

3.5 STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

Aboriginal people are more likely to use health services that are culturally respectful and welcoming. Strategic Direction 5 focuses on developing the structures, policies and processes needed to create work environments and health services that are culturally safe for Aboriginal people. Key actions are:

- implementing and monitoring *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health*
- establishing and evaluating a cultural competency framework that integrates with existing planning and performance management processes
- embedding cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies
- implementing models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model
- ensuring all NSW Health boards include at least one member with knowledge of Aboriginal health.

3.5.1 NSW HEALTH ACTIVITIES

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health outlines the cultural training requirements of all NSW Health organisations. The purpose of Respecting the Difference training is to empower NSW Health staff to build positive relationships with Aboriginal people who may be clients, visitors or fellow workers, and to deliver more respectful, responsive and culturally safe services for Aboriginal people.

The Respecting the Difference training is mandatory for all NSW Health staff and includes, at a minimum, a two-hour eLearning program and a six-hour face-to-face workshop. Participants learn about: the diverse culture,

KEY FINDINGS

- **NSW Health has established mandatory Aboriginal cultural training for all staff—86% of staff have completed the online module and 44% have attended the workshop.**
- **Service Agreements and the NSW Aboriginal Health Impact Statement provide important levers for the delivery of culturally safe healthcare, however, use of the latter is variable among NSW Health organisations.**
- **NSW Health is implementing many initiatives aiming to create culturally safe workplaces and health services, with some achieving good reach and outcomes.**
- **Most (89%) Aboriginal people admitted to hospital rated their experience of care as either 'Very good' or 'Good'.**
- **ACCHSs reported examples of their clients experiencing discrimination or racism when using NSW Health services.**
- **Collectively, NSW Health activities aiming to foster greater cultural safety seem to have contributed to reduced incomplete emergency department visits and a stabilised rate of discharge against medical advice in Aboriginal people in NSW.**

customs and protocols of Aboriginal communities; how to interact positively with Aboriginal people; potential causes of miscommunication; and the impact of racism and discrimination on Aboriginal peoples' experiences of care. The training is tailored to the following audiences: executives; managers; frontline staff; and other staff, like corporate and administrative staff. User and facilitator guides support effective use and delivery of the training.

Implementation of the Framework is monitored by the NSW Health Aboriginal Workforce Strategic Steering Committee, which includes representatives of the MoH, LHDs, SHNs and other public health organisations.



All NSW Health organisations provide biannual reports to this Committee, describing progress against the following performance indicators:

1. Respecting the Difference programs established for each target audience
2. Aboriginal community involvement in implementing Respecting the Difference
3. Number and proportion of staff completing the Respecting the Difference training
4. Plan established to maximise staff participation in Respecting the Difference training
5. Proportion of training participants who achieve learning outcomes
6. Proportion of training participants who feel the training provided them with the tools to provide better services to Aboriginal people and communities (face-to-face training).

The Committee uses these biannual reports to: identify high- and under-performing NSW Health organisations; establish strategies to maximise staff participation in, and the quality of, Respecting the Difference training; and identify areas requiring action.

A 2013 evaluation of Respecting the Difference found that the training helped participants reflect on their attitudes, beliefs and behaviours towards Aboriginal people but that more work was needed to improve the quality of training delivery and to support participants to apply their new knowledge at work. A follow-up evaluation of the training is underway and will assess its implementation, reach, uptake and impact on organisational outcomes.

In June 2017, 86% (n=111,473) of NSW Health staff had completed the eLearning module and 44% (57,018) had completed the face-to-face training, up from 82% and 24% in December 2015.* The NSW Health target is for 80% of staff to have completed both components of the training.

NSW Aboriginal Health Impact Statement (AHIS)

All NSW Health organisations must complete an AHIS when developing policies, programs or strategies. The AHIS aims to support NSW Health organisations and staff to systematically apply an 'Aboriginal health lens' to such initiatives. This helps to ensure that policies and programs are culturally appropriate and safe for Aboriginal people, and that barriers to engagement of Aboriginal people are identified and removed.

Specifically, the AHIS aims to:

- embed careful consideration of the health needs of Aboriginal people at an early stage in the process of revising or developing policies, programs and strategies
- guide the systematic examination of health system barriers, enablers and linkages in relation to Aboriginal health to identify opportunities to improve access to healthcare, as well as potential adverse impacts to be mitigated
- reduce disparities for Aboriginal people by ensuring that policies and programs strive to achieve equity for Aboriginal people, and actively monitor outcomes
- support NSW Health staff and organisations to develop effective partnerships and strategies to meaningfully engage with Aboriginal stakeholders and communities.

The MoH has produced guidance and a template to assist NSW Health staff and organisations to undertake an AHIS. Between the release of a revised version of the AHIS in February 2017 and January 2018, about 100 AHISs had been conducted in NSW Health. The MoH monitors the application of the AHIS and is continuing to promote its use and ensure it is applied to all relevant initiatives. Many NSW Health organisations have established local protocols for the completion and monitoring of AHISs.

NSW Health System Purchasing and Performance Safety and Quality Framework

The System Purchasing and Performance Safety and Quality Framework aims to inform the design, purchasing, performance monitoring and continuous improvement of NSW Health services and to create services that are needs-based and deliver safe, high quality and high-value care for patients. The Framework has a focus on equity, including improving the cultural accessibility of health services for Aboriginal people.

The Framework is embedded in Service Agreements between the MoH and NSW Health services, which facilitate the monitoring and management of the performance of LHDs and SHNs against the following indirect indicators of culturally safe care for Aboriginal patients: overall rating of hospital care; discharge against medical advice; breast cancer screening uptake; antenatal care before 14 weeks' gestation; immunisation uptake; and Aboriginal staff as a proportion of total

* Proportions describe completions and not compliance, as employees have six months before they are required to complete the training.



workforce. The Framework and Service Agreements are important levers for the delivery of culturally safe services in LHDs and SHNs.

Summary of initiatives implemented across NSW Health

The document review and survey of NSW Health organisations identified many (n=57) initiatives seeking to create culturally safe work environments and health services for Aboriginal people (see the Appendix for a complete list of initiatives). Table 5 describes a selection of current or recent initiatives.

