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Culturally Safe and Integrated Primary Health Care: A Case Study of Yerin Eleanor Duncan Aboriginal Health Services' Holistic Model

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Culturally Safe and Integrated Primary Health Care: A Case Study of Yerin Eleanor Duncan Aboriginal Health Services' Holistic Model

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Abstract

Objective

To understand the importance of culturally safe integrated primary health care for Aboriginal families in the Central Coast of New South Wales, where their social and emotional wellbeing is impacted through a range of health issues related to domestic and family violence.

Methods

An Indigenous methodology of yarning through conversational semi-structured interviews with seven primary health care workers at Yerin, an Aboriginal Community Controlled Health Service (ACCHS) in New South Wales. Yarning sessions explored factors that enable and/or inhibit the provision of holistic and comprehensive trauma and culturally informed responses to Aboriginal and Torres Strait Islander women who experience violence.

Results

Five key themes were identified: 1) The importance of integrated primary health to support women and families; 2) Soft entry pathways; 3) Culturally safe care delivered by health workers experienced in trauma informed care; 4) Community partnerships; and 5) Funding sustainable programs that are community led and delivered by Aboriginal and Torres Strait Islander people.

Lessons Learned

Culturally safe and trauma informed and responsive care that is integrated within primary health care is important in comprehensively meeting the needs of Aboriginal and Torres Strait Islander women who experience domestic and family violence. The provision of soft entry pathways creates rapport and trust through an integrated team approach, highlighting the importance of more holistic service provision focusing on recovery and healing.

Keywords

Aboriginal, health, culturally safe, domestic and family violence, holistic

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Among the colonised social and institutional structures in Australia, Aboriginal and Torres Strait Islander people face well documented barriers to accessing mainstream health services. Factors that limit access include experiences of individual, structural and systemic racism; the continued use of medical jargon; power imbalances between clinicians and clients; a lack of cultural competence among health service employees, along with stereotypical attitudes and behaviours of staff within health services towards Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people also experience a mistrust of the western biomedical system that often does not value nor understand a holistic, comprehensive model of service provision and the Aboriginal and Torres Strait Islander paradigm of health and healing (Coombes et al., 2020; Durey et al., 2012; Jennings et al., 2018).

Aboriginal community-controlled health services (ACCHS) are a key component to the provision of appropriate health care for Aboriginal and Torres Strait Islander people and communities. With a focus on self-determination and self-management, ACCHS apply a holistic model of care which embodies the Aboriginal definition of health as originally stated by the National Aboriginal Health Strategy Working Party. This includes not only physical health but also the social, emotional and cultural wellbeing of the community, and takes a whole-of-life perspective that incorporates a cyclical concept of life–death–life (National Aboriginal and Torres Strait Islander Health Council, 2003; National Aboriginal Health Strategy Working Party, 1989). Established upon the philosophy and values of health by the people for the people, ACCHS are critical to building healthier communities and are focused on a model of care that integrates clinical, preventative and early intervention services (Harfield et al., 2018). ACCHS are community controlled in that they are governed by a board of directors elected by the service membership who guide the strategic direction of the respective service.

ACCHS service provision differs to that of a general practice surgery. It is holistic and integrates community priorities to achieve goals that are deemed critical by Aboriginal and Torres Strait Islander people. This way of working addresses barriers to accessing culturally safe health care, which in turn improves individual and community health outcomes for Aboriginal and Torres Strait Islander people (Panaretto et al., 2014).

Integrated and comprehensive primary health care includes clinical services, as well as specialised services that target the social and emotional wellbeing of specific populations such as children and Elders, and the broader community. This is an important aspect of the ACCHS' model of care and includes a range of health services from primary health care to education, and a range of other social and emotional wellbeing initiatives (Hayman et al., 2009). The effectiveness of integrated culturally appropriate care for Aboriginal and Torres Strait Islander peoples and communities has been demonstrated as it provides soft entry points to primary health care services and reduces barriers to accessing mainstream services (Crook et al., 2012; Fredericks et al., 2016; Lewis & Myhra, 2018). Accessible entry points to support services are particularly important for Aboriginal and Torres Strait Islander people and families impacted by domestic and family violence, as stigma is associated with shame in disclosure and seeking support in relation to violence (Walker et al., 2020).

