

# Research into practice

## Ngangk Yira: Advancing Meaningful Research with Aboriginal Families and Communities

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Equity



**NGANGK  
YIRA**

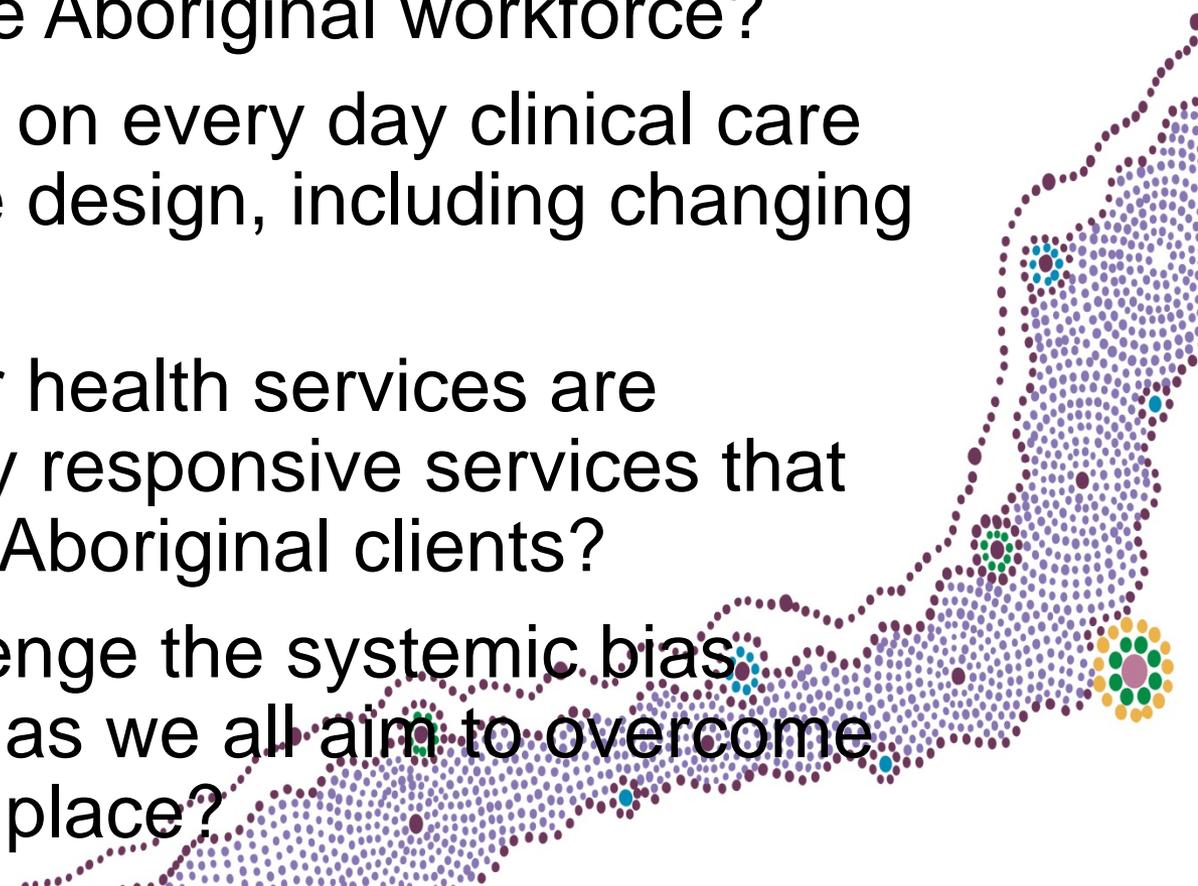
Clinical Senate Meeting: November 23, 2018