NSW Health delivers many services and programs that have been specifically designed to meet the needs and support the cultural safety of Aboriginal people, with many of these initiatives engaging Aboriginal staff in service coordination and delivery roles. Aboriginal-specific programs are being delivered in areas such as: chronic disease management; maternity care; childhood healthcare; tobacco cessation; responses to domestic violence; and the prevention of alcohol and drug misuse. Some of these initiatives, like the Aboriginal Maternal and Infant Health Service and the Aboriginal Immunisation Health Care Worker Program, are implemented at scale and have contributed to improvements in key population health indicators over time. Additionally, most of these initiatives recognise that family and kinship are core to the Aboriginal conceptualisation of health, and have involved the entire family in care.

Several initiatives are being implemented to build the Aboriginal cultural competence of health staff working in mainstream services, in settings like maternity services, cancer services, emergency departments, hospitals and primary health services.

The MoH has developed strategic frameworks for specific health issues that focus on improving the cultural accessibility of care for Aboriginal people, such as the *NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016–2021* and *Living Well: A Strategic Plan for Mental Health in NSW 2014–2024*. Further, NSW Health organisations have established plans and policies to help create culturally safe workplaces and health services. Examples include reconciliation action plans, cultural respect frameworks, Respecting the Difference action plans, the Emergency Department Patients Awaiting Care Policy Directive, and welcome to country and acknowledgement of country protocols. NSW Health is also implementing strategies to support adherence to the National Safety and Quality Health Service Standards (second edition), which support healthcare quality and safety for Aboriginal patients.

Many LHDs and SHNs have modified the physical environments of their services—such as waiting and common areas and hospital grounds—to make them more welcoming for Aboriginal patients. Examples of modifications include establishment of Aboriginal family rooms in hospitals, erecting Aboriginal art and flags, using Aboriginal languages in hospital signs, and erecting acknowledgement of country and reconciliation plaques.

Several resources have been developed to support the delivery of culturally safe care in NSW Health services, including the *Aboriginal Cultural Inclusion Checklist for Maternity Services*, *Didja Know? Cultural information and communication guide*, *Communicating positively: A guide to appropriate Aboriginal terminology*, and the eviQ Cancer Education Program.

Employing more Aboriginal staff may help create culturally safe health services and workplaces. Aboriginal staff can act as ‘cultural ambassadors’ who contribute to changing workplace culture and increase awareness of Aboriginal cultures. Section 3.4 of this report describes the extensive work of NSW Health in strengthening its Aboriginal workforce.



TABLE 5. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES*

| Program name | | Program description | Lead agency(ies) | Scale and outcomes |
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| Aboriginal-specific health services and programs | | | | |
| 1 | Aboriginal Maternal and Infant Health Service (AMIHS) | Aims to improve the health outcomes of Aboriginal women—and women with Aboriginal partners—during pregnancy and birth, and to decrease maternal and perinatal morbidity and mortality. Midwives and Aboriginal Health Workers collaborate to deliver high-quality antenatal and postnatal care that is culturally safe, community-based, women-centred, and provided in partnership with Aboriginal people. | MoH/LHDs | State-wide implementation. About 75% of the target group lives in an AMIHS catchment area. Between 2012 and 2016, the % of NSW Aboriginal mothers who started antenatal care at <14 weeks' gestation increased from 51% to 65%, which can be partly attributed to the AMIHS. |
| 2 | Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities Program | Aims to improve the health of Aboriginal children and families. BSF services provide culturally safe, family-centred and community-based early childhood health care collaboratively with partners such as maternity services, early childhood services and ACCHSs. An Aboriginal Health Worker and Child and Family Health Nurse working collaboratively is a key element of the program. | MoH/LHDs | Implemented in multiple LHDs. In 2017, there were 15 BSF services in NSW. In 2015–16, about 1,350 clients were referred to a BSF service. Service standards have been established to support delivery of high quality and culturally safe care across all BSF services. |
| 3 | NSW Aboriginal Quitline | Aims to close the gap in smoking rates between Aboriginal communities and the rest of the population. Provides an individually tailored and culturally safe telephone-based smoking cessation service for Aboriginal people. Support is provided to Aboriginal callers by Aboriginal advisors and community engagement activity is undertaken by an Aboriginal program coordinator. | Cancer Institute NSW | State-wide implementation. There were 287 calls to and from Aboriginal people in January–March 2017. This represents 8% of all contact calls to the broader Quitline program during this period, and 85 individual clients. |
| 4 | The Get Healthy Information and Coaching Service (GHS) – Aboriginal Program | The GHS is a free telephone-based service supporting NSW adults to make sustained improvements in healthy eating, physical activity and achieving or maintaining a healthy weight. Has been enhanced to better reach Aboriginal people and ensure a culturally safe service by offering coaching and supportive materials that are tailored to the needs of Aboriginal people. | NSW Office of Preventive Health | State-wide implementation. Participation by Aboriginal people has increased from 2% of all participants in 2009 to 6% (n=464) in 2016. On average, Aboriginal participants lose 4kg and reduce their waist size by 7cm. |
| 5 | Stay strong and healthy – it's worth it | Aims to raise awareness about drug and alcohol issues during and following pregnancy among Aboriginal women and their families, and promotes the availability of specialist services for this group. Culturally appropriate materials developed for the campaign include: a Facebook page, posters, postcards, a story booklet, and a video series. Education and support for health professionals and Aboriginal community engagement activities are also components of the program. | MoH | State-wide implementation. In 2015-16 there were 245 participants at seven alcohol and pregnancy information sessions, 60 participants at two regional health professional information sessions, 55,000 people reached via social media and 26,000 resources shared. |
| 6 | Aboriginal Immunisation Health Care Worker (AIHCW) Program | Has established AIHCWs in LHDs, with the aim of closing the gap in immunisation coverage between Aboriginal and non-Aboriginal children. The role of the AIHCW is to improve immunisation coverage and timeliness in Aboriginal children through community liaison, promotion of immunisation, and follow-up of Aboriginal children due or overdue for vaccination. Has been recurrently funded since July 2015. | MoH/LHDs | State-wide implementation. In 2016, 93% of Aboriginal children aged 1 year were fully immunised, compared to 85% in 2008, which is partly attributable to the AIHCW Program. |

* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



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| 7 | Quit for New Life (QFNL) | Aims to address the high rate of smoking during pregnancy in the Aboriginal population and prevent relapse to smoking after birth. Provides culturally appropriate smoking cessation support to pregnant Aboriginal women and their household members who smoke; this includes advice, behavioural strategies, referral to Quitline, free nicotine replacement therapy, and extended follow-up support. Primarily delivered in AMIHS and BSF services. | MoH/LHDs | State-wide implementation. Since 2013, QFNL has provided cessation support to 2,229 pregnant and 909 postnatal Aboriginal women and 1,513 cohabitants. Between 2012 and 2016, the % of Aboriginal mothers in NSW who smoked during pregnancy decreased from 50% to 41%, which can be partly attributed to QFNL and broader tobacco control initiatives. |
| 8 | Aboriginal Family Health Services | Culturally appropriate holistic services that reflect local needs and contexts are provided by Aboriginal Family Health Workers (AFHWs) predominantly located in ACCHSs. AFHWs provide crisis support, advocacy, referrals and case management for Aboriginal people experiencing family violence. They also provide broader community development and education activities, with a focus on prevention and early intervention. | MoH/LHDs | State-wide implementation. An evaluation of the Aboriginal Family Health Strategy found that AFHWs work in a collaborative and culturally appropriate manner with local communities in preventing family violence in Aboriginal communities. |
| Building cultural competence in mainstream services | | | | |
| 9 | The Royal Australian College of General Practitioners (RACGP) Aboriginal Project | Aims to improve the cultural and clinical care provided to Aboriginal people in general practice. Focuses on increasing the uptake of the 715 health assessments and supportive allied health and follow-up items. Cultural competency in the provision of care and its clinical environment are embedded within the training. | MoH/RACGP | State-wide implementation. Webinar on delivering care for Aboriginal patients held in 2018 and attended by 209 GPs. 'Identifying Aboriginal Patients in General Practices' video circulated and available on RACGP website. |
| 10 | Hunter New England LHD Cultural Redesign Project | Aims to increase the cultural competency of staff, provide culturally safe services and workplaces, and increase Aboriginal participation in decision making processes in the LHD. Key components include: delivering the Aboriginal Cultural Respect Education program to staff; implementing audit and planning tools to develop culturally safe facilities; and establishing a Closing the Gap intranet site. | Hunter New England LHD | Implemented in Hunter New England LHD. 93% of Aboriginal people who went to hospital in the LHD said their overall experience of care was either 'Very good' or 'Good', which can be partly attributed to the project. |
| 11 | Aboriginal Cultural Inclusiveness Project | Aims to create culturally safe maternity services for Aboriginal women and their families. Aboriginal Cultural Inclusion Checklist for NSW Maternity Services was implemented in each service in the LHD. Following this, strategies such as designing an Aboriginal-specific breastfeeding wrap and establishing cultural guidelines were implemented to promote antenatal care in pregnant Aboriginal women and to ensure welcoming services. | Northern NSW LHD | Implemented in Northern NSW LHD. Several organisational changes were achieved such as the inclusion of Aboriginal art and nations maps in waiting areas and the development of Aboriginal-specific resources. |
| Plans and policies for embedding cultural safety | | | | |
| 12 | Strategies for specific public health challenges | The NSW Ministry of Health has developed several strategies for specific public health challenges that have an explicit focus on improving the cultural accessibility of health services for Aboriginal people. For example, the <i>Aboriginal Family Health Strategy 2011-2016</i> (AFHS), the <i>NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021</i> , and <i>Living Well: A Strategic Plan for Mental Health in NSW</i> . | MoH | State-wide implementation. Evaluations of such strategies have shown good outcomes. |
| 13 | <i>Emergency Department Patients Awaiting Care</i> policy directive (PD2018_010) | Outlines the mandatory requirements and procedures for emergency department (ED) staff for patients, their families and carers immediately following the triage process and while awaiting the commencement of clinical care and medical assessment in the ED. Supports: the use of Aboriginal art in waiting areas; establishment of designated culturally safe waiting rooms for Aboriginal patients to use if they wish; the use of Aboriginal Liaison Officers by Aboriginal patients; and management of incomplete ED visits. | MoH | State-wide implementation. |



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| 14 | Reconciliation Action Plans (RAP) | Provide a framework for organisations to support the national reconciliation movement. Several NSW Health organisations have developed a RAP, which show a commitment to working with Aboriginal communities to improve their health outcomes. RAPs include action in the areas of relationships, respect and opportunities. | Various NSW Health organisations | Implemented in multiple LHDs and NSW Health organisations. Each organisation with a RAP is required to report on progress to Reconciliation Australia annually. |
| 15 | Surveyor training for the National Safety and Quality Health Service Standards | Second edition of the Standards, launched in November 2017, includes specific strategies to improve healthcare for, and the cultural safety of, Aboriginal people. The NSW Ministry of Health provides training for surveyors of NSW Health services. The training aims to improve assessor reliability, help communicate the intent of the standards to key audiences, and ultimately support adherence to the standards. | MoH | State-wide implementation. |
| 16 | Agency for Clinical Innovation (ACI) Cultural Competence Implementation Plan | Aims to build a culturally competent ACI workforce and support delivery of culturally safe care for Aboriginal people in NSW. Supports the inclusion of culturally competent processes into everyday work practices. Under the plan, the ACI delivers staff workshops, annual events and yarning circles in partnership with the University of Sydney's National Centre for Cultural Competence. | ACI | Implemented in the ACI. Currently being evaluated. |
| 17 | <i>Welcome to Country</i> Protocols policy directive (PD2005_472) | Aims to recognise Aboriginal peoples' unique position in the history and culture of NSW. Assists NSW Health services observe the appropriate protocols for the recognition of Aboriginal people at official events or at events where NSW Health is a sponsor. The minimum requirement for NSW Health events is for an Acknowledgement of Country ceremony. | MoH | State-wide implementation. |

