**Information form for the Cultural Security Training Participants**

**Project Title:** Enhancing rehabilitation services for Aboriginal Australians after brain injury: *Healing Right Way*

**Introduction**

You are invited to take part in this research project. This is because you work with patients who have had a stroke or traumatic brain injury. The research project is testing the impact of a research-informed culturally secure intervention model for Aboriginal people with a stroke or brain injury. It is being run by Professor Elizabeth Armstrong, a researcher at Edith Cowan University. This research project is funded by the National Health and Medical Research Council in Australia.

Please read this information carefully. Ask questions about anything that you don’t understand or want to know more about. This research project has received ethical approval from Royal Perth Hospital Human Research Ethics Committee and the Western Australian Aboriginal Health Ethics Committee.

If you decide you want to take part in this research project, you will be asked to sign the consent section. You will be given a copy of this Participant Information and Consent Form to keep.

**What is the purpose of this research?**

The incidence of stroke and traumatic brain injury is significantly greater in Aboriginal Australians than in non-Aboriginal Australians. Some early work by researchers at Edith Cowan University has shown that there is little ongoing engagement after hospital discharge between Aboriginal stroke and traumatic brain injury survivors and mainstream hospital based rehabilitation services, with complex service pathways to navigate following discharge, particularly in rural areas.

Within this research, healthcare workers also commented on a lack of a) coordination and communication between health service providers b) accessible information regarding brain injury rehabilitation and c) culturally appropriate therapy resources.

This research project aims to tell us whether the introduction of Cultural Security Training to health care workers and the implementation of Aboriginal Brain Injury Coordinators:

1. improves the delivery of rehabilitation services to Aboriginal people post stroke and traumatic brain injury
2. improves overall health outcomes for Aboriginal people post stroke and traumatic brain injury
3. improves cost effectiveness of services

**What does participation in this research project involve?**

You commit to and complete **all** of the cultural security training. This involves:

* 3 hours of face to face training (either in 1 whole block or in 3 x 1 hour sessions)
* Up to 3 hours of online training

This training will be co-administered by a local cultural security trainer and a member of the research project team. A standardised training structure will be used, however the content of the face to face time will be modified at each site to align with local history, customs, language and relevant cultural practices.

Training groups will consist of up to 20 participants and include nursing, medical, allied health staff and senior staff as appropriate. The training will occur at each site every 6 months. You will only need to complete the above training once.

At completion of the above training will you will be required to give feedback via a questionnaire and survey.

It is very important that all participants commit to and complete all of the training outlined above. This will allow reliable information to be collected as well as allow the research team to reliably determine whether or not the cultural security training program helped to improve the delivery of rehabilitation services to Aboriginal people post stroke and traumatic brain injury.

Please note you will not be paid for taking part in this research project.

**Other relevant information about the research project**

This research project will be undertaken across 8 healthcare sites in WA (involving 4 metropolitan hospitals- Royal Perth, St John of God Midland, Sir Charles Gairdner and Fiona Stanley, and 4 regional hospitals – Kalgoorlie, Port Hedland, Geraldton and Broome).

**Participation is Voluntary**

Participation in this research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without penalty.

**What are the possible benefits of taking part?**

We cannot guarantee or promise that participation in this project will result in any benefit to you although it may increase your, and your colleagues’ expertise in culturally secure healthcare. Other possible benefits may include improved access to culturally appropriate rehabilitation services and resources for Aboriginal Australians, improved communication between hospital staff and Aboriginal patients and their families, and better transitions for Aboriginal patients on leaving hospital.

**What are the possible risks and disadvantages of taking part?**

We are not aware of any risks associated with being involved in this project.

**What will happen to information about me?**

Any information obtained in connection with this research project that can identify you will remain confidential. At the outset, you will be given a study identification number which will be used instead of your name. For the study, all information collected will be maintained in a locked secure database for a period of seven years after the completion of the study and will be accessible to the researchers only.

By signing the Consent Form, you authorise release of, or access to, information you have provided to the study, and this information will only be accessed by the research team.

It is anticipated that the results of this research project will be published and/or presented in a variety of meetings, seminars or conferences. In any publication and/or presentation, information will be provided in such a way that you cannot be identified.

By law, you have the right to request access to your information collected and stored by the research team. Contact the study team member named on page 4 if you would like to access your information.

**Further information and who to contact:**

If you want any further information concerning this project or if you have any problems or questions, you can contact the researchers.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone |  |

**For questions or complaints relating to this project you can contact:**

East Metropolitan Health Service
Research Ethics and Governance Unit
Level 3, Colonial House
Royal Perth Hospital
Wellington Street, PERTH WA 6000
**Email:** EMHS.REG@health.wa.gov.au  **Phone:** (08) 9224 2260

**Consent Form - Cultural Security Training Participant**

**Project Title:** Enhancing rehabilitation services for Aboriginal Australians after brain injury

**Declaration by Participant - Cultural Security Training Participant**

* I am over 18 years of age
* I understand what the project involves.
* I agree to take part in this project as described.
* I understand that my information will remain confidential.
* I understand that I am free to withdraw them at any time during the project.
* I have had an opportunity to ask questions and I am satisfied with the answers I have been given.
* I understand that I will be given a signed copy of this document to keep.

**Name of participant** (please print)

**Signature** **Date**

**Declaration by Senior Researcher**†

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

**Name of Senior Researcher** (please print)

**Signature Date**

† A senior member of the research team must provide the explanation of and information concerning the research project.

Note: All parties signing the consent section must date their own signature.

**Form for Withdrawal of Participation**

**Cultural Security Training Participant**

**Project Title:** Enhancing rehabilitation services for Aboriginal Australians after brain injury

**Declaration by Participant - Cultural Security Training Participant**

* I wish to withdraw from participation in the above research.

**I do / do not consent** (circle whichever applies) to the researchers use of information already collected about me.

**Name of participant** (please print)

**Signature** **Date**

In the event that the participant’s decision to withdraw is communicated verbally, the Senior Researcher will need to provide a description of the circumstances below.

**Declaration by Senior Researcher**†

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

**Name of Senior Researcher** (please print)

**Signature Date**

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the interview part of the project

Note: All parties signing the consent section must date their own signature.