

# **Cultural Healing Models of Care:**

## **A recommendations report for St Vincent's Hospital Melbourne**

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This report is a deliverable of the St Vincent's Hospital Melbourne (SVHM) Cultural Audit project, a collaboration between SVHM and Karabena Consulting.

**Terminology:** The term **Aboriginal peoples** when used in a Victorian context generally includes **Torres Strait Islanders**.

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## Acknowledgements

Karabena Consulting respectfully acknowledges the Traditional Owners of the lands on which this research took place, and of the lands on which St Vincent's Hospital Melbourne is located and from which it operates.

## Abbreviations

<b>ABS</b>	Australian Bureau of Statistics
<b>AHLO</b>	Aboriginal Health Liaison Officers
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ANTAC</b>	Anangu Ngangkari Tjutaku Aboriginal Corporation
<b>ASN</b>	Aboriginal Staff Network
<b>HR</b>	human relations
<b>KCT</b>	Karabena Consulting Trust
<b>RCH</b>	Royal Children's Hospital (Melbourne)
<b>SVHM</b>	St Vincent's Hospital Melbourne
<b>VACCHO</b>	Victorian Aboriginal Community Controlled Health Organisation

## Executive Summary

This project is part of the larger Cultural Audit work being undertaken by SVHM to actively improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander staff, patients and their families. We sought to establish an answer the following question:

*What cultural healing practices can St Vincent's Hospital Melbourne implement to optimise health and wellbeing outcomes for Aboriginal and Torres Strait Islander patients, families, carers and staff?*

To this end, we undertook a literature review, reviewed demographic data, investigated the experiences of other metro urban hospitals in implementing cultural healing, and facilitated consultations with staff to develop recommendations for the consideration of internal committees and the Executive of the SVHM.

This report has been written in three sections: Section 1 focuses on embedding cultural determinants of health in SVHM models of care; Section 2 provides feedback from case studies and consultations related to this project; and Section 3 summarises the recommendations for consideration by SVHM Executive.

Cultural healing needs to occur at community, family and individual levels, across a person's lifetime and across generations. Key essential elements shared by cultural healing programs include Aboriginal leadership and a commitment to co-design, the promotion of healing and wellbeing, recognising the centrality of cultural strength, connection to culture and/or resilience, and ensuring safety. Of particular interest is how cultural healing strategies can complement current pastoral activities in mission-led hospitals nationally and internationally. We recommend this avenue be further explored through academic work and the provision of scholarships for undertaking Masters and PhD.

In considering future activities and strategies for SVHM, we had to ascertain the preparedness of the hospital to engage in these approaches. We have identified that SVHM is ready to implement programs that are both aligned with the hospital's Mission Statement, and cognisant of the cultural determinants of health and wellbeing. The following action areas are recommended to SVHM:

- create internal capacity for cultural healing work
- coordinate approaches to cultural healing
- provide targeted cultural healing activities to populations in need
- build community strength, resilience and capacity to engage with cultural healing
- improve the evidence base and general understanding of cultural healing
- implement quality and review current standards to facilitate cultural healing practices.

Together, the implementation of these actions, overseen by an internal Aboriginal and Torres Strait Islander-led cultural healing working group, will positively impact the health and wellbeing of Aboriginal and Torres Strait Islander people in their engagement with SVHM, and ensure cultural safety for staff, patients and their families.

## Project Overview

In 2021, St Vincent's Hospital Melbourne engaged Karabena Consulting Trust (KCT) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to undertake a collaborative Aboriginal Cultural Safety Audit of SVHM. This project was developed to explore the experiences of Aboriginal and Torres Strait Islander patients and staff regarding cultural safety issues at SVHM. KCT has since: completed a review of SVHM's policies and procedures against a nationally benchmarked cultural audit tool, developed internally by KCT gaps and opportunities that could support enhanced outcomes for SVHM's Aboriginal and Torres Strait Islander patients, stakeholders and staff; led an ethics application process; and undertaken a review of 50 historical complaints made by Aboriginal and Torres Strait Islander staff, patients and their families between 2012 and 2021.

SVHM has now engaged KCT for a second year in which we will undertake the following work:

- Quantitative data analysis looking at cultural safety in Emergency Department settings.
- A feasibility study looking at cultural healing models of care at SVHM.
- Development of culturally safe complaints and feedback process (outcome from year 1 historical complaints review).
- Development of Aboriginal and Torres Strait Islander specific resources on trauma-informed care.
- Undertake qualitative patient research.
- Development of a meta-policy (outcome from year 1 policy audit).
- Development of content for 6 patient experience-focused local protocols (outcome from year 1 policy audit).

## Developing Cultural Healing Models for SVHM

Developing and implementing cultural healing models of care is an outcome from a recommendation in the policy and procedural review that KCT conducted in 2021. The recommendation commits St Vincent's Hospital to:

*...work with Aboriginal and Torres Strait Islander stakeholders in co-design processes, towards integrating access to cultural healing, healers and cultural practices in its facilities (including dying on Country, use and respect for cultural totems, traditional medicines, use of music in healing and so on) and articulates these methodologies in SVHA's (including SVHM's) Aboriginal and Torres Strait Islander policies. (Karabena Consulting 2021:3)*

## Demographic overview

According to the 2021 Census of Population and Housing, approximately 66,000 people identified as Aboriginal and Torres Strait Islander in Victoria. Of this, 94.2 per cent identified as Aboriginal, 3.2 per cent as Torres Strait Islander, and 2.6 per cent as both Aboriginal and Torres Strait Islander (ABS 2021a).

A little over half of Victoria's Aboriginal and Torres Strait Islander population (50.2%) reside in Greater Melbourne, with 768 of those living in the City of Melbourne (City of Melbourne 2021). A breakdown of the population group by Indigenous ancestry and geographical area can be found in **Table 1** (next page).

**Table 1: Overview of First Nations population by geographical area and Indigenous ancestry (ABS 2021a; City of Melbourne 2021)**

Cohorts	City of Melbourne	Greater Melbourne	Victoria
Total Aboriginal and Torres Strait Islander population	768	32,951	65,640
Aboriginal	707	30,908	61,865
Both Aboriginal and Torres Strait Islander	37	915	1,692
Torres Strait Islander	24	1,128	2,083

Of the First Nations population residing in Greater Melbourne, 50.6 per cent are males with a higher concentration of males in the City of Melbourne (55.9%). The median age of Aboriginal and Torres Strait Islander residents in Greater Melbourne is 25 years old, and this young age group is similarly reflected in the City of Melbourne.

To our knowledge, official government censuses do not collect information on First Nations ancestry by local nations, so we are unable to present a breakdown of the First Nations population groups that reside in Greater Melbourne today (i.e., those who are originally from Melbourne and those who have migrated from other parts of Australia).

However, information on the language used at home was collected in the 2021 Census, which revealed that a variety of Aboriginal and Torres Strait Islander languages were spoken at home (ABS 2021b). These included languages from the Arnhem Land and Daly River region, the Cape York Peninsula, the Torres Strait Islands, the Northern Desert Fringe Area, the Western Desert, the Kimberley area, and Arandic and Yolngu Matha languages.

Using this information and the fact that the City of Melbourne is a large cosmopolitan city, we can assume that there are many diverse and distinct Aboriginal and Torres Strait Islander population groups that reside in the area, each with their own cultural practices, languages and traditions. As SVHM is one of five A1 tertiary hospitals in Melbourne, it has extensive networks in rural and regional Victoria and, as such, receives culturally diverse patients from all over Greater Melbourne and Victoria.

Across Melbourne and Victoria there exist many Aboriginal-led healing programs developed with, and in response to, localised Aboriginal community needs and priorities. There are also many Aboriginal people and their families across Victoria who are thriving.

*Holistic healing seeks to address underlying trauma and its impacts by taking a strengths-based, trauma-informed and whole of life approach to safety, wellbeing and empowerment. Healing needs to occur at community, family and individual levels and across a person's lifetime and across generations. (Victorian Government 2019:9)*

Healing needs to occur at community, family and individual levels and across a person's lifetime and over generations. Key elements shared in common by these programs include:

- Aboriginal-led and designed
- promotion of healing and wellbeing
- a focus on cultural strength, connection to culture and/or resilience
- the centrality of safety.

Several co-design processes involving the Indigenous community in Victoria have revealed that the community were consistent in the following key messages:

- Self-determination is critical.
- Healing takes time and all individual's healing journeys are unique.
- Everyone should feel safe. While addressing trauma can be overwhelming, the healing process can help survivors develop inner strengths and lessen their fear of safety for themselves and their families.
- The past impacts the present and trauma, including intergenerational trauma, should be acknowledged and addressed as a part of holistic healing approaches.
- Aboriginal holistic healing is valued and should be funded as a meaningful way to respond to family violence trauma, recognising that healing is for all people.
- Aboriginal services should be prioritised in funding healing programs and resources should transfer from mainstream services to Aboriginal agencies.
- More flexible approaches both to funding and to Aboriginal defined measures of success are required.
- Recognition that strong models of Aboriginal-led healing already exist in Victoria.
- Aboriginal-led holistic healing in Victoria needs to be expanded to respond to the disproportionate impact of family violence on Aboriginal people (Victorian Government 2019).

Drawing this together, Karabena Consulting has developed recommendations based on:

- Establishing what are widely recognised key components or elements of holistic healing models in Victoria and Australia, backed up with international evidence.
- What the literature states as relevant and important in the implementation of cultural healing models in hospital and mainstream health settings.
- Case studies of what works in metro Melbourne hospitals, and other hospitals as needed.
- Aboriginal staff input through our workshop at the SVHM Aboriginal staff conference.



## Limitations of the works

Much of the work on cultural healing is not written up as such, and most of the research has been conducted by Western-trained researchers, often without appropriate Indigenous governance or ethics processes. We also recognise the significant limitations of the 'space' within hospitals, which are geared towards caring for people when they are unwell.

Not included in this project are the specifics of demographic and contextual service-level data for Aboriginal people, patients, staff and community. However, SVHM does have specific data sets that relate to this, such as length of stay, discharge against medical advice and other patient experiences related to SVHM cultural safety audit work. These show that, over a six-year period, Aboriginal patients presenting to SVHM's ED predominantly come from Melbourne's Northern suburbs. Nor have we conducted an international review of information pertaining to mission-led hospital engagement with Indigenous peoples internationally and compared this international experience to that in an Australian context. However, in instances where there are gaps in the provision of cultural healing services in Victoria, we have sought national references such as the report *My Life My Lead: Opportunities for Strengthening Approaches to the Social Determinants and Cultural Determinants of Indigenous Health: Report on the National Consultations* (2017). This report recognises culture as the number one priority for positive change and that it is at the 'centre of change' (Australian Department of Health 2017:8):

*Practising culture can involve a living relationship with ancestors, the spiritual dimension of existence, and connection to Country and language. Individual and community control over their physical environment, dignity and self-esteem, respect for Aboriginal and Torres Strait Islander peoples' rights and a perception of just and fair treatment are also important to social and emotional wellbeing. (Australian Department of Health 2017:9)*

Although it will not be possible for SVHM to implement all elements of culture as a hospital-based practice, there is a growing national and international research base that is developing culturally unique therapeutic epistemologies that emphasise the importance of connection to land, holistic relationality and principles of responsibility and cultural lore as being central to the strengthening of wellbeing and recovery from historical and intergenerational trauma. Within Australia, a number of complex but under-researched therapeutic knowledge systems exist. Some of these are evident in the [National Safety and Quality Health Service](#) standards, which could be reviewed by SVHM to correlate cultural healing practices to the standards articulated in these guidelines. Overall, the abiding principles that are central to traditional healing systems involve culturally specific understandings of care, connection, responsibility and respect (Dudgeon et al. 2020).

