

I wish I knew then what I know now

Reflections and research from 4th year occupational therapy students regarding working with Aboriginal and Torres Strait Islander People

Amy Wiseman, Amy Lang and Lauren Small (students)
Jodie Booth and Alison Nelson (clinical educators)

Purpose of the Report

This report has been compiled by three fourth year Occupational Therapy students for the purpose of informing university educators as to the way in which the University of Queensland Occupational Therapy Course prepares its students for providing Occupational Therapy services to clients of Aboriginal and Torres Strait Islander descent. This report includes the personal reflections and learnings of students who have undertaken placements at the Deadly Ears Program and the Institute for Urban Indigenous Health. It also includes the responses of 15 Occupational Therapy students who responded to a survey formulated for the purpose of this report. Recommendations, with the view to better equip Occupational Therapy students in working with Aboriginal and Torres Strait Islander clients, have been made.

Context: DEADLY EARS

Overview of the organisation

Deadly Ears is Queensland Health's state-wide Aboriginal and Torres Strait Islander ear health program for children. The program is made up of four multidisciplinary teams: the allied health team, workforce development team, health promotion & community engagement team and ENT clinical team. Together these teams work to reduce the high rates of middle ear disease in Aboriginal and Torres Strait Islander children in remote communities. Deadly Ears collaborate with Aboriginal and Torres Strait Islander communities to empower and support them in promoting healthy individuals. The program has an emphasis on working with the community and not providing an external drop-in drop-out service. For this reason, Deadly Ears only start working with a community if they have been invited in by the community. This invitation is followed by extensive consultation to build a strong partnership between the community and Deadly Ears Program. Deadly Ears are currently working with twelve communities across Queensland. Some of the key roles of the team include: collaborative development of resources to promote messages around ear & hearing health, empowering community members with skills to optimise play & learning opportunities for children living with the impacts of middle ear disease, assisting in the establishment of community-run ear health screening programs and conducting ENT outreach clinics to examine and treat children's ears for different types of middle ear disease.

Deadly Ears OT Role

The OT role within Deadly Ears is concerned with addressing the impact middle ear disease has on a child's ability to learn and play. It is a non-clinical role which involves empowering the local

community members with skills to optimise play and learning opportunities for children. The OT's at Deadly Ears visit each community every couple of months, conducting workshops with key community members, working together with the community on local projects and providing support where needed. Support is also provided via videoconference, phone and email between community visits. The OT's at Deadly Ears are also involved in advocating for change to policy and procedures throughout the health and education sectors to better improve health outcomes for this population.

The OT's at Deadly Ears work at a population-level rather than an individual one-on-one therapy level. As an OT, it is important to consider the group you are working with and what will be the most effective way to deliver services. The communities visited by Deadly Ears are too big to have a single Deadly Ears OT (who only visits every few months) doing individual work with children. Instead the OT role involves empowering and collaborating with the local community members such as childcare and school staff so that they can make changes themselves and continue working with the kids even when the OT is not there. In this way, the OT role can make a big impact even when it is not a direct clinical hand-on role with children.

The OT role in this setting contributes a unique viewpoint through which a strengths-based, family-centred approach is taken. These core OT values make a big difference when working with Aboriginal and Torres Strait Islander people.

Context: THE INSTITUTE FOR URBAN INDIGENOUS HEALTH

Overview of the organisation

The Institute of Urban Indigenous Health (IUIH) is a not for profit charitable institute that works with Aboriginal and Torres Strait Islander clients. The aim of the institute is to increase health service access and opportunities, and to provide support for Aboriginal and Torres Strait Islander health service development and coordination. The main business of the institute is to ensure that community controlled Aboriginal and Torres Strait Islander health services within South-East Queensland are provided with adequate funding and resources and are supported to provide comprehensive primary health care for their Aboriginal and Torres Strait Islander clients. The institute also aims to fill in gaps of service provision and this has led to the development of several specialist subgroups that focus on different age/target groups within the community e.g. tobacco team, "Deadly Choices" team (who visit schools and provide health promotion information and activities), drug and alcohol team, work it out chronic disease group and mums and bubs club. At present the institute employs an outsourced clinical team including a paediatrician, psychologist and other allied health professionals to provide services to Aboriginal and Torres Strait Islander children and their families.