Creating welcoming environments

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| 18 | Dedicated cultural spaces in hospitals | A number of LHDs and SHNs have established dedicated rooms and spaces in hospitals for Aboriginal people and their families. For example, Wollongong Hospital has established an Aboriginal family room to provide a culturally safe space that allows families to spend quiet time, and where patient plans can be discussed in consultation with the treating teams and mediated by Aboriginal Health Workers. | Various LHDs | Implemented in multiple LHDs. |
| 19 | Improving the physical environment of hospitals | Many LHDs are displaying Aboriginal artwork and other signs and symbols in hospitals and other health services with the aim of acknowledging local Aboriginal cultures and creating a more inclusive and welcoming environment. Commonly displayed signs and symbols include: Aboriginal flags, acknowledgement of country plaques, apology and reconciliation statements, and signage translated into local Aboriginal languages. | Various LHDs | Implemented in multiple LHDs. |
| 20 | Western NSW LHD Aboriginal Signage Project | Aims to enhance the cultural safety of Aboriginal clients of Western NSW LHD services. Key strategies include displaying Aboriginal artwork and incorporating Aboriginal language into key directional signage in hospitals and other health facilities in the district. | Western NSW LHD | Implemented in Western NSW LHD. Signage has been rolled out to six health facilities in the district, with more planned. |
| 21 | Promotion of key Aboriginal community events (e.g. NAIDOC Week) | Many LHDs get actively involved in Aboriginal cultural activities such as NAIDOC Week, National Reconciliation Week and other significant cultural events. These events provide opportunities for Aboriginal and non-Aboriginal staff to engage with Aboriginal cultures and communities. Some LHDs have reviewed their policies and procedures to ensure there are no barriers to staff participating in NAIDOC Week. | Various LHDs | Implemented in multiple LHDs. |

Supportive resources

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| 22 | Welcoming Aboriginal Women: Making Maternity Environments Culturally Inclusive | In 2014, an Aboriginal Cultural Inclusion Checklist for NSW Maternity Services was developed. The checklist was designed to improve the inclusiveness of maternity services to provide a welcoming environment for Aboriginal families. After completing the checklist, Maternity Services could apply for one-off funding of up to \$15,000 to implement strategies and/or projects to enhance the cultural inclusiveness of their services. | MoH | State-wide implementation. Services in 10 LHDs applied for funding. Some services refurbished wait areas to make them more welcoming for Aboriginal families and established Aboriginal women's yarning circles. |
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| 23 | eviQ Cancer Education Program | Supports health professionals to deliver cancer treatments by providing an online resource of treatment protocols. The eviQ <i>Cancer treatment side effects: a guide for Aboriginal Health Workers</i> booklet and other culturally appropriate resources have been embedded in appropriate modules. These provide cultural awareness and additional resources to mainstream health staff, to assist in their care for Aboriginal people with cancer. | Cancer Institute NSW | State-wide implementation. 1000 copies of the AHW booklet were printed at the request of ACCHSs (2015/2016). The booklet has been disseminated at various conferences. |
| 24 | <i>Didja Know? Cultural information and communication guide</i> | Cultural resource tool developed by Hunter New England LHD and adapted for use by other LHDs. Developed to answer commonly asked questions about Aboriginal people and communities and aims to provide useful information to assist LHD staff to improve service delivery to Aboriginal people. It contains general information relating to terminologies, customs, history and protocols. | Hunter New England LHD | Implemented in multiple LHDs and NSW Health organisations. |
| 25 | <i>Communicating positively: A guide to appropriate Aboriginal terminology</i> | Provides NSW Health staff with background information and guidance on appropriate language to use when working with Aboriginal people and communities and when developing policies and programs to improve health outcomes for Aboriginal people. The use of accurate and non-offensive language is an essential component of Aboriginal cultural respect and communication training. | MoH | State-wide implementation. |



ABORIGINAL MATERNAL INFANT HEALTH SERVICE (AMIHS)

The AMIHS is a NSW Health-funded maternity service for Aboriginal families that aims to improve health outcomes for mothers and babies. AMIHS AHWs and midwives work together and with other services to provide continuous, high quality antenatal and postnatal care. Care starts as early as possible in pregnancy and continues through pregnancy and up to 8 weeks' postpartum.

The key components of the AMIHS are:

- being accessible, flexible and mobile to ensure AMIHS is accessible to local communities, services are adapted to the local needs and context, and are provided in a range of locations including in women's homes, community health centres, ACCHSs, antenatal clinics, and child and family health centres. Transport is also provided to support women accessing the AMIHS and other services they are referred to
- working with other services to provide integrated care for women and families—this includes the local ACCHS, mainstream maternity services and other government and non-government services
- being involved in community development and health promotion activities
- supporting women and families to transition from AMIHS to child and family health services.

The AMIHS has good reach, with about 75% of eligible women living in an AMIHS catchment area. It has contributed to the following outcomes in NSW:

- the proportion of Aboriginal mothers who commenced antenatal care at less than 14 weeks' gestation increased from 51% in 2012 to 65% in 2016
- the proportion of Aboriginal mothers who reported smoking at some time during pregnancy decreased from 50% in 2012 to 41% in 2016
- between 2012 and 2015, the rate of low birth weight in Aboriginal babies has been 11% or greater, and was 11% in 2016.

An evaluation of the AMIHS is currently underway. The evaluation governance includes a cultural reference group, which is working with the MoH to ensure Aboriginal community voices are informing the evaluation process, final reports and implementation of recommendations.