Against this background, the research partners present a case study of Yerin Eleanor Duncan Aboriginal Health Centre's (herein referred to as Yerin) integrated approach to addressing domestic and family violence to reflect on how ACCHS provide care and support that is trauma-informed and culturally safe. The objective is to exemplify through this case study how ACCHS provide health services within an integral model of care, addressing a range of health issues related to domestic and family violence.

Methods

Partnerships

This research builds on a larger project titled, *First Response: Trauma and culturally informed approaches to primary health care for women who experience violence* (First Response, Walker et al., 2020). First Response included yarning interviews and a scoping review of policy responses (Cullen et al., 2020; Walker et al., 2020) that were conducted to understand how primary health services respond to ongoing impacts of trauma, violence

and institutional racism through the integration of trauma and violence informed care. Four ACCHS were research partners in this project including: Waminda South Coast Women's Health and Welfare Aboriginal Corporation, located on the South Coast of New South Wales (NSW) on Yuin Country; Katungul Aboriginal Corporation Regional Health and Community Services, located on the far South Coast of NSW on Yuin Country; Illawarra Aboriginal Medical Service on Dharawal Country; and Yerin, located on the NSW Central Coast on Darkinjung Country. Within the existing research partnership, Yerin approached the research team to partner in this case study to identify and reflect on the elements that specifically allow Yerin to integrate trauma and violence informed care. This case study also builds on the ongoing dialogue with Aboriginal and Torres Strait Islander health workers and clinicians (Cullen et al., 2021; Cullen et al., 2020) from the four partnering ACCHS.

Context and Setting

Yerin is a Community Controlled Aboriginal Health Service located in the Central Coast region of NSW, on Darkinjung Country. In the Central coast, there is a proportionally larger population of Aboriginal and Torres Strait Islander people (3.8%) compared to the rest of NSW (2.9%) (Cullen et al., 2021). Yerin includes the Eleanor Duncan Aboriginal Health Centre which provides health and social support services through an integrated and comprehensive primary health care model. The Eleanor Duncan Aboriginal Health Centre has been providing holistic, family-centred health care services in a culturally safe environment to Aboriginal and Torres Strait Islander communities since 1996.

Study Design

This is a qualitative case study using Indigenous research methodologies.

Data Collection and Analysis

Yarning is a culturally safe Indigenous methodology that prioritises Indigenous ways of communicating and privileges Indigenous knowledges, voices, and experiences. It is an appropriate method for community-based health research and clinical service provision for Aboriginal and Torres Strait Islander people (Bessarab & Ng'andu, 2010). In June 2018, the research team conducted interviews (n=7) in the form of yarning with staff employed at Yerin. This included clinicians and Aboriginal Health Workers from the Chronic Care Team, Mental Health and Drug and Alcohol Team, Mums and Bubs Team and Practice Management. The number of interviews and potential participants were identified for the interviews purposively by Yerin management team and the research team, and all staff invited to participate agreed to be interviewed. Each interview explored the Health Worker's perspectives on family violence and trauma informed care and lasted between 30 and 60 minutes. An Aboriginal Researcher (JC) trained in Indigenous methodologies, including research yarning, led the yarning interviews.

The yarning sessions took place at Yerin to explore how the primary health care workforce delivers integrated, trauma informed and responsive care to Aboriginal and Torres Strait Islander families experiencing violence. The yarns were audio-reordered and transcribed verbatim. A thematic analysis was conducted by Aboriginal and Torres Strait Islander and non-Aboriginal researchers through a decolonising lens. Decolonisation as a research method involves researcher's acknowledgement and reflection on how colonisation has, and continues to create research inequities and power imbalances (Doyle et al., 2017; Green & Bennett, 2018; Smith, 1999). Through a decolonising lens, researchers reflect on privilege and power held by Western knowledge systems and shifts it to prioritise Aboriginal and Torres Strait Islander worldviews, health paradigms and voices.

Ethics

Ethics approval was received from the NSW Aboriginal Health and Medical Research Committee (AH&MRC). AH&MRC HREC Reference number 1368/18.

Results

Five key themes were identified from the data: 1) The importance of integrated primary health to support women and families; 2) Soft entry pathways in and out of programs; 3) Culturally safe care delivered by health workers who are experienced in trauma and violence informed care; 4) Community partnerships; and 5) Funding sustainable programs that are community led and delivered by Aboriginal and Torres Strait Islander people (Table 1).

