

National Safety and Quality
Health Service Standards

User Guide for Aboriginal and Torres Strait Islander Health



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Preamble

Australia has one of the best healthcare systems in the world. It provides access to the latest healthcare technologies and medications, and a wide range of services across the life span and across the continuum of care from within the home and the community to high-end specialised care. The Australian health workforce is diversely qualified, highly skilled, and competent to deliver safe, high-quality, evidence-based care.

The Australian Commission on Safety and Quality in Health Care (the Commission) plays an important role in ensuring that the wide range of health service organisations across Australia provide safe and high-quality health care.

As good as the Australian healthcare system is at responding to the healthcare needs of the majority of Australians, Aboriginal and Torres Strait Islander people remain disadvantaged in accessing health services and experience significantly disparate health outcomes.

For this reason, the Commission has, for the first time, defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service Standards. These actions were defined following a comprehensive consultation

process. Their implementation will help orientate the health system to provide all Aboriginal and Torres Strait Islander people with the health care they need. This could reduce the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians.

This guide provides practical strategies for what to consider and how to bring the six actions to life in any health service organisation. It also provides practical examples from across Australia that demonstrate that these actions can be, and are being, implemented in health service organisations.

From a patient perspective, it is important that health service organisations successfully implement these actions. In a country such as Australia, access to good health care that is culturally appropriate and evidence based should be a right for all citizens.

Getting people healthy should be all of their business and they shouldn't be just walking around with their heads in the papers. People can be busy, but surely you can't be that busy to say hello. I wondered how they were going to find out what's wrong with me because even when the specialists came around they were just a big group of people talking to each other instead of me. I was a bit of a guinea pig. (Aboriginal patient, rural Victoria, 2016)



Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) is committed to supporting health service organisations to deliver safe and high-quality care to the Australian community.

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with states and territories, clinical experts, patients and carers.

The introduction of the NSQHS Standards (second edition) will require health service organisations to address six actions that are specific to Aboriginal and Torres Strait Islander people. Research by the Commission in 2015–16 suggested that these actions cover the key areas that Aboriginal and Torres Strait Islander people and health service representatives believe can improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander people.

The actions in the NSQHS Standards are highly integrated. Therefore, successful implementation of these six actions will be supported by, or rely on, the successful implementation of many other actions in the NSQHS Standards. In addition to supporting health service organisations to implement the six Aboriginal and Torres Strait Islander-specific actions, this resource identifies the links and interdependencies between actions in the NSQHS Standards.

Aboriginal and Torres Strait Islander people have the right to feel confident and safe in accessing the Australian healthcare system, and the system must be able to respond to their needs. For this to occur, health service organisations should ensure that service provision is equitable, and that patient needs drive the level and range of care that can be accessed.

It is evident that there are health disparities between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, and treatment inequities in the health system. Combined with the level of comorbidities in Aboriginal and Torres Strait Islander people, their age at diagnosis and their socioeconomic position, these disparities require a refocusing of health care to meet the unique needs of each patient.

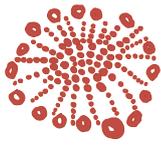
Like safety and quality more broadly, the safety and quality of care for Aboriginal and Torres Strait Islander people can only be improved when everyone who works in the health service organisation recognises that they are responsible for providing equitable care – it is not solely the responsibility of Aboriginal and Torres Strait Islander employees and services.¹

The six Aboriginal and Torres Strait Islander-specific actions are shown in Table 1.



Table 1: The six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people

Standard	Action
Partnering with Consumers Standard	2.13 The health service organisation works in <i>partnership with Aboriginal and Torres Strait Islander communities</i> to meet their healthcare needs
Clinical Governance Standard	1.2 The governing body ensures that the organisation's <i>safety and quality priorities</i> address the specific health needs of Aboriginal and Torres Strait Islander people
	1.4 The health service organisation <i>implements and monitors strategies</i> to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
	1.21 The health service organisation has strategies to improve the <i>cultural awareness and cultural competency</i> of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
	1.33 The health service organisation demonstrates a <i>welcoming environment</i> that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people
Comprehensive Care Standard	5.8 The health service organisation has processes to routinely ask patients if they <i>identify as being of Aboriginal and/or Torres Strait Islander origin</i> , and to <i>record</i> this information in administrative and clinical information systems



Why have Aboriginal and Torres Strait Islander-specific actions?

The two compelling reasons to have specific actions that meet the needs of Aboriginal and Torres Strait Islander people are:

- The historical and contemporary context of Aboriginal and Torres Strait Islander health
- The unique and diverse cultures of Aboriginal and Torres Strait Islander people.

Historical and contemporary context of Aboriginal and Torres Strait Islander health

Aboriginal and Torres Strait Islander people are among the most socially and economically disadvantaged groups in Australia.²

The current poor health and wellbeing of many Aboriginal and Torres Strait Islander people stems largely from the effects of colonial policies and their ongoing legacy. These policies have resulted in loss of land, family and community connections, and denial of free cultural expression and growth across generations. They affect the physical, emotional, social and spiritual dimensions of wellbeing for Aboriginal and Torres Strait Islander individuals and communities.

The continuing impacts on health and wellbeing are evident in the unacceptable gaps between Aboriginal and Torres Strait Islander people and other Australians in health outcomes, including infant and child mortality, disease burden, and life expectancy. Significant barriers to accessing effective and safe health care contribute to these gaps. Therefore, it is important that people experience safe and high-quality health care based on need.

Meaningful, lasting relationships with the Aboriginal and Torres Strait Islander community are integral to redressing past wrongs and moving towards an equitable healthcare system for all Australians.

We represent the oldest continuous culture in the world; we are also diverse and have managed to persevere despite the odds because of our adaptability, our survival skills and because we represent an evolving cultural spectrum inclusive of traditional and contemporary practices. At our best, we bring our traditional principles and practices – respect, generosity, collective benefit, collective ownership – to our daily expression of our identity and culture in a contemporary context. When we are empowered to do this, and where systems facilitate this reclamation, protection and promotion, we are healthy, well and successful, and our communities thrive. (Dr Ngaire Brown, New York, 2012³)

Closing the Gap⁴ in Aboriginal and Torres Strait Islander disadvantage is a national priority that the Australian Government and all state and territory governments are committed to addressing. It is the responsibility of all health service organisations to consider and action their part in closing the gap in health disparities experienced by Aboriginal and Torres Strait Islander people.

Unique and diverse cultures of Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have world views that differ from other Australians. Although language varies across the country, four core concepts are found consistently among Aboriginal and Torres Strait Islander communities. In the Arrernte (A), Warlpiri (W), Pitjantjatjara (P) and Luritja (L) language groups of South Australia and the Northern Territory, these concepts are:

- Altyerre (A), Jukurrpa (W), Tjukurpa (P) or Tjukurrpa (L). The religious interpretations of the profound bonding of people to one another, to their country and to the species of animals and plants inhabiting it. It is continually renewed by its expression in song, dance, verbal



narratives of creation stories and re-enacted continually in ceremonial journeys.

- Walytja (L, P) or Warlalja (W). The system of extended kinship; the organisational scaffolding for social roles and authority; the pathways of distribution and communication.
- Ngura (L, P) or Ngurra (W). Country to which people belong; which they may use; always subject to the obligations of looking after it and care ...; including its celebration.
- Kanyini (L, P) or Mardarni (W). Which is to have, to hold [and] to care. Kanyini is a verb which reflects a commitment, a full engagement; vitalising again and again all that went before and all that will go after.⁵

Aboriginal and Torres Strait Islander people have a holistic view of health that is not adequately met by the biomedical model of health care. For Aboriginal and Torres Strait Islander people, health is:

... not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life–death–life.⁶

While there are similarities, there is also much diversity. There were more than 250 Aboriginal and Torres Strait Islander language groups across Australia, and it is estimated that 120 languages are still spoken today.⁵ It is important to note that each language group has its own unique values and belief systems. Therefore, if a health service organisation is to provide effective care to its local Aboriginal and Torres Strait Islander people, or the communities that regularly access care, it will need to understand the diverse cultures and values of the people in the organisation's catchment and of the patients using its services.

Purpose of this guide

This guide provides information for health service organisations to help them improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander people.

Health service organisations can achieve the greatest impact when they:

- Strengthen relationships and partnerships with local and relevant other Aboriginal and Torres Strait Islander communities; these relationships will be most effective when they are respectful and mutual, and value the knowledge and experiences of Aboriginal and Torres Strait Islander people
- Ensure equity in access and quality of care, according to need
- Recognise that racist attitudes have had a marked impact on the health outcomes of Aboriginal and Torres Strait Islander people, and that racism in all its forms (personal, casual and institutionalised) must be identified and actions must be taken to eliminate it
- Demonstrate an understanding of, and respect for, the cultural identity of Aboriginal and Torres Strait Islander clients and families, and provide culturally safe care
- Consider the individual as a whole – incorporating physical, social, emotional, cultural and spiritual aspects of wellbeing – when providing care across the life span
- Include family and/or designated decision-makers in all patient planning and decision-making
- Maximise opportunities to provide care by taking a comprehensive approach to addressing health concerns at the point of service
- Strengthen links between primary care and acute sector health service organisations so that patients are not lost to follow-up and receive continuity in care
- Strengthen the current Aboriginal and Torres Strait Islander workforce by increasing the number of Aboriginal and Torres Strait Islander employees, and supporting them to achieve their potential
- Engage with Aboriginal and Torres Strait Islander community organisations, services and individuals in ways that are relevant to their circumstances, concerns and priorities, and that minimise the risk of overburden.



Addressing the six specific actions to meet the needs of Aboriginal and Torres Strait Islander people

To provide safe and high-quality care to Aboriginal and Torres Strait Islander people, the health service organisation must have a knowledge of the community's needs and priorities. This can only be achieved by working in respectful and meaningful partnership with the Aboriginal and Torres Strait Islander community (Action 2.13). Establishment and maintenance of such partnerships are vital to the effective implementation of the other five Aboriginal and Torres Strait Islander-specific actions (Figure 1). Through these partnerships, the Aboriginal and Torres Strait Islander community will help provide necessary input and guidance on priority health needs, and cultural beliefs and practices that have impacts on healthcare provision.

Steps to progress the six specific actions

- Develop partnerships with Aboriginal and Torres Strait Islander communities and relevant Aboriginal community controlled health services, and mechanisms to ensure that these partnerships are sustainable and of mutual benefit (Action 2.13)
- Ensure that the safety and quality care needs of Aboriginal and Torres Strait Islander people are addressed in the health service organisation's priorities (Action 1.2)
- Undertake a gap analysis to help inform strategies and understand the specific needs of Aboriginal and Torres Strait Islander people in the health service organisation's catchment (Action 1.4)
- Using the identified priorities, develop and implement strategies, in partnership with Aboriginal and Torres Strait Islander people, and establish associated monitoring and evaluation systems (Action 1.4)
- Develop strategies to address the remaining actions (Actions 1.21, 1.33 and 5.8).

Figure 1: Approach to addressing the six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people





Action 2.13: Working in partnership

What does this mean for health service organisations?

The intent of this action is to build effective and ongoing relationships with Aboriginal and Torres Strait Islander communities, organisations and groups that represent or service this population. This will enable the health service organisation to identify priorities, understand cultural beliefs and practices, and involve Aboriginal and Torres Strait Islander people in determining their own health priorities.

When Aboriginal and Torres Strait Islander people are marginalised and not engaged in decision-making, the result is ineffective use of resources, both human and financial, with limited improvement in outcomes.

For the health service organisation to move beyond tokenistic relationships and towards working in true partnership requires meaningful engagement and understanding, with a commitment to building mutually beneficial relationships. There is evidence across Australia that Aboriginal and Torres Strait Islander people have limited access to appropriate services.⁷ The health service organisation should work in partnership with communities to improve access to care, especially for individuals who need to access available services but do not currently do so. To better understand Aboriginal and Torres Strait Islander communities and build effective relationships, health service organisations could work with Aboriginal community controlled health services, Aboriginal Land Council or other Aboriginal and Torres Strait Islander groups that are working effectively with local communities.

Working in partnership with Aboriginal and Torres Strait Islander communities to bring about change is likely to succeed if the following cultural principles are understood and observed:

- Gaining trust and building relationships is central to Aboriginal and Torres Strait Islander life; therefore, this should be the starting point for partnerships
- More can be achieved when relationships and partnerships are equitable and built on mutual benefit
- Relationships will be more respectful if efforts are made to identify the right community individuals and groups to approach, and enquiries about key leaders and points of contact in the community are routine
- Aboriginal and Torres Strait Islander communities are diverse, and this diversity needs to be adequately represented⁸
- Community responsibilities and obligations that have an impact on the community's and individuals' ability to participate need to be understood, and strategies should be implemented to minimise the burden on individuals, community organisations and the community more broadly
- Communication strategies need to be clear and interactive to enable culturally appropriate ways of working and sharing understandings
- English may be a third, fourth or even fifth language for an Aboriginal or Torres Strait Islander person
- Relationships that are respectful of culture should
 - have clear and interactive communication to enable shared understandings
 - adhere to cultural protocols (for example, considerations of gender)
 - respect Aboriginal and Torres Strait Islander knowledge
- Time and resources should be invested to ensure that relationships are effective and sustainable
- Partnerships can be strengthened when they are developed at all levels of the organisation and include decision-making bodies.



What are the benefits of taking action?

Benefits for the health service organisation include:

- Reduced institutionalised racism⁹, which can lead to improved patient outcomes
- Relationships that will lead to a better understanding of the specific needs of the community
- Greater ability to meet the needs of the Aboriginal and Torres Strait Islander community through access to appropriate services and programs
- Increased meaningful engagement of the community
- Increased input and participation by Aboriginal and Torres Strait Islander people in the governance and use of the health service organisation
- Increased support for Aboriginal and Torres Strait Islander members of the workforce, particularly around cultural brokerage to link groups of people from different cultures to bring about change^{10,11}
- Improved communication between the health service organisation and the community
- Improved capacity to plan and deliver services
- More efficient services and better use of resources
- Improved performance of the safety and quality system in meeting the healthcare needs of Aboriginal and Torres Strait Islander people.

