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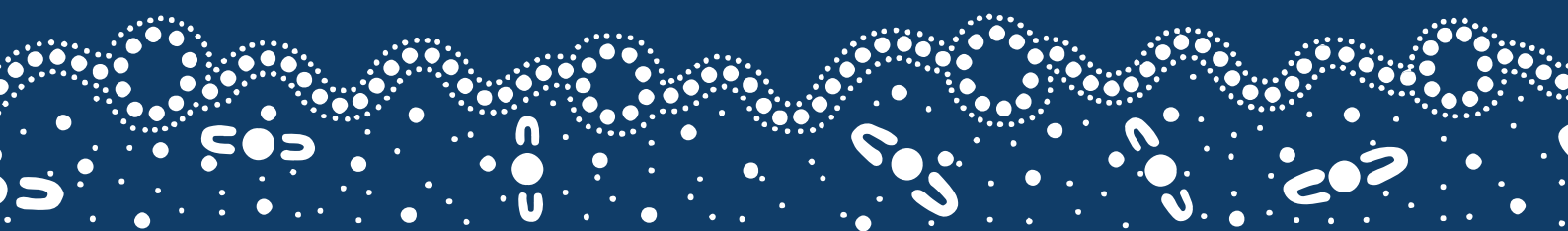
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Western NSW Primary Health Network

Cultural Safety Framework

Part 2

Evaluation Tool User Guide

Western Health Alliance Ltd (WHAL)

A Transition to Cultural Safety in Service Delivery

WHAL Culturally Safe Practice Framework

Part 2: Cultural Safety Evaluation Tool User Guide with Self Assessment Tool and FAQs

Table of Contents

Cultural Safety Evaluation Tool User's Guide

Introduction

This document is a User's Guide to the Cultural Safety Evaluation Tool, which has been prepared to complement *A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework*. The Framework itself has been prepared to support all people working with Aboriginal individuals, families and communities to acquire relevant skills and knowledges and develop capabilities that are essential for successful partnerships and action.

Goal of Framework

The underlying goal of the Framework is to facilitate access to affordable, available, appropriate and acceptable health care through delivery of primary health care within a culturally safe and responsive framework. It is important to re-read both *A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework* and the Western Health Alliance Ltd Commissioning Framework prior to working through this User's Guide.

This User's Guide documents some general information about the Evaluation Tool and its relationship to *A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework*, then provides more detailed guidance about ways in which primary health care organisations can understand and respond to each of the six Standards for Key Culturally Safe Performance Appraisal documented in the Framework. The Evaluation Tool is intended for three main purposes:

1. to support health service providers to self-assess their transformation towards cultural safety for their own capacity-development purposes;
2. to provide health service providers with a means to demonstrate their progress towards cultural safety in responding to Western NSW Primary Health Network's requests for proposals; and
3. to facilitate Western NSW Primary Health Network's ability to assess the cultural capability of tenderers for the provision of primary health care and related services in the context of its Commissioning Framework.

Please note that the term 'Aboriginal' had been used in the User's Guide, and in the Evaluation Tool itself, in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of the WNSW PHN's region. However, it is important to recognise the fundamental necessity of the provision of culturally safe primary health care both to Aboriginal peoples and to Torres Strait Islander people.

The Transformation Towards Cultural Safety

A stepwise process of transformation towards cultural safety includes:

1. CULTURAL AWARENESS is a beginning step towards understanding that there is difference. Many people undergo courses designed to sensitise them to formal ritual rather than the emotional, social, economic and political context in which people exist.

2. CULTURAL SENSITIVITY alerts students to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others.

3. CULTURAL SAFETY is an outcome of nursing and midwifery education that enables safe service to be defined by those that receive the service.[1]

[1] Ramsden, I.M. (2002), Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu, Doctoral thesis, Victoria University of Wellington

For the purposes of this Evaluation Tool, we have reinterpreted these three steps as a continuum on which primary health care service providers can plot progress in their transformation towards cultural safety. Figure 1 shows the continuum together with descriptors for each step.

Figure 1: Steps in the transformation towards cultural safety


Cultural Awareness
Understanding that there are differences between culture. Essential to patient-centred care and an essential first step on the pathway to cultural safety. A subject to object encounter.

Cultural Sensitivity
Knowing about the culture of the 'other'. Articulates the importance of respecting difference and tailoring approaches, but depends on stereotypical knowledge which tends to normalise the health professional's culture, totalise the 'other' culture, and is therefore ethnocentric - a subject to object encounter.

Cultural Safety
Ability to meet the needs of the patient within his or her own individual cultural world-view through a process of self-reflection leading to awareness of one's own cultural biases and assumptions and one's own conscious or unconscious exercise of power in the therapeutic relationship - a subject to subject encounter.

What does this mean for your organisation?
It is important to be aware that WNSW PHN does not expect all organisations participating in its commissioning framework to be able to demonstrate cultural safety during the initial phase of the commissioning cycle. We recognise that different organisations in our Region will be at differing points along the continuum, and that uneven development is likely to exist both within and between primary health care organisations. Rather, in the early stages we are looking to primary health care organisations to demonstrate a commitment to progressing along a transformation towards cultural safety. It is the WNSW PHN's expectation though, that use of the Evaluation Tool through subsequent commissioning cycles will demonstrate progress in the transformation process. We will support providers to move along the spectrum towards culturally safe primary health care provision over a period of three to five years. For the purposes of the initial commissioning cycle, WNSW PHN expects that organisations submitting proposals will, as a minimum, have attained the Cultural Awareness step on the continuum. Support, including training opportunities, will be made available during the course of the contracted service delivery phase of the commissioning cycle.

The Evaluation Tool structure

Each of the pages in the Evaluation Tool corresponds with one of the six Standards in the Framework. Figure 2 shows how each page of the Evaluation Tool is structured. The relevant Standard is re-stated at the top of the page, along with the continuum. The standard-specific criteria to be achieved are stated as bullet points. A list of possible actions or attributes an organisation might have in place to meet the criteria is also provided. Organisations can then tick the relevant actions and attributes, and will need to provide supporting evidence. Some examples of evidence are provided in this Guide. Not all actions or attributes will be relevant to every organisation and we would expect that not all boxes under any one step will be ticked. In addition, organisations may have developed other, more locally relevant actions and attributes which can be described and evidenced. The three steps in the transformation towards cultural safety are cumulative, and represent a pathway.

Figure 2: Structure of the Evaluation Tool
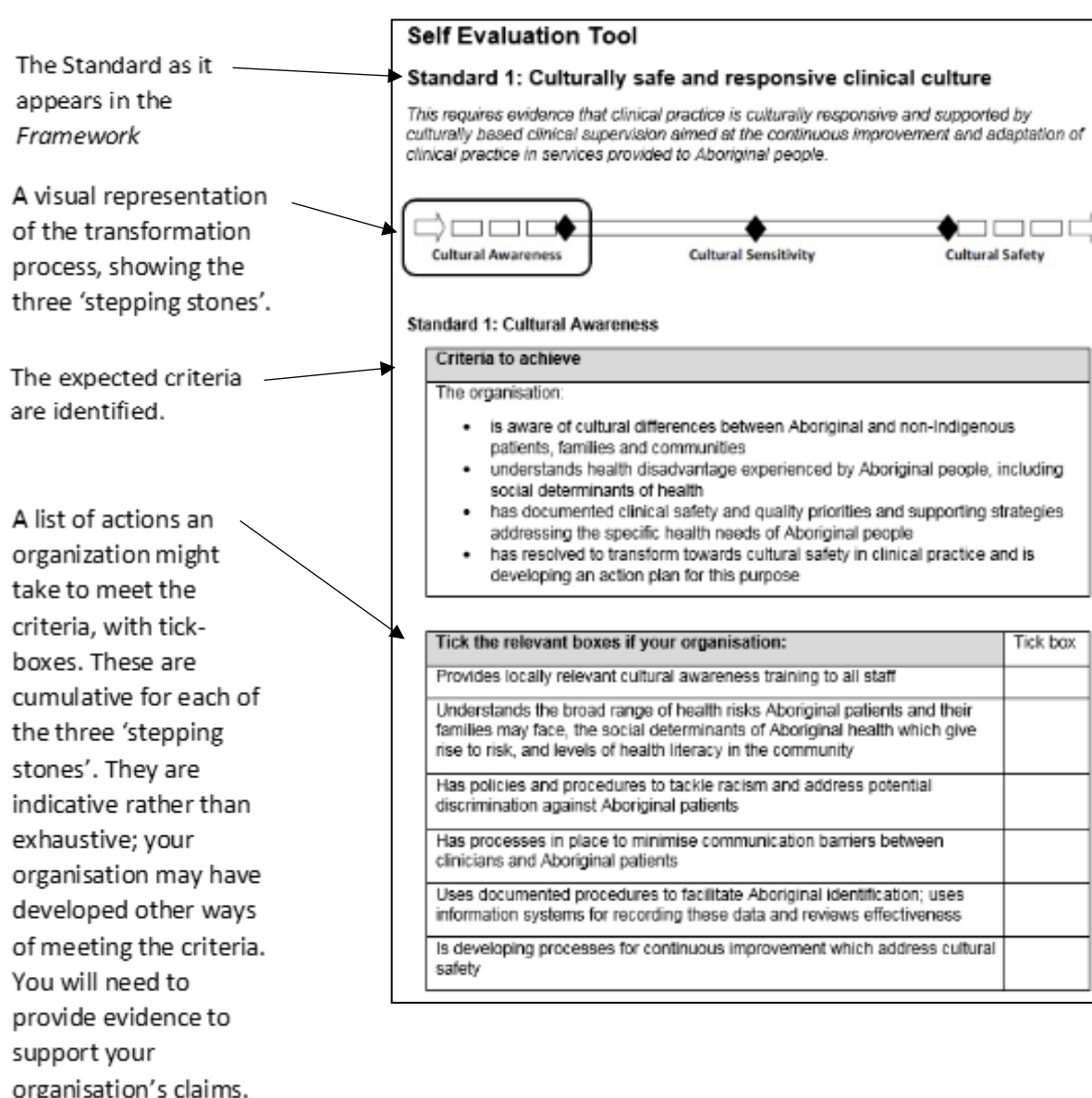
The Structure of this User Guide

The User Guide sets out, for each Standard, a narrative expanding on the meaning of the Standard, a series of questions to consider, and examples of evidence which would respond to the criteria for a culturally safe organisation identified in the Evaluation Tool.

