



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

CULTURAL SAFETY FRAMEWORK

**NATIONAL ABORIGINAL
AND TORRES STRAIT
ISLANDER HEALTH
WORKERS ASSOCIATION**



THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION (NATSIHWA) DEVELOPED THEIR CULTURAL SAFETY FRAMEWORK IN 2013 TO **INCREASE THE CAPABILITY WITHIN THE HEALTHCARE SYSTEMS TO DELIVER CULTURALLY SAFE AND RESPONSIVE HEALTH AND WELLBEING SERVICES** FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES.



If you would like to know more about NATSIHWA's activities please visit our website: www.natsihwa.org.au
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Explanatory note: Throughout this document we refer to Aboriginal and/or Torres Strait Islander Health Workers as ATSIHW and Aboriginal and/or Torres Strait Islander Health Practitioners as ATSIHP. This abbreviation is used only for the purposes of readability and we pay respect to the full names and titles of our members and the profession

CULTURAL SAFETY IS ABOUT **COMMUNITY AND INDIVIDUAL EMPOWERMENT** TO MANAGE ONE'S OWN HEALTH AND WELLBEING AND SOCIAL ISSUES. IN PRACTICE, CULTURAL SAFETY REQUIRES HEALTH SYSTEMS TO EXAMINE THEIR OWN PRACTICES IN ORDER TO **BREAK DOWN THE BARRIERS** TO ACHIEVING CULTURAL UNDERSTANDING AND RESPONSIVENESS.

THE PURPOSE OF THIS PAPER IS TO EXPLAIN THE EXPRESSIONS USED IN THE ORIGINAL CULTURAL SAFETY FRAMEWORK. IT IS NOT INTENDED TO DISTRACT FROM OR UNDERMINE THE ORIGINAL DOCUMENT BUT TO EXPOUND ON THE CONTENT, PRINCIPLES, DEFINITIONS, AND EIGHT CRITICAL DOMAINS SET OUT IN THE CULTURAL SAFETY FRAMEWORK.

PURPOSE

NATSIHWA considers it critical to increase the understanding of the role and value of Aboriginal and Torres Strait Islander Health Workers across the health system. Therefore they established the Cultural Safety Framework (the Framework) for the purpose of identifying and providing practical guidance for the development and implementation of cultural safety strategies within and across healthcare systems, in the workplace, and by the health workforce.

The Framework is a companion document to both the Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework (2012) and the Growing Our Futures report by Health Workforce Australia.

Change will occur through strong strategic executive leadership across the health system. In particular, more

needs to be done nationally to embed cultural safety and respect across all health services, and creating culturally safe and responsive healthcare for Aboriginal and Torres Strait Islander people requires a coordinated cross-sectoral approach to achieve this goal.

CULTURAL SAFETY PRINCIPLES

The Cultural Safety Framework is underpinned by the following set of enabling principles:

- Aboriginal Self Determination
- Social and Restorative Justice
- Equity
- Negotiated Partnership
- Transparency
- Reciprocity
- Accountability
- Sustainability
- Political Bipartisanship
- Cultural Contextuality

These enabling principles are the pre-requisites for ensuring effective and sustainable transformational change within the health system whereby

cultural safety strategies are embedded within the processes and policies to increase health outcomes for Aboriginal and Torres Strait Islander peoples.

CULTURAL SAFETY – A DEFINITION

Cultural safety is the 'outcome of education that enables safe services to be defined by those who receive the service'. 'Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual'ⁱ.

Cultural safety aims to enhance the delivery of health services by identifying the power relationship between the healthcare professional and the person receiving care, and empowering the service user to take full advantage of the health care service offeredⁱⁱ.

Cultural safety is based on the experience of the recipient of care, and involves the effective care of a person or

family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice^{iv}.

Cultural safety on a continuum of care with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self exploration occurs), cultural competence, and cultural safety being the final outcome of this process. This is a dynamic and multidimensional process where an individual's place in the continuum can change depending on the setting or community^v.