The Importance of Integrated Primary Health to Support Women and Families

Within a model of integrated primary health care, Aboriginal Family Health Workers and clinical staff work closely with the Integrated Care team. The Dhanggan Gudjagang Mums and Bubs team, the Yadhaba Wellbeing Team and the Mental Health, Drug and Alcohol Team work collaboratively to provide holistic care for women experiencing violence. Staff described a wraparound approach to supporting women with the Aboriginal Family Health Worker at the centre of care. The Aboriginal Family Health Worker is seen as the key person in the service that staff trust and rely upon to support and advocate for women experiencing violence.

The Dhanggan Gudjagang Mums and Bubs Team and Yadhaba Wellbeing Team were identified as important in supporting clients and families experiencing violence, particularly in instances of complex trauma or co-occurring drug and alcohol issues. The teams have specialised training in domestic and family violence and trauma to ensure that staff are well equipped to provide both crises support as well as long-term recovery and healing. These teams actively build relationships and trust over several years.

Soft Entry Pathways In and Out of Programs

Within the model of integrated primary health care, Yerin incorporates soft entry pathways to engage with men, women and families with a culturally safe and holistic focus on wellbeing and health (Crook et al., 2012). This approach is in recognition of the need to connect with people around their health needs as well as in relation to recovery and healing. Usual pathways for people experiencing violence can be upsetting as they interact immediately with police and/or child protection services where they are evaluated by other agencies and workers. Soft pathways are less about judging people doing “right” or “wrong” and more about holding space/s that have the overarching ethos of care and respect.

A key example is Yadhaba, a wellbeing program that is coordinated by the Mental Health, Drug and Alcohol Team. It offers an all-inclusive approach to care with an aim to support clients to address their physical, spiritual, social and emotional wellbeing as part of their overall health. Community members engage with the team on a regular basis to improve their social and emotional wellbeing, and to connect with other community members through group-based activities. In this way, the program builds connections between clients, staff and the service that supports clients to access health checks and health promoting services and activities. Cultural safety and respect are paramount to this group and their central emphasis aligns to the mental, physical and spiritual aspects of Aboriginal and Torres Strait Islander health and wellbeing (Coulthard, 2008). For clients experiencing domestic and family violence, such soft entry pathways help to build meaningful rapport and trust with Yerin staff, which helps to alleviate shame and fear around disclosure and seeking help.

Soft entry pathways also include Yerin’s Women’s Group and Men’s Groups. These separate groups are essential for creating culturally safe spaces for women’s and men’s business, where connection to culture and community can be nurtured. The Women’s Group meets monthly to provide women with a respectful place and an opportunity to yarn together and learn about health topics, with activities including Bling a Bra or a Pamper Session.

The Men’s Group gatherings are held at different locations on the Central Coast, which helps them become more familiar with services in the area and assists all men wanting to engage in services at Yerin. The group is a non-therapeutic counselling group where the men can develop rapport and relationships with staff and share a healthy meal.

Some of the positive outcomes of the program for the participants include receiving advice on everyday struggles, connecting and expressing feelings with other men, support to navigate services including housing and employment, and the provision of an environment to share stories and experiences of Aboriginal and Torres Strait Islander culture.

Culturally Safe Care Delivered by Health Workers who are Experienced in Trauma and Violence Informed Care

Yerin encompasses an Aboriginal and Torres Strait Islander culture of safety in the delivery of all its programs. Clinical and support staff at Yerin recognise the intergenerational impact of colonisation as the root cause of health and social inequities among Aboriginal and Torres Strait Islander people. Therefore, programs developed at Yerin encompass a holistic view of health and are a support mechanism for community members to feel they are in a culturally safe place when they attend.

Consultations at Yerin are flexible, where they cater for the individual and/or family's needs and occasionally the duration of consultations can exceed an hour. This family-centred approach is a wraparound approach which is culturally appropriate and optimises quality and safe health care. Further, employing Aboriginal and Torres Strait Islander health and support staff enhances the cultural safety of Yerin services, with Aboriginal Family Health Workers able to build rapport and trust, and accompany clients in consultations for medical and emotional support such as explanations of medical terms.

In addition to support for medical consultations, ongoing preventative health and wellbeing programs that are culturally safe are essential for Aboriginal and Torres Strait Islander community members to remain strong and gain self-determination for their own health and healing. Each program delivered at Yerin has its own safe space where members are secure in the knowledge that yarning, and the sharing of cultural stories will remain within the group. The embedding of cultural safety has been essential in the successful delivery of programs within this primary health care service for the community.

