From Symbols to Systems

Strengthening Aboriginal and Torres Strait Islander cultural security in mainstream organisations

Inner North West
PRIMARY CARE PARTNERSHIP

Prepared by Maria Dugan, Liz Phillips, Colin Mitchell, Leanne Brooke, Cathy Austin, Shona Stewart, Ron Briggs, Nicole Bloomfield, Joanne Atkinson, Tracey Evans, and Don Stewart.

November 2017

Suggested Citation: Inner North West Primary Care Partnership and The Long Walk (2017) From Symbols to Systems: Strengthening Aboriginal and Torres Strait Islander cultural security in mainstream organisations.

Inner North West Primary Care Partnership acknowledges the support of the Victorian Government.

Acknowledgements

In March 2017, a Working in Two Worlds forum was held on the land of the Wurundjeri people of the Kulin Nation. We thank Kellie Hunter of the Gunung Willam Balluk clan for her warm Welcome to Country and informative reflections on managing cultural safety in the workplace.

We are extremely grateful to the sixty people who generously shared their knowledge and experience at the forum. Participants shared personal thoughts, concerns and ideas on how mainstream health and community service sector work impacts them and how employers can more effectively support Aboriginal and Torres Strait Islander workers. We also thank the people who contributed to this report and cultural security framework, but were unable to attend the forum.

We greatly appreciated the support of staff from the Bouverie Centre, La Trobe University, who participated in the forum and were on hand to provide counselling and support if required.

We thank Uncle Richard Frankland for setting the scene with a fantastic keynote address on cultural identity and cultural load.

We thank Karen Milward for facilitating the forum, keeping us to the agenda, and giving a fantastic summary of the discussion group issues at the end of the day.

We acknowledge the support and guidance of the Working in Two Worlds forum Working Group. Its members provided guidance in the lead-up to the forum and during preparation of this report and framework which we hope accurately reflects and interprets their advice.

The Working in Two Worlds forum was convened by The Long Walk and the Inner North West Primary Care Partnership (INW PCP). The Long Walk provided cultural and policy advice and networking and logistical support for the Working in Two Worlds forum and guidance during the preparation of this report. The Working in Two Worlds forum was funded by the North and West Metropolitan Region Koolin Balit Consortium, of which INW PCP was a partner. INW PCP funded the preparation of this report.

The Working Group

The Working in Two Worlds INW PCP Koolin Balit Wellbeing Partnership Working Group members were Maria Dugan, Liz Phillips, Colin Mitchell, Leanne Brooke, Cathy Austin, Shona Stewart, Ron Briggs, Nicole Bloomfield, Joanne Atkinson, Tracey Evans and Don Stewart.

Contents

Acknowledgements	3
Foreword	5
About the Long Walk	8
About Inner North West PCP	8
Terms used in this resource	9
Introduction	13
Figure 1. Principles for strengthening cultural security in mainstream organisations	14
Section 1: Policy frameworks, agreements and plans	16
Cultural safety and cultural security	23
Figure 2. The relationship between cultural safety, cultural security and self-determination	25
Section 2: Cultural security templates	27
Using the cultural security action areas in this resource	27
Cultural security template for service organisations	30
Cultural security template for departments and service-commissioning agencies	37
Case Study 1. Marrabinya model of care	42
Case study 2. Women's Health West Reconciliation Action Plan	43
Appendix 1	47

Foreword

This report has been prepared to help mainstream health, community and justice service organisations become more accessible, culturally safe and appropriate for Aboriginal and Torres Strait Islander people. Prepared mainly for Victorian mainstream health, community services and justice organisations, the strategies, actions and outcome indicators in Section 2 of this report reflect current best practice in Victoria and in other Australian jurisdictions. They also reflect advice received from Aboriginal and Torres Strait Islander people working in mainstream organisations in Victoria, who were consulted during preparation of this report.

The importance of effective partnerships between Aboriginal and mainstream[1] organisations for the delivery of effective, efficient and equitable health, community and justice services to Aboriginal and Torres Strait islander people cannot be overstated. Recognising this, governments at all levels have made significant investments in an effort to make mainstream health, community and justice services systems more accessible, culturally safe and appropriate for Aboriginal and Torres Strait Islander people. There has also been significant investment in training to improve the cultural responsiveness of government departments and mainstream organisations and the cultural awareness of the non-Indigenous people working in them.

In spite of improvements in cultural responsiveness gained through these and other actions, Aboriginal and Torres Strait Islander people working in mainstream organisations in metropolitan Melbourne indicated that they are still regularly exposed to culturally based hazards. They reported these hazards impact their personal health and wellbeing and undermine their ability to support Aboriginal and Torres Strait Islander clients. By undermining cultural safety, culturally based hazards create barriers to people accessing services, which in turn adversely impacts a client's health and wellbeing and, more broadly, undermine Closing the Gap targets and outcomes.[2,3] These and other aspects of employment in mainstream organisations were discussed by Aboriginal and Torres Strait Islander people at a Working in Two Worlds forum convened in Melbourne in March 2017. Drawing on the outcomes of the forum and current policy frameworks, this resource offers cultural security templates to guide mainstream service delivery organisations, government departments and service-commissioning agencies seeking to address culturally based hazards and improve cultural security.

Cultural awareness training and other actions addressing individual employee behaviours and attitudes cannot alone address the systemic nature of culturally based workplace hazards. Noting this, some Australian governments, and Aboriginal and Torres Strait Islander peak bodies, researchers and organisations have developed Aboriginal and Torres Strait Islander cultural security standards, policies and implementation frameworks. Based on continuous quality improvement, these encourage mainstream organisations to systematically identify culturally based hazards and

[1] A service or organisation that is not an Aboriginal Community Controlled Organisation is often referred to as a 'mainstream' organisation.
[2] *Racism in Australia's health system*, Australian Indigenous Doctors Association (AIDA) Policy Statement, 2016.
[3] *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*, Department of Health, 2012.

proactively involve Aboriginal and Torres Strait Islander employees and service users when removing those hazards from work processes. They also emphasise the critical importance of executive leadership, engagement with local communities and other key stakeholders, supportive environments, participatory planning and ongoing performance monitoring and evaluation. Their performance-based, continuous quality improvement approach, shares many underlying risk management principles with best-practice approaches used to improve occupational health and safety outcomes.

The *Cultural security templates* in section 2 of this report offer practical guidance based on Victoria's *Human Services Standards Evidence Guide*[4], the Northern Territory *Aboriginal Cultural Security Framework 2016–26*[5], and the National Aboriginal and Torres Strait Islander Health Worker Association *Cultural Safety Framework*[6]and other standards, policies and frameworks deemed to foster successful management of culturally based hazards and improve Aboriginal and Torres Strait Islander cultural security in mainstream organisations.

The templates can be used to:

- evaluate cultural responsiveness and guide change which can lead to more effective service delivery and enhance client perceptions of cultural safety
- monitor and evaluate organisational, clinical and administrative practice against in-house cultural security protocols, strategies and outcomes.
- advocate for Aboriginal and Torres Strait Islander voices to be heard more in organisational planning, policy development, and service delivery and other day-to-day activities.
- create opportunities for new knowledge gained through cultural awareness training to be applied consistently throughout an organisation, and support mainstream employers to realise the potential of non-Indigenous staff working with Aboriginal and Torres Strait Islander clients.

The *Cultural security templates for Government Departments and service-commissioning agencies* identify complementary actions relevant to those agencies.

As no two organisations are the same, the templates do not offer a single 'magic formula' for a successful cultural security program. Rather, the templates should be used in conjunction with Aboriginal Employment Strategies, Reconciliation Action Plans and other internal policies. They also need to be used with what are now almost universally accepted core principles of Aboriginal and Torres Strait Islander health and community services delivery. These include:

[4] *Victorian Human Services Standards Evidence Guide*, Department of Health and Human Services, Victoria, September 2015.
[5] *Aboriginal Cultural Security Framework 2016-26*, Northern Territory Health, 2016.
[6] *Cultural Safety Framework*, National Aboriginal and Torres Strait Islander Health Workers Association, 2016.

- Aboriginal and Torres Strait Islander health is: "*not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life*".[7]
- Aboriginal Community Controlled Organisations have a critical role in the delivery of primary healthcare and community services to Aboriginal and Torres Strait Islander people.
- Despite the increased focus on cultural responsiveness, some mainstream health and other community services are still not accessible or user-friendly for Aboriginal and Torres Strait Islander people due to interpersonal and institutional racism.
- Aboriginal and Torres Strait Islander employees, families and communities play a critical role in the design and delivery of mainstream services to Aboriginal and Torres Strait Islander people.
- More Aboriginal and Torres Strait Islander people need to be employed in front-line and executive roles in mainstream organisations.
- Aboriginal and Torres Strait Islander participation on mainstream Boards of Management and other advisory and governance groups need to increase.
- Aboriginal and Torres Strait Islander clients and their families and communities need to have a greater say in the design and delivery of health, community, justice and other services.

[7] National Aboriginal Community Controlled Health Organisation, NACCHO constitution: Definitions, p. 5.

About The Long Walk

The Long Walk is a charity formed by AFL champion Michael Long in 2004 following his trek from Melbourne to Parliament House Canberra in 2004. The trek was to highlight inequalities between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. The Long Walk Trust also raises awareness to improve and support Aboriginal and Torres Strait Islander health and wellbeing.

Our purpose

"Promote, develop and empower Australia's First Nation's people, the oldest living culture on Earth."

Wellbeing

Our activities address proven determinants of Aboriginal and Torres Strait Islander wellbeing by:

- breaking down ignorance and subsequent racism and encouraging social cohesion
- building pride and cultural resilience
- celebrating and promoting Aboriginal and Torres Strait Islander people and cultures
- developing leadership.

The Long Walk seeks to respect, value and promote Aboriginal and Torres Strait Islander people, histories and cultures and actively works to initiate and activate strong, cooperative working relationships with other organisations, businesses and government agencies. The Long Walk works in partnership with numerous organisations and government agencies, yet remains independent and apolitical. It is committed to ongoing learning, self-evaluation and development and to success through identification of clear goals and achieving results. For more information on The Long Walk see http://www.thelongwalk.com.au/.

About INW PCP

The Inner North West Primary Care Partnership (INW PCP) is one of 28 Primary Care Partnerships across Victoria funded by the Victorian Department of Health and Human Services. INW PCP is committed to engaging with and supporting local organisations and other partners to deliver better and more effective health and community services to Aboriginal and Torres Strait Islander people. In 2014, INW PCP and three other metropolitan Melbourne PCPs received Victorian Government funding to commence a North and Western Metropolitan Region (NWMR) Koolin Balit Consortium Project. The project researched the extent to which health services within the catchment met the needs of Aboriginal and Torres Strait Islander people. It aimed to support service providers by providing resources and tools to promote the delivery of culturally informed and responsive services to the Aboriginal community, develop workforce capacity, and employ and retain Aboriginal staff. The NWMR *Building Blocks to Organisational Cultural Responsiveness* Toolkit[8] was developed in consultation with Aboriginal and Torres Strait Islander people and mainstream services. The Working in Two Worlds forum was funded by the Consortium.

[8] See http://inwpcp.org.au/toolkit-main-page/

Terms used in this resource

Readers will note that publications cited in this resource use terms like *cultural competency*, *cultural safety*, *cultural respect*, *cultural awareness*, *cultural responsiveness*, *cultural sensitivity* and *cultural security* in various ways. As Indigenous Allied Health Australia notes:

> *Cultural competency, cultural safety, cultural respect, cultural awareness, and cultural sensitivity are all terms that have been used (often interchangeably) to describe the training and/or attributes required to effectively engage with Aboriginal and Torres Strait Islander peoples. Irrespective of the term used, qualifications attained, training completed or our life experiences, the key concern for the person, family or community at the centre of care is how we respond to each particular encounter. We must demonstrate our ability to respond appropriately and 'walk the talk'. In the context of holistic and person centred therapeutic relationships with Aboriginal and Torres Strait Islander peoples, we must be culturally responsive.*[9]

The definitions below indicate how terms are used in this resource along with the source of some of the terms.

