

Northern Territory Health

Aboriginal Cultural Security Framework

2016 - 2026

Acknowledgment

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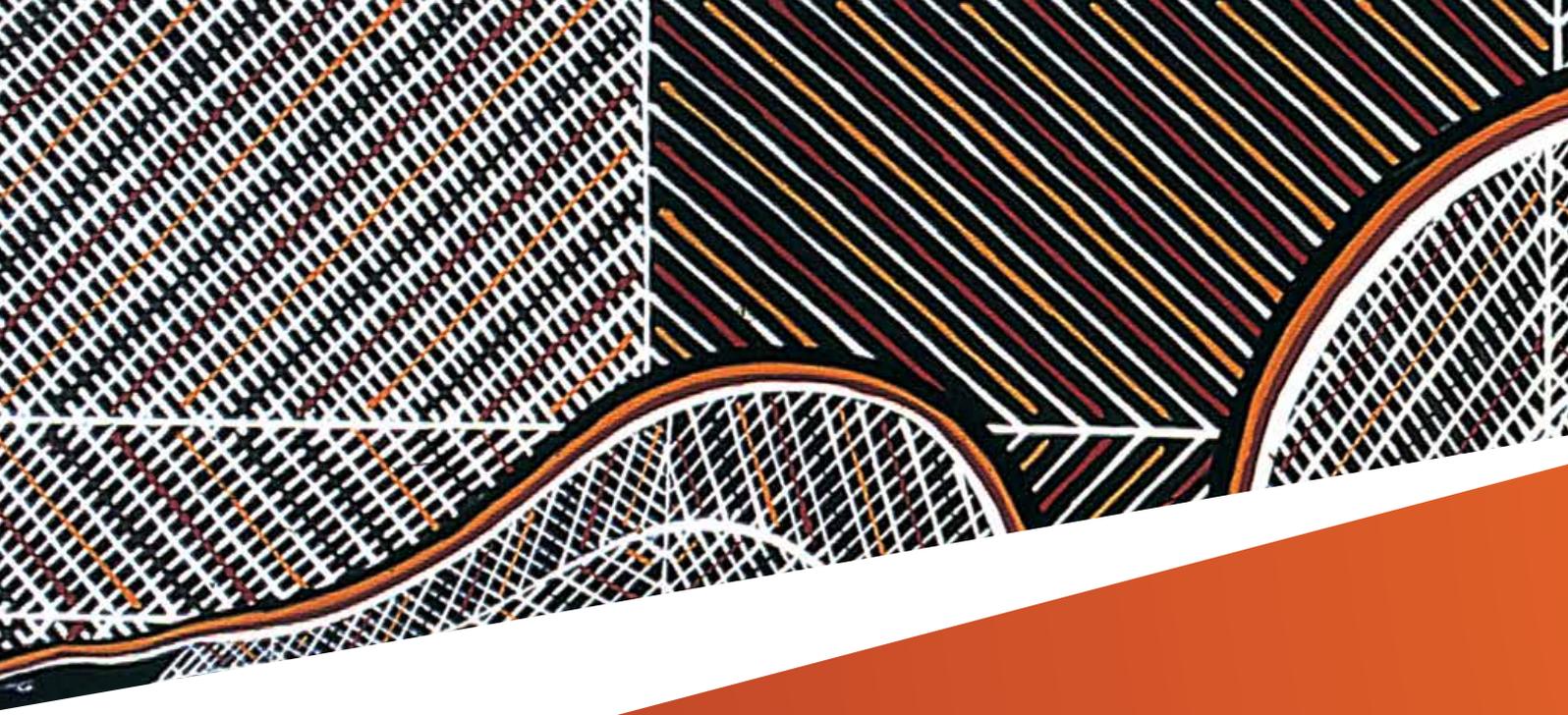




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The image features a large orange background with two sections of Aboriginal art. The top-left corner shows a circular pattern with a grid of white lines on a dark background, surrounded by diagonal lines in white, yellow, and red. The bottom-right corner shows a similar pattern, partially cut off by the edge of the page.

Recognising the centrality of culture to health and respecting Aboriginal people and cultures is necessary to enhance service access, equity and effectiveness.

Cultural security is fundamental to closing the gap in health outcomes for Aboriginal Territorians.

Definitions

The definitions provided below explain how terms are used in this document and provide clarity on the meaning assigned to them in the context of this framework.

Aboriginal and Torres Strait Islander peoples

A term that describes Aboriginal and Torres Strait Islander peoples of Australia as 'belonging naturally to a place', acknowledging Aboriginal and Torres Strait Islander peoples as the first peoples and original custodians of Australia and recognising the great diversity of nations within Australia.

NT Health recognises that Aboriginal peoples and Torres Strait Islander peoples have a great diversity of cultures, histories and values. For the sake of readability, and in recognition that the term Indigenous is a sensitive one for many Aboriginal and/or Torres Strait Islander people, this document will use the term Aboriginal, which should be taken to include Torres Strait Islander people.

Aboriginal health

Health, defined by the World Health Organisation as a state of complete physical, mental and social wellbeing, is recognised as both a fundamental human right and an important worldwide social goal.¹

For many Aboriginal people, health is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community.² In addition, health and wellbeing for Aboriginal people is often linked to spirituality, connection with land and the harmony of interrelating factors.³ Health for Aboriginal people is also about determining all aspects of one's life, including control over physical environment, of community self-esteem, of dignity, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.⁴

Consumers

For the purposes of this document, consumers are defined as those receiving care or who may need care.

Culture

The practices and beliefs owned by a community or people or group. It provides distinct identity such as language and dialect, gestures, customs and traditions that define values and organise social interactions, religious and spiritual beliefs and rituals. This includes dress, art, food and music as forms of cultural and symbolic expression.

Cultural awareness

Demonstrates a basic understanding of relevant cultural issues or practices.⁵

Cultural respect

The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal peoples.⁶

Cultural responsiveness

Cultural responsiveness describes the capacity to respond to the health care issues of individuals and provide patient-centred care (taking into account cultural, linguistic, spiritual and socio-economic background). It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.⁷

Cultural safety

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

Cultural safety is not defined by the health professional, but is defined by the health consumer's experience – the individual's experience of care they are given, ability to access services and to raise concerns.⁸

Cultural security

Cultural security is a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. Cultural security refers to the embedded structures, policies, workforce attributes and other elements required to enable health consumers to experience cultural security.

It is achieved by developing accessible and effective health care systems for Aboriginal people based on acknowledgement of Aboriginal peoples right to self-determination, empowerment and healthcare and as such, an understanding and responsiveness to cultural views, beliefs and knowledge systems which play an integral role in adherence to health care services.⁹

Equity

Equity aims to address the unequal access and unequal health outcomes that Aboriginal Australians experience. This requires consideration of need, and how/where services and resources are provided and distributed.

Framework

A set of principles and long term goals that form the basis of guidelines and overall direction to planning and development.

Health literacy

Health literacy is about how people understand and process information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy contributes to health and the safety and quality of health care. Health services have an important role to play in ensuring that consumers are able to understand the information provided and that they use a number of communication strategies in relaying sometimes complex health information.

Health Services

Health Service refers to the two statutory bodies established within the *Northern Territory Health Act 2014*, being the Top End Health Service and Central Australia Health Service. It also includes the services being delivered across the NT by the Department of Health.

The term health service elsewhere is taken to mean health service in the broadest sense, where the term collectively refers to health services and hospitals and includes any service that involves a group of clinicians and others working in a systematic way to deliver health care to patients.

This can be in any location or setting, including clinics, outpatient facilities, patients' homes (domiciliary), community settings, practices and clinicians' rooms.

System Manager

System Manager refers to the Department of Health acting in the role defined in the *Northern Territory Health Services Act 2014*.

NT Health

For the purposes of this document, NT Health refers to those functions and services that are part of the NT public health system, inclusive of policy, planning, financing, direct service delivery, service development, leadership/governance and other functions. This includes staff who are employed by Department of Health (System Manager); Top End Health Service, and Central Australia Health Service. This document recognises that NT Health is not an official term but has been chosen for readability and clarity.



Executive summary

Recognising the centrality of culture to health and wellbeing is necessary to enhance service access, equity and effectiveness. Cultural security is fundamental to improving health outcomes for Aboriginal Territorians and supporting healthy communities.

