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# The NSW SAS Cultural Safety Toolkit

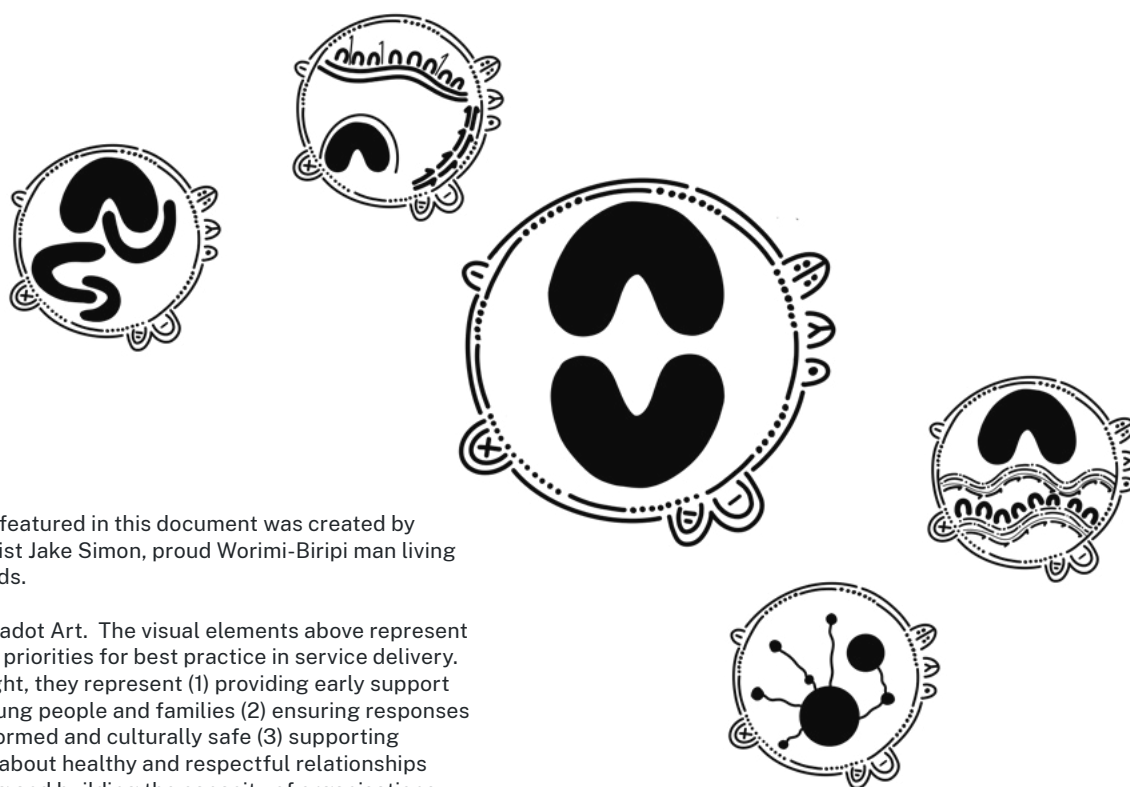
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For NSW Health  
Sexual Assault Services



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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# Contents

<b>Acknowledgments</b>	<b>5</b>
A note on language	5
<b>Statement of commitment to Aboriginal families and communities</b>	<b>6</b>
<b>Background</b>	<b>7</b>
<b>Context</b>	<b>8</b>
Integrated prevention and response to violence, abuse and neglect	8
<b>About this document</b>	<b>9</b>
The Toolkit	9
Aboriginal Action Plans	10
The Roadmap	10
<b>What's in the Toolkit</b>	<b>11</b>
<b>Leadership</b>	<b>12</b>
What helps	13
What doesn't help	13
Key reflective questions	14
Case studies	15
Further reading, resources and tools	17
<b>Eliminate all forms of racism and bias</b>	<b>18</b>
What helps	19
What doesn't help	19
Key reflective questions	20
Case studies	21
Further reading, resources and tools	22
<b>Aboriginal-centred, trauma and culturally informed practice</b>	<b>24</b>
What helps	25
What doesn't help	25
Key reflective questions	26
Case studies	27
Further reading, resources and tools	28
<b>Expanding and supporting the Aboriginal Workforce</b>	<b>31</b>
What helps	32
What doesn't help	32
Key reflective questions	33

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Case studies	34
Further reading, resources and tools	35
<b>Relationships, shared governance and decision-making</b>	<b>38</b>
What helps	39
What doesn't help	39
Key reflective questions	40
Case studies	41
Further reading, resources and tools	42
<b>Accountability, success and measurement</b>	<b>44</b>
What helps	44
What doesn't help	45
Key reflective questions	45
Case studies	46
Further reading, resources and tools	47
<b>References</b>	<b>51</b>

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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

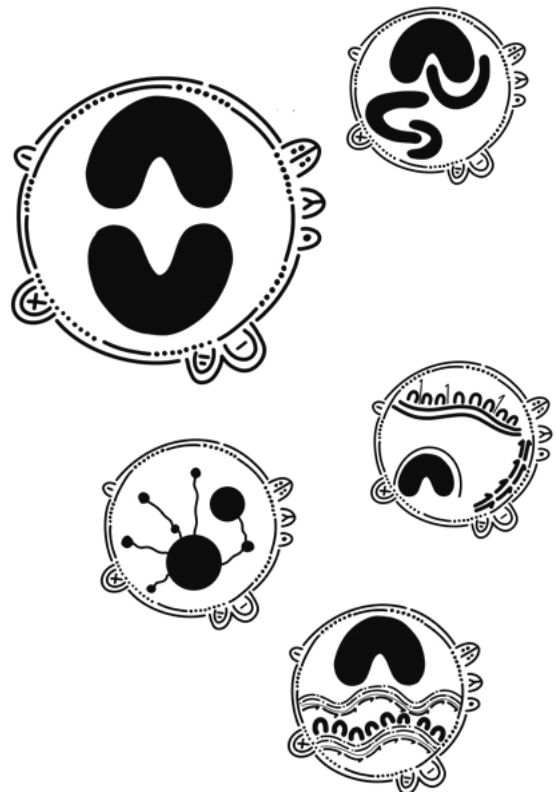
NSW Health acknowledges the contribution of the Aboriginal staff's cultural, clinical and ancestral wisdoms in developing this roadmap. We acknowledge the strength and resilience of our workers whose lives are touched by personal and professional experiences of violence, abuse and neglect.

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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# 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 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

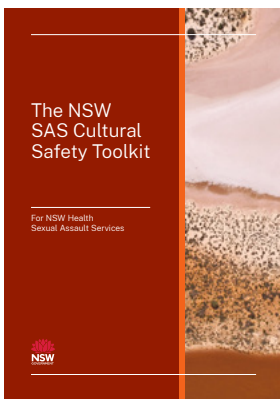
These programs are being implemented as part of the Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework, which is a key element of NSW Health's Violence, Abuse and Neglect (VAN) Redesign Program. The Framework outlines the vision, guiding principles, objectives and strategic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

The Ministry of Health will conduct a number of interactive forums in the second half of 2022 with representatives from each LHD 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 the work resources in their local districts.





## Aboriginal Action Plans

### Aboriginal Action Plans

NSW Health is committed to improving access to SAS 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 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.





# What's in the Toolkit

Each chapter of the Toolkit includes:



**Background**



**What helps & what doesn't help**



**Key reflective questions**



**Case studies**  
from New South Wales Health (template to be provided by ABSTARR) and other jurisdictions



**National strategies, policy drivers and initiatives**



**NSW Health strategies, policy driver and initiatives**



**Further reading, resources and tools**  
from other jurisdictions and academic literature

This Toolkit is not intended to be prescriptive. Rather, it acts as a guide to assist each SAS to develop their own approaches to improving cultural safety. SAS are strongly encouraged to draw from the expertise of their Aboriginal staff, clients, local Elders and stakeholders to refine and add to these tools to reflect the distinct needs of their clients and local communities.

## Key Reflective Questions

What is required in each community or 'place' is unique and must be informed by Aboriginal Terms of Reference, the pedagogy of place (Gruenwald, 2003), and partnerships through genuine and respectful negotiation and the sharing of power – there is no one size fits all solution. Aboriginal health and cultural safety are reliant on local Aboriginal knowledges, context and place; also known as the Aboriginal Terms of Reference (Watson 1990).

Engaging with place is important for two main reasons and requires action. First, Local Health Districts (LHDs) must recognise the Traditional Owners on whose land they operate, and form relationships with local Indigenous

communities which honour that recognition (Phillips 2005, Ewen, Paul et al. 2012). The reason for this is to both recognise the social and historical context of dispossession and its effects on current social determinants of health, and also to inform better health services.

Second, Aboriginal Peoples and communities are diverse and Aboriginal Peoples' identity is not solely defined by where they live.

These key questions offer a catalyst to seek out Aboriginal Knowledge and Leadership, and offer a point of reflection and accountability for Aboriginal People having self-determination, ownership of and meaningful influence over decisions that that impact Aboriginal health.

## Case Studies

The case studies provide real-world, relevant examples help to create confidence that change and progress is possible. Case studies from within LHDs demonstrate promising practice, and where success or progress has been achieved within the organisational context.





# Leadership

**Excellence in health relies on highly skilled and competent health service leaders and managers. Commitment to achieving a culturally proficient and safe health workforce must come from the top and then filter down through the different levels of each organisation. This approach is key to growing the Aboriginal workforce and sustaining cultural change.<sup>1,2,3</sup> Within the health context, leadership has been shown to directly and indirectly impact the quality of care.**

Aboriginal leadership at the senior manager and executive levels is essential to planning and designing culturally-respectful health care services for Aboriginal Peoples.<sup>2</sup>

Aboriginal and non-Aboriginal health leaders must 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 work is Aboriginal-led and informed. It also involves putting Aboriginal voices and perspectives at the centre of any work. It means asking, listening to, and valuing the voices of Aboriginal workers and translating their knowledge of what works 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>4</sup>

Gregory Phillip's Model of Applied Cultural Safety© (Figure 1) provides a conceptual framework to understand the need for change in organisations to better reflect the correct 'division of labour' to achieve cultural safety (by non-Aboriginal health leaders for non-racist enabling environments) and Aboriginal health leadership (Aboriginal communities, staff and health leaders designing, delivering and evaluating Aboriginal health programs using Aboriginal Terms of Reference (Watson 1990).