IUIH Occupational Therapy Role

A demand was recognised for occupational therapy services that were accessible for Aboriginal and Torres Strait Islander clients. These clients have a large age range from new born to elderly with a multitude of health needs which an occupational therapist can assist with. Due to the huge variation in clients, there is not one specific OT service offered. The role of the OT at IUIH is an emerging role and it has continued to change and take shape throughout the placement. This has involved providing services such as energy conservation education, stroke rehabilitation and equipment

prescription, home visits for minor modifications and paediatric clinical work. A large part of this placement has been involved in service development that is recognising the current gaps in services available for Aboriginal and Torres Strait Islander clients and the need for extra services to fill these gaps. It has involved writing reports and proposals for funding and evaluating service provision.

In some ways, the OT role at UIH is very similar to the role an OT would have working with non-Aboriginal and Torres Strait Islander clients i.e. your technical skills and clinical reasoning skills are the same. Particularly important skills include: building rapport, being flexible with appointment times, maintaining a casual persona and recognising the importance of a holistic approach. Occupational therapy frameworks such as client centred practice and family centred practice provide for the delivery are also particularly relevant. Although these are all best practice points within any service, it is important to recognise their special significance in this Indigenous context. Where other Australians may still access and persevere with a less than ideal service in these terms, Aboriginal and Torres Strait Islander clients may not be so likely to continue to access a service. While cultural differences may not always be evident when working with an Aboriginal and Torres Strait Islander client face to face, it is important to recognise that these do exist and continue to incorporate cultural considerations throughout the clinical reasoning process. It is also important to recognise your own misconceptions and prejudices and reflect on how this can affect your practice.

While the core business of OT is the same in terms of therapy provided, the delivery is different to meet the distinct needs of Aboriginal and Torres Strait Islander peoples. Intervention can be based around individual and group therapy but also involves population level approaches to service development. This means that the service also focuses on aspects such as empowering individuals with the knowledge and skills to take care of their own health, preventative interventions and education through group programs. Promotion of OT as a profession is another core aspect of the OT role in this setting. It is an aim to familiarise clients and colleagues with the kinds of services that are available. The OT role at UIH is extremely flexible as it is still developing. Although a range of clients are seen within the service the key concept of engagement in occupation, and assisting people to do the meaningful activities that they want/need to do remains the core of practice.

Survey Summary

In order to obtain the opinions of the wider OT cohort on this subject, a survey was conducted. This survey was distributed via the "OT@UQ" Facebook page of which students from all year levels are members. 100% of the respondents were female, with 46.7% aged 16-20 and 53.3% aged 21-25. All respondents indicated that they were currently enrolled in the undergraduate program; 6.7% were first year students, 33.3% were third year students and 60% were fourth year students. When asked whether they had any personal experience/association with Aboriginal and Torres Strait Islander people 46.7% said no, and 53.3% said yes, examples of these experiences included attending school with people of ATSI descent, family and work colleagues.

When students were asked how many lectures they thought they had received that incorporated content on Aboriginal and Torres Strait Islander Australians, 66.7% indicated 1-3 lectures had been received, 20% indicated 4-6, 6.7% indicated 7-10 and 10+.

When asked whether these lectures/tutorials had incorporated the history of Aboriginal and Torres Strait Islander Australians, 40% responded with yes, 33.3% said no and 33.3 were unsure. When asked about their response to the delivery of the information the following statements were made:

- “I find the history of treatment of Aboriginal and Torres Strait Islander treatment, as well as the gap in health outcome quite unsettling”
- “Was interesting to understand how history has impacted on Aboriginal and Torres Strait Islander people of today”
- “A little. Just enough to be aware there is an impact.”
- “Negative. Everyone’s history can potentially impact on their health.”
- “It all depends on the context ... it’s hard to say anything without being deemed 'racist' but sometimes the truth hurts ... stereotypes hurt ... not all are like that but it's important to be aware of the things that are 'forbidden' to talk about too without being judged for it ... because most of those issues are really do exist”
- “This was covered a bit in the mental health elective when talking about historical impact”
- “Sympathy towards a traumatic past.”