This philosophy was articulated in the *Northern Territory Aboriginal Cultural Security Policy* which was launched in 2007. While there has been widespread support for this policy and a number of supporting initiatives have been implemented, leaders, managers and staff have requested additional tools to support cultural security.

This has led to the development of the *Northern Territory Aboriginal Cultural Security Framework 2016-2026* (the framework). The framework is intended to guide and strengthen implementation of culturally secure services for Aboriginal and Torres Strait Islander (Aboriginal) people in the Northern Territory (NT).

Aboriginal people are almost one third of the NT population¹⁰ and have the greatest health and welfare needs of any group of Territorians. The legacy of colonisation as well as racism and discrimination contribute to poor health outcomes for Aboriginal people. These factors mean that Aboriginal people are less likely to seek out health services when necessary. Negative stereotypes and assumptions about Aboriginal people in Australian culture are also present in our health services, and this can result in people feeling disrespected or not receiving the best care possible.

As outlined in the *NT Cultural Security Policy*, Aboriginal cultural security is a commitment to the principle that the planning and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is achieved by developing accessible and effective health care systems for Aboriginal people based on the right of Aboriginal self-determination and access to health care. Cultural security requires an understanding and responsiveness to cultural views, beliefs and knowledge systems which play an integral role in uptake of health care services and an individual's adherence to recommended treatment. A culturally secure health system enables Aboriginal health consumers to experience cultural safety.

Research demonstrates that there are links between culture, safety and quality of health services and patient outcomes.¹¹ A person's culture, how secure one feels about the health care received, as well as how information is delivered, impacts on what a person hears and understands, and how one engages with care providers and makes decisions.

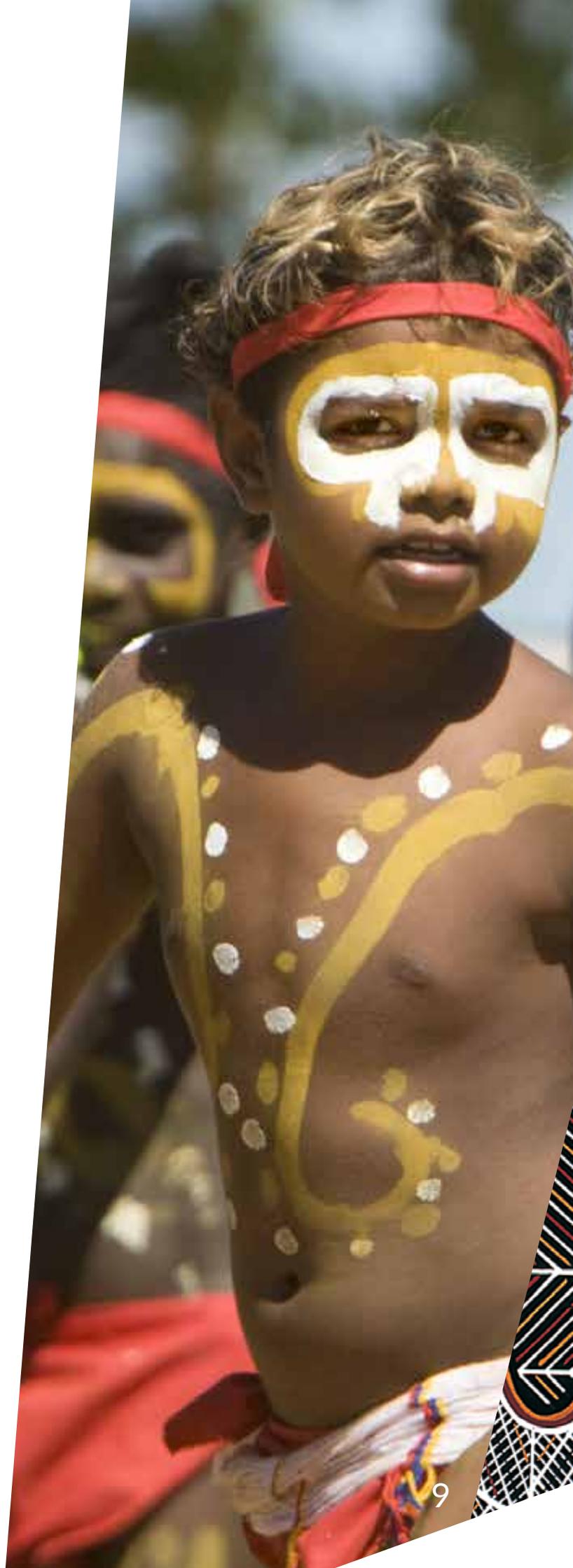
Committed action on cultural security by all parts of the NT's health system will achieve real improvements in Aboriginal health and wellbeing by supporting patient-centred care, reducing rates of self-discharge, improving adherence with recommended treatments, improving attendance at follow-up appointments, and reducing avoidable hospital admissions.

Cultural security is a clinical imperative and must be embedded into systematic business practices. Aboriginal cultural security is fundamental to NT Health delivering safe, quality health care and addressing the health inequity and the significant burden of disease experienced by Aboriginal people.

This framework has been developed as a guide for all NT Health staff (those working for Department of Health, Top End Health Service, and Central Australia Health Service) to further understand and implement components of cultural security. The framework outlines six domains for action which are:

- **Workforce**
- **Communication**
- **Whole of organisation approach**
- **Leadership**
- **Consumer and community participation**
- **Quality improvement, planning, research and evaluation.**

The framework provides suggested strategies in each domain, in order to inform strategic and operational planning, as well as ways to monitor our progress as a system. The implementation of the framework will be supported and monitored by tools developed by the NT Department of Health.





About the NT Health Aboriginal Cultural Security Framework



About the NT Health Aboriginal Cultural Security Framework

1.1 Aims

With Aboriginal people making up almost 30 per cent of the NT's population¹², the NT has an important role to play in setting appropriate standards for cultural security in health care, and demonstrating the benefits to be gained through the delivery of culturally secure services.

This framework aims to guide NT Health staff in better understanding the concept of cultural security. It also aims to provide guidance in embedding cultural security by taking actions across the six domains, or priorities, of cultural security which include:

- Workforce
- Communication
- Whole of organisation approach
- Leadership
- Consumer and community participation
- Quality improvement, planning, research and evaluation.

1.2 Target audience

This framework applies to all staff who are part of the NT public health system. This encompasses the Department of Health (System Manager) and the Health Services, namely, the Top End Health Service (TEHS) and Central Australia Health Service (CAHS).

For the purposes of this document, the term NT Health staff will be used to refer to this group for ease of readability while noting that this is not an official term. This term is being used to emphasise that action on cultural security is required across the NT health system, not only from those delivering direct services.

1.4 Using this framework

This framework is intended to be used as a guide to further develop NT Health's capacity to provide culturally secure services.

This framework includes a discussion of cultural security, the benefits of cultural security and the policy context.

It then provides a section with further discussion on the domain areas, strategies and indicator areas.

1.3 Areas for action – domains of cultural security

Six broad domains, or priority areas, of cultural security have been identified.



Domain 1: Workforce

NT Health workforce values cultural safety and responsiveness. The workforce is diverse and representative of the NT. NT Health employees are engaged in professional development opportunities to improve knowledge, attitudes and capabilities towards cultural security, which in turn, leads to improvements in patient satisfaction and health outcomes for Aboriginal people.



Domain 4: Leadership

Leaders across NT Health play a key role in driving cultural security. Leaders are urged to share responsibility for planning, implementing, promoting and evaluating cultural security performance and achievements.



Domain 2: Communication

NT Health delivers ethical, safe, and high quality health care through effective communication between Aboriginal consumers and health professionals.



Domain 5: Consumer and community participation

Consumers are engaged as active partners with health service providers in order to make informed choices, and provide feedback in service planning, implementation and evaluation in order to improve patient experience and health outcomes.



Domain 3: Whole of organisation approach

The delivery of a systemic and whole-of-organisation approach will ensure cultural security is embedded across all parts and levels of NT Health and that commitment to action is supported through the use of accountability and governance systems.