In culturally unsafe organisations, Aboriginal Peoples (who make up 3% of the population) are expected to be responsible for both Aboriginal programs and making the enabling environment culturally safe (dealing with racism and institutional barriers), which should be the responsibility of the remaining 97% of the workforce. 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>5</sup>



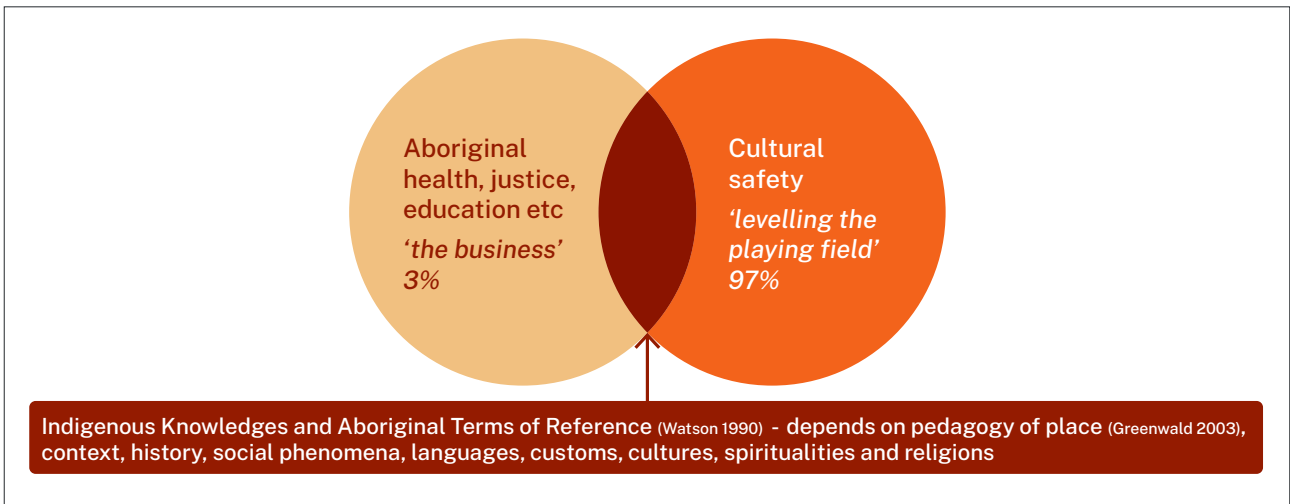


Figure 1: A Model of Applied Cultural Safety© for use in Australia (Phillips 2015)

Culturally safe and responsive health leadership is essential to eliminate racism, transform the health system, and improve the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and all Australians.



## What helps

- Setting the tone at the top, from leadership and executive levels
- Consistent messaging and behaviours that reinforce cultural safety is intrinsic to clinical safety
- Taking a leadership role in calling out racism, whiteness, colonial thinking, imbalances of power
- Role modelling being vulnerable as potential teachable moments
- Ongoing advanced learning experiences, coaching and mentoring for organisational leaders
- Communities of practice that support innovation, sharing of ideas and continuous quality improvement
- Cultural supervision for executives
- Intentional leadership and talent development initiatives for Aboriginal staff
- Investing in meaningful relationships and community partnerships and creating space in workloads to make this happen
- Safe spaces for leaders and executives to learn and reflect
- Executive clarity and buying on rationale, values and measurement



## What doesn't help

- Tokenism
- Expecting Aboriginal staff to be responsible for both Aboriginal Health and cultural safety
- Professional paralysis and a fear of getting it wrong
- Asking for Aboriginal input and advice and not implementing what was agreed, without discussion or explanation
- Asking for engagement at the start of the process without building this as a continuous, evolving process.
- Not allowing for adequate timeframes for effective engagement and relationships





## Key reflective questions

1

Am I a leader that Aboriginal staff, clients and community members trust and support? Why or why not?

2

Am I an ally for change?

3

How would I know? Where are my reflection and feedback points?

4

What existing leadership skills and tools am I applying to improve support the Aboriginal workforce and increase Aboriginal access to SAS? What new and different tools and approaches am I using?

5

Does my workplace have accountability checks on policies and procedures aimed to increase Aboriginal participation in the health system? How often are these reported on, and are Aboriginal Peoples involved in the reporting or implementing of these policies and procedures?

6

Am I an ally for change? What actions tell me this?

7

What plans do I have in place?

8

How am I collaborating with my local Aboriginal community to inform my leadership?





## Case studies



### Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander People in Queensland's public hospital and health services

Institutional racism is a significant barrier in the delivery of health care for Aboriginal and Torres Strait Islander Peoples. In order to highlight and quantify institutional racism, Adrian Marrie (2014) developed *The Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services* ("the Matrix"), an assessment tool used to identify and respond to institutional racism in the public health system.

The Matrix tool was applied to conduct an audit of the Cairns and Hinterland Hospital and Health Service (CHHHS), of which 16 Queensland Hospital and Health Services (HSS) participated in the trial. The tool identified a failure of key statutory bodies that structure governance, management, performance, employment, reporting and accountability to abide by Council of Australian Governments' (COAG) National Partnership Agreement on Closing the Gap on Indigenous Health Outcomes, rendering Aboriginal and Torres Strait Islanders 'legally invisible'.

The Matrix identified poor results for Aboriginal and Torres Strait Islander Peoples' participation in governance, policy implementation, service delivery, recruitment and employment, financial accountability, and reporting, despite numerous Aboriginal and Torres Strait Islander health policies aimed at improving Indigenous health equity.

Results indicated that 10 of the 16 HHSs rated within the extreme range of institutional racism, with remaining six in the very high range. A noteworthy area of concern was the finding that only 5 Aboriginal People occupy 287 board memberships and executive management positions. Due to the lack of Aboriginal and Torres Strait Islander representation at both board and executive management levels, Indigenous health matters only accounted for approximately 1% of board agenda items, of which no agenda items included an annual review of the HHS's performance or contribution to closing Indigenous health gap. A failure of the HSS to account and report on policies designed to increase Aboriginal

and Torres Strait Islander participation in leadership positions and governance processes has a direct impact on the organisational attention given to Indigenous health matters, and demonstrates that such policies are not always actualised in practice.

Despite most HHS scoring poorly in relation to Aboriginal and Torres Strait Islander participation in governance process and leadership, there were some examples that demonstrated commitment. A number of Aboriginal and Torres Strait Islander community-controlled health services (ATSICCHS) hosted HHS board meetings; a collaboration was forged with a local ATSICCHS to share Indigenous patient information; and a number of HHS annual reports provided examples of reporting on Closing the Gap KPIs, comparative tables on training modules, cultural competency training, and Aboriginal and Torres Strait Islander employment.





## Improving graduate learning outcomes in health professionals: 'Tjirtamai' (to care for) Model, Professor Roianne West (2010)

In 2009, in a rural and remote town in Queensland, an Aboriginal Community Controlled Health Service (ACCHS) and a Registered Training Organisation partnered to deliver a Certificate III in Health Services Assistance (Assistant in Nursing). The model was termed 'Tjirtamai' (to care for).

The Tjirtamai program was designed as a bridging course to prepare local Aboriginal students for tertiary training/study, whilst also providing a qualification that would allow graduates who did not wish to move onto further training or study to work as Nursing Assistants.

The program was developed to address the severe underrepresentation of Aboriginal nurses in an area where Aboriginal Peoples comprised 27.3% of the regional population of Aboriginal People. Less than 3% of the workforce identified as Aboriginal. The program was both developed and implemented by Aboriginal community members,

who were familiar with the challenges of tertiary health training/study faced by Aboriginal People. The course was based on the observed need to deliver a community-based, culturally appropriate nursing education and pre-entry model specifically designed for rural and remote students. The Tjirtamai model included funding to provide students' assistance with: childcare, housing, transport and meals, development of literacy and numeracy skills, application processes (e.g University/Blue Card applications), and education regarding the need for Hepatitis B Vaccination.

As a result of a community-led and informed program, Tjirtamai delivered impressive graduate outcomes. Of the 30 Aboriginal students enrolled in the course, 26 students completed. Of those students, 18 subsequently enrolled in a bachelors degree in nursing, while another 4 enrolled in a diploma of nursing.







## Further reading, resources and tools

Tools, resources and readings from other jurisdictions and academic literature.

Type	Resource	Summary
Article	Indigenous Allied Health Australia  <a href="#">Health Leadership</a>	This article highlights the important of Aboriginal-led services and leadership. To improve health outcomes for local Aboriginal People, those Aboriginal People need to be determining and owning the process of health care delivery.   <b>A 5-minute read, as an introduction to health leadership.</b>
Report	Indigenous Allied Health Australia  <a href="#">National Health Leadership Forum (NHLF)</a>	NHLF is committed to achieving health equity for Aboriginal and Torres Strait Islander People. This report outlines the key priority areas and targeted recommendations for improvement. One of the Forum's key priorities for achieving their vision of health equity is for the primary health care framework to partner with and recruit Aboriginal and Torres Strait Islander health leaders and experts, indicating it is paramount to see improved outcomes.   <b>A 10-minute read.</b>
Report	Koori Communities Leadership Program  <a href="#">Building Indigenous Leadership</a>	This report records the experiences and key learnings of five Koori community-based Indigenous leadership projects and the state-wide leadership network. The core of the report focuses on factors influencing the emotional and spiritual wellbeing of Indigenous communities and the importance of building leadership to ensure the ongoing survival and growth of the Indigenous communities.   Chapter 1 is an important chapter that outlines factors influencing the emotional and spiritual wellbeing of Indigenous communities. <b>This chapter is a 20-minute read.</b>
Article	First Nations Members of International Initiative for Mental Health Leadership from Canada, USA and Aotearoa New Zealand  <a href="#">The Wharerata Declaration – the development of indigenous leaders in mental health</a>	The Wharerata Declaration is a proposed framework to improve indigenous mental health through state-supported development of Indigenous mental health leaders, based on a new Indigenous leadership framework.  The Wharerata Declaration asserts the combination of cultural and clinical approaches as the best practice. Indigenous and clinical perspectives together have cumulative benefits that outweigh those deriving from a single track.