3.5.2 PROGRESS INDICATORS

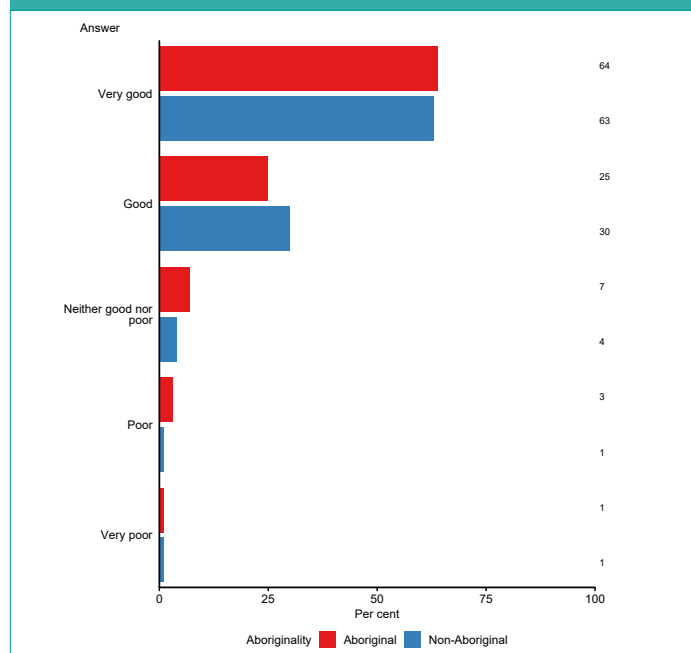
Patients' overall experience of hospital care

Patients' experiences of healthcare influence their health-related behaviours and health outcomes. A patient's level of satisfaction with their hospital care provides an indicator of the quality and appropriateness—including cultural appropriateness—of that care.

In 2014, a similarly high proportion of Aboriginal people (89%) and non-Aboriginal people (93%) who had been admitted to a public hospital in NSW rated their overall experience of care as either 'Very good' or 'Good' (Figure 20).

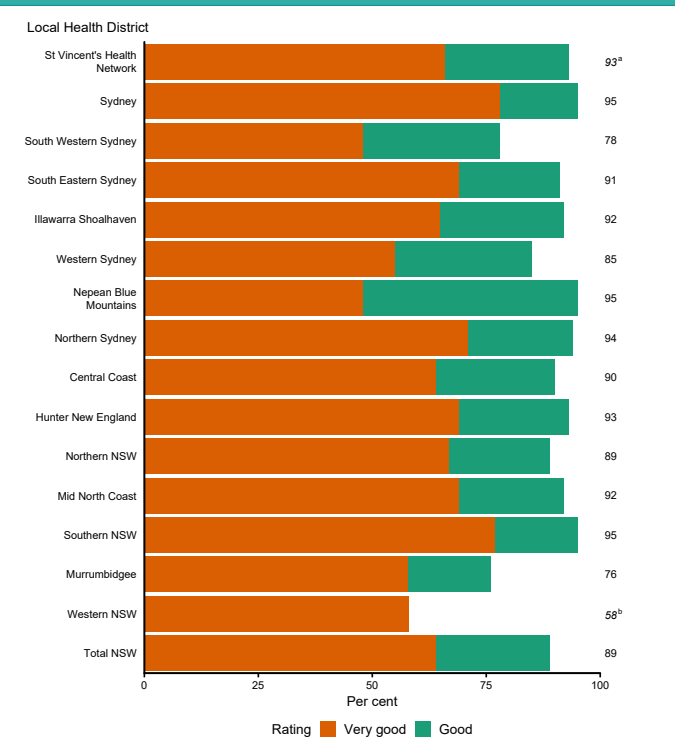
In the same year, the proportion of Aboriginal admitted patients who rated their overall experience of care as either 'Very good' or 'Good' ranged from 95% in Nepean Blue Mountains LHD, Sydney LHD and Southern NSW LHD to 76% in Murrumbidgee LHD. In 10 of 14 LHDs/SHNs for which data were available, 90% or more of Aboriginal patients rated their overall experience of hospital care as either 'Very good' or 'Good' (Figure 21).

FIGURE 20. Self-reported overall experience of hospital care by Aboriginal status of the patient, NSW 2014



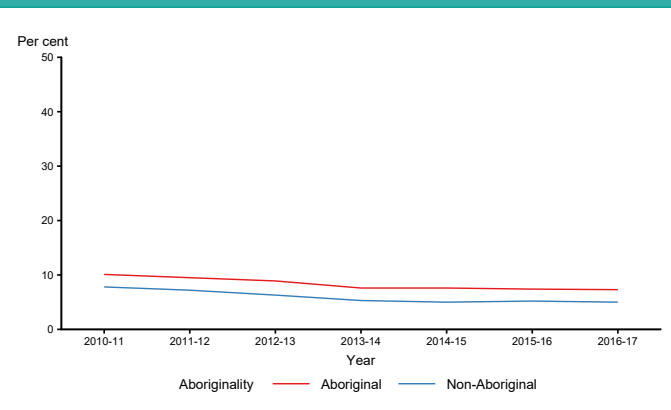
Source: Bureau of Health Information, Healthcare Observer, Sydney. Available at: http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache. Accessed 6 April 2018.
Notes: Estimates are based on oversampling of Aboriginal patients in the 2014 NSW Admitted Patient Survey.

FIGURE 21. Self-reported overall experience of hospital care among Aboriginal patients by local health district/specialty health network, 2014



Source: Bureau of Health Information. Healthcare Observer. Sydney. Available at: http://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache. Accessed 6 April 2018.
 Notes: Estimates are based on oversampling of Aboriginal patients in the 2014 NSW Admitted Patient Survey. Other response categories for this data item in the survey included: 'Neither good nor poor'; 'Poor'; and 'Very poor'. Data are not presented for Far West LHD because the sample size was less than 30 in this District. ^a Indicates that number of survey respondents was less than 50 and the % displayed should therefore be interpreted with care. ^b Indicates that data are not available for 'Good' response.

FIGURE 22. Incomplete emergency department (ED) visits by Aboriginal status of the patient, NSW 2010-11 to 2016-17



Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.
 Notes: Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years.

