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# The NSW SAS Cultural Safety Roadmap

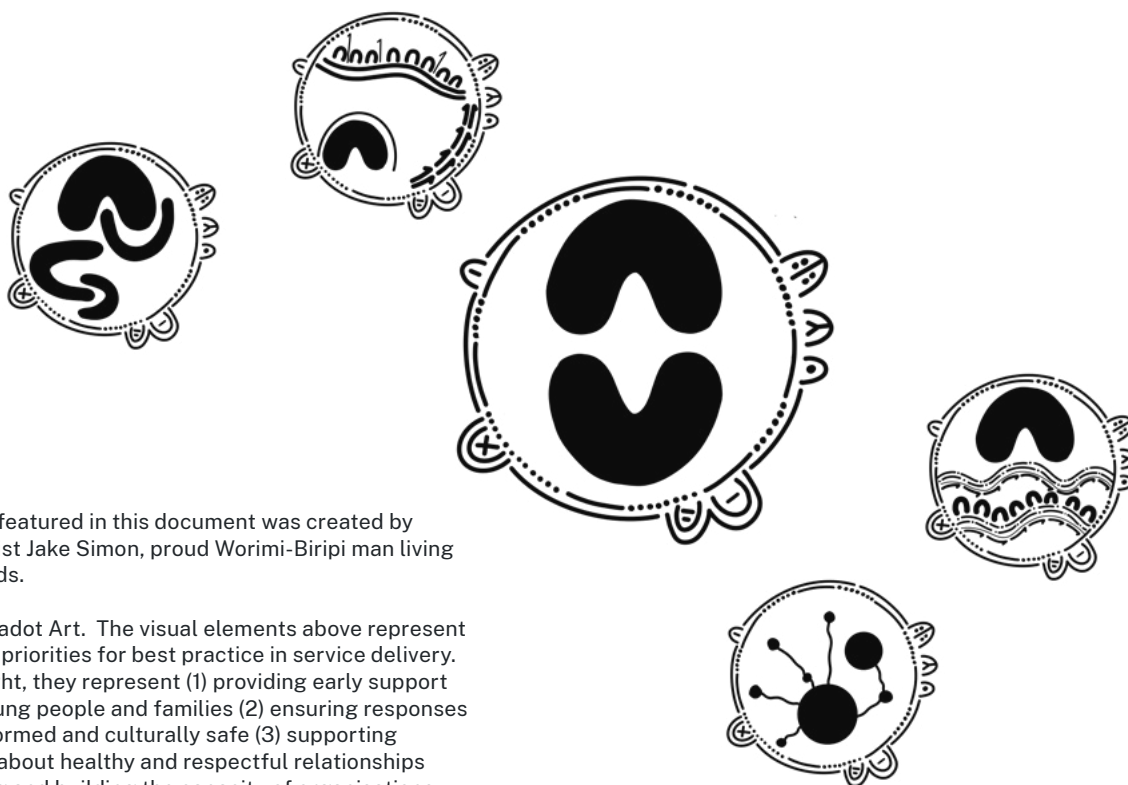
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For NSW Health  
Sexual Assault Services



NSW Health recognises Aboriginal people as the First Nations People of Australia, whose lands we now live and work upon, and whose winds and waters we all share.

We pay our respects to Aboriginal Elders past, present and emerging. We value Aboriginal history, culture and knowledge and the many ways it enriches the life of our nation and communities.



INYADOT ART featured in this document was created by Indigenous artist Jake Simon, proud Worimi-Biripi man living on Gadigal lands.

Artwork by Inyadot Art. The visual elements above represent the values and priorities for best practice in service delivery. From left to right, they represent (1) providing early support to children, young people and families (2) ensuring responses are trauma informed and culturally safe (3) supporting conversations about healthy and respectful relationships (4) empowering and building the capacity of organisations, workforces and communities to partner with families and (5) removing system barriers and putting in place effective pathways to support.

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# Acknowledgments

New South Wales (NSW) Health engaged ABSTARR Consulting Pty Ltd (ABSTARR) in September 2020 to deliver tailored training to PARVAN Senior Executives, an evaluation of the training and to develop a NSW Health Sexual Assault Services (SAS) Cultural Safety Roadmap and supporting Toolkit. We would like to acknowledge ABSTARR for working collaboratively with New South Wales Health, particularly our Aboriginal staff throughout the development process.

NSW Health would like to acknowledge the many staff who contributed to the development of this Roadmap

- **Education Centre Against Violence (ECAV):**
  - Aboriginal Portfolio team
  - Aboriginal Communities Matter Advisory Group (ACMAG)
- **New South Wales Health:**
  - Violence Abuse and Neglect (VAN) Aboriginal staff network
  - Centre for Aboriginal Health
  - Aboriginal Expert Group
  - Aboriginal Workforce Unit
  - Aboriginal Workforce Managers Network
  - Prevention and Response to Violence Abuse and Neglect (PARVAN) Aboriginal Advisory Group
  - PARVAN Senior Executives

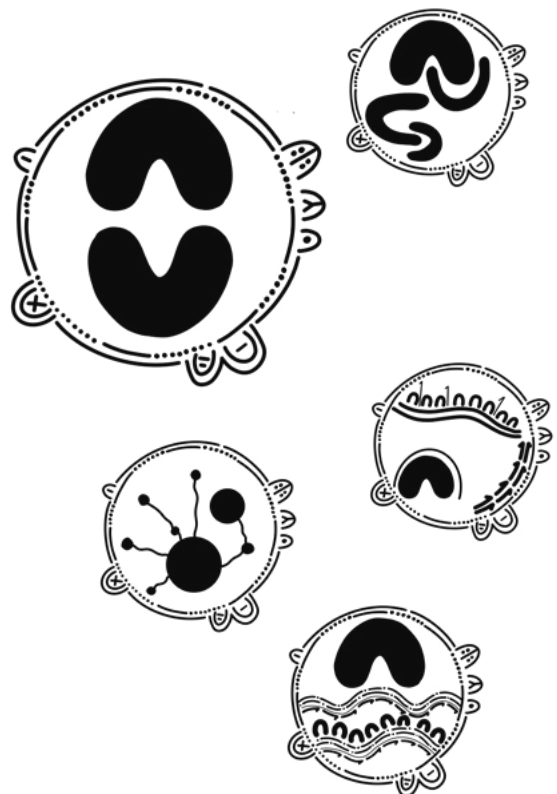
NSW Health acknowledges the contribution of the Aboriginal staff's cultural, clinical and ancestral wisdoms in developing this roadmap. We acknowledge the strength and resilience of our workers whose lives are touched by personal and professional experiences of violence, abuse and neglect.

NSW Health acknowledges the extensive work by Aboriginal and Torres Strait Islander people, families, communities who keep their communities, cultures and families strong and

thriving and share their knowledge of how to end violence, abuse and neglect for all people in New South Wales. SAS's cultural safety journey is not possible without the leadership, wisdom and extensive knowledge of Aboriginal families and communities.

## A note on language

NSW Health respectfully uses 'Aboriginal', rather than 'Aboriginal and Torres Strait Islander' in the narrative of this document. However, we acknowledge the concepts of self-determination and cultural safety are fundamental to outcomes for all Aboriginal and Torres Strait Islander Peoples in Australia, and for Indigenous Peoples globally.



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# Foreword

## Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning



I am very pleased to introduce the SAS Cultural Safety Roadmap (the Roadmap). This document provides clear commitments, guiding principles, and evidence-based priorities to strengthen SAS's capacity to build culturally safe environments for the Aboriginal workforce and increase access to these services for Aboriginal people. The Roadmap is supported by a complementary Sexual Assault Services (SAS) Cultural Safety Toolkit which provides practical resources and guidance to help change practice, attitudes and approaches on a daily basis. The Roadmap and Toolkit is underpinned by a comprehensive evidence base and was developed through a co-design process with extensive consultation.

The Roadmap is an integral element of NSW Health's implementation of the Royal Commission into Institutional Responses to Child Sexual Abuse recommendations. The Royal Commission highlighted the need for SAS to improve accessibility and cultural safety for Aboriginal survivors and emphasised the importance of incorporating Aboriginal and Torres Strait Islander healing approaches in therapeutic treatment service system responses for survivors of child sexual abuse. A genuine appreciation and understanding of the impact of power dynamics, the consequences of colonisation and a history of dispossession, the importance of Aboriginal worldviews, and the limitations of Western approaches in the assessment and treatment of trauma is central to demonstrating respect for the lived experiences of Aboriginal people.

We know that the provision of culturally safe care is essential to meet the holistic health and wellbeing needs of Aboriginal Australians effectively. Aboriginal people are the first peoples of Australia and are part of the longest surviving culture in the world. This document is created from the premise that incorporating Aboriginal

knowledge into our practice benefits all clients and staff. It also aims to shift the responsibility of creating safe and enabling environments from the shoulders of the Aboriginal workforce and to ensure that the broader system is accountable for upholding the values of self-determination, supporting cultural safety and undoing institutionalised racism.

I encourage you to embed the principles outlined in the Roadmap at the system, service and practice levels. It is the responsibility of all SAS staff to understand the broader contextual experiences of Aboriginal people, how this informs their individual experience of sexual and other violence, and creates barriers to accessing mainstream services. This includes committing to understanding, and learning from, the strong cultural history, expertise and resilience of Aboriginal people. This is vital to ensure that the NSW Health system delivers enhanced service responses and improved client experiences and outcomes for Aboriginal people and creates safe and equitable environments for NSW Health's Aboriginal workforce.

The priority areas and principles within the Roadmap are supported by an authorising framework of multiple National and NSW State strategies, reforms and policies. These documents reinforce NSW Health's commitment to redressing significant health disparities between Aboriginal and non-Aboriginal people in NSW. The development of culturally safe and culturally competent health services is a key strategic direction of the NSW Aboriginal Health Plan 2013-2023 and is consistent with the Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health. These resources also align closely to NSW Health's Integrated Prevention and Response to Violence Abuse and Neglect (IPARVAN Framework).