Benefits for the Aboriginal and Torres Strait Islander community include:

- Improved communication between the health service organisation and the community
- A better understanding of hospital systems and processes¹²
- Improved health literacy and compliance with treatment programs and care plans
- Increased self-determination of communities

- Through Aboriginal and Torres Strait Islander leaders, inclusion of Aboriginal and Torres Strait Islander perspectives in the health service organisation
- Less fear of, and a greater sense of connection to, the health service organisation
- Improved access to appropriate services and programs that meet the needs of individuals and the community
- Improved health outcomes and reduced health disparities between Aboriginal and Torres Strait Islander Australians and other Australians.^{13,14}

Key tasks

- Identify Aboriginal and Torres Strait Islander communities within the organisation's catchment, and the relevant cultural protocols to guide building of partnerships
- Identify key contacts, elders and opinion leaders in the Aboriginal and Torres Strait Islander communities and health services and make contact with them
- Establish and implement mechanisms for forming and maintaining partnerships with Aboriginal and Torres Strait Islander communities and representative organisations.



Suggested strategies

Understand the Aboriginal and Torres Strait Islander population in the organisation's catchment and referral system

Suggested approach

Gain an understanding of the Aboriginal and Torres Strait Islander population within the organisation's catchment by:

- Engaging in discussions with Aboriginal and Torres Strait Islander liaison services and relevant employees in the health service organisation, and key Aboriginal and Torres Strait Islander health organisations
- Analysing health service organisation data and publicly available national, state and territory datasets and reports – these include administrative data and clinical datasets; data on organisation performance; and demographic data, including from the Australian Bureau of Statistics and the Australian Commission on Safety and Quality in Health Care's *Australian Atlas of Healthcare Variation*¹⁵
- Reviewing key Aboriginal and Torres Strait Islander performance measures for the organisation, such as collection of information on Indigenous status, discharge against medical advice, unplanned readmission, unplanned emergency department re-presentation to a health service within 48 hours, and patients who did not wait
- Understanding how Aboriginal and Torres Strait Islander people use available services.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.10b – The health service organisation uses clinical and other data collections to support risk assessments

Action 1.13c – The health service organisation uses this information [from feedback and complaints processes] to improve safety and quality systems

Action 1.15b – The health service organisation identifies groups of patients using its services who are at higher risk of harm.



Establish partnerships with Aboriginal and Torres Strait Islander groups, services and organisations within the health service organisation's catchment

Suggested approach

The approach, which may differ for each community and health service organisation, may include:

- Taking advice on the appropriate process for initiating and maintaining relationships and partnerships from
 - the organisation's Aboriginal and Torres Strait Islander workforce
 - key community representatives, and the key Aboriginal and Torres Strait Islander health organisations
- As a starting point, strengthening and building on any existing partnerships; consider
 - Aboriginal and Torres Strait Islander community controlled health services, and state or territory-funded primary health services
 - Aboriginal and Torres Strait Islander-focused services within Primary Health Networks
 - the Aboriginal and Torres Strait Islander directorate within the health service organisation
 - specific maternal health, aged care, mental health, and drug and alcohol services
 - community and homelands councils
 - elders groups
 - social support groups
 - other organisations successfully servicing Aboriginal and Torres Strait Islander communities.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 2.8 – The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

Action 2.11a – The health service organisation involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care.



Hold forums and discussion groups to engage Aboriginal and Torres Strait Islander people

Suggested approach

Forums and discussion groups should involve broad representation of Aboriginal and Torres Strait Islander communities from a diverse range of age groups, gender groups and regions. Consider:

- Appropriate timing, location and transport needs so that meetings can be attended
- Engaging an existing group such as a men's, women's or granny's group to convene a workshop
- Ensuring that individuals participating feel safe and respected
- Repeating consultations to enable long-term engagement
- Providing and inviting feedback to develop trust and mutual respect.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 2.9 – Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

Action 2.11b – The health service organisation has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community.

Agree on the structure, mechanisms and responsibilities of partnerships

Suggested approach

The structures and mechanisms of partnerships, and the responsibilities of all partners involved should focus on supporting ongoing, sustainable and mutually beneficial relationships and effective communication. This could be achieved by:

- Developing a set of principles for working in partnership that cover issues such as reciprocity (that is, the Aboriginal or Torres Strait Islander community involved gains value from the partnership arrangements), communication, involvement, and sharing of knowledge
- Formalising partnerships in a way that is appropriate for both the health service organisation and partnering organisations; this may be through an Aboriginal and Torres Strait Islander health strategy, a memorandum of understanding, a letter of agreement, formal representation in governance structures, or regular meetings that have defined reporting processes
- Providing adequate financial remuneration for community spokespeople or elders who regularly participate in partnership roles
- Mentoring younger Aboriginal and Torres Strait Islander people to participate on committees or working groups to build capacity and skills.

Community spokespeople, elders, and Aboriginal and Torres Strait Islander organisations are in demand by many organisations and may already be heavily committed. When inviting participation, consider the support mechanisms that community representatives may need to facilitate participation.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.12 – The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation.



Ensure representation of Aboriginal and Torres Strait Islander communities on the health service organisation's decision-making bodies

Suggested approach

Aboriginal and Torres Strait Islander people should be represented on the governing body, committees and groups that are responsible for advising on and overseeing the health service organisation – specifically, strategies and processes that have an impact on Aboriginal and Torres Strait Islander people. Note that:

- Representation should be informed through community consultation and should recognise the diversity of the organisation's catchment
- Any committees or groups focusing on advising on or overseeing matters specific to Aboriginal and Torres Strait Islander communities should have significant Aboriginal and Torres Strait Islander representation.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.11b – The health service organisation has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community.

Examples of supporting evidence

- Reports or summary descriptions of the Aboriginal and Torres Strait Islander patient population and communities
- Documentation from consultation processes, committees and meetings relating to the engagement of the Aboriginal and Torres Strait Islander community
- Documentation on consultation with Aboriginal and Torres Strait Islander communities
- Evidence-based clinical guidelines and decision support tools which have been co-designed in partnership with Aboriginal and Torres Strait Islander people
- Membership of Aboriginal and Torres Strait Islander people on the organisation's governing body, clinical governance committee or consumer advisory committee
- Memorandum of understanding or other documentation of formal partnerships with local Aboriginal and Torres Strait Islander health service providers and community groups
- Safety and quality action plans that incorporate Aboriginal and Torres Strait Islander communities' strengths-based approach and key principles of the *United Nations Declaration on the Rights of Indigenous Peoples*.



Additional resources

- *Engagement with Indigenous Communities in Key Sectors*⁹
- State and territory Aboriginal and Torres Strait Islander health plans or strategies
- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*¹
- *Engaging with Indigenous Australia: Exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*¹⁶
- Aboriginal and Torres Strait Islander Health Performance Framework⁷
- Results from national, state and territory patient experience surveys
- *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.¹⁷





Action 1.2: Addressing health needs of Aboriginal and Torres Strait Islander people

What does this mean for health service organisations?

The governing body has ultimate responsibility for the safety and quality of a health service organisation. Setting priorities for the health service organisation, including priorities for its Aboriginal and Torres Strait Islander consumers, is one way a governing body can direct effort and resources to improve care.

To do this effectively, the governing body needs regular reporting on:

- Key areas of concern for the Aboriginal and Torres Strait Islander community
- The diversity and risks of care for Aboriginal and Torres Strait Islander communities
- The organisation's safety and quality performance for Aboriginal and Torres Strait Islander people compared with non-Indigenous patients; some of this information can be obtained from clinical and administrative data systems
- Rates of complaints and incidents for Aboriginal and Torres Strait Islander people compared with non-Indigenous patients
- The comparative performance of the organisation against peer organisations.

To have the greatest effect, the governing body needs to engage with community priorities when setting directions, targets, indicators and timelines; ensure that sufficient resources are provided; and routinely monitor progress.

Safety and quality priorities should, whenever possible, align with the Closing the Gap priorities.¹⁸

What are the benefits of taking action?

Benefits for the health service organisation include:

- Greater ability to meet the healthcare needs of Aboriginal and Torres Strait Islander people
- Focusing all employees on Aboriginal and Torres Strait Islander priorities that need to be addressed
- Demonstration of alignment with national, state or territory, and local priorities, policies and strategies
- Effective use of resources because Aboriginal and Torres Strait Islander individuals and communities are more likely to engage and participate in the processes of care
- Demonstration of a commitment to the engagement of Aboriginal and Torres Strait Islander people, which has flow-on effects of greater support and cooperation on future projects
- Reduced institutionalised racism.⁹

Benefits for the Aboriginal and Torres Strait Islander community include:

- Health care that meets the needs of Aboriginal and Torres Strait Islander people
- Improved outcomes and experiences of patients and families¹⁹
- A feeling of being valued and engaged for individuals and communities that contribute or benefit
- A reduction in the number of Aboriginal and Torres Strait Islander people experiencing hospitals as sites of trauma²⁰
- Aboriginal and Torres Strait Islander people seeing their advice informing the processes of health service organisations



- Addressing of health matters of significance to the community
- Growing trust in the health service organisation's commitment to addressing Aboriginal and Torres Strait Islander health priorities.
- Endorse performance indicators, and monitoring, reporting and evaluation processes
- Oversee resource allocation to achieve the priorities
- Prioritise ongoing care that is trauma-informed.²⁰

Key tasks

- In collaboration with Aboriginal and Torres Strait Islander communities, determine the priorities for the organisation to meet the needs of Aboriginal and Torres Strait Islander people in the organisation's catchment



Suggested strategies

Set safety and quality priorities

Suggested approach

Conduct a needs assessment and gap analysis. For all of the Aboriginal and Torres Strait Islander population and communities in the organisation's catchment, determine:

- The demographic and health profile of those who have used the organisation's services
- The services that are accessed.

Of groups not engaging with the health service organisation, determine the burden of disease of those people who are typically difficult to reach or engage.

Consider:

- The needs identified by Aboriginal and Torres Strait Islander communities
- Feedback and recommendations from consultations with Aboriginal community controlled health services²¹
- Current organisational performance against key safety and quality measures for Aboriginal and Torres Strait Islander patients.

Recommend to the governing body priority areas to be addressed, including timelines, targets, deliverables, and accountabilities for success.

Consider the needs of Aboriginal and Torres Strait Islander people in strategic planning, including for capital works, workforce, information technology and operational strategic plans.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.1c – The governing body sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community

Action 1.1e – The governing body ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce.



Promote Aboriginal and Torres Strait Islander representation in governance structures

Suggested approach

Invite Aboriginal and Torres Strait Islander communities to determine how the community is represented, to maximise their contribution while ensuring that individuals are not overburdened.

Establish formal reporting channels from relevant advisory groups to Aboriginal and Torres Strait Islander representatives and the community.

Ensure that Aboriginal and Torres Strait Islander communities are involved in identifying priorities, targets, strategies and indicators of success through the governance process and monitoring system.

Establish formal and routine reporting to the executive and governing body on Aboriginal and Torres Strait Islander engagement, service use and issues, by all sections of the health service organisation.

Remunerate Aboriginal and Torres Strait Islander people participating in consultations or advisory groups in line with the organisation's policy for payment of consumers.

Ensure that representation of Aboriginal and Torres Strait Islander communities reflects the diversity of the population in the organisation's catchment.⁹

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.11a – The health service organisation involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care.

Develop and maintain strategic action plans

Suggested approach

Develop a strategic action plan, or a suite of plans, to improve the health of Aboriginal and Torres Strait Islander people. Plans may include Aboriginal health, cultural competence, reconciliation and Aboriginal employment plans, along with other health service plans, and actions for improvement of safety and quality.

Ensure that the plan:

- Documents the health service organisation's commitment to implementing and measuring practical, long-term, sustainable actions that will have a mutual benefit for the health service organisation and for Aboriginal and Torres Strait Islander community members within the organisation's catchment²²
- Aligns with, and complements, existing national and state or territory health plans and frameworks, whenever possible.

Examples of strategies include:

- National, state and territory plans and frameworks for Aboriginal health and wellbeing
- Aboriginal and Torres Strait Islander workforce strategies
- Cultural competency strategies or frameworks
- Aboriginal and Torres Strait Islander identification policies and guidelines.



Use Aboriginal and Torres Strait Islander health impact statements and declarations across the health service organisation

Suggested approach

Implement requirements for an Aboriginal and Torres Strait Islander health impact statement and declaration when developing and implementing policies (including service guidelines, procedures and protocols), strategies, programs, capital works, information technology, and financial and workforce planning.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.5 – The health service organisation considers the safety and quality of health care for patients in its business decision-making.

Align safety and quality priorities at the national, state and territory, local, and Aboriginal and Torres Strait Islander community levels

Suggested approach

Identify relevant national, state or territory, and local safety and quality priorities, based on the needs identified by local Aboriginal and Torres Strait Islander communities.

Review the health service organisation's performance data against indicators that are reported at national, state or territory, and local levels (including data on patients who are discharged against medical advice, take their own leave or are absent without leave).

Examples of supporting evidence

- Minutes of meetings, plans or strategies relating to development, endorsement or implementation of Aboriginal and Torres Strait Islander priorities overseen by the governing body, which deal with specific needs of the local community
- Documented targets and performance indicators for Aboriginal and Torres Strait Islander health outcomes of the health service organisation that are endorsed by, and reported to, the governing body
- Policies, procedures, protocols or project plans endorsed by the governing body that deal with the specific needs of Aboriginal and Torres Strait Islander people
- Records of consultations with Aboriginal and Torres Strait Islander communities relating to the development of priorities, targets and performance indicators
- Membership and terms of reference for the governing body or relevant advisory and consultative committees that include Aboriginal and Torres Strait Islander community representatives.

Additional resources

- [Reconciliation Australia](#)²²
- [Improving the Culture of Hospitals Project: Final report](#)²³
- [Improving Care for Aboriginal and Torres Strait Islander Patients \(ICAP\) Resource Kit](#)²⁴
- [Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health](#)¹
- State and territory Aboriginal and Torres Strait Islander health implementation plan, and performance monitoring and reporting plan²⁵
- State and territory Aboriginal and Torres Strait Islander health impact statement and declaration, and guidelines^{26,27}
- Aboriginal and Torres Strait Islander health impact assessment tools.



Action 1.4: Implementing and monitoring targeted strategies

What does this mean for health service organisations?

Under direction of the governing body, the health service organisation ensures that the agreed priorities to improve Aboriginal and Torres Strait Islander health are implemented. This includes allocating resources; developing, collecting and analysing indicators; monitoring progress and reporting against targets; and evaluating the effectiveness of the systems that are being used.

The spread of improvements and degree of change will be greater if Aboriginal and Torres Strait Islander communities and organisations are involved in the development of strategies and implementing change.

What are the benefits of taking action?

Benefits for the health service organisation include:

- A coordinated response to improving the safety and quality of care for Aboriginal and Torres Strait Islander people
- Improved safety and quality outcomes of the health service organisation
- Agreed local response to national, and state or territory Aboriginal and Torres Strait Islander priorities, policies and strategies
- Reduction in unsafe practice.