## Structure of the report

This report has been written in three sections:

- Section 1: focuses on embedding cultural determinants of health in SVHM models of care inclusive of literature that highlights the opportunity and impact of cultural healing in hospital contexts.
- Section 2: provides feedback from case studies and consultations related to this project.
- Section 3: summarises the recommendations for consideration by SVHM Executive.

## Section 1: Embedding Cultural Determinants of Health in SVMH Models of Care

Aboriginal and Torres Strait Islander people's understanding of health is holistic; to be healthy is to be physically, spiritually, mentally and emotionally well (Lowitja Institute 2020). Health and wellbeing are intrinsically linked to 'cultural values and perspectives, healing practices and traditions designed to strengthen collective identities and cultural continuity' (Arabena 2020:30).

To identify key recommendations, this section is inclusive of a literature review conducted to highlight the opportunity and impact of cultural healing in hospital contexts. The review focuses on literature pertaining to healing programs that build social and cultural identity and self-esteem, increase cultural knowledge and skills, and develop cultural connectedness for patients, their families and carers, and for Aboriginal and Torres Strait Islander staff. The majority of cultural healing programs are not limited to the individual but extend more widely to the family and the community, with community ownership of programs, and enhancing staff capacity to understand and engage with wellness models and Indigenous healing.

Understanding the cultural factors that contribute to, or inhibit, the wellbeing of Aboriginal and Torres Strait Islander peoples is vital when exploring cultural healing in relation to positive health and wellbeing outcomes. The literature review *Defining the Indefinable* (2019) identifies these cultural factors, not with the aim of being 'prescriptive in defining culture but to let the literature define those cultural elements considered important and distinct for Indigenous peoples' (Salmon et al. 2019:1). The six cultural domains identified, with their corresponding sub-domains, are presented in **Figure 1**.



**Figure 1:** Domains and sub-domains showing the cultural factors important to Aboriginal and Torres Strait Islander people in relation to positive health and wellbeing outcomes (as identified in the 2020 Mayi Kuwayu literature review, Lowitja Institute 2020:13).

For each of these domains, there is a corresponding healing strategy that could be implemented in hospital contexts. For example:

<b>Connection to Country</b>	Access to bush medicines and bush foods.
	Having access to Eucalyptus tree leaves, tea tree or Emu oil available as body rubs or for cleansing.
	Being able to die on Country, or dying outside under the open sky.
<b>Cultural Expression and Continuity</b>	Meditations and Wayapa practices being available to staff.
	An Elder-in-Residence through truth-telling work.
	Weaving, jewellery making and learning how to lead cleansing ceremonies for staff.
<b>Languages</b>	Have rooms named after local people and families, have specific spaces with language names (e.g. outdoor gardens).
	Incorporate local languages into orientation programs for staff.
<b>Family, Kinship and Community</b>	Recognition of non-biological carers and family members of patients, particularly in providing updates on health outcomes and wellbeing.
	Moving palliative patients to larger rooms so that all family and community people can pay respects according to close family wishes.
	Delivering multigenerational health care services, e.g. cancer screening, so many generations can access health care and individual health services.

<b>Self-determination and leadership</b>	Appropriately qualified Aboriginal and Torres Strait Islander professionals appointed in governance arrangements in SVHM.
	Facilitating and funding Aboriginal and Torres Strait Islander staff members' access to cultural mentoring and leadership training opportunities.
	An annual event where all SVHM Aboriginal staff can have a joint meeting with the Executive to progress key issues of common interest.
<b>Indigenous Beliefs and Knowledge</b>	Access to cultural healing practices on site, particularly for patients and carers.
	Facilitating Aboriginal music healing and ensuring access to totemic images and sounds, e.g. Fairy wren image and their call sounds during post-surgery care.

Furthermore, the 2017 National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing sets out nine guiding principles that underpin social and emotional wellbeing, and describe a number of core cultural values to Aboriginal and Torres Strait Islander peoples (Department of the Prime Minister and Cabinet 2017:3):

- 1) **Aboriginal and Torres Strait Islander health is viewed in a holistic context that** encompasses mental health and physical, cultural and spiritual health.
- 2) **Self-determination** is central to the provision of Aboriginal and Torres Strait Islander health services.
- 3) **Culturally valid understandings** must shape the provision of services and guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems, in particular.
- 4) **The impact of history, trauma and loss** are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have intergenerational effects.
- 5) **Human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected.** Failure to respect these human rights constitutes continuous disruption to mental

health (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.

- 6) **Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors** and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
- 7) **The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised** as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
- 8) **There is no single Aboriginal and Torres Strait Islander culture or group**, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural and remote settings, in urbanised, traditional or other lifestyles, and frequently move between those ways of living.
- 9) It must be recognised that **Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance** and a deep understanding of the relationships between human beings and their environment.

## **Addressing historical, intergenerational and vicarious trauma**

It is of paramount importance to consider how the transmission of trauma impacts the health and wellbeing of Australia's Aboriginal and Torres Strait Islander communities. Among the scientific community, historical trauma is now accepted as the 'dominant diagnostic paradigm for understanding the impact of colonisation on the wellbeing of First Nations individuals, families and communities across and between generations' (Dudgeon et al. 2019:30; Hartman et al. 2019).

In Australia, historical trauma is the result of genocide, forced separations and removals of children, dispossession from Country and the suppression of language, culture and identity (Healing Foundation 2019:6). The transmission of trauma continues through the imposition of 'government policies, lack of autonomy for Aboriginal and Torres Strait Islander communities, lack of acknowledgement of cultural governance and knowledge, lack of funding for community-controlled organisations' (Dudgeon et al. 2020:30), 'poor social and cultural determinants of health, narratives of desperation, disadvantage, marginalisation and vulnerability, lateral violence and racism' (Arabena et al. 2020:3).

Unresolved trauma drives many of the most serious social and emotional wellbeing issues for Indigenous staff, patients and families (Dudgeon et al. 2021:7). This is reflected in data from the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS). Recent data from ABS show that 31 per cent of Aboriginal and Torres Strait Islander adults reported 'high or very high' levels of psychological distress, with these higher levels of psychological distress being linked to poorer general health outcomes (ABS 2019). Moreover, the data show that the rate of suicide in Aboriginal and Torres Strait Islander communities is almost twice that of non-Indigenous Australians and the leading cause of death for Indigenous children aged 5 to 17 (AIHW 2022). The cumulative and compounding effects of trauma are continuing to cause considerable distress and grief within Aboriginal and Torres Strait Islander communities.

## How does the experience of trauma impact engagement with mainstream health services?

The experience of trauma affects the ways in which Aboriginal and Torres Strait Islander people engage with mainstream health services. This is highlighted in evidence (Nolan-Isles et al. 2022:2; Mbuzi, Gibberd et al. 2015) that suggests Aboriginal and Torres Strait Islander people are more likely to leave hospital without being seen and are less likely:

- to access or attend mainstream health services
- to experience positive health outcomes when accessing mainstream services
- to access services until much later in the disease process.

For Aboriginal and Torres Strait Islander people experiencing issues that adversely impact their social and emotional wellbeing, care is effective when multi-dimensional solutions that build on existing individual, family and community strengths and capacity – such as counselling and social support that includes culturally informed practice – are provided. Additionally, care needs to be taken in the development and sustainability of culturally responsive referral pathways, culturally appropriate treatment options, and access to cultural healers and healing programs, as well as support for Aboriginal and Torres Strait Islander healers, traditional bush medicine experts and Elders working alongside health care providers in mainstream settings (AHMAC 2016).

## Vicarious trauma

Hospital workers, particularly those who work in Emergency Departments are likely to be exposed to vicarious trauma as a result of powerful and distressing stories involving accidents, domestic violence, homelessness, despair, grief and loss (Eades et al 2020). Vicarious trauma is the indirect exposure to other people's trauma, e.g. by staff, such that it has the same harmful effect on their mental health (Eades et al. 2021:1-4). Cumulative exposure to other people's trauma can result in staff experiencing a type of stress that can directly affect their own mental health and impact every aspect of their lives. Building resilience to mitigate the risk of various trauma – be it in an organisation, community or family – can help to improve and manage the mental health of staff (Eades et al. 2021:1-4).

## Becoming trauma Informed

Changing to trauma-informed practices in hospital contexts can change how people access and use mainstream services. For example, Tujague and Ryan (2021) argue that trauma-informed care – that includes practices involving trauma screening, building safe working relationships, and managing patient disclosures and distress – reduces the risk of re-traumatisation. They promote the need to understand that intergenerational trauma means people can adopt maladaptive coping mechanisms such as addiction, self-harm, suicide ideation, chronic hypervigilance and hyperarousal (Tujague & Ryan 2021:3; Bloom 2019). Trauma-informed approaches also recognise that Aboriginal and Torres Strait Islander staff are exposed to the same types of stressors, and can be negatively impacted by empathetically engaging with members of their own community.

## Healing

The concept of healing is often discussed and described in the context of historical and intergenerational trauma that stems from the ensuing negative impacts of 'colonisation and past government policies' (Healing Foundation 2019:5). In 2009, a national consultation process was undertaken to explore healing

and to inform the establishment of the Aboriginal and Torres Strait Islander Healing Foundation. The ensuing report, *Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation*, documented the meaning of ‘healing’ from the perspectives of Aboriginal and Torres Strait Islander peoples (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009:11). These definitions include the following:

*Healing means to be or make whole. To put together the broken or damaged bits so that the one can feel good again and be more resilient in the future. Healing often is painful as a process but results in learning more about myself and what I need to be well in myself.*  
(Submission 26e)

*Initially, I think healing is about recognition. Recognition, both internally and externally, of self, of others and as a collective that there are ‘issues’. That there is pain. That there is anger and hurt and sadness that stems from past events. And that this anger, hurt and sadness is handed down, like an unwanted legacy, through the generations of our people. Once there is that recognition, collective recognition, of both Aboriginal and Torres Strait Islander people and of all Australians, then begins the process of healing. Healing is a change. A change of attitude, a change of behaviours that have become entrenched. (Youth forum)*

*Healing is strengthening and connecting with your identity. It is about knowing where you belong and who you belong to, and the restoration of, and reconnection with, families, communities, and country. Healing is the renewal of language and culture: dance, story, music, art, identity and land.*

*Healing is about the future. It is about looking forward and enabling cultural traditions to evolve in order to keep them strong and sustainable for future generations.*

Due to the collective experience of distress and trauma experienced by Aboriginal and Torres Strait Islander communities, the Healing Foundation’s preference is for collective healing responses (Healing Foundation 2019). Further, it argues that a ‘failure to tailor healing efforts at the community level will see families continue to live in vulnerability without the strength of a healthy community to assist them’ (Healing Foundation 2019:5). Hospital-based strategies – such as the implementation of multigenerational family appointments as well as individual appointments, acknowledging the role of the carers and advocates for patients, and including those non-biological family members – all contribute to collective healing.