# Eliminate all Forms of Racism and Bias

**Eliminating Indigenous and ethnic health inequities requires addressing the determinants of health inequities. This includes addressing systemic racism and ensuring a health care system that delivers appropriate and equitable care. There is increased recognition of the importance of cultural competency and cultural safety at both individual health practitioner and organisational levels to achieve equitable health care.<sup>6</sup>**

Culturally safe organisations recognise that racism is a significant public health and public policy issue<sup>7,8</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>9,10</sup>

Cultural safety is an essential part of clinical safety, not an optional add-on.<sup>5</sup> As recognised by AHPRA, one cannot be an excellent clinician if one is racist or unconsciously biased. Intention does not matter – effect does. Cultural safety and anti-racism are key criteria for excellence in clinical care.<sup>5,11</sup>

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 (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 practice 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.’*

*‘Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples.’*

Additionally, Phillips<sup>5</sup> summarised the key elements of cultural safety in application as including:

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 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 – 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.



## What helps

- Develop a public health response to racism in health workforce – it's responsible for one third of the gap in life expectancy (Markwick 2019)
- Well-developed anti-racism strategy, led by or with the support of Aboriginal People
- A clear internal mechanism where racism matters can be reported in a culturally safe and respectful manner
- Ensure investigations of racism are undertaken by appropriately trained people with formal authority to deal with racism
- Zero tolerance for workplace racism, discrimination, and culturally inappropriate behaviour
- Mandatory cultural safety training for all staff
- Clarity that racism and power imbalances thrive where 'diversity and inclusion' really mean reinscribing of white power

## What doesn't help

- Offensive jokes or comments
- Name calling / verbal abuse
- Harassment / intimidation
- Inflammatory or hostile media, including social media, posters, briefings, and communiques
- Unclear or confused definitions of cultural safety or 'inclusion'
- Thinking 'cultural safety' is the 'culture of the other' rather than the 'culture of the self'
- Silence: being a bystander to racism and not challenging when it occurs





## Key reflective questions

1

What impact does racism have on Indigenous health across the life course?

2

What is the prevalence and experiences of racism across the life course for Indigenous Peoples?

3

How can an understanding of the ways in which societal systems produce advantage and positive health outcomes for white Australians help improve Indigenous health?

4

What are the best approaches to addressing systemic racism against Indigenous Peoples?

5

How might I have been intentionally or unconsciously racist in the past? Have some of my actions had unintended consequences? How can I take responsibility for the effect of racism, whether it was intended or not?





## Case studies



### Hunter New England Health in cultural design: Closing the gap in a regional health service in NSW: a multi-strategic approach to addressing individual and institutional racism

Hunter New England Health (HNE Health) has the largest Aboriginal population of any NSW Local Health District. The executive team are committed to closing the gap in health and wellbeing outcomes between Aboriginal and non-Aboriginal People that required three strategies to address institutional racism, those being: staff education and training; leadership and consultation; and negotiation and partnerships to address institutional racism.

A Cultural Respect Education Program was developed to be deliberately challenging and confronting. This encouraged participants to question their own beliefs, assumptions, life experiences and attitudes. The Program hired two Cultural Respect Co-facilitators to develop a localised program in partnership with HNE to develop, implement and evaluate The Program. Reactions from staff were positive overall, with profound personal reactions to the difficult content; however others felt angry by forced attendance and struggled to conform to the principles of training. Follow-up strategies including individual counselling, performance improvement and monitoring were used to elevate the tensions that arose from the training.

Another element of the strategy was to ensure Aboriginal leadership and consultation. The Aboriginal and Torres Strait Islander Strategic Leadership Committee provided strong leadership in developing a range of tools, guidelines and resources and built capacity to achieve the goal. Leading by example, the entire HNE Health executive team were among the first to complete the program. Leadership was also vital at the facility level of Aboriginal and Torres Strait Islander staff to provide ongoing discussion and review of relevant policy, planning, service delivery.

Formal partnerships with Aboriginal stakeholders and collaborative groups such as the Aboriginal and Torres Strait Islander Strategic Leadership Committee were formed. This aimed to provide

effective leadership and ongoing advice to health policy, planning and service delivery, and resource allocation. Importantly, partnerships relied on trust that was built by HNE committing to improving consultation mechanisms (internally and externally) that engage Aboriginal staff and community representatives, including Elders and organisations to ensure cultural appropriateness.

The key factor that underpinned The Program's development stem from the fundamental acknowledgement that individual and institutional racism do exist in the health service. The executive team recognise the challenges and is determined to improve its management to give Aboriginal staff, patients and community members confidence that the health service has zero tolerance to racism.





*\*Note - this case study does not suggest Hunter New England Health District have solved all of these problems - it is, however, recognition that a systemic approach can have meaningful impacts if the level of investment, accountability and clarity is maintained.*





## Further reading, resources and tools

Tools, resources and readings from other jurisdictions and academic literature.

Type	Resource	Summary
Existing Toolkit	Diversity Arts Australia and The British Council  <a href="#">Creative Equity Anti-Racism Toolkit</a>	This anti-racism toolkit provides an overview of what <u>racism in the workplace</u> can look like and offers a guide of how to <u>draft policy for anti-racism action</u> . Anti-racism is an active process, unlike the passive stance of 'non-racism'. Therefore, anti-racism work requires consistent, committed and targeted action and attention. The website includes a number of additional resources to improve and develop an understanding of racism in Australia.   <b>A 10-minute read to cover the linked resources above. Additional time can be taken to look at resources and research linked to each webpage.</b>
Position Statement	Coalition for Aboriginal Health Equality Victoria (CAHEV)  <a href="#">Position Statement on Racial Discrimination and Health Outcomes for Aboriginal and Torres Strait Islander People</a>	The Coalition for Aboriginal Health Equity Victoria works to ensure that the commitments of the <u>Statement of Intent to Close the Gap in Indigenous Health Outcomes</u> are met. This position statement outlines both the direct and indirect effects of racial discrimination on health outcomes and CAHEV's commitment to addressing racial discrimination against Aboriginal and Torres Strait Islander People. The statement outlines the social and legal definitions of racial discrimination, targeted actions to combat racial discrimination, and recommendations for health services and government.   <b>A 10-15 minute read that provides statistics for racial discrimination in health and techniques for combating racial discrimination.</b>
Policy Statement	Australian Indigenous Doctors' Association (AIDA)  <a href="#">Racism in Australia's health system</a>	AIDA is committed to addressing the issue of racism towards Aboriginal and Torres Strait Islander Peoples in Australia's health system. The statement outlines the current and ongoing issues of racism in health, including the misconceived notion that racism in health is only experienced by patients. Aboriginal and Torres Strait Islander doctors experience racism at nearly 10 times the rate of their non-indigenous counterparts.   <b>A 5-10 minute read that provides a great starting point for expanding knowledge on racism in health.</b>
Report	Lowitja Institute  Yin Paradies, Ricci Harris and Ian Anderson  <a href="#">The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda</a>	This report recognises racism as a threat to public health and presents a cohesive research agenda to advance understandings of, and the ability to combat, racism as a threat to Indigenous health in Australia. This paper also highlights the need to explore the benefits of 'racial socialisation' and to find effective ways to combat both interpersonal and systemic racism against Indigenous Peoples.   <b>A 20-minute read.</b> The introduction and conclusion of the paper provide an effective summary of research findings and key research questions. 'Theme 3: The impact of racism on Indigenous health' and 'Theme 5: Combating racism against Indigenous Peoples' are two chapters of focus.





Type	Resource	Summary
Campaign	Australian Human Rights Commission  <a href="#">It Stops with Me</a>	This campaign aims to renew focus on racial equality arising from the Black Lives Matter movement and COVID-related racism. The online campaign provides links and resources to learn about racism, respond effectively when racism occurs, be a good ally and act for positive change.   <b>A 10-20 minute exercise depending on how much depth is gone into. Includes written and video content.</b>
Research Article	Global Public Health in collaboration with The Lancet-Lowitja Institute  Ian Anderson, Robson, Connolly, Bjertness, Yap  <a href="#">Racism and Indigenous Health</a>	This paper highlights racism as associated with not only poor physical health outcomes but as also having significant impacts on mental health and leading to psychological distress. The impact of colonisation has resulted in various forms of racism and only in recent decades has racism been considered as a determinant of health. The evidence in the paper attests to active and dynamic responses to racism being the most effective at the individual, interpersonal and institutional levels for combating racism.   <b>A 10-15 minutes read with an easy-to-navigate side bar to jump to the headings of the paper of interest to you.</b>
Research article	The Medical Journal of Australia  Chelsea Bond, Lisa Whop, David Singh and Helena Kajlich  <a href="#">Now we say Black Lives Matter but... the fact of the matter is, we just Black matter to them</a>	This paper addresses the systematic and persisting racism in the Australian health system that leads to poorer health outcomes for Aboriginal and Torres Strait Islander Peoples. Following the Black Lives Matter movement from the US, the article tells a parallel story of increased incarceration and death of Indigenous Australians and the irony of Aboriginal and Torres Strait Islander improved health plans that still fail to address the key issue of systematic racism. The paper includes a proposal of a 'health justice framework' that would aim to address the inequities in the Australian health system through the creation of a system that believes Black lives are deserving of care.   <b>A 10-minute read that is both highly informative and engaging.</b>
Research article	IndigenousX in collaboration with The Guardian  Colleen Lavelle  <a href="#">Death by Racism: bigotry in the health system is harming Indigenous patients</a>	This paper speaks of stories and firsthand experience of racism in health care. Importantly, it outlines how preconceptions and stereotypes held by medical professionals can significantly hinder effective health care for Aboriginal and Torres Strait Islander Peoples. The reduced care comes in the form of misdiagnosis, hesitance to prescribe required medication and lack of respect for cultural values.   <b>A powerful 5-minute read.</b>
Book	Glenn Singleton  <a href="#">Courageous Conversations about Race</a>	This book provides a field guide for organisations to develop leadership, staff training and programs to guide policy and procedural change.   <b>An extended read.</b>