Aboriginal and Torres Strait Islander people	In recognition that many Torres Strait Islander people prefer to be identified as a separate people, this document uses the term *Aboriginal and Torres Strait Islander people* rather than *Aboriginal* people. This term acknowledges Aboriginal and Torres Strait Islander peoples as the first peoples, original custodians and current Traditional Owners of Australia and recognises the great diversity of Aboriginal nations within Australia. It recognises that Aboriginal and Torres Strait Islander people have a great diversity of cultures, histories and values.
Aboriginal health	The National Aboriginal Community Controlled Health Organisation Constitution defines Aboriginal Health as *"not just the physical well-being of an individual but … the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life"*.[10] The Northern Territory Health Cultural Security Framework 2016–2611 describes Aboriginal health as: "a state of complete physical, mental and social wellbeing is recognised as both a fundamental human right and an important worldwide social goal…… In addition, health and wellbeing for Aboriginal people is often linked to spirituality, connection with land and the harmony of interrelating factors. Health for Aboriginal people is also about determining all aspects of one's life, including control over physical environment, of community self-esteem, of dignity, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity".

[9] *Cultural responsiveness in action: An IAHA Framework*, Indigenous Allied Health Australia, 2015, p. 7.
[10] National Aboriginal Community Controlled Health Organisation, NACCHO Constitution: Definitions, p. 5.
[11] *Aboriginal Cultural Security Framework 2016-2026*. Northern Territory Health, 2016, p. 6

Clients	In this resource, clients refers to people receiving care and support from health and community services and justice agencies.
Culture	The Victorian Commissioner for Aboriginal Children and Young People described culture as: "For Aboriginal and Torres Strait Islander people, culture is about family networks, Elders and ancestors. It's about relationships, languages, dance, ceremony and heritage. Culture is about spiritual connection to our lands and waters. It is the way we pass on stories and knowledge to our babies and children; it is how we greet each other and look for connection. It is about all the parts that bind us together".12
Cultural awareness	This demonstrates a basic understanding of relevant cultural issues or practices at the individual level. Workplace cultural awareness training is oriented towards changing individual behaviours and attitudes to other people in the workplace and clients.
Cultural competency	Cultural competence is usually described as behaviours, attitudes and policies that enable a system, agency or professionals to work effectively in cross-cultural situations. Usage of this term in the context of Aboriginal and Torres Strait Islander health and wellbeing is diminishing, however, due to an "absence of a coherent approach to its inclusion or teaching and a lack of national standards for the provision of culturally competent health service".13
Cultural respect	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected.14
Cultural responsive-ness	Cultural responsiveness describes the capacity to respond to service needs and to provide client-centred care (taking into account cultural, linguistic, spiritual and socio-economic background). It requires knowledge and capacity to develop systemic, organisational, professional and individual responses. The term is often used to refer to services that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse client populations and communities. It requires knowledge and capacity at different levels of intervention: government, systemic, organisational, professional and individual.15 As Indigenous Allied Health Australia Cultural notes, cultural responsiveness:

[12] A. Jackomos, International Human Rights Day Oration: Linking our past to our future: How cultural rights can help shape identity and build resilience in Koori kids, *Indigenous Law Bulletin,* Volume 8, Issue 17, 2015, p. 20.
[13] *Cultural competency in the delivery of health services for Indigenous people*, Closing the Gap Clearinghouse Issues paper no. 13, Australian Institute of Health and Welfare, 2015.
[14] See for example National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA), *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*, 2016.
[15] *Cultural Responsiveness Framework Guidelines for Victorian Health Services*, Victorian Department of Health, 2009.

	• *holds culture as central to Aboriginal and Torres Strait Islander health and wellbeing* • *involves ongoing reflective practice and life-long learning* • *is relationship focused* • *is person and community centred* • *appreciates diversity between groups, families and communities* • *requires access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures.*[16]
Cultural safety	Cultural safety is defined by a person's personal service experience. Cultural safety is not defined by service providers or by the professional and other staff working for them. A culturally safe environment is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of identity, of who people are, and what they need. In a health setting, it is defined by the health consumer's experience of the care given, and by their ability to access services and to raise concerns.[17] Cultural safety is an outcome of cultural security.
Cultural security	Cultural security is used in this report as a shorthand term for Aboriginal and Torres Strait Islander cultural security. Cultural security is a prerequisite for cultural safety. A culturally secure working environment reflects commitment to the principle that the design and delivery of services offered by an organisation will not compromise the cultural rights, values and expectations of the Aboriginal and Torres Strait Islander people working in that workplace. Cultural security is achieved by developing accessible and effective systems based on acknowledgement of the right to self-determination and empowerment of the Aboriginal and Torres Strait Islander people working in the service organisation.[18] Cultural security can increase Aboriginal people's access to health care, increase the effectiveness of care that is received and reduce disparities in health and wellbeing outcomes. Cultural security is also a way for individuals and systems to work together to support the self-determination, rights and participation of Aboriginal people. Cultural security underpins achievement of better health outcomes for Aboriginal people.[19]
Equity	Equity aims to address unequal health and other socially determined factors that Aboriginal and Torres Strait Islander people experience. It requires consideration of need, and how/where services and resources are provided and distributed and of the way in which those services and resources are provided.
Framework	A set of principles and long-term goals that form the basis of guidelines and overall direction to planning and development.

[16] *Cultural Responsiveness in Action: An IAHA Framework*, Indigenous Allied Health Australia, 2015, p. 7.
[17] R. Williams, Cultural safety: What does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 2008, 23(2): 213-214,
[18] *WA Health Aboriginal Cultural Respect – Implementation Framework*, Western Australia Department of Health, 2005, p. 3, cited in the *Aboriginal Cultural Security Framework 2016–2026*, *Northern Territory Health,* 2016.
[19] *Northern Territory Health Aboriginal Cultural Security Framework 2016-2026*, 2016.

Self-determination	The Victorian Government is committed to self-determination as the guiding principle in Aboriginal policy.[20]Self-determination is vital for improving Aboriginal people's health and wellbeing. It involves Aboriginal Victorians making their own decisions on matters such as governance, natural resource management, economic development, health care and social service provision. It is about empowering Aboriginal communities and creating a new relationship between the Aboriginal community, government and the wider Victorian community to achieve long-term generational change and improved outcomes. Treaty talks are part of the Victorian Government's broader commitment to self-determination[21].

[20] Korin Korin Balit-Djak. Aboriginal health, wellbeing and safety strategic plan 2017-2027. State of Victoria, Australia, Department of Health and Human Services, August 2017.
[21] http://www.vic.gov.au/aboriginalvictoria/policy/self-determination.html

Introduction

Aboriginal and Torres Strait Islander people working in mainstream community liaison and clinical roles are major gatekeepers for the mainstream health, community service and justice systems. They influence service access, equity and effectiveness. Their unique skills, knowledge, and experience are critical to the delivery of high-quality, culturally responsive, support to Aboriginal and Torres Strait Islander communities. Their interventions influence whether Aboriginal and Torres Strait Islander community members, many of whom see mainstream services as untrustworthy and potentially threatening,[22] will access and make effective use of those services. In short, their role is pivotal to achieving national Closing the Gap outcomes.

These front-line roles are complex and demanding and the essential link between an Aboriginal or Torres Strait Islander client and their family and a mainstream service. They are often '24/7' in the sense that the worker is regularly consulted outside of work hours, during weekends, at community and sporting events. Their support and intervention influence client decisions about whether to seek out a health service in a timely way, accept or reject treatment, or to continue with treatment and follow-up regimes. They link Aboriginal and Torres Strait Islander clients and their families to Aboriginal community-provided clinical, social and cultural support and other essential services. Their interventions also shape client assessments of the quality of care provided by a mainstream organisation. They directly influence the degree of trust clients have in other staff working in a service and of the health, community and justice systems in general.[23] [24]

Aboriginal and Torres Strait Islander people also advise that even though mainstream roles can be highly rewarding, accepting employment in mainstream organisations can expose them to risks to their personal health and wellbeing which may impact in ways similar to workplace bullying, sexism, racism and other health and safety hazards. Mainstream employment is also described as highly stressful and mainstream workplaces as culturally unsafe, disempowering, socially isolating and culturally conflicting. In spite of the adverse impacts of culturally based hazards, Aboriginal and Torres Strait Islander people are still highly motivated to work in these often demanding front-line mainstream roles through the need to improve health and wellbeing outcomes in their community.

Sixty Aboriginal and Torres Strait Islander people discussed these and other aspects of working in mainstream roles at a Working in Two Worlds forum in Melbourne in March 2017. The Working in Two Worlds forum created a culturally safe space for people to discuss and reflect on the characteristics of culturally safe workplaces, on cultural safety risk management and on improving mainstream employment experiences. The participants also advised that workplace systems approaches that place culturally informed values at the centre of health and community services delivery improve both their own employment experience and the health and wellbeing outcomes of Aboriginal and Torres Strait Islander clients.

[22] *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*, Department of Health, 2012, p. 61.
[23] *ibid*.
[24] *Northern Territory Health Aboriginal Cultural Security Framework 2016-2026*, 2016.

The participants advised that Cultural awareness training (which focuses on modifying individual behaviours and attitudes), cannot on its own create culturally secure work and service delivery environments. The Working in Two Worlds participants also identified the need for complementary changes in related health, community services and justice sector program funding and commissioning policies. The Working in Two Worlds participants identified key principles for strengthening Aboriginal and Torres Strait Islander cultural security (hereafter referred to as cultural security) in mainstream organisations which help support organisations to positively impact Closing the Gap outcomes. See Figure 1.

Figure 1. Principles for strengthening cultural security in mainstream organisations

- Acknowledge the ongoing impacts of colonisation on Aboriginal and Torres Strait Islander people.
- Acknowledge Aboriginal and Torres Strait Islander people's right to self-determination, as a core principle of guiding change for more effective service delivery, workforce development and community engagement.
- Encourage understanding of and responsiveness to the cultural views, beliefs and knowledge systems of the Aboriginal and Torres Strait Islander people working in your organisation and using its services.
- Create effective partnerships with Aboriginal Community Controlled Organisations.
- Address structural barriers to recruitment of Aboriginal and Torres Strait Islander employees and to their career development.
- Create opportunities for new knowledge gained through cultural awareness training; this would focus on changing individual attitudes and behaviours of non-Indigenous staff across an organisation to realise more of the potential of your non-Indigenous staff working with Aboriginal and Torres Strait Islander clients.
- Mandate accountability through more effective, systematic, monitoring and evaluation of the cultural responsiveness of your organisation's systems, strategies and programs and clinical and administrative practices.
- Pro-actively create opportunities for Aboriginal and Torres Strait Islander voices to be heard in organisational planning, policy development, service delivery and other day-to-day activities.
- Improve understanding of client perceptions of the cultural safety of your service or organisation.

Section One of this document cites reports and frameworks of the National Association of Aboriginal and Torres Strait Islander Health Workers, the Australian Human Rights Commission, the Council of Australian Governments (COAG) and national, state and territory governments, all of which advocate strongly for improving cultural security in mainstream organisations. Drawing on these and other sources and the advice of the Working in Two Worlds forum participants, this resource, *From Symbols to Systems*: *A framework for strengthening Aboriginal and Torres Strait Islander cultural security in mainstream organisations*, presents priority action areas that are widely recognised as fostering organisation-wide protocols and strategies that place culturally informed values at the centre of service development and delivery. The domains, presented in an action template in Section Two of this resource, enable mainstream organisations to support their Aboriginal and Torres Strait Islander staff more effectively and to provide services which better meet the needs of Aboriginal and Torres Strait Islander people. The action template in Section Two of this resource should be used in conjunction with other resources in the NWMR *Building blocks of cultural responsiveness* toolkit: http://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/

Section 1. Policy frameworks, agreements and plans

National and state policy frameworks, agreements and plans consistently identify health, community services and justice systems that are culturally responsive and free from racism as fundamental to improving Aboriginal and Torres Strait Islander people's health and wellbeing. In Victoria, the government has declared that self-determination, which involves Aboriginal Victorians making their own decisions on governance, natural resource management, economic development, health care and social service provision, is its guiding principle in Aboriginal policy and vital for improving Aboriginal people's health and wellbeing and achieving long-term generational change with improved outcomes[25]. The current treaty talks are part of the Victorian Government's commitment to self-determination.[26]

The *Victorian Government Aboriginal Inclusion Framework*[27] acknowledges that many Aboriginal people, families and communities experience exclusion as the complex and enduring legacy of previous government approaches and policies. It also acknowledges that respect for Aboriginal culture, values and practices, and addressing racism and ignorance are at the heart of successful engagement with Aboriginal people. It mandates development of inclusive, consistent and accessible services to Aboriginal people by all government departments and their funded service providers.