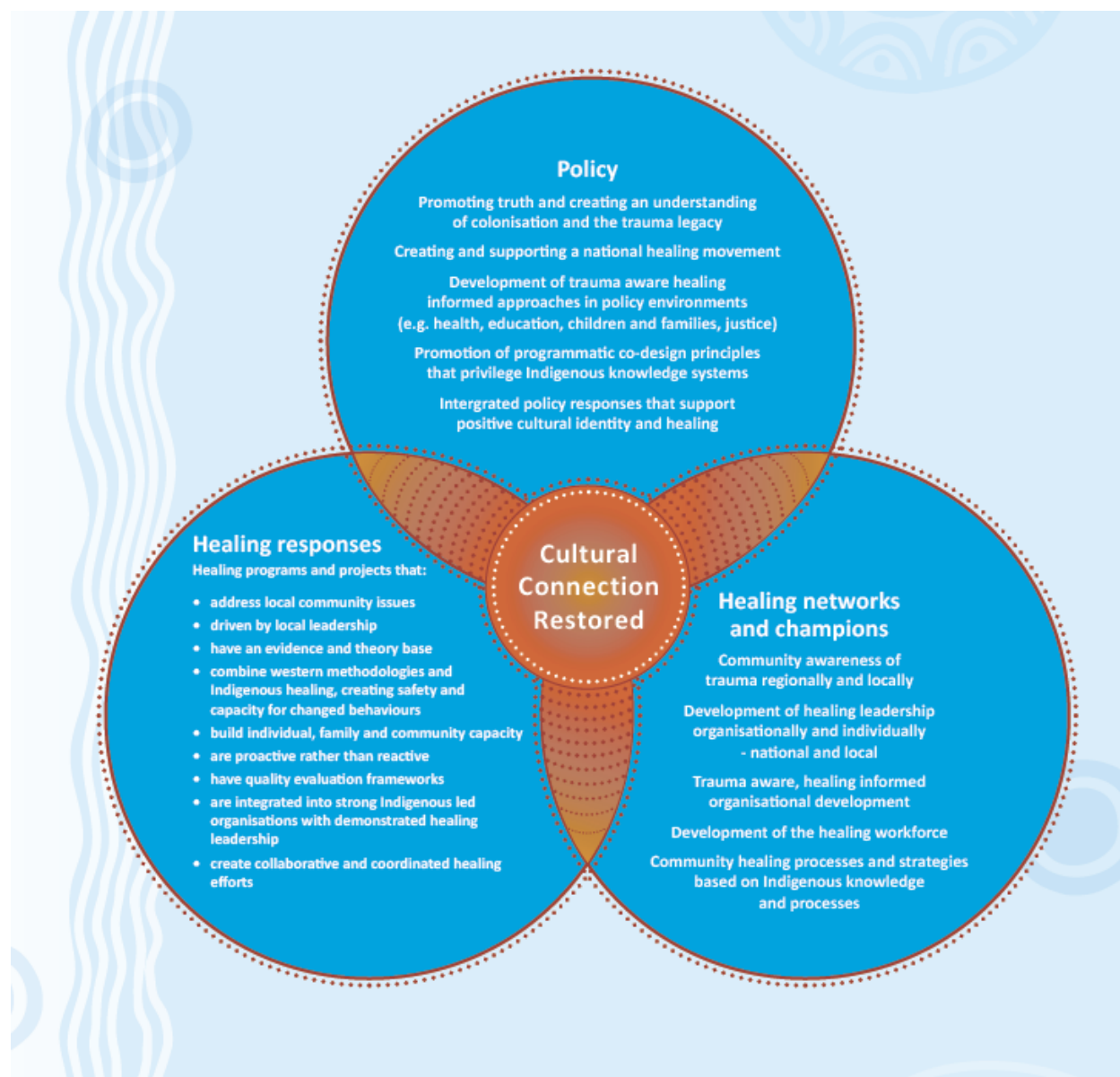
### Supporting positive and sustainable healing outcomes

In *A Theory of Change for Healing* (2019:4), the Healing Foundation draws on emerging evidence to argue that strategies intended to address the disadvantage experienced by Aboriginal and Torres Strait Islander peoples will continue to fall short unless they are underpinned by trauma-informed healing approaches that recognise the far-reaching impacts of ‘colonisation and subsequent government policies’. In addition, the Healing Foundation identified three key domains for supporting positive and sustainable healing outcomes for Aboriginal and Torres Strait Islander communities:



- **Quality healing programs and initiatives led by communities** to address the local impacts of trauma.
- **Healing networks, champions and organisations** to promote healing at a national and community level.
- **A supportive policy environment** where policymakers and influencers understand and advocate the benefits of Aboriginal and Torres Strait Islander healing.

These domains are further explored in **Figure 2** (Healing Foundation 2019:7–10).



**Figure 2: Key domains for supporting positive and sustainable healing outcomes for Aboriginal and Torres Strait Islander communities (Healing Foundation 2019:7)**

### Blended or hybrid models of care – the best of both worlds

The Healing Foundation draws on literature to showcase blended healing models of care and the reported benefits. Examples of blended healing can be found internationally and nationally. For example, Duran et al. (2008) developed Liberation Psychology, a blended model incorporating psychological and ceremonial elements into a practice that seeks to help the practitioner and client understand the nature of the historical and present-day trauma and affirm that the loss of language and traditional knowledge is something that has happened as a result of the continued process of colonisation. In order to practise liberation psychology, the practitioner must:

- have an understanding of the ‘oppression and social injustices that Indigenous peoples face in the present and the legacy of historical loss and trauma’
- use Indigenous metaphors, not the metaphors of, for example, the *Diagnostic and Statistical Manual of Mental Disorders*. Duran (2008) uses the term ‘soul wound’ to explain sadness to people who are depressed, which is drawn from the ‘spirituality of the Plains Indians, who believe that if a person experiences severe trauma or loss the spirit will leave the body and be replaced by another spirit – the spirit of sadness’
- Implement ceremonies and western biomedical models to positively resolve health complaints.

Other initiatives that sit between the Indigenous and the non-Indigenous domain have been successfully incorporated into the foundational work of cultural healing centres. The Alice Spring Cultural Healing centre is based on kinship systems of governance and incorporates Elders as decision makers. This form of governance overcomes the assumption that cultural healing models need to be designed to engage with the mainstream interface and conform to Westernised patterns of governance and accountability (Williams et al. 2011). Blended models are supposed to operationalise or transform medical spaces and places, patterns of communication and enhance spiritual connections to community, Country and other beings. Where and how these models are implemented will be an outcome of discussions and partnerships between mainstream and community-controlled organisations, Indigenous businesses and healers, traditional owners, staff and patients. The implementation of cultural healing programs is best done incrementally so that models are grounded in the strengths-based narratives and recognise the relationships between culture, country and community.

### Incorporating cultural healing practices in mainstream hospital settings

The evidence shows that effective cultural healing models can be implemented in mainstream institutions. Implementation strategies for hospital services have been established on a foundation set by Executive teams, in support of the implementation of cultural healing strategies. For example, when considering the implementation of quality healing programs and initiatives led by communities, hospitals have:

- Worked with the State-based Aboriginal Chambers of Commerce to identify cultural healing businesses, products and services and ensure these businesses are placed on a procurement register to meet the needs of the community while satisfying Indigenous business procurement targets and promoting choices for families, communities and staff.

- Ensure staff are resourced and are confident to promote access to a variety of cultural practices by way of brochures, enabling policy environments and development of procedures and communication strategies.
- Implemented an online cultural healing course for staff to support their offer of cultural healing to Aboriginal and Torres Strait Islander patients and families.

In creating a policy environment that supports people's access to cultural healing, hospitals and mainstream health service providers have made submissions to the Victorian Truth and Justice Commission and sought to promote staff access to cultural healing as part of their contractual arrangements and embedded this into professional development or an alternative to the EAP.

In promoting healing networks and champions, hospitals have adopted healing strategies into their Reconciliation Action Plans, and have facilitated the development of cultural healing workforces - those Aboriginal and Torres Strait Islander staff competent in, and have permission to deliver cultural healing for patients, families and staff. While evidence also suggests that the evaluation of the effectiveness of cultural healing strategies is difficult to do using mainstream evaluation techniques alone, hospitals have contributed to the development of an evidence base in support of the uptake of cultural healing into mainstream hospital contexts, particularly through Indigenous led partnerships (Allen et al. 2020).

### Health benefits for First Nations people

Traditional healing 'is widely believed to be the most efficacious way to assist distressed First Nations individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement' (Gone 2013:697).

A scoping review that explores Indigenous Traditional Healing programs in Canada, Australia and New Zealand documented the following findings of where traditional healing practices had health benefits for First Nations peoples (Asamoah et al. 2022:4–5):

- 'Indigenous doulas promoted intergenerational healing'
- women's childbirth experiences improved and routine evacuation of women in remote communities was reduced
- eye care appointments increased from 25% to 85%
- increase in patient satisfaction
- increased adherence to health care professional advice about lifestyle modifications
- community satisfaction and improved patient self-care
- improved community mental wellness.

### Validating cultural healing in mainstream contexts

While there is sufficient evidence demonstrating the benefits of cultural healing approaches, there are some dilemmas in the use of Western tools and frameworks to validate traditional Indigenous knowledge and cultural healing practices. Evaluation of cultural healing works can be problematic because colonial evaluation processes assume superiority of one cultural worldview, knowledge system, or paradigm over another, and negate the many relationships that exist between First Nations people in Victoria.

Indeed, seeing traditional Indigenous knowledge and cultural practices only through the eyes of evidence-based Western medical science may limit an ability to appreciate the potential benefits of those practices on their own terms, including their modes of efficacy, goals of the therapeutic encounter, unique holistic forms of cultural evidence, and aspects of spirituality that are typically outside the realms of what is easily observable and quantifiable (Waldram 2000). Waldram (2000) also stated that ‘the use of biomedical concepts and the English language in examining traditional medicine tends to obscure the form and function of the latter’, and that ‘even the basic concepts of traditional medicine are fraught with Eurocentrism and English-language biases’, which may be ‘very crude approximations, at best, of complex Indigenous thought’.

Although implementation of cultural healing strategies in hospital contexts can appear to be straightforward, evaluating the effectiveness of this work is not. Implementation of new medical practices are often premised on statistical information – quantitative research – and Indigenous work is often evaluated through a person’s experience of the intervention – qualitative research. Financing these approaches is often reliant on the evaluation of cultural healing programs, which is why a foundational commitment to sustained effort in the implementation of cultural healing is needed from Executive teams in hospital contexts.

### **Using healing to redress structural and institutional racism**

Racism at an institutional level refers to the ways in which ‘racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups’ (RAGCP:2014:4). Institutional racism can be challenging to identify, confront and overcome as it is often not openly acknowledged or displayed and therefore goes unrecognised (RAGCP:2014:4).

According to the 2020 Reconciliation Barometer survey, 52 per cent of Aboriginal and Torres Strait Islander respondents experienced racial prejudice in the last six months compared to 21 per cent of the rest of the community, an increase from the statistics reported in 2018 (Kairuz 2021:1). Further, there was a stark rise in reports of discrimination by employers when compared to data from 2014. These statistics highlight the pervasiveness of racism and allude to a lack of acknowledgment of its presence, which, as indicated in the statistics, can lead to an increase in its severity and prevalence.

Racism is a significant health determinant that negatively impacts Aboriginal and Torres Strait Islander health outcomes (Kairuz 2021). As such, racism acts as a significant barrier to health care access for Aboriginal and Torres Strait Islander people, and creates conditions in which they do not receive the appropriate care (RACGP 2014:4).

As highlighted in the literature, increasing cultural safety and implementing and respecting Indigenous knowledge systems within mainstream health care will have a positive outcome towards achieving meaningful and transformational sustainable change, as well as demonstrating a commitment to reducing institutional and structural racism (Parter et al. 2021; Gatwiri, Rotumah & Rix 2021; Socha 2020). Many scholars and staff in hospital and health care settings have vocalised the need for, and have committed to, First Nations people’s right to experience racism-free hospital services (Parter et al. 2021).