Acknowledgements

WNSW PHN acknowledges with respect, the work of Indigenous Allied Health Australia (IAHA) in developing Cultural Responsiveness in Action: An IAHA Framework. We would like to express our gratitude to IAHA for sharing the Framework with us and allowing us to adopt a six Key Capabilities model to our specific context as the basis for development of *A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework*.

We would also like to acknowledge the document Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health: A National Approach to Building a Culturally Respectful Health System, which has informed the content of the Evaluation Tool. This document is available from the NACCHO webpage, at https://nacchocommunique.com/2016/12/14/naccho-aboriginal-health-launch-of-the-national-cultural-respect-framework-for-aboriginal-health-2016-2026/

Standard 1: Culturally safe and responsive clinical culture

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

What is this about?

Culturally safe clinical practice requires that Aboriginal patients feel safe, in their interactions with clinicians, to articulate their needs and preferences as partners in care, not just as recipients of care. Patients feel that their culture is central to the care that they receive and that they are partners in the therapeutic relationship. Patients also feel safe to comment on services they have perceived or experienced negatively and to participate in change processes. Care is person-centred; the organisation requires and supports clinicians to develop their capacity for reflective practice and to adapt their mode of practice to meet the needs of Aboriginal patients, families and communities. More specifically, clinicians are supported to develop a realistic understanding of their own cultural identity, beliefs, assumptions, values, perceptions, attitudes and expectations and the way these impact on therapeutic relationships with Aboriginal people. Arrangements in place foster commitment to continuous improvement and lifelong learning, in the understanding that cultural safety is a continuing process, not an end-point.

What does this assume?

This assumes that:

- Patients are satisfied that the clinicians working with them understand and are committed to the ideal that care is provided in the context of their family, community and culture, and therefore experience health and wellbeing services that are respectful and free from cultural stereotyping and from overt and covert personal racism.
- Clinicians understand that they themselves bring their own culture to their relationship with their patient and are able to reflect on this. Clinicians pay regard to culture and acknowledge the beliefs and health practices of their patients and do not judge patients on the basis of stereotypes. Clinicians respect patients' values and are committed to working in partnership with Aboriginal people to decolonise health care.
- The organisation has a learning culture which supports the professional and personal development of all staff through documented processes for induction, mentoring, education and continuous improvement in clinical practice. Staff are supported to develop their own critical capacity to identify and challenge their own assumptions, biases and preconceptions and to clarify their values, attitudes and expectations so as to take personal responsibility for cultural safety in the clinician-patient relationship.

How does it demonstrate Cultural Safety?

It demonstrates cultural safety through patients' feeling empowered in their relationships with health care providers. Cultural safety is multi-faceted; in the context of clinical services it implies that clinicians practice reflectively, acknowledge power relationships and provide care which is responsive to patients' culture, values and preferences. Organisations support the transformation towards cultural safety by putting in place the conditions to foster individual clinicians' ability to develop the personal and professional attributes which support the organisation's attainment of the standards identified in the WNSW PHN Cultural Safety Capability Framework. If the clinician's practice empowers the patient, then there is a high likelihood that cultural safety will result.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?

An organisation can support attainment of the Standard by:
- Ensuring that governance and management are united in shaping and promoting a corporate culture which prioritises cultural safety throughout the organisation.
- Communicating aspirations and expectations related to cultural safety in strategic and operational documents and systems.
- Proactively forming and nurturing strong partnerships with Aboriginal patients, families and communities, including through involving Aboriginal people in organisational and clinical governance and in service planning, design and oversight. This, in turn, underpins continuous improvement with a view to meeting the goals, needs and aspirations of Aboriginal peoples.
- Identifying and valuing itself as a learning organisation.
- Documenting and following systems for continuous improvement and cultural safety and for supervision, support and mentoring of personnel.
- Prioritising the development of each individual staff member's capacity, creating the environment and conditions for cultural safety.
- Requiring and supporting clinicians to cultivate the personal and professional attributes of cultural safety as documented in the WNSW PHN Cultural Safety Capability Framework.
- Ensuring that induction and CPD activities for clinicians incorporate learning focussed on culturally safe practice.

Questions to consider
- How might the clinical culture of your organisation best be described? Who 'sets' clinical culture and how does this work in practice?
- How is a commitment to cultural safety captured in the organisation's key strategic documents? How are cultural safety goals discussed and incorporated in policy and planning processes?
- Does the organisation have an Action Plan for delivering culturally safe services to Aboriginal individuals, families and communities? Is an Action Plan under development?
- How do the organisation's documented policies and procedures for continuous quality improvement incorporate adaptation of clinical practice to work towards cultural safety?
- How does your organisation handle the nexus between cultural safety and clinical risk management?
- How does the organisation engage the Aboriginal community?
- How do clinicians in the organisation shape their therapeutic approach when working with Aboriginal patients or clients?
- How are the organisation's Aboriginal patients supported to identify aspects of clinical service delivery that are culturally unsafe, and to articulate their concerns and aspirations? How are the service's staff supported to identify, question and develop solutions to clinical situations and practices which are not culturally safe? How are these processes solution-focussed?
- How does the organisation ensure its openness, and the openness of clinicians, to Aboriginal cultural beliefs, knowledges and methodologies relating to health and wellbeing? How are traditional healing practices incorporated in the model of care?

- How does the organisation understand and respond to the concept of 'healing' in the context of the trauma experienced by Aboriginal patients and their families and communities as a consequence of colonisation?
- How do clinicians address potential barriers to communication which might arise because of the differences between Aboriginal English and Standard Australian English, and because of the opacity of medical jargon? Does the service have a negotiated policy for cultural safety in the use of language?
- How do your organisation's clinicians engage with Aboriginal patients in collaborative and inclusive clinical decision-making?
- What is your organisation's approach to asking if patients identify as being and Aboriginal and/or Torres Strait Islander person? How do you explain about the need for identification and the use of identification data?
- How does the organisation support Aboriginal patients to navigate the complexities of the health care and human services system to obtain ancillary services?
- What arrangements are in place for proactive supervision and support of clinicians?
- Does the organisation have a process in place for cultural mentoring of staff, especially new staff? If so, what are the essential features of this? How, for example, are commencing clinicians supported in their orientation to the relevant Aboriginal community or communities, to support the development of cultural and social knowledge specific to the geographical area of practice?
- In what ways are the personal and professional attributes of cultural safety directly addressed in formal arrangements for clinical supervision? How are these addressed in practice?

Examples of evidence
- Narrative responses to the ticked boxes in the Evaluation Tool and to the Questions to Consider, above.
- Values and Actions documented in the organisation's Strategic Plan.
- A Cultural Safety Action Plan, whether in draft or in final form
- An Engagement Strategy documenting Aboriginal community engagement in planning, design and delivery of clinical services.
- Minutes of meetings or other relevant documentation demonstrating community engagement.
- Statements of client rights and responsibilities setting out rights to cultural safety, processes for engagement and courses of action available in the event that culturally unsafe clinical practice is identified.
- Cultural Safety Policies and Procedures.
- Clinical Policies and Procedures.
- Minutes of clinical staff meetings showing discussion relating to culturally safe clinical practice and outcomes and/or demonstrating continuous improvement and adaptation of clinical practice.
- Clinical staff induction procedures and programmes.
- Training calendar and clinical staff CPD records showing participation in formal cultural safety education.
- Policies and procedures for clinical support, supervision and mentoring.
- Policies and procedures which address cultural aspects of change management within the service.

Standard 2: Culturally responsive models of care

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

What is this about?

Cultural validation implies that models of care are subjected to a formal process of validation to ensure that the models perform as intended in the specific cultural context in which they are implemented, and that unintended adverse consequences, including a tendency to impair access to services through a lack of cultural responsiveness, do not eventuate from their adoption. Models of care, to be culturally safe, must reflect the goals, needs and aspirations of the Aboriginal communities, families and patients that the organisation serves, and also be valid in the context of the specific cultural world-view(s) of consumers of services. Models of care should thus be developed and/or validated in partnership with community to ensure that they are culturally safe, and perform as intended. Culturally safe models of care will be holistic and will reflect the needs and aspirations of Aboriginal people across all life stages. This does, of course, imply that Aboriginal community control, expressed through clinical and organisational governance structures and practices, creates the most favourable conditions for cultural safety to exist. The PHN (and the LHD) will therefore give weight in procurement processes to the claims to cultural safety of service providers which are community-controlled or are transitioning towards greater levels of Aboriginal community control. A guide which may be useful in this context, Pathways to Community Control, has been produced by the Northern Territory Aboriginal Health Forum, and is available from http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/150--interim/$FILE/150%20-%20Attachment%20D%20-%20Aboriginal%20Medical%20Services%20Alliance%20Northern%20Territory.pdf.

What does this assume?

This assumes that:

- The organisation has a process for ensuring its models of care are culturally valid in the context of the specific cultural and social context(s) of the consumers of services, their families and communities.
- Development and validation of models of care are based in engagement, collaboration and negotiation with community, and in the application of robust, culturally relevant methods of evaluation.
- Service planning and delivery is then informed by the negotiated and validated models which are evaluated to ensure that assumptions made at the design stage hold true in practice.

How does it demonstrate Cultural Safety?

Cultural validation of models of care demonstrates cultural safety through ensuring access to services tailored to the specific cultural and social circumstances of Aboriginal individuals, families and communities. Participation in validation of models empowers Aboriginal people as partners in shaping services which are culturally responsive, and has the added benefit for the organisation of ensuring resources are committed efficiently and effectively.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?