Reflecting these principles, Victoria's recently released *Korin Korin Balit-Djak, Aboriginal health, wellbeing and safety plan 2017-2027*[28] was developed following an extensive community consultation process with Aboriginal communities across the state. The principle and approach of self-determination is at the heart of this plan, which commits the government to achieving the best health, wellbeing and safety for Aboriginal Victorians. The plan applies a cultural determinants approach to improve the social determinants of health, wellbeing and safety.

The Victorian Auditor General's Report into *Accessibility of Mainstream Services for Aboriginal Victorians* in 2014[29] identified a lack of culturally safe services as one the main barriers for Aboriginal Victorians accessing mainstream services, and that the cultural responsiveness of mainstream health and human service providers is critical to ensuring that Aboriginal people receive respectful, high-quality care with greater access and choice. *Korin Korin Balit-Djak* proposes to monitor, evaluate and support mainstream services, in partnership with Aboriginal organisations, to increase their cultural capacity and responsiveness to address, and ultimately eliminate, systemic racism within the Victorian health and human service sectors.

[25] Korin Korin Balit-Djak. Aboriginal health, wellbeing and safety strategic plan 2017-2027. State of Victoria, Australia, Department of Health and Human Services, August 2017.

[26] http://www.vic.gov.au/aboriginalvictoria/policy/self-determination.html

[27] *Victorian Government Aboriginal Inclusion Framework*, Department of Planning and Community Development, 2011.

[28] Korin Korin Balit-Djak. Aboriginal health, wellbeing and safety strategic plan 2017-2027. State of Victoria, Australia, Department of Health and Human Services, August 2017.

[29] Victorian Auditor-General's Office (2014) *Accessibility of Mainstream Services for Aboriginal Victorians May 2014*

In doing so it builds on the *Koolin Balit Aboriginal Health Framework 2012–2022*, which specified that organisations need to proactively adopt processes and systems which embed cultural responsiveness in everyday behaviour. Cultural awareness it stated:

> *is only a first step. What matters is how organisations and individuals within each organisation behave as a result of that awareness. Organisations need to put processes and systems in place if they are to achieve cultural change and to embed it in everyday behaviour. Cultural awareness and sensitivity are building blocks.*[30]

The *Victorian Cultural Responsiveness Framework: Guidelines for Victorian Health Services*[31] provides minimum standards and measures for human services across four cultural responsiveness quality and safety domains: organisational effectiveness, risk management, consumer participation and effective workforces. Victoria's *Human Services Standards Evidence Guide* embeds and promotes rights for Aboriginal and Torres Strait Islander people accessing services and the right to provide meaningful feedback about services they require and the quality of services they receive. It states:

> *Effective cultural competency must be built at the governance, program and practice levels. It needs to be embedded throughout the organisational work culture. While individuals who work in a culturally competent way should be commended, this is not sufficient by itself. Cultural competence is a widely shared commitment, reflected in all aspects of corporate business, policy development, program management and service delivery.*[32]

At the national level, in 2007, the Council of Australian Governments (COAG) committed to closing the gap in life expectancy between Aboriginal people and non-Aboriginal people within a generation. The commitment recognised the need for full participation of Aboriginal and Torres Strait Islander people in their health and wellbeing and for health systems that respect and promote the rights of Aboriginal people.

COAG Closing the Gap targets are operationalised in the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.[33] The vision for this plan is for an Australian health system free of racism and inequality and in which all Aboriginal and Torres Strait Islander people have access to effective, high-quality, appropriate and affordable health services.[34] Key enablers for its goal for a culturally respectful and non-discriminatory health system and for all health care, whether government, community or private, to be free of racism are:

- Implement the National Anti-Racism Strategy 2010–2020.
- Significantly improve the cultural and language competency of health services and healthcare providers.
- Identify, promote and build on good practice initiatives to prevent and reduce systemic racism.[35]

[30] *Victorian Government strategic directions for Aboriginal Health* 2012–22, p. 60.
[31] *Victorian Cultural Responsiveness Framework: Guidelines for Victorian Health Service*s, Depart. of Health, Victoria, 2009.
[32] *Victorian Human Services Standards Evidence Guide*, Department of Health and Human Services, Victoria, September, 2015, p. 56.
[33] *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Commonwealth of Australia, 2013.
[34] *ibid.* p. 7
[35] *ibid.* p. 15

The Australian Health Ministers' Advisory Council's *Aboriginal and Torres Strait Islander Health Performance Framework,*[36] which monitors progress in Aboriginal and Torres Strait Islander health outcomes against the COAG Closing the Gap targets, confirms the critical role of Aboriginal and Torres Strait Islander health workers and cultural responsiveness in mainstream health system performance and identifies outcomes performance indicators for three organisational cultural responsiveness 'core competency' domains:

Core competency 1. *Organisational cultural responsiveness*:
Recruit and support Aboriginal and Torres Strait Islander people in health professions and into leadership positions within healthcare systems, community engagement in planning and decision-making and development of non-Indigenous staff.

Core competency 2. *Systemic cultural responsiveness*:
Eliminate systemic and institutional barriers to Aboriginal and Torres Strait Islander peoples accessing care including, for example, language barriers, trust, client dissatisfaction and poor understanding of treatment.

Core competency 3. *Clinical/professional/individual cultural responsiveness*:
Improve the cultural knowledge, skills and behaviours of individuals working in the health system, including clinical and administrative staff, to help clients navigate the health system and become a more active partner in the healthcare encounter.[37]

The *National Safety and Quality Health Service (NSQHS) Standards,*[38] developed by the Australian Commission on Safety and Quality in Health Care, recommends ten nationally consistent and uniform measures of safety and quality for application across healthcare services to address gaps between current and best-practice outcomes. Of most relevance to this report and framework are *Standard 1: Governance for safety and quality in health service organisations*, which describes quality framework elements for health service organisations implementing safe systems and *Standard 2: Partnering with clients*, which describes systems and strategies to create a consumer-centred health system by including clients in the development and design of quality health care.

The Commission has recently launched a series of resources to support health service organisations to implement and prepare for assessment to the second edition of the NSQHS Standards which includes six guides to assist health service organisations improve care for Aboriginal and Torres Strait Islander consumers[39]. The guides are linked to the NSQHS Standards (first edition) and have also been aligned to the Aboriginal and Torres Strait Islander people-specific actions in version two of the NSQHS Standards.

[36] *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report,* Australian Health Ministers' Advisory Council (AHMAC), Canberra, 2015, p. 142.
[37] *ibid*. p. 143.
[38] *National Safety and Quality Health Service Standards*, Australian Commission on Safety and Quality in Health Care, 2012.
[39] https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/improving-care-for-aboriginal-and-torres-strait-islander-people/

The *National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*, prepared for the Australian Health Ministers' Advisory Council by the National Aboriginal and Torres Strait Islander Health Standing Committee, commits the Australian Government and all states and territories to embedding cultural respect principles in health systems policy and legislation; organisational governance and operating systems; and planning and delivery of services. It is intended to guide and underpin delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander people to contribute towards achieving the COAG Closing the Gap targets.[40] The framework advises that cultural respect is achieved when the health system is accessible and responsive and when a safe environment for Aboriginal and Torres Strait Islander people is created, where cultural values, strengths and differences are respected. It is recommended for use in government and primary healthcare settings to guide strategies to improve culturally respectful services. The framework has six action domains:

1. Whole-of-organisation approach and commitment
2. Communication
3. Workforce development and training
4. Consumer participation and engagement
5. Stakeholder partnerships and collaboration
6. Data, planning, research and evaluation.

The *Australian Safety and Quality Framework for Health Care 2010*,[41] presenting a vision for safe and high-quality care for all Australians, specifies that care needs to be consumer-centred, driven by information, and organised for safety. It emphasises that involving clients, community, all employees, and governance groups is an essential underpinning of quality service delivery.

The Northern Territory Government *Aboriginal Cultural Security Framework 2016–26* [42] emphasises the critical importance of addressing systemic, organisational, professional and individual aspects of cultural security and attention in all aspects of service planning and delivery. Based on acknowledgement of Aboriginal and Torres Strait Islander peoples' right to self-determination, the framework identifies integrated activity across six quality and safety domains to embed cultural security in organisations and deliver action on cultural security at all levels across the Northern Territory health system. These six domains are:

1. Workforce
2. Communication
3. Whole-of-organisation approach
4. Leadership
5. Consumer and community participation
6. Quality improvement, planning, research and evaluation.

[40] *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026,* AHMAC, 2016, p. 1.
[41] *Australian Safety and Quality Framework for Health Care*, 2010.
[42] *Systems Performance and Aboriginal Policy, Aboriginal Cultural Security: An outline of the policy and its implementation*, Department of Health and Community Services, Northern Territory Government, 2016.

Self-determination principles, reflected in commitment to the principle that the planning 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 peoples, are very clearly articulated in the National Aboriginal and Torres Strait Islander Health Worker Association's (NATSIHWA) *Cultural Safety Framework.*[43] NATSIHWA's framework emphasises that healthcare systems, organisations and health professionals need to work in collaboration with Aboriginal and Torres Strait Islander people to achieve a critical balance between academic and/or clinical expertise and Aboriginal and Torres Strait Islander cultural knowledge. For NATSIHWA:

> *…it is critical [healthcare systems and organisations and health professionals] understand that communities and their peoples are not all the same and that there is no single culture, homogenous worldview, experience or reality. What may work in one community may not necessarily work in the next so methods of engagement and practice must be both localised and contextual.*[44]

The eight domains for action to enhance organisational systems capability in the NATSIHWA framework are underpinned by self-determination and justice principles, among others.[45] These domains, each of which has a monitoring and evaluation component, are:

1. Workforce attributes
2. Country and community
3. Local cultural contextuality
4. Recognising and valuing the role of Aboriginal and Torres Strait Islander health workers
5. Individual reflection
6. Systemic reflection
7. Equity and sustainability
8. Collaboration and cooperation.

Commenting on the fourth domain: *Recognising and valuing the role of Aboriginal and Torres Strait Islander Health Workers*, NATSIHWA notes:

> *Recognising and valuing the role of Aboriginal and Torres Strait Islander Health Workers is critical as the role of Aboriginal and Torres Strait Islander health workers is often blurred or ill-defined due to the diverse nature and scope of the clinical work and community engagement services undertaken. As a result of this 'blurring', Aboriginal and Torres Strait Islander Health Workers themselves often face personal cultural and ethical dilemmas within the healthcare system which can in turn lead to reduced support and high burnout rates.*

[43] *Cultural Safety Framework*, National Aboriginal and Torres Strait Islander Health Workers Association, 2016. NATSIHWA is the national peak body for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners; established in 2009 to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its Closing the Gap initiative.
[44] *ibid*. p. 5.
[45] *ibid*. p. 4.

The Aboriginal and Torres Strait Islander Health Worker is often the first point of contact with the local community who seek to access healthcare services, and also plays a pivotal role in undertaking and/or advising on local community engagement strategies. While the presence and expertise of Aboriginal and Torres Strait Islander health workers are vital in connecting the local community with the health service improving access to culturally safe services is a whole of system responsibility.[46]

The Australian Indigenous Doctors Association (AIDA)[47] also emphasises the critical importance of addressing racism and cultural security hazards impacting Aboriginal and Torres Strait Islander people working in mainstream health and community services organisations to improve Closing the Gap and other Aboriginal and Torres Strait Islander health and wellbeing outcomes.