By engaging in a cultural audit process and meeting the organisation’s Reconciliation Action Plan commitments, SVHM has been working on the implementation of strategies that identify ways of

sharing power, valuing ways of knowing, being and doing, working at the cultural interface, and addressing racist attitudes including unconscious bias. SVHM is developing the capacity to implement cultural healing strategies as a way to mitigate against the negative experiences that undermine the aspiration of the metapolicy: *That every Aboriginal and Torres Strait Islander person has a quality experience with St Vincent's.*

Implementing cultural healing models will be respectfully disruptive in the delivery of services and the employment of First Nations staff. They will challenge the status quo because they will:

- recognise and respond to the reality of racism
- bring Indigenous peoples' knowledge to the forefront of decision-making
- require all staff to engage with critical reflective practice
- facilitate Aboriginal and Torres Strait Islander people reclaiming their right to better health and wellbeing.

Section 2 of this report highlights the case studies and consultation feedback from staff about their perceptions as to what might be possible in terms of facilitating cultural healing.

## Section 2: Case Studies and Consultation Feedback on Cultural Healing

It is vital that recovery, empowerment and self-determination remain at the centre of all healing initiatives in Aboriginal and Torres Strait Islander communities. Culturally responsive services face the challenge of integrating evidence-based health care with cultural practices and knowledge in a respectful manner. Indigenous scholars across the world have found that cultural healing ‘is widely believed to be the most efficacious way to assist distressed First Nations individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement’ (Gone 2013:697). Indigenous psychological theory and practice, both nationally and internationally, is developing strengths-based culturally specific epistemologies or ways of knowing (Garrouette 2003). Across the cultures of Indigenous people numerous holistic, relational systems of wellbeing are now being reclaimed as culturally responsive models for restoring health (Daigle 2016; Salmon 2000; Wilson & Inkster 2018). In this section, we identify what is being done in hospital settings in Victoria, and we summarise feedback from staff and SVHM stakeholders.

### Methodology

To inform the development of the final report, KCT conducted a face-to-face one-hour workshop with SVHM’s Aboriginal Staff Network (or ASN). The purpose of this workshop was to gain an understanding of the cultural healing needs of SVHM’s Aboriginal and Torres Strait Islander staff, patients and their families. We then held an additional online workshop with SVHM’s key senior clinicians and leaders to discuss the feasibility of implementing cultural healing models at SVHM. The discussions, facilitated by Professor Kerry Arabena and supported by a KCT staff member, were guided by a series of questions developed by KCT into cultural healing models of care in mainstream hospital settings across Australia.

### Limitations

A key limitation of the consultation process was our inability to speak with Aboriginal and or Torres Strait Islander SVHM patients to determine their cultural healing needs and any gaps in the provision of health care for patients and their families. To assist in overcoming this limitation, KCT facilitated the ASN workshop described above, but the cultural healing needs of patients, their families and kin remained largely unknown. However, KCT has been contracted for a second year to undertake qualitative research with SVHM’s Aboriginal and Torres Strait Islander patients to ascertain their cultural needs.

### Workshop with SVHM’s Aboriginal Staff Network

Professor Kerry Arabena facilitated the workshop with SVHM’s ASN to gain an understanding of the cultural healing needs of SVHM’s patients and families and of the hospital’s workforce. The discussions held in the workshop between KCT and SVHM’s ASN identified the following common key themes and learnings.

### Cultural safety

There is a strong need to promote the cultural safety of SVHM before the successful implementation of cultural healing models of care. Identified ways in which cultural safety can be improved, in order to enable the successful implementation of cultural healing models, include the following points.

### *Improve education and understanding of referral pathways*

Participants noted a general lack of awareness from both non-Indigenous staff members and First Nations staff members on how to engage and access Aboriginal Health Liaison Officers (AHLOs). Furthermore, participants didn't have a clear understanding of the roles and responsibilities of AHLOs and what it is they can offer patients and their families. If cultural healing models are to be implemented at SVHM, improving staff members' understanding of how to access services is vital to ensuring successful implementation. This necessitates a focus on key systems levelled issues to ensure internal and external pathways are clear and accessed by all members.

### *Improve cultural awareness and practical skills of non-Indigenous staff members*

Workshop attendees alluded to a lack of cultural awareness from non-Indigenous staff members throughout the duration of the workshop. This was articulated specifically in the context of SVHM non-Indigenous staff members having a limited understanding of cultural responsibilities and the impacts of cultural load, and cultural 'burnout' on SVHM's Aboriginal and Torres Strait Islander workforce. Improving the cultural awareness of SVHM's staff members would benefit the safe and successful implementation of cultural healing at SVHM as well as the overall cultural safety of the hospital.

During the workshop, there were extensive conversations around the need to consider the cultural load Aboriginal and Torres Strait Islander staff members are managing and the associated risks of adding additional cultural loads that are beyond people's position descriptions, and not remunerated. Examples provided included: casual education and training of non-indigenous staff about Aboriginal ways of knowing, being and doing; working alongside staff to ensure cultural safety of patients and their advocates or family members in addition to their current work, and being asked to perform culturally perceived duties (such as Acknowledgments of Country), when they felt pressured to perform these tasks because of their Aboriginality.

Opportunities were identified to help alleviate and manage the cultural load of SVHM's First Nations staff. Identified opportunities include having access to cultural respite leave, and to a cultural mentor or a cultural supervisor.<sup>1</sup>

### *Healing the Healers*

In addition to the management of a large cultural load, the experience of vicarious trauma was also discussed, specifically by staff members who work in mental health and the ED. The need for access to cultural healing by SVHM's Aboriginal workforce was highlighted by workshop attendees with the following models distinguished as being beneficial:

- Elder-in-Residence
- access to Smoking Ceremonies
- access to Cultural Healers.

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<sup>1</sup> This was identified as being particularly helpful after a traumatic event that involved member(s) of the Aboriginal and Torres Strait Islander community.

## Workshop with SVHM's Key Senior Clinicians and Leaders

A discussion paper was developed in preparation for the workshop with key SVHM senior clinicians and leaders. Case studies identified in the section below were discussed in the workshop in relation to barriers and enablers to their potential implementation at SVHM. The outcomes and discussions from **Workshop 2** are explored in further detail in each case study and the questions asked during the workshop are included in **Appendix A**.

### Summary of potential actions

#### *Sensitive processes for identifying Aboriginal and Torres Strait Islander staff to be implemented*

At this point, it is difficult to know who are Aboriginal and Torres Strait Islander staff in the organisation. This information does not appear to be consistently captured at recruitment or through HR processes. Feedback from the ASN meeting provided insights to current Aboriginal and Torres Strait Islander staff's cultural load. There was a consensus among ASN that there is a subtle expectation from staff within SVHM that all Aboriginal people can draw on their own cultural knowledge without identifying whether they (Aboriginal staff) are able to practice their culture on someone else's Country, or if they had the confidence to undertake some of the cultural healing work that can be done on site. Although staff wanted to participate, there was a view that more consultations needed to be done with the wider community in order to determine who should lead cultural healing work at SVHM.

#### *Development of an Aboriginal and Torres Strait Islander staff network, Online Chat and/or Crisis Text service designed by and delivered by senior members of the SVHM workforce*

There were times during the staff workshop when people said they could have used support to meet a patient's needs, but were unable to 'connect with other Indigenous staff in the moment'. It could be beneficial to explore the development of an online group in which people can send a text and get a response to encourage more peer-to-peer support.

#### *In-depth clinical understanding of the culturally unique risk and protective factors for Aboriginal and Torres Strait Islander social and emotional wellbeing to inform trauma-informed practices*

This understanding could be developed into an online training course and incorporated into current cultural awareness training programs. Additional course content could place a greater emphasis on strengths-based approaches to healing.

#### *Building partnerships between local community organisations, businesses and Aboriginal healers*

Recruitment, training, and secure and long-term employment of an Aboriginal and Torres Strait Islander cultural healing enriched workforce either as 'in residence', as contractors, as employees, as teachers and trainers for non-Aboriginal staff, as advisors, governance providers and in professional capacities, and in the development of culturally responsive and safe referral pathways that reflect local community healing knowledge and resources.



## Case Studies: Cultural Healing in Mainstream Hospitals

The following case studies were provided to the Aboriginal Staff Network for their consideration, feedback and endorsement.

### Case study 1: Austin Health Smoking Ceremony Policy

The first case study explores the development of a smoking ceremony policy at Austin Health. To gain an understanding of the enablers and barriers to its implementation, KCT interviewed two staff members from the Ngarra Jarra Aboriginal Health Unit (Aboriginal Health Unit). In addition to this, the Aboriginal Health Unit provided us with the finished policy and kindly granted us permission to use it as a supporting document, please refer to **Appendix B**.

As outlined in the Austin Health Smoking Policy, smoking ceremonies involve the smouldering of native plants to produce smoke and are undertaken in Aboriginal and Torres Strait Islander communities to cleanse a space and ward off bad spirits. Smoking ceremonies are performed during key events and milestones in Aboriginal and Torres Strait Islander peoples' lives, milestones include:

- birth
- Welcome to Country
- Acknowledgment of Country
- Sorry business
- men's and women's business
- entering the Dreaming.

The Austin Health smoking ceremony policy was developed and implemented by the Ngarra Jarra Aboriginal Health Unit. The policy's purpose is to ensure that:

- Aboriginal and Torres Strait Islander culture and traditions are upheld and performed with respect.
- Aboriginal and Torres Strait Islander people can participate in the traditions they have practised for more than 67,000 years.

#### What were the barriers?

During the interview, the key barriers to the development of the policy include the Austin Hospital's policy guidelines and structures. It was emphasised in the interview that these structures do not support culture and cultural practices, noting that the policy took 12 months to develop with many non-Indigenous people attempting to intervene in the writing of the policy.

A lack of cultural awareness from staff members has also presented as a challenge. This was discussed in the context of non-Indigenous staff members requesting that patients be moved to an alternative location for the smoking ceremony despite the patient being in a palliative state. This highlighted a lack of understanding about smoking ceremonies and the importance and value they offer in one's healing journey. Lastly, Austin Health's close proximity to other hospitals had to be considered in regard to the smoke generated from the ceremonies. Strongly adhering to the risk management procedure, as outlined in the policy, was key to overcoming this.

### What were the enablers?

Having support from the Austin Hospital's Executive was identified as a key enabler to its implementation and success.

*...Executives were amazing... executive level pushed it through really quick...a week after finishing the policy and it was up and live. – Staff member 1*

However, it was highlighted that during the development of the policy, there was pushback from Austin's Executive concerning the cultural language employed. The Aboriginal Health Unit stressed the importance of the policy as a cultural document that eventually assisted in streamlining its completion.

### What have been the impacts?

The impact of the smoking ceremony policy has been profound and far-reaching. Throughout the interview, staff members from the Aboriginal Health Unit recounted occasions where their ability to offer smoking ceremonies had an overwhelmingly positive impact on patients' healing and wellbeing, which, in turn, led to more positive experiences of attending a mainstream hospital. Additionally, the impact the policy has had on Austin Health's Aboriginal staff members was discussed, with one of the staff members using their personal experience to emphasise the policy's value and importance.

*...the smoking ceremony was offered to us for mum before she passed. So, she actually passed away during the smoking ceremony. So for us it was, it was second to none that A) it had to happen and B) the fact that at the time [an AHW] was able to make it happen was just unbelievable' – Staff member 2*

## Outcomes from Workshop 2

### *Key considerations and enablers to success*

In the workshops with key senior clinicians and leaders, the following was discussed.

#### **Staff capacity and cultural safety**

During the workshop, it was noted that Aboriginal Health Liaison Officers are often at capacity managing a large number of First Nations patients at any one time. Therefore, there needs to be consideration of staff capacity and the implications of adding additional cultural load for AHLOs at SVHM.