An organisation can support attainment of the Standard by:

- Valuing evidence-based practice and practising rigour in ensuring that service models are culturally valid and that outcomes are evaluated.
- Embracing the involvement of Aboriginal stakeholders in validating models of care and shaping service delivery.
- Following documented processes for validation, including for engagement with Aboriginal individuals, families and communities as partners in the process.

Questions to consider

- How does the organisation determine whether patients feel safe with models of care in place?
- How does the organisation ensure that clients/patients feel empowered to express degrees of felt risk or safety in relation to models of care and service planning and delivery?
- How does the organisation approach the need to ensure that models of care are consistent with the cultural world view and values of Aboriginal patients?
- How does the organisation accommodate cultural expectations relating to familial relationships and ties to Country in developing models of care and providing services?
- How does the organisation ensure that models of care do not stereotype Aboriginal patients?
- How does the organisation incorporate culturally validated, integrated health risk assessment and screening tools into models of care for Aboriginal patients?
- Does the organisation participate in Aboriginal-specific initiatives such as the CTG - PBS Co-payment Measure or QUMAX for prescribing; Aboriginal-specific MBS items such as the Medicare Health Assessment for Aboriginal and Torres Strait Islander People; or Integrated Team Care? If so, how is participation in these initiatives negotiated with patients and their families?
- How does the organisation account for cultural, social and economic determinants of health in developing models of care?
- How does the organisation account for gender-specific and age-specific imperatives in developing and validating models of care?
- What processes does the organisation have in place to find out about Aboriginal patients' experience of care? How does the service act on lessons learned about Aboriginal patients' experiences?
- How do clinicians know the patient feels safe in health care interactions?
- How does the organisation ensure that arrangements for patient feedback are themselves culturally safe?
- How does the organisation monitor access to and use of services by Aboriginal patients, families and communities and how are changes in service use responded to?

Examples of evidence

- Narrative responses to the ticked boxes in the Evaluation Tool and to the Questions to Consider, above.
- Protocols for cultural validation of service models.

- Policies and procedures for engagement of Aboriginal people (staff, patients, partner organisations and other stakeholders) in design of models of care and service planning and delivery.
- Instruments and other documented processes to measure health service access, use, quality, barriers and trust – consider how these, too, can be culturally validated.
- Terms of reference and business papers for an Aboriginal community reference group or advisory committee.
- Evaluation reports.
- Action plans showing service responses to evaluation reports and other service data to enhance cultural safety.

Standard 3: Culturally safe workplace

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

What is this about?

Workplace practices and workplace design, together, can create a welcoming or an alienating environment. Design elements such as use of relevant Aboriginal languages in naming spaces and programmes and displaying art works, posters and murals by Aboriginal artists can make a workplace more inviting and contribute to a sense of familiarity and connection, and therefore cultural safety. Design of reception and waiting areas can be particularly influential in this regard. Walking in to face a row of receptionists and administrative staff behind a glass partition, for instance, can feel particularly daunting. Creation of casual spaces where patients and their families feel free to chat while waiting for appointments can be helpful, but it is also necessary to consider that some patients will not wish to be observed by other members of the community when accessing services for conditions which may carry stigma, so protection of privacy must also be addressed.

Workplace practices such as having clinicians walk to waiting areas to greet patients, having patients consult first with Aboriginal Health Workers before their GP consultation, ensuring that patients' rights to have their families involved in their care are respected, and similar strategies can be considered as a means to enhancing cultural safety. Workplace practices should also include, wherever possible, the integration of specialist care into primary health care services. Working towards cultural safety through workplace design and practices may also require that some services be provided at locations other than the organisation's premises – for example, in a community centre in a discrete community. The clinical safety and WHS implications of this would need to be carefully considered and addressed.

The working environment may need to facilitate the delivery of a variety of primary health care services, possibly including medical specialist, allied health and oral health services, by a variety of providers, including by employees of and consultants to the organisation itself and by employees of partner organisations. The services offered will be designed and delivered in response to needs identified by and advocated for by the communities, so the organisation's workplace needs to be sufficiently flexible to allow the required mix of services to be delivered in ways which are responsive to the communities' cultural needs. Design fit could be considered in two ways: first, in terms of being suited to meeting the delivery of clinically safe services by the range of clinicians and community development practitioners that patients and community require; and second, in terms of whether the premises are a fit with the cultural needs of Aboriginal patients and communities.

What does this assume?

This assumes that:

- The organisation has the ability to adapt premises to enhance the comfort of patients.
- The organisation has consulted with its patients, their families and communities and taken action to adapt work practices to improve the responsiveness of the organisation to the communities' cultural needs.
- The organisation's workplace is fit for purpose, can be used flexibly and that the organisation is able to access resources to accommodate the range of services

desired by the communities while meeting the requirements of clinical and cultural safety.

How does it demonstrate Cultural Safety?

Creation of an environment supportive of cultural safety indicates to patients and communities that the organisation is focussed on cultural safety as an essential element of its core business. Cultural safety is enhanced through Aboriginal patients, families and communities feeling a degree of control over, and comfort with, their physical environment, and through the way the environment is used by health service personnel to create a sense of welcoming, respectful and inclusive relationships.

Cultural safety is also demonstrated by responsiveness to the community's expressed needs through supporting service providers to deliver culturally responsive services. Aboriginal patients' willingness to take up services and partner organisations' desire to deliver services through the organisation's premises as a way to maximise contact with the Aboriginal community are both evidence of cultural safety in this regard.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?

An organisation can support attainment of the Standard by:
- Embracing the involvement of Aboriginal patients, families and communities in designing workplaces and shaping workplace practices.
- Being open to making changes to enhance the comfort of the community in accessing services.
- Being prepared to follow up resources for this purpose.
- Acting on its willingness to optimise the use of infrastructure to meet the holistic needs of is patients and communities through taking a flexible approach.
- Being open to the ideas of its own personnel and the staff of partner organisations in relation to adaptive measures to enhance culturally safe service delivery.

Questions to consider
- How has the organisation consulted with its patients, their families and communities to find out about their cultural comfort in relation to the physical design of the workplace, and the way it is used by staff and other patients? What are the outcomes?
- What physical design elements have been incorporated to make the workplace welcoming for Aboriginal patients, their families and community, and also for Aboriginal personnel?
- How does the reception area present a welcoming environment for Aboriginal patients and community?
- How does the workplace protect patient privacy?
- How does the service physically accommodate patient needs or desires to have family members (including children) accompany them to appointments?
- How are work practices, in the context of the physical layout of the workspace, designed to make patients feel comfortable?
- Is the community also a workplace? Has a need been identified for services to be provided in locations in the community, such as outreach services to outlying centres, or on discrete settlements such as former reserves? If so, how has this need been met? Does the organisation have the capacity to deliver services off-site (through

example, using a 'health bus' or working from a community centre)? What logistics are involved?

- How can the organisation respond flexibly to the practical and cultural needs of community using the physical and financial resources available?
- Does the service work in partnership with other service providers? If so, what does this involve in terms of service delivery in each other's workplace? How does this contribute to cultural safety?
- How can the assets of the organisation be utilised to support the delivery of services which are both clinically and culturally safe?

Examples of evidence
- Narrative responses to the ticked boxes in the Evaluation Tool and to the Questions to Consider, above.
- Records of consultation relating to workplace design and practices.
- Description of actions taken to improve workplace design and practices in response to patient and community preferences.
- Examples of culturally relevant promotional material publicising the organisation's practical responses to outcomes of participatory planning processes.
- Policies and procedures relating to work practices in the context of the organisation's premises.
- Policies and procedures relating to provision of outreach services by personnel of the organisation in locations other than the organisation's premises.
- Strategic plans and action plans, setting out strategy in relation to development and delivery of the range of culturally responsive services to meet needs identified by communities.

Standard 4: Policy and procedure cultural audit

This requires evidence of a continual cultural audit of and cultural adaptation in the use of all policies and procedures where these policies or procedures affect the delivery of primary health care services to Aboriginal people.

What is this about?

A commitment to continuous quality improvement implies an ongoing process of review and modification of policies and procedures to support clinical safety in service delivery. The transition to cultural safety requires a parallel process of audit and adaptation of policies and procedures to support the culturally safe delivery of primary health care services to Aboriginal people.

What does this assume?

This assumes that:
- The organisation is committed to a transition to cultural safety and is willing to apply the same critical processes to this transition as it does through continuous quality improvement to clinical safety.
- The organisation is prepared to designate a staff member or a staff group as responsible for ongoing cultural audit.
- There is a documented procedure for implementation of adaptive measures identified in cultural audit processes.

How does it demonstrate Cultural Safety?

It demonstrates the commitment of the organisation to putting in place the management support systems necessary to underpin the transition to cultural safety.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?

An organisation can support attainment of the Standard by:
- Demonstrating commitment to cultural safety in primary health care service delivery to Aboriginal people in core operational documentation.
- Fostering an organisational culture which supports continuous quality improvement.
- Committing resources to ongoing cultural audit and service adaptation.

Questions to consider
- How does the organisation identify which policies and procedures affect the delivery of primary health care services to Aboriginal people?
- How is Aboriginal community input obtained in response to cultural audit findings and how is guidance obtained in relation to design and implementation of adaptive measures where relevant?

Examples of evidence
- Narrative responses to the ticked boxes in the Evaluation Tool and to the Questions to Consider, above.
- Policies and Procedures Manual documenting the process and schedule for cultural audit and cultural adaptation.
- Minutes of discussions within board meetings, staff meetings, community reference group or advisory committee meetings, as relevant, in relation to cultural audit findings and cultural adaptation.

- Newsletters or other forms of reporting to community and staff advising of cultural audit findings and cultural adaptation measures being undertaken.

Standard 5: Cultural community engagement

This requires evidence that the appropriate Aboriginal communities are actively involved in consultation, service design and service delivery planning. In addition, evidence of continual proactive dialogue with the appropriate local Aboriginal communities will be required as it relates to the delivery of individual clinical interventions.

What is this about?

