack of a systematic approach within the clinic
- ▶ Ineffective work flows and procedures
- ▶ Logistics re retinal camera access
- ▶ IT computer access issues unique to our clinic
- ▶ Lack of staff time to focus on solving problems



Competing priorities



- ▶ Eyes are one body part.. Of many
- ▶ Staff have multiple tasks to complete, skills to maintain and learn
- ▶ Goals and aspirations of the clinic, the community, clients can redirect attention
- ▶ It takes the whole clinic staff to identify and engage in working towards making an improvement in a certain area
- ▶ Issues tend to have a 'season'

- ▶ Our routine eye check processes remain the same but they have not yet improved with the availability of equipment or Medicare item numbers

Clients

- ▶ Clients continue to have their eye checks done by an Optometrist
- ▶ The under screened remain under screened not just in eye checks but sometimes in all areas of their diabetes cycle of care
- ▶ Eye checks or more general health checks are not yet a priority for all
- ▶ We try to maintain a level of health promotion relating to eye health within the clinic but this is not part of a planned process



What to do

- ▶ Share the load
- ▶ Learn from others
- ▶ Increase incentives
- ▶ Access to funding, resources, support



Warakurna community, nestled beside the Rawlinson Ranges



Ngaanyatjarra Health: Cultural Safety in Eye Care

Presenters

- Mr Edward Jones, Senior Environmental Health Worker, Ngaanyatjarra Health
- Mr Derek Harris, Chairperson, Ngaanyatjarra Council and Ngaanyatjarra Health



- We would like to pay our respects to the Elders past and present of this country that we are standing on.

The background of Ngaanyatjarra Council

- In 1980 Ngaanyatjarra Council was formed by the Elders, who have all passed on and who we pay respects to
- It was developed and formed to cater for Irruntju, Papulankutja, Mantamaru, Millytjarra, Tjukurila and Warakurna
- Then later came Wanarn, Tjirrkarte, Patjarr, Kampa and lastly, Cosmo, Newberry and Kiwirrkurra
- It is the largest Aboriginal Corporation in Australia



Warburton, the largest community in the Ngaanyatjarra Lands

The challenges that we need to address in Closing the Gap in Eye Health:

- We are "remote, remotel"
 - From one of our communities, to Kalgoorlie - 1000 km+
 - To Alice Springs - 1000 km+
 - To Perth - 2,000 km+
- Transport is a big issue - patients get lost in the system when they have to leave the Lands to go to hospital
- Language and cultural barriers - patients do not understand what is happening to them



Challenges in the Lands communities

- Housing - repairs are hard to access and very costly because we are dependent on out of state contractors such as Lakes
- Employment - we need more jobs especially for interpreters and cultural brokers within Ngaanyatjarra Health
- Training - educate the Ngaanyatjarra people, build capacity so that they keep healthy and well



Cultural safety in eye care

- Developing a safe environment for our children, our people and the service providers who are coming to work on the Ngaanyatjarra Lands
- Doctors, nurses, eye specialists should understand:
 - Ngaanyatjarra lifestyle and culture
 - Respect and tolerance for each other's differences
 - Working toward shared goals but acknowledging that there is a bigger picture
 - Building capacity in the local people
 - Investing resources for the future
 - Walking side by side, so that everyone is coming together and working together e.g. health, education, housing, environment, employment,
 - Keeping culture alive

Why do we need cultural safety?

- The last people to come into the Ngaanyatjarra Lands were the last groups to leave a traditional, nomadic lifestyle in the Western and Central deserts
- Our culture, our law and our language survived and is strong because we are able to adapt
- But today, we need help to access all of the services that are there to help us, without losing our culture, our law and our language
- To go forward, we need to invest in educating our young people, providing employment for them as they are growing up in two worlds

What have we put in place in the Ngaanyatjarra Lands to ensure cultural safety?



Healthy Bathroom Checks: Environmental Health

Part of the Squeaky Clean Kids, and trachoma-prevention program is the Healthy Bathroom Checks initiative. With our Yanarngu EH workers, we visit homes to help with basic plumbing repairs (replacing shower heads, and leaky tap washers), so that people have access to water for washing and cleaning. The garden project we started was to support healthy bathroom checks in the communities. We have not been turned away from one home!

What other approaches can we take to reduce trachoma, and to improve eye health in the Ngaanyatjarra Lands?