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I wish to thank the many staff who have given their time and expertise to the development of both the Roadmap and Toolkit. Importantly, I wish to acknowledge the dedication of the NSW Health Aboriginal workforce who have contributed their clinical and ancestral wisdoms to ensure

that Aboriginal worldviews and knowledge are central to these resources. I also wish to thank the Aboriginal women, men, children, families and communities of NSW. Without their leadership and strength, NSW Health's SAS cultural safety journey could not happen.



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# A message from Professor Gregory Phillips, PhD

Improving Aboriginal and Torres Strait Islander health outcomes requires investment in cultural safety and self-determination.

Dr Irahapeti Ramsden first described cultural safety as decolonising practice based on the Treaty of Waitangi; concerned with improving health outcomes for Maori by addressing racism in health care settings and professions (Ramsden 2000).

While there are different political and social realities in Australia, and cultural safety has been defined slightly differently, the principles of cultural safety remain strong and relevant in; most notably that:

- cultural safety is a euphemism for addressing and unlearning racism in the enabling environment – individual, institutional and systemic
- cultural safety requires an analysis of one's own cultural values, rather than merely learning about 'the other's' cultures
- enabling cultural safety requires a commitment to Aboriginal and Torres Strait Islander self-determination – 'nothing for them without them'. That is; Aboriginal Peoples must lead Aboriginal programs, policies and procurement, based on Aboriginal paradigms, or as Aunty Lilla Watson describes it, the Aboriginal Terms of Reference.

Self-determination is critical for four reasons:

1. It works – it is the single most important factor in improving health and social outcomes for Indigenous peoples internationally (Chandler & LaLonde 1998; Cornell et al 2011; Phillips, 2015; Phillips 2016; Behrendt et al 2016; Maranguka, 2019)

2. It is critical to the United Nations Declaration of the Rights of Indigenous Peoples, an international convention Australia is a signatory to

3. Jurisdictions such as Queensland and Victoria are supporting self-determination as official government policy and finding outcomes are improving, reversing or not getting worse

4. Cultural safety and self-determination will improve Indigenous health outcomes.

Further, Aboriginal knowledges are good for everyone. The globe will not survive climate change, bushfires and pandemics by using western sciences alone. Aboriginal sciences – over 60,000 years old; the wisest human knowledge systems in the world – will help humanity learn how to be better humans at peace with each other (belonging), with the land (sustainability). Our children and their grandchildren's lives demand it.

New South Wales Executives are to be commended for their willingness to unlearn racism and colonisation, and to reform the organisations and system around us. Decolonisation is good for everyone.



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# Statement of commitment to Aboriginal children, young people, families and communities

Aboriginal people are the first peoples of Australia and are part of the longest surviving culture in the world. With more Aboriginal people living in NSW than in any other Australian state or territory, improving the health and wellbeing of Aboriginal communities is a key focus for the NSW Government. It is the resilience of Aboriginal people that provides the very foundation upon which further efforts to improve Aboriginal health and wellbeing can be made (NSW Ministry of Health, 2012).

The consequences of colonisation as well as social determinants of health, such as education, employment, and housing, have had a devastating impact on the social, emotional, economic, and physical living conditions of Aboriginal people for more than 200 years. These factors continue to directly contribute to the health disparities experienced by many Aboriginal communities and the significant over-representation of Aboriginal children and young people in the statutory child protection system. An appreciation of these factors is critically important to closing the health gap between Aboriginal and non-Aboriginal people.

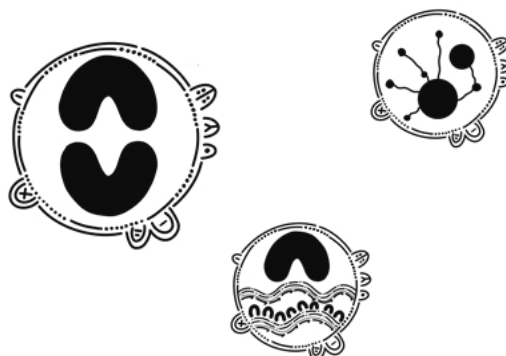
NSW Health recognises that Aboriginal health encompasses not only the physical wellbeing of an individual, but also the social, emotional and cultural wellbeing of the whole community within which each individual is able to achieve their full potential as a human being (National Aboriginal Health Strategy Working Party, 1989). As such, there exists an appreciation that the health of each individual is inextricably linked to the health and wellbeing of the wider community.

Aboriginal children, like non-Aboriginal children, are vulnerable to the impact of trauma through direct exposure to an accident, family violence or abuse (Atkinson, 2013). In addition to this, it

is important to acknowledge the individual and collective experiences of trauma from historical events associated with the colonisation of Indigenous land and with genocide, which can be profound. The passing of trauma legacies through generations to children is commonly known as intergenerational trauma.

Although the effects of childhood trauma can be severe and long lasting, recovery can be mediated by interventions that nurture the spirit, resilience and cultural identity of Aboriginal families and communities. Genuine appreciation and understanding of the impact of power dynamics, the importance of Aboriginal worldviews, and the limitations of Western approaches in the assessment and treatment of trauma is central to demonstrating respect for the lived experiences of Aboriginal people.

NSW Health is committed to supporting the ongoing efforts of Aboriginal people and their communities in reducing the impact of the social determinants of health, as well as the effects of individual and collective trauma legacies, to improve the health and wellbeing of Aboriginal families and communities in NSW. NSW Health recognises the significance of family and community to identity and is committed to Aboriginal families being connected and determining their own futures.





# Background

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) found there was a lack of accessible, appropriate and culturally safe therapeutic treatment and support for Aboriginal survivors of child sexual abuse. It also found there were few Aboriginal practitioners in the sector (Royal Commission Volume 9, p 137.) The Royal Commission recommended that Aboriginal and Torres Strait Islander healing approaches be “an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse” (Recommendation 9.2). The Royal Commission further commented on the need for specialist sexual assault services to improve accessibility and cultural safety for Aboriginal survivors (Royal Commission Volume 9, p 180). It recommended that governments enhance and build the capacity of services to better meet these needs (Recommendation 9.6).



## Recommendation 9.2

The Australian Government and state and territory governments should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.



## Recommendation 9.6

The Australian Government and state and territory governments should address existing specialist sexual assault service gaps by increasing funding for adult and child sexual assault services in each jurisdiction, to provide advocacy and support and specialist therapeutic treatment for victims and survivors, particularly victims and survivors of institutional child sexual abuse. Funding agreements should require and enable services to:

- a. be trauma-informed and have an understanding of institutional child sexual abuse
- b. be collaborative, available, accessible, acceptable and high quality
- c. use collaborative community development approaches
- d. provide staff with supervision and professional development.





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# Context

In October 2018, the NSW Government announced a \$127.2 million investment to implement the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. Of this, NSW Health received \$67.1 million over five years and \$19 million per annum thereafter to enhance specialist responses to sexual assault victims, and treatment services for children and young people with problematic and harmful sexual behaviours.

As part of this response, NSW Health has committed to improve service access to Sexual Assault Services (SAS) for Aboriginal people including through expanding the Aboriginal Workforce within SAS. The Ministry of Health funded Local Health Districts (LHDs) and Sydney Children's Hospital Network to develop Aboriginal Action Plans as set out in Responding to Sexual Assault (adult and child) Policy and Procedures (February 2020). These plans support increased access to SAS for Aboriginal people and the allocation of further funding to expand the SAS Aboriginal workforce.

This work is supported by:

- a dedicated Senior State-wide Education Officer, Aboriginal Portfolio, ECAV
- an Aboriginal Expert Group providing guidance and quality assurance
- cultural safety engagement and development training for Sexual Assault Service leadership.
- the development of this Roadmap and Toolkit

NSW Health is progressing a range of additional reforms that support access to culturally safe services for Aboriginal people and communities, including as part of the Royal Commission response. These include:

- The development and implementation of a culturally safe service model for the Safe Wayz Program for children under the age of criminal responsibility with problematic or harmful sexual behaviours. This program is being led by SAS.

- A pilot and subsequent state-wide rollout of a new specialist integrated service for adult survivors of childhood sexual abuse. The pilot project requires LHDs to work in partnership with Aboriginal health and community services to meet the specific needs of Aboriginal survivors of child sexual abuse and their families.
- The development of a Sexual Assault and New Street Services Access Strategy
- The development of the Aboriginal Family Wellbeing and Violence Prevention Strategy.
- The development of a NSW Framework for Preventing and Responding to Problematic and Harmful Sexual Behaviours. The Framework will be based on a public health approach and will guide the implementation of a child and family-centered system that promotes prevention and delivers appropriate, holistic and culturally safe responses to children and young people with problematic and harmful sexual behaviours.

## Integrated Prevention and Response to Violence, Abuse and Neglect

These programs are being implemented as part of the IPARVAN Framework, which is a key element of NSW Health's Violence, Abuse and Neglect (VAN) Redesign Program. The Framework outlines the vision, guiding principles, objectives and strategic priorities to strengthen NSW Health's response to violence, abuse and neglect.

While the Aboriginal Action Plans and this Roadmap and accompanying toolkit are designed for specific application within SAS, they can be applied in the context of and with relevance to broader Integrated VAN responses.



# About this Document

The Sexual Assault Services (SAS) Aboriginal Action Plans, Cultural Safety Roadmap and Toolkit all work together to collectively plan and enhance the enabling environment and prioritisation of cultural safety. These three processes (Figure 1) work together in concert to embed continuous quality improvement, enhanced sophistication and organisational maturity to support an enhanced enabling environment for the expansion of the Aboriginal workforce in SAS and increased access to SAS by Aboriginal People.



## The Roadmap

The Roadmap plays a role in prioritising, creating and maintaining the enabling environment for Aboriginal Action Plans to drive the expansion of the Aboriginal workforce in SAS and increased access to SAS by Aboriginal People.

NSW Health's commitment to improving the cultural safety of SAS is reflected in and driven by a broad range of initiatives, reforms and strategies. This landscape provides a strong authorising environment and public value imperative to prioritise this work.

This Roadmap aims to bring clarity and cohesion to the existing landscape by providing an evidence-based pathway to navigate and connect the various existing strategies and initiatives. It also provides important guidance and recommendations for NSW Health to consider and action to further increase the success and sophistication of SAS's cultural safety journey.