In addition to this, there was a discussion around the need to consider whether it is culturally appropriate and safe to request AHLOs to undertake the smoking ceremonies. To implement smoking ceremonies successfully at SVHM, developing a model that takes into account staff capacity and doesn't rely on AHLOs to undertake smoking ceremonies is vital.

There were suggestions of entering into a partnership with a First Nations business or having an Elder-in-residence/cultural supervisor undertake the role of liaising and/or administering the smoking ceremonies if it is culturally appropriate to do so.

#### **Privacy**

The need for privacy and spaces that can be utilised by large families was identified as a key enabler in ensuring smoking ceremonies are safe for First Nations patients and their families.

Further enablers include:

- Having a protocol to ensure there is a clear process and designation of responsibilities.
- Having strong support from the executive leadership at St Vincent's.
- Having the equipment to perform smoking ceremonies to ensure SVHM is responsive rather than reactive.
- Having strong support from internal Wurundjeri staff members.
- Writing Parish Guidelines that clearly articulate where and how smoking ceremonies may be conducted. This clarity would enable a shared reverence for the use of smoke in the parish and facilitate a deeper respect for Aboriginal and Torres Strait Islander smoke-based traditions.

## Case study 2: Ngankar̄i in South Australia – A two-way health care model

### What is a Ngankar̄i?

Ngankar̄i means 'healer' in Pitjantjatjara language. The Ngankar̄i members of the An̄angu Ngankar̄i Tjutaku Aboriginal Corporation (ANTAC) are Aboriginal traditional healers from different communities in the An̄angu Pitjantjatjara Yankunytjatjara lands located in the far north-west of South Australia (ANTAC n.d.).

### A two-way health care model

Aboriginal and Torres Strait Islander peoples' healing traditions have survived over sixty thousand years and have been key to supporting their health and wellbeing since time immemorial. Over the past few decades, there has been considerable effort to integrate healing traditions into mainstream health services. This is exemplified by the establishment of ANTAC which was founded by Dr Francesca Panzironi and the Ngankar̄i from the An̄angu Pitjantjatjara Yankunytjatjara lands; it is the first organisation of Aboriginal traditional healers in Australia (ANTAC n.d.).

ANTAC has positioned itself as a point of connection between Ngankar̄i and the mainstream health system, whereby referrals are directed to ANTAC by South Australian Health sites. The Ngankar̄i operates through individual healing sessions and clinic scheduled appointments where they receive compensation through the brokerage program fund (RACP n.d: 3).

*Ngankar̄i recognises the importance of western medicine. They acknowledge the remarkable differences between the western medical knowledge system and the Aboriginal traditional medical knowledge system. Despite these differences, Aboriginal traditional healers emphasise that mainstream health practitioners and ngankar̄i work for the same purpose: restoring the health of sick people. (Panzironi 2013:176)*

### What were the barriers?

Dr Panzironi's extensive research on the status of Aboriginal traditional medicine from both an international and national perspective is presented in the report, *Hand-in-Hand. Report on Aboriginal*

*Traditional Medicine.* Dr Panzironi (2013) explores the issues and challenges identified in the provision of Ngangkari services in mainstream hospitals. These include (Panzironi 2013:17):

- recognition of Ngangkari as legitimate health practitioners;
- the need for a process of accreditation equipped with accreditation, qualifications and registration standards;
- need for a register of accredited Ngangkari;
- lack of a consistent payment schedule and payment process;
- need of educational programs for western health practitioners on the role and practices of Ngangkari;
- lack of a systematic data collection process and database on Ngangkari interventions; and
- lack of a state-wide policy framework.

#### *Any improvements to barriers since Hand-in-Hand: Report on Aboriginal Traditional Medicine?*

Since the release of the report in 2013, ANTAC has developed a register of accredited Ngangkari, in accordance with Ngangkariku Tjurkupa (customary law) (ORIC n.d). Furthermore, the Northern Adelaide Local Health Network entered into a partnership with ANTAC in 2019. Staff across the four NALHN sites must undertake mandatory cultural learning, during which they celebrate the role of the Ngangkari. Moreover, NALHN has implemented a rigorous evaluation after every Ngangkari service episode, both qualitative and quantitative (RACP n.d:4).

#### **What have been the impacts?**

The evidence suggests that the provision of Ngangkari healing services has had an overwhelmingly positive impact, the benefits of which include (Panzironi 2013:16):

- positive health outcomes for patients
- provision of a holistic two-way health care model and a collaborative team-based approach to Aboriginal health
- building community trust in the western health care system
- employment opportunities
- increasing cost effectiveness of health care
- reducing cases of misdiagnosis
- enhancement of quality health care
- calming effects on patients
- enhancing engagement with Western medical treatments.

This case study highlights how the recognition of the social and cultural drivers of poor Aboriginal and Torres Strait Islander health and wellbeing, including the ongoing impacts of trauma and colonisation, can improve health outcomes in mainstream health care services.

**There was strong support from participants at the ASN meeting for having access to cultural healers and traditional medicine on site.**

#### **SVHM procurement list or register of Aboriginal businesses**

There were suggestions to create a register of Indigenous businesses, cultural supervisors and mentors to facilitate cultural healing for staff, patients and their families. The register could be developed through meetings with Kinaway, Indigenous businesses and other ACCOs. A register could assist SVHM meet Indigenous Procurement Policy targets which requires one to three percent of all budgets to go toward Indigenous businesses, especially those that provide the local equivalent to Ngangkari services in Victoria.

#### **Traditional medicine on site**

Traditional medicine has the potential to interact with other drugs, there is therefore a need to engage medical and pharmacy staff from a clinical safety perspective. Other ways to incorporate traditional healing and medicines could be to include traditional foods with healing properties on mainstream hospital menus. SVHM could consider installing a bush food garden on site, or work with Indigenous producers to access bush botanicals which have cultural significance.

### **Case study 3: Elders-in-Residence**

During the Aboriginal Staff Network meeting, many participants expressed their need for cultural healing. This was specifically discussed in the context of staff members' burnout as a result of the experience of vicarious trauma, and the management of a large cultural load. One of the ideas discussed to help facilitate the healing of SVHM staff is having access to cultural support and supervision; the cultural healing model, Elders-in-Residence, was considered a potentially beneficial model.

#### **Royal Children's Hospital Melbourne**

The Royal Children's Hospital Melbourne (RCH) is currently in the process of employing an Elder who will 'provide cultural guidance, advice and support to the RCH senior management team; act as a mentor to Aboriginal employees; and provide cultural protocols during days of significance and other events.'

The RCH position description which includes the purpose of the role, key accountabilities, qualifications and experience is outlined in **Appendix C**.

The Position Description was last updated in April 2022, since then, there has been no indication from RCH as to whether an Elder was successfully employed.

**There was strong support for an Elder-in-Residence model. Key considerations to enable success that came out of Workshop 2 include the following.**

#### **Position description**

Appropriate remuneration, that acknowledges an Elder's wisdom and knowledge, needs to be considered. There was also a suggestion as to whether the position could be casual and/or contracted. If this is decided upon, the implications of casual engagement and the potential to impact access, particularly for staff, should be considered.

Furthermore, clarifying the role and having a detailed Position Description was stressed i.e. is the Elder for staff or patient benefit or both? Is the role ceremonial only?

#### **Job title**

There was discussion around the preference of ‘Senior Cultural Specialist’ instead of Elder-in-Residence due to the controversial and sensitive nature of legitimising someone as an Elder. Workshop participants suggested the best approach would be to first develop the Position Description and then determine the appropriate job title.

### **Case study 4: Healing spaces**

During Workshop 1 with SVHM’s ASN, it was noted several times that the experience of cultural safety should be the first priority, as healing can’t be facilitated in a culturally unsafe place. To help promote a culturally safe experience at SVHM, workshop participants stressed the importance of private and sacred spaces. In addition to this, it was also emphasised that spaces must be able to accommodate a large number of people, as healing is often a collective experience that includes family and kin.

*The creation of safe places where people can talk and access support is a crucial first step in the healing process, as this increases a sense of safety and enables the building of safe and healthy connections, which are essential elements of healing from trauma.*

(Healing Foundation 2019:5)

#### **Outcomes from Workshop 2**

Participants in Workshop 2 similarly agreed that private and calming spaces that can accommodate large numbers of family and community members are key to the successful implementation and facilitation of cultural healing at SVHM. The potential for these spaces to be utilised for gathering and waiting was highlighted, and so too was the value of having Country accessible in these spaces. The idea of incorporating ‘Country’ through samples of land from across Australia to assist in the healing journey was discussed.

Lastly, having a line of sight that still upholds the privacy and sacredness of the space, was articulated as being essential to ensuring safety due to the management of risks required in the undertaking of smoking ceremonies.

### Section 3: Introducing Cultural Healing Models in SVHM

We recommend that SVHM is ready and able to implement cultural healing models, with the understanding that there might need to be external support for this work until internal capacity has been developed.

Cultural healing necessarily involves, in different ways, all levels of SVHM. Some actions entail multiagency collaboration and multiple lines of responsibility, while others are more specialised. Longer-term capacity building – e.g. data development, a SVHM-based cultural healing workforce, building the evidence base, garnering Aboriginal and Torres Strait Islander participation, evaluation of outcomes of specific initiatives – will yield reportable outcomes over five to 10 years, creating new ways of systematising Indigenous ways of knowing, being, doing into Mission-led hospital work.

Implementation plans may include the following:

1. Issuing statements of support from Executive-level leadership in SVHM.
2. Establishing a SVHM Cultural Healing Working Group to guide the development of this strategy.
3. Developing cultural healing and trauma-informed content for both orientation and professional development curricula for all SVHM staff.
4. Embedding cultural healing services and supports in HR processes including recruitment, retention and exit interviews.
5. At the time of recruitment, giving new Aboriginal and Torres Strait Islander staff members the opportunity to provide information about their specific cultural requirements to feel safe and connected to Country and the possible cultural healing activities needed, i.e. if SVHM implements a 'reconnect to Country' strategy to mitigate against cultural loads, there might be travel and time budget implications.
6. Specific training and guidance for the managers of Aboriginal and Torres Strait Islander staff in how to facilitate their engagement with cultural healing-framed service offerings.
7. Developing policy and procedures for the implementation of cleansing ceremonies.
8. Setting up a register of suitably qualified and community endorsed Indigenous businesses and cultural supervisors and mentors that can facilitate cultural healing for staff and/or for patients and families.
9. Introducing the concepts of Elders-in-Residence, cultural supervisors and cultural mentors for staff, including when to seek their services and how to engage them.
10. Creating resources for staff to promote access to cultural healing services for patients.
11. Promoting and remunerating Indigenous staff at SVHM to become familiar with cultural healing projects, protocols and leading cultural healing (as aligned with SVHM policies and protocols), and for more consultations to be done with Aboriginal and Torres Strait Islander staff on how to participate in cultural activities for their own health and wellbeing.

12. Investing in understanding patient perspectives on, and requirements for, cultural healing, so as to match healing opportunities to client need.
13. Incorporating bush foods and botanicals into menus, into landscaping and into healing practices.
14. Undertaking to develop, implement and evaluate multigenerational engagement for staff (Elders-in-Residence), for patients (multigenerational family appointments instead of individual ones) and for their families (cultural healing-led palliative care practices).
15. Reviewing parish guidelines to understand where and how the use of smoke-based traditions can best be incorporated into the work and the spiritual life of the hospital.
16. Developing policy positions and strategies to introduce the following Cultural Healing Strategies into SVHM based on policies, practices, and the creation of a network of champions.