Benefits for the Aboriginal and Torres Strait Islander community include:

- Evidence of commitment to addressing Aboriginal and Torres Strait Islander health priorities
- Improved care and experiences
- Improved relationships with the health service organisation
- Improved health outcomes and equality.¹⁹

Key tasks

- Collaborate with managers and clinicians, together with Aboriginal and Torres Strait Islander clinicians and community representatives, to design and implement improvement strategies in priority areas
- Routinely monitor, report and evaluate processes, targets and measures of success against the priorities set by the governing body.



Suggested strategies

Use the organisation's strategic plans and priorities to implement improvements in safety and quality for Aboriginal and Torres Strait Islander people

Suggested approach

Implement specific strategies and actions. These may include:

- Developing an Aboriginal and Torres Strait Islander Health Action Plan
- Using Aboriginal and Torres Strait Islander health impact statements and declarations throughout the organisation
- Establishing or reviewing the organisation's Aboriginal and Torres Strait Islander employment strategy and set targets
- Introducing a cultural competency or capability strategy
- Collaborating and formalising relationships with Aboriginal community controlled health services²¹
- Adopting or adapting an Aboriginal and Torres Strait Islander identification strategy
- Improving the environment of the health service organisation to be welcoming for Aboriginal and Torres Strait Islander people
- Improving care coordination to recognise the complex health needs of Aboriginal and Torres Strait Islander patients, including spiritual and cultural needs.

Develop or adopt an indicator set to measure change in processes and patient outcomes

Suggested approach

In collaboration with the Aboriginal and Torres Strait Islander community:

- Develop a monitoring framework to identify what, when and how data are to be collected
- Apply or adapt national, and state and territory performance measures, such as those established in the national Aboriginal and Torres Strait Islander Health Performance Framework⁷, and in state and territory performance and reporting frameworks²⁸; these measures include
 - identification rates
 - waiting times and 'did not wait' rates by triage level
 - rates of discharge against medical advice by ward or unit
 - in-hospital mortality rates
 - patient satisfaction rates
 - rates of unplanned readmissions
- Select a set of measures to be reported to the governing body
- Collect, analyse and report on indicators to the board, governing body, workforce and community.



Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.8a – The health service organisation uses organisation-wide quality improvement systems that identify safety and quality measures, and monitor and report performance and outcomes

Action 1.8c – The health service organisation uses organisation-wide quality improvement systems that implement and monitor safety and quality improvement strategies.

Develop a monitoring and reporting framework

Suggested approach

Use the monitoring and reporting framework to monitor achievements against the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people, and use the information generated to improve safety and quality. This framework should²⁹:

- Apply or adapt national and/or state or territory indicators, such as those developed to monitor the Closing the Gap initiatives, as the basis of a dashboard of indicators
- Develop local indicators, if necessary
- Select a broad indicator set, in collaboration with Aboriginal and Torres Strait Islander people
- Monitor Aboriginal and Torres Strait Islander communities' perceptions of the health service organisation by engaging widely with the community and representing organisations, as well as with patients
- Establish routine monitoring processes, with documentation of clear reporting structures to ensure accountability
- Establish a reporting schedule and format for the governing body, the workforce, and the Aboriginal and Torres Strait Islander community
- Report process and outcome measures, with a non-Indigenous comparison, to demonstrate disparities

- Use the data collected from the organisation's quality improvement processes in each of the NSQHS Standards, including Actions 2.2, 3.2, 4.2, 5.2, 6.2, 7.2 and 8.2.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.1f – The governing body monitors the action taken as a result of analyses of clinical incidents

Action 1.1g – The governing body reviews reports and monitors the organisation's progress on safety and quality performance

Action 1.8a – The health service organisation uses organisation-wide quality improvement systems that identify safety and quality measures, and monitor and report performance and outcomes

Action 1.9c – The health service organisation ensures that timely reports on safety and quality systems and performance are provided to consumers and the local community

Action 1.10b – The health service organisation uses clinical and other data collections to support risk assessments.



Identify resource needs to implement strategies and actions

Suggested approach

Identify and allocate resources to ensure effective implementation of strategies.

Clearly articulate resource commitments in organisation-wide strategic and business plans and business cases.

Identify and support change champions to drive implementation

Suggested approach

Identify and support change champions who promote and embed changes across the health service organisation, and across all levels of management. They must include both Aboriginal and Torres Strait Islander employees and non-Indigenous employees.

Adopt a whole-of-organisation approach

Suggested approach

Implement policies, procedures, strategies and protocols using a whole-of-organisation approach to change management, with support from clinical and non-clinical leaders.¹

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.1a – The governing body provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation

Action 1.7a – The health service organisation uses a risk management approach to set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols.

Examples of supporting evidence

- Policies, procedures or protocols that incorporate the safety and quality priorities for Aboriginal and Torres Strait Islander people
- Templates of Aboriginal and Torres Strait Islander health impact statements, or examples of these impact statements being used to develop or revise policies or major projects
- Reports of performance against indicators for Aboriginal and Torres Strait Islander health outcomes and employment targets provided to the executive, governing body, and Aboriginal and Torres Strait Islander community
- Documents from committees and other meetings in which the safety and quality priorities and strategies for Aboriginal and Torres Strait Islander people are discussed
- Documentation of strategies implemented to meet the needs of Aboriginal and Torres Strait Islander people – for example, annual reports, newspaper articles, publications and newsletters.

Additional resources

- Aboriginal and Torres Strait Islander Health Performance Framework⁷
- State and territory Aboriginal and Torres Strait Islander health performance frameworks²⁸
- Aboriginal and Torres Strait Islander Health Performance Framework data tables³⁰
- *Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Resource Kit*²⁴
- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*.¹



Action 1.21: Improving cultural competency

What does this mean for health service organisations?

Providing a supportive environment and clear processes for the workforce to explore the cultural needs of Aboriginal and Torres Strait Islander patients can be a significant step towards developing a safe and respectful organisation, where patients, their families and other community members can feel comfortable engaging with and receiving care.

Historically, the Australian health system has not provided safe and high-quality care to meet the needs of Aboriginal and Torres Strait Islander people.³¹ The health system in the past included segregated wards and service entrances, deliberately different (substandard) care, forced removal of newborn babies from mothers who were considered 'not competent' or not able to provide the 'right upbringing', and removal of children from home while parents were sick in hospital and failure to return these children to their parents' care.

A study of 755 Aboriginal Victorians in 2013 reported that nearly all respondents (97%) had experienced at least one incident that they perceived as racist in the preceding 12 months.³²

Institutionalised racism is 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people'.^{33,34} This should be seen in the context of systematic racism, which 'operates across political, legal, economic and social systems'³⁴ and is a predeterminant of institutionalised racism. Both forms of racism result in assumptions and attitudes that lead to bias in the safety and quality of health care, and can result in inadequate care and poorer

health outcomes for Aboriginal and Torres Strait Islander people.

These historical events and experiences, coupled with personal and family experiences of institutionalised racism and disrespectful communication, contribute to mistrust in the system by Aboriginal and Torres Strait Islander people and, at times, an unwillingness to engage with healthcare services at all.

A 2017 evaluation of Victorian hospitals found that Aboriginal and Torres Strait Islander people continue to experience hospitals as sites of trauma and the Aboriginal and Torres Strait Islander workforce experience dangerous levels of vicarious trauma, cultural load and isolation.^{35,36}

What is cultural awareness and cultural competency?

The literature considers cultural awareness and cultural competency on a continuum, contributing to a culturally safe environment that is respectful of Aboriginal and Torres Strait Islander patients and workforce.

Cultural awareness is a basic understanding that there is diversity in cultures across the population. Cultural competency extends beyond individual skills or knowledge to influence the way that a system or services operate across cultures. It is a process that requires ongoing learning.³⁷⁻³⁹ One-off training does not create a culturally competent workforce, but could increase cultural awareness.⁴⁰ A culturally safe workforce considers power relations, cultural differences and the rights of the patient, and encourages workers to reflect on their own attitudes and beliefs.¹ Cultural respect is achieved when individuals feel safe and cultural differences are respected.^{1,41}



What are the benefits of taking action?

Benefits for the health service organisation include:

- A whole-of-organisation and whole-of-system approach to improvements for Aboriginal and Torres Strait Islander people
- Effective and appropriate communication with Aboriginal and Torres Strait Islander patients and families that minimises discrimination
- Reduction in clinical variation across the patient population
- Cost-effective and efficient delivery of care
- Greater cultural capability, which could benefit all vulnerable or culturally and linguistically diverse patients
- Increased understanding of Aboriginal and Torres Strait Islander health issues, health needs, and the complex personal experience of individuals, families and communities
- Increased understanding of the diversity of Aboriginal and Torres Strait Islander communities
- Reduced stress for the organisation's Aboriginal and Torres Strait Islander workforce from a reduction in racially discriminatory practices, and subsequent reduction in their vicarious trauma, cultural load and isolation
- Increased recruitment and retention of the Aboriginal and Torres Strait Islander workforce
- Increased confidence of the overall workforce in interacting with Aboriginal and Torres Strait Islander patients and their families⁴²
- Increased confidence and satisfaction of all employees who provide care for Aboriginal and Torres Strait Islander patients
- Reduction of racism and discrimination.

Benefits for the Aboriginal and Torres Strait Islander community include:

- Improved patient perceptions and experiences of care within the health service organisation
- Greater ability of patients and families to be involved in health care^{43,44}
- Improved wellbeing of the Aboriginal and Torres Strait Islander workforce through the reduction of racially discriminatory practices

- Increased access to the health service organisation by Aboriginal and Torres Strait Islander people
- Improved equality and reduced disparity of health outcomes.

Key tasks

- Use the national *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health* to develop, implement and evaluate cultural awareness and cultural competency strategies¹
- Implement an ongoing professional development program of cultural awareness and cultural competency that is tailored to the needs of the local Aboriginal and Torres Strait Islander community
- Evaluate the effectiveness of the cultural awareness and cultural competency strategies
- Develop and maintain mechanisms to partner with Aboriginal and Torres Strait Islander communities to gain feedback on, and improve, cultural competency
- Develop and implement an Aboriginal and Torres Strait Islander employment strategy that incorporates
 - training and ongoing professional development processes
 - workforce support, including systems to retain employees and provide appropriate employee assistance programs
 - recruitment of Aboriginal and Torres Strait Islander people to positions at all levels of the organisation
 - increasing employment opportunities for Aboriginal and Torres Strait Islander leaders by establishing leadership development programs and pathways
- Use continuous quality improvement processes to improve the cultural safety of the health service organisation
- Incorporate into the professional development program opportunities to discuss and develop the workforce's cultural awareness and cultural competency
- Report on the effectiveness of the cultural awareness and cultural competency training to the governing body, the workforce, and the Aboriginal and Torres Strait Islander community.



Suggested strategies

Partner with local Aboriginal and Torres Strait Islander communities to guide strategies for improving the cultural competency of the workforce

Suggested approach

Use the partnerships established as part of Action 2.13 to:

- Identify strategies to increase the organisation's cultural competency
- Seek community feedback through mechanisms such as yarning circles, surveys or feedback from community representatives on the cultural safety of the organisation
- In collaboration with local Aboriginal and Torres Strait Islander communities, determine the content and design of workforce training and assessment of cultural competency.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.2b – The health service organisation applies the quality improvement system from the Clinical Governance Standard when implementing strategies to improve processes for partnering with consumers.

Develop and implement a cultural competency strategy

Suggested approach

A cultural competency strategy should³⁹:

- Cover the organisation's anti-racial discrimination policy with the workforce
- Provide mechanisms to support anti-racism and anti-bullying
- Identify cultural awareness and cultural competency training requirements for the workforce
- Include an Aboriginal and Torres Strait Islander employment strategy
- Acknowledge significant cultural events, such as NAIDOC (National Aborigines and Islanders Day Observance Committee) Week
- Provide access to cultural leave for the Aboriginal and Torres Strait Islander workforce
- Describe how local cultural practices and beliefs (and acknowledgement of important cultural days and events) are incorporated into the organisation's policies and processes
- Support and grow the Aboriginal and Torres Strait Islander workforce at all levels of the organisation.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.14 – The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce.



Develop, review and implement an ongoing program of cultural awareness and cultural competency training

Suggested approach

Review and expand any existing training programs to:

- Include appropriate input from local Aboriginal and Torres Strait Islander groups and organisations in the development and delivery of the programs
- Include face-to-face learning, in small and large group exercises
- Require an ongoing, multiphase approach that engages individuals over time, and supports continual learning and reflective practice
- Include self-assessment of an individual's or organisation's cultural competency
- Ensure that there are links with the organisation's safety and quality improvement strategies, and human resources and professional development systems
- Ensure adequate resource allocation
- Ensure that routine reports are generated on the results of the program to fit the needs and context of specific units or roles.

Work by the National Aboriginal Community Controlled Health Organisation in 2011⁴⁵ on cultural training identified the components of good practice. Good practice:

- Explores pre-existing knowledge, and participants' hopes and expectations for their learning
- Explores participants' cultural values and beliefs, and their intended or unintended participation in racism
- Asks participants to reflect on their own culture, and how their cultural values and beliefs shape their behaviour and interactions
- Emphasises the diversity of Aboriginal and Torres Strait Islander people
- Clearly names racism in all its forms, and explores how it is present in health and everyday experiences for Aboriginal and Torres Strait Islander people

- Asks and supports participants to apply what they learn directly to their work contexts
- Considers what steps need to be taken at organisational, systemic and individual levels
- Negotiates to assess the impact of the training at an agreed time following the exercise.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.20c – The health service organisation uses its training systems to provide access to training to meet its safety and quality training needs.



Incorporate cultural awareness and cultural competency into the mandatory training program

Suggested approach

Incorporate cultural awareness and cultural competency training into the mandatory training program.

Ensure that the cultural awareness and cultural competency training:

- Is adequately resourced
- Provides the workforce with dedicated time to attend
- Is integrated into the routine monitoring and reporting framework
- Is available to all the workforce (paid and volunteer), regardless of cultural background or level in the organisation, including the governing body, the executive and clinicians.

If appropriate, encourage participation by seeking continuous professional development points from professional bodies for participants.

Expect any students who undertake a placement in the health service organisation's clinical units to have participated in cultural awareness and cultural competency training.