# Aboriginal-centred, trauma and culturally informed practice

**Aboriginal-centred, trauma-informed models of practice that put culture at the centre, and which include elements of self-determination, community values and participation, Aboriginal holistic understandings of health, and a culturally and clinically skilled workforce are more likely to improve Aboriginal health outcomes.<sup>12</sup> Accepted western (the ‘norm’) 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>5</sup>**

Within health care systems, racism, discrimination, and conscious and unconscious bias play out in a myriad of ways: they rely upon a paradigm that presumes biomedical knowledge systems are supreme. To address this, healing-centred, Aboriginal-informed models of care that are relationship-based, and consider individuals in

the context of their families and communities, and which privilege Aboriginal worldviews, communication, parenting styles and knowledges are required.

Culturally safe models of care and practice are critical to enhancing the enabling environment to attract, retain, support and develop Aboriginal staff and are fundamental to improving Aboriginal access to SAS.

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*“The dynamic process of engaging in communal activities of communicating, expressing and managing conflict is the essence of Being Aboriginal”*

– Professor Judy Atkinson, *Trauma Trails: Recreating Song Lines* (2002).

Increasingly, science points to the importance of spirituality and cultural value systems in health, as the above quote suggests. They are powerful



allies in recovery, particularly for things like grief and trauma. There are a myriad of Aboriginal and Torres Strait Islander understandings and practices that are now being backed up by modern science and practice that show Aboriginal knowledges hold solutions that will, if valued, improve the models of care and health practices for all New South Wales health clients, including:

- Caring for country, with a focus on custodianship rather than ownership.
- A tradition of oral history that required the development of very extensive neural networks as young children - neurosciences in practice
- Knowledge of kin and skin groups as a form of advanced genetic science

- Models of care or ‘wise practice’ that was inclusive, collaborative, multi-dimensional, adaptive, and relationship-based. “It’s interesting that services are increasingly adopting our ways of working: they may not call it that, they may call it ‘family-centred’, but that’s not new from our perspective.”
- Use of ‘yarning’ as an early form of narrative therapy.
- Child rearing practices including lengthy breastfeeding, a focus on early omnipotence and mastery, early autonomy and decision-making, and a focus on kinship that developed obligation, reciprocity and taught children to care for others.<sup>13</sup>



## What helps

- Develop a public health response to racism in health workforce – it’s responsible for one third of the gap in life expectancy (Markwick 2019)
- Well-developed anti-racism strategy, led by or with the support of Aboriginal People
- A clear internal mechanism where racism matters can be reported in a culturally safe and respectful manner
- Ensure investigations of racism are undertaken by appropriately trained people with formal authority to deal with racism
- Zero tolerance for workplace racism, discrimination, and culturally inappropriate behaviour
- Mandatory cultural safety training for all staff
- Clarity that racism and power imbalances thrive where ‘diversity and inclusion’ really mean reinscribing of white power

## What doesn’t help

- Offensive jokes or comments
- Name calling / verbal abuse
- Harassment / intimidation
- Inflammatory or hostile media, including social media, posters, briefings, and communiques
- Unclear or confused definitions of cultural safety or ‘inclusion’
- Thinking ‘cultural safety’ is the ‘culture of the other’ rather than the ‘culture of the self’
- Silence: being a bystander to racism and not challenging when it occurs





## Key reflective questions

1

Reflect upon the setting that you work in; ask in what ways has this setting (historically or presently) been actively involved in the intergenerational impacts experienced by Aboriginal People?

2

Drawing on the ways Aboriginal People have experienced trauma in relation to your work setting, can you devise some meaningful ways of acknowledging the trauma that may have been experienced (historically or presently)?

3

Consider some routine work procedures in your workplace. Are there ways that these procedures can be altered to resonate with Aboriginal ways of doing?

4

If you are unsure of how to best implement culturally appropriate and trauma informed ways of working, is there an Aboriginal ally who can assist?

5

Identify ways that your workplace may evoke trauma in Aboriginal People (patients/ staff)?





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## Case studies



### Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec) Daalbirrwirr Gamambigu: Safe Children Model of Care

Daalbirrwirr Gamambigu: Safe Children Model of Care aims to build the capacity of health professionals to effectively deliver culturally safe healthcare to at risk Aboriginal children and families in NSW hospitals by developing culturally safe organisational systems and processes within paediatrics healthcare settings. The Model of Care acknowledges that paediatric settings were actively involved in intergenerational impacts of past events and practices that has led to the over-representation in child protection notifications.

The tools developed that are used to integrate culturally competent care and culturally safe services are ‘clinical yarning’ and ‘clinical handover’. Clinical yarning acknowledges that western communication styles can lead to mistrust that impacts on service utilisation. Clinical yarning (comprised of ‘social yarn’, ‘diagnostic yarn’ and

‘management yarn’) is an honest, respectful and clear communication style that is culturally appropriate way to exchange information. It is a conversational way of sharing information, consistent with the traditional Aboriginal storytelling style. The clinical handover tool considers the patient’s kinship system and Aboriginal cultural strengths such as connection to community, presence of Elderly family members, and connection to spiritual and cultural practices in the assessment of the child’s risk to harm.




The Model of Care recognises the past trauma caused by healthcare settings as key to inform culturally safe hospital journey with culturally competent staff, a culturally safe environment, and integration with appropriate and supportive services.





## Further reading, resources and tools

Tools, resources and readings from other jurisdictions and academic literature.

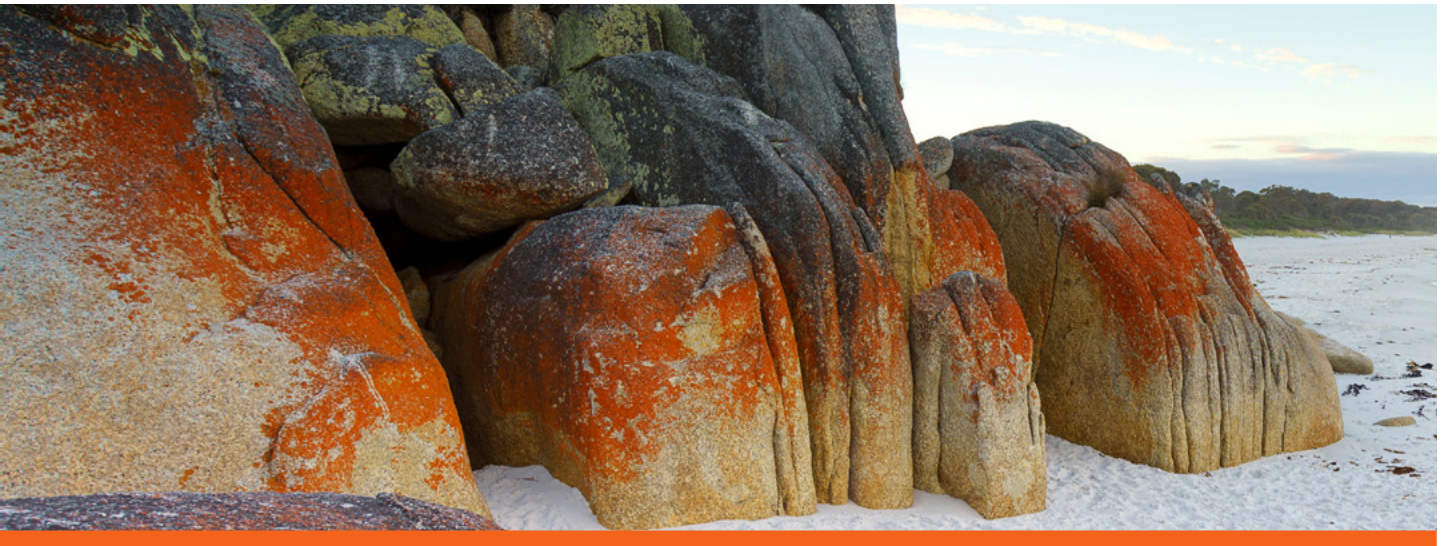
Type	Resource	Summary
Research Article	Australian Indigenous Health InfoNet <a href="#">Community Healing</a>	This article is an introduction to the effects of colonisation which have led to lateral violence and the process of recovery through community healing. Group-based or collective healing approaches are most appropriate for many Aboriginal and Torres Strait Islander People as social, emotional, cultural, spiritual and physical wellbeing of the whole community is paramount to achieving individual wellness.   <b>A great 5-minute introductory read.</b>
Model of Care	Mental Health Commission of New South Wales  <a href="#">Journey of wellbeing: A Preliminary Aboriginal Model of Care</a>	The <i>Journey</i> model is based upon the advice and direction of Aboriginal communities, community leaders, service providers and the Aboriginal Health and Medical Research Council. The model consolidates the outstanding elements of practice in the social and emotional wellbeing space and emphasises a holistic approach with the individual at the core of a healing plan. The model of care builds off its three themes – storytelling, empowerment and choice – which aim to create connection between Aboriginal service providers and the community they serve.  The Model of Care was supported by a comprehensive <a href="#">literature review</a> that documents examples of good practice across Australia.   <b>A 30-minute read with great examples of existing practices and models of care.</b>
Model of Care	Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec)  <a href="#">Daalbirrwirr Gamambigu: Safe Children Model of Care</a>	This model of care broadly defines the way health services are delivered and outlines best practices of culturally safe care and service delivery. To achieve best practices, the model focuses on relationships, organisational processes, and culture to build the capability of health care professionals and develop a culturally safe organisational system. The model focuses heavily on organisational systems being capable of facilitating relationship building as a key indicator of improved recovery and provides tools to action culturally secure and patient-centred conversations.  For examples of how to action a model of care, read the ‘Tool to integrate culturally competent care and culturally safe services’ section.   <b>A 30-40 minute read.</b>
Research Article	Journal of Immigrant and Minority Health Andrea McKivett, David Paul and Nicky Hudson  <a href="#">Healing Conversation:</a>	This paper reviews the role and impact of the clinical communication process on Aboriginal healthcare provisions and highlights the need for tailored clinical communication frameworks. The frame needs to address the reality of Aboriginal communities striving to maintain collective values, traditions and beliefs whilst coping with high burdens of grief, loss and trauma. The article provides an evaluation of existing communication frameworks that assist health practitioners work more effectively with Aboriginal Peoples and communities providing an additional emphasis on critical self-reflection of the health practitioner’s own cultural identity.