Systemic racism in the health system directly influences Indigenous Australians' quality of and access to health care. The severity of this impact exacerbates levels of psychological stress, which is closely linked to poorer mental and physical health outcomes. Racism not only provides a major barrier to Aboriginal and Torres Strait Islander peoples' access to health care but also to receiving the same quality of healthcare services available to non-Indigenous Australians.[48]

AIDA also comments on the detrimental impacts of systemic racism, racist remarks or behaviour and inadequate reporting and follow-up mechanisms on the Aboriginal and Torres Strait Islander medical workforce. Citing the beyondblue[49] *National Mental Health Survey of Doctors and Medical Students (NMHS)* on the impact of systemic racism on the Aboriginal and Torres Strait Islander medical workforce, AIDA notes:

The [NMHS] showed that Indigenous doctors reported bullying as a source of major stress at 5.5 times and racism at nearly 10 times the rate of their non-Indigenous counterparts. The same report also showed that 27% of Indigenous students reported being very stressed by racism. These findings are supported by a report commissioned by the Royal Australasian College of Surgeons, which confirmed that discrimination, including racial discrimination, bullying and sexual harassment, is far more widespread and common throughout the health system than anticipated.[50]

[46] *ibid*. p. 6.
[47] See for example: *Racism in Australia's health system*, Australian Indigenous Doctors Association (AIDA) Policy Statement, 2016 and *The role of doctors in Closing the Gap,* Australian Indigenous Doctors Association (AIDA) Policy Statement 2016, p.4.
[48] *Racism in Australia's health system*, Australian Indigenous Doctors Association (AIDA) Policy Statement 2016, p. 2.
[49] see www.beyondblue.org.au
[50] *ibid*.

Citing the Australian Government 2014 report on the *Aboriginal and Torres Strait Islander Health Performance Framework*, AIDA notes:

> *A key indicator of the current poor levels of cultural safety in health care delivery within the hospital setting is the unacceptable rate of discharge against medical advice for Aboriginal and Torres Strait Islander patients. In the two years to June 2013, as reported in the Health Performance Framework, the rate of discharge against medical advice for Indigenous patients was eight times that of non-Indigenous patients. This equates to around 5% of all Indigenous hospitalisations in the period July 2011 to June 2013 resulting in discharge against medical advice, as compared to the non-Indigenous rate of 0.5%. This rate illustrates that hospital services are not meeting the needs of Aboriginal and Torres Strait Islander patients to the same extent as the needs of non-Indigenous patients. The Health Performance Framework states: Indigenous status was the single most significant variable contributing to whether a patient would discharge themselves from hospital against medical advice. From this data – it is clearly evident that cultural safety training for doctors and hospital staff, and the importance of recognising patients' cultural needs, will directly contribute towards closing the gap in Indigenous health outcomes.*[51]

Affirming the important role of community-controlled health services, Mick Gooda (Co-chair of the Close the Gap campaign and Aboriginal and Torres Strait Islander Social Justice Commissioner) and Jackie Huggins, (Co-chair of the Close the Gap campaign and Co-chair of National Congress of Australia's First Peoples), noted that institutional racism in the health sector continues to be a major barrier to Aboriginal and Torres Strait Islander people seeking medical assistance.

> *Aboriginal and Community Controlled Health Services should be the preferred model for investment, as Aboriginal health services are best placed to deliver primary healthcare for our people. Our community-led and controlled services provide better health outcomes for Aboriginal and Torres Strait Islander people, particularly in relation to access, the prevention, detection and treatment of chronic disease, and maternal and child health.*
>
> *We need a culturally safe health system that is free from institutional racism. It shouldn't be a surprise that racism and institutional racism in the health sector continues to be a major barrier to Aboriginal and Torres Strait Islander people seeking medical assistance. That is why the Close the Gap campaign's 2016 progress and priorities report recommends to government that the Senate select committee on health inquire into racism and institutional racism in healthcare settings, and its contribution to Aboriginal and Torres Strait Islander health inequality.*[52]

[51] *The role of doctors in closing the gap*, Australian Indigenous Doctors Association (AIDA) Policy Statement 2016, p. 4.
[52] Our national shame: Closing the gap for Indigenous Australians is more important than ever, *Sydney Morning Herald*, 17 March 2016.

The NATSIHWA, AIDA and Closing the Gap campaign statements echo the views of The Working in Two Worlds Forum participants, who were mainly from health and community services backgrounds. The majority of participants described their mainstream employment experience as culturally unsafe, disempowering, socially isolating and culturally conflicting. These experiences can impact in ways similar to workplace bullying, harassment, sexism or racism and other health and safety hazards. While some organisations have dramatically improved their cultural responsiveness, we should also not be surprised that Aboriginal and Torres Strait Islander people still often see mainstream health, community services and justice sector services as untrustworthy and potentially threatening and culturally unsafe.[53]

Cultural safety and cultural security

Cultural safety is defined by the service user and/or their family. It is an outcome of their perception of the quality of support received, their views about the staff providing support, and their ability to access services and to raise concerns.[54] Cultural safety is also reflected in client decisions about whether to engage with a service or not or to continue with follow-up treatment. It is a reflection of whether an organisation or service is perceived as:

> *Spiritually, socially, emotionally and physically safe; where there is no assault, challenge or denial of identity of who people are and what they need. It is an environment which reflects shared respect, shared meaning and shared knowledge and experience and processes which encourage learning, living and working together with dignity and truly listening. In a health or community service setting, cultural safety is defined by the health consumer's experience of the care or support they receive rather than by the professional providing that care or support or other people working in it.*[55]

The *Human Services Standards Evidence Guide*,[56] developed by the Victorian Department of Health and Human Services, emphasises the importance of understanding that cultural safety is the positive recognition and celebration of cultures and cultural differences. It is more than just the absence of racism or discrimination, and more than cultural awareness and cultural sensitivity. Citing the Victorian Aboriginal Childcare Agency (VACCA), the evidence guide states:

> *A culturally safe environment does not ignore, challenge or deny cultural identity. Because a culturally safe environment is about shared respect, knowledge and understandings, it empowers people enabling them to contribute and feel safe to be themselves.*[57]

---

[53] *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*, Department of Health, 2012.
[54] see for example: *Aboriginal Cultural Security Framework 2016–2026*, Northern Territory Health, 2016, Definitions.
[55] R. Williams, Cultural safety: What does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 2008, 23(2): 213-214
[56] *Human Services Standards Evidence Guide*, Department of Health and Human Services, Victoria, September 2015.
[57] *Building respectful partnerships: The commitment to Aboriginal cultural competency in child and family services,* Victorian Aboriginal Child Care Agency, 2010.

Creating a physical environment that is respectful of Aboriginal culture and welcoming of Aboriginal and Torres Strait Islander people is an important first step towards creating culturally safe environments. The symbols and images that surround a place, for example: signage acknowledging Traditional Owners, artwork, photographs, artefacts, flags and posters, send an important message about respect. By acknowledging Country and the Traditional Owners of Country, organisations demonstrate a willingness to learn, understand and respond to the diversity of Aboriginal cultures.

However, symbols and cultural awareness training do not alone create culturally safe or culturally secure environments and do not automatically improve the relationship between a mainstream organisation and the Aboriginal and Torres Strait Islander people working in it and its clients.[58] On the other hand, culturally secure working environments are created by work systems that positively impact service design, workforce support and client outcomes, and have a greater chance of achieving that outcome. As the *Northern Territory Cultural Security Framework* notes:

> *Cultural security and cultural safety are sometimes used interchangeably but they are distinct concepts … While cultural safety and its principles (reflexivity, the promotion of self-determination and consumer participation) are essential for building an equitable health system … cultural security goes beyond behaviour changes by individuals and encapsulates systemic changes. Cultural security results from activities, behaviours, policies and standards that promote the highest level of cultural competence in individuals, services and organisations ... A commitment to cultural security means building a system where Aboriginal people feel safe, secure and able to participate as staff and consumers …*[59]

Culturally secure mainstream organisations also:

- reflect strong commitment to a key principle of self-determination: that is, that the design and delivery of services must not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people using those services or working in the organisation providing the services
- reflect understanding that the cultural views, beliefs and knowledge systems of Aboriginal and Torres Strait Islander people working in a service play an integral role in developing accessible, effective and responsive services[60]
- recognise that culturally safe services can only be achieved by developing working environments based on acknowledgement of the importance of empowering Aboriginal and Torres Strait Islander people [61,62]

[58] *Cultural competency in the delivery of health services for Indigenous people*, Closing the Gap Clearinghouse Issues paper no. 13, Australian Institute of Health and Welfare, 2015.
[59] *Northern Territory Health Aboriginal Cultural Security Framework* 2016–2026, 2016, p. 16.
[60] *WA Health Aboriginal Cultural Respect – Implementation Framework*, Western Australia, Department of Health, 2005, p. 3, cited in the *Northern Territory Health Aboriginal Cultural Security Framework* 2016–2026, 2016.
[61] *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*, AHMAC, 2016, p. 1.
[62] *Systems Performance and Aboriginal Policy*, *Aboriginal cultural security: An outline of the policy and its implementation*, Department of Health and Community Services, Northern Territory Government, 2016.

- acknowledge that cultural security arising out of embedded structures, policies and protocols enables clients to be culturally safe
- understand that cultural security plays an integral role in developing accessible, effective and responsive services.

As the Australian Human Rights Commission notes, cultural security:

> *is about incorporating cultural values into the design, delivery and evaluation of services … in workforce development, workforce reform, purchasing of health services, monitoring and accountability, and public engagement.*[63]

Achieving cultural security for Aboriginal and Torres Strait Islander people also involves acknowledgement of Aboriginal and Torres Strait Islander people's right to self-determination, empowerment and health care and an understanding and responsiveness to the cultural views, beliefs and knowledge systems of the Aboriginal and Torres Strait Islander people working in the organisation and using its services. Figure 2 illustrates the relationship between cultural safety, cultural security and self-determination.

The Working in Two Worlds Forum participants confirmed that cultural security and self-determination are integral to the personal health and wellbeing of Aboriginal and Torres Strait Islander people working in mainstream organisations. In these terms, cultural security in the health, community and justice services sectors is a direct outcome of organisational competencies and an essential prerequisite of culturally safe delivery of accessible, effective services to Aboriginal and Torres Strait islander people. The participants advised that when people are not empowered, workplace cultural safety, cultural security and personal and client health and wellbeing suffer.

Figure 2. The relationship between cultural safety, cultural security and self-determination[64]

[63] *Cultural safety and security: Tools to address lateral violence*, Australian Human Rights Commission Social Justice Report 2011, Chapter 4.
[64] Adapted from source above.

A significant increase in the number of Aboriginal and Torres Strait Islander people working for mainstream health, community, local government and justice services has occurred due to organisations investing in further education, training, traineeships and career information days, as well as encouraging staff to move into new roles. However, mainstream organisations still struggle to attract, retain and progress career development for identified Aboriginal and Torres Strait Islander positions. The net outcome is that, even after many years of targeted activity, Aboriginal and Torres Strait Islander people are still under-represented in the mainstream health and community services sector workforces.[65]

Aboriginal and Torres Strait Islander people working in mainstream front-line community liaison and clinical roles continue to describe their employment experience as stressful, culturally unsafe, disempowering, socially isolating and culturally conflicting despite the number of policy frameworks, agreements and plans that have been developed over the past couple of decades which aim to address cultural safety, cultural responsiveness and cultural security.

It is also significant that Aboriginal and Torres Strait Islander people working in mainstream roles connect their own employment in mainstream services with exposure to risks to their personal health and wellbeing; this is similar to those risks associated with workplace bullying, sexism, racism and other health and safety hazards. They also consistently report that systems that embed cultural respect principles into mainstream organisation planning and delivery of services need to be implemented before quality, culturally safe, responsive health care and other support to Aboriginal and Torres Strait Islander people will be achieved and before Aboriginal and Torres Strait Islander community members will see mainstream health, community or justice services systems as trustworthy and welcoming.