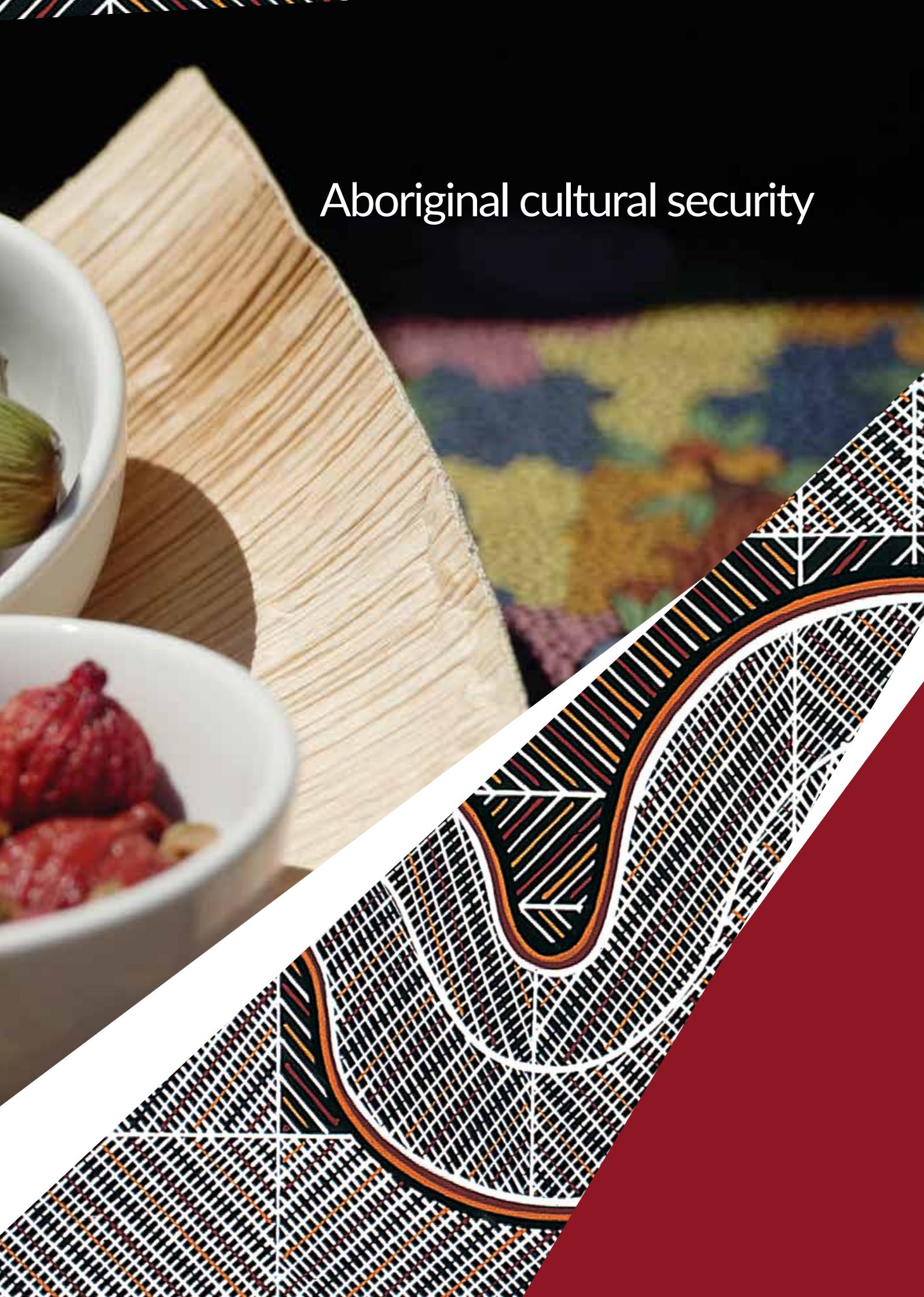


Domain 6: Quality improvement, planning, research and evaluation

NT Health learns and reflects on how it addresses cultural security through quality improvement, research and evaluation activities. Learnings inform ongoing planning processes.



Aboriginal cultural security



Aboriginal cultural security

2.1 Defining Aboriginal cultural security

The Northern Territory is one of the most culturally and linguistically diverse places in Australia. There are over 100 Aboriginal languages and dialects spoken across the NT.¹³ Culture and language can be powerful in supporting positive identity, self-determination and wellness.

Culture is central to how Aboriginal people view individual, family and community health and wellbeing. Since colonisation, health systems in the NT and throughout Australia have reflected the values and norms of Western (European) cultures.

For these reasons it is important that NT Health understands and acknowledges differences in culture and deliver services in a way that is both effective and appropriate for Aboriginal people and communities.

Providing culturally secure services requires recognition and respect for the cultural rights, views and values of Aboriginal people and communities, and that services reflect the communities they serve.

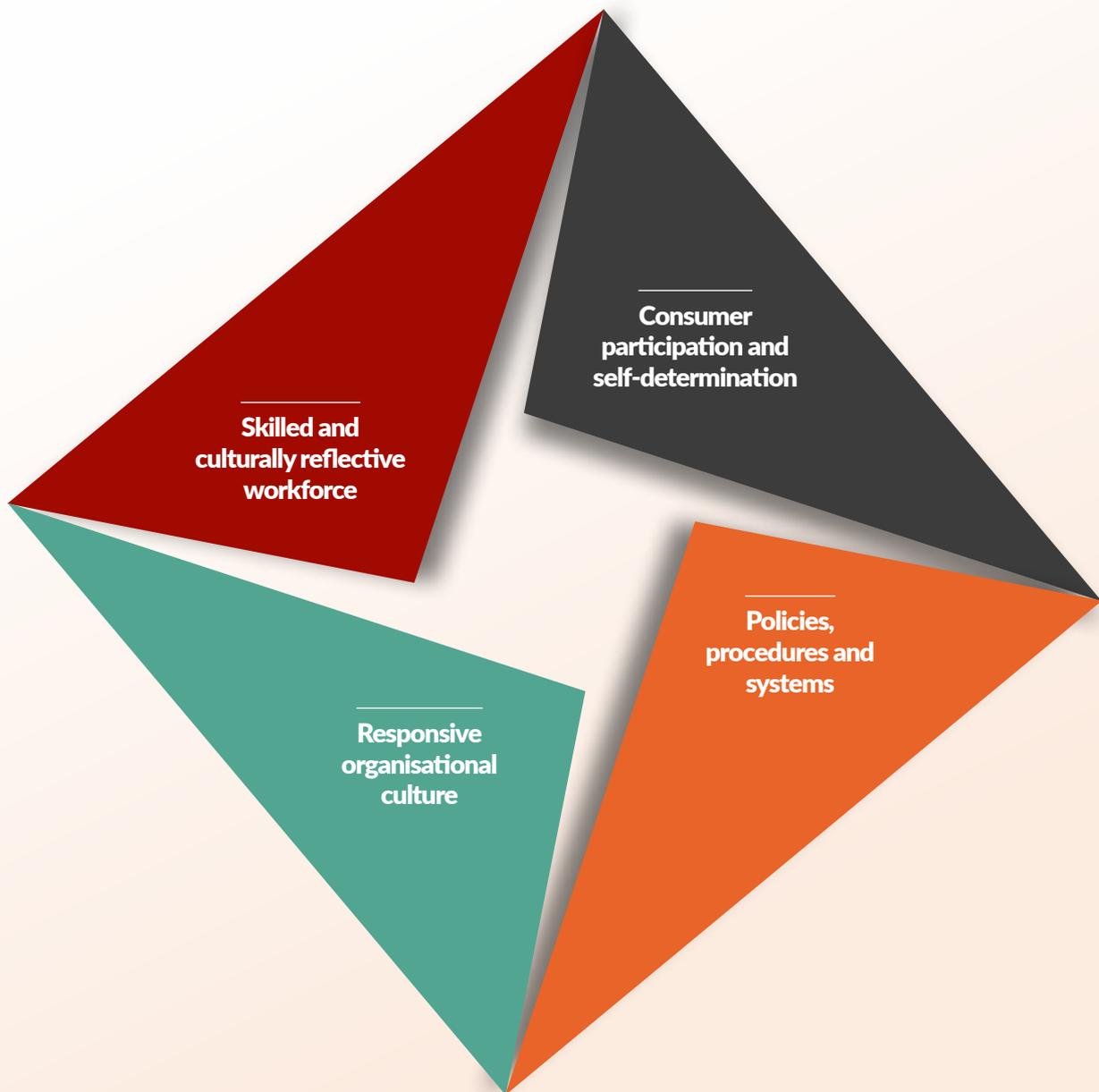
As stated in the NT Health Aboriginal Cultural Security Policy,¹⁴ for decades Aboriginal people have pointed to the problems that are created when health services fail to take culture into account. Public policy has sought to respond by implementing cultural awareness programs. These programs have sought to heighten people's awareness, understanding and attitudes about how they can positively interact with Aboriginal people and cultures to deliver better health care. While there have been improvements, there is still much to be done to deliver systemic change.