Develop, implement, monitor and evaluate an Aboriginal and Torres Strait Islander employment strategy

Suggested approach

The Aboriginal and Torres Strait Islander employment strategy should:

- Cover all levels of employment within the health service organisation, including leadership, governance, management, clinical, liaison and clerical roles
- Aim to develop a strong Aboriginal and Torres Strait Islander workforce that can contribute a diverse range of skills, including the ability to break down barriers to access, and bring cultural perspectives that help meet the needs of Aboriginal and Torres Strait Islander people¹
- Incorporate strategies for recruitment and retention of the Aboriginal and Torres Strait Islander workforce, including creating employment pathways such as Aboriginal and Torres Strait Islander traineeships, cadetships and graduate development programs that offer long-term employment opportunities
- Increase representation of Aboriginal and Torres Strait Islander employees in leadership roles at all levels of the organisation through initiatives such as
 - secondment and acting opportunities
 - professional and leadership development
 - Aboriginal and Torres Strait Islander leadership groups and networks.



Support the Aboriginal and Torres Strait Islander workforce

Suggested approach

Members of the Aboriginal and Torres Strait Islander workforce are most effective when they are in a supportive and culturally safe work environment. Providing cultural safety for all members of the workforce involves:

- Developing supportive policies and procedures, including a cultural leave policy
- Acknowledging and supporting avoidance relationships – these are cultural practices that require formal avoidance between certain individuals, given their relationships to one another
- Supporting employees' cultural obligations to their families and communities
- Providing access to culturally appropriate debriefing and emotional supports
- Ensuring that members of the Aboriginal and Torres Strait Islander workforce are given opportunities to support each other, such as at regular meetings or Aboriginal and Torres Strait Islander forums
- Providing training and support for non-Indigenous managers who supervise Aboriginal and Torres Strait Islander members of the workforce.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.25a – The health service organisation has processes to support the workforce to understand and perform their roles and responsibilities for safety and quality.

Provide cultural coaching and mentoring

Suggested approach

Establish a mentoring program for the Aboriginal and Torres Strait Islander workforce; this may involve senior members of the Aboriginal and Torres Strait Islander workforce supporting others in the organisation. In some communities, it may be appropriate to employ community members (often elders) to act as health ambassadors for Aboriginal and Torres Strait Islander patients, and cultural coaches and mentors for the health workforce.³⁸

Provide access to cultural coaching and mentoring for the non-Indigenous workforce to promote continued self-reflection on mainstream culture, and support their learning and understanding of Aboriginal and Torres Strait Islander cultures.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.25a – The health service organisation has processes to support the workforce to understand and perform their roles and responsibilities for safety and quality.



Share Aboriginal and Torres Strait Islander patient experience stories

Suggested approach

Share Aboriginal and Torres Strait Islander patient experiences with the workforce to support understanding and reflective practice.

Obtain consent from patients to use their stories.

Use stories in cultural competency training programs, in routine clinical review processes, such as governance and leadership meetings, and on other occasions, as appropriate.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.11b – The health service organisation has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community.

Include process and outcome indicators of cultural competency on the organisation's dashboards

Suggested approach

Develop, monitor and report on cultural competency indicators.

Collect and monitor information from complaints and risk management systems, and clinical data on Aboriginal and Torres Strait Islander patients.

Report to the governing body, the workforce and the community on cultural competency of the organisation.

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.9c – The health service organisation ensures that timely reports on safety and quality systems and performance are provided to consumers and the local community

Action 1.10b – The health service organisation uses clinical and other data collections to support risk assessments.



Examples of supporting evidence

- Documentation from cultural competency training and assessments
- Schedule of cultural awareness and cultural competency training
- Data and reports on evaluation of the cultural competency of the health service organisation
- Policies, procedures or protocols that cover cultural competency
- Patient experience surveys and feedback
- Hospital treatment and performance outcomes such as discharge against medical advice, and employment of Aboriginal and Torres Strait Islander clinicians
- Documentation from meetings at which the cultural needs of Aboriginal and Torres Strait Islander employees are discussed, or strategies to meet their needs are identified, monitored or evaluated
- Position descriptions, duty statements and employment contracts that detail the roles and responsibilities of the Aboriginal and Torres Strait Islander workforce
- An Aboriginal and Torres Strait Islander employment strategy
- Evaluation reports or routine updates provided to the governing body on strategies to improve cultural awareness and cultural competency
- Established and monitored workforce targets; these include proportions of Aboriginal and Torres Strait Islander employees in the overall organisation workforce, and in clinical and non-clinical areas of the organisation.

Additional resources

- *Measuring Cultural Competence in Health and Wellbeing Service Delivery to Aboriginal and Torres Strait Islander People: A national framework*⁴⁶
- *Cultural Competency in the Delivery of Health Services for Indigenous People*³⁷
- *Cultural Safety Framework*⁴⁷
- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*.¹



Action 1.33: Creating a welcoming environment

What does this mean for health service organisations?

In Australia, Country and language groups among Aboriginal and Torres Strait Islander people are diverse.¹ Therefore, clinicians and health service organisations need to be aware of, and sensitive to, the complexity of Aboriginal and Torres Strait Islander cultural beliefs and practices. Australia's first peoples live within a kinship network and have done so since before colonisation. The kinship network is an interconnected, structured social system in which each person's role is determined and defined, and comes with clear obligations and responsibilities. If community protocols for kinship networks are not adhered to, cultural fragmentation can and does occur.

Many Aboriginal and Torres Strait Islander people find health service organisations – including primary healthcare centres, hospitals and day surgeries – unwelcoming.^{37,41} Negative experiences can lead to reluctance to access services, disengagement with clinicians and care in these settings, and high rates of discharge against medical advice. These, in turn, affect health and wellbeing.⁴⁸

A welcoming environment in a health service organisation is about creating a place where Aboriginal and Torres Strait Islander people feel safe, comfortable, accepted, and confident that they will be respected, will be listened to and will receive high-quality care. Welcoming spaces enable Aboriginal and Torres Strait Islander individuals, families and employees to uphold their cultural practices and beliefs.⁴⁹

The physical, emotional and relational aspects of spaces are all critical components of creating welcoming environments⁴⁹:

- Physical – design, layout and appearance
- Emotional – the feeling of being supported and cared for within the health service organisation
- Relational – the quality of relationships developed with the workforce and other consumers.

Creating a welcoming environment requires a culturally competent workforce providing culturally safe care.

What are the benefits of taking action?

Benefits for the health service organisation include:

- Redress of historical associations of institutions, including the impact of past policies, practices and treatments such as segregation and seclusion, and a perception that hospitals are a place where people go to die
- Improved efficiency of services and use of resources
- Improved performance of the system in meeting the healthcare needs of Aboriginal and Torres Strait Islander people
- More productive and meaningful collaboration and partnerships with Aboriginal and Torres Strait Islander communities.

Benefits for the Aboriginal and Torres Strait Islander community include:

- Improved access to healthcare services that meet the needs and circumstances of Aboriginal and Torres Strait Islander people
- An increased feeling of safety and engagement with the health service organisation
- Improved health outcomes and equality.



Key tasks

- Work in partnership with local Aboriginal and Torres Strait Islander people to identify strategies to create and maintain a welcoming environment
- Implement and monitor the effectiveness of the strategies



Suggested strategies

Work in partnership with local Aboriginal and Torres Strait Islander communities to identify ways to create a welcoming environment

Suggested approach

Seek input from the Aboriginal and Torres Strait Islander community on strategies to create and maintain a welcoming environment.

Involve the Aboriginal and Torres Strait Islander workforce and community members in the design and creation of a welcoming environment.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.29a – The health service organisation maximises safety and quality of care through the design of the environment.

- Involve local Aboriginal and Torres Strait Islander people in evaluation of the environment
- Consider the impact on Aboriginal and Torres Strait Islander people as part of planning for capital works programs and prioritise projects that have significant benefits for Aboriginal and Torres Strait Islander people.

Obtain Aboriginal and Torres Strait Islander input on infrastructure design, landscaping, furnishings and use of spaces

Suggested approach

Seek input from Aboriginal and Torres Strait Islander people on the design of infrastructure, landscapes and spaces in the health service organisation. Consider:

- Engaging local Aboriginal and Torres Strait Islander artists or art groups
- Displaying Aboriginal and Torres Strait Islander artwork and maps
- Designating spaces for women and men
- Providing easy access to outdoor spaces and fresh air during hospital stays
- Installing a map of languages of Aboriginal and Torres Strait Islander people across Australia in the reception area and in clinic rooms
- Positioning the Aboriginal and Torres Strait Islander liaison unit at the entrance to the service
- Creating gender-specific wards, or specific clinic days for women and men
- Providing clear signage in local Aboriginal and Torres Strait Islander languages.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 2.11a – The health service organisation involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care.



Create and sustain comfortable and friendly spaces for Aboriginal and Torres Strait Islander people with art, visual aids and resources

Suggested approach

Screen NITV (National Indigenous Television) and/or advertisements for Aboriginal and Torres Strait Islander health studies.

Translate written materials and posters into local Aboriginal and Torres Strait Islander languages, or adapt written materials for local use. The health service organisation should seek endorsement from the Aboriginal and Torres Strait Islander workforce or partner organisations for these resources.

Consider the role of traditional practices in the provision of care

Suggested approach

Develop policies and protocols on the use of traditional healers in the health service organisation or during care. This may include cleansing ceremonies and the use of traditional bush medicine, and should be guided by locally acceptable practices.

Respond to the cultural needs, obligations and responsibilities of Aboriginal and Torres Strait Islander employees, patients and their families

Suggested approach

Allocate time to listen to Aboriginal and Torres Strait Islander patients, their families and the Aboriginal and Torres Strait Islander workforce about their specific cultural needs.

Consider:

- Spaces where a large family gathering can wait when visiting
- Spaces for ceremony, such as smoking ceremonies
- Flexible visiting arrangements
- Integration of traditional foods into the catering menu, allowing these foods to be brought in, or establishing bush gardens on site.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.32 – The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so.

Celebrate significant events on the Aboriginal and Torres Strait Islander cultural calendar

Suggested approach

Celebrate or participate in important events on the Aboriginal and Torres Strait Islander cultural calendar, such as NAIDOC (National Aborigines and Islanders Day Observance Committee) Week, Sorry Day, National Apology Day, Mabo Day, Close the Gap Day and Reconciliation Week. Events and participation can be determined in partnership with Aboriginal and Torres Strait Islander organisations.

Participate in cultural activities with local Aboriginal and Torres Strait Islander communities.



Encourage community engagement

Suggested approach

In addition to engaging the community, health service organisations could provide space for relevant community health-related general practice activities, such as:

- Community clinics
- Morning teas or lunches
- Cooking and physical activity classes
- Education sessions
- Community meetings and consultations.

Develop resources on what to expect when visiting the facility

Suggested approach

Work in partnership with local communities to develop and disseminate information and resources on how the service works, what to expect and how to seek assistance.

Develop and use shared decision-making tools.

Support the needs of carers, family members and escorts

Suggested approach

Support family members and escorts by:

- Enabling flexible visiting arrangements
- Providing information and support to find suitable accommodation
- Providing and coordinating transport
- Providing information and support to help with access to social services
- Providing access to a private space for family meetings.

Assign members of the workforce to coordinate links between patients' family members and escorts, and primary care services.

Provide access to interpreters

Suggested approach

Make interpreters available to Aboriginal and Torres Strait Islander patients and families. Understand the health service organisation's catchment to know what languages are spoken by patients.

Review models of care

Suggested approach

Review how services are provided to Aboriginal and Torres Strait Islander people. Consider changes that may improve access to care and the environment in which care is provided, such as:

- Outreach or Hospital in the Home services
- Open appointment clinics.



Examples of supporting evidence

- Documentation of community consultation relating to creation of a welcoming environment
- Policies, procedures or protocols on cultural diversity that cover the needs of Aboriginal and Torres Strait Islander patients and their families
- Signs and plaques acknowledging traditional custodians
- Statement of recognition, such as a plaque; printed words on glass doors and pavement; or artwork telling the story of place, traditional ownership, individuals or significant events
- Flying of the Aboriginal and Torres Strait Islander flags, and a policy on half-mast days, including the death of a community member
- Evidence of celebrating important events in the Aboriginal and Torres Strait Islander cultural calendar
- Information brochures that outline what to expect when visiting the organisation, and the services available to support Aboriginal and Torres Strait Islander patients and families
- Documentation of services that are tailored to meet the needs of Aboriginal and Torres Strait Islander people
- Use of Aboriginal and Torres Strait Islander names (developed in partnership) for wards and meeting rooms
- Survey results and reports on consumer satisfaction with the organisation's actions to meet the needs of Aboriginal and Torres Strait Islander communities
- Availability of Aboriginal and Torres Strait Islander liaison officer(s) or health worker(s), including in emergency departments
- Evidence that Aboriginal and/or Torres Strait Islander people are involved in the development and implementation of the strategies, and that their views are sought routinely, particularly when the effectiveness of welcoming strategies are evaluated.

Additional resources

- *Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Resource Kit*²⁴
- Australian Institute of Aboriginal and Torres Strait Islander Studies language map of Indigenous Australia⁵⁰
- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*¹
- *Not Just Bricks and Mortar: Planning hospital cancer services for Aboriginal people.*⁵¹



Action 5.8: Identifying people of Aboriginal and/or Torres Strait Islander origin

What does this mean for health service organisations?

Improving identification rates of Aboriginal and Torres Strait Islander people in health service organisations has been prioritised as part of the Australian Government's and all state and territory governments' commitment to Closing the Gap through the Council of Australian Governments and the National Indigenous Reform Agreement.¹⁸

Incomplete and inaccurate identification of the Aboriginal and Torres Strait Islander population is commonplace in administrative and clinical information systems in health service organisations across Australia.⁵²

Health service organisations are required to establish processes to accurately identify and record Aboriginal and Torres Strait Islander status. These processes should ensure that all people, regardless of appearance and across all service areas, are asked whether they identify as being of Aboriginal and/or Torres Strait Islander origin.

This information should be routinely recorded in information systems, and should be consistent across administrative and clinical information systems. Best-practice collection of Aboriginal and Torres Strait Islander status requires that:

All clients, whether Aboriginal, Torres Strait Islander or non-Indigenous, have the right to self-report their Indigenous status, rather than have their status assumed and recorded on their behalf.⁵³

This right extends to non-Indigenous parents who wish to have the Aboriginal or Torres Strait Islander heritage of their child recognised.

An individual's right not to identify as Aboriginal or Torres Strait Islander must be respected. Personal, historical, family or cultural reasons may influence

an individual's decision to identify, and these may vary over time.

Aboriginal and Torres Strait Islander people are more likely to identify as such if they are in a safe environment where they will not experience discrimination. Ensuring that health service organisations have a welcoming environment and a culturally competent workforce is critical.