- Capacity building and having access and support to help Yanarngu get training and qualifications in eye health
- More investment in the Environmental Health workforce - this is a strong program that should be extended
- We need to use telehealth so that our people can get support from the eye specialists without leaving their community
- Imparting skills and resources so that the Ngaanyatjarra people can take control of their own eye health through,
 - Prevention
 - Screening
 - Treatment

LOCAL SERVICE DELIVERY COORDINATION: OPPORTUNITIES AND CHALLENGES

Based on findings from ACIL Allen Consulting
16 March 2018




Defining Service Delivery Coordination (SDC)...

'a number of different, mostly non-clinical activities that must be carried out to ensure the provision of comprehensive and responsive eye care for Indigenous Australians'

(ACIL Allen Consulting)

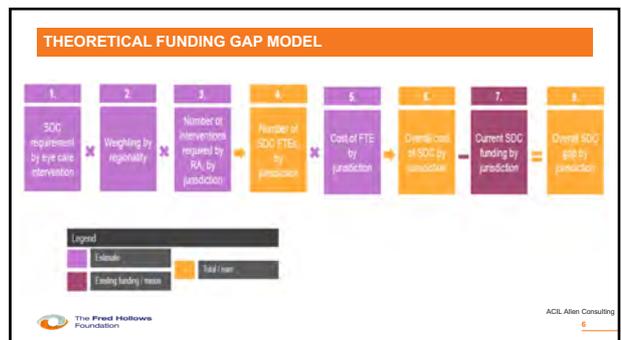
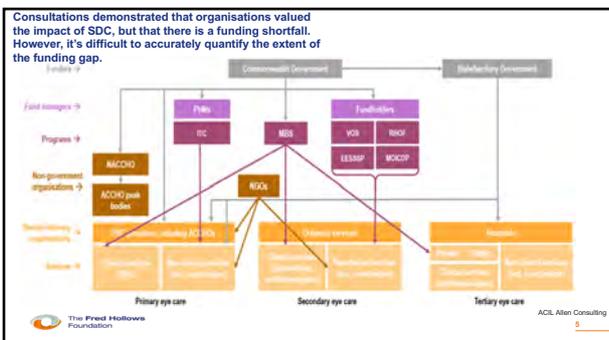


WHAT ARE SOME OF THE MODELS USED?

- Dedicated Coordinator Role
- Sharing Coordinator Activities
- Integration of Coordination Activities



What are the challenges to improving SDC?

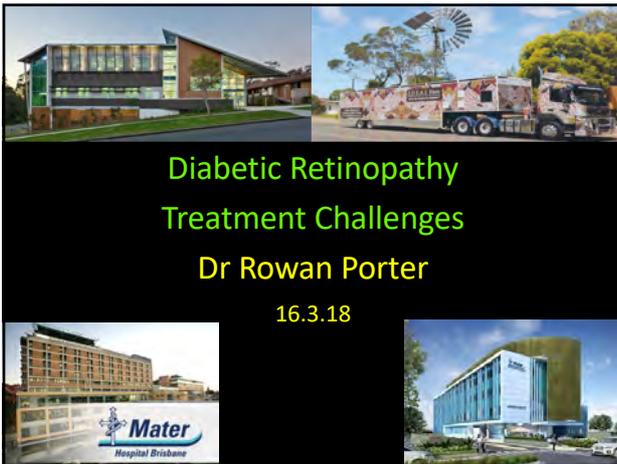
HOW CAN WE IMPROVE AND INCREASE FUNDING TO SDC?

1. Outreach program funding guidelines: develop a shared understanding and share best practice to ensure they are consistently applied to support SDC.
2. Outreach program resource allocation: support more accurate needs assessments to ensure accurate estimate of SDC needs.
3. Develop an evidence base to show the relationship between SDC and service uptake and impact, to inform advocacy for increased funding.

KEY QUESTIONS

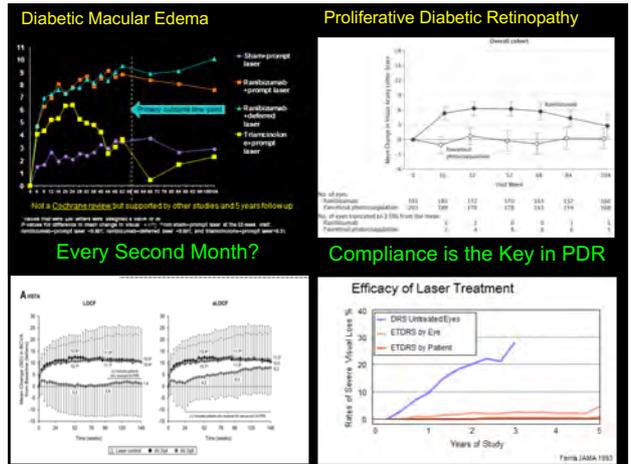
1. How can we quantify how much additional funding is needed to fully resource SDC?
2. How can we share best practice and effective SDC models and demonstrate its impact?