CREATING SAFE & CULTURALLY RESPONSIVE WORKPLACE ENVIRONMENTS

A safe and culturally responsive workplace environment is one that acknowledges, respects, and accommodates difference. Cross cultural training programs, strategies and other transforming workplace tools have slowly gained traction in the private and public healthcare workplace domain with each, in their own way, designed to create a better understanding and awareness of respecting and accommodating cultural difference and diversity.

In this context, NATSIHWA deems it important that executive leadership is at the forefront of embedding cultural safety within the work environment and to ensure that all health professionals acquire the skills and knowledge essential for the successful and systematic implementation of cultural safety principles and practice.

NATSIHWA, through its membership, have identified a number of strategies as being crucial to enhancing and maintaining cultural safety in Aboriginal and Torres Strait Islander healthcare contexts:

- The need to achieve balance between academic and/or clinical expertise and Aboriginal and Torres Strait Islander cultural knowledge.
- The universal application and implementation of cultural safety across the workplace.
- Embedding the principles of 'cultural safety' within the accreditation of all health professional practice and health services.
- An awareness of the importance and applicability of both verbal and non-verbal Aboriginal and Torres Strait Islander communication styles.
- Recognition and respect for cultural obligations, cultural validation, and cultural credentialing within cultural safe workplaces.
- Acknowledgement of and respect for cultural protocols within gender specific services.

In addition, for healthcare systems and health professionals to work effectively and in collaboration with Aboriginal and Torres Strait Islander peoples, it is critical they understand that communities and their peoples are not all the same and that there is no single culture, homogenous worldview, experience or reality. What may work in one community may not necessarily work in the next so methods of engagement and practice must be both localised and contextual.

i Nursing Council of New Zealand (2002), Guidelines for cultural safety in nursing and midwifery. Wellington: NCNZ.

ii Nursing Council of New Zealand (2002), Guidelines for cultural safety in nursing and midwifery. Wellington: NCNZ.

iii The Royal Australasian College of Physicians November (2004), Paper was developed for the Aboriginal and Torres Strait Islander Mentoring Program of the Australian Indigenous Doctors Association (AIDA) and the Royal Australasian College of Physicians (RACP).

iv The Royal Australasian College of Physicians November (2004), Paper was developed for the Aboriginal and Torres Strait Islander Mentoring Program of the Australian Indigenous Doctors Association (AIDA) and the Royal Australasian College of Physicians (RACP).

v AIDA Position Paper – Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients.

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CULTURAL SAFETY – EIGHT CRITICAL DOMAINS

THE NATSIHWA CULTURAL SAFETY FRAMEWORK IS COMPRISED OF EIGHT (8) DOMAINS WHICH ARE VIEWED AS EQUALLY IMPORTANT, INTERRELATED, AND APPLIED CONSISTENTLY AND EQUITABLY. EACH DOMAIN REPRESENTS A PARTICULAR FOCUS WHICH IS CONSIDERED ESSENTIAL TO THE EFFECTIVE CREATION AND MAINTENANCE OF A CULTURALLY SAFE AND RESPONSIVE HEALTHCARE WORKPLACE ENVIRONMENT AND SYSTEM.

EACH DOMAIN HAS A SET OF COMPONENTS, NAMELY: CORE KNOWLEDGE AND PRACTICE, CORE ENABLERS, CORE PERFORMANCE INDICATORS, AND A MONITORING AND EVALUATION COMPONENT.

THE FRAMEWORK CAN BE USED TO ASSIST COMMUNITIES, HEALTH SERVICES, HEALTH PROFESSIONALS, AND HEALTHCARE SYSTEMS TO NEGOTIATE AND COLLABORATE IN RELATION TO THE DEVELOPMENT OF LOCALLY FOCUSED AND DERIVED PROCESSES TO IMPROVE THE NATURE AND SCOPE OF HEALTHCARE SERVICES IN HOW THEY DELIVER SERVICES TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES.