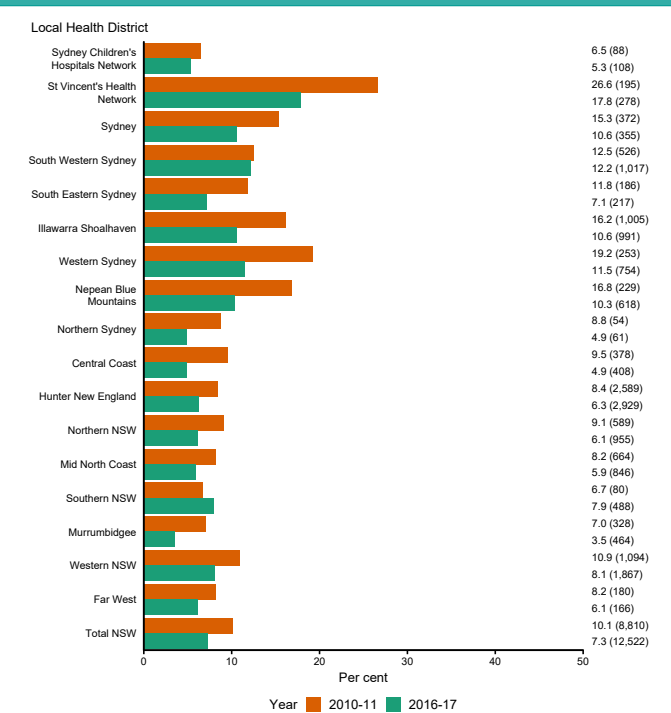
Between 2010-11 and 2016-17, the proportion of incomplete ED visits made by Aboriginal people decreased by three percentage points or more in 10 of 17 LHDs/SHNs, with the largest decreases occurring in the St Vincent's Health Network (an absolute reduction of 8.8%) and Western Sydney LHD (an absolute reduction of 7.7%). Despite achieving a reduction over time, the rate of incomplete ED visits in Aboriginal people in St Vincent's Health Network is high relative to other LHDs and SHNs (Figure 23).

Incomplete emergency department (ED) visits

Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. Feeling culturally unsafe is a main reason why Aboriginal people leave the ED early. Incomplete ED visits provide indirect evidence of patient dissatisfaction with the ED experience.

In NSW between 2010-11 and 2016-17, the proportion of incomplete ED visits made by Aboriginal people decreased from 10.1% to 7.3%. During the same period, incomplete ED visits among non-Aboriginal people decreased from 7.8% to 5%. The gap in rates of incomplete ED visits between Aboriginal and non-Aboriginal people has not changed since 2010-11 (Figure 22).

FIGURE 23. Incomplete emergency department (ED) visits in Aboriginal patients, by local health district/specialty health network, NSW 2010-11 and 2016-17



Source: NSW Emergency Department Data Collection (EDDC). System Information and Analytics, NSW Ministry of Health.
 Notes: Incomplete ED visits are visits for which the patient either left the ED before receiving a medical assessment or left the ED after a medical assessment but before completion of care or ED discharge. The number of hospitals reporting to the EDDC varies over time and is more complete for recent years. The number in brackets () is the numerator.

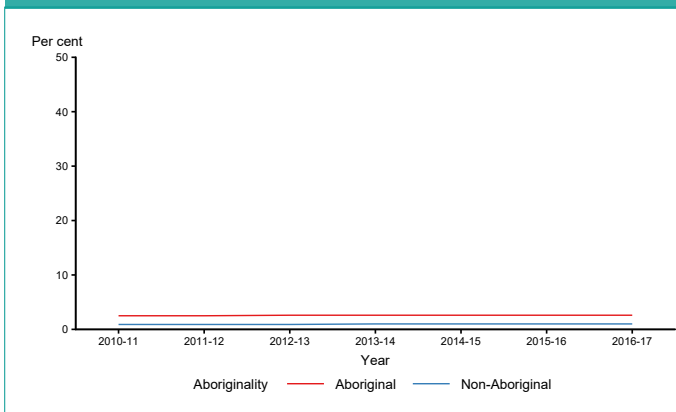


Discharge from hospital against medical advice

Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician. Patients who discharge against medical advice have higher readmission rates, higher levels of multiple admissions, and a higher rate of in-hospital mortality. This measure provides indirect evidence of the cultural safety of hospital services for Aboriginal patients, and the extent of patient satisfaction with the quality of care provided.

In NSW between 2010–11 and 2016–17, the proportion of hospital admissions in Aboriginal people that resulted in discharge against medical advice remained stable (2.5–2.6%). During the same period, discharge against medical advice in non-Aboriginal people also remained stable (~1%). The gap in rates of discharge against medical advice between Aboriginal and non-Aboriginal people has not changed since 2010–11 (Figure 24).

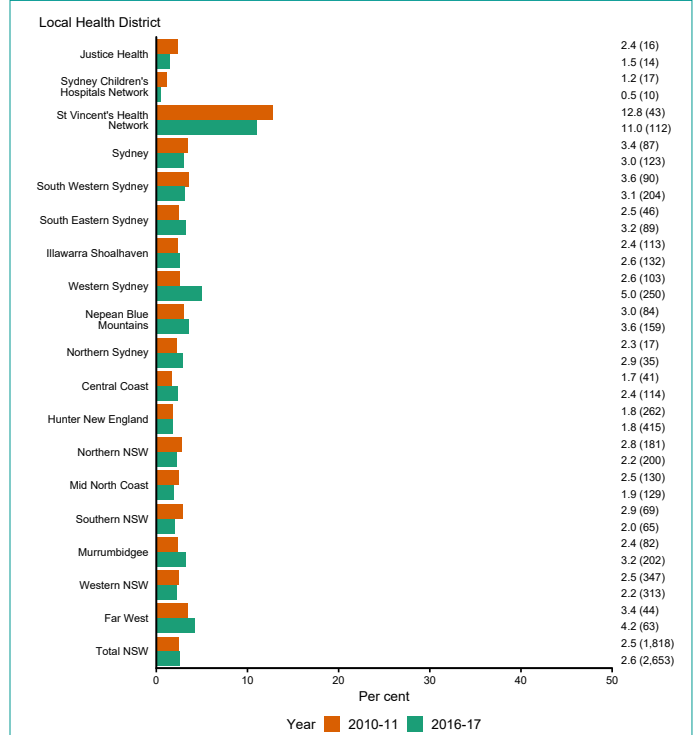
FIGURE 24. Discharge from hospital against medical advice by Aboriginal status of the patient, NSW 2010–11 to 2016–17



Source: NSW Admitted Patient Data Collection (APDC). System Information and Analytics, NSW Ministry of Health. Note: Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician.