Diabetic Retinopathy Treatment Challenges
Dr Rowan Porter
 16.3.18

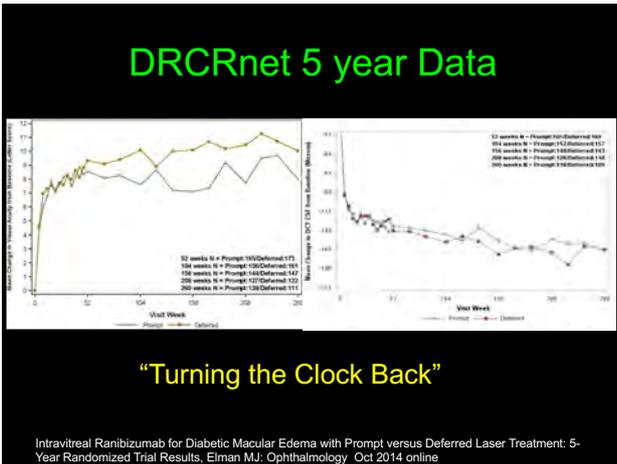
Mater Hospital Brisbane



Diabetic Macular Edema
 Not a Diabetic issue but supported by other studies and 5 years follow up.
 Every Second Month?

Proliferative Diabetic Retinopathy
 Compliance is the Key in PDR

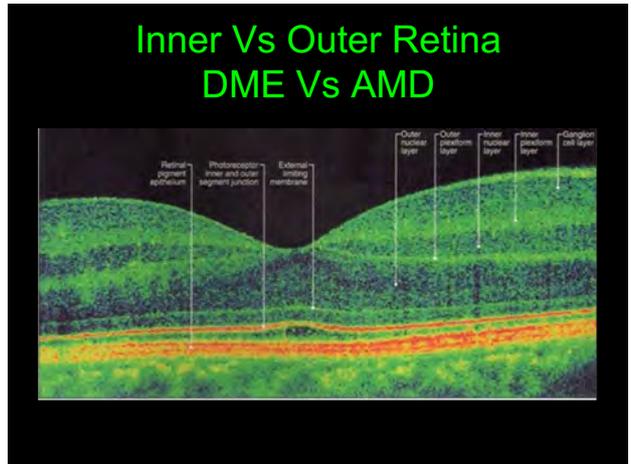
Efficacy of Laser Treatment



DRCRnet 5 year Data

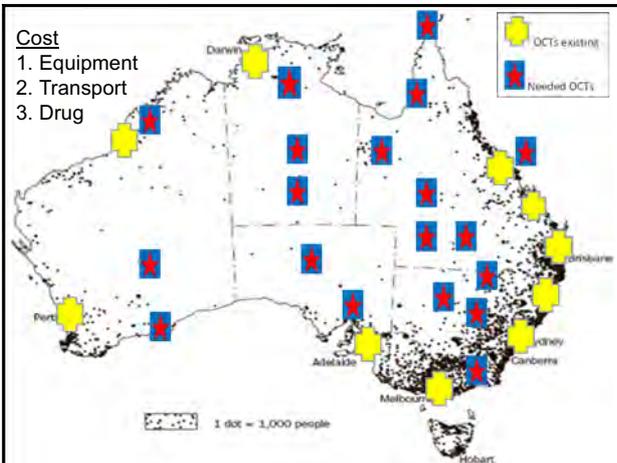
“Turning the Clock Back”

Intravitreal Ranibizumab for Diabetic Macular Edema with Prompt versus Deferred Laser Treatment: 5-Year Randomized Trial Results, Elman MJ. Ophthalmology. Oct 2014 online



Inner Vs Outer Retina DME Vs AMD

Retinal pigment epithelium, Photoreceptor layer or outer segment, External limiting membrane, Outer nuclear layer, Outer plexiform layer, Inner nuclear layer, Inner plexiform layer, Ganglion cell layer