Inaccurate recording of Aboriginal and Torres Strait Islander status can result in Aboriginal and Torres Strait Islander people being recorded as 'non-Indigenous' or 'not stated' within collection systems, which results in their exclusion from monitoring and analysis of service utilisation and health outcomes for Aboriginal and Torres Strait Islander patients. In turn, this may lead to under-reporting of the prevalence of disease and of service utilisation, and underplay inequalities in health. Importantly, this lack of detail can potentially lead to biased analysis and reporting of information that informs policy and practice.⁵³

What are the benefits of taking action?

Benefits for the health service organisation include:

- Improved standards, more consistent practice, improved accuracy in recording status, and improvements in meeting the needs of Aboriginal and Torres Strait Islander people
- Accurate data on Aboriginal and Torres Strait Islander people to inform policy, and service planning and development⁵⁴
- Accurate monitoring of disparities in health care and outcomes used to inform actions to reduce these disparities



- Accuracy of financial remuneration to organisations providing services to Aboriginal and Torres Strait Islander people through activity-based funding and service loadings.⁵⁴

Benefits for the Aboriginal and Torres Strait Islander community include:

- Safe, high-quality and culturally appropriate clinical care
- Understanding that self-identification is important to enable access to services in response to community health needs
- Upholding of the rights of all Aboriginal and Torres Strait Islander people
- Improved quality of services available to individual patients and their families by informing care requirements, including population-specific improvements in clinical decision-making.^{55,56}

Key tasks

- Develop and implement policy, procedures and protocols on Aboriginal and Torres Strait Islander identification
- Raise awareness with Aboriginal and Torres Strait Islander community members of the importance and benefits of recording Aboriginal and Torres Strait Islander status
- Promote self-identification by creating environments in health service organisations that are welcoming and friendly for Aboriginal and Torres Strait Islander people, including
 - displaying Aboriginal or Torres Strait Islander arts in the service facilities
 - making promotional materials such as posters and pamphlets readily available
- Train and support the workforce to collect identification information in a culturally appropriate way
- Implement monitoring and evaluation systems to monitor and measure improvements in accuracy and consistency of identification rates, practices and data quality
- Develop or adapt user-friendly data collection systems that transmit data between administrative and clinical data systems.



Suggested strategies

Develop a policy, business rules, procedures and protocols on Aboriginal and Torres Strait Islander identification to ensure that higher identification rates are achieved through continuous quality improvement

Suggested approach

Develop a policy, business rules, procedures and protocols on Aboriginal and Torres Strait Islander identification that incorporate:

- Processes to ask all patients the standard question of whether they identify as being of Aboriginal and/or Torres Strait Islander origin
- Processes to transfer information – automatically, if possible, and manually otherwise – on Aboriginal and Torres Strait Islander status within and between administrative and clinical data systems
- Training and support to enable members of the workforce to ask every patient about their Aboriginal and Torres Strait Islander status
- Support to enable Aboriginal and Torres Strait Islander people to self-identify.

The policy, business rules, procedures and protocols should be developed in accordance with the *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets*⁵³, and in partnership with Aboriginal and Torres Strait Islander community organisations and groups.⁵³

Successful implementation of this strategy will be supported by, or rely on, the following actions:

Action 1.15a – The health service organisation identifies the diversity of the consumers using its services

Action 1.15b – The health service organisation identifies groups of patients using its services who are at higher risk of harm.



Review all systems to ensure that the standard question regarding Aboriginal and Torres Strait Islander status is consistently worded and coded

Suggested approach

The wording and coding of the question regarding Aboriginal and Torres Strait Islander status should be standardised to the *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets*⁵³ and the Australian Bureau of Statistics *Indigenous Status Standard, 2014*.⁵⁷

In accordance with the national standard, Aboriginal and Torres Strait Islander status may be coded as:

- ‘No’
- Either or both of ‘Yes, Aboriginal’ and ‘Yes, Torres Strait Islander’.

Ensure that the question is a mandatory field

Suggested approach

Amend information systems to collect Aboriginal and Torres Strait Islander status as a mandatory field in administrative and clinical information systems.⁵³

Ensure that administrative and clinical information systems are streamlined and user-friendly

Suggested approach

Design data collection systems that are streamlined and user-friendly to support the workforce in completing identification fields.⁵³

Review patient intake procedures

Suggested approach

Review procedures and the clinical environment to ensure that privacy is maintained.⁴⁹

Develop a prompt for the workforce to check for and follow up missing or incomplete fields throughout a patient’s admission

Suggested approach

In some instances, the response to the question may be left blank or incomplete.⁵³ This could occur if:

- The client is capable of responding but declines to respond following prompting or follow-up
- It is impossible for the question to be asked during the contact episode.

If this occurs, there should be automatic prompts within the administrative and clinical information systems to enable all members of the workforce to follow up.

If the code ‘Client is capable of responding but declines to respond following prompting/follow-up’ is applied, there should be specific culturally acceptable procedures to follow for approaching the individual.⁵³



Periodically provide regular clients with a copy of their personal details

Suggested approach

Develop policies, business rules, procedures and protocols to provide regular clients with a copy of their personal details, including recorded Aboriginal and Torres Strait Islander status, for verification. Providing people with a copy of their personal details for verification can address concerns about patient confidentiality.⁵³

Personal details may include:

- Name (and demographic information)
- Date of birth
- Address
- Medical record number
- Aboriginal and Torres Strait Islander status.

Introduce mechanisms for quick identification of Aboriginal and Torres Strait Islander people in systems

Suggested approach

When a person identifies as being of Aboriginal and/or Torres Strait Islander origin, incorporate a 'flag' into all clinical information systems – both paper and electronic – to alert clinicians, to inform their approach to care.

Provide training and support for the workforce on the importance and process of identification

Suggested approach

Provide training and support to the frontline, administrative and clinical workforce on:

- The importance of identification at an individual and systems level
- How to routinely ask the question about identification and record the response in a way that is consistent with the national standard for identification
- How to ask the question about identification in a way that is comfortable and culturally safe for both patients and the workforce
- How to ask the question about identification as part of a series of demographic questions directed at providing better quality care.⁵³

Asking the question regarding identification routinely as part of a set of demographic questions – including name, date of birth and address – makes it a part of the systematic identification process, and removes any racial connotation.

Incorporate training into a cultural competency package.

Establish processes for the ongoing monitoring of workforce attitudes, performance and views to inform further training and support.

Successful implementation of this strategy will be supported by, or rely on, the following action:

Action 1.20c – The health service organisation uses its training systems to provide access to training to meet its safety and quality training needs.



Develop resources in collaboration with Aboriginal and Torres Strait Islander people that explain the reason for identification and encourage people to self-identify

Suggested approach

Develop or use nationally developed resources^{53,55,*}, including posters and brochures, to support people to identify as being of Aboriginal and/or Torres Strait Islander origin. These resources should include information on:

- The importance of identification at an individual and systems level
- How the question about identification can be asked as part of a series of demographic questions directed at providing better quality care
- How all patients are asked the same series of questions.

Routinely review the effectiveness of the identification processes

Suggested approach

Review the effectiveness of the identification processes. This includes conducting quality surveys and interviews with Aboriginal and Torres Strait Islander clients to determine accuracy of collection and develop estimates of the level of under-identification, and surveys of the workforce to understand their views and attitudes.⁵³

Report results to the governing body and management.

Monitor trends over time in the number and proportion of Aboriginal and Torres Strait Islander people identifying.⁵³

Examples of supporting evidence

- Policies, procedures and protocols outlining processes for identification of Aboriginal and Torres Strait Islander patients, and recording of this information in administrative and clinical information systems
- Observation of the admission system to demonstrate that the identification question is mandatory
- Prompts in the admission and patient information systems to complete identification fields
- A continuous quality improvement protocol to monitor and review processes to improve the rate of Aboriginal and Torres Strait Islander identification and recording
- Results of audits of completed admission records
- Communication materials to inform Aboriginal and/or Torres Strait Islander people and encourage them to self-identify
- Orientation manuals and education resources on requesting Aboriginal and Torres Strait Islander status and records of attendance at training by the workforce
- Orientation manuals, memos, newsletters or other communication material provided to the workforce on the importance of identifying Aboriginal and Torres Strait Islander patients
- Evidence that information is shared between administrative and clinical information systems.

Additional resources

- *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets*⁵³
- Australian Bureau of Statistics *Indigenous Status Standard, 2014*⁵⁷
- *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health*.¹

* Or email ncatsis@abs.gov.au to request copies of Australian Bureau of Statistics resources.



Other related actions

Previous chapters identified a number of strategies for which successful implementation is supported by, or reliant on, actions other than the six Aboriginal and Torres Strait Islander-specific actions in the NSQHS Standards.

These include actions from the Clinical Governance Standard:

- 1.1
- 1.5
- 1.7-1.10
- 1.13
- 1.15
- 1.20
- 1.25
- 1.29
- 1.32.

They also include actions from the Partnering with Consumers Standard:

- 2.2
- 2.8
- 2.9
- 2.11
- 2.12
- 2.14.

Although all actions in the NSQHS Standards apply to the systems and processes that support safe and high-quality care for all patients, including Aboriginal and Torres Strait Islander people, for some actions, considering Aboriginal and Torres Strait Islander people specifically can improve the care provided. These actions are listed in Table 2.

Table 2: Actions in the National Safety and Quality Health Service Standards for which considering Aboriginal and Torres Strait Islander people specifically can improve the care provided

Standard	Action Item	Comment
 <p>Clinical Governance Standard</p>	1.11, 1.12 Incident management systems and open disclosure	Incident management systems should allow analysis by Indigenous status to determine the extent and significance of incidents involving Aboriginal and Torres Strait Islander people. Open disclosure processes should be culturally appropriate for Aboriginal and Torres Strait Islander people. The health service organisation may need to consider developing guidance in collaboration with the local community.
	1.14 Feedback and complaints management	Complaints management systems should allow analysis by Indigenous status to determine the extent and significance of issues involving Aboriginal and Torres Strait Islander people.
	1.28 Variation in clinical practice and health outcomes	Monitoring health outcomes for Aboriginal and Torres Strait Islander people and comparing these outcomes locally, at a state and territory level, or nationally will be important to understanding the variation in health outcomes for this group of patients.

Standard	Action Item	Comment
 <p>Partnering with Consumers Standard</p>	2.5 Healthcare rights and informed consent	Aboriginal and Torres Strait Islander patients may have the capacity to make decisions but choose to involve a substitute decision-maker in the planning and care processes. To establish a mechanism that allows this to occur, it should be discussed with Aboriginal and Torres Strait Islander patients and the community.
	2.6, 2.7 Sharing decisions and planning care	Culture and language affect the way people make meaning of their experiences. This can have a direct impact on a consumer's expectations and understanding of health issues. Low rates of English language literacy are associated with low rates of individual health literacy. Targeted strategies may be needed to effectively implement this action for Aboriginal and Torres Strait Islander people.
	2.10 Communication that supports effective partnerships	Clinicians will need support to communicate effectively with Aboriginal and Torres Strait Islander patients, carers, families and consumers about health care. This action identifies ways in which this support can be provided.
 <p>Medication Safety Standard</p>	4.11 Information for patients	Patient-specific medicine-related information is available from organisations such as NPS MedicineWise. However, this information may not meet the needs of Aboriginal and Torres Strait Islander people. Other mechanisms may need to be considered, in collaboration with Aboriginal and Torres Strait Islander patients and the community.
	4.12 Provision of a medicines list	A current medicines list reduces the risk of miscommunication and errors as a patient moves through or between health service organisations. Clinicians may need to provide a clear explanation of the reason for, and importance of, providing and maintaining a current list of medicines to Aboriginal and Torres Strait Islander patients. Clinicians may also need support to provide information that is understandable and in an appropriate format.



Standard	Action	Item	Comment
 Comprehensive Care Standard	5.13	Developing the comprehensive care plan	Part of the comprehensive care process is planning for discharge from the health service organisation. This includes identifying any services, equipment and follow-up that may be needed to safely discharge a patient. For Aboriginal and Torres Strait Islander patients, it may also include consideration of the transport, accommodation and setting into which a patient is being discharged, and the availability of support services.
	5.20	Comprehensive care at the end of life	Patients, families and substitute decision-makers, as well as the clinical team, are essential participants in discussions and decision-making about care at the end of life. For Aboriginal and Torres Strait Islander people, there will also be cultural requirements and obligations. The health service organisation should discuss local customs and practices with the Aboriginal and Torres Strait Islander community, to determine strategies that can be used to meet local and individual needs.



Examples of good practice

This chapter provides examples of good practice, across a range of services. Examples are given for each of the six Aboriginal and Torres Strait Islander-specific actions.

Action 2.13

The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has developed formalised partnerships with key Aboriginal community organisations. Each partner organisation

helped to develop, and signed, a memorandum of understanding partnership agreement that defined joint commitment to specific service initiatives (for example, providing drug and alcohol outreach, speech therapy outreach or specialist services). All partners are members of the District Aboriginal Health Advisory Committee and, where relevant, specific hospital and service advisory groups.



Princess Alexandra Hospital

Princess Alexandra Hospital is one of three tertiary hospitals in Brisbane, located in the southern metropolitan area. More than 25,000 Aboriginal and Torres Strait Islander people live in the Metro South Health District. The hospital has a larger catchment of Aboriginal and Torres Strait Islander people because it also services regional and remote Queensland communities.

The Princess Alexandra Cardiac Unit has:

- Developed a reference group with key stakeholders, including the Queensland Health Aboriginal and Torres Strait Islander Health Unit, the local Primary Health Network, and key Aboriginal Medical Services (AMSs) in the catchment; the group has monthly meetings with established terms of reference
- Signed a memorandum of understanding and service agreements with key AMSs
- Partnered with AMSs to undertake consultation on service delivery; consultation identified two key issues
 - patients not followed up for ongoing care after discharge
- poor connections between local AMSs and the hospital
- Developed an implementation plan to improve ongoing care after discharge, and coordination between the hospital and AMSs, which has resulted in
 - a discharge briefing document to enable information to reach the primary care provider and case manager immediately after discharge
 - development of information channels between the hospital and primary care provider during the patient hospital stay
 - a protocol for hospital employees to book an appointment with the primary care provider before discharge
 - seven days of post-discharge medications provided to patients registered for Close the Gap, funded by the hospital
- Developed a cardiac outreach service provided by hospital clinicians and hosted by AMSs; in some cases, the consultation involves the cardiologist and the general practitioner.

This health service organisation has received funding through the:

- National Lighthouse Project, which was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health
- Queensland Aboriginal and Torres Strait Islander Health Branch under the Making Tracks Investment Strategy 2015–2018.