DOMAIN 1: COUNTRY & COMMUNITY

The Country & Community domain reinforces the relational practice of 'cultural safety' for Aboriginal and Torres Strait Islander peoples and recognises and acknowledges the custodial links and obligations to country and community.

It is essential for the recruitment and retention of Aboriginal and Torres Strait Islander Health Workers, and the provision of culturally safe and responsive healthcare to Aboriginal and Torres Strait Islander peoples that healthcare environments recognise the need for a more culturally responsive approach in their work practices. This approach is one that respects and situates the local Aboriginal and Torres Strait Islander family and community structures, including connectedness to country and community, at the centre of healthcare delivery.

DOMAIN 2: LOCAL CULTURAL CONTEXTUALITY

The Local Cultural Contextuality domain recognises and acknowledges the importance of engaging with the local Aboriginal and Torres Strait Islander community to gain insight into and understand the impact of contact history and how it has shaped and influenced the life experience of peoples.

The health and wellbeing and life chances of Aboriginal and Torres Strait Islander peoples are influenced by both positive and negative responses to the specific healthcare experiences. Public policy, including those that involve the design and delivery of healthcare services and programs, must recognise and accommodate for the diversity and difference within and between Aboriginal and Torres Strait Islander communities and the multifaceted differences, experiences and realities that define them.

Healthcare Cultural Safety strategies actively engage patients in the design and delivery of the healthcare services that are provided to address their specific health needs.

DOMAIN 3: RECOGNISING & VALUING THE ROLE OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS

Recognising and valuing the role of Aboriginal and Torres Strait Islander Health Workers is critical as the role of Aboriginal and Torres Strait Islander health workers is often blurred or ill defined due to the diverse nature and scope of the clinical work and community engagement services undertaken. As a result of this 'blurring', Aboriginal and Torres Strait Islander Health

Workers themselves often face personal cultural and ethical dilemmas within the healthcare system which can in turn lead to reduced support and high burnout rates.

The Aboriginal and Torres Strait Islander Health Worker is often the first point of contact with the local community who seek to access healthcare services, and also play a pivotal role in undertaking and/or advising on local community engagement strategies. While the presence and expertise of Aboriginal and Torres Strait Islander health workers are vital in connecting the local community with the health service improving access to culturally safe services is a whole of system responsibility.

In this context, NATSIHWA deliberates that health executives have a critical role to play in ensuring that the role of Aboriginal and Torres Strait Islander Health Workers is embedded and implemented in practice across the healthcare system and within the healthcare workplace environment.

DOMAIN 4: INDIVIDUAL REFLECTION

The Individual Reflection domain is one of the defining characteristics of cultural safety as it requires individual health professionals to engage in mindful self-reflection. Although the benefits of individual reflection have long been acclaimed, very few cultural training programs cover the subject in depth.

Individual reflection requires the health professional to engage in deep personal reflection as a core component of demonstrating professional competence in areas of cross cultural understanding and respect. Cultural safety does not propose that people become experts on other cultures, but rather it places an emphasis on understanding

and reflecting on one's own cultural norms and beliefs, and how this impacts on others from a different cultural and spiritual background.

DOMAIN 5: SYSTEMIC REFLECTION

The Systemic Reflection domain reinforces the need for an integrated systemic self-reflection process that evaluates the extent to which cultural safety is being implemented within and across the healthcare system.

Research demonstrates that cultural safety can significantly advance the nature and the scope of healthcare services to Aboriginal and Torres Strait Islander peoples and positively impact their overall wellbeing. Cultural safety involves strategies to increase system self-knowledge, systemic reflection, and evaluation. It also clearly recognises the responsibility of healthcare providers to design and deliver healthcare services and programs that respectfully engage people from diverse cultural backgrounds. An effective Aboriginal and Torres Strait Islander cultural safety indicator essentially involves the extent to which Aboriginal and Torres Strait Islander peoples trust the healthcare service to acknowledge and respect their histories, cultures and spirituality.

