

# Building Relationships

## Culturally Safe Dietetic Care for First Nations Peoples with Disability

### Family and Community Dynamics:

In many First Nations communities, care and support are seen as a shared responsibility within extended intergenerational family structures, where multiple family members are actively involved. The concept of disability is often not viewed as a deficit, but rather as part of the person's identity and role within the community. This strengths-based perspective values connection, responsibility, and collective care over individual diagnosis or labels.

**In many Aboriginal and/or Torres Strait Islander communities, disability is not viewed as a deficit but as a natural part of human diversity.**

It's important to involve Elders, who hold deep cultural knowledge and are respected decision-makers in health care for First Nations People. Their guidance supports culturally safe care, helps build trust, and ensures that services align with community values and traditions.

### Communication Tips

Here are some key tips for communicating effectively with First Nations People with disability in a healthcare setting:



Build trust through respectful, empathetic and patient listening with the goal of genuine relationship building.



Acknowledge identity and lived experience. Recognise the importance of Country, culture, and community. Respect the person's identity as both First Nations and as someone with disability.



Use culturally respectful language. Use plain language, visual aids and relatable examples, avoiding medical jargon. Speak clearly and check for understanding without being patronising.



Ask how your patient or client prefers to communicate. This includes checking if an interpreter, support person, or assistive device is needed. Include family or community members in discussions when appropriate, but always centre the person with disability in the conversation. Many First Nations People prefer to make decisions together with trusted family or Elders.



Respect non-verbal communication and silence. Silence may indicate thinking or discomfort, not disengagement. Follow their cues, including body language cues, for instance eye contact and how 'lack of eye contact' is something that should be followed, respected and even considered a trait of their disability.

## Practical Considerations

Providing culturally safe and accessible care means understanding the unique needs and values of First Nations individuals, families, and communities. This also includes Culturally Safe Dietetic Care for First Nations Communities with Disability:



Be flexible with scheduling appointments and cancellation policies to accommodate cultural obligations like Sorry Business or community gatherings.



Allow extra appointment time to build trust and explain health information clearly.



Create a culturally welcoming environment with Aboriginal artwork, flags, and inclusive signage.



Offer access to interpreters or trusted support people if needed.



Consider providing mobile dietetic services (e.g. home visits) and telehealth to help bridge geographic barriers and mobility challenges. This also strengthens impact and trustworthiness when services are consistent, and relationship based.



Improve communication between the multi-disciplinary team, as clients may need support and advocacy to navigate multiple providers and systems. This is particularly important as remote areas may lack integrated services.

It can also be beneficial to work with trusted local organisations, including Aboriginal Community Controlled Health Organisations (ACCHOs), to build culturally safe and consistent care pathways.

When supporting First Nations People with disability in rural or remote areas, practical considerations include:



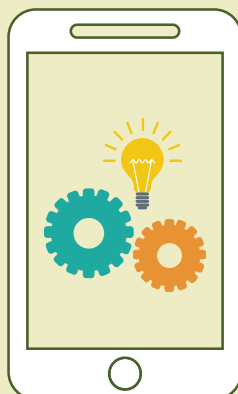
Many people face long distances and limited transport options to access services, which can delay care.



Offer and support access to telehealth as a flexible alternative, ensuring people have the technology and digital literacy to use it.



Help clients navigate multiple providers and systems, as remote areas may lack integrated services.



Bring services to the community with outreach and home visits where possible, especially for those with mobility challenges.



Work with trusted local organisations, including Aboriginal Community Controlled Health Organisations (ACCHOs), to build culturally safe and consistent care pathways.