Further survey results will be reported though the rest of this report under their relevant headings.

Current education

Rationale for Comprehensive Teachings

The teachings of the university course are believed to be the main source of information/exposure to Aboriginal and Torres Strait Islander people that students experience before beginning placement, and eventually practicing as an Occupational Therapist. None of the students who compiled this report had any personal or professional relationships with Aboriginal and Torres Strait Islander people. The results of the survey are further indicative of the lack of personal exposure that Occupational Therapy students have had with 53.3% of survey respondents expressing that they have had no personal or professional relationships with Aboriginal and Torres Strait Islander people. It is necessary for students to feel confident in working with Aboriginal and Torres Strait Islander clients, because statistics indicate that they will at some stage. Alarming, responses to the survey indicate, that less than half of all respondents felt confident in working with Aboriginal and Torres Strait Islander clients. The survey results indicated that nearly half of the respondents (46.7%) had, through their university course, engaged with Aboriginal and Torres Strait Islander clients, whether it is through mainstream services or Aboriginal and Torres Strait Islander specific services.

The survey results indicate that 73.3% of students would consider working with Aboriginal and Torres Strait Islander people, and so it is even more necessary to ensure that these students are well equipped. Aboriginal and Torres Strait Islander health services are largely understaffed and it is therefore important to attract professionals to this area; key to this is education. Positive educational experiences may also assist students who otherwise would not be interested in working in this area to reconsider.

When asked whether they would consider working with Aboriginal and Torres Strait Islander people survey respondents commented:

- No. “Lack of experience and knowledge”.

- Yes. “They are a hugely under-serviced population with many complex health needs. OTs are well-placed with their wide range of expertise and holistic approach, to help this community”.
- Yes. “I would be interested in helping improve the level of health outcomes for Aboriginal and Torres Strait Islanders and contributed towards equal health provision for all Australians”.
- Yes. “I think it is a very interesting area and I would love to learn more about

Course Content

The fourth year students compiling this report have had two lectures and one tutorial specifically covering Aboriginal and Torres Strait Islander culture and considerations for practice. Some Aboriginal and Torres Strait Islander specific case studies were also used in different courses. These lectures covered basic information regarding the health status of Aboriginal and Torres Strait Islander Australians, occupational deprivation, issues in working with this population & guidelines for best practice. There have been opportunities for further learning through tutorials specific to different placements (such as rural placements), however not all students are exposed to these. These lectures and tutorials were scattered throughout different courses during the three years. The fourth year students compiling this report commend the University for the cultural orientation package that has been introduced to curriculum this year as part of Octy4106. This package was thorough and a great learning resource for students covering all important aspects of working with Aboriginal and Torres Strait Islander people. Unfortunately, students completing the honours or Graduate entry Masters (GEM) course did not have the opportunity to take part in this learning experience. While this package was a fantastic resource, it would be better placed in the course prior to beginning placement in second year.

Implications for Learning

Currently, the delivery of course content around Aboriginal and Torres Strait Islander Australians means that it is easily overlooked and undervalued in comparison to all the other coursework. Due to the fact that the information was not necessarily integrated and delivered in a cohesive manner, upon reflection it is hard for Occupational therapy students to remember the teachings and key concepts. The key messages taken from the lectures and tutorials in the opinion of survey respondents were as follows:

- Aboriginal and Torres Strait Islander people have a different concept of time and this must be considered in service delivery
- That Aboriginal and Torres Strait Islander people’s health and life expectancy is worse than non-Aboriginal and Torres Strait Islander people
- Not to make eye contact with elders