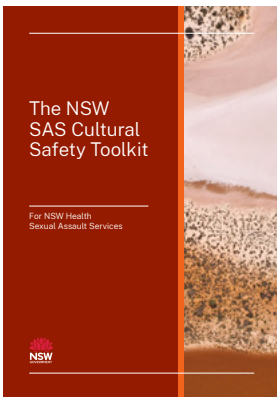
## Aboriginal Action Plans

### Aboriginal Action Plans

NSW Health is committed to improving access to Sexual Assault Services for Aboriginal People, including through the provision of additional funding to increase the Aboriginal workforce. The Responding to Sexual Assault (Adult and Child) Policy and Procedures requires each SAS to develop an Aboriginal Action Plan that provides a structured approach for SAS to work through four key required areas of cultural safety and cultural competence, community engagement, Aboriginal cultural consultation, and supporting the Aboriginal workforce.

The development and implementation of Aboriginal Action Plans is an ongoing and iterative process that partners with Aboriginal Peoples and communities in planning, decision-making and action, and are required (as a minimum) to be completed on an annual basis as part of normal service planning. The Aboriginal Expert Group will have a continuing role in guiding the sophistication, progression and implementation of local SAS Aboriginal Action Plans.

The Roadmap and Toolkit will guide NSW Health Executives with oversight of SAS (SAS Executives) as they develop and implement their Aboriginal Action Plans. Each Service's Aboriginal Action Plan should, over time, incorporate the 'commitments' in the Roadmap and articulate how and when these will be implemented.



### The Toolkit

This Toolkit aims to support the implementation of the Roadmap and Aboriginal Action Plans by providing practical resources and guidance to help change practice, attitudes and approaches on a daily basis. It provides information to help with the day-to-day implementation, as well as 'how to' support for SAS working to develop culturally safe responses to the needs of the Aboriginal workforce and clients.

It is important to note that the Toolkit is a living and dynamic document that will be updated, built upon and refined as it's used. Case studies will be added as more examples of change and success emerge. New tools and examples will be discovered along the journey of using the toolkit. The Ministry of Health will conduct a number of interactive forums in the second half of 2022 with representatives from each LHD / network to support ongoing implementation of SAS Aboriginal Action Plans. Feedback from these sessions will also support future updates to the Roadmap and Toolkit. The forums will explore a range of topics and provide participants with an opportunity to share ideas about the Toolkit and the Roadmap and how they are implementing these resources in their local districts.



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# Key definitions and concepts

## Cultural safety

In Australia, cultural safety in health professional practice has been defined by Aboriginal and Torres Strait Islander health national peak organisations (the National Health Leadership Forum) and the Australian Health Practitioner Regulation Agency (AHPRA), in consultation with the Australian Medical Council and the Medical Board of Australia as:

*‘Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*

*Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.’*

This definition informs AHPRA’s Aboriginal and Torres Strait Islander Cultural Safety Strategy 2020-2025, which is endorsed by 43 organisations, academics and individuals, including accreditation authorities who set the education standards for the 183,000 students who are studying to become registered health practitioners, and AHPRA and National Boards who regulate Australia’s 750,000 registered practitioners.

Phillips<sup>1</sup> identified the following five key elements of cultural safety that assist in understanding the application of cultural safety in practice:

1. Knowledge, skills and attitudes of and toward ‘the other’
2. Knowledge, skills and attitudes of and toward ‘the self’ (reflexivity)
3. Ongoing learning and continuous quality improvement (responsiveness)
4. Institutional enabling environment reforms at the level of governance and power, resource

allocation and measurement systems to ensure they are Aboriginal and Torres Strait Islander-led (self-determination)

5. Paradigm and terms of reference: ensuring that the underlying values, paradigm and approach to health and wellbeing is based on Aboriginal and Torres Strait Islander science and knowledges, not western biomedicine alone as the default

## Aboriginal health

Aboriginal understandings of health are holistic and refer to not only the physical wellbeing of an individual, but the social, emotional, and cultural wellbeing of the whole community, across the entire life-course<sup>2</sup>. It includes broader issues of social justice, equity, and rights, as well as traditional knowledge, traditional healing, and connection to country.<sup>3,4</sup>

## Self-determination

The principle of self-determination has been described as the most fundamental of all human rights for indigenous peoples. Self-determination has particular significance for indigenous peoples around the world given their historic exclusion from decision-making through the experiences of colonisation, dispossession and paternalism. Self-determination reflects the aspirations of indigenous peoples worldwide to be in control of their own destinies under conditions of equality, and to participate effectively in decision-making that affects them. The essence of the right of self-determination is the notion that a group of people must have control over their own lives.

Without self-determination it is not possible for Aboriginal peoples to fully overcome the legacy and impacts of colonisation and dispossession.<sup>5</sup>





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## Culturally safe access to mainstream services

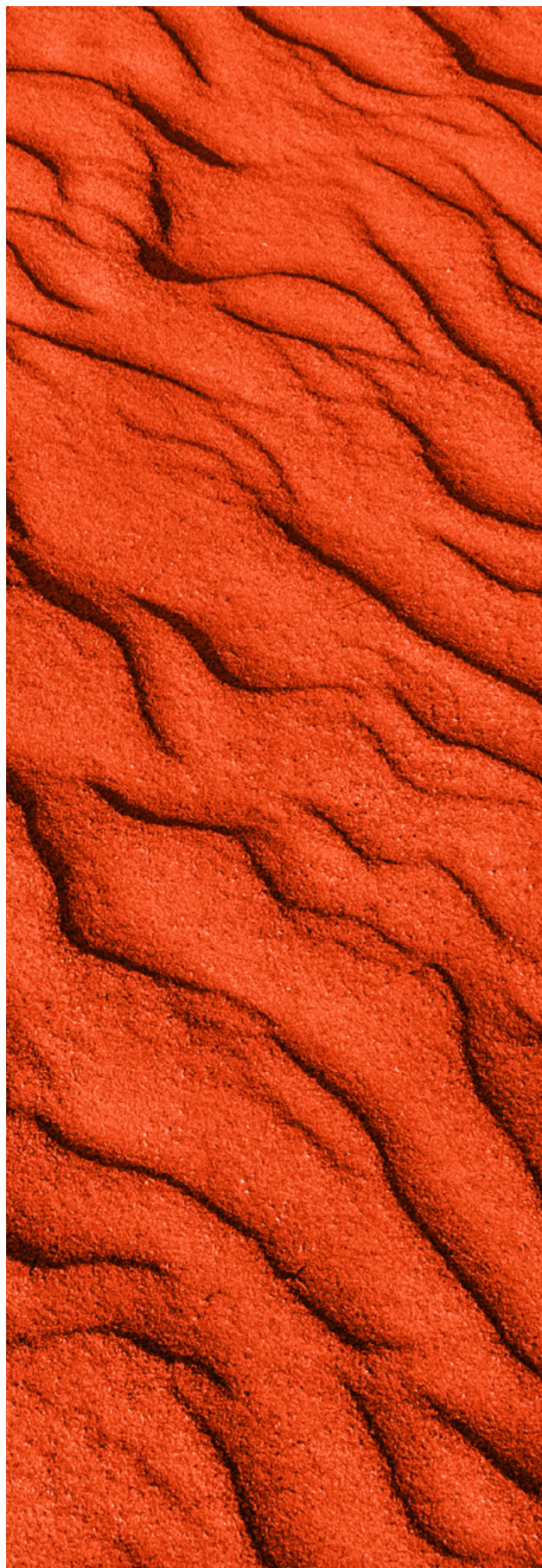
While the evidence tells us that Aboriginal and Torres Strait Islander health care services are best placed to overcome both the social and cultural determinants of health which hamper Indigenous peoples from accessing health care<sup>6</sup>, ensuring access to mainstream health care services is widely accepted as key to improving health outcomes.<sup>7</sup> Access to these services is even more crucial in the case of Aboriginal populations living with high rates of chronic disease and experiencing domestic and family violence, child abuse and neglect and sexual assault at higher rates than the non-Indigenous population. Achieving improved outcomes for Aboriginal people requiring access to sexual assault services must be underpinned by services that are accessible, that recognise diversity and are based on self-directed approaches, self-determination and choice. Self-determination and self-directed approaches are about enabling individuals, families and communities to lead and participate actively in the key decisions that impact on their lives. It is recognising the authority of individuals, families and communities to make their own decisions.

NSW Health recognises the impact of racism, colonisation and oppression on Aboriginal women, children, young people and their families, caregivers and communities, and the injustices Aboriginal people and workers face in using or working in government and non-government mainstream services.

These impacts are recognised in the NSW Aboriginal Health Plan 2013-2023, which states that the barriers faced by Aboriginal people in using mainstream services are a result of systemic racism.

### Other relevant terms

A complete glossary of terms relevant to NSW Health prevention and responses to violence, abuse and neglect can be found in the IPARVAN Framework (p. 7).



# Roles and responsibilities

**In culturally unsafe organisations, Aboriginal Peoples are expected to be responsible for both Aboriginal programs and making the enabling environment culturally safe (dealing with racism and institutional barriers). This unrecognised double duty contributes to a higher burden of emotional labour, workplace stress, and potential burn out for Aboriginal staff compared to non-Indigenous workers.<sup>1</sup>**

It is important that a balance is found between organisational responsibility and leadership and sharing power with Aboriginal People and communities to drive health improvement. In practice, this means using positions of power to lead processes that ensure Aboriginal health is Aboriginal-led and informed, and that Aboriginal voices and perspectives are put at the centre of any work.