Type	Resource	Summary
	<a href="#">Developing a Practical Framework for Clinical Communications Between Aboriginal Communities and Healthcare Practitioners</a>	 <b>A 20-minute read.</b>
Research Article	<p>Issues in Mental Health Nursing Jan Maree Sayers, Glenn Hunt, Michselle Cleary and Oliver Burmeister</p> <p><a href="#">Brokering community engagement: Proactive strategies for supporting Indigenous Australians with mental health problems</a></p>	<p>This article highlights the important of community when treating Aboriginal and Torres Strait Islander patients in order to see improved mental health outcomes. The study focused on treatment through the thematic analytical approach of ‘brokering community engagement’, which included enabling connection with community and family, and recovery and reconnecting with the community. This approach enabled health care workers to develop a deeper understanding of the role of community in the recovery process of Indigenous clients and emphasises the importance of community engagement as a primary strategy. The study itself is limited by the data collection methodology, however, provides a sounds research base for community engagement leading to improved recovery outcomes.</p>  <b>A 15-minute read.</b>
Research article	<p>Australian Social Work</p> <p>Sigrid Herring, Jo Spangaro, Marelene Lauw and Iorna McNamara</p> <p><a href="#">The interaction of trauma, racism and cultural competence in effective work with Aboriginal People: waiting for trust</a></p>	<p>This paper highlights the limitations of ‘cultural competence’ as a construct for working with Aboriginal and Torres Strait Islander Peoples. This is due to the lack of accountability for the trauma and ongoing racism experiences by Aboriginal People that has led to their isolation in communities, protection of abusers, and hesitation to use mainstream services. The paper outlines how trauma and racism have not been addressed and provides actionable steps to improve this at multiple levels: personal, practice, and organisational. When the lenses of trauma and racism are brought to ‘cultural competence’, they will bring clarity to choices by Aboriginal People to withdraw into community to protect family and community.</p>  <b>A powerful 30-minute read.</b>





# 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, evidence supports makes a positive difference to service access, experiences, and outcomes for Aboriginal People.<sup>14</sup> Current Aboriginal workforce levels are far below population parity, and even further below the level required to meet Aboriginal clients' cultural safety needs when Aboriginal People are over-represented in all Violence, Abuse and Neglect streams.**

Redressing this situation will require new approaches to attraction, recruitment, support and development of the Aboriginal workforce. Most importantly, it will take the hard work of addressing structural barriers to cultural safety.

There is learning and work to be done in terms of organisational readiness and cultural safety

– which directly impact on attractiveness as an employer of choice, along with the seemingly 'easy wins' of reforming recruitment approaches. The work must also be done to have workplaces free from racism, accessible and meaningful development opportunities, Aboriginal leadership, and models of care and services that that have strong values alignment for Aboriginal staff.

It is a common experience for Aboriginal staff to be excluded from achieving wage parity because cultural expertise, wisdoms and practices are not valued as being commensurate to the importance of clinical expertise. The specific skill and expertise in community brokerage, engagement, development and cultural care that Aboriginal staff bring should be valued and recognised in capability frameworks.

The following quote arises from a leader in a different industry, however is no less instructive of the challenge ahead for the expansion of the SAS Aboriginal workforce:

*"We are seeing a rush to hire us, but is there an equal rush to dive deep and do the important, long haul work of unravelling systemic racism? Or have you just put up a 'safe to dive' sign without doing any work to deepen the bottom of your pool?"*



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- Katrina Graham, Co-founder and Chair, Media Diversity Australia

Collectively implementing all of the priorities in the SAS Cultural Safety Roadmap will create the enabling environment for the expansion of the SAS Workforce.



## What helps

- Understanding that cultural safety of the entire organisation is a factor in whether Aboriginal People see mainstream organisations as attractive to work for
- Recognise Aboriginal cultural knowledges as key selection criteria for all positions, not just Aboriginal identified ones
- Pay Aboriginal staff for Aboriginal knowledge
- Support Aboriginal staff as leaders in non-identified roles
- Ensure recognition that the Aboriginal Qualification Pathway - Graduate Certificate in Human and Community Services (Interpersonal Trauma) is equivalent to a Bachelor 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
- Advertising through appropriate media and community networks
- Diverse selection methods and community involvement in selection
- Selection criteria that preferences cultural safety and Aboriginal knowledges, so it is communicated in job descriptions that cultural safety is a core component of being a good clinician/worker/policy maker/leader
- Appropriate assessment processes that aren't rigid and formal
- Access to an experienced mentor who is culturally aware
- Strong connections with the local Aboriginal community and organisations
- Zero tolerance to workplace racism, discrimination and culturally inappropriate behaviour

- Culturally safe racism and reporting framework, process and accountabilities
- Appropriate career development and training
- Organisational leadership in cultural safety and cultural responsiveness
- Support and supervision to overcome possible impact of community need and trauma
- Recognition of cultural obligations to community through the provision of cultural leave
- Mandatory cultural safety training for all staff – beginning with mandatory basic training at on-boarding, mandatory intermediate training one year after starting your role, and mandatory advanced training for client-facing, team leader, management or leadership roles



## What doesn't help

- Lack of community consultation and engagement
- Limited access to support and supervision
- Under-resourced and under-valued positions
- Limiting advertising to mainstream channels
- Rigid and formal interview structures
- Misunderstanding, suspicion or criticism of Aboriginal staff attending Aboriginal networking and professional development activities





## Key reflective questions

What is required in each 'place' is unique and must be led by Aboriginal Terms of Reference, place and partnerships through genuine and respectful negotiation and the sharing of power. There is no one size fits all solution. These key questions offer a catalyst to seek out Aboriginal Knowledge and Leadership and offer a point of reflection and accountability for Aboriginal People having self-determination, ownership of, and meaningful influence over decisions that that impact Aboriginal health.

1

Are NSW SAS a place that Aboriginal People want to work? Why or why not?

2

Have we asked our current Aboriginal staff about what we should do? Have we genuinely listened and valued their knowledge? Have we done what they told us?

3

How are local Aboriginal communities and organisations having meaningful influence in planning and decision-making regarding the development of and support to the Aboriginal workforce?

4

How are we creating culturally safe and genuine opportunities for Aboriginal staff to give feedback about their experiences and how does your organisation make the work environment more culturally safe?

5

How are we genuinely supporting Aboriginal staff to access cultural supervision, on their own terms?

6

How are we checking to see if Aboriginal staff feel they are being required to support their non-Indigenous co-workers through the learning journey? If they are, what are we doing about it?

7

Are we doing everything we can to support, develop and progress our Aboriginal staff?

8

What meaningful action are we talking to ensure there is Aboriginal leadership in our service?

9

How are we applying each of the following principles to Supporting the Aboriginal Workforce?

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





## Case studies

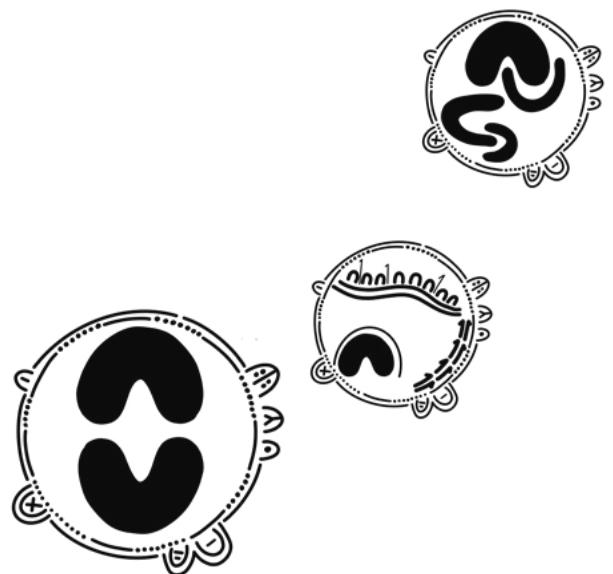


### A new Approach to recruitment and support in expanding the WNSW LHD Aboriginal Workforce

Western NSW had a long term vacancy in their Sexual Assault Service in Bourke NSW. This vacancy caused concern for many reasons, and an outreach service wasn't providing the community with the trust and cultural safety it required. It was also felt that access to the service was also limited because of these reasons. It was felt that the longer the vacancy went on, the greater the potential risk that the the Service would struggle to rebuild trust in the Community. The District was using standard recruitment processes and it was not attracting appropriate applicants. The criteria in the Award was also restrictive to what the community really needed and required- which was an Aboriginal worker who lived within the community.