Cultural security and cultural safety are sometimes used interchangeably but they are distinct concepts. Cultural safety, originally a concept articulated and developed by Maori nurses and Pakeha (non-Maori) colleagues, identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. What constitutes cultural safety should be defined by health consumers. A key component of cultural safety is the necessity of health professionals reflecting on their own cultural lens, values and the impact of those often unconscious assumptions on advice and interventions provided to consumers.

While cultural safety and its principles (reflexivity, the promotion of self-determination and consumer participation) are essential for building an equitable health system, the focus of this document is on cultural security. Cultural security goes beyond behaviour changes by individuals and encapsulates systemic changes. Cultural security results from activities, behaviours, policies and standards that promote the highest level of cultural competence in individuals, services and organisations. For the purposes of this document, cultural security refers specifically to Aboriginal cultural security.

A commitment to cultural security means building a system where Aboriginal people feel safe, secure and able to participate as staff and consumers of NT Health without fear of judgement or discrimination.

This picture shows that Aboriginal cultural security is the sum of many parts.





It is necessary to have an organisational culture that values diversity, equity, and participation. Cultural security also requires having staff members who are capable of reflecting on their own cultural lens and who exhibit cultural capabilities through behaviours, skills and practices.

Staff members and the organisation need to support the rights, values and interest of consumers and respect consumer participation as integral to health outcomes. Finally, cultural security requires that all these parts are underpinned by policies, procedures and systems across the service and NT Health.

Cultural awareness, cultural responsiveness, cultural humility, cultural safety

There are numerous terms that relate to working in a cross-cultural environment. While these terms are all different, there are common themes. The most important messages for health workers to remember are:

- Building and strengthening cross-cultural skills are essential for NT Health staff. As with building any other skill set, this requires ongoing training, reflection and adaption.
- While you cannot possibly learn everything there is to learn about all of the diverse Aboriginal cultures in the NT, you can consider and reflect on your own cultural lens. What are the values of your culture and how does this influence your interactions with Aboriginal consumers?
- Your role is to support and enable consumers to be partners in decision-making about their care and more broadly in the design, delivery and evaluation of health services and systems. This requires consideration of not just a consumer's cultural background but also age, gender, sexual orientation, socio-economic status and religious beliefs.

2.2 Benefits of cultural security

It is well documented that too many Aboriginal people present later for treatment with diseases that are in more advanced stages than their non-Aboriginal counterparts. Aboriginal people may be less likely to access services early on due to the legacy of colonisation and culturally unsafe practices.

Aboriginal people are also more likely to be hospitalised but are less likely to receive medical or surgical procedures in hospital.¹⁵ This can be at least partly attributed to discriminatory actions, assumptions and systemic issues.¹⁶

The provision of culturally secure health care has the potential to:

- Support patient safety and improve quality of care.
 - Improve access and equity to health services for Aboriginal people and families.
 - Improve efficiency and quality of services through the engagement, participation and feedback of Aboriginal consumers in health planning, improvement and evaluation.
 - Enhance effective communication and understanding of meanings between health consumers and providers resulting in:
 - ▶ treatment that is better aligned with patient needs
 - ▶ better adherence with recommended treatment
 - ▶ clearer expectations and more informed decisions
 - ▶ reduced medical errors and adverse events
- ▶ improved attendance at follow-up appointments
 - ▶ reduced hospitalisation rates
 - ▶ improved consumer satisfaction
 - ▶ reduced failure to attend and readmission rates.
- Enhance inclusiveness and diversity of NT Health workplaces, resulting in increased recruitment and retention of Aboriginal staff.

Cultural security is a viable strategy to improve the links between access, equity, quality and safety, better health outcomes for Aboriginal people and to enhance the cost effectiveness of health service delivery.

2.3 Existing Aboriginal cultural security initiatives

In recognition of the benefits and impacts of cultural security, NT Department of Health launched the *Aboriginal Cultural Security Policy* in 2007. Since then, there has been many initiatives implemented to improve the provision of culturally secure services, including the launch of the *Statement of Commitment (2015)* and the *Aboriginal Health Plan 2015-2018*, which identifies cultural security as a priority. A number of operational policies have also been developed related to permits for Aboriginal lands, using Aboriginal interpreters in health services, and Welcome to and Acknowledgement of Country.



A key focus, across NT Health and the NT public sector in general, has been on developing the Aboriginal Workforce. The Special Measures Program and Back on Track Project have both been implemented with the aim to increase the number of Aboriginal staff. NT Health has established dedicated Aboriginal positions including roles for Liaison Officers, Health Workers, Health Practitioners and Community Workers.

NT Health also provides training and other programs aimed at increasing awareness and understanding of Aboriginal cultures for new staff and for managers. The Office of Aboriginal Health Policy and Engagement is currently developing and piloting training on effective communication, health literacy and cultural security.

At the services level, health professionals have worked with communities to make services more responsive. For example, some services have honoured local traditions and some have created discrete entry points for men and women accessing health centres.

These examples show that there have been efforts and gains to improve cultural security, however implementation has been ad-hoc and reliant on the leadership of committed individuals rather than embedded in systems and processes.

2.4 Policy context

The delivery of cultural security sits within a broader policy framework of commitment to Aboriginal health and wellbeing.

As a signatory to the *United Nations Declarations on the Rights of Indigenous Peoples* (formally endorsed by Australia in April 2009), Australia recognises the minimum standards for the survival, well-being and dignity of Aboriginal people.

In 2007, the Council of Australian Governments committed to closing the gap in life expectancy between Aboriginal people and non-Aboriginal people within a generation. That commitment recognised the need for full participation of Aboriginal Australians and health systems that respect and promote the rights of Aboriginal people.

The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (the plan) provides a policy framework to support closing the gap by 2031. The plan places culture and a health system free from racism at its centre. This plan was informed by the Australian Health Ministers' Advisory Council's *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004-2009*.

Furthermore, in its recent discussion paper on achieving the directions established in the proposed *National Safety and Quality Framework*, the Australian Commission on Safety and Quality in Health Care includes the provision of culturally safe health care as a key strategy. The commission argues that this could be achieved through better understanding and action on the links between adverse events and cultural safety, language services provision (i.e. interpreters and translating services) and the capabilities of health professionals.

2.5 NT policy context

This framework is supported by a range of existing NT strategic policies and plans.

NT Department of Health Strategic Plan 2014-2017 aims to drive efforts and priorities of NT Department of Health to achieve its vision of 'Healthy Territorians Living in Healthy Communities'. It identifies shared principles, goals and actions to improve the health and wellbeing of Territorians in partnership with its key stakeholders and communities. This plan has a specific strategic objective to improve Aboriginal health outcomes.

The NT Aboriginal Health Plan 2015-2018 outlines four strategic directions to improve health outcomes for Aboriginal people, including: improving service delivery; building effective partnerships; strengthening cultural security and developing the Aboriginal health workforce.

NT Aboriginal Cultural Security Policy discusses concepts of culture, cultural security and the centrality of culture to health.

The framework is also related to the following strategies and policies:

- *NT Chronic Conditions, Prevention and Management Strategy 2010-2020*
- *NT Department of Health Stakeholder Engagement Framework, 2012*
- *NT Suicide Prevention Strategic Action Plan 2015-2018*
- *NT Mental Health Service Strategic Plan 2015-2021*
- *NT Aboriginal Health Forum: Pathway to Community Control Framework*
- *NT Indigenous Employment and Career Development Strategy 2015-2020*
- *Territorians as Partners in Health care – Consumer and Community Participation Policy.*

The assessment of the impact of the framework will inform future directions and strategies for NT Health.



Progressing
Aboriginal
cultural security



3.1 Aboriginal cultural security priorities

This framework determines a minimum level of activity across six broad domains of quality and safety to enable cultural security. These domains provide a structured approach to deliver action on cultural security at all levels across NT's health system:

- Workforce
- Communication
- Whole of organisation approach
- Leadership
- Consumer and community participation
- Quality improvement, planning, research and evaluation.