# Acknowledgement of Country

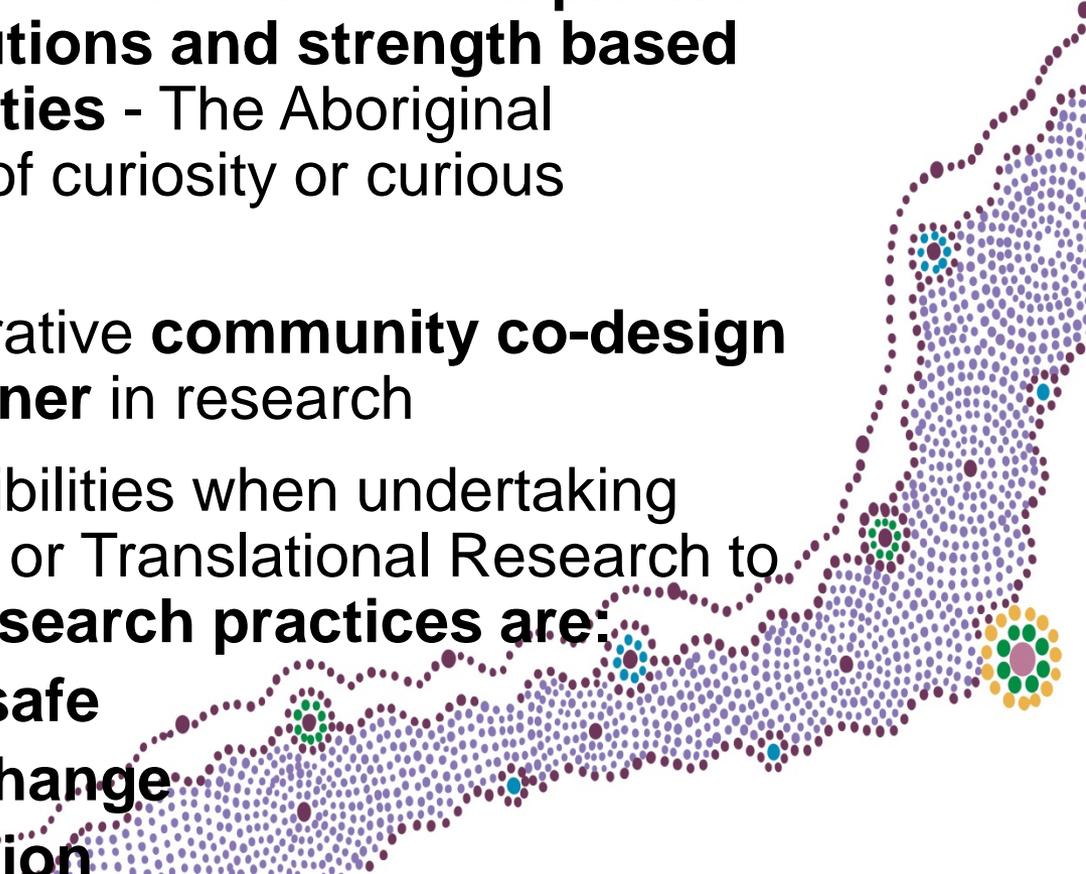
- I acknowledge the Whadjuk people of the Noongar Nation as the traditional custodians of this land on which we work, walk and live and pay respect to Elders past, present and future.
- I recognize the long history of Aboriginal and Torres Strait Islander peoples on this entire land. In doing this, I acknowledge that the past is not just the past but continues to impact on the present and the future.
- Ngangk Yira can influence the future alongside Aboriginal people by seeking the guidance of the Elders, the wisdom of the community and the use of co design and other collaborative

# A Researcher's Perspective to the Key Points in this Debate

- How will you create a culturally safe learning environment for the Aboriginal workforce?
  - What is the impact on every day clinical care and overall service design, including changing behaviors?
  - Whether or not our health services are delivering culturally responsive services that meet the needs of Aboriginal clients?
  - How will you challenge the systemic bias across the system as we all aim to overcome racism in the work place?
- 

# Guiding Principles for research about clinical practice in Aboriginal health and wellbeing

- Research should be translational, transformative, collaborative, meaningful and **led by Aboriginal people**
- The Aboriginal community must **drive research priorities and are the drivers of solutions and strength based options for their communities** - The Aboriginal community are **not** objects of curiosity or curious investigation
- Research should rely on iterative **community co-design** and other processes to **partner** in research
- Researchers have responsibilities when undertaking either Quantitative or Translational Research to ensure their decolonising **research practices are:**
  - **Culturally secure and safe**
  - **Provide evidence for change**
  - **Knowledge for translation**



# “Cultural Security of Aboriginal mothers birthing in urban maternity facilities and the cultural competency, workforce and education needs of midwives”

## BIRTHING ON NOONGAR BOODJAR

NHMRC Partnerships Project  
Grant

GNT1076873

Sixteen Investigators and 13  
Partners

CIA: Rhonda Marriott



Cultural  
Security &  
Aboriginal  
Birthing  
Women

# CULTURAL SECURITY

- BONB is a unique study where cultural guidance ‘walked side by side’ with investigators during the study design, data collection, analysis and synthesis, and dissemination
- Knowledge exchange discussions were
- Terminology
  - Cultural safety
  - Cultural security
  - Cultural competence
- Decolonising process to get to the meaning of these terms