Community Partnerships

As domestic and family violence is complex and sensitive, having community partnerships that work closely with Yerin in supporting people and families experiencing violence is essential. Through building community partnerships, Yerin can link into other services for mental health support, housing and parental dislocation from children. Community partnerships between services have been identified as important to ensure effective cross-agency work, as they support Aboriginal families with their children in a culturally safe space, helping to provide short or long-term housing and access to programs for ongoing wellbeing. Due to the trusted relationship between the Aboriginal Family Health Workers at Yerin, and the families who are experiencing domestic and family violence, the referral pathway to other trusted community partners alleviates shame and the fear of child removal.

Funding Sustainable Programs that are Community Led and Delivered by Aboriginal and Torres Strait Islander People

There are challenges around the sustainability of programs, which relates to short-term politically orientated funding cycles, as well as the considerable resources that go into applying for funding for programs. There are also challenges around narrow Key Performance Indicators (KPIs), which do not adequately take into account how culturally safe and holistic care is delivered to families as well as the time and resources required to develop and maintain community partnerships. For example, the early childhood consults can be lengthy as the focus is on the needs of the family as a whole rather than just the mother or baby. Working in this way has meant that the nurses are able to support families with broader wellbeing and social issues, including domestic and family violence. Short-term funding with narrow KPIs reflects a lack of acknowledgement and investment in the highly skilled workforce that make up the ACCHS sector more broadly, and an under-appreciation for Aboriginal ways of working holistically with families over longer periods of time.

Table 1

Five Themes Identified from the Data with Exemplar Quotes

Theme	Example
The importance of integrated primary health to support women and families	"Such a massive area [the Central Coast] and we're one service, to provide one woman… you know what I mean? Huge…I think there should be more [Aboriginal Family Health Workers] in the world, our hands are so tied… with what we can and can't do for the women… Because it is different, let's face it, completely different how you might interpret things and how an Aboriginal woman interprets compared to a non-Aboriginal…So, and it's just that, and I know it happens everywhere but it just, it's cyclic, it's inter-generational." (Participant 3) "I'm employed as a [de-identified worker], predominantly working with families who have experienced – or women who have experienced domestic violence and sexual assault…because we don't case manage as such so, I've changed that … [to the] terms of support and advocate for people, which we do a lot of advocating to other services." (Participant 1) "We all work alongside supporting clients who are involved in domestic violence situations so either through counselling or linking them to outside organisations. A big one we do is linking them and encouraging them and supporting them in drug and alcohol residential rehab where a lot of those issues are addressed, especially for the men." (Participant 5) "Well, I'm trauma trained...We go above and beyond our scope anyway, because someone's got to do something." (Participant 2)
Soft entry pathways in and out of programs	"We do as much as we can to engage our clients and, by engaging them more and more, we get to know them more and more, which means that we are building a therapeutic relationship. They are becoming more comfortable, and we are able to provide targeted care, whether that be trauma-informed care or sometimes there is no need for trauma-informed care because there is no trauma noted there. But it does build that relationship where they allow us to see that there is some trauma, where it happened and why it happened. And hopefully we can build on that, but at the moment, I don't know that there would be anyone better placed than us, as a service, to at least identify that there was an issue in the first place." (Participant 7) "Our early childhood nurse will do with the kids and stuff, and the parents, a lot of domestic violence has picked up, a lot of the social aspects have picked up in those consults, so they do tend to go for longer than an hour because you're not just doing one person, it's the whole family." (Participant 3)

Culturally safe care delivered by health workers who are experienced in trauma and violence informed care	"We're a culturally safe place. We've had lots of positive feedback from clients who say yeah, I feel okay when I come there. GP visits, nurse visits, child visits to paediatricians, OT, whatever, there's always an Aboriginal Health Worker that sits in that consult with the person, just to make sure that people understand what's being said or understand what's actually going to happen during the consult. So, we try and support our clients that way, just to give them that little bit of safety, until they become more familiar, yeah." (Participant 4) "And there's a lot of trust here [team member], because we see the women all the time, they get to know us, and we get to know them." (Participant 1)
Community partnerships	"We do the lot. Housing, we'll advocate in housing, we'll advocate Centrelink, we'll advocate courts, we'll advocate with the schools around kids. So, it's sort of a one-stop shop and that's how it's been set up to be, like as a one-stop shop for people. What we're getting better at is early intervention as a whole service, is addressing it hopefully before. But that's going to take a long time to change all of that early intervention and get people used to having some early intervention rather than the reaction at crisis point." (Participant 6) "There's a lot of services out there that we work with…we've got a partnership with [de-identified health service based at Central Coast Local Health District] who has also got the early intervention program and mum's and bubs." (Participant 2)
Funding sustainable programs that are community led and delivered by Aboriginal and Torres Strait Islander people	"So it's really difficult in terms of reporting back on - like you've helped somebody for 6 months but what is it that you've actually done with that person in that 6 month or in the 8 month period that you've worked? You know you've done the hours and you know you've done all of the family stuff and supported the family, you've probably done the education stuff but it doesn't directly relate to a lot of KPIs that we're expected to report on." (Participant 1) "You've seen your 200 clients in that three month-period, but is it effective? I think not. We might see 50 or 10 in a three month-period but work more intensively over a lot of different things." (Participant 7)

