

Inclusive Care

Supporting First Nations Peoples with Disability



Common Disabilities in Communities

Common disabilities in Aboriginal and/or Torres Strait Islander communities are often linked to social and health inequities, such as poor access to healthcare, education, and safe housing. These issues, combined with the impacts of colonisation, racism, and intergenerational trauma, contribute to higher rates of physical, cognitive, and psychosocial disabilities.



Physical

Mobility impairments, spinal injuries, hearing loss (often due to untreated ear infections) and congenital disabilities.



Psychosocial

PTSD, depression, and anxiety, often linked to intergenerational trauma.



Neurodevelopmental/ Psychosocial

ADHD (Attention-Deficit/Hyperactivity Disorder) and ASD (Autism Spectrum Disorder)



Sensory

Hearing and vision impairments, including otitis media in children.



Cognitive

Intellectual disabilities and developmental delays.

Cultural Context



Many Aboriginal and/or Torres Strait Islander People with disability may be hesitant to identify with the term "disability" due to the harm caused by the medical model and the layered experiences of discrimination. Fear of judgment or child removal can also prevent families from seeking support, highlighting the need for culturally safe, strengths-based approaches in health care.

"Disability" has no direct translation in most First Nations languages – focus instead on strengths, ability, and true inclusion.

In many First Nations communities, disability is seen through a community lens, with care and responsibility shared across family and community.



Barriers to Healthy Eating

Geographic isolation (i.e. Remote communities) may have to limited access to fresh nutritious foods.



Higher cost of fresh food in remote areas can be out of reach for First Nations Peoples affected by poverty.



Lack of clean water supply affects health sanitation.



Loss of highly nutritious traditional diets due to colonisation and environmental changes.



Low health literacy and mistrust of mainstream systems leading to miss understanding of preventative health measures.



Enablers to Healthy Eating

Individual Level

How can you, as a Dietitian, help your clients?



Include **traditional foods** and bush tucker in nutrition plans to support cultural identity, autonomy and health. Traditional foods can include kangaroo, yams, bush berries, and native seeds. Traditional foods may vary across the country therefore it is helpful to reach out to Elders for collaboration on understanding of local traditional foods.



Consider the delivery of **nutrition education**. Provide culturally safe, easy to understand and practical strategies to improve skills and confidence in healthy eating. Consider use of storytelling, yarning, and visual resources to convey health messages increasing accessibility and cultural resonance. These methods avoid medical jargon thus ensuring clients can make informed decisions and reducing the risk of miscommunication.



Respect traditional healing practices and collaborate with community healers where appropriate.

Community Level

How can you, as a Dietitian, support the community?



Community-led food programs:

Encourage participation in programs such as community gardens, bush food projects, and locally run food co-operatives empower communities and improve access to fresh produce. These programs foster food security, skill development, and community engagement.



Involvement of Elders and cultural leaders.

Elders provide essential guidance and authority in the community. Dietitians should engage in open and culturally sensitive conversations to understand the community's needs, values, and traditions (including cultural 'healers'). By working together, they can co-design health interventions that are culturally appropriate and sustainable, ensuring that solutions are appropriate and aligned with the community's strengths and resources.



Partnerships with trusted local organisations: Collaboration with National Aboriginal Community Controlled Health Organisations ensures nutrition care is culturally appropriate and community driven. Dietitians working alongside Aboriginal Health Workers or Liaison Officers can improve trust and continuity of care.