The survey also highlighted the difficulty that students had in remembering any information from the coursework. With quotes such as:

- “Nothing of note really”
- “Don’t remember”

A Deficit Approach to Indigenous Health

The impression taken from the limited coursework completed on this topic is generally very negative. The coursework seemed to focus on the poor health statistics of the Aboriginal and Torres

Strait Islander community rather than practical applications and strategies for working with this client group. One of the key messages taken from the few lectures received was that working with this population group is very complex. The lectures failed to highlight some of the simple approaches that can be taken to effectively work with this population. It would be beneficial if the course was to highlight just how adequately equipped we are as OTs to work with Aboriginal and Torres Strait Islander people. The core values of occupational therapy such as being client-centred, non-judgemental and strengths-based places students well for a simple transition into working with Aboriginal and Torres Strait Islander people. Simply illustrating this fact to students would help put them at ease.

A Lack of depth

The limited time allocated towards learning about working with Aboriginal and Torres Strait Islander peoples mean that the coursework fails to highlight the complex cultural discrepancies between different subgroups within the Aboriginal and Torres Strait Islander community particularly the differences between Aboriginal and Torres Strait Islanders and rural and urban communities. This leaves many students feeling unprepared or nervous to work with Aboriginal and Torres Strait Islander people. It appeared as if there were lots of cultural “do’s and dont’s”, and room for error and the chance to offend a client.

A lack of historical knowledge

Although University prepares students by embedding the OT values which underlie practice, students are still unprepared in the knowledge of Aboriginal and Torres Strait Islander culture and in particular, the key historical events that have shaped and had such a huge impact on their culture today. The first few weeks of a practical experience with Aboriginal and Torres Strait Islander Australians can leave one feeling extremely ignorant in terms of their knowledge of the dark history of Australia’s settlement. This topic is one that is rarely taught as part of core education during high school, so university teachings are key to students understanding this. It is important to understand the happenings in this period, because there remain to be deep scars that affect the lives of Aboriginal and Torres Strait Islander people today. Although history may not be explored in a therapist’s interaction with clients, it is important to understand the potential impact that such a history may have on one’s clients.

Helpful Approaches

Approaches to practice taught throughout the university course assist students in working with Aboriginal and Torres Strait Islander people. In particular the principles of taking a strengths based and client/family centred approach to practice are relevant to practice in this setting. These key principles are well taught throughout the university course, and students can be confident in their ability to draw on their learning’s and utilise this approach.

Additionally, key practice models including the PEO and KAWA are highly applicable in this setting.

Occupational Therapy values and philosophies, which are imbedded in the course content, also prepare students well for working with Aboriginal and Torres Strait Islander clients. These values challenge therapists to be non-judgmental, open-minded and holistic in practice.

Vital communication skills taught throughout the university course aid in students’ abilities to establish and maintain vital relationships with Aboriginal and Torres Strait Islander clients.

The core technical skills that Occupational Therapy students are taught through their studies in terms of assessing a client's needs, setting goals, planning and providing treatment and evaluating service provision are certainly applicable to practice with Aboriginal and Torres Strait Islander peoples. Although it may seem as though a whole new set of skills are required to work with Aboriginal and Torres Strait Islander peoples, the approach, rather than the skills changes.

The 'how' of culturally safe practice: A students perspective

Upon working with Aboriginal and Torres Strait Islander people it becomes apparent that it is not as difficult as conveyed throughout the coursework. While it remains complex there are many simple and practical strategies that can be utilised. The following strategies are suggested by the students compiling the report, and are based on practical experience.

Remember your core OT skills

- Take a holistic view of your client
- Use core OT models such as PEO to help define the OT role in the setting if unsure.
- Remember simple OT concepts of client/family-centeredness and a strengths-based approach.
- Don't promise things you may not be able to deliver
- Remember that the client is always the expert; don't try and act like an expert.
- Empower people with the knowledge and skills to manage their own situation; don't do everything for them
- Be aware of potential underlying family and community dynamics that you may not fully understand.