DOMAIN 6: EQUITY & SUSTAINABILITY

To effectively develop and implement cultural safety in healthcare systems and workplace environments requires the application of equity principles and a strong and sustained commitment to improving healthcare services to Aboriginal and Torres Strait Islander peoples.

Integrating Aboriginal and Torres Strait Islander

worldviews into mainstream healthcare systems policies and programs is critical to achieve culturally safe transformational change in healthcare. Equity is never about 'sameness', rather it seeks to identify and redress historical, social and political imbalances and inequities and how they have impeded the opportunities for socially and/or culturally marginalised minorities.

DOMAIN 7: COLLABORATION & COOPERATION

The Collaboration and Cooperation domain reinforces that the successful implementation of cultural safety strategies is dependent on collaboration and co-operation within and across the healthcare system, including all stakeholders and professional organisations connected

with Aboriginal and Torres Strait Islander healthcare delivery. The principle of co-responsibility is critical in this domain, in particular healthcare systems must engage more effectively with the Aboriginal and Torres Strait Islander community and with Aboriginal and Torres Strait Islander health workers to ensure the creation of a culturally safe workplace.

Although better cultural understanding, at both an individual and systemic level will help with enhancing these concerns, the questions of how cultural safety can be introduced, and by what strategies it will be sustained and built upon, are yet to be fully addressed. Factors that have been identified in successful programs have included strong leadership, a willingness to include all stakeholders in decision making and policy direction,

and continuous strategic analysis to monitor progress and modify practices when deemed appropriate.

DOMAIN 8: MONITORING & EVALUATION

The Monitoring and Evaluation domain emphasises the importance of systematic, structured, and continuous monitoring and evaluation of policies, programs, and healthcare organisations to deliver culturally safe responsive and high quality services to the Aboriginal and Torres Strait Islander community.

It is for this reason that the Monitoring and Evaluation domain has been incorporated embedded within each of the seven (7) NATSIHWA cultural safety framework domains.



APPENDIX 1: HEALTH WORKFORCE ATTRIBUTES

EXECUTIVE	MANAGERS/SUPERVISORS	CO-WORKERS	GENERAL STAFF
<p>People employed at this level are expected to have an enhanced and demonstrable level of understanding and knowledge of Aboriginal contact history.</p> <p>Executive staff should possess the knowledge and skills to oversight the implementation, monitoring and evaluation of cultural safety good practice.</p> <p>Executive staff should have a substantial understanding of the history of Cultural Safety, its purpose and application.</p> <p>Executive staff should be expected to have an extensive understanding of how Cultural Safety will positively impact and support Government policies such as 'Closing the Gap'.</p> <p>Executive staff should be aware of the funding opportunities available to enable training, professional development and access to relevant resources to help implement 'Cultural Safety' in the workplace</p>	<p>Managers should have a fundamental understanding of cultural safety principles and their application to healthcare workplace environments.</p> <p>They should possess skills and knowledge to conciliate workplace grievances.</p> <p>Managers should be able to plan necessary 'Cultural safety' professional development and training for their staff – on an ongoing basis.</p> <p>Managers should be able to oversee and design regular self reflective processes to help evaluate the effectiveness or otherwise of Cultural Safety' programs and practices in the workplace.</p> <p>Managers need to have superior communication and conflict resolution skills to ensure culturally safe practices are followed in the workplace.</p> <p>Managers need to meet regularly with executive to discuss issues and challenges that may arise from the implementation of 'Cultural Safety' in the workplace.</p> <p>Managers need to be able to oversight processes to engage members of the community in the practice of 'Cultural Safety'.</p> <p>Managers need to have the skills to lead a team to help implement and oversee culturally safe practices in the workplace.</p>	<p>Co-workers will have attended cultural safety training and development and possess the knowledge and skill to work effectively with colleagues from culturally diverse and different backgrounds.</p> <p>Co-workers should be aware of and demonstrate a commitment to the practice of 'Cultural safety' in the way they deal with their colleagues as well as clients.</p> <p>Co-workers need to be involved in and practice self reflective practices.</p> <p>Co-workers should be aware of and utilise processes to resolve grievances and provide feedback to management relating to cultural tension issues that may arise in the workplace.</p>	<p>Staff members who work at this level are expected to have at least a base level of understanding of Aboriginal history, cultures and philosophies.</p> <p>They should be aware of cultural safety principles and would have attended cultural safety training and development.</p> <p>Staff members need to be involved in and attentive to the self reflective practices they are required to participate in.</p>