Implications and Lessons Learnt

Integrated primary healthcare for Aboriginal and Torres Strait Islander people and families offers a safe space for multiple purposes and provides valuable links into services connected within and outside the primary health care setting. Yerin is an excellent example of the implementation of this model of care to successfully support Aboriginal and Torres Strait Islander people who have experienced domestic and family violence. At Yerin, services provided are holistic and recognise that health is socially and culturally determined. Yerin's model of care offers soft entry pathways which helps to alleviate shame and fear around disclosure and encourages people to seek help for domestic and family violence. Domestic and family violence can invoke feelings of shame and developing soft entry pathways has enabled people to reach out to the service and share their stories in a culturally safe environment (Holder et al., 2015). Underpinning this approach is recognition that improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander community members requires building meaningful rapport and trust between patients and healthcare staff (Blagg et al., 2015). By building individual relationships with patients and by taking time to understand their background and personal needs, staff at Yerin ensure safe and tailored referral pathways to external services such as the Department of Communities and Justice, non-government organisations and court support.

Partnerships established between Yerin and external services facilitate timely access to these services and allow staff to advocate for individuals and families. This helps to mitigate shame and re-traumatisation associated with having to retell their story across services. The integration of services provided by different entities ensures accountability on domestic and family violence across different sectors (Langton et al., 2020). Aboriginal Family Health workers are critical to the provision of services within this model of care because they act as brokers and advocates for the families when engaging with external services and organisations. This ensures that the holistic approach to health and wellbeing is maintained across services. Aboriginal Family Health Workers have been shown to understand the complex needs of families and ensure they feel valued through building trusting relationships (Mackean et al., 2020).

It is well documented that the sustainability of programs to implement this model of care within the ACCHS is challenged by ongoing uncertainty with changing governments and short-term funding models (Dwyer et al., 2011). This relates in part to narrow biomedically defined KPIs that do not value the impact of cultural knowledge and safety in supporting families and do not reflect community's paradigms of health and priorities. Furthermore, it emerged from yarning sessions that KPIs for organisations often lack a recognition of the load placed upon the Aboriginal and Torres Strait Islander workforce in regard to cultural knowledge. This reflects a lack of acknowledgement and investment in the highly skilled workforce that make up the ACCHS sector more broadly. To address this, sustained funding to strengthen the capacity of ACCHS to deliver long-term programs that address domestic and family violence is recommended. However, the first step to achieving this is the recognition of the critical role that ACCHS play in supporting clients and families impacted by domestic and family violence and the importance of holistic, integrated, trauma informed and culturally safe care.

Conclusion

This case study has exemplified some of the main approaches that ACCHS employ when providing integrated and holistic health care. Yerin provides a culturally safe, trauma and violence informed approach to supporting Aboriginal and Torres Strait Islander people and families impacted by domestic and family violence in the Central Coast of NSW. Yerin's integrated model of care with soft-entry pathways and strong interagency partnerships contributes to the self-determination in the community, which in turn improves access to services for people experiencing domestic or family violence through a supportive, culturally appropriate and safe environment.

Peer Review and Provenance

Externally peer reviewed, not commissioned.

Competing Interests

None declared.

Author contributions

All authors contributed to the First Response study design, project application and acquisition of funding. JC and PC conducted yarning sessions, coordinated feedback from the group and conceptualised the article. JC and PC completed data coding of transcripts. JC and PC wrote the original draft and ML, TM, KBB, BF and VP reviewed and edited the article. All authors contributed to the manuscript.

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