Know the value of a yarn

- Don't jump straight into work-related conversation. Chat about other casual topics for a little while before getting into "business".
- Take the time to get to know Aboriginal and Torres Strait Islander people and build relationships/rapport. Don't be afraid to share some information about yourself, for example where you grew up.
- Get to know your Aboriginal and Torres Strait Islander colleagues as they are generally open to telling you about their culture and sharing their knowledge – they will respect you more if you admit that you don't know a lot and seem willing to learn.

Be aware of your own values and beliefs

- Don't make assumptions about your clients. If you have a question, ask them and clarify any assumptions that you may have.
- Be aware of your own values and beliefs and how they impact on your practice.

Immerse yourself in the culture and history

- Make an effort to research Aboriginal and Torres Strait Islander history, use the internet, academic articles and your colleagues. Although this topic may never be explored in your daily interaction with clients, it is important to understand the potential impact that history has shaped your client. Understanding history will also help you to challenge your own assumptions and biases towards Aboriginal and Torres Strait Islander peoples.

- Be prepared to listen and learn from others.
- Take time and effort to get to know Aboriginal and Torres Strait Islander culture and practices – respect their culture, let this reflect in the way you practice. Consider their beliefs, values and expectations. Eg. Be flexible to your client’s family commitments, understand barriers such as transport, incorporate Aboriginal and Torres Strait Islander health workers and interpreters in practice.
- Keep a de-othering perspective. This means refraining from speaking in a manner that implies we are different from each other. Eg. Referring to us and the “other people”.
- Ensure not to fall into cultural blindness (which is when you are aware of cultural differences but don’t see a reason to change the way you practice to account for people with different cultural backgrounds).

Don’t be afraid to ask questions

- Be honest about your lack of knowledge; be willing to be taught, prepared to make mistakes and show interest in the culture.

Know the lingo

- *Aunty* and *uncle*: respectful terms of address for older people, to whom the speaker may not be related.
- *Brother* and *sister*: as well as siblings this term is used to refer to children of ones mother's sister and of father's brother (Cousin), just as in many Aboriginal and Torres Strait Islander languages
- “*Business*”: many Aboriginal people use the word *business* in a distinct way, to mean *matters*. Funeral and mourning practices are commonly known as *Sorry Business*. Financial matters are referred to as *Money Business*, and the secret-sacred rituals distinct to each sex are referred to as *Women's Business* and *Men's Business*.
- *Deadly*: Deadly is used by many Aboriginal people to mean excellent, very good, in the same way that wicked is by many young English speakers.
- *Elders*: Key person and keepers of various knowledge within Aboriginal communities.
- *Missions*: Areas originally set up and governed by different religious denomination for Aboriginal people to live. Today some people use the term to refer to Aboriginal housing developments. The terms "reserves" and "stations" are used as well.

Familiarise yourself with the workings of Aboriginal and Torres Strait Islander organisations

- Understand which services Aboriginal and Torres Strait Islander people access and why.
- Why do certain organisation work well – why don’t others? Think about accessibility, cultural appropriateness and flexibility.

Understand and experiment with different communication styles

- Use appropriate non-verbals; avoiding eye contact is not always necessary!
- Avoid jargon
- Use simple clear language
- Talk around a sensitive subject
- Respect silence
- Although the survey results indicated that some students felt underprepared for working with Aboriginal and Torres Strait Islander clients, their responses to the question “list four

key principles for practicing with Aboriginal and Torres Strait Islander clients”, indicate that they were already aware of some of the above principles and applications. In saying this, these applications were based around very specific cultural “do’s and don’ts”, including avoiding eye contact, and having drop in appointments, rather than set times. It is clear from the student’s responses that they had not grasped the larger concepts and approaches to practice such as having a holistic view of the client and the importance of client/family centred practice.