## Cultural Healing Strategies: Recommended actions and outcomes

Cultural Healing Strategies	Action area outcome
Create internal capacity for cultural healing work	<ol style="list-style-type: none"> <li>1. Provision of a statement from SVHM Executives on support for the implementation of cultural healing.</li> <li>2. Improved and inclusive Cultural Healing workforce (Network of Cultural Champions, New position descriptions and recruitment strategies in place)</li> <li>3. Governance established to provide oversight and support of cultural healing work (Committee overseeing the implementation of cultural healing)</li> <li>4. Improved understanding of the distinct cultural connections of current and future staff to maximise outcomes of cultural healing strategies</li> <li>5. Development of cultural healing teaching and learning modules in orientation and training programs</li> <li>6. Staff access support in their capacity to provide healing services for patients and families, and</li> <li>7. Implementation of systems enhancement approaches to incorporating cultural healing strategies in HR, people and culture, education and training, and recruitment and retention services</li> </ol>



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Coordinate approaches to cultural healing

1. Program and policy coordination and cooperation through partnerships between SVHM, business and professional bodies and non-government organisations strong in their delivery of cultural healing practices
2. Promote integrated approaches and multigenerational strategies, clinical sessions and healing supports
3. Review all current standards and guidelines to correlate cultural healing and current clinical and procedural practices

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Provide targeted cultural healing activities

1. Improve access to a range of cultural healing activities as part of their day-to-day work (e.g. Wayapa practices, Elder or Cultural Healing Specialist on site, integrating cultural healing into workshops and Indigenous staff days, retreats)
2. Develop systemic, long-term, structural interventions in areas of greatest need, particularly for those at greatest risk and needing cultural supports. (Mental Health and psychiatric services)
3. Improve understanding, skills and capacity of SVHM front-line workers, families, and carers to meet the cultural healing needs of the community

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Build community strength, resilience and capacity in the provision of, and engagement with, cultural healing

1. Improved community engagement in establishing cultural healing services and pathways
  2. Indigenous Procurement Policy targets are met and exceeded through the engagement of Indigenous businesses that are credible, reliable and have cultural competence
  3. Improved capacity to respond with cultural healing services at potential tipping points and points of imminent risk (vicarious trauma, mental health, palliative care, pastoral care)
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Improve the evidence base and general understanding of the impact of cultural healing in mission-led hospitals

1. Improved understanding about how and when SVHM can use cultural healing models for positive impact
2. Evaluations conducted showing the impact of cultural healing in SVHM
3. Masters and PhD scholarships accessed and supported through SVHM on the topic of cultural healing in mission-led hospital settings
4. Improved access to evidence informed cultural healing resources and information among staff, patients, and families

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Implement standards and quality in cultural healing

1. Improve practice, standards and shared learning
  2. Improve capabilities and promotion of sound practice in evaluating cultural healing programs
  3. Evidence of systemic improvements in the quality, quantity, access and response to information about cultural healing programs and services
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## References

- Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009, *Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation*, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government, Canberra.
- Australian Health Ministers' Advisory Council's (AHMAC) National Aboriginal and Torres Strait Islander Health Standing Committee (AHMAC) 2016, *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health: A national approach to building a culturally respectful health system*, AHMAC, Canberra.
- Allen, L., Hatala, A., Ijaz, S., Courchene, E. D. & Bushie, E. B. 2020, Indigenous-led health care partnerships in Canada, *Canadian Medical Association Journal*, 192(9):E208–E216.  
<https://doi.org/10.1503/cmaj.190728>
- Arabena, K. 2020, *'Country Can't Hear English': A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples*, Karabena Publishing, Melbourne.
- Arabena, K., Somerville, E., Penny, L., Dashwood, R., Bloxsome, S., Warrior, K., Pratt, K., Lankin, M., Kenny, K. & Rahman, A. 2020, *Traumatology Talks – Black wounds, white stitches*, Karabena Publishing, Melbourne.
- Asamoah, G., Khakpour, M., Carr, T. & Groot, G. 2022, Exploring Indigenous traditional healing programs in Canada, Australia, and New Zealand: A scoping review, *Explore*.  
<https://doi.org/10.1016/j.explore.2022.06.004>
- Anangu Ngangkari Tjutaku Aboriginal Corporation (n.d.), About us. Accessed 29 November 2022 at: <https://www.antac.org.au/about-antac/about-us>.
- Anangu Ngangkari Tjutaku Aboriginal Corporation (n.d.), Frequently asked questions. Accessed 29 November 2022 at: <https://www.antac.org.au/about-antac/frequently-asked-questions>.
- Australian Bureau of Statistics 2019, *National Aboriginal and Torres Strait Islander Health Survey*. Accessed 27 November 2022 at: [www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/2018-19](http://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/2018-19).
- Australian Bureau of Statistics 2021a, Victoria: Aboriginal and Torres Strait Islander population summary. Accessed 9 January 2023 at: [www.abs.gov.au/articles/victoria-aboriginal-and-torres-strait-islander-population-summary#where-aboriginal-and-torres-strait-islander-people-live](http://www.abs.gov.au/articles/victoria-aboriginal-and-torres-strait-islander-population-summary#where-aboriginal-and-torres-strait-islander-people-live)
- Australian Bureau of Statistics 2021b, Available data: Language speakers by State/Territory, Indigenous Region and Indigenous Location in Language Statistics for Aboriginal and Torres Strait Islander Peoples. Accessed 9 January 2023 at: [www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/language-statistics-aboriginal-and-torres-strait-islander-peoples/latest-release#:~:text=Over%20150%20Aboriginal%20and%20Torres,the%20most%20commonly%20spoken%20language](http://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/language-statistics-aboriginal-and-torres-strait-islander-peoples/latest-release#:~:text=Over%20150%20Aboriginal%20and%20Torres,the%20most%20commonly%20spoken%20language).
- Australian Institute of Health and Welfare (AIHW) 2022, *Indigenous health and wellbeing*, AIHW, Canberra. Accessed 27 November 2022 at: <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing#Social%20and%20emotional%20wellbeing>.

Bloom, S. L. 2019, Trauma theory, in R. Benjamin, J. Haliburn & S. King (eds), *Humanising Mental Health Care in Australia*, Routledge, New York, NY, pp. 3–30.

City of Melbourne 2021, City of Melbourne Aboriginal and Torres Strait Islander profile – Key statistics. Accessed 9 January 2023 at: <https://profile.id.com.au/melbourne/first-nations-keystatistics>.

Daigle, M. 2016, Awawanenitakik: The spatial politics of recognition and relational geographies of Indigenous self-determination, *The Canadian Geographer*, 60(2):259–69. <https://doi.org/10.1111/cag.12260>

Department of Health 2017, *My Life My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations*, Commonwealth of Australia, Canberra.

Department of the Prime Minister and Cabinet 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, Commonwealth of Australia, Canberra. Accessed 13 January 2023 at: [https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework\\_0.pdf](https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf)

Dudgeon, P., Blustein, S., Bray, A., Calma, T., McPhee, R. & Ring, I. 2021, *Connection between Family, Kinship and Social and Emotional Wellbeing*, produced for Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, Canberra.

Dudgeon, P. & Bray, A. 2018, Indigenous healing practices in Australia, *Women & Therapy*, 41:1–2, 97–113. <https://doi.org/10.1080/02703149.2017.1324191>

Dudgeon, P., Bray, A., Smallwood, G., Walker, R. & Dalton, T. 2020, *Wellbeing and Healing through Connection and Culture*, Lifeline Australia. <https://doi.org/10.6084/m9.figshare.14036774>

Eades, A. M., Hackett, M., Raven, M., Liu, H. & Cass, A. 2021, The impact of vicarious trauma on Aboriginal and/or Torres Strait Islander health researchers, *Public Health Research and Practice*, 31(1):e30012000. <https://doi.org/10.17061/phrp30012000>

Garrouette, E. M. 2003, *Real Indians: Identity and the survival of Native America*, University of California Press, Berkeley.

Gatwiri, K., Rotumah, D. & Rix, E. 2021, BlackLivesMatter in healthcare: Racism and implications for health inequity among Aboriginal and Torres Strait Islander Peoples in Australia, *International Journal of Environmental Research and Public Health*, 18(9):4399. <https://doi.org/10.3390/ijerph18094399>

Hartmann, W., Wendt, D., Burrage, L., Pomerville, A. & Gone, J. 2019, American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance, *American Psychologist*, 74(1):6–19. <https://doi.org/10.1037/amp0000326>

Healing Foundation 2019, *A Theory of Change for Healing*. Accessed 22 November 2022 at: [https://healingfoundation.org.au/app/uploads/2019/04/HF\\_Theory\\_of\\_Change\\_A4\\_Mar2019\\_WEB.pdf](https://healingfoundation.org.au/app/uploads/2019/04/HF_Theory_of_Change_A4_Mar2019_WEB.pdf).

Henry, B., Houston, S. & Mooney, G. 2004, Institutional racism in Australian healthcare: A plea for decency, *Medical Journal of Australia*, 180(10):517–20. <https://doi.org/10.5694/j.1326-5377.2004.tb06056.x>

Kairuz, C. A., Casanelia, L. M., Bennett-Brook, K., Coombes, J. & Uday, Y. 2021, Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait Islander peoples living in Australia: A systematic scoping review, *BMC Public Health*, 21(1302). <https://doi.org/10.1186/s12889-021-11363-x>

Karabena Consulting 2021, St Vincent's Hospital Melbourne Audit of Selected Policies and Procedures, Melbourne.

Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy – Final report*, Lowitja Institute, Melbourne. DOI: 10.48455/k9vd-zp46

McKendrick, J., Brooks, R., Hudson, J., Thorpe, Marjorie. & Bennett, P. (n.d) *Aboriginal and Torres Strait Islander Healing Programs: A literature review*, Healing Foundation. Accessed 16 January 2023 at: <https://healingfoundation.org.au/app/uploads/2017/02/Aboriginal-and-Torres-Strait-Islander-Healing-Programs-A-Literature-Review.pdf>

Nolan-Isles, D., Macniven, R., Hunter, K., Gwynn, J., Lincoln, M., Moir, R., Dimitropoulos, Y., Taylor, D., Agius, T., Finlayson, H., Martin, R., Ward, K., Tobin, S. & Gwynne, K. 2021, Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia, *International Journal of Environmental Research and Public Health*, 18(6). <https://doi.org/10.3390/ijerph18063014>

Office of the Registrar of Indigenous Corporations (ORIC) n.d. *Healing hands*, Office of the Registrar of Indigenous Corporations, Canberra. Accessed 30 November 2022 at: <https://www.oric.gov.au/publications/spotlight/healing-hands>.

Panzironi, F. 2013, *Hand-in-Hand: Report on Aboriginal traditional medicine*, Anangu Ngangkari Tjutaku Aboriginal Corporation, Adelaide.

Parter, C., Murray, D., Mohamed, J., Rambaldini, B., Calma, T., Wilson, S., Hartz, D., Gwynn, J. & Skinner, J. 2021, Talking about the 'r' word: A right to a health system that is free of racism, *Public Health Research and Practice*, 31(1). <https://doi.org/10.17061/phrp3112102>

Reconciliation Australia 2020, *2020 Australian Reconciliation Barometer*, Polity Pty Ltd Research & Consulting, Reconciliation Australia, Canberra. Accessed 1 December 2022 at: [www.reconciliation.org.au/wp-content/uploads/2021/02/Australian\\_Reconciliation\\_Barometer\\_2020\\_Full-Report\\_web.pdf](http://www.reconciliation.org.au/wp-content/uploads/2021/02/Australian_Reconciliation_Barometer_2020_Full-Report_web.pdf).