The domains have been informed by consultations with key stakeholders; findings from literature reviews; and key national and NT policies, plans and frameworks, including the National Safety and Quality Health Service Standards.

Each overarching domain contains a description, key priority action areas; suggested strategies and measures for tracking progress.

3.2 Priority action areas and strategies

The framework provides clearly articulated strategies and measures that NT Health, in particular Health Services can strive to achieve over time. They are designed to support and further strengthen and embed cultural security within planning processes and work practices. They are designed to be a starting point, in recognition that each area will have specific demographics, strengths and challenges.

It is important that all parts of the health system work together to ensure NT Health provides Aboriginal people with accessible, safe, quality health care that is responsive and respectful of their cultural circumstances and requirements.

The priority action areas and the associated strategies will assist NT Health to ensure the delivery of specific actions that support the provision of cultural security. Wherever possible, priority actions and strategies have been aligned to the existing policy context (as detailed in section 2.4 and 2.5 of this framework).

3.3 Measures to track progress

Each domain includes a section on measures. Some measures are quantitative and easily measured; some are binary (either a yes/no answer) while others are qualitative and describe processes. Where possible, these measures have been aligned to existing data sources (i.e. statistics from the Australian Bureau of Statistics or information gathered as part of the Service Delivery Agreements).

Reporting against cultural security is an emerging field. Whilst there is conclusive evidence that considering culture in health care delivery is essential to promoting good health outcomes, the evidence on how to craft meaningful indicators is less conclusive. The Department of Health will continue research in this area and improve indicators to support robust reporting.





Domain 1: Workforce

NT Health workforce values cultural safety and responsiveness. The workforce is diverse and representative of the NT. NT Health employees are engaged in professional development opportunities to improve knowledge, attitudes and capabilities towards cultural security, which in turn, leads to improvements in patient satisfaction and health outcomes for Aboriginal people.

NT Health requires a culturally responsive and reflexive workforce to develop and implement health care policy and to effectively evaluate programs and interventions. Professional development activities aimed at improving the cultural safety and responsiveness of health professionals is recognised as a core component of improving health outcomes for Aboriginal people. Through the establishment of more effective systems of workforce development, applied and structured training and career pathways for staff we will enable the organisations cultural responsiveness to be realised from executive management teams and health professionals through to frontline staff. A key strategy in building the capacity of NT Health's workforce is to increase the number of Aboriginal people working across all professional and administrative streams.

A shift toward a more representative and culturally responsive workforce is fundamental to positively improving the patient experience, and therefore, contributes to broader health outcomes being achieved.

Priority action area	Strategies
1. Increase Aboriginal employment across NT Health	<ul style="list-style-type: none"> • Develop and support Aboriginal trainee positions through initiatives such as scholarships and vocational training opportunities • Actively promote health careers and recruitment of Aboriginal people, by working with Universities and training providers and by having orientation days to promote the organisation as a preferred place of employment • Use existing or new networks to promote NT Health as an employer of choice for Aboriginal people in order to grow the number of Aboriginal staff across all employment streams
2. Improve retention levels of Aboriginal staff	<ul style="list-style-type: none"> • Provide on the job mentoring and support to Aboriginal staff • Develop a culturally supportive and respectful work environment for Aboriginal staff • Ensure all Aboriginal staff have career and performance development plans in place and are provided with support and training to achieve career and life goals • Consider ways to build, strengthen and reward local workforce in remote areas • Develop pathways for Aboriginal people to transition from entry level to professional and leadership roles guided by early engagement and appropriate mentoring and training • Work towards having at least 10% of senior positions filled by Aboriginal people • Ensure cultural leave policy and provisions are provided and supported
3. Ensure NT Health staff are trained and culturally responsive	<ul style="list-style-type: none"> • Ensure staff participate in the mandated Aboriginal Cultural Awareness Program (ACAP), as well as relevant trainings for managers and policy developers • Ensure there are additional and ongoing professional development opportunities for staff to support enhanced cultural safety and responsiveness • Develop and implement appropriate audit of individual and team assessments of cultural safety and responsiveness to identify needs for further development

Ways to track our progress

- Numbers of Aboriginal staff who have been recruited by NT Health
- Report against Service Delivery Agreement (SDA) Key Performance Indicators on increase in additional Full Time Equivalent (FTE) for Aboriginal and Torres Strait Islander Health Practitioners and Trainees
- Feedback from NT Government staff survey about the experiences of Aboriginal staff
- Percentage of staff who complete mandated Aboriginal Cultural Awareness Program
- Number of audits completed on staff levels of cultural responsiveness



Domain 2: Communication

NT health system delivers ethical, safe, and high quality health care through effective communication between the consumer and the health care provider.

Effective and respectful communication is the foundation of the relationship between health consumers and health professionals. It enables shared decision making, informed consent and supports self-management, including adherence to treatment recommendations. Effective communication requires 'deep listening' and is central to understanding what the consumer is experiencing and requires.¹⁷ The NT is the only state or territory in which the majority of Aboriginal people speak a language other than English at home.¹⁸

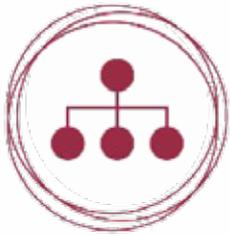
Communication is a broad area in Aboriginal cultural security and encompasses access to interpreters; health information that is accessible for diverse audiences; respect for the rights, views and decisions of Aboriginal people; and supporting enhanced health literacy for consumers and clinicians.

The costs of miscommunication are high and varied and range from unnecessary tests, preventable readmissions, the violation of health consumers' dignity and likelihood of avoiding health services, as well as adverse events.

Priority action area	Strategies
1. Ensure informed consent and enable patient centred care	<ul style="list-style-type: none"> • Ensure Aboriginal consumers have access to accredited interpreters and that interpreters have strong health literacy skills • Provide access to training for clinical staff to develop their awareness and understanding about health literacy and strengthen capabilities in effective interpersonal communication techniques, including skills in working with interpreters, and strategies that improve the sharing of health information (i.e. information being shared both ways) • Tailor health education sessions for Aboriginal consumers to improve health literacy and support consumers in making informed decisions whilst recognising autonomy
2. Improve health literacy environment	<ul style="list-style-type: none"> • Ensure appropriate translations, signage, commonly used forms, education and audio visual materials are available for principal regional and local Aboriginal dialects and language groups • Request that Aboriginal consumers provide feedback and inform audits and reviews of patient and health information, including education materials and programs emphasise the importance of health literacy by incorporating training and ensuring staff are knowledgeable about the tools and resources available to support them to deliver health information to consumers

Ways to track our progress

- Feedback from Aboriginal consumers
- Percentage of consumers who requested an interpreter and who received one
- Number of NT Health staff who complete training on effective communication and health literacy
- Positive evaluations of health information materials and education workshops
- Number of audits / reviews of patient and health information, including education materials and programs, which involve collaboration with Aboriginal people to assess their effectiveness and actions arising from those audits



Domain 3: Whole-of-Organisation Approach

The delivery of a systemic and whole-of-organisation approach will ensure cultural security is embedded across all parts and levels of NT Health and that commitment to action is supported through the use of accountability and governance systems.

Research shows that organisations tend to respond to cultural issues in an ad-hoc way. A key challenge is to consider how the various components of our health system (governance, financing, workforce, information) embed cultural security considerations and how these components interface to ensure cultural responsiveness. Some of these components are discussed as stand-alone domain areas (such as leadership and workforce) but further attention is required with regard to financing and resources as well as policy, accountability and governance.

Priority action area	Strategies
1. Effective policy, governance and accountability	<ul style="list-style-type: none"> • Strategic and operational policies that support cultural security are widely promoted and disseminated • Cultural security is reflected in key organisational documents, service delivery agreements, reporting systems and embedded into regular business practices such as staff, team and management meetings • Governance structures are representative of NT communities and Aboriginal consumers, carers and communities are supported to participate • Reviews and analysis conducted about key decisions to support goals of cultural responsiveness and equity • Strategic policies related to cultural security are monitored and reported against
2. Financing and resources	<ul style="list-style-type: none"> • Allocation of financial resources in annual budgets targeted to improving cultural security • Investment and resources to enhance service delivery, support leadership, research, communication, workforce, consumer and community participation

Ways to track our progress

- Awareness and use of relevant policies and strategies
- Cultural security is integrated into reporting and accountability processes
- Aboriginal people represented on NT Health governance bodies
- Identified budgets to support improving cultural security
- Continued investment in health system components to support enhanced and culturally responsive service delivery
- Use of complaints and major incident reports to inform action on cultural security
- Improved health outcomes and service delivery indicators (i.e. potentially preventable admissions)



Domain 4: Leadership

Leaders across NT health system play a key role in driving cultural security. Leaders are urged to share responsibility for planning, implementing, promoting and evaluating cultural security performance and achievements.