After reviewing the previous applicants and reasons why they were unsuccessful, an applicant that met all the criteria, except for the 3 years post graduate experience, was identified. The applicant was more than suitable and qualified in all the other aspects. She also was an Aboriginal woman who lived within the community and wanted to stay within her community. The candidate had the understanding of the community, connection to her Country, trust from her community and lived experience as an Aboriginal Woman. With the support of district management, recruitment, HR and the Aboriginal Portfolio, a plan was developed to enable a supported mentorship program to assist in the development of skills to undertake the position in line with the Award. Communication and a clear plan between the employee and mentor, her managers and a commitment for the Service to provide a Senior Counsellor to provide the mentoring for the period up until she had met her 3 years post graduate experience timeframe (which was 12 months), and also beyond. The existing partnership with Education Centre Against Violence (ECAV) assisted in ensuring the worker was able to be accepted into the mandatory training required to support the mentorship program and achieve this within the planned timeframe. This also built a connection with the ECAV Aboriginal portfolio which was able to provide other support for our worker as required.

The mentorship was successfully and outstandingly completed by the worker who was then directly appointed to the position as all role requirements had been completed. The outcomes for the service have been immeasurable. The team has had learnings from the worker through informal discussions, team meetings and collaborative work. The cultural perspectives and ideas, the lived experiences and approaches that WNSW has embedded in the service's work has enabled many facets of learning for all staff. WNSW has also seen ongoing benefits for the Community. Having someone within their community has enabled an increase in accessibility, cultural safety and flexibility in how the District delivers services. The ongoing learnings for the team has assisted in thinking differently about how staff work, what are suitable alternatives and safer options and small changes that can be made to enable greater outcomes and experiences for our Aboriginal clients and their families. The worker is not in an identified position, has been in the position for over 3 years now, and is undertaking a leadership and management course through TAFE, and is a much valued team member enabling a safe environment for all in our continued learning and reflections together.





## Further reading, resources and tools

Tools, resources and readings from other jurisdictions and academic literature.

Type	Resource	Summary
Existing toolkit	<p>Victorian Public Sector Commission (2020)</p> <p><a href="#">The Barrang Djinang Aboriginal Cultural Capability Toolkit</a></p>	<p>This toolkit supports public sector workplaces to build their capability to attract, recruit, retain, support and develop Aboriginal staff at all levels. Its aim is to strengthen the cultural capability of managers and staff, as well as the cultural safety of public sector workplaces for Aboriginal employees.</p> <p> <b>Highly practical, easy to navigate tools. A relevant tool can be located in under 5 minutes</b></p>
Existing toolkit	<p>National disability service (NDS)</p> <p><a href="#">A Guide and Toolkit for disability service organisations to increase Aboriginal and Torres Strait Islander employment and workforce participation</a></p>	<p>This guide and toolkit has been developed to support Aboriginal and Torres Strait Islander employment across disability services organisations, as well as other organisations involved in employing Aboriginal and Torres Strait Islander People.</p> <p>This tool kit provides advice on attraction, recruitment, retaining employees and provides a range of tools. It is relatively easy to navigate and provides information organised according to foundations, preparation of the workplace, and how to think differently about attraction, recruitment and retention of Indigenous staff.</p>
Book	<p>Dr Debbie Bargallie: Kamilaroi and Wonnarua (2020)</p> <p><a href="#">Unmasking the Racial Contract: Indigenous voices on racism in the Australian Public Service</a></p>	<p>This book tells a collective story of contemporary racism experienced by Aboriginal and Torres Strait Islander public servants. It provides an insider's perspective and privileges the voices of other Indigenous employees, to unmask the racial contract that underpins the 'absent presence' of racism in the Australian Public Service. Bargallie provides an important counter-narrative to the pervasive myth of meritocracy and encourages readers to consider the effects of the racial contract in colonial-colonised relations in Australia more broadly.</p>
Research article	<p>The Lowtija Institute (2014)</p> <p><a href="#">Shifting Gears: Identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector.</a></p>	<p>This paper explores how the Australian health sector might improve opportunities for career development for Aboriginal and Torres Strait Islander workers. It considers the current evidence surrounding career development in the health sector, along with Aboriginal and Torres Strait Islander worker experiences, to develop a usable conceptual framework for change.</p> <p>A <a href="#">policy brief</a> is also available.</p> <p> <b>An important 15-20 minute read.</b></p>



Type	Resource	Summary
Project Report	<p>The Lowitja Institute (2020)</p> <p><u><a href="#">We are working for our People: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report.</a></u></p>	<p>The aim of this project report is to provide insight and guidance to enhance the capacity of the workplaces, and the health system more broadly in order to retain and support the development and careers of Aboriginal and Torres Strait Islander People in the workforce.</p>
A blueprint for policy change	<p>National Aboriginal and Torres Strait Islander Health Council (2008)</p> <p><u><a href="#">A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander People</a></u></p>	<p>This paper was written to provide governments with strategic advice and strategies from the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) to maximise Aboriginal and Torres Strait Islander participation in the health workforce. This involves promoting and improving pathways between school, vocational education and training (VET) and higher education, and retaining and building the capacity of the existing Aboriginal and Torres Strait Islander health workforce by addressing ongoing support and career development needs.</p> <p>The key issues, principles and solutions outlined in this report remain relevant still today. This paper serves as a reminder that action and leadership are urgently required.</p> <p> <b>A 15-20 minute read. A comprehensive exploration of the key issues and way forward.</b></p>
Research article	<p>Australian Journal of Primary Health (2019)</p> <p>Chelsea Bond, Mark Brough, Jon Willis, Janet Stajic, Bryan Mukandi, Condy Canuto, Shannon Springer, Deborah Askew, Lynnell Angus and Tara Lewis</p> <p><u><a href="#">Beyond the pipeline: a critique of the discourse surrounding the development of an Indigenous primary healthcare workforce in Australia</a></u></p>	<p>In this paper, the Indigenous Australian healthcare workforce literature since 1977 is reviewed and its scope of concern, as being often limited to questions of 'supply', is critiqued. The authors address the often-touted concern regarding supply of appropriately skilled workforce as being not the only gap that keeps Aboriginal workforce levels below what's needed. They propose that other 'gaps' include the lack of recognition of Indigenous knowledges in organisational structures, in governance and in self-awareness by the health professions of their whiteness. The paper concludes that racism might be a central feature of the experiences of Indigenous health professionals, whether one is an 'untrained' health worker or a medical specialist.</p> <p> <b>A 15-20 minute read. Highly insightful and comprehensive exploration of the broader systemic issues.</b></p>



Type	Resource	Summary
Research article	<p>International Journal of Environmental Research and Public Health (2018) Genevieve C. Lai, Emma V. Taylor, Margaret M. Haigh and Sandra C. Thompson</p> <p><a href="#"><u>Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review</u></a></p>	<p>This systematic review aims to identify enablers and barriers to the retention of Indigenous Australians within the health workforce and to describe strategies to assist with development and retention of Indigenous health professionals after qualification. The paper presents evidence that suggests that the retention of Indigenous health professionals will be improved through building supportive and culturally safe workplaces; clearly documenting and communicating roles, scope of practice and responsibilities; and ensuring that employees are appropriately supported and remunerated.</p> <p> <b>A 15-20 minute read, with findings holding relevance to the expansion of the SAS Workforce.</b></p>
Research article	<p>PLoS One Journal Emma V. Taylor, Marilyn Lyford, Lorraine Parsons, Toni Mason, Sabe Sabesan, Sandra C. Thompson</p> <p><a href="#"><u>“We’re very much part of the team here”: A culture of respect for Indigenous health workforce transforms Indigenous health care”</u></a></p>	<p>Through the lens of Indigenous health workforce, this paper explores themes that emerged from two innovative services for Indigenous cancer patients and their families, which stood out as particularly high performing. Eight themes were identified from the way that the two services supported their Indigenous workforce: strong executive leadership, a proactive employment strategy, the Indigenous Health Unit, the Indigenous Liaison Officer, multidisciplinary team inclusion, professional development, work environment and a culture of respect. Participants reported two positive outcomes resulting from the active implementation of the eight workforce themes: ‘Improved Indigenous patient outcomes’ and ‘Improved staff outcomes.</p> <p> <b>A 15-20 minute read, with findings holding relevance to the expansion of the SAS Workforce.</b></p>
Report	<p>National Health Leadership Forum (2019)</p> <p><a href="#"><u>National Health Leadership Forum. (2019). Working Towards Health Equality: The Aboriginal and Torres Strait Islander Health Workforce: A rights-based approach to the Aboriginal and Torres Strait Islander Workforce.</u></a></p>	<p>The National Health Leadership Forum (NHLF) is a collective partnership of national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander Peoples.</p> <p> <b>A 10-15 minute read that provides a data snapshot and sector development recommendations.</b></p>







# Relationships, shared governance and decision-making

**Investing in collaborative, equitable inclusive relationships with Aboriginal communities and organisations creates opportunity for Aboriginal voices and knowledges to inform system change and clinical and cultural safety. If appropriate governance mechanisms with appropriate external community organisations or consortia are established, invested in and maintained, this can serve to improve the quality of programs, increase the likelihood of better outcomes, and lessen the potential for conflict.**

This enabling and supporting environment for community-led self-determination is an essential pre-text for cultural safety within NSW Health in order to contribute to improved health outcomes and workforce targets.

To instigate real change, governments and non-government agencies need to admit that “business as usual”, with existing power and

control structures, is a major part of the problem of stubbornly impenetrable sub-optimal outcomes. Transforming the governance and decision-making practices within SAS requires shifting from consultation to ownership, and from inclusion to equal partnership through Aboriginal Peoples having power to influence at every level of decision-making.

The Productivity Commission<sup>15</sup> Report ‘Overcoming Indigenous Disadvantage Key Indicators 2020’ found that shared decision-making is a common element in approaches that seem to be successful in improving outcomes. Shared decision-making is most effective when power inequalities are recognised and Aboriginal community involvement is a ‘bottom-up’ rather than ‘top-down’ approach. The report suggests that shared decision-making is most effective when Aboriginal People are provided with decision-making authority, and where they are involved in deliberative and negotiated processes, not just for information giving or consultation.