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 1	CORE STANDARDS, KNOWLEDGE AND PRACTICE
COUNTRY & COMMUNITY	<ul style="list-style-type: none"> A demonstrated knowledge of the concept of Connectedness to Country. A demonstrated understanding and commitment to Cultural Safety principles and protocols. An enhanced level of respect for the unique role and responsibility of ATSIHWs. A critical level of skills and knowledge to actively engage with local communities. Ongoing reflection, recognition and appreciation of contact history and its impact on Aboriginal and Torres Strait Islander Australians. An appreciation of Aboriginal and Torres Strait Islander cultural difference and diversity.
ENABLERS	<ul style="list-style-type: none"> The development of cultural safety training modules developed in collaboration with the local community and ATSIHWs. The development of duty statements that recognises and values the cultural knowledge and experience of ATSIHWs. Mandatory cultural safety training modules for senior healthcare managers and supervisors that acknowledges, respects and supports the specialist roles of ATSIHWs and the need to access and engage with the local community. Programs and processes that are designed to create an enhanced level of knowledge and skills for non-Indigenous healthcare personnel regarding cultural difference and diversity. The development of programs and processes that recognises and promotes the concept of holistic healthcare for Aboriginal and Torres Strait Islander patients.
PERFORMANCE INDICATORS	<ul style="list-style-type: none"> Cultural safety training modules are developed in collaboration with the local community and ATSIHWs. ATSIHWs are consulted and involved in the development of new ATSIHW duty statements. ATSIHWs are actively involved in staff recruitment and induction programs. A higher level of appreciation and acceptance of the skills that ATSIHWs bring to the health system. Increased recognition of cultural difference and diversity is reflected in improved client satisfaction with the service.
MONITORING & EVALUATION	<ul style="list-style-type: none"> The establishment of a local cultural safety monitoring and evaluation panel that includes ATSIHWs, local community representatives and senior Aboriginal and Torres Strait Islander healthcare managers and supervisors. Two way healthcare service evaluation of supervisors as well as ATSIHWs.

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 2	STANDARDS, KNOWLEDGE AND PRACTICE
LOCAL CULTURAL CONTEXTUALITY	<ul style="list-style-type: none"> • Identification and understanding of key local community social and cultural and spiritual structures and systems. • Open dialogue and respect for the distinctive language and voices of local communities and their cultural context. • Understanding local contact history and its impact on healthcare services and delivery. • The incorporation of local experiences, language/kinship systems into healthcare services. • The awareness of local cultural context through localised narratives and cultural celebration. • An understanding of and demonstrable commitment to local, social and restorative justice measures.
CORE ENABLERS	<ul style="list-style-type: none"> • Respecting the unique role of ATSIHWs within local contexts. • Healthcare institutions and individuals are engaged in the processes of reflection, recognition and respect of local Aboriginal history, local customs, cultures and kinship structures. • The provision of ongoing in-service training involving colonial history and its impact on local Aboriginal health needs and aspirations. • Development and implementation of programs and processes that creates better understanding by healthcare personnel of cultural difference and diversity • Ongoing induction and celebration of local narratives for all healthcare workers and policy makers through Cultural Affirmation programs that are designed in collaboration with local community representatives.
CORE PERFORMANCE INDICATORS	<ul style="list-style-type: none"> • Relationship with local communities is improved and enhanced. • Culturally safe and responsive healthcare services and programs that are informed by local contexts and identified local needs are designed and delivered. • The emergence of a greater level of understanding by organisations and their personnel of contemporary life chances for Aboriginal and Torres Strait Islander peoples and how these life chances have been affected by distorted cultural and historical narratives. • The inclusion of local Aboriginal and Torres Strait Islander voices at all levels of healthcare design and delivery. • Cultural difference and diversity is understood and incorporated into healthcare services and programs.
MONITORING & EVALUATION	<ul style="list-style-type: none"> • A panel consisting of local community leaders and key Aboriginal and Torres Strait Islander healthcare critical friends is established to assist with monitoring and evaluating systemic cultural safety practices. • Local community leaders and other critical friends are engaged in the induction and professional development of all staff.