Leadership has a pivotal role to play in setting the organisational culture and clearly communicating the expectations for all staff. Leaders must model and drive the service commitment to cultural security through their words, behaviours and actions. Through appropriate leadership, new and emerging leaders will prioritise and value cultural security as a core obligation ensuring long term organisational commitment to best practice in cultural security.

Priority action area	Strategies
1. Ensure performance and accountability for cultural security	<ul style="list-style-type: none"> • Embed cultural security accountabilities in performance agreements of executive and management roles • Ensure performance development plans prioritise cultural safety and responsiveness • Leaders and managers establish processes and mechanisms to ensure teams are held accountable for the delivery of culturally secure services and practices
2. Develop leaders and champions who are committed to cultural security	<ul style="list-style-type: none"> • Acknowledge leaders and champions who actively engage in improving cultural security services by publically recognising their contribution to delivering better health care • Establish Aboriginal leadership roles, including specific cultural ambassador and mentoring roles and cultural security groups • Actively support and encourage new and emerging leaders who recognise and promote the value of cultural security in health care delivery • Promote and highlight examples of best practice and innovative cultural security initiatives by NT Health staff

Ways to track our progress

- Performance agreements of senior health staff specify cultural security accountabilities
- Performance development plans include a focus on cultural safety and responsiveness
- Formal acknowledgement of leaders and champions in cultural security
- Establishment of cultural security groups which could provide advice to management or serve as learning groups for NT Health staff within hospitals and regions



Domain 5: Consumer and community participation

Consumers are engaged as active partners with health service providers in order to make informed choices, and provide feedback in service planning, implementation and evaluation in order to improve patient experience and health outcomes.

Effective partnerships with consumers exist when people are treated fairly with dignity and respect, when information is shared and when participation and collaboration in health care is encouraged and supported. Effective partnerships between consumers, health care providers and health care organisations have been identified as a necessary dimension of safe, high quality care as detailed in the National Safety and Quality Health Service Standards (Standard 2).

Consumer participation means that health consumers have the opportunity to participate in their own care. Consumer participation also requires including the views and experiences of consumers in service planning, resource development, monitoring and evaluation processes. In order to meet the needs of potential and current health consumers, health consumers must engage with the communities where they are located.

The development of effective participation systems, processes and mechanisms for Aboriginal consumers' needs to place specific consideration on the cultural issues and challenges that may impact on the effective engagement of Aboriginal people.

Priority action area	Strategies
1. Patient Centred Care	<ul style="list-style-type: none"> Aboriginal consumers are provided with care that is responsive to needs and values Accessible information is provided in a respectful way to support consumers and families to make informed decisions
2. Consumer and community partnership in service planning	<ul style="list-style-type: none"> Involve Aboriginal consumers in the development of health information materials to ensure information is relevant, readable and understandable Implement systematic processes that involve Aboriginal consumers and communities in the development and implementation of service design and redesign Establish governance partnerships to ensure Aboriginal consumers and the community are engaged in strategic and operational planning processes
3. Participation in monitoring and evaluation	<ul style="list-style-type: none"> Partner with Aboriginal consumers in developing evaluation approaches and during evaluation of programs and services

Ways to track our progress

- Feedback from Aboriginal consumers and families
- Governance partnerships with Aboriginal consumers
- Number of Aboriginal consumers participating in service planning and design
- Health information materials assessed by Aboriginal consumers
- Aboriginal consumers actively engaged in service measurement and evaluation
- Successful implementation of the National Safety and Quality Health Services Standard 2 - Partnering with Consumers



Domain 6: Quality improvement, planning, research and evaluation

The NT health system learns and reflects on how it addresses cultural security through quality improvement, research and evaluation activities. Learnings inform ongoing planning processes.

NT Health will prioritise continuous learning and reflection about how the health system and services are operating. Quality improvement activities, research, policy and program evaluation will help us develop knowledge about what works to improve Aboriginal health. Lessons from these activities will inform planning processes.

Collecting data, developing indicators and sharing successes and challenges will be central to this domain's components.

Priority action area	Strategies
1. Develop quality data	<ul style="list-style-type: none"> Identify data requirements and sources, train and support staff to ensure quality data for future evaluation and research in relation to cultural security Develop and refine key performance measures to enable ongoing improvements in data systems, services and programs
2. Quality improvement	<ul style="list-style-type: none"> Develop and implement organisational assessments and audits to identify levels of cultural competence, cultural security gaps and to inform improvement opportunities as well as strategic and operational planning processes
3. Research	<ul style="list-style-type: none"> Conduct research that has the potential to support improvements in the delivery of care to Aboriginal people and ensure that the outcomes of research is accessible to the community (to strengthen health literacy) Share research outcomes, information on innovations and successful cultural security programs within and across NT Health, particularly Health Services
4. Establish rigorous evaluation practices	<ul style="list-style-type: none"> New services, programs and initiatives include a focus on cultural security in program evaluations Ensure program and policy evaluations inform development and planning

Ways to track our progress

- Key performance Indicators to assess cultural security are researched, developed and refined
- Evaluation reports include measurement and assessment of cultural security
- Number of assessments / audits conducted with a focus on cultural security
- Research focused on effectiveness of cultural security initiatives is conducted
- Performance information is provided to Aboriginal consumers
- Utilisation of meetings, forums and other mechanisms to share information on cultural security programs and actions

3.4 Implementation

The domain areas are applicable to all NT Health staff. Thinking about where to start with cultural security can be daunting, however most staff and services will probably find that if they reflect on their activities, they are doing more than they realise.

The strategies outlined in the priority areas are intended to be helpful as starting points and suggestions but are not intended to be prescriptive. Health services are best placed to respond with local innovations in meeting these strategic priorities and will have their own strategic and operational planning processes.

For those looking for a place to start and to gain a foothold, the table on the next page outlines starting actions for individual staff members, the service/health centre and at a systemic level. This framework is relevant for all NT Health staff, not only those who are providing front line services. First and foremost, it will be necessary for staff from all disciplines to be cultural security champions in order to move our system as a whole in the right direction. Ideas specific to disciplines are outlined below.

Administrators can support cultural security by promoting cultural safety strategies, goals, and policies. Administrators should consider the rights and values of Aboriginal people and communities when formulating and implementing policy. Administrators can support the inclusion of cultural safety information in

client information systems. Administrators can also ensure that there are mechanisms in place for feedback and consultation with Aboriginal consumers and communities and work towards performance indicators and targets for cultural security.

Health professionals can support cultural security by working in partnership with Aboriginal health consumers and family members to provide on-going treatment and engage in ways that respect and respond to the cultural and communication needs of the consumer. Health professionals should aim to understand the concerns and questions that the consumer may have and check for cultural understandings around health concepts and recommended treatment.

Health leaders and managers can ensure that cultural security is integrated into quality improvement initiatives. Managers also have a potentially powerful role in establishing a zero-tolerance culture towards discrimination, stereotyping, and racism and one that respects the rights and dignity of Aboriginal people.

Aboriginal leaders can continue to advocate for inclusion in the design, delivery and evaluation of services for Aboriginal people. Aboriginal leaders can continue to facilitate and participate where appropriate in experience and lessons on provisions of culturally safe practice.

Cultural security – getting started

As an individual, I can ...

First and foremost, reflect on my own cultural background and how it shapes my values and actions.

Learn about the Aboriginal cultures where I work and live.

Respect interpreters, Aboriginal liaison officers and Aboriginal health practitioners as having specialist skills and as an essential part of the care team.

Observe and learn from other experienced and skilled health care professionals.

Listen to the wishes of Aboriginal consumers and communities.

Consider how my verbal and non-verbal communication impacts health consumers.