Participation of individuals and communities is a fundamental principle of primary health care. It allows people to take control of their health care and provides a means for people to define their own needs and identify how those needs might best be met. Engagement of Aboriginal communities on their own terms provides the means for this principle to be acted on in ways which promote cultural safety. The appropriate Aboriginal communities are the communities in which the organisation provides services. It is important to be aware that the way 'community' is generally used (as a collective noun for all Aboriginal people living in a geographical locality) may not adequately recognise the history of dispossession and forced migration which caused people with disparate origins, affiliations and interests to be located together. The organisation thus needs to be guided as to the Aboriginal communities of interest to be engaged. It is important to recognise diversity and to be aware of the legacy of colonialism.

The cultural definition of Aboriginal health documented in the National Aboriginal Health Strategy 1989 is as follows:

> '**Aboriginal health**' means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.
>
> Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this bring about the total well-being of their community.

This definition makes explicit the connection between the health of the individual and the wellbeing of the community. Cultural safety depends on organisations understanding this connection and undertaking ongoing dialogue with communities in relation to the health of individuals. This does not imply that the health of individual patients is a routine subject for discussion between the health service provider and the community; this clearly has the potential to compromise patient confidentiality (unless an individual patient specifically requests the provider to consult with members of an approved cultural group). It means that the organisation must be proactive in initiating and continuing a dialogue about the ways in which clinical interventions are delivered to individuals within the community more generally, using appropriate frameworks for engagement.

What does this assume?

This assumes that:
- The service as a whole, and individual personnel, seek and acquire detailed cultural and social knowledge of local and regional communities. Cultural mapping of Aboriginal family and groups may be used, with sensitivity, to assess needs and develop culturally responsive services.
- Processes for engagement will recognise and account for the social structure(s) of the relevant communities and will ensure that recognised Elders are involved and

that needs for separate engagement process for men, women and young people are identified and incorporated.

- Processes for engagement, as well as consultative processes related to service planning, are negotiated, not imposed.
- The organisation and its personnel have a culturally competent understanding of the linkages between individual health and the wellbeing of the community.

How does it demonstrate Cultural Safety?

Culturally safe service delivery is framed in terms of locating control with the individual and community rather than with the clinician or the health care organisation. The community are partners, not simply passive consumers, and management of strategic processes is shared. Cultural safety has an explicit focus on the experience of the recipient of care in relation to feelings of being safe in health care interactions. An ongoing dialogue with the communities about the delivery of individual clinical interventions provides a valuable form for communication about the experiences of individual patients and their families.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?

An organisation can support attainment of the Standard by:
- Developing a culture which fosters genuine partnership with Aboriginal individuals, families and communities at all levels within the organisation.
- Articulating a compelling vision for its future in partnering with Aboriginal individuals, families and communities and thus identifying cultural safety as an essential element of core business.
- Collectively and individually holding and modelling values around the negotiation and provision of culturally safe services to Aboriginal people.
- Developing and implementing realistic strategies relating to engagement with Aboriginal people.
- Demonstrating a well-developed capacity to listen respectfully and accommodate the culturally produced views of its Aboriginal partners.
- Devoting time and resources to developing respectful, robust, durable relationships with Aboriginal individuals, families, organisations and communities.
- Demonstrating genuine interest in the personal experiences of individual patients and their families in the therapeutic relationship.

Questions to consider
- How does the organisation foster a sense of Aboriginal community ownership of the service?
- How is the organisation's commitment to building partnerships with Aboriginal people expressed in its strategic documents?
- What partnerships are in place with (other) Aboriginal organisations?
- How might community and individual participation best be achieved?
- What are the organisation's strategies for relationship-building with Aboriginal communities?
- How does the organisation learn about community and cultural protocols around leadership, communication and representation? How are lessons learned documented, communicated to staff, and acted upon?
- How does the organisation know what the communities' needs, aspirations and priorities are?

- How are the Aboriginal communities engaged in the planning and design of services?
- How does the organisation involve Aboriginal people at a governance level?
- How do the organisation's outreach staff represent the organisation to the community?
- Does the organisation organise and/or participate in events which celebrate and recognise Aboriginal culture, such as NAIDOC events?
- What Aboriginal cultural protocols are routinely observed by the organisation?
- What pathways are in place to support ongoing dialogue between the organisation and communities about ways in which the organisation meets the clinical needs of individuals?
- How does the organisation act on feedback from the community in relation to the delivery of individual clinical interventions? How does it communicate this to the community?
- How can clinicians facilitate individual and community engagement in practice?
- How can clinicians provide accessible information in culturally relevant ways to support Aboriginal people to make fully informed decisions about their health and health care?

Examples of evidence
- Narrative responses to the ticked boxes in the Evaluation Tool and to the Questions to Consider, above.
- Documented protocols for community engagement.
- Formal or informal agreements with (other) Aboriginal organisations.
- Calendars and business papers relating to meetings of reference groups, community advisory committees, Community Working Parties, Elders' councils and similar engagement bodies.
- Documentation reporting back to community the outcomes of community engagement processes and actions taken in response.
- Minutes of meetings and other consultations specifically addressing the delivery of individual clinical interventions.
- Policies and procedures relating to responsive avenues for feedback regarding treatment from patients and their families.
- Evidence of feedback being received and acted upon.

Standard 6: Cultural workforce planning and management

This requires evidence that affirmative action workforce planning and implementation strategies are in place to support and foster the increased participation of Aboriginal people in the health workforce. This includes culturally adaptive supervisions and workplace performance appraisals.

What is this about?

Participation of Aboriginal people in the health workforce is, in itself, a step towards economic equity and social justice for Aboriginal people. However, the presence of Aboriginal personnel is also a critical enabling factor for cultural safety. Aboriginal staff, both clinical and non-clinical, bring valuable culturally specific attributes, knowledge and skills to the organisation.

Supervision, support, workplace mentoring and performance appraisals need to maintain a focus on developing the capabilities of all personnel (Aboriginal and non-Aboriginal) to work towards a culturally safe workplace. In relation to Aboriginal personnel, this will require that supervisors and managers have regard to the employee's culture and adapt their approach to supervision, support, mentoring and appraisal accordingly. It is important to realise that Aboriginal health service personnel may well be experiencing the same distressing issues in their personal lives that they are addressing for patients and their families in the workplace. Personnel management policies and procedures should recognise and respond to this. For all personnel, supervision and workplace performance appraisal should take into account employees' needs in relation to the organisation's transition to cultural safety. This will include making provision for professional development, through in-service training, seminars, online learning, conference participation and other educational opportunities to be provided to employees; particularly those in front-line positions.

What does this assume?

This assumes that:
- The organisation is committed to equity and actively seeks to recruit and foster the professional development of Aboriginal staff.
- All personnel within the organisation understand and value the importance of the culturally specific attributes knowledge and skills which Aboriginal clinicians and non-clinical personnel bring to the organisation.
- The organisation has in place a suite of personnel management policies and capabilities targeted towards meeting the professional development, support and supervision needs of all staff in a culturally safe way.
- The organisation operates with a degree of flexibility in the way that staff are managed and supervised such that employees (particularly Aboriginal employees) can be supported to meet their cultural and community obligations.

How does it demonstrate Cultural Safety?

It demonstrates a commitment at an organisational level to cultural safety through providing proactive support to each member of staff to develop the personal and professional attributes and skills necessary to provide culturally safe services; to meeting the needs of Aboriginal patients, their families and communities through employment of Aboriginal staff; through developing individual Aboriginal employees through a culturally safe model of supervision and workplace conditions; and through a commitment to equity in employment policy and practices.

Culturally safe provision of primary health care is facilitated if Aboriginal health personnel work with patients across all areas and all levels of the health service. It can be particularly important for the sustainability of health service providers in geographies characterised by personnel recruitment and retention challenges to safeguard capacity for culturally safe services by developing a 'grow-your-own' workforce.

What key characteristics, attributes, systems and processes in the organisation would support attainment of the Standard?
- Documenting, demonstrating, evaluating and reporting on its commitment to employment equity for Aboriginal people.
- Developing and implementing strategy and documenting supporting policy and practice for affirmative action.
- Being proactive in relation to developing high-level skills in all its personnel and, particularly, to developing a highly skilled Aboriginal clinical workforce.
- Valuing the professional, cultural and personal attributes of its Aboriginal staff and puts these attributes to the best and highest use in delivering culturally safe services.
- Embracing flexibility in its policies and procedures for personnel management.
- Structuring, supporting and developing its workforce to maximise cultural safety both for its staff and for its patients and their families and communities.

Questions to consider
- How does the workplace culture provide a safe and nurturing environment for Aboriginal employees?
- How does the service articulate its commitment to increasing Aboriginal participation in the health workforce through its strategic documents?
- What processes does the service have in place to develop its clinical and non-clinical Aboriginal workforce?
- Does the service have a policy in relation to 'growing its own' professional workforce? If so, how does this translate in practical terms to skilling Aboriginal people to take professional clinical and community development roles in the organisation?
- Does the service experience recruitment and retention challenges? If so, could a 'grow-you-own' model be a possible solution?
- How does the service ensure that the skills of Aboriginal Health Workers are utilised to the maximum extent possible, including in service planning, design and delivery and in a community development context?
- How does the organisation tailor its personnel management practices to meet the needs of all staff in a way that is culturally relevant to each staff member?
- What training is needed for all personnel to support the transition to cultural safety at the dual scales of the individual employee and the organisation?
- How does the design of performance appraisal documentation (self-assessment and manager appraisal) foster cultural safety both for employees and for patients, their families and communities?
- What arrangements for cultural mentoring might be required to support employees? How might this best be put in place?
- How can non-Aboriginal clinical staff be assisted to develop a heightened awareness of ways in which their own cultural perspective, privilege and power may impact on culturally safe service delivery to Aboriginal patients, their families and communities?
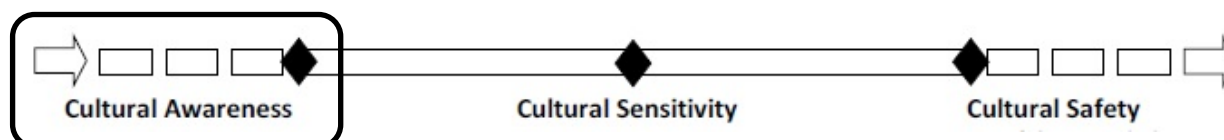
Examples of evidence

- Strategic plans, action plans, policies and procedures setting out affirmative action strategies and actions.
- Personnel recruitment policies and procedures.
- Workforce data showing levels of Aboriginal participation, positions held, and change over time.
- Personnel management policies.
- Training calendars.
- Documentation relating to employees' participation in training.
- Performance appraisal documentation.