These funding sources supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients.



Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council

The Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPYWC) is a membership-led organisation in Central Australia for women and families across the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Lands. It aims to maintain and build a better future for all communities in the region. The members, the Anangu women, formed the council in 1980.

Remoteness, limited services, language, literacy and cultural differences are the basis for many of the challenges communities face. Trauma and mental health issues disproportionately affect many Anangu.

The NPYWC recognises that there are multiple knowledge systems in this region, as well as many languages, and that there needs to be shared understandings before effective responses to problems can be developed.

The NPYWC works in partnership with many organisations in the region that are relevant to each project.

The NPYWC has:

- Established a project called the Uti Kulintjaku project, which is a partnership between women ngangkari (traditional healers), senior Anangu women, interpreters and mental health practitioners from Alice Springs Hospital and community health services

- Convened a series of workshops with partnership members to strengthen bicultural mental health literacy for Anangu and non-Aboriginal clinicians – this builds the capacity of the Anangu women to address mental health and related issues in ways that draw on their strengths, abilities and culture, as well as their new knowledge of western mental health, and also strengthens the capacity of the local mental health team based at Alice Springs Hospital to engage and communicate more effectively with Anangu, to 'see through their eyes'
- Built on the principles of ngapartji-ngapartji – that is, reciprocity, with both parties learning
- Developed a series of language-based resources from the workshops, including the 'words for feelings map', child development posters, emotional literacy animations and magnets, a book about how trauma affects children, and a dictionary app – these resources are being used in a range of settings and are supporting frontline workers and families to more easily and effectively talk about mental health and related issues within communities.

The Uti Kulintjaku project is highly regarded for the integrity, authenticity and relevance of its work and its resources.



Bairnsdale Regional Health Service

The Bairnsdale Regional Health Service (BRHS) hospital is a large regional hospital in east Gippsland, Victoria. It services more than 80,000 people.

The local Aboriginal communities are from the Gunakurnai nation. The Aboriginal population of the region has historically had poor access to hospital services. The new hospital administration identified the need to improve access through stronger partnerships and better communication with the local Aboriginal communities.

The BRHS has:

- Consulted with the local Aboriginal communities and representative organisations; this identified that
 - Aboriginal people did not feel safe or welcome at the hospital
 - Aboriginal resources and information were generic and not always appropriate for the local Aboriginal population
 - there were significant issues around discharge medications and follow-up care in the community
 - methods of ensuring adherence to cultural protocols were needed
- Developed a strong relationship with the four Aboriginal community controlled health organisations in the region and the Primary Health Network
- Developed a collaborative partnership agreement with the Gippsland and East Gippsland Aboriginal Co-operative (GEGAC – one of the Aboriginal community controlled health organisations)
- Coordinated regular cardiology outreach consulting, hosted in the GEGAC premises
- Built relationships and pathways to improve access to services, including oral health, and drug and alcohol services
- Convened regular 'meet and greets' between the hospital and the GEGAC, attended by the chief executive officer, directors and frontline workforce
- Participated in regular meetings and joint grant applications with the Primary Health Network
- Strengthened informal partnerships with the Aboriginal health liaison officers and other key staff in the four top cardiac referral hospitals.

This process has built effective relationships, which have enabled open and honest conversations about issues and helped solve problems promptly. Consumers benefit through better coordination of care and a sense of confidence – this has reduced failure to attend and improved access to services that the community may have avoided in the past.

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health.



Royal Perth Hospital

Royal Perth Hospital (RPH) is a 390-bed metropolitan tertiary hospital whose catchment is the whole of Western Australia. It has a formal partnership with Derbarl Yerrigan, a local Aboriginal medical service. RPH has one of the largest populations of Aboriginal patients in Australia.

RPH has:

- Developed a formal partnership with Derbarl Yerrigan, signing a memorandum of understanding in 2009–10; this has just been renewed for a further three years to provide a cardiac rehabilitation program at the Aboriginal community controlled health service
- Provided a clinical nurse specialist (through the Coronary Care Unit) who runs the cardiac rehabilitation program

(twice a week) which is open to patients and their families and offers ongoing support; Derbarl Yerrigan pays RPH for this service

- Developed a whole-of-hospital Aboriginal consumer advisory committee that includes consumers and elders and is chaired by the Director of Consumer Engagement; the group advises on Aboriginal and Torres Strait Islander issues and has contributed to
 - designing new flooring at the front of the hospital, which incorporates Aboriginal art into the design
 - creating a ‘uniform’ for all staff in the Aboriginal Liaison Unit, so that they have a consistent, identified look
 - improved, more culturally appropriate, discharge information.

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health.



Action 1.2

The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has:

- Aboriginal and Torres Strait Islander people on the Local Health District (LHD) Board
- An Aboriginal Health Committee of the board that convenes quarterly; membership comprises three LHD Board members, the LHD chief executive and four community partner organisations
- Established hospital and service-specific (for example, mental health, drug health, child and family) Aboriginal health committees to act on specific service agendas
- A Director of Aboriginal Health who reports directly to the SWSLHD chief executive
- Developed an Aboriginal health plan that identifies the health needs of, and safety and quality issues specific to, the Aboriginal and Torres Strait Islander population
- Established formal partnerships with local Aboriginal and Torres Strait Islander organisations to ensure that services are responsive to the needs of the local communities; partnership agreements identify specific service priorities that each organisation commits to acting on collaboratively.



Alice Springs Hospital

Alice Springs Hospital (ASH) is a service operated by the Northern Territory Government. It has 183 inpatient beds and services a catchment of 39,500 (26,000 in Alice Springs). Eighty-five per cent of inpatients at ASH identify as Aboriginal, covering 17 main language groups.

ASH has:

- Developed a matrix that maps out requirements in the Northern Territory State Plan, and regulations concerning achievements and gaps; this is guiding reform
- Appointed an Aboriginal cultural advisor at the senior executive level who coordinates all cultural activities at the hospital, including supporting the Aboriginal workforce with monthly network meetings and specific training
- Hosted a welcoming ceremony at the opening of the new emergency department, with welcome performed by traditional healers (ngangkari) from the area; ngangkari felt honoured to open the emergency department and believe this has helped build a connection between the hospital and the community
- Launched an outdoor 'meeting place' for Aboriginal people adjacent to the main entrance, the emergency department and the Aboriginal Liaison Office; it is a safe and shaded place that has views of the McDonnell Ranges
- Opened a Centrelink kiosk at the hospital to provide access to social support services
- Developed a policy to allow ngangkari to provide care to patients in the hospital, at the patient's own cost
- Organised ngangkari from different language groups to cleanse the hospital as required, based on patient feedback
- Developed posters and handouts with photos of the eight Aboriginal liaison officers, and regional maps to show their language groups; these are now displayed throughout the hospital and discussed with patients when they arrive
- Provided the Aboriginal liaison officer team with a daily patient list that identifies patients who are at high risk of taking their own leave
- Increased signage on all doors to help Aboriginal patients and families to find their way
- Changed outpatient booking cards to include more graphics and symbols, as indicated in the health literacy framework
- Adopted the Northern Territory Government workforce strategy, which ensures that all positions give preference to Aboriginal and Torres Strait Islander people
- Altered the timing of food service at night to address patient needs (overseen by nutritionists and dietitians), and reviewed food available through the canteen to stock healthy options and reduce the size of sugar-sweetened beverages
- Placed signage acknowledging Country on all entrance doors, in both English and Central Arrernte



- Actively participated in cultural events, including Closing the Gap, Reconciliation Week and NAIDOC (National Aborigines and Islanders Day Observance Committee) Week, within the hospital and community
- Mandated an Aboriginal cultural awareness program, Aboriginal liaison information session, and cultural engagement and health literacy session for all new staff
- Employed Aboriginal health practitioners on wards
- Translated health information, including developing DVDs to be shown (in language) at the patient bedside
- Assisted in the development of 'Friends of CAHS' (Central Australia Health Service) to encourage Aboriginal and Torres Strait Islander membership for consumer participation and feedback.



Action 1.4

The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has:

- Developed an Aboriginal Health Plan that articulates the priorities for the district
- Developed a standardised Aboriginal health key performance indicator dashboard that measures performance in providing services to Aboriginal patients (for example, included identification data, discharge against medical advice, unplanned readmissions); the dashboards are
 - reported against twice monthly by each hospital, coordinated by the Aboriginal Health Unit
 - tabled at hospital Aboriginal health committees, the Healthcare Quality and Safety Committee, and the Aboriginal Health Committee of the board
 - used to identify specific performance gaps and develop appropriate service responses (that is, expansion of the Aboriginal liaison officer network; frequent user review groups; ear, nose and throat surgery list project)
- Undertaken a number of specific projects, including
 - used as a tool to engage partners, ensure transparency of service provision and come up with practical actions
 - Aboriginal Do Not Waits at Liverpool – all Aboriginal and Torres Strait Islander people who leave the emergency department without being seen receive a follow-up phone call from an Aboriginal liaison officer to check the person's status and access to services
 - Aboriginal Transfer of Care Model at Campbelltown – to reduce unplanned readmissions, a multidisciplinary team meeting is held before discharge, including the Aboriginal liaison officers, transfer of care nurses and Aboriginal chronic care clinical nurse consultant, to identify service needs and make the appropriate links between services.



St Vincent's Hospital Melbourne

St Vincent's Hospital Melbourne (SVHM) is a public tertiary referral hospital with a catchment across Melbourne and regional Victoria. It is one of the 14 hospitals that comprise St Vincent's Health Australia.

SVHM has:

- Aligned implementation of the St Vincent's Health Australia Reconciliation Action Plan across the 14 hospitals
- Developed and implemented an Aboriginal employment strategy, supported by an Aboriginal employment officer
- Identified improved cardiac care for Aboriginal and Torres Strait Islander patients as a priority; actions undertaken around this identified need include
 - supporting the established Aboriginal Cardiac Care Committee to identify and address gaps, with involvement of the cardiac nursing clinicians, the Aboriginal hospital liaison officer and the social worker
 - developing planning forms and information systems for Aboriginal and Torres Strait Islander identification on admission, nursing handover, pharmacy, and allied health and care to increase awareness of the importance of identification of Aboriginal and Torres Strait Islander people
 - conducting face-to-face cultural competency training, facilitated by the Victorian Aboriginal Community Controlled Health Organisation
 - developing clinical and clerical guidelines specific to Aboriginal and Torres Strait Islander patients, to facilitate culturally and clinically appropriate care; these include engagement with family and escorts, return-to-home hospital protocol for regional patients, and involvement of the Aboriginal hospital liaison officer.

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health.



Hunter New England Local Health District

Hunter New England Local Health District (HNELHD) is the biggest district in New South Wales, with 27 public hospitals, 11 multi-purpose services and 42 community health services. There are 873,741 people in the district, including 40,000 Aboriginal and Torres Strait Islander people (5.7% of the population). The district services 23% of the state's Aboriginal and Torres Strait Islander population. Seventy per cent of the Aboriginal and Torres Strait Islander population is under 35 years of age. The HNELHD employs 15,912 people, of whom 760 identify as Aboriginal or Torres Strait Islander. The John Hunter Hospital is the largest tertiary referral hospital in the HNELHD. Other large regional referral hospitals are at Tamworth, Armidale, Maitland and Taree.

The HNELHD has:

- A district-wide Closing the Gap strategy, which is driven by the chief executive officer, the executive leadership team and the board
- Established an Aboriginal Health Committee as a subcommittee of the

board; the committee is responsible for providing strategic advice to the board and chief executive officer with regard to the HNELHD Closing the Gap strategy

- An organisation-wide counter racism policy, and has developed and implemented associated activities
- An annual Closing the Gap report prepared by the Aboriginal Health Unit, which is shared with the board and executive; it effectively triggers conversations on what should be done, and is then passed back to the appropriate lead to drive accountability
- Established district-wide indicator collections for 'Did not wait', 'Identification', 'Discharged against medical advice', 'Unplanned return visit to emergency department' and 'Unplanned hospital readmission' dashboards, which are updated every day.

Data tells a thousand stories – when information is populated and visible, everyone becomes accountable and takes responsibility. (HNELHD spokesperson)



Action 1.21

The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has:

- Established the Respecting the Difference Cultural Awareness Framework for South Western Sydney, and a dedicated position to coordinate its rollout
- Conducted cultural awareness training that
 - is mandatory for the workforce across the district
 - includes an online training course, 'Respecting the Difference', which has a 90% completion rate
 - includes a four-hour face-to-face training course conducted by an Aboriginal workforce educator who is embedded in a regional registered training organisation

- was rolled out in 2015; approximately 7,000 of 12,000 employees in the district have completed face-to-face training

- Conducted independent evaluation that confirmed that the program was improving cultural competency; participants noted

Training was hitting the mark, addressing internalised racism and preconceived ideas in this urban setting.

Important that this was conducted by dedicated staff member with the requisite training skills, cultural knowledge and local community connections.

- Progressed an Aboriginal Workforce Strategy
- Recognised the importance of having Aboriginal people in the workforce in both the Aboriginal health team and across the health service organisation, in as many positions as possible, and is actively recruiting Aboriginal people to these positions.



Princess Alexandra Hospital

Princess Alexandra Hospital is one of three tertiary hospitals in Brisbane, located in the southern metropolitan area. More than 25,000 Aboriginal and Torres Strait Islander people live in the Metro South Health District. The hospital has a larger catchment of Aboriginal and Torres Strait Islander people because it also services regional and remote Queensland communities.

The Princess Alexandra Cardiac Unit has:

- Partnered with the Queensland Health cultural capacity team to provide in-service training
- Developed unit-specific action plans to identify key strategies and targets for training
- Tailored in-service training to each team
- Undertaken evaluation of the training, which showed
 - members of the workforce understand that providing the best possible services for Aboriginal and Torres Strait Islander people was demonstrated through a decrease

in discharge against medical advice, a decrease in failure to attend appointments, an increase in identification rates, increased access, and an improved reputation of the hospital among Aboriginal and Torres Strait Islander clients

- an increased number of staff feel comfortable asking people 'Do you identify as Aboriginal and/or Torres Strait Islander?'
- increased identification by asking patients 'Do you identify as Aboriginal and/or Torres Strait Islander?'
- improved staff understanding of the role of the Aboriginal and Torres Strait Islander health liaison officer, and appropriate use of this role
- increased awareness of partnering with Aboriginal and Torres Strait Islander community controlled health services
- more than 75% of staff thought that further education and training would help deliver 'culturally capable' care.

