

NOTES ON TERMINOLOGY IN DOCUMENTS SUBMITTED TO THE WAAHEC

1. The WAAHEC recommends the following terminology in documents submitted for consideration:

| USE |
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| Aboriginal people |
| Aboriginal peoples |
| Aboriginal person |
| Torres Strait Islander people |
| Torres Strait Islander peoples |
| Torres Strait Islander person |
| Aboriginal and Torres Strait Islander people/s |

2. **Please note:**

- Do not use – Aborigine; Aboriginals.
- The term ‘Aboriginal’ is not inclusive of Torres Strait Islander people, and reference to both Aboriginal and Torres Strait Islander people should be explicit where necessary.
- It is acceptable to use statements such as: ‘The use of the term Aboriginal in this document is inclusive of Torres Strait Islander people/s.’
- Always capitalise the ‘A’ in ‘Aboriginal’.
- Do not abbreviate the term ‘Aboriginal’ or ‘Aboriginal and Torres Strait Islander’.
- Do not abbreviate ‘Torres Strait Islander’.
- ‘Indigenous’ is acceptable but not preferred by the WAAHEC.
- Do not use “the” before the noun ‘Aboriginal’.
- Acknowledge people/s and community/communities where possible.

3. **Please consider the following definitions of cultural safety and cultural security as outlined in the [Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait Islander Health](#) (Australian Health Ministers’ Advisory Council) in documents submitted to the WAAHEC:**

Cultural safety:

Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients’ rights. Part of this process requires health

professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns. The essential features of cultural safety are:

- a) An understanding of one's culture.
- b) An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).
- c) It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point.
- d) An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, both in the present and past.
- e) Its presence or absence is determined by the experience of the recipient of care, and not defined by the caregiver.

Cultural security:

Commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.

It is achieved by developing accessible and effective health care systems for Aboriginal and Torres Strait Islander people, based on acknowledgement of these people's right to self-determination, empowerment and health care; and as such, an understanding of, and responsiveness to, their cultural views, beliefs and knowledge systems, which play an integral role in adherence to health care services.