Royal Australian College of General Practitioners (RACGP) National Faculty of Aboriginal and Torres Strait Islander Health 2014, *Racism in the Healthcare System – Position statement*, RACGP Council. Accessed 1 December 2022 at: <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Racism-in-the-healthcare-sector.pdf>.

Royal Australasian College of Physicians (RACP) [n.d.], ANTAC and the Ngangkari Healers of Central Australia: Case Study. Accessed 30 November 2022 at: [https://www.racp.edu.au/docs/default-source/policy-and-adv/medical-specialist-access-framework/antac-and-the-ngangkari-healers-of-central-australia.pdf?sfvrsn=a4a6f51a\\_4](https://www.racp.edu.au/docs/default-source/policy-and-adv/medical-specialist-access-framework/antac-and-the-ngangkari-healers-of-central-australia.pdf?sfvrsn=a4a6f51a_4).

Salmon, E. 2000, Kincentric ecology: Indigenous perceptions of the human-nature relationship, *Ecological Applications*, 10:1327–32. [https://doi.org/10.1890/1051-0761\(2000\)010\[1327:KEIPOT\]2.0.CO;2](https://doi.org/10.1890/1051-0761(2000)010[1327:KEIPOT]2.0.CO;2)

Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2019, *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing*, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, Australian National University, Canberra.

Socha, A. 2020, Addressing Institutional Racism against Aboriginal and Torres Strait Islanders of Australia in Mainstream Health Services: Insights from Aboriginal Community Controlled Health Services, *International Journal of Indigenous Health*, 16(1). <https://doi.org/10.32799/ijih.v16i1.33918>

Tujague N. & Ryan, K. 2021, Ticking the box of 'cultural safety' is not enough: Why trauma-informed practice is critical to Indigenous healing, *Rural and Remote Health*, 21(3):6411. <https://doi.org/10.22605/RRH6411>

Victorian Government 2019, *Nargneit Birrang – Aboriginal holistic healing framework for family violence*, Family Safety Victoria, Melbourne.

Waldram, J. B. 2000, The efficacy of traditional medicine: Current theoretical and methodological issues. *Medical Anthropology*, 14:603–25. <https://doi.org/10.1525/maq.2000.14.4.603>

Williams, E., Guenther, J. & Arnott, A. 2011, *Traditional Healing: A literature review*. Accessed 16 January 2023 at: [https://www.researchgate.net/publication/265194151\\_Traditional\\_healing\\_A\\_review\\_of\\_literature](https://www.researchgate.net/publication/265194151_Traditional_healing_A_review_of_literature).

Wilson, N. J. & Inkster, J. 2018, Respecting water: Indigenous water governance, ontologies, and the politics of kinship, *Environment and Planning E: Nature and Space*, 1:516–38. <https://doi.org/10.1177/2514848618789>

## Appendices

### Appendix A: Questions Asked in Workshop with SVHM Key Senior Clinicians and Leaders



#### Questions asked in Workshop 2

The following questions were asked in a workshop with SVHM key senior clinicians and leaders.

##### Smoking Ceremony Policy

###### Questions

- 1) What does the development of a smoking ceremony policy at SVHM look like?
- 2) What are the barriers/risks you foresee to its implementation at SVHM?
- 3) How could SVHM overcome these barriers/risks?

##### Two-Way Health Care Model

###### Questions

- 1) What does the formation of partnerships with ACCOs or Indigenous businesses that provide healing programs and services look like?
- 2) Could SVHM develop a register of Indigenous people who can facilitate cultural healing practices as part of the current RAP commitments?
- 3) Do you have a relationship with Traditional Owners across the campus locations to implement cleansing and/or other ceremonies?
- 4) What are the barriers and/or risks you foresee to a two-way healthcare model at SVHM?
- 5) How could SVHM overcome these barriers and/or risks?





### Elder in Residence

#### Questions

- 1) What does the employment of an Elder in Residence at SVHM look like
- 2) What would their role look like, and how could an Elder add value to the decision making process?
- 3) Is the position agreement offered by RCH a feasible option? Why/why not?
- 4) What are the barriers you foresee to the hiring of an Elder at SVHM?
- 5) How could SVHM overcome these barriers?

### Healing Space

#### Questions

- 1) How could a safe and culturally inviting outdoor space be created at SVHM?
- 2) What would be needed to create safety and privacy?
- 3) When could people use the space, and how do they want to use it?
- 4) How many people can the space hold?
- 5) Is there a way to incorporate all 'Country' in that space?
- 6) What cultural practices can be conducted in this space? What safety measures need to be in place?





## Appendix B: Austin Health Hospital Smoking Ceremony Policy



### **Ngarra Jarra** **NON-CLINICAL PROCEDURE**

#### **Smoking Ceremony**

We would like to acknowledge that this document was developed here on Naarm (Melbourne) the traditional lands of Wurundjeri people of the Kulin Nation. We pay our respect to Wurundjeri people past and present; we would like to acknowledge any Aboriginal and Torres Strait Islander people that may also be reading this document.

Aboriginal and Torres Strait Islander People should be warned that this document refers to the sensitive issue of death and dying.

#### **Staff this document applies to:**

- Indigenous person/s performing a Smoking Ceremony
- Ngarra Jarra Aboriginal Health Unit Staff
- Facility maintenance and Security Staff
- Nurse Unit Managers, Associate Nurse Unit Managers
- Spiritual Care and Social Work Staff
- All Austin Health Staff

#### **Related Austin Health policies, procedures or guidelines:**

[Reconciliation Action Plan](#)

Identification of Aboriginal and Torres Strait Islander Consumer's

WELCOME TO COUNTRY AND ACKNOWLEDGEMENT OF COUNTRY PROTOCOL

Cultural Protocol Guideline

[Diversity & Inclusion Action Plan 2020-23](#)

[Patient Death-Bereavement Support to Families and Carers Mental Health CSU Clinical Procedure](#)

[Bereavement Care Guideline](#)

Facility Maintenance Provider Standard Operating Procedure – Fire Isolations

Sorry Business / Sad News Procedure

#### **Definitions:**

**Smoking Ceremony:** Are undertaken in the Aboriginal communities to cleanse the space.

**Welcome to Country:** A ceremony performed by a traditional owner of the land, to acknowledge and give consent to events taking place on their land.

**Acknowledgement of Country:** Is an opportunity to show respect for the Traditional Owners and the continuing connection of Aboriginal and Torres Strait Islander Peoples to Country.

**Sorry Business:** The period of mourning for deceased Aboriginal and Torres Strait Islander people is commonly known as Sorry business. A smoking ceremony can be done before or after dreaming.

**Men's and Women's Business:** - In Aboriginal and Torres Strait Islander culture there are customs and practices that are performed by men and women separately. This gender-specific practice is often referred to as Men's and Women's Business. These practices have very strict rules.

**Coolamon:** - A coolamon is a shallow vessel made from scaring a tree and is used in our Smoking Ceremony.

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OPPIC Document ID: [Document ID] Date of last major update: [Last Published Date] Review Date: [Review Date]

**Disclaimer:** A printed copy of this document may be out of date. To ensure you are using the current version, refer to OPVIC.

**Entering the Dreaming/Dreamtime:** The period when an Aboriginal Patient is in the terminal phase. After they have passed away, they are considered to be 'resting in the dreaming/dreamtime'

### Cultural Considerations

A smoking ceremony is an ancient custom among Aboriginal tribes that involves smouldering various native plants to produce smoke which have cleansing properties and the ability to ward off bad spirits. It is a tradition that has been performed by Aboriginal people for centuries. They are used in the context of healing, spiritual renewal and strengthening and are undertaken by an Aboriginal person.

Smoking Ceremonies are performed at key milestones of one's life depending on the traditions of the Tribe the person is connected to, for example: Birth, Men's business (only Men can know what happens at Men's business covered by our Lore), Women's business (only Women can know what happens at Women's business covered by our Lore), and Sorry business (one passing away). Welcome to Country and other significant events also include Smoking Ceremonies.

Ideally a Smoking Ceremony is performed during sorry business by a family member, to assist the person to pass to the dreamtime. If a family member cannot be organised, another Indigenous person can perform a smoking ceremony. Please note it is culturally inappropriate for a Non-Indigenous person to perform a Smoking ceremony.

Ngarra Jarra Aboriginal Health Unit has its own Coolamon which is specifically used for our Smoking Ceremonies.

Depending on the Country where the person is from, the materials to perform the smoking can vary in the leaves, bark or the preparation.

Given the significant nature of a Smoking Ceremony it is only performed where Aboriginal and Torres Strait Islander people determine.

Consideration needs to be taken into the timing of a Smoking Ceremony, as many Austin Health Aboriginal Patients come from regional areas or from interstate.

We use different leaves, depending on the ceremony, the young thin leaves, they can burn very quick as they have oil in them. The bigger older leaves are sometimes better for smoking. We will use water to dampen the smaller leaves, as this helps with the smoking. It is about how we light the fire, different smoke and different woods are used for different ceremony.

The Smoking Ceremony is a gift from Aboriginal people, they are offering you healing and a blessing, so accept the smoke and allow it to waft around you. Those present may be invited to walk through the smoke for an individual cleansing. Immerse yourself in the smoke and let it envelope you. A Smoking Ceremony is one of the oldest Ceremony's practiced in the world today.

"Where there is smoke, there is fire, where there is fire there is cleansing"

### Purpose:

The purpose of this procedure is to ensure, the Aboriginal culture and traditions are upheld and performed with respect.

Aboriginal people can participate in the traditions they have practiced for more than 67,000 years.

The procedure outlines the process, agreed locations and risk management requirements for such ceremonies.

### Key contacts:

Ngarra Jarra Aboriginal Health Unit	9496 5699
Ventia - FM Helpdesk - 24 hours a day / 7 days a week	<ul style="list-style-type: none"> <li>o Austin - 9496 5290</li> <li>o Repat &amp; Talbot - 9496 2480</li> </ul>
Austin Hospital Security	9496 4999

Austin Switchboard	03 9496 5000
Austin Site Director of Nursing - in business hours	03 9496 5691 in business hours
After Hours Site Manager - out of business hours	Through Switchboard
Mercy Switchboard - if Smoking is near ICU/Forecourt	03 8458 4444

#### Smoking Ceremony Locations:

Ngarra Jarra Aboriginal Health Unit will choose the most appropriate location for the Smoking Ceremonies.