Between 2010–11 and 2016–17, the change in the rate of discharge against medical advice among Aboriginal people varied slightly between LHDs/SHNs (Figure 25). Since 2010–11, the rate of discharge against medical advice in Aboriginal people in St Vincent’s Health Network has been consistently high relative to other LHDs/SHNs.

FIGURE 25. Discharge from hospital against medical advice in Aboriginal patients by local health district/specialty health network, NSW 2010–11 and 2016–17



Source: NSW Admitted Patient Data Collection (APDC). System Information and Analytics, NSW Ministry of Health. Note: Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician. The number in brackets () is the numerator.

3.5.3 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Despite improving completion rates, NSW Health staff reported several barriers to implementing the Respecting the Difference training, including:

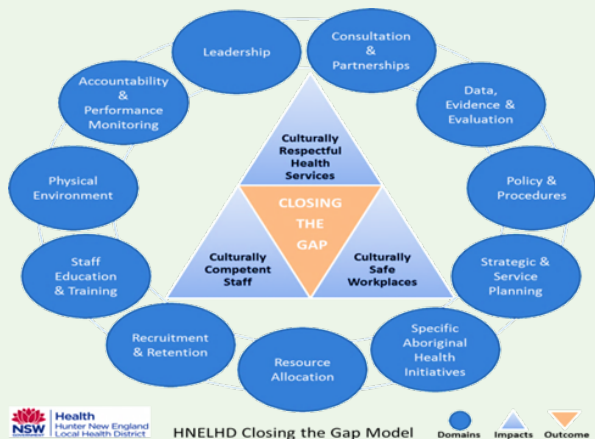
- difficulty finding the time to complete the face-to-face offsite training
- a lack of funding to engage facilitators to deliver the face-to-face training in some organisations
- limited ‘buy-in’ from staff in some services
- challenges in incorporating content on local Aboriginal cultures into the face-to-face training, particularly in state-wide agencies where staff typically work with several Aboriginal communities.

NSW Health staff reported that they were addressing barriers to the effective delivery of the Respecting the Difference training. Some planned and current actions mentioned include: improving promotion of the training to staff; creating more opportunities for staff to participate in the face-to-face workshop; tailoring training to particular groups of staff; improving engagement of senior managers and executives in training coordination; and improving monitoring and reporting of achievements, especially to senior executives.



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT CULTURAL REDESIGN PROJECT

The Hunter New England LHD Cultural Redesign Project aims to increase the cultural competency of staff, deliver culturally respectful services, provide culturally safe work environments and increase Aboriginal participation in decision making processes. It forms part of a coordinated, district-wide Closing the Gap Strategy.



The Project includes multiple elements and has strong executive engagement and support, providing a whole-of-organisation approach to establishing culturally safe workplaces and health services. Key components include:

- establishing the Hunter New England LHD Closing the Gap intranet site, which provides a portal for key information, resources, strategies and reports
- implementing the Facilities Audit Tool, which assesses the cultural safety of facilities against indicators relating to the physical environment, staff recruitment and retention, staff training and performance appraisal, Aboriginal patient identification, and reporting of Aboriginal health data

- implementing the Service Planning and Monitoring Tool to monitor district operational plans and ensure relevant Closing the Gap strategies are included as routine business
- delivering the Aboriginal Cultural Respect Education (ACRE) program, which is based on the NSW Health Respecting the Difference training.

The Cultural Redesign Project has contributed to the following outcomes in Hunter New England LHD: an increase in the Aboriginal workforce, from 4% in 2014 to 5% in 2017; the accuracy of reporting of patients' Aboriginal status in hospital data (an indirect indicator of culturally safe care) is estimated to be 95%, compared to 88% for NSW as a whole; and a high proportion (93%) of Aboriginal people who had been admitted to a district hospital in 2014 rated their overall experience of care as either 'Very good' or 'Good'. About 30% (n=5,000) of staff have completed the ACRE training and a 5-year plan to increase reach has been established.

NSW Health staff felt that more work was needed to identify effective models of creating culturally safe work environments and health services and to ensure these are broadly adopted. It was reported that creating cultural safety for Aboriginal workers and patients required strong executive engagement and support, improved cultural competence among all staff, and mechanisms to ensure that responses permeate all levels of organisations.

Some NSW Health staff felt that more work was needed to strengthen the Aboriginal workforce, as a strategy for creating workplaces and health services that are culturally safe for Aboriginal people. Increasing recruitment to Aboriginal-identified and -targeted positions and providing professional development and career progression opportunities for Aboriginal staff were mentioned as planned and current strategies.

While the AHIS is being applied widely across many NSW Health organisations, some LHD and SHN staff reported limited use and an intention to increase its application. All LHDs and SHNs reported having an

Aboriginal person on their board. Several boards had additional Directors with Aboriginal health experience and expertise.

Views of Directors and Managers of Aboriginal Health

Directors and Managers of Aboriginal Health in LHDs identified a number of factors that they felt fostered the cultural safety of Aboriginal patients and staff in their organisations, including:

- all staff having an understanding of the social determinants of Aboriginal health
- collaboration with the Aboriginal community-controlled health sector, rather than working in silos
- networks of Aboriginal staff, which provide a space to talk about cultural safety
- a network of Aboriginal hospital liaison officers, who provide cultural support and system navigation for Aboriginal patients and their families

- good relationships between Aboriginal and non-Aboriginal staff
- non-Aboriginal staff engaging with NAIDOC Week and Reconciliation Action Plans.

Conversely, interviewees identified barriers to creating cultural safety, including: LHDs and the Aboriginal community not communicating well; Aboriginal staff feeling invisible; patients not accessing ACCHSs because of a perception that their privacy would not be upheld; and patient and staff experiences of racism.