Improving the health of Aboriginal people is a key focus for the NSW health system. NSW Health organisations and employees have a responsibility to improve the health outcomes of Aboriginal people, and everyone must be committed to working in partnership with Aboriginal people and organisations. This commitment has been formalised in a number of key documents including the:

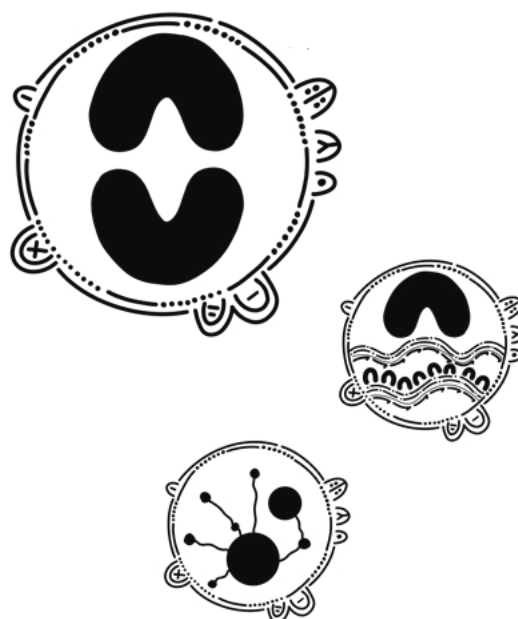
- NSW Aboriginal Health Plan 2013 - 2023
- NSW Health Statement of Commitment to Aboriginal People
- National Agreement on Closing the Gap (July 2020)
- NSW Aboriginal Health Partnership Agreement 2015 - 2025

A major part of enacting this commitment is ensuring non-Indigenous health professionals have the necessary training and skills in cultural safety and capability. Becoming a culturally safe organisation requires knowledge, skills, behaviours and action at the personal, practice and organisational levels from:

- SAS Senior leaders and managers
- SAS staff
- Ministry leadership and staff
- Health Pillars
- Education Centre Against Violence (ECAV)

There is a need to have a strategic approach to engaging with Aboriginal communities and the potential risks should be carefully considered, such as consultation fatigue and retraumatising and further disempowering the community. Aboriginal communities are far less likely to experience 'consultation fatigue' if approaches are co-ordinated, genuine and are in the spirit of shared decision making, power and resources. A commitment to investing the time and changing the power dynamic is vital to establishing and maintaining relationships and partnerships.

Shared decision-making is most effective when Aboriginal people are provided with decision-making authority, and where there are deliberative and negotiated process, not just information giving or consultation.<sup>8</sup> There is a responsibility to negotiate, not just consult, practical guidance on this critical responsibility is provided in the Cultural Safety Toolkit in the Relationships and shared governance and decision making chapter.





# The Roadmap at a Glance

## Element 1: Principles

These fundamental principles should guide decision-making and underpin the Roadmap's implementation.

- Accept cultural safety is intrinsic to clinical safety
- Apply continuous quality improvement approaches
- Aboriginal knowledges are good for everyone
- Enable self-determination
- Create safe environments for learning and reflection
- Take an iterative and staged approach: becoming informed, taking a stance, and reaching out

## Element 2: Priority areas for action

The priority areas for action provide an evidence-based pathway to creating a culturally safe enabling environment for the expansion of the SAS Aboriginal Workforce and increased access to SAS by Aboriginal Peoples.



**Leadership**



**Eliminate all forms of racism and bias**



**Aboriginal-centred, trauma and culturally informed practice**



**Expanding and supporting the Aboriginal workforce**



**Relationships, shared governance and decision-making**



**Accountability, success and measurement**

For each of the priority areas, the Roadmap includes:

### What's already happening?

These priority areas are already comprehensively supported in a range of National and NSW State strategies and policies. This existing authorising policy environment can be used to support and reinforce the importance of the priority commitments in local policies, procedures, action plans and business cases.

### What else is needed? (Commitments)

This includes commitments to further increase the success and sophistication of SAS's cultural safety journey.

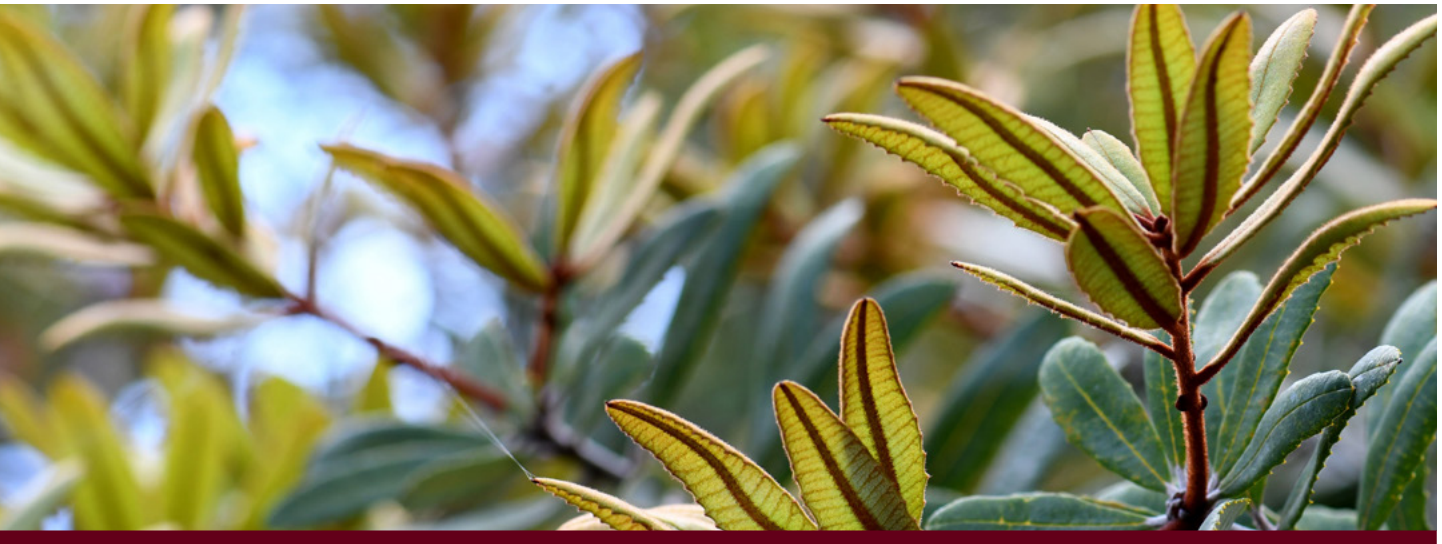
### Making it happen (Roles and Responsibilities)

This section outlines how the commitments should be implemented by allocating roles and responsibilities within NSW Health.

## NSW Health Cultural Safety Toolkit

A Toolkit provides resources, tools and reflective questions to support practical implementation of the Roadmap.





# Principles

## Accept cultural safety is intrinsic to clinical safety

Cultural safety and dealing with unconscious bias and discrimination must be considered core business for any world-class health organization (West et al, 2019). Cultural safety is not an optional ‘add-on’ to high quality service, care, policy, programs or procurement; it is intrinsic to clinical safety (ABSTARR Consulting & AHPRA, 2020).

## Apply a continuous quality improvement approaches

Implementing this Roadmap will take time, commitment, ongoing learning, and a continuous quality and practice improvement approaches are critical to its success. A continuous process of ongoing unlearning learning, reflection, applying, reflecting and embedding is required at individual and organisational levels.<sup>9,10</sup>

Throughout the co-design, the theme of a fear of ‘getting it wrong’ was a driver of professional paralysis. A strong endorsement that this is a process of continual learning will support innovation and the confidence to take risks and try new and transformational ways of working.

## Aboriginal knowledges are good for everyone

Aboriginal Peoples are custodians of a paradigm that is useful for the sustainable survival of all peoples in society, and Aboriginal knowledges and paradigms can inform better outcomes for all. It is important to understand that 60,000 years of survival science, and surviving genocide, has equipped Aboriginal Peoples with a set of knowledges that are unique, strengths-based and useful for all population groups.<sup>1</sup>

Aboriginal political and economic governance of the land (living in sustainable relationship with the land and water) for millennia ensured far more effective management of bushfires and river flows during drought than we are currently witnessing under Western power regimes.<sup>11</sup> Aboriginal knowledge and expertise in resilience, collective healing and responding to people who have experienced sexual assault and trauma will strengthen and benefit all of NSW Health service provision. These approaches are consistent with NSW Health strategies and tools that promote integrated, human-centred health care.



## Enable self-determination

A 'nothing for them without them' approach is not only a strategic imperative, or in the case of Aboriginal Peoples, a United Nations obligation,<sup>12</sup> it is also recognised within the evidence base as strongly linked with positive health and social policy outcomes. For Indigenous populations globally, strong evidence shows the single biggest factor in improving outcomes is self-determination.

Self-determination, when supported properly, is more likely to ensure stakeholder buy-in, health service congruence, and effective changes in the quality of services and outcomes. Leadership for solutions to family violence in Aboriginal communities will be found in Aboriginal communities<sup>13</sup>.

Aboriginal Peoples who experience violence, abuse and neglect can feel a loss of power and approaches that enable the reclaiming and regaining of power and control over their own lives fundamental to the healing process. For Aboriginal survivors, self-determination supports this healing journey for individuals, in the context of their family and community.<sup>14,15</sup>

## Provide safe environments for learning and reflection

Providing safe spaces for staff and executives to reflect is a key principle for ongoing learning and the continuous improvement needed to undertake the process of transformational unlearning of what

they did not know they learned (in other words, to unlearn their potential for white privilege, unconscious bias, discrimination and racism). That process can cause a grief reaction, so coaching and mentoring supports are required to ensure Aboriginal Peoples do not do all the emotional labour.

SAS managers and clinical leads are crucial in leading this process within the team. They should play a key role in facilitating and engaging in ongoing reflection and review of cultural competence in clinical supervision, cultural supervision, planning meetings, training, and in daily practice.<sup>16</sup>

## Take an iterative and staged approach

Herring et al. (2013) provide a framework for working towards trauma and racism-informed cultural competence, whereby practitioners and organisations can take the 'careful and patient' steps of becoming informed, taking a stance and reaching out to their local Aboriginal communities. Individuals and organisations can work towards culturally safe practice as a journey. It is not a destination that once achieved is complete. This journey involves attitudes, policies, and practices.