This health service organisation has received funding through the:

- National Lighthouse Project, which was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health
- Queensland Aboriginal and Torres Strait Islander Health Branch under the Making Tracks Investment Strategy 2015–2018. These funding sources supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients.



Hunter New England Local Health District

Hunter New England Local Health District (HNELHD) is the biggest district in New South Wales, with 27 public hospitals, 11 multi-purpose services and 42 community health services. There are 873,741 people in the district, including 40,000 Aboriginal and Torres Strait Islander people (5.7% of the population). The district services 23% of the state's Aboriginal and Torres Strait Islander population. Seventy per cent of the Aboriginal and Torres Strait Islander population is under 35 years of age. The HNELHD employs 15,912 people (including 1,993 medical officers), of whom 760 identify as Aboriginal or Torres Strait Islander. The John Hunter Hospital is the largest tertiary referral hospital in the HNELHD. Other large regional referral hospitals are at Tamworth, Armidale, Maitland and Taree.

The HNELHD has:

- Developed a district-wide Closing the Gap strategy that includes a framework for building cultural respect at the service level, recognising the need to provide culturally appropriate and respectful services, culturally safe workplaces and culturally competent staff
- Developed a cultural respect education training program; areas of high need are

prioritised for training, and four modules are mandatory for all staff

- module 1 – 'Respecting the Difference', New South Wales standard online training program
 - module 2 – a conversation between the staff member and manager about their service's priorities regarding Closing the Gap before attending the one-day face-to-face workshop (managers must sign-off completion of module 2 in Health Education and Training Institute Online after this conversation)
 - module 3 – attendance and participation in the one-day facilitated face-to-face training program
 - module 4 – debrief between manager and staff member to agree on a personal action plan for contributing towards Closing the Gap (managers must sign-off completion of module 4 in Health Education and Training Institute Online after this conversation)*
- Developed and implemented an HNELHD Aboriginal Employment Strategy that has had very positive recruiting and retention rates; this is driven by the Aboriginal employment manager.

* Managers who require further support to undertake post-workshop conversations or to assist with personal action plans can contact the Organisational Capability and Learning Unit for support. Aboriginal liaison officers or Aboriginal health workers are not expected to assist with post-workshop conversations or development of personal action plans because other organisational supports are available for this.



Top End Health Service

The Top End Health Service (TEHS) includes Royal Darwin Hospital (RDH), which has 363 inpatient beds and services a catchment of 125,000 people. It also has regional hospitals in Katherine and Gove. Fifty-four per cent of inpatients at RDH identify as Aboriginal or Torres Strait Islander. The TEHS also includes mental health services, primary health care (urban and remote) and prison health.

The TEHS has:

- Released an Aboriginal Workforce Recruitment and Retention Strategy for 2016–17, with key performance indicators (KPIs) to ensure that managers across the health service organisation are accountable for ensuring that staff in their area have attended Aboriginal and Torres Strait Islander cultural awareness training
- Developed a KPI of '100% of staff need to participate in cultural awareness training before June 2017'; all new recruits undergo training in the first six months of their employment
- Provided a one-day, face-to-face training program; there is also an interim two-hour session and online learning package to provide some knowledge until staff can attend the full day
- Established an Aboriginal Cultural Events Committee, which involves having the Aboriginal and Torres Strait Islander staff plan, promote and coordinate Aboriginal and Torres Strait Islander cultural events across the health service organisation; these include consumer engagement stalls and activities, and cultural activities, including smoking ceremonies, body painting, basket weaving, bushwalks, and grand rounds about Aboriginal and Torres Strait Islander culture.



Drug and Alcohol Services South Australia

Drug and Alcohol Services South Australia (DASSA) is a statewide health service that offers a range of prevention, treatment and education services for all South Australians. Its mission is to develop and deliver best practice in preventing the uptake of harmful drug use, reducing the harmful effects of licit and illicit drugs, and offering pathways out of harmful drug use. DASSA is responsible to the Minister for Mental Health and Substance Abuse, and is part of the Department for Health and Ageing. It provides policy and planning advice to the minister and the Chief Executive of the Department for Health and Ageing.

DASSA has:

- Implemented a DASSA induction administrative procedure, which requires all new DASSA employees to complete

the mandatory online Interactive Ochre cultural awareness training course

- Introduced a follow-up face-to-face session delivered by TAFE SA within a 12-month period
- Actively encouraged employees to participate in Reconciliation Week and NAIDOC Week events, including having information stalls at key events
- Supported the workforce to attend Aboriginal and Torres Strait Islander-specific conferences and workshops as part of their professional development; this has helped employees gain knowledge and improve their clinical practice when working with Aboriginal and Torres Strait Islander clients, families and communities.



Country Health SA Local Health Network

Country Health SA Local Health Network (CHSALHN) oversees 62 hospital and 33 community health services across rural South Australia. CHSALHN has 50% of the state's Aboriginal and Torres Strait Islander population within the catchment area and provides funding to a range of Aboriginal community controlled health organisations to support Aboriginal and Torres Strait Islander health improvements. It also provides a wide range of other services.

The CHSALHN has:

- Developed a cultural competency learning and development program that has three phases
 - phase 1 – online cultural awareness training module, mandatory for all new and existing employees; this must be completed before registering for phase 2
 - phase 2 – face-to-face cultural competency training; this has a regional focus and is delivered by Aboriginal Health Directorate staff in conjunction with consumer representatives who are members of the Aboriginal Expert by Experience panel
 - phase 3 – cultural immersion program, which is targeted at executives and senior managers; it aims to familiarise staff and engage with Aboriginal communities in country South Australia
- Held a series of interactive training sessions with a socially conscious theatre group, ActNow, to address racial issues for senior staff and managers in all six CHSALHN regions and the CHSALHN corporate office
- Developed an Aboriginal Health Experts by Experience Registry, which
 - has more than 160 people registered from throughout South Australia
 - is involved in the planning, design, delivery and evaluation of services; acts as a link to the community to convey information; works on CHSALHN committees and working groups; assists with staff recruitment; develops consumer materials; attends special events; and designs artwork.



Action 1.33

The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has:

- Created a number of dedicated spaces in Campbelltown Hospital to strengthen its links with the community, including
 - the Uncle Ivan Wellington Lounge, which is used for patient and family conferencing, and for families when large numbers need to visit patients
 - a reconciliation garden in conjunction with a local Aboriginal men's group
- Implemented an Aboriginal and Torres Strait Islander workforce strategy, with employment targets to ensure that Aboriginal and Torres Strait Islander people are employed in a range of positions across the facility.

and church; it includes native plants that have a number of traditional uses

- an Aboriginal birthing room in the maternity wards, developed for Aboriginal and Torres Strait Islander mothers, which includes a range of Aboriginal artwork and promotional resources

You can have all the artwork and posters you like, but it is the way people are treated that matters.

Bairnsdale Regional Health Service

The Bairnsdale Regional Health Service (BRHS) hospital is a large regional hospital in east Gippsland, Victoria. It services more than 80,000 people.

The local Aboriginal communities are from the Gunaikurnai nation. The Aboriginal population of the region has historically had poor access to hospital services. The new hospital administration identified the need to improve access through stronger partnerships and better communication with the local Aboriginal communities.

The BRHS has:

- Developed, in consultation with the Aboriginal community, an official symbol for the hospital – an artwork of the blue wren, a significant local totem
- Integrated the blue wren artwork into all Aboriginal documents and materials, indicating that these resources have been adapted for the local community
- Relocated the Warrawee Room, an Aboriginal 'resting' room, to a more central location and used 'footsteps' with the blue wren design to guide visitors
- Placed a plaque at the base of the Aboriginal flag acknowledging the Gunaikurnai people and their valued contribution to the health service organisation; this acknowledgement is also included on the welcome board in the front foyer of the health service
- Held a Welcome to Country ceremony
- Commissioned a cultural garden, which is to be located at the front of the hospital
- Designed and displayed posters promoting Aboriginal and Torres Strait Islander identification



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- Commissioned local artists to have installations within the hospital grounds
- Established an Aboriginal resource group of staff volunteers who have acted as local champions
- Increased Aboriginal and Torres Strait Islander employment and created an Aboriginal trainee program, which has made the community more comfortable when accessing the organisation.

This process has ensured that an understanding of cultural safety is embedded, and that respect for the Aboriginal and Torres Strait Islander community is genuine, rather than tokenistic. The outcomes have been improved access, better information for the provision of care and improved coordination.

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health.



Flinders Medical Centre

Flinders Medical Centre is a large teaching hospital, 12 kilometres from the centre of Adelaide. It has 573 beds and more than 3,500 staff. Its Cardiac and Thoracic Surgical Unit routinely services patients directly from Royal Darwin Hospital.

The Cardiac and Thoracic Surgical Unit has identified a need to improve patient orientation and culturally appropriate care for Aboriginal and Torres Strait Islander patients, many of whom come from the Top End of the Northern Territory.

The Flinders Medical Centre Cardiac and Thoracic Surgical Unit has:

- Commissioned artwork from a local artist, linking Aboriginal culture and health
- Used the artwork extensively throughout the ward and resources
- Developed a welcome pack for all new Aboriginal or Torres Strait Islander patients, including
 - the booklet *Your Hospital Journey*
 - the booklet *Your Rights and Responsibilities* (SA Health official publication)

- consumer/patient feedback form (Southern Adelaide Local Health Network official form)
- a map showing locations of hostels
- a Heart Foundation Warning Signs of Heart Attack action plan fridge magnet
- a bathroom comfort kit and pen
- Adapted booklets from Queensland to support staff; these are now being used across the Southern Adelaide Local Health Network
 - *Patient Care Guideline for Aboriginal and Torres Strait Islander People*
 - *Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying*
- Developed easy-access cards and posters – 'Top ten tips for caring for Aboriginal and Torres Strait Islander people'
- Continued to work with Royal Darwin Hospital to improve patient preparedness for surgery before they travel.

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government



Drug and Alcohol Services South Australia

Drug and Alcohol Services South Australia (DASSA) is a statewide health service that offers a range of prevention, treatment and education services for all South Australians. Its mission is to develop and deliver best practice in preventing the uptake of harmful drug use, reducing the harmful effects of licit and illicit drugs, and offering pathways out of harmful drug use. DASSA is responsible to the Minister for Mental Health and Substance Abuse, and is part of the Department for Health and Ageing. It provides policy and planning advice to the minister and the chief executive of the Department for Health and Ageing.

DASSA has:

- Established a Community Partnership Program to ensure that a 'community voice' is represented at all levels of the organisation
- Encouraged Aboriginal and Torres Strait Islander people to become members of the Community Partnership Program, resulting in a number of Aboriginal and Torres Strait Islander people nominating for membership to DASSA's Community Advisory Council

- Located Aboriginal and Torres Strait Islander flags at each main entry point to DASSA buildings, and Kaurna acknowledgements and reconciliation statements throughout the buildings in full view of visitors and the workforce
- Ensured that the DASSA Library is a welcoming place for Aboriginal people; library staff are very approachable, and have an extensive knowledge base of Australian resources, research and projects that directly relate to Aboriginal and Torres Strait Islander people.

The Community Partnership Program developed a DASSA Art Selection Panel to consider, select and purchase artwork for DASSA's premises that promotes a positive, culturally sensitive and relaxing environment for all DASSA clients and staff. Artwork selections included works from local artists from Port Augusta, Oodnadatta, Coober Pedy, Fleurieu Peninsula, APY Lands and Ceduna, reflecting the diversity of Aboriginal and Torres Strait Islander cultural groups that interact with DASSA services.



Inala Indigenous Health Services

Inala Indigenous Health Services (IIHS) is based in Brisbane and operated by the Queensland Government. It has grown from having 12 Aboriginal or Torres Strait Islander clients on its books in 1992 to having 10,000 registered Aboriginal or Torres Strait Islander patients, more than 6,000 of whom use the service regularly.

The IIHS had two significant funding grants in 2010 and 2013, which have been used to establish the South Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care.

The IIHS has:

- Engaged with community members via focus groups and telephone surveys to understand why they did not attend the service, and then developed and implemented a strategic improvement plan to attract Aboriginal and Torres Strait Islander clients to attend the service
- Made significant efforts to connect with local community members, and encourage them to contribute to the development of new spaces so they felt that they were their spaces
- Engaged local artists to produce art; and collected appropriate health posters, local art and artefacts to display at the centre, particularly in the entrance and waiting rooms
- Invited local specialists (including a cardiologist and rheumatologist) to conduct regular (often weekly) outpatient clinics at the centre instead of from the hospital; this dramatically improved clinic attendance, improved specialist cultural understanding, built trusting relationships and facilitated improved attendance at hospitals when it was required
- Increased the number of Aboriginal front-office workforce, nurses and health workers so that clients can connect with local community members at the service
- Prioritised research and teaching so that the centre and the staff are always learning
- Developed a Community Jury that reviews all research proposals and often has input into improvements in service delivery.

Top End Health Service

The Top End Health Service (TEHS) includes Royal Darwin Hospital (RDH), which has 363 inpatient beds and services a catchment of 125,000 people. It also has regional hospitals in Katherine and Gove. Fifty-four per cent of inpatients at RDH identify as Aboriginal or Torres Strait Islander. The TEHS also includes mental health services, primary health care (urban and remote) and prison health.

The TEHS has:

- Established an outdoor waiting room ('warm' waiting room) as part of a recent redevelopment of the emergency department at RDH, in response to

an Indigenous liaison officer noticing that patients were not waiting for care because they were too cold; after patients have been triaged in the emergency department, they are able to access an outdoor garden that is still formally part of the department

- Engaged local Larrakia artists (traditional owners of the land on which the hospital is built) to design colourful illustrations of native Australian animals and plants in the new paediatric wing; these illustrations are fitted on all rooms, and are prominently named in both English and the local Larrakia language.



**SALTWATER (RO)CODILE
DANGGALABA**

Reproduced with permission from the Top End Health Service



**WATERLILY
DAMBILINGGWA**

Reproduced with permission from the Top End Health Service



Hunter New England Local Health District

Hunter New England Local Health District (HNELHD) is the biggest district in New South Wales, with 27 public hospitals, 11 multi-purpose services and 42 community health services. There are 873,741 people in the district including 40,000 Aboriginal and Torres Strait Islander people (5.7% of the population). The district services 23% of the state's Aboriginal and Torres Strait Islander population. Seventy per cent of the Aboriginal and Torres Strait Islander population is under 35 years of age. The HNELHD employs 15,912 people (including 1,993 medical officers), of whom 760 identify as Aboriginal or Torres Strait Islander. The John Hunter Hospital is the largest tertiary referral hospital in the HNELHD. Other large regional referral hospitals are at Tamworth, Armidale, Maitland and Taree.