Cost

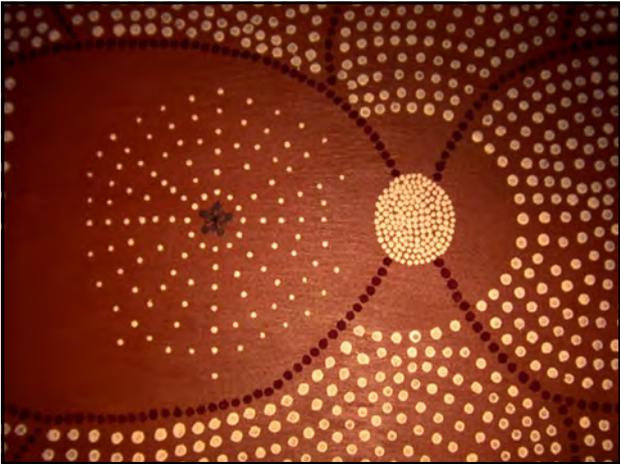
1. Equipment
2. Transport
3. Drug

OCTs existing (Yellow squares), Needed OCTs (Red squares)

1 dot = 1,000 people



Best Practice Across Country?



Challenge Topic 7 : Trichomatous Trichiasis



Dr Andy Rowan, GP, Central Australian Aboriginal Congress

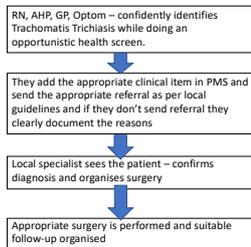


image Credit: kagishippo

Abbreviation	Description
NC: Normal Nasal Conjunctiva	For trichiasis, the upper eyelid is turned inward severely. Notice the large deepening lateral recess that mainly runs vertically.
TF: Trachomatous inflammation - Follicular	Presence of 2 or more follicles in the upper nasal conjunctiva, each at least 0.5 mm in size.
TI: Trachomatous inflammation - Intense	Protracted inflammation involving the upper nasal conjunctiva, which affects more than one half of the normal nasal recess.
TS: Trachomatous Scarring	The presence of easily visible white lines, bands, or sheets in the nasal conjunctiva. Scarring may obstruct the nasal recess.
FT: Trachomatous Fovea	At least 1 fovea that has the clinical evidence of recently resolved or turned back eyelashes.
CO: Corneal Opacity	The presence of an easily visible corneal opacity that obscures at least part of the pupillary margin.



Trichiasis referral pathway (Ideal)



The real world pathway? (or at least what is can feel like)



How are we going with treating Trachiasis?

- We do have some data – refer to *Indigenous eye health measures 2016*..... But the data is limited/weak – “due to incomplete data collection and compilation”
- We think the prevalence rate (people alive today with the disease) is somewhere about 1-2% - with the actual numbers 40 – 80 people.
- We don't know the incidence (number of new cases per year) – not clear exactly how we define new cases, or even the exact population numbers
- At best 33% of Indigenous Australians in at risk communities are screened annually



The Trachiasis Challenge!!

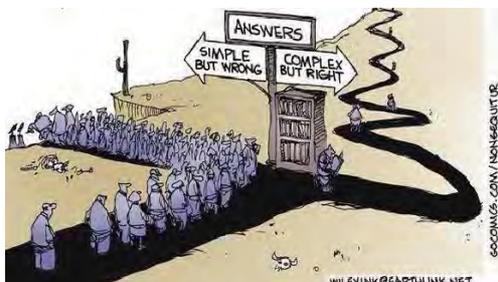
- Remote Staff (RN,AHP,Optom,GP's) with patchy knowledge and high turnover
 - - Need be screening every client !
 - - Need to be confident in making a Diagnosis.
 - - Clearly document Diagnosis/use clinical items/make appropriate referrals
 - - Would this feed into more robust data sets ??
- Overcome the data weakness that we have –
 - By solving problem 1.
 - it seems there is no consensus across organizations on how to organize and report on Trachiasis.

An added Challenge!

- NO new money
- &
- NO new staff

- by being smarter with what we already have!!

Single national roadmap?



Session 5

Aim to have the following at your table:

- ✓ Aboriginal Health Service/Affiliate
- ✓ Optometrist
- ✓ Ophthalmologist/hospital
- ✓ Primary Care (E.g. PHN/GP/Care Coordinator)
- ✓ Government (State/National)
- ✓ NGO
- ✓ Peak body
- ✓ Fundholder
- ✓ Other (flexibility if needed!)

Aim for representation across the pathway