Locations for a Smoking Ceremony that may be utilised are:

- Austin Hospital:
  - Austin Hospital Forecourt.
  - Olivia Newton John Cancer and Wellness Centre Ward 8 South Ceremonial Balcony.
  - Olivia Newton John Cancer and Wellness Level 3 Courtyard.
  - Level 4 forecourt
  - ICU Courtyard
- Heidelberg Repatriation Hospital: The Labyrinth
- Royal Talbot Rehabilitation Centre: TBC

#### Smoking Ceremony Procedure:

1. The decision and discussion around having a Smoking Ceremony is managed by the Ngarra Jarra Aboriginal Health Unit in conjunction with the family/friends of the patient. In some cases, it may be requested by the family and/or Spiritual Care who then liaise with Ngarra Jarra Aboriginal Health Unit. This is then discussed with the treating team. The Ngarra Jarra Aboriginal Health Unit will then liaise closely with the Nurse Unit Manager (NUM) or Associate Nurse Unit Manager (ANUM). Where possible the Smoking Ceremony needs to be organised during business hours.
2. Ngarra Jarra Aboriginal Health Unit will notify the key contacts.
3. Ngarra Jarra Aboriginal Health Unit will source the materials needed for a traditional Smoking Ceremony.
4. In conjunction with the family, Ngarra Jarra Aboriginal Health Unit will determine the location most appropriate for the ceremony. This may be in one of the above locations or another location deemed appropriate by the Ngarra Jarra Aboriginal Health Unit.
5. The Ngarra Jarra Aboriginal Health Unit (or their delegate) will contact Ventia via ringing helpdesk, advising that a smoking ceremony is to be conducted and provides the following details:
  - a. Proposed start and finish time.
  - b. Location.
  - c. Key contact details.
6. Ventia will:
  - a. Isolate smoke detectors within the immediate surrounding area of Ceremony location that may detect smoke. (Please note - prior notification is required due to operation demands)
  - b. Please note - If the ceremony takes place outside a nominated area, Ventia will require a minimum of 60 minutes to identify fire zones and correct isolation requirements.
7. The Ngarra Jarra Aboriginal Health Unit is responsible for ensuring:
  - a. Smoking Ceremonies (including ignition of leaves) are not conducted within:
    - i. 3 metres of cladding.
    - ii. Within 5 metres of Air In-Takes.
  - b. That a fire extinguisher is with 3 metres of the Ceremony.
  - c. A staff member is present that is trained in the use of fire extinguishers.
8. At the conclusion of the Smoking Ceremony Ngarra Jarra Aboriginal Health Unit (or their delegate) will

- a. Ensure that all materials are fully extinguished.
  - b. All items are removed from the location.
  - c. Contact Ventia to de-isolate smoke detectors.
9. Ventia will:
- a. De-isolate smoke detectors.

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**Legislation/References/Supporting Documents:**

[https://healthinonet.ecu.edu.au/learn/health-system/palliative-care-topic/resources/43533/?title=Journey%20to%20dreaming%20toolkit&contentid=43533\\_1](https://healthinonet.ecu.edu.au/learn/health-system/palliative-care-topic/resources/43533/?title=Journey%20to%20dreaming%20toolkit&contentid=43533_1)  
[https://www.grief.org.au/ACGB/ACGB/ACGB\\_Publications/Resources\\_for\\_Professionals\\_1/Resources\\_for\\_Professionals.aspx?hkey=c31ff93a-9142-4438-b0b5-36c5455700d5](https://www.grief.org.au/ACGB/ACGB/ACGB_Publications/Resources_for_Professionals_1/Resources_for_Professionals.aspx?hkey=c31ff93a-9142-4438-b0b5-36c5455700d5)  
<https://vpssc.vic.gov.au/html-resources/aboriginal-cultural-capability-toolkit/aboriginal-protocols/>  
<https://www.firstpeoplesrelations.vic.gov.au/welcome-country-and-acknowledgement-traditional-owners>  
<https://www.wurundjeri.com.au/services/cultural-practices-for-events/>  
<https://www.reconciliation.org.au/acknowledgement-of-country-and-welcome-to-country/>

**Endorsed by:**

Uncle Perry Wandin - Wurundjeri Woi-wurrung  
Closing the Gap Committee

**Document Owner /Person Responsible for Document:**

Ngarra Jarra Aboriginal Health Unit

## Appendix C: The Royal Children’s Hospital Position Description for an Elder-in-Residence



### Expression of Interest

<b>Consultancy title</b>	RCH Elder in Residence
<b>Location</b>	The Royal Children’s Hospital, Flemington Road, Parkville
<b>Department</b>	People and Culture
<b>Reporting to</b>	Executive Director People and Culture and Wadja Manager
<b>Agreement</b>	The Royal Children’s Hospital seeks to build a meaningful, ongoing and committed relationship with an Aboriginal or Torres Strait Islander Elder who can guide us on our journey to reconciliation and cultural safety. The position would be paid as either a consultancy service or as a casual employee of the RCH, whichever is preferred by the appointed person.

#### The Royal Children’s Hospital

The Royal Children’s Hospital’s (RCH) acknowledges the traditional owners of the land on which the hospital resides, the Wurundjeri people and their neighbours, the Boon Wurrung people. We thank them for their ongoing custodianship of this country and its waterways, which has never been ceded, and for allowing us to provide healthcare to children on these beautiful lands.

The RCH is part of the Melbourne Biomedical Precinct, with more than 45 world-class biomedical organisations and more than 50,000 of the brightest minds working together to make the Precinct number one in the Asia Pacific region for health, education, research, and training. Within this, RCH is also a cornerstone member of the Melbourne Children’s Campus, partnering with Murdoch Children’s Research Institute, The University of Melbourne Department of Paediatrics and The Royal Children’s Hospital Foundation. Each organisation contributes to a paediatric academic health centre which is greater than the sum of its parts.

RCH has cared for the children and young people of Victoria for more than 150 years since it was founded in 1870. A full range of paediatric and adolescent health services are provided plus tertiary and quaternary care for the most critically ill and medically complex patients in Victoria, Tasmania, southern NSW and other states around Australia and overseas. The RCH is the only provider of heart transplant services and CAR T-cell therapy for paediatrics in Australia. RCH is an effective advocate for patients and their families with a particular focus on vulnerable children and increasingly, mental health in young people. The hospital also supports many health promotion and prevention programs. The Hospital has more than 6,000 staff, a budget of \$850M, 12 wards and 350 beds. Annually, the RCH has 300,000+ Specialist Clinic appointments, 90,000+ Emergency Department presentations and 20,000 elective surgeries.

We work collaboratively with hospitals to deliver the right care, in the right place, at the right time. The RCH is committed to the Child Safe Standards <https://www.rch.org.au/quality/child-safety/>.

RCH enjoys high employee engagement and is committed to staff safety and a positive culture through enactment of our Compact.

Further information on RCH is available at [www.rch.org.au](http://www.rch.org.au)

#### ROLE PURPOSE

The Elder in Residence – The Royal Children’s Hospital is a unique position which recognises the special place of Elders within Aboriginal and Torres Strait Islander communities, and their role in supporting the health and wellbeing of their children and families. This position is formal recognition of the value placed upon the contributions of Elders’ wisdom, teachings and guidance here at the Royal Children’s Hospital. It also represents our commitment to promote and support self-determination and reconciliation. The Elder in Residence will provide cultural guidance, advice and support to the RCH senior management team; act as a mentor to Aboriginal employees; and provide cultural protocols during days of significance and other events.



<b>KEY ACCOUNTABILITIES</b>
<ul style="list-style-type: none"> <li>• Work in partnership with the RCH Chief Executive Officer and provide expert advice on cultural protocols, emerging Aboriginal health needs, community connection and engagement and for the CEO to test ideas on proposed solutions and initiatives.</li> <li>• Alongside the RCH Chief Executive Officer, Co-Chair the Royal Children's Hospital Aboriginal Advisory Committee, providing cultural expertise and guidance to the hospital, its management and Board.</li> <li>• Provide Welcome to Country and other ceremonial protocols during days of cultural significance celebrated at the Royal Children's Hospital (including: Sorry Day, NAIDOC Week, Reconciliation Week, Annual Service and Excellence Awards, and other special events).</li> <li>• Attend Reconciliation Action Plan meetings and provide expert cultural advice on emerging plan elements.</li> <li>• Share their knowledge and teachings of protocol around ceremony and culture for stronger client interactions and supporting cultural events on site.</li> <li>• Engage in mentoring for Aboriginal and non-Aboriginal employees, including facilitating cultural activities for Wadja team development.</li> <li>• Assist in progressing elements of the RCH Aboriginal Cultural Safety Plan.</li> <li>• Provide advice on cultural formulations for outpatient clinics, and other patient facing cultural activities.</li> <li>• Review and inform suitable policies and procedures, particularly those relating to Aboriginal people and communities.</li> <li>• Promote the RCH through their networking links with other Aboriginal Elders and community groups.</li> <li>• Meet and consult with Aboriginal and Torres Strait Islander patients, families and employees.</li> <li>• Maintain a strong cultural presence at the Royal Children's Hospital.</li> </ul>
<b>QUALIFICATIONS AND EXPERIENCE</b>
<p>Essential:</p> <ul style="list-style-type: none"> <li>• This is a designated position, and we invite applications from Aboriginal and/or Torres Strait Islander candidates only.</li> <li>• Be recognised and respected by his/her own community as an Elder for such attributes as having knowledge of their traditional teachings and carry themselves according to those teachings</li> <li>• Have the ability to engage with and respond to diverse cultural needs of a wide variety of Indigenous people.</li> <li>• Have understanding and knowledge of Aboriginal health issues, including the physical, mental, emotional and spiritual needs of RCH clients and community</li> <li>• Be able to demonstrate significant wisdom and knowledge in areas of traditional health and wellness as recognised by their community and/or family</li> <li>• The ability to establish responsive, sensitive and consultative relationships that enable trust and healing among peoples of very diverse world views and approaches to health and healing.</li> <li>• Have experience and capacity to share wisdom and knowledge with patients, clients, families and employees of the RCH</li> <li>• Have the knowledge and ability to promote and perform appropriate protocol and ceremony</li> <li>• Demonstration of traditionally earned understanding about Aboriginal and Torres Strait Islander cultural beliefs, values, customs, traditions, healing ways, lore, ceremonies, and protocols (recognising that this knowledge is based in oral tradition and not measured by diplomas and degrees).</li> </ul>
<b>OTHER REQUIREMENTS</b>
<p><b>Please note prior to commencement successful candidates/contractors will be required to:</b>          Undergo a pre-employment Police check, hold a Working with Children Check and hold a COVID-19 Vaccination certificate.</p>



IMPORTANT INFORMATION
<p>All employees are required to adhere to the Royal Children's Hospital Values:</p> <ul style="list-style-type: none"> <li>• Unity - We work as a team and in partnership with our communities</li> <li>• Respect - We respect the rights of all and treat people the way we would like them to treat us</li> <li>• Integrity - We believe that how we work is as important as the work we do</li> <li>• Excellence - We are committed to achieving our goals and improving outcomes</li> </ul>
RCH COMPACT
<p>All new and existing employees commit to the RCH Compact to contribute to a strong and respectful culture.</p> <ul style="list-style-type: none"> <li>• We do better work caring for children and families when we also care for each other</li> <li>• I bring a positive attitude to work – I share, I laugh, I enjoy other's company</li> <li>• I take responsibility for my behaviour and its impact on others</li> <li>• I am curious and seek out ways to constantly learn and improve</li> <li>• I celebrate the good stuff, the small stuff, the big stuff – it all matters</li> <li>• I speak up when things aren't right</li> <li>• I value the many different roles it takes to deliver great patient care</li> <li>• I actively listen because I want to understand others and make better decisions</li> <li>• I am inclusive and value diversity</li> <li>• When it comes to teamwork, I don't hold back – I'm all in</li> </ul>
QUALITY, SAFETY AND IMPROVEMENT
<p>RCH employees have a responsibility and accountability to contribute to the organisation's commitment to Quality, Safety and Improvement by:</p> <ul style="list-style-type: none"> <li>• Acting in accordance and complying with all relevant Safety and Quality policies and procedures</li> <li>• Identifying risks, reporting and being actively involved in risk mitigation strategies</li> <li>• Participating in and actively contributing to quality improvement programs</li> <li>• Complying with the requirements of the National Safety &amp; Quality Health Service Standards</li> <li>• Complying with all relevant clinical and/or competency standards</li> <li>• Complying with the principles of Patient and Family Centred Care that relate to this position</li> </ul>

The RCH is committed to a diverse and inclusive workforce. We encourage applications from Aboriginal and Torres Strait Islander people, people from culturally and/or linguistically diverse backgrounds, all members of the LGBTQI community and people with disability.

Last updated	April 2022
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