The HNELHD has:

- Engaged a group of local elders to help in planning for the new hospital to develop real and meaningful recognition and respect, and to improve cultural safety, comfort, relationships and access
- Used identifiable Aboriginal words and meanings on rooms (for example, Kameruka, Koolkuna, Nioka)
- Established an Arts and Culture Committee as part of the redevelopment
- Increased visibility of Aboriginal and Torres Strait Islander artwork and flags
- Established welcome signage at the hospital entrance and the emergency department entrance in the local language
- Introduced an exhibition featuring local Aboriginal and Torres Strait Islander artwork
- Developed a cultural garden
- Provided Aboriginal and Torres Strait Islander staff with the option of having an Aboriginal or Torres Strait Islander flag on their staff ID badge.



Action 5.8

The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

South Western Sydney Local Health District

South Western Sydney Local Health District (SWSLHD) covers a population of 820,000 people, which includes 16,500 Aboriginal or Torres Strait Islander residents. A district board oversees the operations of six acute public hospitals and 14 major community health centres.

The SWSLHD has:

- Developed a district-wide dashboard that reports on identification metrics for both emergency department and admitted patients; the organisation has set a benchmark of 0.5% for unknown Aboriginal and Torres Strait Islander status
- Undertaken targeted training in areas where identification rates did not meet benchmarks (including emergency departments and maternity units), to educate staff on how to ask the

identification question and why it is important.

The Fairfield Hospital experience is that:

- In 2012–13, the facility identified just over 100 Aboriginal patients accessing services
- A part-time Aboriginal liaison officer position was established to improve support for Aboriginal patients and referral to community-based services
- The organisation scheduled a range of cultural events at the hospital to improve the profile and awareness of Aboriginal health, and improve community links
- Aboriginal and Torres Strait Islander patient numbers increased to more than 200 in 2013–14, more than 400 in 2014–15, and 578 in 2015–16 (inpatient and outpatient services).



Drug and Alcohol Services South Australia

Drug and Alcohol Services South Australia (DASSA) is a statewide health service that offers a range of prevention, treatment and education services for all South Australians. Its mission is to develop and deliver best practice in preventing the uptake of harmful drug use, reducing the harmful effects of licit and illicit drugs, and offering pathways out of harmful drug use. DASSA is responsible to the Minister for Mental Health and Substance Abuse, and is part of the Department for Health and Ageing. It provides policy and planning advice to the minister and the chief executive of the Department for Health and Ageing.

DASSA has introduced the following procedures:

- The Alcohol and Drug Information Service (ADIS) is a telephone information, counselling and referral service for the general public, concerned family and friends, students and clinicians; clients who are seeking support from DASSA are triaged when they call the ADIS number, and are routinely asked about their Aboriginal and Torres Strait Islander status
- For ADIS callers who are triaged into a DASSA service, their Aboriginal and Torres Strait Islander status is then entered into Client Management Engine, the DASSA information system database (CME–DIS); the treating clinician is then able to ensure that a culturally appropriate service is provided
- For ADIS callers who are not triaged into a DASSA service, their Aboriginal and Torres Strait Islander status is entered directly into a separate database known as the Client Management Engine ADIS (CME–ADIS) as an informal contact for record keeping
- If a client is referred to DASSA outside the ADIS triaging process, via an external referring agency, all DASSA referral forms include the Aboriginal and Torres Strait Islander status.



Bairnsdale Regional Health Service

The Bairnsdale Regional Health Service (BRHS) hospital is a large regional hospital in east Gippsland, Victoria. It services more than 80,000 people.

The local Aboriginal communities are from the Gunaikurnai nation. The Aboriginal population of the region has historically had poor access to hospital services. The new hospital administration identified the need to improve access through stronger partnerships and better communication with the local Aboriginal communities.

The BRHS has:

- Introduced 'Asking the Question' competency training, which is mandatory for all members of the administrative and clinical workforce
- Designed and displayed posters promoting Aboriginal and Torres Strait Islander identification
- Made identification a key component of the chest pain clinical pathway as medium-risk stratification

- Implemented a system of placing an Aboriginal and/or Torres Strait Islander flag sticker on the medical record, to improve delivery of specific services (following patient consent)
- Developed Aboriginal and Torres Strait Islander-specific admission and discharge forms, which include referral to the Koori health liaison officer, and information on the general practitioner/ Aboriginal community controlled health service and Close the Gap registration (the forms are used following patient consent)
- Ensured that Aboriginal clients have direct access to the BRHS-funded Closing the Gap pharmacy script program.

This identification process has ensured that the correct pathways and discharge linkages are followed and that our community accesses the services that add value to better health outcomes. (BRHS spokesperson)

This health service organisation has received funding through the National Lighthouse Project, which supported improvements in providing cardiac care for Aboriginal and Torres Strait Islander patients. The National Lighthouse Project was undertaken by the National Heart Foundation and the Australian Healthcare and Hospitals Association, with funding from the Australian Government Department of Health.



Description of success

Table 3 provides a guide to progressive improvements in each of the areas covered by the Aboriginal and Torres Strait Islander-specific actions in the NSQHS Standards. It is designed to assist health service organisations to fully implement the actions in the NSQHS Standards (second edition). The table recognises that health service organisations will be at different stages

of implementation of these actions and so their starting place on the table will vary.

It is expected that the improvements described in the table should be achievable over a planning cycle of four to five years, although this will vary depending on the organisation and the Aboriginal and Torres Strait Islander community it serves.

Table 3: Description of successful systems

Action	Initial systems	Growing systems	Established systems
Action 2.13 – Partnering with community	<ul style="list-style-type: none"> Catchment area has been documented Partnership has been formalised with Aboriginal and Torres Strait Islander community controlled health service and/or peak body in the region Relevant Aboriginal and Torres Strait Islander groups, services and organisations have been identified, and relationships have been developed using agreed processes Elders and opinion leaders in the community have been identified and relationships are being established Local needs of the communities within the catchment area have been identified 	<ul style="list-style-type: none"> Strategies and mechanisms to directly involve representatives of the Aboriginal and Torres Strait Islander community are being used Feedback and regular communication are occurring between the health service organisation and the community Structures, mechanisms and responsibilities for maintaining an ongoing partnership with Aboriginal and Torres Strait Islander communities have been finalised Key partnerships have been formalised 	<ul style="list-style-type: none"> Sustainable mechanisms to facilitate ongoing partnerships and engagement are used and regularly monitored Priorities and strategies are reviewed in line with the strategic planning cycle (three to five years), with partners and the community Feedback and regular communication occurs between the health service organisation and the community The success of partnership arrangements are evaluated, and improvement strategies are implemented Improvements in access to health services can be demonstrated

continued



Action	Initial systems	Growing systems	Established systems
Action 1.2 – Governance and identifying priorities	<ul style="list-style-type: none"> Governing body has overseen needs assessment and gap analysis Decision-making bodies have representation from the Aboriginal and Torres Strait Islander community Health Action Plan has been developed Governing body has endorsed a reporting framework for indicators on Aboriginal and Torres Strait Islander services 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people are represented on the governing body Governing body has endorsed Health Action Plan and overseen implementation Aboriginal and Torres Strait Islander health impact statements are mandatory for development or review of all policies, major projects and strategic plans A reporting framework is in place to regularly feed back to the governing body 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people are represented on decision-making bodies Health Action Plan is reviewed, updated and endorsed by the governing body Governing body receives reports on health needs, and safety and quality issues identified by the Aboriginal and Torres Strait Islander community Governing body routinely receives reports in line with the reporting framework
Action 1.4 – Implementation and monitoring	<ul style="list-style-type: none"> Implementation of Health Action Plan has commenced Key policies and strategies have been developed Indicators are agreed, and a monitoring framework with key performance indicators (KPIs) and targets is in use Dashboard of KPIs has been reported to governing body Strategies are adequately resourced 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander health impact statement is in use Regular reporting against KPIs is occurring, with dashboards routinely discussed at senior levels of management and governing body Change champions are acknowledged and supported throughout the organisation 	<ul style="list-style-type: none"> Strategies for improving Aboriginal and Torres Strait Islander health are embedded in the organisation's systems and processes Impact on access to the health service organisation and improved health outcomes is routinely monitored and reported to the governing body, workforce and local community Implementation and monitoring systems are periodically evaluated to ensure that they are meeting the needs of the organisation and the governing body

continued



Action	Initial systems	Growing systems	Established systems
Action 1.21 – Cultural awareness and cultural competency	<ul style="list-style-type: none"> • Cultural respect framework is used to develop policy and programs • Cultural competency training has been developed, in consultation with local communities • Cultural competency is incorporated into the annual performance and review processes • All new employees participate in introductory module of cultural awareness and cultural competency training • All senior managers have completed initial cultural awareness and cultural competency training • Training program has been agreed, and schedule for implementation has been established for the workforce • Aboriginal and Torres Strait Islander employment strategy has been developed • Processes are in place for monitoring participation and effectiveness of cultural competency training 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander employment strategy has been implemented • Cultural awareness and cultural competency training is undertaken by 90% of workforce • Policy and procedures supporting Aboriginal and Torres Strait Islander employees have been developed • Monitoring and reporting on cultural competency to the governing body, workforce and local community is in place • Aboriginal and Torres Strait Islander traineeships and cadetships have been developed and implemented 	<ul style="list-style-type: none"> • Success of cultural awareness and cultural competency programs is evaluated, and improvements are implemented • Community perspective on cultural awareness and cultural competency is monitored and reported to the governing body, workforce and local community • Aboriginal and Torres Strait Islander employment strategy is operational, and embedded into the organisation’s systems and processes • Recruitment and retention rates for Aboriginal and Torres Strait Islander employees are monitored and reported against organisational targets • Training, mentoring and/or coaching programs have been implemented, are ongoing, and are embedded into the organisation’s systems and processes

continued



Action	Initial systems	Growing systems	Established systems
<p>Action 1.33 – Welcoming environment</p>	<ul style="list-style-type: none"> Partnerships have been used to identify local environment, cultural practices and beliefs relevant to the local community Factors that contribute to a welcoming environment have been documented Flags, artwork and acknowledgement plaques are in place, and celebrations of Aboriginal and Torres Strait Islander events are scheduled Community experience of health service environment is routinely measured 	<ul style="list-style-type: none"> Traditional health practices that can be incorporated into care have been identified and are in use Significant events on the Aboriginal and Torres Strait Islander cultural calendar are hosted by the organisation Existing artwork and acknowledgements are maintained and enhanced Comfortable spaces are used by Aboriginal and Torres Strait Islander patients and families Interpreter services are developed Models of care have been reviewed to make them accessible and welcoming 	<ul style="list-style-type: none"> Number of Aboriginal and Torres Strait Islander people accessing services is routinely monitored and reported Patient and family satisfaction with the environment is routinely evaluated, and reported to the governing body, workforce and local community Strategies to create a welcoming environment are evaluated, and reported to the governing body, workforce, and Aboriginal and Torres Strait Islander patients and community

continued



Action	Initial systems	Growing systems	Established systems
Action 5.8 – Identification	<ul style="list-style-type: none"> • Size and characteristics of the local Aboriginal and Torres Strait Islander population are known • Policy, procedures and protocols on Aboriginal and Torres Strait Islander identification have been developed and are in use • Information systems collecting data on identification apply the national guidelines • Training program in the collection of identification data has commenced • KPIs and targets are set, with a minimum suggested target of 70% data accuracy 	<ul style="list-style-type: none"> • Processes and accuracy of identification rates are monitored, and action is taken to drive improvements • Target is revised, with a minimum suggested target of 85% data accuracy • Training of the workforce is ongoing • Flags alerting the workforce of Aboriginal and Torres Strait Islander status are present in administrative and clinical information systems • Strategies are in place to promote the need to identify Aboriginal and Torres Strait Islander patients • Identification processes have been reviewed, and strategies are in place to increase their effectiveness 	<ul style="list-style-type: none"> • Electronic administration systems automatically populate clinical information systems with Aboriginal and Torres Strait Islander status • Target is revised, with a minimum suggested target of 97% coverage and data accuracy • Training of the workforce is ongoing • Identification processes are routinely reviewed, and reported to the governing body, workforce and community



Glossary

If appropriate, glossary definitions from external sources have been adapted to fit the context of the NSQHS Standards.

Aboriginal community controlled health service (ACCHS): an Aboriginal Community Controlled Health Service (ACCHS) is an incorporated Aboriginal organisation, which is initiated by a local Aboriginal community. ACCHSs are based in local Aboriginal communities and governed by an Aboriginal body which is elected by the local Aboriginal community. Each ACCHS delivers a holistic and culturally appropriate health service to the community which controls it.²¹

catchment: the area from which a health service organisation attracts a population that uses its services. For example, the catchment area of a small regional hospital would be the local and neighbouring communities, whereas a large metropolitan hospital may provide services to multiple local, intrastate and interstate communities.

communities: defined language groups or regional groups that reflect the diversity within the Aboriginal and Torres Strait Islander population. A specific community may be referred to.

community: a collective of Aboriginal and Torres Strait Islander people.

cultural awareness: a basic understanding of Aboriginal and Torres Strait Islander histories, peoples and cultures. There is no common accepted practice to reflect cultural awareness, and the actions taken depend on the individual and their knowledge of Aboriginal and Torres Strait Islander culture. Cultural awareness is generally accepted as a necessary first step and a foundation for further development, but not sufficient for sustained behaviour change.¹

cultural competency: a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable the system, agency or professionals to work effectively in cross-cultural situations.¹

cultural respect: the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.

Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander people, and cultural differences are respected.

It is a commitment to the principle that the construct and provision of services offered by the Australian healthcare system will not knowingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander people.

The goal of cultural respect is to uphold the rights of Aboriginal and Torres Strait Islander people to maintain, protect and develop their culture, and achieve equitable health outcomes.¹

cultural safety: identifies that health consumers are safest when clinicians have considered power relations, cultural differences and patients' rights. Part of this process requires clinicians to examine their own realities, beliefs and attitudes.

Cultural safety is defined not by the clinician but by the health consumer's experience – the individual's experience of the care they are given, and their ability to access services and to raise concerns.

The essential features of cultural safety are:

- An understanding of one's culture
- An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)
- Informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, in both the present and the past
- That its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.¹



institutionalised racism: ‘The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.’^{33,34}

systematic racism: ‘Racism that operates across political, legal, economic and social systems and is, as such, a precondition for institutional racism ... it is the policies, practices and economic and political structures which place minority racial and ethnic groups at a disadvantage in relation to an institution’s racial or ethnic majority.’³⁴



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