Clearly, change that positively impacts mainstream organisational cultural security in health and community services is needed to improve cultural safety for the people using those services. Without such change the wellbeing and effectiveness of Aboriginal and Torres Strait Islander people working in mainstream organisations is likely to be compromised and the probability of COAG's Closing the Gap targets being achieved reduces.

[65] *Aboriginal and Torres Strait Islander Health Performance Framework,* 2015, *op. cit*., p. 170.

Section 2. Cultural security templates

Using the cultural security action areas in this resource

The cultural security action areas in the templates in Section 2 of this report provide suggestions on how to place culturally informed values at the centre of mainstream health, community and justice service program development and delivery. They respond to the fact that, after many years of targeted activity, Aboriginal and Torres Strait Islander people are still under-represented in the mainstream health and community services sector workforces.[66] They offer generic systems-based approaches which mainstream organisations can adapt to their own needs in order to attract, retain and progress career development for identified Aboriginal and Torres Strait Islander positions.

As well as drawing on the advice of the Working in Two Worlds forum participants, the priority action areas in this framework use content from Victoria's *Human Services Standards Evidence Guide*, the Northern Territory Government's *Aboriginal Cultural Security Framework 2016–26*,[67] NATSIHWA's *Cultural Safety Framework* [68] and other sources referred to above. Victoria's *Human Services Standards Evidence Guide* [69] provides a single set of service-delivery quality standards for all service providers in the human services sector and requires service providers to undertake an independent review of the quality of their services against the standard once every three years. This standard also states that effective cultural competency must be built at the governance, program and practice levels and needs to be embedded throughout the organisational work culture. Meeting this standard requires individuals work in culturally aware ways, however this is not sufficient enough to achieve organisational cultural responsiveness. This requires shared commitment from all aspects of corporate business, policy development, program management and service delivery. Reflecting these principles, the action templates in Section 2 below encourage organisations to:

- actively create opportunities for Aboriginal and Torres Strait Islander voices to be heard in planning, policy development, service delivery and other day-to-day activities
- tap into the unique skills, cultural knowledge and experiences of Aboriginal and Torres Strait Islander people and competently address the service quality problems that inevitably arise when culture is not taken into account
- foster in-house systems that enable more appropriate responses to culturally unsafe work processes to be developed
- mandate adoption of the principle of localised decision-making, whereby health authorities undertake decision-making with local Aboriginal and Torres Strait Islander communities to define health needs and priorities and arrange for needs to be met in a culturally appropriate way through collaboration between Aboriginal and Torres Strait Islander communities and the mainstream service

[66] *ibid.* p. 170.
[67] *op. cit. Aboriginal Cultural Security Framework 2016–26, Northern Territory Health, 2016.*
[68] *op. cit. Cultural Safety Framework*, National Aboriginal and Torres Strait Islander Health Workers Association, 2016.
[69] *Human Services Standards Evidence Guide*, Department of Health and Human Services, Victoria, September 2015. See esp. Appendix *Aboriginal culturally informed addendum to Human Services Standards Evidence Guide*, p. 45.

- move away from excessive reliance on cultural awareness training and related approaches that focus on building individual cultural awareness, and changing attitudes and behaviours
- develop organisation-wide cultural safety protocols and strategies and monitor and evaluate outputs and outcomes against those protocols at the whole-of-organisation level
- embed systems that achieve consistent, culturally safe, care which improves access to and the effectiveness of their services over time. [70, 71, 72]

The priority action areas in this framework also positively impact areas known to adversely impact health and wellbeing and encourage action likely to improve cultural security and client-centred care provided by mainstream services. Likely positive outcomes include, for example:

- reduced rates of untimely self-discharge
- improved adherence to recommended treatments, compliance with statutory mandatory intervention and treatment orders, and other interventions and support
- improved attendance at follow-up appointments
- reduced avoidable hospital admissions
- reduced contact with the criminal justice system, by promoting protective factors, including cultural identity and strength which reduce risk factors for offending behaviour and re-offending
- reduced adverse (often intergenerational) impacts of violence and victimisation on Aboriginal and Torres Strait Islander communities, families and individuals, particularly women.[73] [74]

Six actions areas have been identified. These are:

1. Whole-of-organisation approach
2. Leadership
3. Consumer and community participation
4. Workforce
5. Communication
6. Quality improvement, planning, research and evaluation.

It is recommended that these domains be applied as an integrated group as doing so will support Aboriginal and Torres Strait Islander staff more fully and provide services that better meet the needs of Aboriginal and Torres Strait Islander people. Other related resources are available in the NWMR *Koolin Balit Cultural Responsiveness* Toolkit http://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/.

[70] *National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015–2025*, consultation draft prepared for the Commonwealth Department of Health, Lowitja Institute, November 2015.
[71] *op. cit. Human Services Standards Evidence Guide*.
[72] *Aboriginal cultural security: An outline of the policy and its implementation*, Department of Health and Human Services, Northern Territory, 2016.
[73] *Cultural competency in the delivery of health services for Indigenous people*, Closing the Gap Clearinghouse, Issues paper no. 13, July 2015.
[74] *Victorian Aboriginal Justice Agreement Phase 3 (AJA3),* a partnership between the Victorian Government and Koori Community, Koori Justice Unit, Victorian Department of Justice, 2013.

The strategies outlined in the action areas in the templates herein are intended to be helpful starting points and suggestions for services developing local responses to meet local strategic priorities, internal operational planning needs and external auditing requirements. They outline starting actions for individual staff and others in client contact roles, management and governance roles:

- Boards of Management and other governance groups can use the domains to be cultural security champions and move their organisation and its systems in the right direction when formulating policies. Human resources managers and other administrators can use the domains to support adoption of work systems that reflect cultural security strategies, goals, and policies.
- CEOs, executive managers and supervisors can use the domains in consultation with Aboriginal clients and communities to develop cultural security performance indicators and targets. These managers have a potentially powerful role in establishing a zero-tolerance culture towards discrimination, stereotyping and racism in organisational cultures that respect the rights and dignity of Aboriginal and Torres Strait Islander people.
- Client support professionals can use the domains to guide culturally safe interactions with Aboriginal and Torres Strait Islander clients and family members to provide treatment and encourage ongoing engagement with the service.
- Aboriginal leaders can use the domains to continue to advocate for inclusion in the design, delivery and evaluation of services for Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait Islander people working in an organisation alongside their clients, families and community members can use the domains as a reference point for culturally appropriate guidance on culturally safe practice.

Finally, recognising that Aboriginal culture and communities in Victoria are diverse and that there are several different tribes, clans and groups living in Victoria is also important. Each mainstream organisation is also very different from each other. This report and advisory resource therefore does not present a prescriptive 'one size fits all' approach. Instead, it offers a performance-based work systems approach that mainstream organisations can use to tailor work systems to the needs of the individuals and communities it supports and to its own ways of working.

Cultural security template for service organisations

Areas for action – domains of cultural security

The action areas in this template are drawn from other templates and recognised as fostering whole-of-organisation protocols and strategies that place culturally informed values at the center of service development and delivery and enable an organisation to better meet the needs of the Aboriginal and Torres Strait Islander people using its services. They also enable your mainstream organisation to support its Aboriginal and Torres Strait Islander staff more effectively. The template should be used in conjunction with Aboriginal Employment Strategies and Reconciliation Action Plans and other internal policies.

Domain 1. Whole-of-organisation approach

A systemic whole-of-organisation approach will ensure that cultural security is embedded across the organisation and commitment to action is underpinned by accountability measures, governance systems and evaluation

Priority action area	Strategies	Ways to track progress
1. Effective policy, governance and accountability	• Strategic and operational policies that support cultural security are widely promoted and disseminated. • Cultural security principles are reflected in key organisational documents, service delivery agreements and reporting systems and embedded into regular business practices such as staff, team and management meetings. • Governance structures are representative of communities and Aboriginal and Torres Strait Islander clients, carers and communities are supported to participate in them. • Reviews and analyses are conducted about key decisions to support goals of cultural responsiveness and equity. • Strategic policies related to cultural security are monitored and reported against to assist your organisation to become an employer of choice for Aboriginal and Torres Strait Islander people and to grow the number of staff across all employment streams. • Develop strategic partnerships with Aboriginal community controlled organisations and other Aboriginal service providers and seek to include representatives of these organisations on governance groups when appropriate.	☐ Organisational awareness is increasing and policies and strategies that support cultural security are being routinely used. ☐ Cultural security is integrated into reporting and accountability processes. ☐ Aboriginal and Torres Strait Islander people are represented on governance and advisory groups. ☐ Identified budgets to support improving cultural security are being developed. ☐ There is continuous investment in health system components to support enhanced and culturally responsive service delivery. ☐ Use of complaint and major incident reports to inform action on cultural security is routine. ☐ Improving health and wellbeing outcomes and service delivery indicators (i.e. potentially preventable admissions).
2. Financing and resources	• Allocate financial resources in annual budgets to activity to improve cultural security. • Investment and resources to enhance service delivery, support leadership, research, communication, workforce, consumer and community participation. • Allocation of resources to enable appropriate remuneration of Aboriginal community representatives on governance and other advisory groups.	

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
3. Workplace health and safety systems	• Regularly monitor, evaluate and review cultural security processes and practices. • Incorporate cultural security into OH&S systems. • Incorporate learnings from staff exit interviews into cultural security systems.	
Domain 2. Leadership Leadership at all levels plays a key role in driving cultural security. Leaders promote the importance of planning, implementing, evaluating and celebrating cultural security performance and achievements		
1. Ensure staff performance and accountability for cultural security	• Embed cultural security accountabilities in performance agreements of executive and management roles. • Ensure performance development plans prioritise cultural safety and responsiveness. • Leaders and managers establish processes and mechanisms to ensure that teams are held accountable for the delivery of culturally secure services and practices.	☐ Increased numbers of Aboriginal and Torres Strait Islander people are employed in executive and other leadership positions. ☐ Performance agreements of senior health staff specify cultural security accountabilities. ☐ Performance development plans include a focus on cultural safety and responsiveness. ☐ Formal acknowledgement of leaders and champions in cultural security. ☐ Establishment of cultural security groups that could provide advice to management or serve as learning groups for staff within your organisation.
2. Develop leaders and champions who are committed to cultural security	• Acknowledge leaders and champions who actively engage in improving cultural security services by publicly recognising their contribution. • Establish Aboriginal and Torres Strait Islander leadership roles, including specific cultural ambassador and mentoring roles and cultural security groups. • Actively support and encourage new and emerging leaders who recognise and promote the value of cultural security in your organisation. • Promote and highlight examples of best practice and innovative cultural security initiatives by staff.	
Domain 3. Consumer and community participation Clients and other service users and local community are engaged as active partners with service providers to provide feedback that supports culturally secure service planning, implementation and evaluation		
1. Client Centred Care	• Aboriginal and Torres Strait Islander clients are provided with care that is responsive to needs and values. • Accessible information is provided in a respectful way to support clients and families to make informed decisions.	☐ Relationships with local Aboriginal and Torres Strait Islander communities are improved and enhanced. ☐ Positive feedback is received from Aboriginal and Torres Strait Islander clients and their families. ☐ Governance partnerships are established with the local Aboriginal and Torres Strait Islander community.
2. Consumer and community partnership in service planning	• Involve Aboriginal and Torres Strait Islander clients in the development of health information materials to ensure that information is relevant, readable and understandable.	