Self Evaluation Tool

Standard 1: Culturally safe and responsive clinical culture

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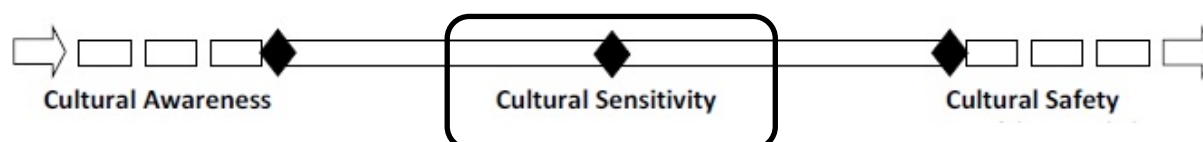

Standard 1: Cultural Awareness

Criteria to achieve
The organisation: • is aware of cultural differences between Aboriginal and non-Aboriginal patients, families and communities   • understands health disadvantage experienced by Aboriginal people, including social determinants of health   • has documented clinical safety and quality priorities and supporting strategies addressing the specific health needs of Aboriginal people   • has resolved to transform towards cultural safety in clinical practice and is developing an action plan for this purpose

Tick the relevant boxes if your organisation:	Tick box
Provides locally relevant cultural awareness training to all staff	
Understands the broad range of health risks Aboriginal patients and their families may face, the social determinants of Aboriginal health which give rise to risk, and levels of health literacy in the community	
Has policies and procedures to tackle racism and address potential discrimination against Aboriginal patients	
Has processes in place to minimise communication barriers between clinicians and Aboriginal patients	
Uses documented procedures to facilitate Aboriginal identification; uses information systems for recording these data and reviews effectiveness	
Is developing processes for continuous improvement which address cultural safety	

Self Evaluation Tool

Standard 1: Culturally safe and responsive clinical culture

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

Standard 1: Cultural Sensitivity
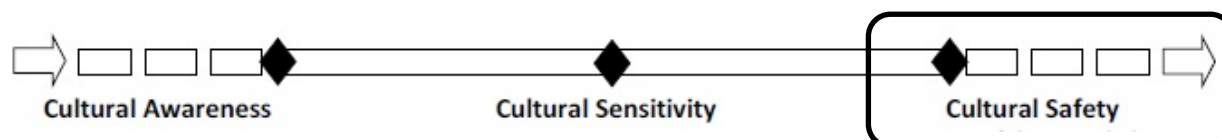
Criteria to achieve
In addition, the organisation: • has developed a Cultural Safety Action Plan and is actively transforming towards cultural safety • has researched and can describe the history and contemporary circumstances of the Aboriginal communities it works with • engages proactively with the Aboriginal communities it serves • communicates its aspirations for culturally safe clinical safety in strategic and operational documents and systems

Tick the relevant boxes if your organisation:	Tick box
Has developed a Cultural Safety Action Plan and is implementing and evaluating it	
Incorporates learning focussed on cultural safety in induction and CPD activities for clinicians	
Documents and implements a strategy to identify and respond to the specific needs of the Aboriginal communities you serve and patients you see	
Tailors therapeutic approaches when working with Aboriginal patients, including through co-ordinated, multidisciplinary care	
Ensures clinicians communicate information in culturally relevant ways to support Aboriginal patients and their families to make informed decisions about their health and health care	
Has documented systems for proactive supervision and mentoring of clinicians which include a focus on transforming towards cultural safety	

Self Evaluation Tool

Standard 1: Culturally safe and responsive clinical culture
This requires evidence that clinical practice is culturally responsive and supported by culturally based clinical supervision aimed at the continuous improvement and adaptation of clinical practice in services provided to Aboriginal people.

Standard 1: Cultural Safety

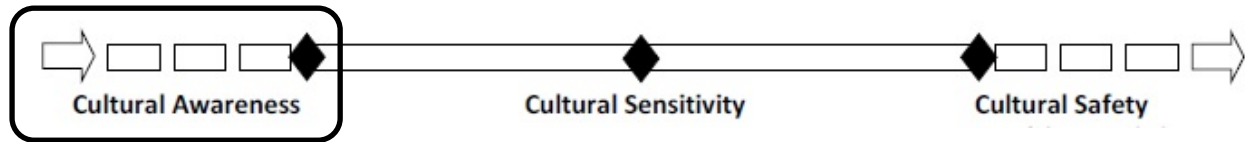| Criteria to achieve |
|---|
| In addition, the organisation:

• captures its commitment to, and practices cultural safety, through documenting a comprehensive approach in its key strategic and operational documents
• involves Aboriginal people in organisational and clinical governance and in service planning, design and oversight
• supports clinicians to transform towards cultural safety at an individual level
• is committed to work in partnership with Aboriginal people to decolonise health care |

Tick the relevant boxes if your organisation:	Tick box
Has a whole-of-organisation culture which values cultural safety across the organisation and reflects this in your strategic and operational documents	
Has formed strong partnerships with Aboriginal patients, families and communities with a view to identifying and meeting their goals, needs and aspirations	
Requires and supports individual clinicians to develop the personal and professional attributes of cultural safety	
Ensures that Aboriginal patients feel their culture is central to the care they receive and that they are partners in the therapeutic relationship	
Consistently pays regard to culture and acknowledges the beliefs and health practices of patients in all clinical services	

Self Evaluation Tool

Standard 2: Culturally responsive models of care

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

Standard 2: Cultural Awareness

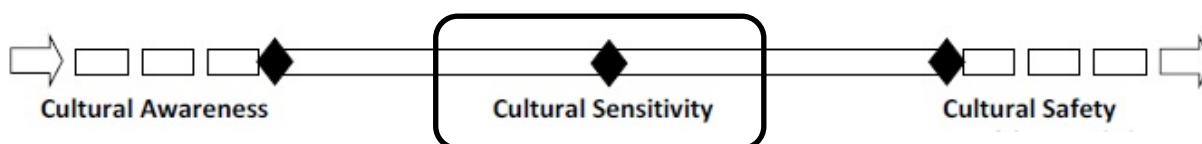| Criteria to achieve |
| --- |
| The organisation:

 • is committed to acting on the knowledge that Aboriginal patients, families and communities have culturally specific needs in relation to models of care and reflects this in its strategic documents
 • values evidence-based practice and has articulated the strategic intent to enter into a process of cultural validation of models of care in partnership with the Aboriginal community
 • is developing strategy to guide the design and implementation of models of care which are holistic and reflect the needs and aspirations of Aboriginal people across all life stages |

Tick the relevant boxes if your organisation:	Tick box
Routinely evaluates outcomes from models of care, relates outcomes to the characteristics of the models and makes adjustments where appropriate	
Is commencing documentation of continuous improvement systems which address cultural validation of models of care	
Is designing processes to find out about Aboriginal patients' experiences, including sense of safety with models of care	
Is commencing background research to explore current thinking around models of care which may be relevant for Aboriginal people	
Uses culturally validated, integrated screening tools to assess Aboriginal patients' health risks	
Participates in Aboriginal-specific MBS and PBS health initiatives	

Self Evaluation Tool

Standard 2: Culturally responsive models of care
Demonstration that all models of care have been culturally validated and promote a culturally safe service planning and delivery framework for services to Aboriginal people.
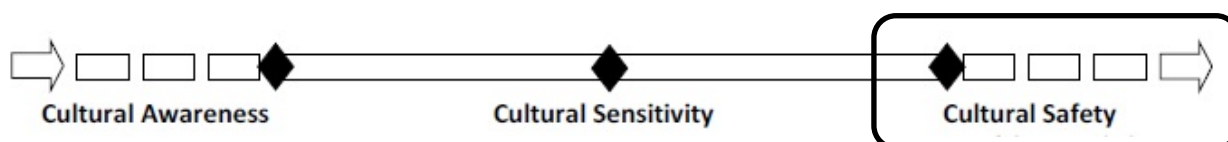

Standard 2: Cultural Sensitivity

Criteria to achieve
In addition, the organisation: • has commenced cultural validation of service models • embraces involvement of Aboriginal stakeholders in validating models of care and shaping service delivery • ensures that development of service models accounts for the cultural, social, historical and economic circumstances of Aboriginal patients, families and communities

Tick the relevant boxes if your organisation:	Tick box
Has documented protocols for cultural validation of service models, including policies and procedures for consultation with Aboriginal stakeholders	
Service development to specific knowledge about the circumstances of the local Aboriginal community	
Has in place culturally sensitive processes to obtain gather perspectives from Aboriginal patients, families and communities about their experience of care and acts on lessons learned from feedback	
Monitors access to and use of services by Aboriginal patients, families and communities and responds proactively to changes in levels of service use	
Has processes in place for timely response to specific health issues identified by the Aboriginal community	
Can demonstrate interventions are co-ordinated and multi-disciplinary, and reach across services	

Self Evaluation Tool

Standard 2: Culturally responsive models of care

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

Cultural Awareness   Cultural Sensitivity   Cultural Safety

Standard 2: Cultural Safety

Criteria to achieve
In addition, the organisation: • has mature, documented processes to ensure its models of care are culturally valid in the specific cultural and social context(s) of patients, their families and communities • engages, collaborates and negotiates with and is accountable to Aboriginal patients, families and community as partners to provide the basis for development and validation of models of care • applies robust, culturally relevant models of evaluation of models of care

| Tick the relevant boxes if your organisation:	Tick box
Has in place a well-established engagement framework, such as a permanent Aboriginal Community Reference Group with representation from Aboriginal patients, staff, partner organisations and community members	
Actively engages with Aboriginal stakeholders as partners in service model performance measurement and evaluation in accordance with documented protocols for cultural validation, and formally records and acts on outcomes	
Can demonstrate how Aboriginal stakeholder engagement directly shapes service models	
Has documented processes demonstrating how service models are responsive to cultural imperatives such as familial relationships, ties to country and social determinants	