Working towards cultural safety is a responsibility of all SAS staff. Trauma and racism-informed cultural competence involves a series of steps to be taken primarily by non-Aboriginal staff.<sup>16</sup>







# Priority areas for action



## Leadership

Excellence in health relies on highly skilled and competent health service leaders and managers. A commitment to achieving a culturally proficient and safe health workforce should come from the top and then filter down through the different levels of each organisation. This is key to growing the Aboriginal workforce and sustaining cultural change.<sup>17,18,19</sup>

Aboriginal leadership at the senior manager and executive levels is essential to planning and designing culturally-respectful health care services for Aboriginal Peoples.<sup>18</sup> The importance of Aboriginal and non-Aboriginal leaders driving quality improvement to effect behavioural and systemic changes so that cultural safety becomes embedded in everyday practice cannot be overstated.<sup>19</sup>

It is important that health leaders find a balance between their organisational responsibility and sharing power with Aboriginal People and communities to drive health improvement. In practice, this means using positions of power to lead processes that ensure Aboriginal health is Aboriginal-led and informed, and that Aboriginal voices and perspectives are put at the centre of any work. It means asking, listening to and valuing the voices of Aboriginal workers and communities and translating their knowledge into meaningful

organisational action. Centring Indigenous voices cannot be done in a tokenistic way. The approach needs to be genuinely participatory and involve engaging and working with multiple Aboriginal and/or Torres Strait Islander stakeholders from within and/or outside the organisation.<sup>20</sup>

Successful change management requires a large commitment from executives and senior managers, whether the change is occurring in a department or in a complete organization. Leadership from the senior team is the most significant factor in helping employees to buy into and support the needed changes.

### What's already happening?

#### National strategies, policy drivers and initiatives

- The Australian Government Cultural Respect Framework 2016-2026 (developed for the Australian Health Minister's Advisory Council), Domain 1 outlined 'what it looks like' for a whole-of-organisation approach and commitment for Governance and Leadership in tackling racism and discrimination. A core guiding principle of this framework is that the whole health sector is responsible for prioritising efforts



to improve the health of Aboriginal People and communities.

- The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 includes the key principle of Leadership and Accountability, outlining the fundamental importance that strong leadership from both Aboriginal and Torres Strait Islander and non-Indigenous health professionals is essential in building social participation and eliminating racism from the health system.

### NSW strategies, policy drivers and initiatives

- The NSW Aboriginal Health Plan 2013-2023 includes a key principle regarding the participation of Aboriginal Peoples at all levels of health service delivery and management.
- Aboriginal Family Health Strategy Responding to Family Violence in Aboriginal Communities 2011-2016 addresses the element of Strategic Leadership.
- The DRAFT Aboriginal Family Wellbeing and Violence Prevention Strategy 2021-2026 has a key domain to drive improved NSW Health system governance and accountability

- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 1: Strengthen leadership, governance, and accountability, Strategic Priority 1.1: Leadership driving NSW Health system reform and service improvement, and Strategic Priority 1.2: Strong Governance.
- The NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, 'Chapter 21: Working with Aboriginal People and Communities' provides guidance for SAS managers and clinical leads throughout. Section 21.2 provides particularly useful guidance.
- The Aboriginal Health Impact Statement (AHIS) includes a key principle regarding effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.
- The NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 – 2020 has priorities to grow a culturally safe workforce by attracting, recruiting and retaining more Aboriginal people to work in both clinical and non-clinical roles across NSW Health.

### What else is needed? (Commitments)

### Making it happen (Roles and Responsibilities)

#### What needs to happen first? (Priority Commitments)

**1.1** Identify organisational Cultural Safety, Anti-Racism and Self-Determination Executive Change Leaders / Champions to raise the profile of, promote, and engage staff and other leaders in the change process.

LHDs, Ministry

**1.2** Provide ongoing advanced, high quality, cultural safety learning experiences and culturally informed coaching and mentoring for LHD. Training should go beyond basic cultural awareness to ensure positive attitudinal and behavioural change and be evaluated for its effectiveness. District (including CEs), SAS, and Ministry of Health senior leaders (including Secretary and Deputy Secretary levels) should also be provided opportunities and be encouraged to engage in cultural safety learning. This will help set the tone and expectations at the highest level of the LHD and Ministry and drive accountability for cultural safety. Success requires executive clarity and buy-in on rationale, values and measurement.

LHDs, Ministry, ECAV



**What else is needed? (Commitments)**

**Making it happen  
(Roles and  
Responsibilities)**

*What needs to happen next? (Commitments to embed and support)*

- 1.3** Develop new and implement existing intentional leadership and talent development initiatives to advance Aboriginal People into executive positions in SAS, both targeted and mainstream, consistently across LHDs to meet the Aboriginal workforce target of 3 per cent Aboriginal representation at all salary levels and occupations across all organisations by 2023. Where the local community is comprised of greater than 3% Aboriginal people, health services should be establishing Aboriginal workforce composition targets that at minimum meet parity with the local Aboriginal population rate for the purpose of representation across the workforce.

LHDs, Ministry
- 1.4** Embed and resource cultural supervision for PARVAN Senior Executives that is led and designed by Aboriginal People, from an Aboriginal worldview. Linked to Priority Commitment 4.1 that provides a stepped approach.

ECAV, LHDs, Ministry
- 1.5** The Ministry of Health to conduct a number of interactive forums in the second half of 2022 with representatives from each LHD / network to support ongoing implementation of SAS Aboriginal Action Plans. Feedback from these sessions will also support future updates to the Roadmap and Toolkit. The forums will explore a range of topics and provide participants with an opportunity to share ideas about the Toolkit and the Roadmap and how they are implementing these resources in their local districts. This will support an enhanced enabling environment for the expansion of the Aboriginal workforce in SAS and increased access to SAS by Aboriginal People. This aligns with activity 5.14 in the NSW Health Services Cultural Engagement Tool and NSQHSS Action 1.21 Improving cultural competency.

Ministry, LHDs
- 1.6** SAS leaders champion the key message that cultural safety is intrinsic to clinical safety and is not an optional 'add-on' to high quality services, including through formal and informal communications.

ECAV, LHDs, Ministry



## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a 'how to' guide for strengthening Leadership in culturally safe organisations.







## Eliminate racism and bias

Cultural safety is, in many ways, a euphemism for overcoming the normalised systemic racism in the enabling environment. Therefore, cultural safety refers to an enabling environment where Aboriginal Peoples:

1. are enabled to health care that suits their needs
2. feel they can access health care that suits their needs
3. are able to challenge personal or institutional racism when they experience it or observe it as a bystander and be believed and respected in an established reporting and resolution processes
4. have established trust in services, and
5. expect and receive effective, high quality care.<sup>1</sup>

Culturally safe organisations recognise that racism is a significant public health and public policy issue<sup>21,22</sup> and actively work to eliminate all forms of racism, white privilege, and cultural bias that Aboriginal People continue to experience in all aspects of health service delivery.<sup>9,23</sup>

*“We commit to calling out, denouncing, and resisting all forms of Introduced Violence: institutional and systemic racism, discriminatory practices within the child protection system, criminal justice, health care, education, housing and employment that have perpetuated intergenerational oppression, poverty and trauma. These manifests in domestic and family violence and child abuse.” Aboriginal Professional Development Circle’s Charter 9.*

### What’s already happening?

#### National strategies, policy drivers and initiatives

- The National Agreement on Closing the Gap’s outcomes, priority reforms and transformational elements include strong commitment to providing culturally safe services that are free from racism. This includes an expectation to identify and call out institutional racism, discrimination and unconscious bias, with a focus on addressing features of systems that cultivate institutionalised racism.
- The Australian Health Minister’s Advisory Council’s National Aboriginal and Torres Strait Islander Health Plan 2013-2023 makes a strong commitment to a culturally respectful and non-discriminatory health system, where all health care, whether government, community or private, is free of racism.
- The Australian Government Cultural Respect Framework 2016-2026 (developed for the Australian Health Minister’s Advisory Council): Domain 1 outlines ‘what it looks like’ for a whole-of-organisation approach and commitment for Governance and Leadership in tackling racism and discrimination.
- The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 includes a principle to achieve Health Systems Effectiveness, whereby workplaces must be free of racism, culturally safe, supportive and attractive to the Aboriginal and Torres Strait Islander health workforce.
- The draft Aboriginal Family Wellbeing and Violence Prevention Strategy 2021-2026 commits to building in culturally safe environments, free from racism, bias and power and balances, including exploration of concepts related to whiteness and white privilege.



## NSW Health strategies, policy driver and initiatives

- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 2: Enhance the skills, capabilities and confidence of the NSW Health workforce, Strategic Priority 2.2: Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values, and Strategic Priority 2.3: NSW Health workers receiving appropriate supervision and support.
- Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health. Respecting the Difference aims to improve the health status of Aboriginal People and reverse the impact of racism to motivate NSW Health staff to build positive and meaningful relationships with Aboriginal People who may be clients, visitors or staff, and to improve their confidence in establishing appropriate and sustainable connections.
- ECAV & ACMAG's Aboriginal-Centred, Trauma-informed and Healing-focused Cultural Care: A Framework for Practice, for Governance, for Healing and for Change provides cultural practice standards and evidence of links between colonialism, genocide and introduced violence.
- The NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, 'Chapter 21: Working with Aboriginal People and Communities' provides guidance on addressing injustice and supporting resilience and healing, cultural safety and cultural competence (recognising traditional and contemporary cultural considerations), and cultural safety in therapeutic interventions.
- ECAV Training (<https://www.ecav.health.nsw.gov.au/>)
- NSW Health Diversity, Inclusion and Belonging Guide
- The Aboriginal Health Impact Statement (AHIS) assists to reduce disparities for Aboriginal people by ensuring policies and programs strive to achieve equity. The AHIS guides the systematic examination and assessment of health system barriers, enablers and linkages in relation to Aboriginal health, to identify opportunities to improve access to healthcare as well as potential adverse impacts to be mitigated.
- NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool supports health services to assess whether there has been a measured approach towards the delivery of culturally safe and accessible health services for Aboriginal patients and clients.
- NSW Aboriginal Health Plan 2013 – 2023 which includes a strategic direction to provide a culturally safe work environments and health services



