



Kadadjiny Dwank

(listening, thinking and learning with your ears)

Rosemary Walley

Whadjuk Nyoongar woman



Perth

Armadale

Rockingham

Kwinana



The Kadadjiny Dwank is a qualitative study

Aims

To provide an urban Aboriginal perspective on:

- What do Aboriginal people know about ear infections?
- How do Aboriginal people manage ear infections?
- What are the barriers for Aboriginal people to accessing care for ear infections?
- What is the impact of chronic ear infections on the child and the family?





Community Research Team

- Nyoongar Researcher
- Nyoongar Facilitator
- Two Nyoongar note takers
- Nyoongar Transcriber



Study Methods – data collection

1. **Community Forums** - *Kwinana/Rockingham & Armadale*
2. **Aboriginal Community Advisory Group**
3. **Focus groups**
 - 2 in each area & first time mums
 - 6-8 people in each group
 - Drafted 8 questions *e.g. knowledge, practice, impact on child and family, changes needed to improve services/access*

Analysis of themes from focus groups to inform a semi-structured interview
4. **Face-to-face interviews**
 - 10 families – 2 people per family
 - Semi-structured questionnaires

Yarning method was used as a culturally respectful process to gain trust and respect during the life of the project.



Kadadjiny Dwank Project

First part

Letting community know who we are & what we were doing

Seeking support and guidance from community

Second part

- Sharing of knowledge of Otitis Media or middle ear disease
- Through lived experiences we explored and investigated how Otitis Media impacts on child and family
- Based on the research questions we identified barriers , consequences of OM and community solutions on addressing some of those problems