## What helps

- Having an external Aboriginal partnership group (not an advisory) eg Bourke Maranguka
- Understand you are negotiating with the landlords, not consulting or engaging
- Shared accountabilities and monitoring with external Aboriginal community partners
- Aboriginal Peoples having power to influence at every level of decision making
- Aboriginal People having leadership and ownership in the design and conduct of engagements
- Community meetings not driven by a government agenda
- Building relationships
- Sharing resources
- Respecting Aboriginal Peoples' time and previous contributions



## What doesn't help

- Thinking its only Aboriginal communities that experience factionalism and politics
- Tokenistic advisory roles for Aboriginal Peoples
- Inviting Aboriginal Peoples to have a say and not actually listening and implementing what they decide
- Not tailoring communication and expecting Aboriginal Peoples to provide input or advice without emphasising the value of the contribution
- Expecting Aboriginal Peoples and communities to do this work for you





## Key reflective questions

1

What processes and mechanisms can be put in place to facilitate participation by members of the Aboriginal community in policy making, service delivery and programs?

2

How is capacity developed within the government to engage with the Aboriginal community?

3

How can we develop partnerships that build capacity to for both government and Aboriginal communities to support participatory governance?

4

Are we genuinely willing to share power? And if so, what are the barriers holding us back and how can we address them?

5

How can we enable participatory governance and move away from sporadic consultation on a topic by topic basis to participation as an integral part of the decision making process?





## Case studies



### Gunditjmara Aboriginal Cooperative Ltd

Gunditjmara Aboriginal Cooperative Ltd is an independent community based not-for-profit Aboriginal Community Controlled Organisation that was founded 1979. Gunditjmara means to 'belong to person' and is located in south-western Victoria. The Gunditjmara People are the traditional owners of the coastal areas extending from Portland to the south, Port Fairy, Warrnambool and inland into Camperdown.

The Cooperative was incorporated in 1982 and now delivers a wide range of culturally appropriate health and well-being services at all life stages. The Cooperative achieves this through education, promotion and support for families and individuals, and promotes and provides cross-cultural information to mainstream and community health providers.

Gunditjmara exemplifies a community-based bottom-up approach to health, that works in partnership with local government and other health-service providers that restructures the power balance from a traditional top-down approach.














## Further reading, resources and tools

Tools, resources and readings from other jurisdictions and academic literature.

Type	Resource	Summary
Report	<p>Just Reinvest NSW</p> <p><a href="#">Justice Reinvestment in Bourke</a></p>	<p>Justice reinvestment is a way of working that is led by the community, informed by data and builds strategies to address issues at a local level. The Maranguka Justice Reinvestment project carried out in Bourke NSW is an example of how powerful and successful community-led initiatives can be. The project emerged as Bourke was concerned about the number of Aboriginal families experiencing high levels of social disadvantage and rising crime. This website links to steps taken to develop, implement and evaluate the success in reducing crime and improving family strength, youth development and adult empowerment through shifting resources.</p> <p> A powerful example of targeted and collaborative approach to resolving community disadvantage. <b>There is a short 5-minute video that explains the project. Further website reading of 1-2 hours (including external resources).</b></p>
Existing toolkit	<p>Just Reinvest NSW</p> <p><a href="#">Justice reinvestment toolkit</a></p>	<p>This toolkit is for Aboriginal communities that are interested in adopting a justice reinvestment framework to strengthen their communities and build encouraging pathways for children and young people. Aboriginal-led decision making and control over data is a powerful tool that provides the community with the autonomy to take action. This toolkit outlines how empowering people to make decisions about their own communities can lead positive outcomes. The example resource below shows how this decision-making model can make a huge impact on the community and improve social outcomes.</p> <p> <b>A 1-hour read to skim through and reflect on some of the examples used throughout.</b></p>
Website	<p><a href="#">Maranguka Community Hub</a></p>	<p>The Maranguka Community Hub works alongside the people of Bourke. It is a grassroots tool for all Aboriginal People to share and determine their future. The hub includes the aims, principles, strategy and governance of the community supporting learning and accountability for the goals set by the Bourke Tribal Council. The 'working groups' tab steps out how the community engages with government and non-government agencies and service providers to test and trial activities that drive progress towards the goals and targets of the community.</p> <p> <b>A 5-10 minute read per webpage.</b></p>
Existing toolkit	<p>Secretariat of National Aboriginal and Islander Child Care</p> <p><a href="#">Using collective impact to see strong</a></p>	<p>This Toolkit aims to encourage local initiatives that improve outcomes for Aboriginal and Torres Strait islander children and families. It focuses on activities that are easy to adapt to dynamic environments and reflects the research on good practice in partnerships and programs for Aboriginal and Torres Strait Islander children and families. Page 7 shows a useful table that steps through the lifecycle of new initiatives from development to evaluation. The Toolkit then includes numerous workbook-style activities for each step that can be adapted for alternative use.</p>



Type	Resource	Summary
	<a href="#"><u>communities, strong culture and stronger children</u></a>	 <b>A 1-hour read to flesh out each of the steps and look at how the activities may be used.</b>
Existing toolkit	NSW Health Services  <a href="#"><u>Aboriginal Cultural Engagement Self-Assessment Tool</u></a>	<p>The purpose of the Toolkit is to strive towards meaningful change to organisational activities, structures and behaviours to make health services and hospitals culturally safe and respectful for Aboriginal patients, clients and staff. It provides resources and key actions for building Aboriginal cultural engagement within NSW Health Services, along with checklists for self-assessment. This is a great tool to assess your department now and then again after new policies and procedures have been put in place.</p> <p> <b>A 15-20 minute read, which includes a number of additional resources for further reading.</b></p>
Report	UTS: Jumbunna Indigenous House of Learning  Professor Larissa Behrendt, Dr Miriam Jorgensen and Dr Alison Vivian  <a href="#"><u>Scoping paper 1 prepared for the Victorian Department of Health and Human Services</u></a>	<p>This paper considers the definitions and concepts of self-determination under international law and then explores what this means in practice and how it might be applied to Aboriginal wellbeing and health policies. It focuses on existing work around social and cultural determinants of health and what this might mean for the practice applications of self-determination.</p> <p>An important definition quoted in the report is the Indigenous definition of self-determination as: The ability of Aboriginal People to determine their own political, economic, social and cultural development as an essential approach to overcoming Indigenous disadvantage. This definition was written by the National Aboriginal Community Controlled Health Organisation.</p> <p> <b>A 45-60 minute- read.</b> ‘Chapter 2: Meaning of Self-Determination’ and ‘Chapter 4: Indigenous health determinants’ are highly informative starting chapters.</p>
Report	Victorian Government  <a href="#"><u>Self-determination reform framework</u></a>	<p>This framework offers a guide to public service action to ensure self-determination in line with government’s commitments in the Victorian Aboriginal Affairs Framework. It operates as a starting point for enabling self-determination primarily in government departments. Important to read is Chapter 2, which outlines the structure of the framework and the goals to initiate structural change, and Chapter 3, which outlines how to report against the framework. These chapters show how the commitments made by the government are being implemented, and how the department and other involved organisation are going to be accountable to those commitments.</p> <p> <b>A 30-minute read.</b></p>





# 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>16</sup> Increasing Aboriginal ownership and control of data is a key enabler of self-determination.**

When measuring outcomes, definitions of success that incorporate Aboriginal values and ways of working brings excellence for all. Ensuring Aboriginal communities have sovereignty of their data – that is, Aboriginal communities will have access to, own and control the use of their data – will lead to stronger partnerships and more effective shared service design. Services should negotiate the terms of accountability and monitoring with external community-led governance partner/s, while also empowering internal Aboriginal staff voices and expertise.



## What helps

- Terms of accountability and monitoring being negotiated with the community
- Empowering Aboriginal communities and staff to define success
- Empowering Aboriginal communities and staff to determine how to measure or rate successful outcomes
- Transparency and sharing of locally relevant data
- Considering a variety of measures that don't just look at health indices, but also those that consider cultural safety and system factors.
- Understanding that data is a form of power and it should be shared equally for best outcomes
- Data sovereignty.





## What doesn't help

- Not balancing local definitions of success with contractual KPIs
- Withholding the data that Aboriginal communities need to inform their decision-making and solution development
- One party (government) having access to more information than the other (Aboriginal community)
- State-wide data that is too broad to be applied in the context of local issues and local solutions



## Key reflective questions

1

Are Aboriginal and Torres Strait Islander People included in the governance or decision-making processes?

2

How are Aboriginal People leading processes to define what success looks like?

3

What factors are stopping or limiting us from allowing Aboriginal communities to have access to data? What changes are needed to overcome the barriers?

4

How are we finding out about Aboriginal Peoples experiences of our services and being accountable to improve?

5

How are we creating opportunities for Aboriginal Peoples to lead the monitoring and evaluation processes for initiatives and services designed to meet their specific needs?

6

Does my workplace have a policy that stipulates the governance of Indigenous data? If not, how would your workplace best go about ensuring Indigenous data ownership and governance?

7

How could your workplace include Aboriginal staff in Indigenous data collection, analysis and sharing processes?





## Case studies



### Maranguka – Aboriginal community of Bourke

The community of Bourke NSW created Maranguka, meaning ‘caring for others’ in Ngemba language, that redirects funding away from prisons and into communities that have high rates of contact with the criminal justice system. Maranguka is an Aboriginal-led community level governance and steering body that acts as a platform for existing community organisations to have meaningful conversations and conduct working groups to align community direction.

Key elements of that comprise Maranguka are the need for the organisation to be place-based, data-driven, supported by a centralised strategic body, and with fiscally sound and targeted measures. Maranguka govern their own data, through the concept of Indigenous data sovereignty – that is, Aboriginal People and values are at the centre of decision-making during every stage of the data collection, data analysis and sharing process. The Bourke Tribal Council has governance over the data that is collected and authorisation protocols in place. The data is used for policy articulation, planning, monitoring, evaluation and learning.