What else is needed? (Commitments)		Making it happen (Roles and Responsibilities)
<i>What needs to happen first? (Priority Commitments)</i>		
<b>2.1a</b>	Publish and promote a clear publicly communicated statement of commitment to cultural safety and be specific that racism, discrimination and unconscious bias is not welcome in SAS.	LHDs, Ministry, ECAV
<b>2.1b</b>	Develop policies and procedures to support the implementation of the statement of commitment including policies to support the management of staff who demonstrate a lack of acceptance of cultural respect. This aligns with action 5.18 in the NSW Health Services Cultural Engagement Self-Assessment Tool, and AHP Strategic Direction 5: Providing culturally safe work environments and health services.	LHDs, Ministry, ECAV
<b>2.1c</b>	Support the co-design of anti-racism reporting and resolution systems, including consequences and accountabilities for repeat or serious offenders.	LHDs, Ministry, ECAV
<b>2.1d</b>	Develop accountability and co-ordination mechanisms that ensure all parts of the organisation are accountable to the statement of commitment. The development of suitable monitoring systems aligns with NSQHSS Action 1.4 Implementing and monitoring targeted strategies and AHP Strategic Direction 6: Strengthening performance monitoring, management and accountability.	LHDs, Ministry, ECAV

What else is needed? (Commitments)		Making it happen (Roles and Responsibilities)
<i>What needs to happen next? (Commitments to embed and support)</i>		
<b>2.2</b>	Provide ongoing advanced, high quality, cultural safety learning experiences and training for all SAS staff. Training should have learning outcomes that go beyond basic cultural awareness and provides the tools to address individual and institutional racism, ensures positive attitudinal and behavioural change, builds capacity for advocacy and system advocacy for cultural safety in supporting systems (such as the legal system), and builds enhanced organisational capacity to appropriately manage staff who demonstrate a lack of acceptance of cultural respect. This aligns with NSQHSS Action 1.21 Improving cultural competency.	LHDs, ECAV, Ministry



## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a 'how to' guide for strengthening approaches to eliminate racism and bias in culturally safe organisations.

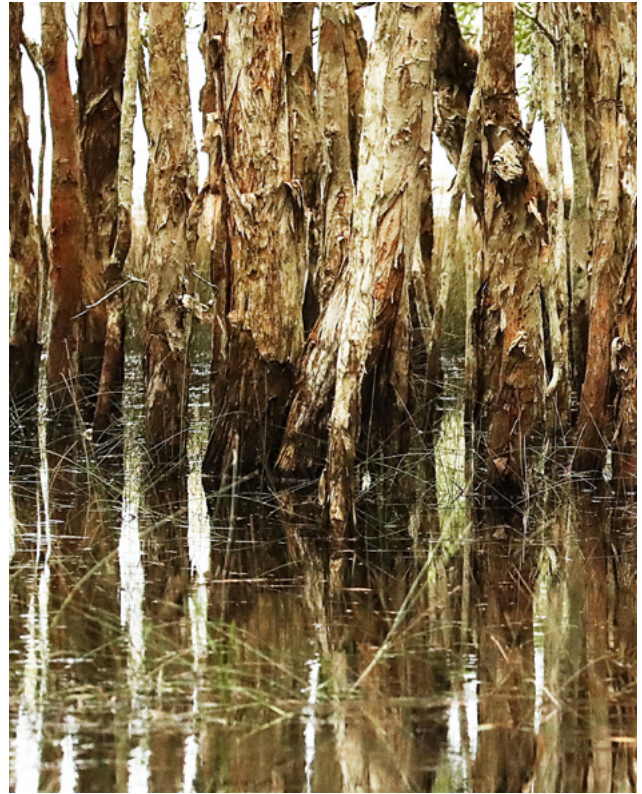




## Aboriginal-centred, trauma and culturally informed practice

Aboriginal-centred, trauma-informed cultural practice that puts culture at the centre, and includes elements of self-determination, community values and participation, Aboriginal holistic understandings of health, and a culturally and clinically skilled workforce is more likely to improve Aboriginal health outcomes.<sup>7</sup>

Culturally safe models of care and practice are critical to enhancing the enabling environment to attract, retain, support, and develop Aboriginal staff. These models are fundamental to improving Aboriginal Peoples' access to SAS. Accepted 'normal' (meaning western) biomedical approaches to health care are limited and ineffective in Aboriginal communities. By contrast, Aboriginal approaches to holistic wellbeing can be applied effectively for many populations.<sup>1</sup>



### What's already happening?

#### National strategies, policy drivers and initiatives

- The Department of Health National Aboriginal and Torres Strait Islander Health Plan 2013-2023 includes clinically appropriate care as a key health enabler and priority, outlining the need for the health system to deliver clinically appropriate care that is culturally safe, high quality, responsive and accessible for all Aboriginal People.
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 includes the centrality of culture as a principal. It outlines that effective, comprehensive, and culturally safe and responsive approaches to service delivery should have the flexibility to reflect the local context and the diversity of Aboriginal and Torres Strait Islander communities. It further outlines that cultural knowledge, expertise and skills of Aboriginal and Torres Strait Islander health professionals are reflected in health services models and practice.

#### NSW Health strategies, policy drivers and initiatives

- The NSW Aboriginal Health Plan 2013-2023 includes a key principle regarding the recognition of the cultural values and traditions of Aboriginal communities & holistic approaches to the health of Aboriginal People.
- Draft Aboriginal Family Wellbeing and Violence Prevention Strategy 2021-2026 specifically outlines a commitment to increase Aboriginal-centred, trauma-informed and healing-focused Cultural Care.
- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 2: Enhance the skills, capabilities and confidence of the NSW Health workforce, Strategic Priority 2.2: Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values, and Strategic Priority 2.3: NSW Health workers receiving appropriate





supervision and support.

- ECAV & ACMAG's Aboriginal-Centred, Trauma-informed and Healing-focused Cultural Care: A Framework for Practice, for Governance, for Healing and for Change' (document in development) provides an Aboriginal worldview central to cultural care. This includes Aboriginal historical timelines, Aboriginal worldview of the colonisation of Australia, and Aboriginal sovereignty. Furthermore, it outlines who should do cultural care work, how to acknowledge crimes of colonial invasion, how to map cultural care, cultural practice standards, and evidence of links between colonialism, genocide and introduced violence.
- The NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, 'Chapter 21: Working with Aboriginal People and Communities' provides guidance on addressing injustice and supporting resilience and healing, cultural safety and cultural competence (recognising traditional and contemporary cultural considerations), and cultural safety in therapeutic interventions.
- NSW Health Adult Survivors Program: piloting and state-wide rollout of specialist integrated service for adult survivors of child sexual abuse with complex needs. This is a significant program of reform being implemented in response to the Royal Commission into Institutional Responses to Child Sexual Abuse and is closely aligned with the VAN Redesign Program and IPARVAN Framework. The Adult Survivors Program aims to improve outcomes for survivors by reducing repeat crisis presentations through specialist trauma counselling, wrap-around support and collaborative case management between NSW Health Sexual Assault Services, Mental Health, AOD and Aboriginal health and community services. The Program has a specific focus on ensuring culturally safe and culturally appropriate care and reducing the impacts of complex and intergenerational trauma for Aboriginal survivors, their families and communities through increasing Aboriginal SAS counselling positions and building capacity in SASs to provide healing and family-centred models of care that prioritise community development and outreach.
- The Integrated Trauma-Informed Care Framework for vulnerable children, young people, their families and carers brings together the principles and practices of integrated care and trauma-informed care to enhance the experiences of clients and their families accessing NSW Health services. The Framework will provide guidance to all NSW Health staff, as well as a platform for the systems change required to implement this type of care. It aims to mitigate the impacts of trauma, prevent the health system exacerbating trauma, and promote healing.
- The Aboriginal Health Impact Statement (AHIS) aims to support NSW Health staff and organisations to improve the health and well-being of Aboriginal people by systematically applying an 'Aboriginal health lens' to all policies and programs.
- NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool supports health services to assess whether there has been a measured approach towards the delivery of culturally safe and accessible health services for Aboriginal patients and clients.

### What else is needed? (Commitments)

### Making it happen (Roles and Responsibilities)

#### What needs to happen first? (Priority Commitments)

- |            |   |                      |
|------------|---|----------------------|
| <b>3.1</b> | Support and prioritise ACMAG & ECAV to lead the development, implementation and embedding of the Cultural Care Framework. | ECAV, LHDs, Ministry |
|------------|---|----------------------|



What else is needed? (Commitments)	Making it happen (Roles and Responsibilities)
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<i>What needs to happen next? (Commitments to embed and support)</i>	
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<b>3.2</b> Educate SAS services staff broadly about the Cultural Care Framework and its application; hold executives accountable for supporting comprehensive implementation.	ECAV, LHDs
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<b>3.3</b> Implement an organisational truth and healing process including publicly communicated statements acknowledging, apologising and outlining approaches to guarantees against repetition of the harms of the past, perpetrated by the organisation and its various incarnations.	LHDs, Ministry
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## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a ‘how to’ guide for strengthening Aboriginal-centre, trauma informed models of care in culturally safe organisations.



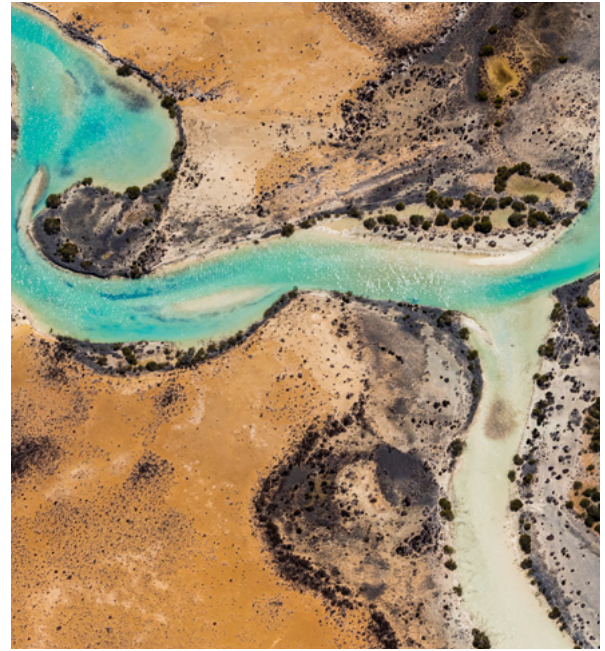




## Expanding and supporting the Aboriginal workforce

The unique skills and capabilities of the Aboriginal health workforce are a requirement of delivering culturally safe care. Aboriginal staff combine clinical knowledge with a lived understanding of community and family relationships, connection to country, cultural practices, and languages. These are all factors that the evidence demonstrates as making a positive difference to service access, experiences, and outcomes for Aboriginal People.<sup>24</sup>

SAS should prioritise promoting an Aboriginal SAS workforce and addressing equity in pay gaps and career progression, as well as in redressing structural exclusion of Aboriginal staff.