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
	• Implement systematic processes that involve Aboriginal and Torres Strait Islander clients and communities in the development and implementation of service design and redesign. • Establish governance partnerships which include Aboriginal and Torres Strait Islander clients and the community and other community members. • Engage Aboriginal community service providers in strategic and operational planning processes.	☐ Aboriginal and Torres Strait Islander clients participate in service planning and implementation. ☐ Health information materials are assessed by Aboriginal and Torres Strait Islander clients. ☐ Aboriginal and Torres Strait Islander clients actively engage in service measurement and evaluation. ☐ For health organisations, The National Safety and Quality Health Services Standard 2 – Partnering with Consumers and related NSQHS Standards are successfully implemented. ☐ There is increased performance by staff at all levels through the introduction of information sharing programs and effective conflict resolution processes that value local Aboriginal and Torres Strait Islander cultural protocols.
3. Participation in monitoring and evaluation	• Partner with Aboriginal and Torres Strait Islander clients and community representatives in developing evaluation approaches and during evaluation of programs and services.	
Domain 4. Workforce Aboriginal and Torres Strait Islander people need to be employed in key roles and actively engaged in cultural security systems development in health, community services and justice organisations. These people also need access to professional development opportunities, both personal opportunities and those likely to lead to improvements in Aboriginal and Torres Strait Islander client satisfaction outcomes		
1. Increase Aboriginal and Torres Strait Islander employment across the organisation	• Develop and support Aboriginal and Torres Strait Islander trainee positions through initiatives such as scholarships and vocational training opportunities. • Actively promote careers and recruitment of Aboriginal and Torres Strait Islander people, by working with universities and training providers and by having orientation days to promote the organisation as a preferred place of employment to grow the number of Aboriginal and Torres Strait Islander staff across all employment streams. • Consider forming co-location agreements with local Aboriginal service providers which enable staff of both organisations to gain experience by working in the other organisation.	☐ The number of Aboriginal and Torres Strait Islander staff employed is increasing across the organisation (i.e. not just in identified Aboriginal community liaison roles). ☐ Increased numbers of Aboriginal and Torres Strait Islander people are employed in executive and other leadership positions. ☐ There is an increase in Full Time Equivalent Aboriginal and Torres Strait Islander Health staff and trainees. ☐ Cultural safety training modules are developed in collaboration with the local community and Aboriginal and Torres Strait Islander staff.

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
2. Improve retention levels of Aboriginal and Torres Strait Islander staff	• Provide on-the-job mentoring and support for Aboriginal and Torres Strait Islander staff. • Involve Aboriginal and Torres Strait Islander staff in induction of new staff. • Ensure that the history of local Aboriginal people's first contact with Europeans and stories about local Aboriginal Elders and other people and local organisations are included in staff induction. • Provide Aboriginal and Torres Strait Islander staff with supported secondment and other short-term opportunities to experience different roles and program areas. • Ensure all Aboriginal and Torres Strait Islander staff have career and performance development plans in place and are provided with funding and other support and training to achieve career and life goals. • Build, strengthen and appropriately recognise and reward local Aboriginal staff working in regional offices. • Develop pathways for Aboriginal and Torres Strait Islander people to transition from entry level to professional and leadership roles guided by early engagement and appropriate mentoring and training. • Work towards having at least 10% of senior positions filled by Aboriginal and Torres Strait Islander people. • Ensure that cultural leave policy and provisions reflect contemporary needs and are provided and supported. • Undertake an annual review of the distribution of Aboriginal and Torres Strait Islanders in the organisation and undertake an annual Aboriginal and Torres Strait Islander staff satisfaction survey.	☐ Aboriginal and Torres Strait Islander Health Workers are consulted and involved in the development of new Aboriginal and Torres Strait Islander Health Worker duty statements. ☐ Aboriginal and Torres Strait Islanders are actively involved in staff recruitment and induction programs. ☐ Cultural security systems and cultural safety monitoring and evaluation are maintained by a panel that includes local community representatives and senior Aboriginal and Torres Strait Islander managers, supervisors and other staff. ☐ Local community leaders and members are engaged in the support and mentoring of Aboriginal and Torres Strait Islander staff and in the induction and professional development of all staff. ☐ A higher level of appreciation and acceptance of the knowledge, skills and experience that community leaders and other people engaged in the induction and professional development of all staff bring to the organisation. ☐ Increased recognition of cultural difference and diversity is reflected in improved client satisfaction with the service. ☐ There is positive feedback from Aboriginal and Torres Strait Islander staff about their employment experiences. ☐ More cultural responsiveness audits are completed on staff at all levels. ☐ The percentage of staff who complete mandated cultural awareness training is increasing. ☐ Increasing proportion of staff demonstrating understanding of, and commitment to, Cultural Safety principles and protocols.

3. Culturally safe staff recruiting, training and support	• The local community in collaboration with Aboriginal and Torres Strait Islander Health staff, implement:
	  ◦ cultural safety training modules in collaboration with the local community and Aboriginal and Torres Strait Islander Health Workers
	  ◦ duty statements that recognise and value the cultural knowledge and experience of collaboration with the local community	

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
	◦ mandatory cultural safety training modules for senior healthcare managers and supervisors that acknowledge, respect and support the specialist roles of Aboriginal and Torres Strait Islanders and the need to access and engage with the local community ◦ programs and processes to create an enhanced level of knowledge and skills for non-Indigenous healthcare personnel regarding cultural difference and diversity ◦ programs and processes that recognise and promote the concept of holistic healthcare for Aboriginal and Torres Strait Islander clients ◦ cultural security and cultural safety auditing frameworks.	☐ The proportion of staff with an enhanced level of respect for the unique role and responsibility of Aboriginal and Torres Strait Islander Health Workers is increasing. ☐ Staff have the critical skills and knowledge to actively engage with local communities. ☐ All staff have at least a base level of appreciation of Aboriginal and Torres Strait Islander cultural differences and diversity, of their history, cultures and philosophies and appreciation of contact history and its impact on Aboriginal and Torres Strait Islander Australians. ☐ All staff have the skills to implement cultural security practices appropriate to their role. ☐ All staff are aware of and confident enough to actively use processes to resolve grievances and provide feedback to management relating to cultural tension issues that may arise in the workplace. ☐ Professionals understand client and family concerns and questions and check for cultural understandings around health concepts and recommended treatment. ☐ Organisation leaders and other managers are ensuring that cultural security is integrated into quality improvement initiatives.
4. Cultural security knowledge and skills of non-executive staff	• Ensure that all staff attend cultural security training and development and possess the knowledge and skills to work effectively with colleagues from culturally diverse and different backgrounds. • Ensure that there are additional and ongoing professional development opportunities for staff to enhance cultural safety and cultural security responsiveness. • Develop and implement an appropriate tool for auditing individual and team assessments of cultural safety and responsiveness to identify needs for further development. • Ensure that all staff are aware of and demonstrate a commitment to the practice of 'cultural safety' in the way they deal with their colleagues as well as clients. • Ensure that all staff are involved in self-reflective practices. • Ensure that all staff are aware of and utilise processes to resolve grievances and provide feedback to management relating to cultural tension issues that may arise in the workplace.	
5. Cultural security knowledge and skills of Boards and other Governance groups	• Provide Board members with the knowledge and skills to oversee the implementation, monitoring and evaluation of cultural security good practice. • Ensure Aboriginal and Torres Strait Islander representation on the Board and other governance groups and on other senior decision-making bodies in the organisation.	☐ Board members and executives have a substantial understanding of the history of Cultural Safety, its purpose and application. ☐ Board members and executive staff have an extensive understanding of how Cultural Security will positively impact and support government policies such as Closing the Gap.

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
6. Cultural security knowledge and skills of executive staff	• Executive staff should be provided with the knowledge and skills to oversee the implementation, monitoring and evaluation of cultural security good practice.	☐ Board members and executive staff are aware of funding opportunities available to enable training, professional development and access to relevant resources to help implement Cultural Security across the organisation. ☐ Managers and supervisors have the skills to lead a team to implement and oversee implementation of culturally secure practices in the workplace. ☐ There is elimination and/or zero tolerance of racism throughout the organisation. ☐ Aboriginal people and Torres Strait Islanders are actively involved as valued and equal members of practice improvement and other teams. ☐ Programs and processes that offer the opportunity for all staff to share their ideas are actively supported by managers and senior executive staff. ☐ A code of cultural conduct for Board members, managers and senior executive staff is developed.
7. Cultural security knowledge and skills of managers and other supervisors	• Ensure that managers: ◦ have a fundamental understanding of cultural safety principles and their application to healthcare workplace environments ◦ possess skills and knowledge to conciliate workplace grievances ◦ plan necessary Cultural Security professional development and training for their staff on an ongoing basis ◦ are able to oversee and design regular self-reflective processes to help evaluate the effectiveness or otherwise of Cultural Safety programs and practices in the workplace ◦ have suitable communication and conflict resolution skills to ensure culturally safe practices are followed in the workplace ◦ meet regularly with executive to discuss issues and challenges that may arise from the implementation of Cultural Safety in the workplace ◦ Use oversight processes to engage members of the community in the practice of Cultural Safety.	
Domain 5. Communication Effective communication is integral to embedding cultural security processes in organisations		
1. Ensure informed consent and enable client-centred care	• Ensure that Aboriginal and Torres Strait Islander clients have access to accredited interpreters and/or Aboriginal support or community liaison worker when this is necessary Provide training for staff to develop their awareness and strengthen their interpersonal communication techniques, including when in working with interpreters and Aboriginal support or community liaison workers, and to improve the mutual sharing of information relevant to the client's needs. • Develop culturally appropriate education sessions for Aboriginal and Torres Strait Islander clients (for example: to improve health literacy) which support clients to make informed decisions.	☐ Feedback is being regularly sought from and provided by Aboriginal and Torres Strait Islander clients. ☐ The percentage of clients who request an interpreter or Aboriginal support or community liaison worker and who received one is increasing. ☐ The number of staff who complete training on effective and culturally safe communication and health literacy has increased. ☐ There are positive evaluations of client information materials and education workshops.

Cultural security template for service organisations

Priority action area	Strategies	Ways to track progress
2. Improve the communication environment	• Ensure appropriate signage, commonly used forms, education and audio-visual materials are appropriate for the needs of local Aboriginal and Torres Strait Islander communities. • Request that Aboriginal and Torres Strait Islander clients provide feedback and inform audits and reviews of client information, including education materials and programs. • Emphasise the importance of training to ensure that staff are knowledgeable about the tools and resources available to support them to deliver information to clients.	☐ A number of audits/reviews of client information take place, including education materials and programs, which involve collaboration with Aboriginal and Torres Strait Islander people to assess their effectiveness and actions arising from those audits.
Domain 6. Quality improvement, planning, research and evaluation Quality improvement, planning, research and evaluation underpin learning and reflection on how to address cultural security. Learnings inform ongoing planning		
1. Develop quality data	• Identify data requirements and sources, train and support staff to ensure quality data for future evaluation and research in relation to cultural security. • Develop and refine key performance measures to enable ongoing improvements in data systems, services and programs.	☐ Key performance indicators to assess cultural security are being used. ☐ Evaluation reports include measurement and assessment of cultural security. ☐ A number of assessments/audits are conducted with a focus on cultural security. ☐ Research focused on effectiveness of cultural security initiatives is conducted. ☐ Performance information is provided to Aboriginal and Torres Strait Islander clients. ☐ Meetings, forums and other mechanisms are employed to share information on cultural security programs and actions.
2. Quality improvement	• Develop and implement organisational assessments and audits to identify levels of cultural competence, cultural security gaps and to inform improvement opportunities as well as strategic and operational planning processes.	
3. Research	• Conduct research that has the potential to support improvements in the delivery of care to Aboriginal and Torres Strait Islander people and ensure that the outcomes of research are accessible to the community. • Share research outcomes, information on innovations and successful cultural security programs across the organisation.	
4. Establish rigorous evaluation practices	• New services, programs and initiatives include a focus on cultural security in program evaluations. • Ensure that program and policy evaluations inform development and planning.	

Cultural security template for departments and service-commissioning agencies

Areas for action – domains of cultural security

This *Cultural security template for Government Departments and service-commissioning agencies* is intended to be read in conjunction with the Cultural security template for service organisations. It identifies complementary actions for funding agencies seeking to address culturally based hazards and improve cultural security within a wider whole-of-government approach. The template should be used in conjunction with Aboriginal Employment Strategies and Reconciliation Action Plans and other internal policies and government policy frameworks relevant to each agency's role.