Self Evaluation Tool

Standard 3: Culturally safe workplace

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

Cultural Awareness — Cultural Sensitivity — Cultural Safety
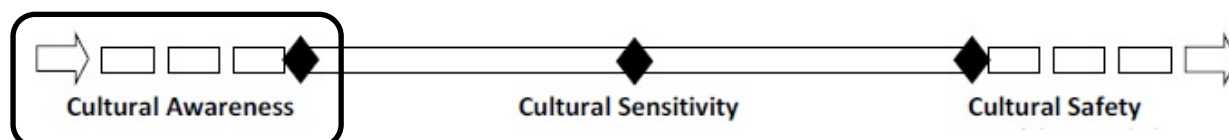
Standard 3: Cultural Awareness

Criteria to achieve
The organisation: • is scoping measures to ensure that workplace design creates a welcoming environment for Aboriginal people • is adjusting work practices to enhance the cultural comfort of Aboriginal patients and their families • is progressively documenting policies to ensure that the workplace environment and practices are culturally responsive and contribute to patient access and sense of welcome

| Tick the relevant boxes if your organisation:	Tick box
Acknowledges Aboriginal culture through, for example, displaying Aboriginal health posters, works by Aboriginal artists and/or using appropriate words from local Aboriginal language(s) for naming spaces and programmes	
Acknowledges the local Aboriginal community or communities through display of the Aboriginal flag, a Statement of Reconciliation, and/or an acknowledgement of country, for example	
Has considered the reception area layout and travel paths to maximise cultural comfort for Aboriginal patients and their families (including through acknowledging and managing gender and privacy issues)	
Participates in events such as NAIDOC Week and Sorry Day activities	

Self Evaluation Tool

Standard 3: Culturally safe workplace

This requires evidence that workplace practices and workplace design create an environment that supports and responds to the cultural safety of Aboriginal people receiving services, and where all service providers can develop and deliver culturally responsive services.
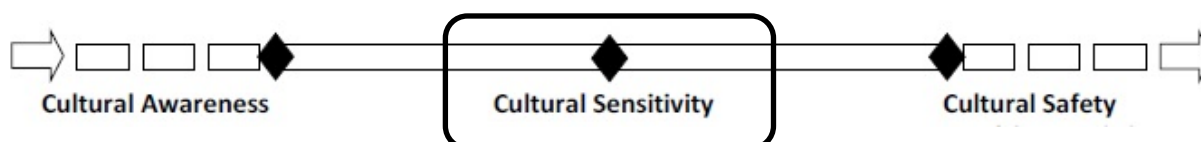
Standard 3: Cultural Sensitivity

Criteria to achieve
In addition, the organisation: • is consulting with Aboriginal patients, families and communities to learn about cultural comfort in relation to workplace design and practices, and acting on lessons learned • is making physical changes, wherever possible, to adjust the workplace environment to maximise cultural comfort for Aboriginal patients and their families • is open to partnership approaches to maximise access for Aboriginal patients to a broad range of services and programmes in a culturally safe environment

| Tick the relevant boxes if your organisation:	Tick box
Has in place culturally sensitive processes to obtain feedback from Aboriginal patients, families and communities about workplace practices and design	
Is in the process of making adjustments to the physical environment, for example, to provide access to facilities and outside spaces to meet the needs of families and respond to privacy and gender protocols	
Designs work practices, in the context of the physical layout of the workspace, to make patients feel comfortable (for example, by ensuring that clinicians walk to waiting areas to greet Aboriginal patients and by accommodating patient needs to have family members accompany them to appointments)	

Self Evaluation Tool

Standard 3: Culturally safe workplace

This requires evidence that workplace practices and workplace design create an environment that supports and responds to the cultural safety of Aboriginal people receiving services, and where all service providers can develop and deliver culturally responsive services.
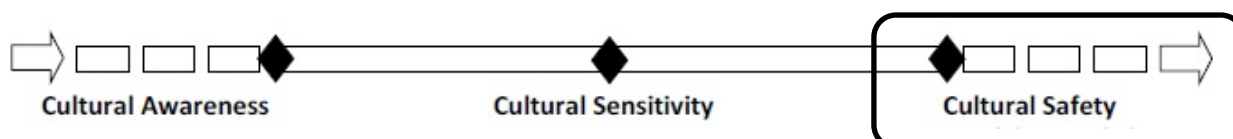
Standard 3: Cultural Safety

Criteria to achieve
In addition, the organisation: • actively engages Aboriginal people in workplace design and shaping workplace practices • provides outreach services as appropriate • ensures that its premises can be used flexibly to maximise access to a broad range of health and related services

Tick the relevant boxes if your organisation:	Tick box
Routinely engages with Aboriginal stakeholders to ensure that the workplace environment and workplace practices provide cultural safety for patients and their families	
Has made all changes possible to the workplace environment to create a welcoming atmosphere for Aboriginal patients and families	
Routinely involves Aboriginal staff, especially AHWs, in welcoming Aboriginal patients to the service	
Provides services in other locations identified by the community where this maximises access to services	
Partners with other organisations to maximise Aboriginal patients' access to a broad range of services in a culturally safe environment	
Integrates specialist services into primary health care where possible to optimise patient access to services delivered in culturally safe spaces and with culturally safe workplace practices	

Self Evaluation Tool

Standard 4: Policy and procedure cultural audit

This requires evidence of a continual cultural audit of and cultural adaptation in the use of all policies and procedures where these policies or procedures affect the delivery of primary health care services to Aboriginal people.
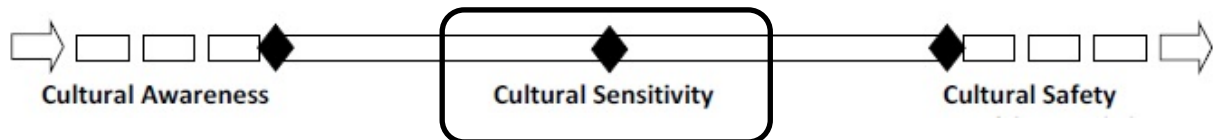

Standard 4: Cultural Awareness

Criteria to achieve
The organisation: • is committed to continuous quality improvement and reflects this commitment through review and revision of its policies and procedures • is open to the knowledge that policies and procedures may have a direct impact on the cultural safety of Aboriginal patients, families and communities • accepts that a continual cultural audit of and cultural adaptation is necessary to ensure that the organisation's operational documentation is consistent with a strategic intent to transform towards cultural safety

Tick the relevant boxes if your organisation:	Tick box
Has a documented process in place for regular review and revision of your policies and procedures	
Is designing systems and processes for review of specific aspects of the organisation's policies and procedures which affect the delivery of primary health care services to Aboriginal people and their adequacy to promote cultural safety within your organisation	
Is putting in place an engagement strategy to work systematically through a cultural audit of your policies and procedures (for example, by establishing a working group which includes and prioritises the perspectives of Aboriginal personnel)	

Self Evaluation Tool

Standard 4: Policy and procedure cultural audit

This requires evidence of a continual cultural audit of and cultural adaptation in the use of all policies and procedures where these policies or procedures affect the delivery of primary health care services to Aboriginal people.

Cultural Awareness   Cultural Sensitivity   Cultural Safety

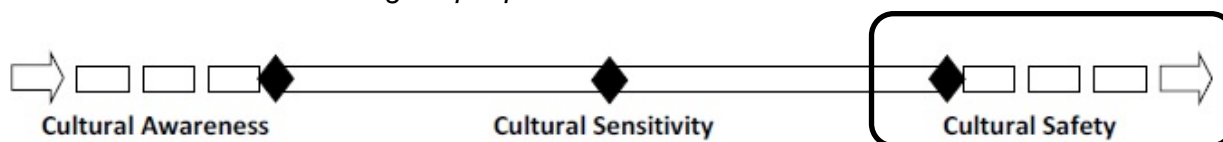### Standard 4: Cultural Sensitivity

Criteria to achieve
In addition, the organisation: • has documented and commenced a process of cultural audit and cultural adaptation in the use of policies and procedures which affect, or have the potential to affect, the delivery of primary health care services to Aboriginal people • has committed the necessary resources to undertake this continual process of audit and adaptation, including providing opportunities for Aboriginal engagement in the process

Tick the relevant boxes if your organisation:	Tick box
Has established a process for cultural audit and cultural adaptation of policies and procedures, including through setting up a consultative framework with representation by Aboriginal personnel, and has commenced ongoing audit and adaptation activities in accordance with your Cultural Safety Action Plan	
Is undertaking a first pass through your policies and procedures to identify those policies and procedures which affect, or have the potential to affect, the delivery of primary health care services to Aboriginal people	
Has commenced documenting and implementing adaptive measures to adjust policies and procedures where indicated to support the organisation's transformation towards cultural safety	

Self Evaluation Tool

Standard 4: Policy and procedure cultural audit

This requires evidence of a continual cultural audit of and cultural adaptation in the use of all policies and procedures where these policies or procedures affect the delivery of primary health care services to Aboriginal people.