Recommendations for future course content

The following suggestions have been made by the fourth year students compiling this report, after having completed their placements at Deadly Ears and UIH:

- Include more “hands on” experiences with Aboriginal and Torres Strait Islander clients earlier in the course. While reading material and lectures are important, immersion in the culture is necessary. This could be achieved through a compulsory placement at the Murri school as part of short term practical experiences in third year. Students should be actively encouraged to reflect on this experience and their new understandings in working with Aboriginal and Torres Strait Islander clients.
- An outing to an Aboriginal community would be highly beneficial followed by a report on what was learnt or regarding a certain aspect of the trip.
- A course or large module within a course that focuses on Aboriginal and Torres Strait Islander culture and history should be included in the Occupational Therapy course. This background is important in understanding why to practice the way we do.
- Using real-life video in conjunction with PowerPoint will be more effective in reaching students with key information and concepts.
- Provide practical examples of how Occupational Therapy key concepts can be applied in practice, emphasising the profession as highly relevant and compatible with Aboriginal and Torres Strait Islander culture. Emphasise general approaches to working with Aboriginal and Torres Strait Islander clients, rather than particular “rules” and “do’s and don’t’s”.
- Have a Question and Answer session with an Aboriginal and Torres Strait Islander person/peoples in a tutorial (following lectures). This could be an informal session guided by the students, and their particular questions. The main aim of this session would be for students to recognise their own assumptions and biases, have their questions answered, and then reflect on how these biases and assumptions may impact their practice.
- Make sure to emphasise the difference between urban and rural Aboriginal and Torres Strait Islander peoples, and thus the different approaches to practice.

Students survey response

The above suggestions are also reflected in the survey responses of the Occupational Therapy Students:

- When asked what they would like to know more about the following responses were obtained:
 - “Culturally appropriate practice – less about the rules and more about general approaches.”

- “Examples of different ways to explain important OT concepts to Aboriginal and Torres Strait Islander people”
- “Which specific services are in place for ATSI peoples - what do they offer and how is their practice influenced by cultural differences?”
- “More on the history and how this effects health care today. More information on urban Aboriginal and Torres Strait Islander clients as this is very relevant when working inner city.”
- “More about the different cultural groups.”
- When asked about what would help their learning and understanding, the following responses were obtained:
 - “Advice from members of the Aboriginal and Torres Strait Islander community, as lecture material is always presented by non-Aboriginal and Torres Strait Islander professors, practical experience”
 - “More lectures from OTs & other health professionals working with ATSI peoples; hearing from service consumers about their concerns regarding medical model/general services and how we can best work with ATSI peoples within those services”
 - “Practical experience; having an elder from the culture come talk to us ... hearing their story (story telling is a big part of their culture)”
 - “Culture awareness training.”

Summary

In summary, this report, compiled by three fourth year Occupational Therapy students has examined the way in which their university teachings have prepared them for working with Aboriginal and Torres Strait Islander clients. While key occupational therapy concepts, models of practice, frameworks and communication studies have assisted students in working with Aboriginal and Torres Strait Islander clients, a lack of dedicated course content leaves students feeling generally unprepared. Moreover, the course content, places generally negative connotations on working with Aboriginal and Torres Strait Islander clients, causing students to feel anxious, and have preconceived ideas about the complexities of working with Aboriginal and Torres Strait Islander clients. The course only offers limited practice examples of working with Aboriginal and Torres Strait Islander clients, nor does it emphasise the fact that Occupational Therapists are well equipped to work with Aboriginal and Torres Strait Islander clients. A number of practice examples for working with Aboriginal and Torres Strait Islander clients have been discussed in this report, as well as recommendations to improve the current coursework, and better prepare students for working with Aboriginal and Torres Strait Islander clients. This report highlights the importance of preparing students in working with this population. Although students may not work specifically in a setting with Aboriginal and Torres Strait Islander people, it is likely that they will in many mainstream services. An awareness of cultural differences and culturally-safe practice will enhance the therapeutic experience for both therapist and client.