### What's already happening?

#### National strategies, policy drivers and initiatives

- The Department of Health National Aboriginal and Torres Strait Islander Health Plan 2013-2023 sees human and community capability as key health enablers when the capabilities, potential and aspirations of Aboriginal People are realised. It optimises their contribution as individuals to the health workforce and to strategies to achieve Aboriginal wellbeing.
- The Australian Government Cultural Respect Framework 2016-2026 (developed for the Australian Health Minister's Advisory Council), Domain 3 outlines 'what it looks like' for effective workforce development and training for Aboriginal workforce, Aboriginal leadership, and a culturally responsive health workforce.
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 includes the centrality of culture as a principal. It outlines that Aboriginal and Torres Strait Islander health workforce participation is an essential element within all health workforce initiatives, settings and strategies.

#### NSW Health strategies, policy drivers and initiatives

- The NSW Aboriginal Health Plan 2013-2023 includes Strategic Direction 4: Strengthening the Aboriginal workforce and outlines a key principle regarding the participation of Aboriginal Peoples at all levels of health service delivery and management.
- The NSW Health Good Health - Great Jobs Aboriginal Workforce Strategic Framework 2016-2020 supports LHDs, Specialty Health Networks, and NSW Health organisations to grow and to develop their Aboriginal workforce.
- The Good Health - Great Jobs Aboriginal Workforce Composition: Minimum Targets For 2020-2021 Information Bulletin provides updated information to the Key Performance Indicators in the Good Health - Great Jobs framework.
- NSW Public Service Commission Aboriginal Employment Strategy 2019-2025 sets the direction and targets for improving the employment of Aboriginal Peoples in the NSW public sector.
- The Health Professionals Workforce Plan 2012-2022 (Revised Plan) includes strategies



and targets to create opportunities and develop roles for Aboriginal health professionals and Aboriginal Health Practitioners within the Right people, Right skills, Right place vision framework.

- Stepping Up is NSW Health’s online recruitment resource for Aboriginal applicants and hiring managers. Aboriginal workforce across the public health sector and also offers information on career opportunities in health and advice to new starters to ease the transition to NSW Health.
- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 2: Enhance the skills, capabilities and confidence of the NSW Health workforce, Strategic Priority 2.1: Increasing the workforce to meet demand, and Strategic Priority 2.3: NSW Health workers receiving appropriate supervision and support.
- The NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, ‘Chapter 21 Working with Aboriginal People and Communities’ provides guidance on Aboriginal workforce (Section 21.5), including a requirement for each service to recruit one Aboriginal position for a worker completing the ECAV Aboriginal qualification pathway, appropriately supporting Aboriginal staff, and providing cultural supervision for all staff.
- PARVAN Senior Executives have been

working with a consultant to address challenges and approaches to recruitment, support staff in their roles and progress in their career pathways. This includes outlining the scope of practice for the new Safe Wayz program roles and Aboriginal staffing levels.

- ECAV Training (<https://www.ecav.health.nsw.gov.au/>).
- The core business of the Aboriginal Workforce Unit of New South Wales Health includes increasing the Aboriginal health workforce and developing policies and strategies to support this workforce growth. They have developed Stepping Up, an online recruitment resource for Aboriginal applicants and hiring managers.
- NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool supports health services to assess whether there has been a measured approach towards the delivery of culturally safe and accessible health services for Aboriginal patients and clients. The tool includes an assessment of whether services actively seeks and facilitates succession planning, secondment and upskilling opportunities for all Aboriginal staff at every salary band and occupation.

### What else is needed? (Commitments)

### Making it happen (Roles and Responsibilities)

#### What needs to happen first? (Priority Commitments)

- 4.1** Support cultural supervision that is led and designed by Aboriginal People, from an Aboriginal worldview, to be implemented and embedded in SAS for both Aboriginal and non-Aboriginal staff by:
- a. Developing a cultural supervision framework
  - b. Developing and rolling out supporting training and resources
  - c. Establishing accountability mechanisms to ensure cultural supervision is implemented and embedded in SAS services

ECAV, LHDs, Ministry

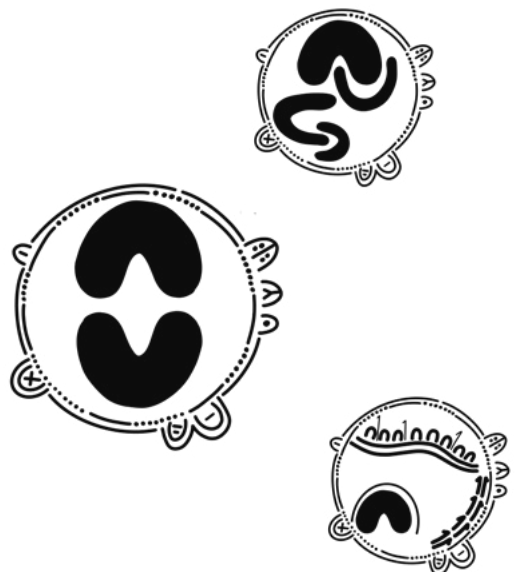


What else is needed? (Commitments)	Making it happen (Roles and Responsibilities)
<i>What needs to happen next? (Commitments to embed and support)</i>	
<p><b>4.2</b> Continue and support the Aboriginal VAN staff network to provide opportunities for ongoing cultural connection, support, debriefing and peer led professional development. This aligns with activity 5.11 in the NSW Health Services Cultural Engagement Self-Assessment Tool.</p>	LHDs, ECAV, Ministry
<p><b>4.3</b> Ensure recognition that the Aboriginal Qualification Pathway - Graduate Certificate in Human and Community Services (Interpersonal Trauma) is equivalent to a Bachelor's Degree in a relevant field meeting the minimum eligibility requirement for appointment to the classification of Sexual Assault Worker or Counsellor in the NSW Health Service Health Professionals (State) Award 2019. The Graduate Certificate is a Level 8 qualification under the Australian Qualifications Framework (AQF), which is a higher standing than a Bachelor's Degree (Level 7). The AQF levels define the relative complexity and depth of achievement and the autonomy required of graduates to demonstrate that achievement.</p>	LHDs, ECAV, Ministry
<p><b>4.4</b> Incorporate and draw on initiatives, approaches and opportunities from all relevant Aboriginal Workforce Development strategies, such as those outlined in NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016 - 2020 in the development of SAS Annual Workforce Planning that is completed as part of the Service Plan.</p>	LHDs, ECAV, Ministry
<p><b>4.5</b> Promote, support and monitor Aboriginal SAS staff members' access to professional development and career progression opportunities across LHDs. This aligns with activity 4.3 in the NSW Health Services Cultural Engagement Self-Assessment Tool and AHP Strategic Direction 4: Strengthening the Aboriginal workforce.</p>	Ministry, ECAV, Aboriginal Workforce Unit and LHDs



## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a 'how to' guide for strengthening support for the Aboriginal workforce in culturally safe organisations.







## Relationships, shared governance and decision-making

Investing in collaborative, equitable and inclusive relationships and community-led self-determination with Aboriginal communities and organisations is an essential pretext for cultural safety within NSW Health. In order to achieve increased Aboriginal access and workforce targets, NSW SAS should prioritise transforming the governance and decision-making practices within SAS to shift from consultation to negotiation and ownership, and from inclusion to equal partnership. This process should support Aboriginal Peoples having power to influence at every level of decision-making.

Collaboration with stakeholders is essential to help build and support leadership, to eliminate racism from the health system, and to build workplaces that attract, encourage and develop the talents of Aboriginal People.<sup>18</sup>



### What's already happening?

#### National strategies, policy drivers and initiatives

- The National Agreement on Closing the Gap outcomes, priority reforms and transformational elements include strong commitments to shared decision-making: that Aboriginal People are empowered to share decision-making authority with governments. The agreement also confirms that the development of genuine relationships between government organisations and Aboriginal and Torres Strait Islander People, organisations and/or businesses will enhance the quality and cultural safety of mainstream service delivery.
- The Department of Health National Aboriginal and Torres Strait Islander Health Plan 2013-2023 has a core principle that partnership and shared ownership between Aboriginal People, governments and service providers operate at all levels of health planning and delivery.
- The Australian Government Cultural Respect Framework 2016-2026 (developed for the Australian Health Minister's Advisory Council), Domain 4 outlines 'what it looks like' for stakeholder partnerships and collaboration for Aboriginal community engagement and participation, and in stakeholder engagement and relationships.
- The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 has a core principle of partnership and collaboration. It outlines the need for respectful and effective partnerships and collaboration between Aboriginal and Torres Strait Islander Peoples, government and non-government sectors (within and outside the health sector). These partnerships should recognise the need for community-led initiatives, with shared commitment and responsibility, and are required when designing and





implementing programs to grow and develop the Aboriginal and Torres Strait Islander health workforce in both clinical and non-clinical roles. It also states that all stakeholders, including the Aboriginal and Torres Strait Islander health workforce and communities, must be actively included in decision-making.

- The Parliament of The Commonwealth of Australia Inquiry into family, domestic and sexual violence (March 2021), Recommendation 36, states that any family, domestic and sexual violence policies, programs and legislative frameworks which affect Indigenous Australians must be co-designed by Indigenous peoples along with government.