Domain 1. Whole-of-government approach

A systemic whole-of-government approach will ensure that cultural security is embedded across all levels of government and that commitment to action is underpinned by accountability measures, governance systems and evaluation

Priority action area	Strategies	Ways to track progress
1. Effective policy, governance and accountability	• Governance structures including representatives of local Aboriginal and Torres Strait Islander clients, carers and communities are mandated for all government departments and funded service providers. • Government statutory and policy reviews reflect cultural security goals. • Strategic policies related to cultural security are monitored and reported against. • All new services, programs and initiatives include a focus on cultural security. • Ensure that departmental programs and policy evaluations inform cultural security development and planning improvements. • Aboriginal Inclusion Action Plans mandate compliance with Victoria's Human Services Standards for all government departments and funded service providers providing services.	☐ Awareness and use of relevant policies and strategies are evident. ☐ Cultural security is integrated into reporting and accountability processes. ☐ Cultural security issues are being addressed by senior government governance and advisory groups. ☐ State government budget measures to support improved cultural security auditing, regulation and evaluation are identified. ☐ Continued investment in health, community services and justice measures support culturally responsive service delivery enhancements. ☐ Aboriginal Inclusion Action Plans for all government departments mandate compliance by mainstream funded agencies with the four service quality standards of Victoria's Human Services Standards and their associated criteria and common evidence indicators. ☐ Reporting shows increased compliance by funded agencies with the four service quality standards of Victoria's Human Services Standards and their associated criteria and common evidence indicators. ☐ Complaints and major incident reports are used to inform action on cultural security.
2. Financing and resources	• Allocate financial resources in annual budgets to activity to improve cultural security. • Invest resources to enhance service delivery, support leadership, research, communication, workforce, consumer and community participation.	
3. Program and service commissioning	• Service commissioning policies mandate implementation of cultural security frameworks by all government departments and their funded service providers. • Departmental Aboriginal and Torres Strait Islander service commissioning agreements with mainstream organisations mandate reporting on service plans and other service delivery requirements which identify the actual spend on Aboriginal and Torres Strait Islander people and communities, and related outcomes.	

Cultural security template for departments and service-commissioning agencies

Priority action area	Strategies	Ways to track progress
	• Strategic systematic sample auditing of mainstream Aboriginal and Torres Strait Islander service commissioning agreements, service plans and other service delivery requirements to ensure compliance with Victoria's Human Services Standards the Aboriginal culturally informed addendum to the Human Services Standards evidence guide.	☐ There are improved health and wellbeing outcomes and service delivery indicators (for example: fewer potentially preventable hospital admissions, lower rates of self-discharge, or higher rates of clients finishing a course of treatment).
4. Occupational health and safety	• Evaluate Victoria's OH&S policy, statutes, regulations, codes and in consultation with Aboriginal and Torres Strait Islander people in mainstream organisations, community leaders and peak organisations to determine their relevance to cultural security risks and hazards.	Subject to the evaluation outcomes: ☐ WorkSafe Victoria developing an Aboriginal Inclusion Action Plan. ☐ WorkSafe Victoria incorporating cultural security elements and compliance with Victoria's Human Services Standards into policy, OH&S statutes, regulations and codes.
Domain 2. Leadership Leadership at all levels plays a key role in driving cultural security. Leaders promote the importance of planning, implementing, promoting, evaluating and celebrating cultural security performance and achievements		
1. Performance and accountability for cultural security	• Government leaders acknowledge cultural security leaders. • Government embeds departmental and funded agency accountability for culturally secure services and practices in annual state budget processes. • Ensure performance agreements embed and prioritise cultural security and responsiveness accountabilities in performance agreements of senior government executive and management roles.	☐ Increased numbers of Aboriginal and Torres Strait Islander people are employed in executive and other leadership positions. ☐ Senior staff are reporting on cultural security accountabilities. ☐ There is formal public acknowledgement of cultural security leaders and champions. ☐ Cultural security groups that can provide advice to management or serve as learning groups for staff within hospitals and regions are established.
2. Leaders and champions committed to cultural security	• Acknowledge leaders and champions who actively engage in improving cultural security services by publicly recognising their contribution to delivering better health care. • Actively support and encourage new and emerging leaders who recognise and promote the value of cultural security in human and justice services delivery. • Promote and highlight examples of best practice and innovative cultural security initiatives by staff.	

Cultural security template for departments and service-commissioning agencies

Priority action area	Strategies	Ways to track progress
Domain 3. Consumer and community participation Clients and other service users and local community need to be engaged as active partners with service providers to provide feedback that supports culturally secure service planning, implementation and evaluation		
1. Consumer and community partnership in service and policy planning	• Provide public reporting of information on cultural security achievements. • Involve Aboriginal and Torres Strait Islander clients in the development of information materials to ensure that information is relevant, readable and culturally safe. • Implement systematic processes that involve Aboriginal and Torres Strait Islander clients and communities in the development and implementation of service and policy design and redesign. • Establish high-level governance partnerships to ensure that Aboriginal and Torres Strait Islander clients and the community are engaged in strategic and operational planning and evaluation.	☐ Performance information is provided to Aboriginal and Torres Strait Islander communities, clients and peak bodies. ☐ Meetings, forums and other mechanisms to share information on cultural security programs and actions are sponsored. ☐ Health, community and justice service relationships with Aboriginal and Torres Strait Islander clients and with local Aboriginal and Torres Strait Islander communities are improved and enhanced. ☐ Aboriginal and Torres Strait Islander clients participate in human and justice service planning and implementation. ☐ High-level health, community and justice service cultural security partnerships with the local Aboriginal and Torres Strait Islander community are in place or being developed.
Domain 4. Workforce A systemic whole-of-government approach will ensure cultural security is embedded across all levels of government and commitment to action is underpinned by accountability measures, governance systems and evaluation		
1. Increase Aboriginal and Torres Strait Islander employment in health, community and justice services	• Develop a 'model' mainstream organisation culturally secure Aboriginal Employment Strategy aligned both to the six cultural security implementation domains in this template and to broader quality improvement, planning, research and evaluation processes. • Implement processes that encourage government departments and funded agencies to develop Aboriginal Inclusion Action Plans, Aboriginal Employment Strategies and OH&S strategies that are consistent with the 'model' culturally secure Aboriginal Employment Strategy. • Audit cultural security implementation plans developed by government departments and their funded agencies.	☐ The number of cultural security action plans is increasing. ☐ The number of Aboriginal and Torres Strait Islander staff employed in front-line and senior managerial roles is increasing. ☐ The average length of time Aboriginal and Torres Strait Islander people work with the one organisation is increasing. ☐ Feedback from Aboriginal and Torres Strait Islander clients indicates improving cultural safety.

Cultural security template for departments and service-commissioning agencies

Priority action area	Strategies	Ways to track progress
2. Workplace health and safety systems	• Incorporate cultural security into OH&S regulations and guidance codes. • Ensure that OH&S regulatory officers are trained in cultural security compliance assessment. • Liaise with OH&S trainers to ensure that cultural security elements are included in OH&S training.	☐ Feedback from Aboriginal and Torres Strait Islander community leaders and peak bodies indicates improving cultural security and safety.
Domain 5. Communication Effective communication is integral to embedding cultural security processes in executive government, departments and service-commissioning organisations		
1. Awareness raising	• Senior government figures acknowledge cultural security leaders. • Senior government figures promote the importance of strategic and operational policies that support implementation of Aboriginal Inclusion Action Plans, the Human Services Standards and cultural security action plans by government departments and their funded agencies. • Senior government figures promote the importance of strategic and operational policies that support implementation of cultural security plans by government departments and their funded agencies.	☐ Cultural security is reflected in key policy documents, service delivery agreements, reporting systems and embedded into regular departmental business practice. ☐ Audits/reviews indicate plans being implemented.
2. Understanding of obligations under Victoria's Human Services Standards	• Messaging targeted to mainstream organisations for their need to comply with service delivery agreements developed under the Aboriginal culturally informed addendum to Victoria's Human Services Standards evidence guide. • Messaging targeted to mainstream organisations using positive examples of compliance with service delivery agreements developed obligations under the Aboriginal culturally informed addendum to Victoria's Human Services Standards evidence guide. • Messaging targeted to mainstream organisations receiving funding of the funding agency's intention to systematically audit organisational compliance with the Aboriginal culturally informed addendum to Victoria's Human Services Standards evidence guide.	

Cultural security template for departments and service-commissioning agencies

Priority action area	Strategies	Ways to track progress
Domain 6. Quality improvement, planning, research and evaluation Quality improvement, planning, research and evaluation underpin learning and reflection on how to address cultural security. Learnings inform ongoing planning		
1. Develop quality data	• Identify data requirements and sources, and train staff to ensure that quality data for future evaluation and research in relation to cultural security is available. • Develop and refine key performance measures to enable ongoing improvements in data systems, services and programs.	☐ Key performance indicators to assess cultural security are researched, developed and refined. ☐ Aboriginal Inclusion Action Plan Evaluation reports include measurements and assessment of cultural security in departments and their funded agencies. ☐ Regular, systematic sampling audits of cultural security in departments and funded agencies are conducted. ☐ Research focused on effectiveness of cultural security initiatives is conducted and communicated. ☐ Performance information is provided to Aboriginal and Torres Strait Islander communities, clients and peak bodies. ☐ Meetings, forums and other mechanisms to share information on cultural security programs and actions are sponsored.
2. Quality improvement	• Develop a 'cultural security organisational systems and client care standard' for mainstream organisations, which can be audited. • Aboriginal and Torres Strait Islander client involvement in cultural 'security audits leading to a Koori "tick" of approval linked to service accreditation. • Mandate organisational assessments and audits to identify levels of cultural competence and cultural security gaps and to inform improvement opportunities and related strategic and operational planning processes.	
3. Research	• Conduct research that has the potential to support improvements in the delivery of care to Aboriginal and Torres Strait Islander people and ensure that the outcomes of research are accessible to the community (to strengthen health literacy). • Share research outcomes, information on innovations and successful cultural security programs within and across government, advisory and policy planning groups, particularly those involved in Health, Community and Justice Services delivery.	

Case study 1. Marrabinya model of care[75, 76]

Marrabinya (Wiradjuri '*hand outstretched*')

Purpose

To create a stronger platform for the delivery of Aboriginal primary healthcare services in Western New South Wales.

Key principles

Marrabinya's key principles are:

- solutions driven through Aboriginal-owned General Practice clinics and services
- the spread of integrated health, social, and cultural capacity across mainstream General Practice and primary care networks
- transformation to cultural safety, involving three major steps: Cultural Awareness; Cultural Sensitivity; and Cultural Safety
- cultural awareness training on its own is not enough
- it cannot be assumed that a program that is successful in one context will work in another; developing and implementing cultural competence programs must be tailored in partnership with and drawing on input from local Aboriginal and Torres Strait Islander people

Expected outcomes

To have all contracted providers, including mainstream providers of services to Aboriginal people, working towards meeting the requirements set out in the Western NSW Aboriginal Health Council Cultural Safety Framework. Initially, contracted providers will show their commitment to transforming towards cultural safety and will subsequently work to meet the six Cultural Safety Framework Standards over the following three to five years.

Core document:

Western NSW Aboriginal Health Council Cultural Safety Framework. The framework sets out a continuum for primary healthcare service providers and progression is achieved across six standards:

- **Standard 1. Culturally safe and responsive clinical culture**

  This requires evidence that clinical practice is culturally responsive and supported by culturally based clinical supervision aimed at the continuous improvement and adaptation of clinical practice in services provided to Aboriginal people.

- **Standard 2. Culturally responsive models of care**

  Demonstration that all models of care have been culturally validated and promote a culturally safe service e planning and delivery framework for services to Aboriginal people.