Familiarise myself with available resources such as policies, procedures, talking posters, visual aids, the expertise and knowledge of my colleagues and external agencies who provide resources.

Participate in training and professional development opportunities that support culturally secure health practice.



As a health service, we can ...

Orientate new staff to the workplace with the clear message that cultural security is central to being a skilled and competent health professional and that respect for Aboriginal people and cultures is a value of our workplace. Key information, especially information relevant to the local context should be provided in a timely manner.

Prioritise ongoing development of staff in strengthening health literacy and effective communication and working cross-culturally.

Recruit staff who represent the diversity of the community.

Consider how easy (or difficult) it is for newcomers to navigate the service who may speak English as a second or third language.

Proactively build our relationships with the Aboriginal community and community agencies, and report back on what we are doing and what is planned for the future.

Test printed and other materials prior to distribution to ensure that the amount of information and the tone of the resource is appropriate and meaningful.

Promote the sharing of experience and lessons in the provision of cultural secure health practice.

Support and participate in cultural events that are significant to Aboriginal people and communities.



At a system level, we can ...

Have systems in place to gain feedback from Aboriginal health consumers.

Consider the needs and feedback of Aboriginal people in strategic planning and reporting processes.

Ensure that there are policies and procedures that support cultural security.

Identify resourcing to provide and support cultural security initiatives.

Review the complaints received by NT Health and analyse which ones are related to cultural security.

Require ongoing cross cultural training and professional development opportunities for all staff.

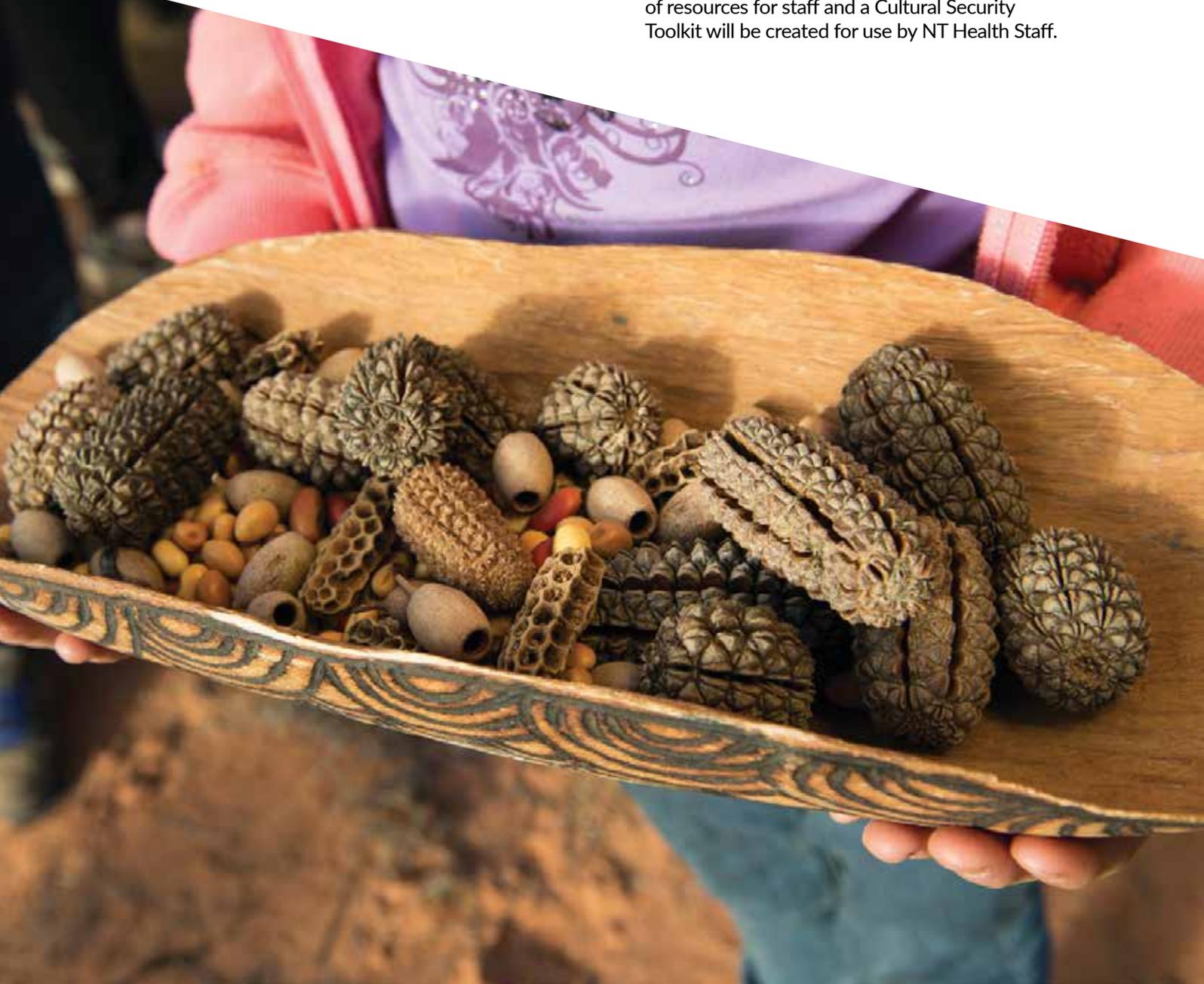




Researchers can include cultural security in design and implementation of research concerning Aboriginal people. Researchers can work with Aboriginal people and communities to ensure that areas of research are shared priorities and can include Aboriginal people as partners in undertaking research and disseminating outcomes.

Educators can include cultural security in the curriculum. Educators can also include Aboriginal people in training programs and get feedback and ideas from Aboriginal people about development of training.

The Department of Health has and will continue to develop a range of tools to support the implementation of this framework. For example, the existing Aboriginal Health Portal has a range of resources for staff and a Cultural Security Toolkit will be created for use by NT Health Staff.



3.5 Monitoring and evaluation

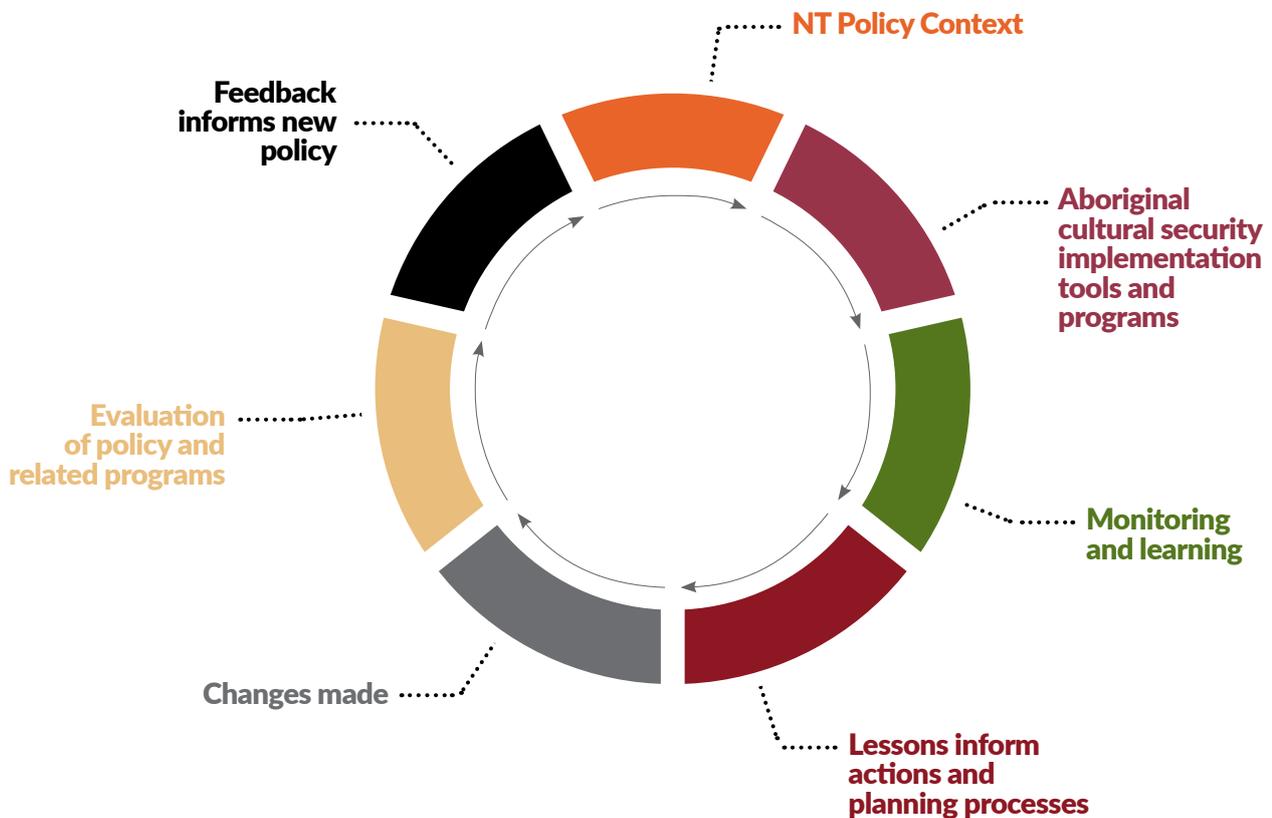
To support the implementation process, the Department of Health will monitor the progress of NT Health. As much as possible, any data or evidence that is required through this process will be derived from existing reporting and all efforts will be made to ease administrative requirements. From this information, an annual report highlighting cultural security success stories, learnings and challenges will be developed.