### **NSW Health strategies, policy drivers and initiatives**

- The NSW Aboriginal Health Plan 2013-2023 Strategic Direction 1 involves building trust through partnerships. This strategic area of focus outlines that local partnerships are needed to create trusting and collaborative working relationships, facilitating a coordinated approach to local action so as to meet local needs of Aboriginal communities, as well as building community capacity. Under this plan, LHDs were expected to take steps to strengthen the establishment and operations of Aboriginal health partnerships and build partnership arrangements into their governance and accountability structures to plan, collaborate, and implement, plan, and build trust and cultural safety.
- The Aboriginal Family Health Strategy Responding to Family Violence in Aboriginal Communities 2011-2016 included the principle of self-determination and working in partnership. Strategic Element 4 emphasised strong community capacity, community engagement and consultation. These principles and priorities continue to be built upon in the draft Aboriginal Family Wellbeing and Violence Prevention Strategy 2021 – 2026, that includes a focus on co-designed services with Aboriginal communities and organisations to strengthen community capacity to respond.
- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 3, Expand Violence, Abuse and Neglect services to ensure they are coordinated, integrated and comprehensive and Strategic Priority 3.4: Violence, Abuse and Neglect (VAN) services aimed at improving the patient journey and empowering people and families to be partners in their care.
- The NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, 'Chapter 21 Working with Aboriginal People and Communities' provides guidance on community engagement (Section 21.3) and cultural consultations (Section 21.4).
- The NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool ('the Engagement Tool') aims to identify ways of strengthening cultural engagement between NSW Health organisation staff and their Aboriginal stakeholders by bringing a continuous quality improvement cycle to cultural engagement.
- The Aboriginal Health Impact Statement (AHIS) includes a key principle regarding effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.
- The NSW Aboriginal Health Partnership Agreement 2015 - 2025 is an agreement between the NSW Government and the Aboriginal Health and Medical Research Council of New South Wales, representing the non-government, Aboriginal Community Controlled Health Services sector. It's guiding principles include the commitment to the practical application of the principles of Aboriginal people's self-determination, a partnership approach and the importance of inter-sectoral collaboration.



What else is needed? (Commitments)	Making it happen (Roles and Responsibilities)
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<i>What needs to happen first? (Priority Commitments)</i>	
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<p><b>5.1</b> Audit existing relationships with Aboriginal communities, including the resources, obligations and protocols required to maintain and strengthen these relationships as external community-led governance mechanisms. This audit should be conducted with a goal of changing from 'consultation with communities' to 'negotiation of shared ownership of decision-making between Aboriginal communities as equal customer owners of SAS Services'. This aligns with NSQHSS Action 1.4 Implementing and monitoring targeted strategies and AHP Strategic Direction 6: Strengthening performance monitoring, management and accountability</p>	LHDs
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What else is needed? (Commitments)	Making it happen (Roles and Responsibilities)
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<i>What needs to happen next? (Commitments to embed and support)</i>	
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<p><b>5.2</b> Engagements by SAS are to be undertaken in a way where Aboriginal People: have a leadership role in the design and conduct of engagements; know the purpose of and fully understand what is being proposed; know what feedback is provided and how that is being taken account of by governments in making decisions; and are able to assess whether the engagements have been fair, transparent and open.<sup>25</sup> This aligns with NSQHSS Action 2.13: Working in Partnership and AHP Strategic Direction 1: Building trust through partnerships.</p>	LHDs
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<p><b>5.3</b> Identify, engage with, support and commit to decisions made by locally led SAS Aboriginal community meetings, decision-making forums, community-controlled consortia and networks. This also includes making funding available to empower these groups first. Depending on the diplomacy and relationship, they may be more prepared to contribute to and support government priorities when government's needs arise.</p>	LHDs
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## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a 'how to' guide for strengthening relationships, shared governance and decision making in culturally safe organisations.





## Accountability, success and measurement

Aboriginal communities and services need meaningful access to data about family violence in their communities. Measures of success around Aboriginal safety and wellbeing, including mechanisms for collecting and sharing data, should be determined by Aboriginal People and communities.<sup>26</sup> Increasing Aboriginal ownership and control of data is a key enabler of self-determination.

Key to achieving this will be utilising Aboriginal definitions of success that incorporate Aboriginal values and ways of working and ensuring Aboriginal communities have access to, own and control the use of their data, which in turn will lead to stronger partnerships and more effective, shared service design.



### What's already happening?

#### National strategies, policy drivers and initiatives

- The National Agreement on Closing the Gap outcomes, priority reforms and transformational elements include strong commitments to Aboriginal-led data. The agreement includes a requirement for Aboriginal People to have access to, and the capability to use, locally relevant data and information to monitor the implementation of efforts to close the gap, their priorities and drive their own development.
- The Department of Health National Aboriginal and Torres Strait Islander Health Plan 2013-2023 includes a commitment to accountability. It commits to ensuring that structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works.
- The Australian Government Cultural Respect Framework 2016-2026 (developed for the Australian Health Minister's Advisory Council), Domain 6 outlines 'what it looks like' for data, planning, research and evaluation.
- The Parliament of The Commonwealth of Australia Inquiry into family, domestic and sexual violence (March 2021), Recommendation 36, states that any family, domestic and sexual violence policies, programs and legislative frameworks which affect Indigenous Australians must be co-designed by Indigenous peoples along with government and similarly the evaluation of such policies, programs and legislative frameworks must be appropriately funded and be designed with and led by Indigenous Australians working with government.

#### NSW Health strategies, policy drivers and initiatives

- The NSW Aboriginal Health Plan 2013-2023, Strategic Direction 6 involves strengthening performance monitoring, management and accountability.
- NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool, which aims to identify ways of strengthening



cultural engagement between NSW Health organisation staff and their Aboriginal stakeholders by bringing a continuous quality improvement cycle to cultural engagement. The engagement tool supports health services to assess whether there has been a measured approach towards the delivery of culturally safe and accessible health services for Aboriginal patients and clients.

- The draft Aboriginal Family Wellbeing and Violence Prevention Strategy 2021-2026 includes a focus on improved NSW Health system governance and accountability.

- NSW Health IPARVAN Framework and the NSW Health VAN Redesign Program. The Framework includes Objective 1, Strengthen Leadership, governance and accountability and Strategic Priority 1.2: Strong governance, and Strategic Priority 1.3: Robust system for monitoring NSW Health service performance.

What else is needed? (Commitments)	Making it happen (Roles and Responsibilities)
<i>What needs to happen first? (Priority Commitments)</i>	
<p><b>6.1a</b> Establish Aboriginal place-based governance for SAS. The terms of accountability and monitoring should be negotiated with external community-led governance partner/s, while also empowering internal Aboriginal staff voices and expertise. This aligns with activity 3.6 in the NSW Health Services Cultural Engagement Self-Assessment Tool.</p>	LHDs, Ministry, PARVAN Senior Executives
<p><b>6.1b</b> The Ministry and LHDs should support alignment between SAS KPIs and Improvement Measures in service agreements and performance monitoring that is designed and decided by the local Aboriginal community.</p>	LHDs, Ministry, PARVAN Senior Executives
<p><b>6.1c</b> Implement the Violence, Abuse and Neglect Data Set with engagement from Aboriginal stakeholders to ensure data is collected and interpreted in a culturally appropriate way.</p>	LHDs, Ministry, PARVAN Senior Executives
<p><b>6.2</b> Develop detailed accountability plans that outline the specific local reporting and accountability approaches to Aboriginal communities and organisations, regarding priority commitments within the Roadmap and AAPs. These local accountability plans should provide details of how local Aboriginal communities are participating in shared governance and decision making and to who, and how often SAS are reporting to local Aboriginal leadership on the priority commitments. This aligns with NSW Health Services Cultural Engagement Self-Assessment Tool activity 6.1 and 6.2 and AHP Strategic Direction 6: Strengthening performance monitoring, management and accountability.</p>	LHDs





## What else is needed? (Commitments)

## Making it happen (Roles and Responsibilities)

### What needs to happen next? (Commitments to embed and support)

**6.3** Explore options to implement Indigenous data sovereignty principles and practices that give Aboriginal communities and organisations the right to regulate, collect, use and own the data that is recorded on Indigenous people, communities, resources and lands. Aboriginal communities have a strong understanding of their own needs, but data allows them to identify demand and the resources and the responses needed. Look for opportunities within the constraints of NSW Health data ownership, including through implementing AH&MRC's Ethical Guidelines: Key Principles.

LHDs



## SAS Cultural Safety Toolkit

LHDs should refer to the Cultural Safety Toolkit for information to help with the day to day implementation and a 'how to' guide for strengthening Accountability, success and measurement in culturally safe organisations.







# Governance, accountability & ongoing review of cultural safety strategies

This Roadmap is a key tool to support the implementation of NSW Health strategies to improve the cultural safety of services. Under the NSW Health Responding to Sexual Assault (Adult and Child) Policy and Procedures, SAS are expected to update their Aboriginal Action Plans as a part of normal service planning at a minimum annually. The principles and priorities of the Roadmap should inform this process. The implementation and regular review of Aboriginal Action Plans should also be supported by appropriate governance structures which ensure accountability to local Aboriginal communities and Aboriginal staff.

## Reporting

Reporting and accountability to Aboriginal communities is a central feature of improving cultural safety of services. The terms of accountability and monitoring should be negotiated with external community-led governance partner/s, while also empowering internal Aboriginal staff voices and expertise. As part of the implementation of Aboriginal

Action Plans, PARVAN Senior Executives should develop locally appropriate reporting approaches to Aboriginal communities and organisations, particularly regarding priority commitments within the Roadmap.

Any reporting and data arising from the implementation of Aboriginal Action Plans can feed into Aboriginal Health Impact Statements, Aboriginal Cultural Activities Policy and the template to record Aboriginal cultural consultation and Aboriginal consultation to create a strong framework for cultural safety reporting.

## Ongoing review

This Roadmap and Toolkit will be reviewed annually by the PARVAN Senior Executive, appropriate external Aboriginal community partners, and internal Aboriginal staff to ensure it remains current. This annual review process aligns with requirements to update Aboriginal Actions Plan and will embed a process of continuous quality improvement, enhanced sophistication and organisational maturity.



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