# Who were the study participants?



**74**  
Aborigin  
al  
women  
(Birthing,  
Senior &  
Elder  
Women)



**74**  
Midwive  
S  
(Individual &  
Focus  
Groups)



**What did we find from yarning  
with Aboriginal women?**

**What did we find from  
interviewing midwives?**

**What did we find when we  
compared the data sets?**

## CULTURAL SECURITY / CULTURAL SECURITY PERCEPTIONS



*“One thing that people who don’t know about Aboriginal people lack is that they don’t understand our kinship. The way Aboriginal people work. We don’t just want two people in the room whereas they are restricting it to two people in the room. We don’t want that; we have large families. We want all our family to be there and everyone that is really close to us and helps us through. There is not just one person that supports us, it is a whole Community. And that’s something they lack and don’t understand.”*

Aboriginal woman

*Well it is quite hard for a lot of the women coming into our hospital, especially, you know girls from up north and more rural communities. It’s a big massive change for them often. Some of them have never been to the city and then they are you know in a hospital which is quite well you know everything runs to time schedules and things like that. So it is quite a daunting experience for a lot of the girls that come in. As midwives we get training of Aboriginal culture and things like that, so we have awareness of some of their cultural needs. But there are some things that are hard to adjust to as well like in the hospital setting as well, so I guess it is finding a happy medium.”*



*“I think they need to stop like second guessing Aboriginal women...you know, most of us are strong and independent and we are very family orientated. We've got that close bond with our family, and - they just think that we don't know anything, and it's not the case... I've noticed when they go... ‘oh Aboriginal!’”*

Aboriginal woman

**RACISM & RACIAL ASSUMPTIONS /RACISM AND CULTURALLY UNSAFE PRACTICE**

## RACISM & RACIAL ASSUMPTIONS - RACISM AND CULTURALLY UNSAFE PRACTICE

*“...it’s very hard because sometimes you have to choose your battles with some people... To tackle some people, it may be me saying ‘look I don’t know why you said that and I don’t necessarily agree with it and I think what your saying there is not nice and I don’t think that actually it’s appropriate’. You can say that - But (with) some people, they end up arcing up.”*

Midwife

## ACCESS TO ABORIGINAL STAFF/WORK ENVIRONMENT



*“That constant liaison officer is needed, someone I can build a relationship with. Who understands me and how my family works. So they can cater their advice of how the family functions and they just lacked that completely. No one took into consideration what the family situation was, it was just always you need to do this; you need to do that. It doesn't really work like that.”*

*“We did have a program which seems to have dropped off for some reason, where we had Aboriginal Health Workers at the hospital which, I think, the Aboriginal girls absolutely loved. So the girls would meet them for their appointments, go and have a coffee with them, and settle them into their accommodation - where a lot of girls stay when they are down here. I think they really particularly liked that program and I think there is some research around how effective it was to keeping girls connected and making them feel culturally supported. But like I said, I don't actually think that program is continuing.”*

## LACK OF WOMAN CENTRED CARE

*"When I was in labour I went in, got checked, I was four centimetres dilated, they told me to either go back home or sit out in the waiting room in, where everybody was..."*

*"... they said they had no rooms or nothing. I was having contractions like I don't know what - every five minutes! And I couldn't express myself 'cause there was too many people in and out, in and out, and I thought I don't want people to watch me scream, go through this, when I should be in my own space."*

Aboriginal woman



*"I have been involved with a birth where I had the birth room, her mother, her mother-in-law and two cousins there. And even though policy is only two support people, I was happy to let them stay and my coordinator was happy to let them stay."*

*I guess it boils down to acuity, if something goes wrong, we need the space and ... the less people who are in the room the better, just for focus. But as long as we keep them involved and in the loop and explain to them what is going on, they are not going to stand in the way or anything like that. They are going to be more than happy to make sure that everything goes ok.*

*But, it was a beautiful experience, the one I was talking about because this little boy was born into this room full of Aboriginal woman "*



**Baby Coming  
You Ready?**



**Kalyakool Moort...Always Family**

**Research Team**



**Baby Coming  
You Ready?**

Jayne Kotz  
PhD Candidate  
NP, RMW, CHN  
Supervisors: Rhonda  
Marriott and Corinne Reid



Baby Coming  
You Ready?



Baby Coming You Ready?



 Welcome Mum!



skip 

Next 



Baby Coming  
You Ready?



## My Family

 My family!



Families



Solid Strong Support



Support Sometimes

skip



Back

Next









**What does research recommend for practice change?**



Cultural Security & Aboriginal Birthing Women