Some interviewees felt that their organisations had good systems in place to identify and respond to incidents of racism. Conversely, others reported there was more work to be done in this area and that their organisations focused on preventing racism through cultural training and programs:

“There is no platform to describe or monitor racism. It doesn’t have the same visibility. We don’t have a robust process in place in our district. We do work on prevention more, through internal media, Respecting the Difference training, acknowledgement of country in every meeting, Aboriginal artwork and having lots of cultural programs. There isn’t a good structure in place if someone is a victim of racism.” (LHD 2)

Most interviewees mentioned that LHD executives took racism very seriously and had a ‘zero tolerance’ attitude towards such incidents. However, some felt that mid-management could impede appropriate acknowledgement and response:

“The issue is whether it’s escalated in the right way. For example, it’s not dealt with in the best way, not for a lack of responsiveness from the executive level, but rather from mid-level management. There is more soft racism, which is harder to quantify and measure, such as the patient experience and access to health services.” (LHD 4)

Views of the Aboriginal community-controlled health sector

Most ACCHS interviewees reported that some of their clients had mentioned experiencing discrimination or racism when using LHD services. They attributed this to a lack of cultural understanding in staff in mainstream services:

“There is not a great deal of cultural awareness among the staff there. For example, the hospital only lets one or two people in the room when Aboriginal people pass away, which is not suitable for Aboriginal communities. The LHD will put a painting on the wall and think that that makes it culturally appropriate.” (ACCHS 6)

CASE STUDY

WESTERN NSW ABORIGINAL SIGNAGE AND ARTS PROJECT

The Western NSW Aboriginal Signage and Arts Project aims to enhance the cultural and physical environment of Western NSW LHD facilities by increasing visibility of Aboriginal artwork and language, which will in turn contribute to an increase in access to those facilities by Aboriginal people. The goal is to incorporate Aboriginal signage and artwork into all Western NSW sites in partnership with ACCHSs and the local Aboriginal community.

To implement this project a framework was provided to local Working Groups and a Consultation Plan and Western NSW LHD Aboriginal Consultation Guide were developed to ensure meaningful community input. Additionally, the project included the development of: a Western NSW LHD Aboriginal artwork guide, including artwork acquisition; an Aboriginal signage style guide; and a project evaluation framework.

Outcomes include:

- enhanced cultural understanding and capacity building for the LHD
- improved access to healthcare services for Aboriginal people by creating culturally safe and welcoming environments
- stronger partnerships with Aboriginal communities and stakeholders by demonstrating a commitment to sharing Aboriginal culture

At the time of writing, Lachlan and Blayney Health Services were complete with other Phase 1 sites (Bathurst, Molong, Coonabarabran, Dubbo, Peak Hill and Wellington) in train.

Some interviewees perceived that LHD services did not provide a culturally safe work environment for Aboriginal staff, and that this contributed to poor retention of Aboriginal staff in these services:

“I heard that the LHD is losing a number of Aboriginal staff—potentially it is not a culturally safe place to work.” (ACCHS 10)

Some interviewees reported collaborating with LHDs to improve the cultural competence of mainstream health staff and the cultural safety of Aboriginal people who use LHD services. For example, one ACCHS delivered a two day ‘cultural immersion’ workshop for LHD staff. Another ACCHS partnered with an LHD to establish a culturally safe clinic in the local hospital to encourage ACCHS clients to attend mainstream services when needed:



“Aboriginal people were not using the hospital, so we set up a clinic in there, and the staff working there and the hospital overall gained the trust of the community. Once this was achieved our staff withdrew and the clinic ran successfully without our support.” (ACCHS 4)

3.5.4 SUMMARY AND IMPLICATIONS

NSW Health has established mandatory Aboriginal cultural training for all staff. A high proportion of staff have completed the online module of the Respecting the Difference training, however, less than half have completed the face-to-face workshop. Although completion rates have increased over recent years, especially for the workshop, a significant push will be required to meet the NSW Health target of 80% of staff having completed both components of the training. An evaluation of the training is underway and will investigate its effectiveness and inform its ongoing implementation.

Service Agreements between the MoH and LHDs/SHNs and the NSW Aboriginal Health Impact Statement provide important levers for the delivery of culturally safe care. However, use of the latter is variable among NSW Health organisations; there is a need to strengthen its implementation across NSW Health.

NSW Health has implemented several systems, frameworks, policies and programs that support the creation of culturally safe work environments and health services for Aboriginal people. Together, these activities appear to have contributed to a small reduction in the rate of incomplete ED visits and a stable rate of discharge from hospital against medical advice in Aboriginal people in NSW. Still, focused action is required to prevent and effectively manage such incidents among Aboriginal patients, especially in LHDs and SHNs with elevated rates.

Most admitted Aboriginal patients in NSW rated their experience of hospital care as either ‘Very good’ or ‘Good’. Despite this, ACCHS interviewees reported examples of their clients experiencing discrimination or racism when using NSW Health services. Countering racism in NSW Health needs strong leadership and a clear multi-component strategy. This will require improved monitoring of Aboriginal peoples’ experiences of NSW Health services, building the evidence of what works in creating racism-free health services for Aboriginal people, and implementing evidence-based initiatives at scale. There is also a need to build the evidence of what is effective in creating culturally safe health services and workplaces more broadly, and to translate this evidence into policy and practice.

The survey of NSW Health organisations found that all LHDs and SHNs had an Aboriginal person on their board, and that several boards had additional members with Aboriginal health experience and expertise.

The proportion of NSW Health staff who identify as Aboriginal is steadily increasing and Aboriginal people are increasingly being employed in higher paid roles (see Section 3.4 of this report for further detail). If this trend continues, we may see flow-on improvements in the cultural appropriateness of NSW Health services.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS*

Based on the data presented in this report, progress against the key actions of Strategic Direction 5 of the *NSW Aboriginal Health Plan 2013–2023* has been moderate:

1. *Implement and monitor Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health:* Good progress.
2. *Establish and evaluate a cultural competency framework that integrates with existing planning and performance management processes:* Some progress.
3. *Embed cultural competence as a core feature of recruitment, induction, professional development and other education and training strategies:* Moderate progress.
4. *Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model:* Moderate progress.
5. *Ensure all NSW Health Boards include at least one member with knowledge of Aboriginal health:* Good progress.

* Assessments are based on the investigators’ appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.