- **Standard 3. Culturally safe workplace**

  This requires evidence that workplace practices and workplace design create an environment that supports and responds to the cultural safety of Aboriginal people receiving services, and where all service providers can develop and deliver culturally responsive services.

[75] *What works in partnering to deliver effective Aboriginal health services: The Western New South Wales Primary Health Network experience,* Deeble Institute, Evidence Brief No. 15, Australian Healthcare and Hospitals Association, August 2017.
[76] *Western NSW Primary Health Network shows what works in delivering effective Aboriginal health services,* media release, Australian Healthcare and Hospitals Association and Western NSW Primary Health Network, 23 August 2017.

- **Standard 4. Policy and procedure cultural audit**
  This requires evidence of a continual cultural audit of and cultural adaptation in the use of all policies and procedures where these policies or procedures affect the delivery of primary healthcare services to Aboriginal people.
- **Standard 5. Cultural community engagement**
  This requires evidence that the appropriate Aboriginal communities are actively involved in consultation, service design and service delivery planning. In addition, evidence of continual proactive dialogue with the appropriate local Aboriginal communities will be required as it relates to the delivery of individual clinical interventions.
- **Standard 6. Cultural workforce planning and management**
  This requires evidence that affirmative action workforce planning and implementation strategies are in place to support and foster the increased participation of Aboriginal people in the health workforce. This includes culturally adaptive supervision and workplace performance appraisals.

Case study 2. Women's Health West Reconciliation Action Plan [77]

"The process doesn't stop. The journey is still ongoing; we are looking forward to raising the bar."

Background

Women's Health West (WHW) was established in 1987 and expanded significantly in 1994 to deliver a range of family violence services for women and children, including crisis outreach and court support, housing establishment and crisis accommodation options, counselling and group work programs. WHW currently delivers services across seven local government areas in western metropolitan Melbourne, and is an active participant in regional and statewide reforms.

WHW recently launched its whole-of-organisation Reconciliation Action Plan (RAP). The RAP is intended to ensure that WHW works closely with the local Aboriginal community to close the gap in health outcomes for Aboriginal and Torres Strait women, children and their communities in Melbourne's west. Work on the RAP began in November 2014 with an initial plan aimed at laying the foundations for respectful, reciprocal relationships with the local Aboriginal communities. The RAP commits WHW to contributing to a future in which Aboriginal and Torres Strait Islander people experience health, safety and wellbeing in the community, which will in turn positively impact broader Aboriginal communities.

In 2013 the WHW staff put a proposal to the WHW Board to develop a Reconciliation Action Plan (a Foundation Plan). The proposal was endorsed by the Board, and the Policy and Development Coordinator was given responsibility for driving the change within the organisation.

"The RAP was the pivotal policy framework, that provided us with a systematic approach to move forward."

[77] This case study was sourced from *Final Evaluation of the North and West Metropolitan Region PCP Consortium Koolin Balit Project*, Juliet Frizzell Consulting, September 2017: pp32-35.

In the initial stages, the Policy and Development Coordinator sought advice and support from Reconciliation Australia, the Wurundjeri Council, Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Victorian Aboriginal Child Care Agency (VACCA). She also began attending the North and West Metropolitan Region's (NWMR) Koolin Balit Wellbeing Partnership meetings and sourced information, resources and tools from the *Building blocks to organisational cultural responsiveness* toolkit (see inwpcp.org.au/toolkit-main-page/).

To support the work required, two groups were established:

- an internal Working Group (WHW managers and staff), chaired by an executive manager. This group was responsible for developing the RAP and leading change across the organisation
- an Aboriginal Advisory Group (8 women and Elders from Aboriginal groups across the west) chaired by the CEO. This group was established to provide cultural advice to WHW and guidance on how to progress reconciliation.

As part of the process of developing the Foundation Plan, WHW completed a Cultural Audit using a tool supplied by the INW PCP. The audit highlighted a range of improvements that WHW needed to make to improve its culture responsiveness and realise its reconciliation goals.

As a result of the audit, WHW:

- implemented changes to make its building more culturally welcoming. The Cultural Audit Checklist: Creating a welcoming environment from the toolkit was used to inform changes to the building, including the waiting area
- introduced 'public recognition' of the Aboriginal communities in the west, in all its publications, on its website, and at meetings and events
- encourages staff to attend and participate in community events, and has established formal mechanisms for ongoing engagement with Elders and community members
- provided cross-cultural training for all staff in 2015 and 2016
- actively built and strengthened its partnerships with Traditional Owners, Aboriginal Community Controlled Organisations, Elders and community leaders.

Importantly, WHW began to actively talk about reconciliation internally and externally, and to establish its vision for reconciliation…*"To lay the foundations for respectful, reciprocal relationships with our Aborigianl communities, generating the conditions and self-reflection required within our organsation and our internal processes to work towards reconciliation."*

WHW's Foundation Plan was completed in August 2015. The process of developing the plan highlighted the importance of adequately resourcing the next stages of the reconciliation journey. The organisation was fortunate to secure a grant from the Helen McPherson Trust to progress its Innovate Reconciliation Action Plan and community engagement activities.

Case studies

In August 2015, WHW began work on its Innovate Reconciliation Action Plan. The grant was used to employ a full-time Project Worker whose role was focused on "working in the Aboriginal community", and to roll out two community engagement projects:

- Nan, Aunty, Mum "you are a treasure to our family" – the project was designed to identify barriers facing Aboriginal and Torres Strait Islander women in accessing breast screening services in Melbourne's west and to find solutions to overcome those barriers. The project was coordinated and delivered by Ngahina Waretini.
- Koori Health Days in the Dame Phyllis Frost Centre – a 12-week health program for Aboriginal and Torres Strait Islander women at the Dame Phyllis Frost Centre delivered in partnership with Aunty Lynn Killeen.

WHW's Innovate Reconciliation Action Plan was completed in October 2016 and sets out:

- the organisation's RAP vision, which is "*Aboriginal and Torres Strait Islander peoples' right to self-determination, land, cultures and histories are respected and celebrated across Australia*"
- three focus areas:
  - build strong partnerships
  - promote cultural safety
  - enhance opportunities.

The detailed Action Plan sets out a range of actions and deliverables that WHW will implement by December 2018. These include:

- organising at least one event for National Reconciliation Week annually
- building relationships with Aboriginal and Torres Strait Islander Elders, women and children of the Kulin Nation, and partnerships with the Wuundjeri Council, Boonwurrung and Wathaurong Elders, cultural heritage councils and Aboriginal Community Controlled Organisations
- developing a Community Engagement Plan to work with Aboriginal and Torres Strait Islander Elders, women and children
- including the RAP as a standing agenda item on each team meeting agenda
- consulting with Traditional Owners on what would make WHW's building culturally welcoming to Aboriginal and Torres Strait Islander clients, community women, partners and staff
- developing health promotion programs that are guided by, and deliverd to, Aboriginal and Torres Strait Islander women and young people in a culturally sensitive way
- staff attending cultural awareness training biannually
- reviewing training manuals and other resources to ensure the inclusion of culturally appropriate and inclusive language and imagery

- reviewing human resource policies and procedures to ensure there are no barriers to Aboriginal and Torres Strait Islander employees and future applicants participating in our workplace
- developing and implementing an Aboriginal and Torres Strait Islander Employment and Retention Strategy
- developing one commercial relationship with an Aboriginal and Torres Strait Islander consultant and/or business.

In mid 2016, WHW identified that it needed to improve its recruitment processes. While it was hearing that there was interest from the Aboriginal community in two vacant positions, despite advertising the positions twice, they were unsuccessful in recruiting Aboriginal people to fill them. The issue was raised at the Aboriginal Advisory Group. Feedback from the group indicated that the position descriptions and the recruitment process itself, were barriers. Around this time, a number of senior staff from WHW attended the VACCHO training Managing Aboriginal Staff and Programs organised and promoted through the Wellbeing Partnership.

Using the feedback from the Aboriginal Advisory Group and the learnings from the VACCHO training, WHW reviewed and redeveloped its recruitment policies and procedures. The position descriptions were shortened and the selection criteria reduced and changed. The recruitment process was streamlined into an Expression of Interest and panel interview, and applicants were offered the option of bringing along a support person to the interview.

After attending the training, WHW recognised that it had an obligation to build workforce capacity and not to undervalue culture and connection in 'selection criteria'. It also identified gaps in organisational knowledge, including how to support staff effectively during sorry business.

The processes of reflection led WHW to determine that it needed to develop and implement an Aboriginal and Torres Strait Islander Employment and Retention Strategy. A key focus of the strategy will be on stripping away the barriers to employment, exploring how all things HR can be improved, and how WHW can move beyond 'dedicated positions' to increase employment of Aboriginal people across the entire organisation, including front and back-of-house positions.

When WHW staff were asked to reflect on the learnings so far they said:

"To create change you need buy-in from all parts of the organisation, from the Board, senior managers and all departments."

"Community engagement is central to making good decisions."

"It is critical to show the community you're (WHW) committed through the delivery of joint projects and activities, by participating in community events, and through the employment of Aboriginal staff."

Appendix 1

Working in Two Worlds Forum for Aboriginal & Torres Strait Islander people working in mainstream organisations

The Working in Two Worlds Forum held on the 30 March, 2017 provided over 60 Aboriginal and Torres Strait Islander people working in mainstream health and community service sector employers with an opportunity to discuss how the sector can more effectively support Aboriginal and Torres Strait Islander workers in the workplace.

The unique skills, knowledge, and experience Aboriginal and Torres Strait Islander health and community services workers bring to mainstream health and community services enables organisations to deliver high quality, culturally responsive, services to the Aboriginal and Torres Strait Islander community.

Forum Purpose

The Working in Two Worlds forum was seen to be a highly effective way to bring Aboriginal and Torres Strait Islander people together in a culturally safe space to reflect on their experiences in mainstream roles and to inform development of a report advising on workplace support models that are safer and more appropriate for Aboriginal and Torres Strait Islander.

Uncle Richard Frankland's key note address

Uncle Richard Frankland, Gundjitmara Elder, set the scene for the forum. Uncle Richard spoke about how Aboriginal culture shapes identity and a sense of meaning in the world. He spoke about "cultural load" arising from everyday experiences and how cultural load can be much greater for Aboriginal people. He spoke about the importance of cultural safety and how cultural load becomes intensified when work environments are not culturally safe. He talked about how Aboriginal people often feel culturally and socially isolated in mainstream workplaces and how Aboriginal people often find themselves needing to justify their behaviour for meeting basic cultural obligations and needing to justify culturally safe work practices to non-Indigenous peers and managers. He focused on how cultural load impacts negatively on personal, Community, and professional wellbeing. He spoke about the importance of wider recognition of the cultural loads Aboriginal people carry with them every day and of putting cultural safety supports in place for Aboriginal people working in mainstream settings to minimise the impacts of those stressors.

The forum group discussions

After Uncle Richard's talk, forum participants gathered in groups to reflect on factors impacting their mainstream employment experience. Discussion themes prepared prior to the forum to support these discussions were:

- **Theme 1.** The support you need to help you manage cultural load (personal support)
- **Theme 2.** What does culturally safe employment look like?
- **Theme 3.** Supporting Aboriginal staff.
- **Theme 4.** Your career development: support and training
- **Theme 5.** Managing cultural load (work systems)
- **Theme 6.** Relationships between mainstream employers, Aboriginal organisations and government funding agencies

WORKING IN TWO WORLDS FORUM

for Aboriginal and Torres Strait Islander people working in mainstream organisations.

This consultation will inform a report on culturally safe employment in mainstream health, community services and other organisations.

Keynote Speaker: Richard Frankland

THURSDAY, 30 MARCH 2017

9:00am to 4:00pm

Essendon Football Club, Melrose Drive, Melbourne Airport

REGISTER VIA EVENTBRITE

ORGANISED BY THE LONG WALK AND THE NORTH WEST METRO REGION KOOLIN BALIT CONSORTIUM

For more information contact Leanne Brooke: The Long Walk on 0474 474 602 or Don Stewart: Inner North West Primary Care Partnership on 0408 605 998