By building relationships within community organisations and facilitating Aboriginal governance and decision-making, the community has seen significant decreases in crime rates. Domestic violence-related assaults are now down by 39%, while driving offences are down by 35%. In addition, 236 more people now have their license and the number of young people charged with driving without a license is down by 72%. This has resulted in significant cost-savings to the NSW economy of \$3.1 million through the impact of the justice system and broader local economy, an amount that was five times the operating costs for Maranguka in the same year.








## Further reading, resources and tools




Tools, resources and readings from other jurisdictions and academic literature.

Type	Resource	Summary
Monitoring Framework	Australian Institute of Health and Welfare	The Cultural safety in health care for Indigenous Australians: monitoring framework aims to measure progress in achieving cultural safety in the Australian health system. For this purpose, cultural safety is defined with reference to the experiences of Indigenous health care user, of the care they are given, their ability to access services and to raise concerns.
	<a href="#">Cultural safety in health care for Indigenous Australians: monitoring framework</a>	The Cultural safety in health care for Indigenous Australians: monitoring framework is structured around three modules: Module 1 – Culturally respectful health care services; Module 2 – Patient experience of health care; and Module 3 – Access to health care services. Each of the three modules contains a number of domains, focus areas and measures.
		 <b>An hour should be devoted to reading and exploring this framework, the supporting resources and the key findings.</b>
Existing Toolkit	The Centre for Independent Studies	This Toolkit provides statistics and recommendations for changes to the evaluations of government policies for Aboriginal and Torres Strait Islander Peoples. The research highlights the lack of evidence of the effectiveness of Indigenous programs and the necessity for change to see improved outcomes. Importantly, it found that often government run programs do not assess applications in line with proscribed guidelines and public information, and further that there is a lack of recording of key decision and unformulated performance targets for funded projects.
	Sara Hudson	
	<a href="#">Evaluating Indigenous Programs: a toolkit for change</a>	 <b>A 20-30 minute read.</b> A key section can be found under the heading 'recommendations', which provides a tabulated summary of the importance of co-accountability and evidence-based evaluation for government-funded programs. Additionally, this section provides an evaluations of current government programs as examples.
Evaluation Framework	<a href="#">Aboriginal Health and Medical Research Council of NSW</a>	The Aboriginal Health and Medical Research Council of NSW's key principles for ethical work in Aboriginal communities (net benefits, Aboriginal community control, cultural sensitivity, reimbursement, enhancing Aboriginal skills and knowledge) provide an overarching governance framework for any research or evaluation work which affects Aboriginal communities.
Accountability Framework	Productivity Commission  <a href="#">Indigenous Evaluation Strategy</a>	This evaluation strategy provides a whole-of-government framework for Australian Government agencies to use when selecting, planning, conducting and using evaluation of policies and programs effecting Aboriginal and Torres Strait Islander Peoples. The strategy sets out a new approach to evaluating policies and programs affecting aimed at improving the quality and usefulness of evaluation. The three key functions of the evaluation framework are to: (1) better understand



Type	Resource	Summary
		<p>what policies and programs work, why and for whom through evidence-informed policy development; (2) inform improvements in policies and programs; and (3) provide accountability to funders and the community.</p> <p> <b>A 30-40 minute important read.</b> Each section includes useful diagrams and tables that can be considered at a glance to reduce the reading time. Contents are hyperlinked and easy to navigate if wanting to focus on specific process of evaluation.</p>
Existing Toolkit	<p>The Centre for Independent Studies</p> <p>Sara Hudson</p> <p><a href="#">Evaluating Indigenous Programs: a toolkit for change</a></p>	<p>This Toolkit provides statistics and recommendations for changes to the evaluations of government policies for Aboriginal and Torres Strait Islander Peoples. The research highlights the lack of evidence of the effectiveness of Indigenous programs and the necessity for change to see improved outcomes. Importantly, it found that often government run programs do not assess applications in line with proscribed guidelines and public information, and further that there is a lack of recording of key decision and unformulated performance targets for funded projects.</p> <p> <b>A 20-30 minute read.</b> A key section can be found under the heading 'recommendations', which provides a tabulated summary of the importance of co-accountability and evidence-based evaluation for government-funded programs. Additionally, this section provides an evaluations of current government programs as examples.</p>
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Type	Resource	Summary
Accountability Framework	<p>Victorian Government</p> <p><a href="#">Aboriginal Governance and Accountability Framework</a></p>	<p>The Framework provides a forum for building stronger relationships between Aboriginal communities and the department through involving Aboriginal communities in policy development, decision-making and resource allocation. It provides key principles for engaging and partnering with Aboriginal leaders, communities and organisations and a set of mechanisms to implement these principles. The framework provides a flexible consultation process that maintains consistency and coordination between the government and Aboriginal communities.</p> <p> <b>A 15-20 minute read.</b></p>
Existing Toolkit	<p>The Centre for Independent Studies</p> <p>Sara Hudson</p> <p><a href="#">Evaluating Indigenous Programs: a toolkit for change</a></p>	<p>This Toolkit provides statistics and recommendations for changes to the evaluations of government policies for Aboriginal and Torres Strait Islander Peoples. The research highlights the lack of evidence of the effectiveness of Indigenous programs and the necessity for change to see improved outcomes. Importantly, it found that often government run programs do not assess applications in line with proscribed guidelines and public information, and further that there is a lack of recording of key decision and unformulated performance targets for funded projects.</p> <p> <b>A 20-30 minute read.</b> A key section can be found under the heading 'recommendations', which provides a tabulated summary of the importance of co-accountability and evidence-based evaluation for government-funded programs. Additionally, this section provides an evaluations of current government programs as examples.</p>
Evaluation Framework	<p><a href="#">Aboriginal Health and Medical Research Council of NSW</a></p>	<p>The Aboriginal Health and Medical Research Council of NSW's key principles for ethical work in Aboriginal communities (net benefits, Aboriginal community control, cultural sensitivity, reimbursement, enhancing Aboriginal skills and knowledge) provide an overarching governance framework for any research or evaluation work which affects Aboriginal communities.</p>
Accountability Framework	<p>Productivity Commission</p> <p><a href="#">Indigenous Evaluation Strategy</a></p>	<p>This evaluation strategy provides a whole-of-government framework for Australian Government agencies to use when selecting, planning, conducting and using evaluation of policies and programs effecting Aboriginal and Torres Strait Islander Peoples. The strategy sets out a new approach to evaluating policies and programs affecting aimed at improving the quality and usefulness of evaluation. The three key functions of the evaluation framework are to: (1) better understand what policies and programs work, why and for whom through evidence-informed policy development; (2) inform improvements in policies and programs; and (3) provide accountability to funders and the community.</p> <p> <b>A 30-40 minute important read.</b> Each section includes useful diagrams and tables that can be considered at a glance to reduce the reading time. Contents are hyperlinked and easy to navigate if wanting to focus on specific process of evaluation.</p>





Type	Resource	Summary
Report	<p>The Department of Health</p> <p><a href="#">Aboriginal and Torres Strait Islander Health Performance Framework</a></p>	<p>This framework focuses on the importance of culturally competent service delivery and the need to partner with and share decision-making with Aboriginal and Torres Strait Islander People in the design of services and programs that affect them. The report covers the current health status of Aboriginal and Torres Strait Islander Peoples, health determinants, and a proposed health system performance indicator. Health system performance indicators centre around culturally respectful health services, patient experience, and access to health care services.</p> <p> <b>A 45-60 minute read.</b> A key area for consideration is Chapter 6 'Tier 3 Health System Performance'. Alternatively, there is a <b>15-minute read <a href="#">summary</a></b>.</p>
Research Article	<p>International Journal of Social Research Methodology</p> <p>Maggie Walter and Michele Sunia</p> <p><a href="#">Indigenous Data, Indigenous methodologies and Indigenous data sovereignty</a></p>	<p>This article speaks to the research deficiencies in methodology for Aboriginal and Torres Strait Islander-focused studies. The absence of an Indigenous presence in Indigenous data production has resulted in a deficit statistic narrative for Indigenous Peoples. The article explores Indigenous quantitative methodologies and supports the emerging Indigenous Data Sovereignty movement.</p> <p> <b>A highly informative 20-minute read.</b></p>
Article	<p>NewsRoom UNSW Dr Kalinda Griffiths</p> <p><a href="#">‘We need to be seen – why data is vital in the fight against COVID-19’</a></p>	<p>A recent interview conducted by the <a href="#">University of New South Wales</a> with Scientia Fellow and Yawuru woman <a href="#">Dr Kalinda Griffiths</a>, discusses the importance of Indigenous Data Sovereignty when it comes to the recent outbreak of COVID-19. Data gives insights into any gaps that may exist in a service capacity and can help predict how prepared a community is for an outbreak. The relevance of Indigenous Data Sovereignty when it comes to the outbreak and management of COVID-19 has helped identify how each Indigenous community has different needs as a result of their access to different resources, infrastructure and normalities. “What’s required within those communities should be at the discretion, decision making and governance processes of the leaders within those communities. Again, governance structures across different community groups are extremely varied,” Dr Griffiths said. “You can’t just have a blanket approach.” COVID-19 has exemplified how the power of data has quickly and accurately provided resources to communities and people in need.</p> <p> <b>A highly informative 20-minute read.</b></p>
Data Resource	<p>Justice Reinvests</p> <p><a href="#">Lifecycle Timeline</a></p>	<p>This is a useful tool developed by Justice Reinvest that allows for tracking of data and targets. The documents puts data into your hands to learn, talk, think and set goals for what needs to change to improve outcomes for Aboriginal and Torres Strait Islander Peoples. This is an exercise in data sovereignty that allows Indigenous data to be used for Indigenous led solutions.</p>



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