Armada Community Forum 2017

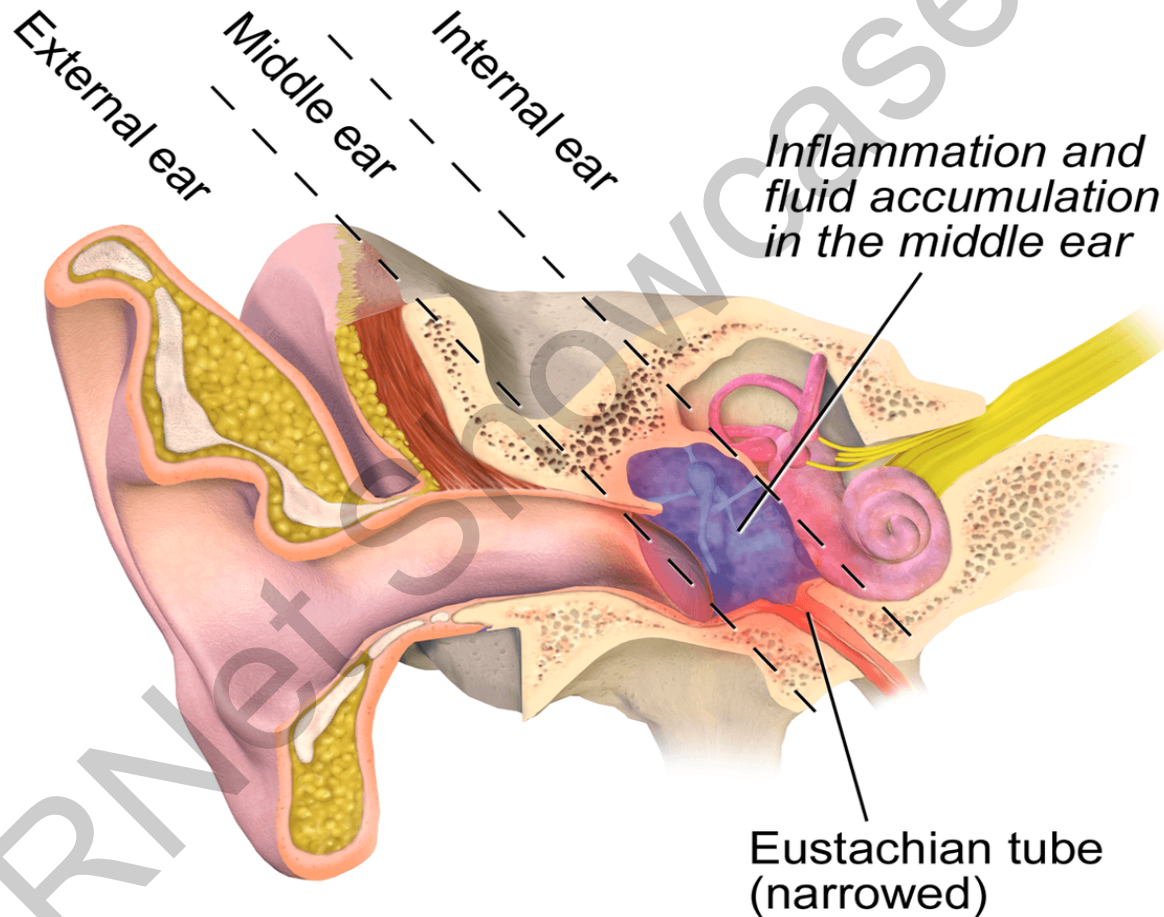


Kwinana/Rockingham Community Forum 2017



Sharing of knowledge and information

Otitis Media



Outcomes

- Community embracing and having control over the research
- Enabled two-way learning of sharing of knowledge through lived experiences of OM
- **Elders - Governance**
- **Community Advisory Committee – Guidance and support**
- **Community - was the focal point from start to finish**



Some findings...

IRNet Showcase 2020

Mother's story

I think he had it since he was a baby, I should have picked it up and his my second child, if I had him today or now I would have noticed he wasn't talking when he should have and at the development where he should have been.

He wasn't at the stage where he should have been at. Didn't go through the doctor. We only just been referred him to an ENT clinic. Giant waiting list down that area, just found out two weeks ago his deaf in one ear and wasn't told, the speech therapist actually told me and it should have been the doctor. Wasn't happy with how they treated me.

I felt like a shit mum, especially I feel like your kids falling through the cracks.



Barriers

Disappointed that the other doctors never heard my concerns and didn't do a full check-up properly. When me and mum told the last doctor our concerns that's when she checked his ears and said he got glue ears. I took him to three different doctors and surgeries the last one was better. My son got diagnosed at two. *Mum*

A lot of them come in and you can see them looking around looking to see if the house is dirty. They will ring DCP when we get back. That, that really shit's me. Mothers won't open door unless one of us blackfullas with her. *Community Aboriginal Health Practitioner.*



Key themes	Description
Racism	How they were treated; being judged; intergenerational trauma felt by past experiences of health care services; bad memories; fear
Shame	How they felt (shy, embarrassed, afraid and judged)
Stress of the child	Unable to communicate with family. Having behavioural and learning problems.
Stress of Family	The stress of family trying to cope with a child suffering from OM. Financial strain and managing appointments.
Misdiagnosis	Includes misdiagnosis within the PHC system - not identifying or misdiagnosing OM
Dysfunction of health services	Experiences of Primary Health Care Services not being available or working for people. Also systems not working together to support families. Includes Lack of cultural understanding
Community / Cultural safety	Providing a culturally safe place/environment for people to come together either as a health service or within community
Issues of communication – two-way language barriers	Primary Health Care workers not able to understand or not listening to what the mother/carers are saying/meaning or vice versa the family/carer not understanding what the Primary Health Care worker is saying
Normalisation of ear disease in community	About what to do and who to see; understanding disease and associated behaviour in children (also see section about what people know & do, see above)
Disempowerment	Participants feeling they were unable to challenge Lack of awareness of OM

Community Solutions

Ideas around how to share information around ear health

- Holding community workshops around all the elements of ear health
- More support for child and families
- Giving handouts/brochure but issue with people having to read & understand it
- Educate families – especially the importance of educating pregnant mothers so they know about early intervention
- Having baby's ears checked when getting their immunisation done
- Access to Aboriginal health workers at all times
- Outreach service delivered by Aboriginal community health workers.
- Access to speech therapists, waiting time too long.



This project required the wisdom of the Elders

The strength of our families

The spirit of our country

The courage of our ancestors

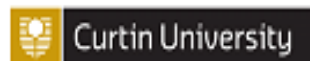
To achieve



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