

Instructions:

Pre-reading -- "[Understanding Neglect in First Nations Communities.](#)"

1. Review the following paragraph and the Aboriginal Health Cultural Competence Framework on the next page.

In the literature, there is discussion that cultural competence is not sufficient ([Brascoupé & Waters, 2009](#)). These authors state: "While it is desirable that professionals be knowledgeable of Aboriginal cultures, this criterion is inadequate to ensure that the outcome of the interaction with Aboriginal clients is culturally safe. For Ramsden, Cooney and Coup, the approach taken in cultural competence falls far short because it leaves the power of the interaction in the hands of the professional. For these writers, knowledge of Aboriginal cultures may be helpful, but it is not necessary for culturally safe interaction to take place."

"**Cultural safety** relies rather on the expectation on the parts of the non-Aboriginal professional and the Aboriginal client that it is the client who has the power to make decisions regarding their health (or other matters) and also the power to judge if the interaction has been culturally safe. Unlike training to acquire knowledge of Aboriginal culture, training under cultural safety focuses on the nature of cultural safety itself (respect, trust, sharing) and on the history of Aboriginal people that contributes to the contemporary conditions of many Aboriginal People (colonization, residential schools, etc.)."

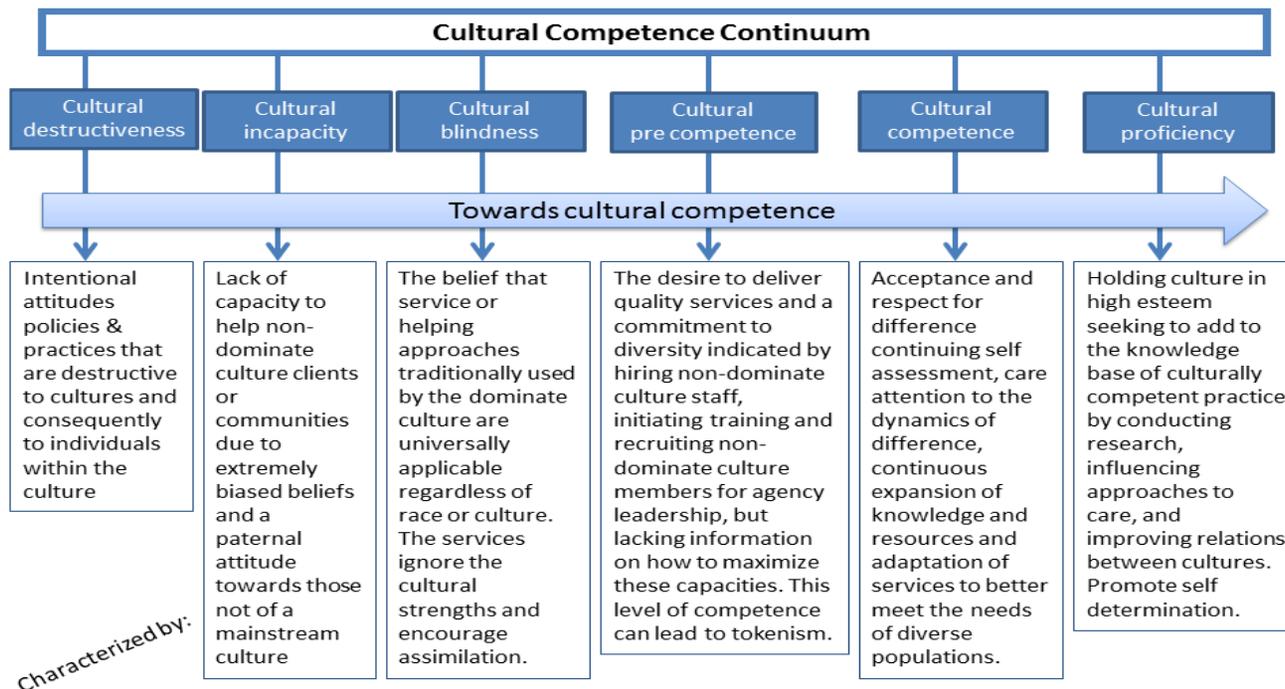
Reference:

Brascoupé & Waters, (2009). Cultural Safety Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness Brascoupé, Simon, and M. A. Catherine Waters BA. "Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness." *International Journal of Indigenous Health* 5.2 (2009): 6.

Discussion

2. How does cultural safety differ from cultural competence?
3. How does the Aboriginal Health Cultural Competence Framework apply to the issue of child neglect?
4. What are examples from your work that fit with the concepts on the cultural continuum?
5. What are some ways that public health practitioners can foster cultural safety with clients/populations? In situations of child maltreatment?

Aboriginal Health Cultural Competence Framework (2011 Yorta Yorta Nation Aboriginal Corporation, Kaiela Institute, Rumbalara Aboriginal Cooperative (http://mungabareena.com/cdn/CTHG_Directory/introduction/cc_framework_Final.pdf)



Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre-Competence	Cultural Competence	Cultural Proficiency
Exemplified by the policies that led to the Stolen Generations	Relates to the prevalence of racism and paternalism	Where there is no understanding of cross-cultural factors and misunderstandings or a belief that a mainstream service does not need to change to meet Aboriginal client's need.	Where there may be well-intentioned actions such as the employment of Aboriginal staff within the organisation but not fully understanding cultural differences and approaches.	Where there is an acceptance and respect for cultural diversity within the organisation and service delivery is reviewed and adjusted to meet the needs of different cultural groups.	Where cultural diversity is highly valued where active research takes place and where self-determination is promoted and supported.