As this is a 10 year framework, there will be a mid-term review of the framework to determine any key lessons or recommendations that may influence implementation.

An evaluation to assess the impact of the framework will be undertaken prior to its expiry and will inform future policy directions and strategies for the NT health system.

The graph below shows the relationship between the overarching policy context, the different tools that will be used to operationalise the policy and the different mechanisms for monitoring, reporting and evaluation.

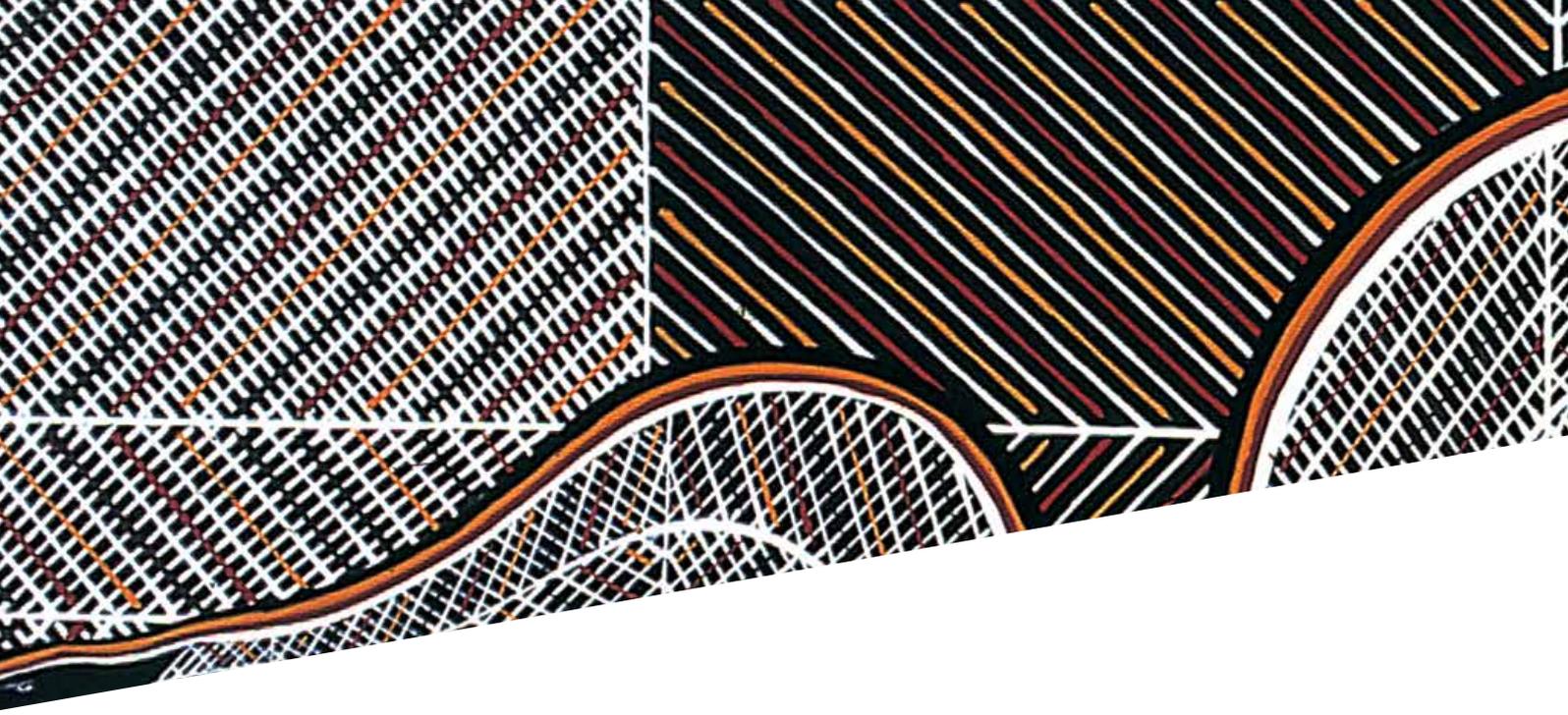
It is important to note that monitoring and evaluation activities will inform future policy as well as supporting us to learn about how to improve implementation.



Conclusion







4.1 Conclusion

Cultural security can increase Aboriginal people's access to health care, increase the effectiveness of care that is received and improve the disparities in health outcomes. Cultural security is also a way for individuals and systems to work together to support the self-determination, rights and participation of Aboriginal people. Cultural security underpins achievement of better health outcomes for Aboriginal people and is core business for all parts of the NT health system. This framework has provided information about the domains of cultural security, priority areas within those domains and suggested strategies so that individuals, health services and other stakeholders can use this document to further progress cultural security in a systematic way.



Cultural security is a viable strategy to improve the links between access, equity, quality and safety, better health outcomes and to enhance the cost-effectiveness of health service delivery.

Notes

- ¹ World Health Organisation, 'Declaration of Alma-Ata', *International Conference on Primary Health Care, Alma-Ata, USSR, 6-23 September 1978*.
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- ³ E Papps & I Ramsden, 'Cultural Safety in Nursing: the New Zealand Experience', *International Journal for Quality in Health Care*, vol. 8, no. 5, 1996, pp. 491-497.
- ⁴ National Aboriginal Health Strategy Working Party, loc. cit.
- ⁵ J Coffin, 'Rising to the Challenge in Aboriginal Health by creating Cultural Security', *Aboriginal and Islander health Worker Journal*, vol. 31 no. 3, May/June 2007, pp. 22-24.
- ⁶ Australian Health Ministers' Advisory Council - Standing Committee on Aboriginal and Torres Strait Islander Health Working Party, *Aboriginal Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*, March 2004, p. 7.
- ⁷ Victorian Government, Department of Health, *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*, 2009, p. 12.
- ⁸ E Papps & I Ramsden, loc. cit.
- ⁹ Western Australia Department of Health, 'WA Health Aboriginal Cultural Respect - Implementation Framework', (n.d.), p. 3,
- ¹⁰ Australian Bureau of Statistics, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profile, cat no. 2002.0, 2011
- ¹¹ R Bainbridge, J, McCalman, A Clifford and K Tsey, 'Cultural competency in the delivery of health services for Indigenous people', Issues paper no. 13, produced for the Closing the Gap Clearinghouse, July 2015.
- ¹² Australian Bureau of Statistics, loc. cit.
- ¹³ NT Department of Local Government and Community Services, Aboriginal Interpreter Service Website, viewed 16 Feb 2016, <http://www.ais.nt.gov.au/>
- ¹⁴ Northern Territory Health, *Aboriginal Cultural Security: an outline of the Policy and its Implementation*, 2007.
- ¹⁵ Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islanders Health Performance Framework 2014 Report*, AHMAC, Canberra. 2015.
- ¹⁶ Ibid.
- ¹⁷ Poche Centres for Indigenous Health, 'Poche Opinion: Finding Common Ground - Avoiding the Terminology Trap, Identifying and applying the critical elements of cultural competence/humility/safety for effective cross cultural work'. 2015.
- ¹⁸ Australian Bureau of Statistics, *Australian Social Trends, Population Composition, Indigenous Languages*, cat. no. 4102.0, 1999.

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