Cultural Awareness   Cultural Sensitivity   Cultural Safety

Standard 4: Cultural Safety

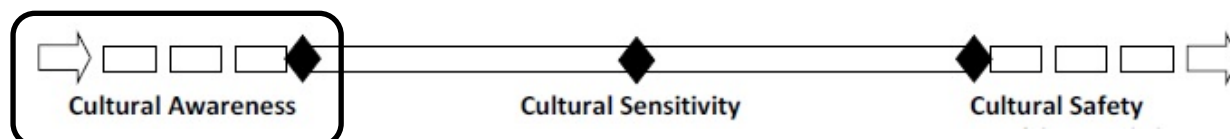| Criteria to achieve |
| --- |
| In addition, the organisation:

• has in place well-developed management support systems necessary to underpin the transformation to cultural safety
• has absorbed the process of cultural audit and cultural adaptation of policies and procedures into core business
• recognises that cultural safety is as important as clinical safety in its approach to continuous quality improvement |

Tick the relevant boxes if your organisation:	Tick box
Has a documented process for systems adaptation	
Is, as a matter of routine, undertaking a continuing process of cultural audit and cultural adaptation of policies and procedures where these affect the delivery of primary health care services to Aboriginal people	
Is obtaining input through your established Aboriginal engagement framework to inform the process of adapting policies and procedures as a critical element of the audit and adaptation process	
Has tasked a staff member or staff group, as appropriate, with designated responsibility for ongoing cultural audit and has provided the resources to do so	
Champions the audit and adaptation process through oversight at governance and executive levels	

Self Evaluation Tool

Standard 5: Cultural community engagement

This requires evidence that the appropriate Aboriginal communities are actively involved in consultation, service design and service delivery planning. In addition, evidence of continual proactive dialogue with the appropriate local Aboriginal communities will be required as it relates to the delivery of individual clinical interventions.

Standard 5: Cultural Awareness

Criteria to achieve
The organisation: • recognises the importance of participation of individuals and communities as a fundamental principle of primary health care • is committed to building partnerships with Aboriginal people and has documented its strategic intent to engage with Aboriginal communities around service planning, design and delivery • has commenced a process of identifying the appropriate Aboriginal communities of interest to be engaged • has embarked on the Reconciliation Action Plan (RAP) programme

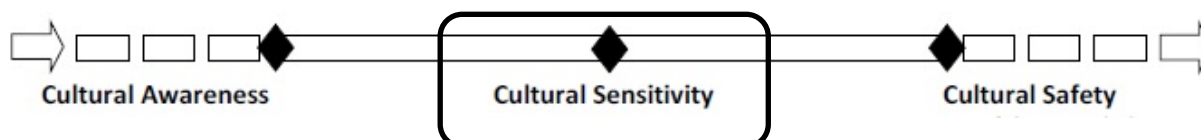| Tick the relevant boxes if your organisation:	Tick box
Documents your values relating to, and strategy for, developing partnerships with Aboriginal communities in your Strategic Plan, Action Plan and/or other strategic document(s)	
Has commenced, or has planned, a process of learning about historical, social and cultural aspects of local and regional Aboriginal communities, including community and cultural protocols around leadership and representation	
Is forming relationships with (other) Aboriginal community controlled health and human services organisations	
Has developed, or is in the process of developing, a 'Reflect' RAP	

Self Evaluation Tool

Standard 5: Cultural community engagement

This requires evidence that the appropriate Aboriginal communities are actively involved in consultation, service design and service delivery planning. In addition, evidence of continual proactive dialogue with the appropriate local Aboriginal communities will be required as it relates to the delivery of individual clinical interventions.

Cultural Awareness	Cultural Sensitivity	Cultural Safety

Standard 5: Cultural Sensitivity

Criteria to achieve
In addition, the organisation: • has established and documented processes and pathways for Aboriginal community engagement   • commits time and resources to developing respectful, robust, durable relationships with Aboriginal individuals, families, organisations and communities

Tick the relevant boxes if your organisation:	Tick box
Documents in your Cultural Safety Action Plan a culturally informed strategic approach to negotiating Aboriginal engagement in service planning, design and delivery	
Has developed and is implementing culturally specific processes to obtain feedback from Aboriginal patients and their families and communities about the cultural safety of individual clinical interventions, and report on actions taken in response to feedback	
Collaborates with community partners, including Aboriginal Community Controlled Health Organisations, to design and deliver locally specific cultural competence training for staff	
Supports all staff to listen respectfully and to embrace the cultural knowledges and norms of Aboriginal patients, families and communities in planning and delivery of care	
Has developed, or is developing, an 'Innovate' RAP	

Self Evaluation Tool

Standard 5: Cultural community engagement

This requires evidence that the appropriate Aboriginal communities are actively involved in consultation, service design and service delivery planning. In addition, evidence of continual proactive dialogue with the appropriate local Aboriginal communities will be required as it relates to the delivery of individual clinical interventions.
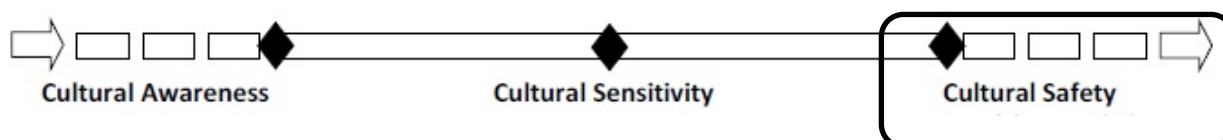

Standard 5: Cultural Safety

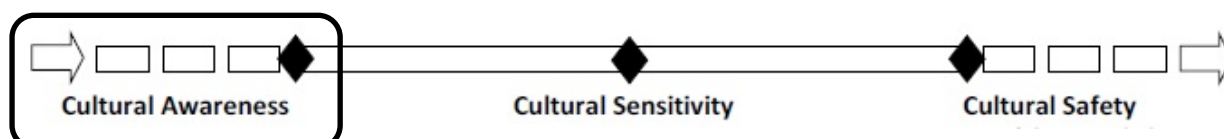| Criteria to achieve |
| --- |
| In addition, the organisation:

• has a compelling, coherent vision for its future in partnering with Aboriginal individuals, families and communities and has identified the transformation towards cultural safety at all levels of the organisation as an essential element of core business |

Tick the relevant boxes if your organisation:	Tick box
Actively fosters Aboriginal community ownership of the service through governance, leadership and engagement structures and processes	
Ensures that your engagement frameworks and processes, as well as consultative processes related to service planning, are viewed by the community as a genuine negotiated partnership exhibiting a high degree of authentic community control	
Employs a partnership approach to evaluating and continuously improving your frameworks and processes for engagement with Aboriginal patients, families and communities	
Routinely observes Aboriginal cultural protocols specific to the community or communities you serve	
Has established relationships with Aboriginal community representative structures such as Community Working Parties	
Has developed, or is in the process of developing, a 'Stretch' or an 'Elevate' RAP	

Self Evaluation Tool

Standard 6: Cultural workforce planning and management

This requires evidence that affirmative action workforce planning and implementation strategies are in place to support and foster the increased participation of Aboriginal people in the health workforce. This includes culturally adaptive supervisions and workplace performance appraisals.

Cultural Awareness — Cultural Sensitivity — Cultural Safety
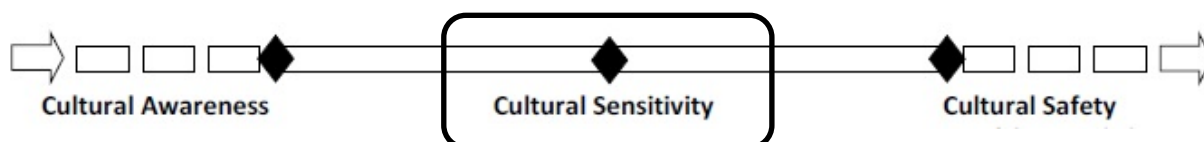
Standard 6: Cultural Awareness

Criteria to achieve
The organisation: • is committed to equity in employment for Aboriginal people • recognises that employing Aboriginal personnel is a critical enabling factor for cultural safety • undertakes workforce planning and makes provision in its workforce planning processes for recruitment and retention of Aboriginal personnel

Tick the relevant boxes if your organisation:	Tick box
Expresses your commitment to employment equity and affirmative action for Aboriginal people in your strategic documents	
Is putting in place a workforce development plan which incorporates an Aboriginal employment strategy to address the recruitment, retention and professional development of Aboriginal personnel both in clinical and in non-clinical roles	
Is actively exploring and pursuing opportunities to incorporate in the organisation's training calendar ongoing education for all personnel to support a process of personal and organisational transformation to cultural safety	
Is commencing a process of review of staff management policies and practices to guide a transition to culturally responsive personnel management	

Self Evaluation Tool

Standard 6: Cultural workforce planning and management

This requires evidence that affirmative action workforce planning and implementation strategies are in place to support and foster the increased participation of Aboriginal people in the health workforce. This includes culturally adaptive supervisions and workplace performance appraisals.

Standard 6: Cultural Sensitivity
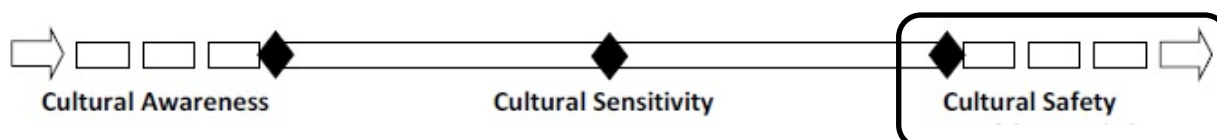
Criteria to achieve
In addition, the organisation: • has developed an Aboriginal Employment Strategy to increase Aboriginal participation at all levels of the health and ancillary workforce • has developed strategy and has supporting policy and practice documentation in place for affirmative action • ensures that all personnel understand and value the importance of the culturally specific attributes, knowledge and skills of Aboriginal colleagues in providing culturally safe services

Tick the relevant boxes if your organisation:	Tick box
Recruits Aboriginal personnel to clinical and non-clinical roles in accordance with your Aboriginal employment strategy	
Has adapted your practices for personnel supervision, mentoring and performance appraisal to take into account employees' training and support needs related to the organisation's transformation towards cultural safety	
Has put in place a framework for cultural mentoring of front-line personnel	
Is supporting managers and supervisors to adapt their approach to supervision, support, mentoring and appraisal to meet the needs of Aboriginal employees in a culturally safe way	
Monitors staff retention and actively responds to trends	

Self Evaluation Tool

Standard 6: Cultural workforce planning and management

This requires evidence that affirmative action workforce planning and implementation strategies are in place to support and foster the increased participation of Aboriginal people in the health workforce. This includes culturally adaptive supervisions and workplace performance appraisals.