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 3	CORE STANDARDS, KNOWLEDGE AND PRACTICE
RECOGNISING & VALUING THE ROLES & RESPONSIBILITIES OF ATSIHWS	<ul style="list-style-type: none"> • Embedding and respecting the specialist role and responsibility of ATSIHWs within clinical team settings. • A heightened understanding of the roles ATSIHWs play in community engagement and development processes. • Recruitment strategies that include clearly defined job descriptions for ATSIHWs that acknowledges their diverse roles within both the healthcare systems and their obligations to community. • A comprehensive induction processes that include formal and informal liaison with the local Aboriginal and Torres Strait Islander community. • The inclusion of ATSIHWs in determining strategies for improving local community health. • Ongoing training and professional career development strategies that promote career advancement for ATSIHWs. • A demonstrated commitment to equity and social restorative justice for Aboriginal and Torres Strait Islander peoples in the workplace. • The need to consider gender specific ATSIHW positions to accommodate gender issues and challenges (eg. male to male and female to female).
CORE ENABLERS	<ul style="list-style-type: none"> • Collaborating with ATSIHWs to design cultural safety training modules for all healthcare staff and management. • The development and embedding of policies that recognises the range and diversity of values that ATSIHWs bring to the health care system. • The inclusion of ATSIHWs in recruitment, pre-service and in-service education strategies. • Strategies to address and reduce the occurrence of ethical decisions that may arise for ATSIHWs. • Programs and processes that create better understanding by healthcare personnel of the value of cultural difference and diversity to the organisation. • Development of programs and processes that recognise the value of adopting a 'whole of person' approach to community healthcare. • ATSIHW male health worker positions are created.
CORE PERFORMANCE INDICATORS	<ul style="list-style-type: none"> • Worker satisfaction is enhanced through improved cultural understanding and the elimination of institutional and systemic racism. • Culturally safe and responsive healthcare services and programs are delivered following input by ATSIHWs and the local community. • Increased capability of health and wellbeing professionals to self reflect on their values and beliefs and how these can impact on health service delivery and work practices. • An appreciation for and acceptance of the skills that ATSIHWs bring to the healthcare system. • Increased recognition of cultural difference and diversity is reflected in increased client satisfaction with the health service.
MONITORING AND EVALUATION	<ul style="list-style-type: none"> • The establishment of a panel that includes ATSIHWs and community representatives to monitor cultural safety measures. • ATSIHW appraisal involving Aboriginal and Torres Strait Islander peer mentoring, as well as professional/ clinical mentoring and local cultural mentoring. • Workplace cultural safety surveys coupled with regular cultural 'yarning circles' involving all sectors of the healthcare team are developed and assessed by senior management and ATSIHWs.