Standard 6: Cultural Safety

Criteria to achieve
In addition, the organisation: • takes a proactive approach to skills development in all its personnel but, particularly, to developing a highly skilled Aboriginal clinical workforce to maximise the cultural safety of its services • embraces cultural safety in its policies and procedures for personnel management

Tick the relevant boxes if your organisation:	Tick box
Supports Aboriginal personnel to undertake increasingly higher level qualifications to build a career path in the sector and transition to leadership roles	
Provides ongoing training, supervision and mentoring to all personnel to support the transformation towards cultural safety at the individual and organisational scales	
Consistently uses a range of personnel management policies and tools to meet the professional development, support and supervision needs of all staff in a culturally safe way	
Supports Aboriginal staff to meet their cultural and community obligations	
Has work practices that utilise the skills of Aboriginal Health Workers to the maximum extent possible in delivering culturally safe clinical and community development services	
Addresses cultural safety in staff performance review and improvement processes	

Cultural Safety Evaluation Tool FAQs and Response Scripts

What is cultural safety?
Cultural safety is a model developed in the Indigenous health care context in Aotearoa-New Zealand and increasingly in use in the Australian primary health care setting. It is related to patient-centred care, and extends beyond cultural awareness and cultural sensitivity. The cultural safety model focuses on the safety felt by individuals, their families and their communities in seeking health care, and aims to maximise safety through recognising and protecting the patient's cultural identity and through addressing power imbalances in the therapeutic relationship which have the potential to be detrimental to the patient's health and wellbeing. Whether or not primary health care provision is culturally safe is defined by the patient, his or her family and community.

Cultural safety places the onus on the health service provider to understand his or her own culture and identity, the personal and professional culture values and which shape his or her approach to practice, and how this impacts on the care provided and on the relationship with the patient. The health service provider requires a competent, locally-specific understanding, on the one hand, of the ongoing effects of colonisation, racism and dispossession on the health of Aboriginal patients, families and communities, but also an appreciation of the strengths, values, knowledges and norms inherent in Aboriginal society and culture and the potential for these to contribute to improving the health status of Aboriginal people if embraced in the primary health care context. Cultural safety is dependent upon the ability of the patient, family and community to engage in shaping service models and delivery.

Further detail is available in *A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework.*

What is A Transition to Cultural Safety in Service Delivery: WHAL Culturally Safe Practice Framework?
The Framework has been prepared by the Western NSW PHN to underpin its leadership role in coming years in transitioning the primary health care system through the development of culturally safe models of care to ensure access to quality health care and wellbeing programmes to Aboriginal peoples within the WNSW PHN region, and improvement in health status. The *Framework* provides information and support to prepare primary health care service providers to engage in transformation towards cultural safety so that all service providers in the region can positively influence the health and wellbeing, quality of life, future aspirations and prosperity of Aboriginal individuals, families and communities. The Framework documents in detail a definition of culturally safe and responsive health care and articulates six standards for key culturally safe performance appraisal. The *Framework* is essential reading for health service providers prior to embarking on preparation of proposals in response to the PHN's commissioning processes.

Why the Western NSW PHN emphasis on cultural safety?
The Western NSW PHN covers both the Western NSW and Far West NSW Local Health Districts and, with a total area of 433,379 km^2, is the largest PHN in NSW. The Aboriginal population in the region, on average, forms approximately 11.7% of the population of the region, compared with 2.9% for NSW. Aboriginal population distribution across the region is not uniform, and several population centres have majority Aboriginal populations. It is well

known that Aboriginal people endure a disproportionate burden of illness relative to the population as a whole, and that this is due in large measure to the legacy of colonisation and to ongoing disadvantage and marginalisation. Lack of access to culturally safe health services is a contributory factor in continuing disparities in health status between Aboriginal and non-Aboriginal Australians. Aboriginal people are far more likely to access, and will experience better outcomes from, services which are culturally safe, respond to needs identified by the Aboriginal community, and embrace Aboriginal cultural values. The Western NSW PHN emphasises cultural safety because it is fundamental to achievement of our vision and is, as an issue of social justice, access, equity and quality, core to our purpose as a primary health care organisation.

Our emphasis on cultural safety is supported by empirical findings from needs assessment processes undertaken by the WNSW PHN and its two predecessor organisations, the Western NSW and Far West NSW Medicare Locals. These processes, in summary, identified that key health issues for Aboriginal communities in our region included:

- A need for more Aboriginal health staff
- More cultural awareness training for all people working in health
- An identified shortfall in Aboriginal-specific health services
- A need for in-situ or outreach primary health care services in discrete settlements such as former reserves
- A desire to make existing services more Aboriginal-friendly
- A need for greater Aboriginal involvement in governance of primary health care organisations
- A need for more and better targeted health promotion initiatives, especially for Aboriginal patients with chronic and/or complex conditions
- Issues with comfort in attending primary health care services, and especially community health services
- A need for health promotion information and information about how to access services to be placed where people are comfortable to go
- The need for a service provider focus on immediate social determinants of health – for example, transport to services, access to health-related human services, and the cost of nutritious food

Why is cultural safety important to my organisation?
The Western NSW PHN believes that cultural safety is important to all primary health care service providers in the region for exactly the same reasons it is important to the PHN. All primary health care organisations are committed to achieving health equity, and this is a fundamental basis for that commitment. It is our expectation that all primary health care providers will support the development of culturally safe models of care to ensure equitable access to quality health and wellbeing services and programmes for Aboriginal people across the region.

From a purely pragmatic viewpoint, cultural safety will receive increasing emphasis in Western NSW PHN's interaction with service providers across our region and, especially, in the context of the *Western NSW PHN Commissioning Framework*. Our fundamental role is as a commissioner and not a direct provider of services. We will be commissioning services from a broad range of service providers to address the issues arising from our needs assessment. The Western NSW PHN regards cultural safety as being of equal importance to clinical safety for the simple reason that if Aboriginal people do not access services because they are not culturally safe then, for that potential patient cohort, clinical safety is

irrelevant. Demonstration of a transformation towards cultural safety will be a core requirement which will need to be addressed by service providers in proposals for service provision under the Commissioning Framework.

Where can we get information about the Western NSW PHN Commissioning Framework?

Information about the Commissioning Framework is available from the Western NSW PHN Website: http://www.wnswphn.org.au/commissioning or by contacting the Western NSW PHN at admin@wnswphn.org.au or on 1300 699 167.

How does my organisation demonstrate its commitment and capability around cultural safety?

The Western NSW PHN has developed an Evaluation Tool and User's Guide to assist primary health care organisations to demonstrate their progress. In the initial commissioning cycles, organisations will be required to self-assess their transformation towards cultural safety, using the evaluation tool and providing evidence as indicated in the User's Guide. Over time, we will move to a formal evaluation process which is likely to involve external evaluation by the PHN, either as a desk exercise or by site visit and interview, and possibly a formal process of accreditation through organisations such as QIP or AGPAL.

What is the purpose of the Evaluation Tool?

The Evaluation Tool is intended for four main purposes:

- to support health service providers to self-assess their transformation towards cultural safety for their own capacity development purposes;
- to provide health service providers with a means to demonstrate their progress towards cultural safety in responding to Western NSW Primary Health Network's requests for proposals;
- to facilitate Western NSW Primary Health Network's ability to assess the cultural capability of tenderers for the provision of primary health care and related services in the context of its Commissioning Framework; and
- to link with WNSW PHN's strategic direction to improve outcomes for Aboriginal people and communities across the region and beyond.

How does my organisation use the Evaluation Tool?

Please see the User's Guide for detailed information and guidance.

Is my organisation expected to be culturally safe before submitting a proposal to provide services?

No, the WNSW PHN realises that organisations will be at different points in their transformation towards cultural safety. In the early stages, the PHN expects that primary health care organisations will be able to demonstrate a commitment to a transformation towards cultural safety. It is the WNSW PHN's expectation, though, that use of the Evaluation Tool through subsequent commissioning cycles will demonstrate actual progress in the transformation. We will support providers to move along the spectrum towards culturally safe primary health care provision over a period of three to five years. For the purposes of the initial commissioning cycle, WNSW PHN expects that organisations submitting proposals will, as a minimum, be culturally aware. Support, including training opportunities, will be made available during the course of the contracted service delivery phase of the commissioning cycle. We anticipate that service providers will progressively

transform to cultural safety over a period of three to five years. At that point, formal evaluation and accreditation will be required as a prerequisite for renewal of contracts.

Where can my organisation access training in cultural awareness and cultural safety?
Your organisation will be able to access training in cultural awareness and cultural safety through the WNSW PHN. Other sources of training include:

- Royal Australian College of General Practitioners
  http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/resources-for-gps-and-practice-staff/cultural-awareness/

- Australian Indigenous Doctors' Association
  https://www.aida.org.au/

- Institute of Indigenous Australia
  http://ioia.com.au/cultural-competence/

- Aboriginal Health Council of Western Australia
  http://www.ahcwa.org.au/sector-development

- Queensland Rural Medical Education Ltd
  http://www.qrme.org.au/professional-development/cultural-safety-training/

- Other providers.

In relation to the personal and professional transformation of individual healthcare and support personnel towards cultural safety, the document Cultural Responsiveness in Action: An IAHA Framework will provide an invaluable resource. It is available from http://iaha.com.au/policy/cultural-responsiveness/

Where can I obtain further information?
The National Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health: A National Approach to Building a Culturally Respectful Health System. This is available from the NACCHO webpage
https://nacchocommunique.com/2016/12/14/naccho-aboriginal-health-launch-of-the-nationalcultural-respectframework-for-aboriginal-health-2016-2026/

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Western Health Alliance Ltd (WHAL), trading as the Western NSW Primary Health Network (WNSW PHN) is one of 31 Primary Health Networks across Australia, established by the Australian Government to support and strengthen general practice, Aboriginal health services, allied health professionals and other health professionals working in primary health care.

We acknowledge that we work on the traditional lands of many Aboriginal clans, tribes and nations. We commit to working in collaboration with our region's Aboriginal communities and peoples to improve their health, emotional and social wellbeing in the spirit of partnership.