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 4		CORE STANDARDS, KNOWLEDGE AND PRACTICE
INDIVIDUAL REFLECTION	<ul style="list-style-type: none"> The design and introduction of policies and programs to foster individual self reflection. Understanding the need for a 'whole of person approach' to healthcare for Aboriginal and Torres Strait Islander peoples. Increased awareness and understanding of power relationships that may exist at various levels of the healthcare system. Knowledge and understanding of factors that constitute and contribute to a culturally safe and responsive healthcare practice. Understanding of contact history and its impact on the social, emotional and physical wellbeing of Aboriginal and Torres Strait Islander peoples. Recognition of the negative impact that racism has on workplace relations and service delivery. Openly sharing knowledge and a willingness to listen to others and understanding and respecting other world views. The provision of cultural safety and cultural diversity pre and in-service training and development programs. 	
CORE ENABLERS	<ul style="list-style-type: none"> The establishment of cultural safety training at all levels of healthcare and their systems. The design and introduction of programs for healthcare staff to effectively self-reflect on professional and clinical practice. Programs and process to more effectively engage local community involvement in determining strategies to improve communication and trust ATSIHW knowledge in healthcare programs. Both the Executive and staff are aware of and actively promote the importance of consultation with the local community. The establishment of a code of cultural conduct as part of the induction into the healthcare work place. 	
PERFORMANCE INDICATORS	<ul style="list-style-type: none"> Relationships with local Aboriginal and Torres Strait Islander communities is improved and enhanced. Increased performance by staff at all levels through the introduction of mindfulness based self-reflection, information sharing programs and effective conflict resolution processes that value local Aboriginal and Torres Strait Islander cultural protocols. Programs and process to more effectively engage local community involvement in determining strategies to improve communication and trust in healthcare programs are designed and implemented. Elimination and/or zero tolerance of racism throughout the health system. ATSIHWs are actively involved as valued members of the healthcare team. Pre-service and in-service cultural safety and cultural diversity training programs are developed and introduced. Programs and processes that offer the opportunity for all staff to share their ideas are provided. A code of cultural conduct is designed and developed. 	
MONITORING & EVALUATION	<ul style="list-style-type: none"> A panel of custodial Elders and key Aboriginal healthcare critical friends is established to assist with monitoring and evaluating systemic practices and individual self-reflection procedures and programs. The conduct of regular staff meetings to examine whether new cultural safety policies and programs are being successfully implemented. Workplace surveys are used to gauge cultural safety healthcare delivery and self reflection programs. 	

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 5		CORE STANDARDS, KNOWLEDGE AND PRACTICE
SYSTEMIC REFLECTION	<ul style="list-style-type: none"> Mandatory systemic reflective processes and practices. Incorporation of reflective practices in systemic healthcare strategic planning and service delivery. A demonstrable commitment to a 'zero tolerance' approach to racism and discriminatory practices in the workplace. Dismantling of the 'guest paradigm' that often positions and treats ATSIHWs as marginalised outsiders (guests) within healthcare systems and workplace environments. Active listening to and engagement with local Aboriginal and Torres Strait Islander peoples and communities. 	
CORE ENABLERS	<ul style="list-style-type: none"> The establishment of mandatory Cultural Safety Reflective Processes as part of the employee induction processes for all staff. Practices of systemic self reflection are part of regular staff meetings, professional development courses, team meetings and sector or division meetings. Workplace structures that values and validate ATSIHW's and local Aboriginal and Torres Strait Islander communities as legitimate members of the healthcare team. Workplace signage and symbols that depict and confirm the healthcare system's commitment to cultural safety policies and practice. Regular formal and informal opportunities for staff to mindfully consider and discuss the effectiveness or otherwise of the culturally safe policies and practices. 	
CORE PERFORMANCE INDICATORS	<ul style="list-style-type: none"> Recruitment and retention rates of ATSIHWs are increased. Increased numbers of Aboriginal and Torres Strait Islander peoples are employed in executive and leadership positions within healthcare systems. An enhanced level of trust between Aboriginal and Torres Strait Islander peoples and the healthcare system is evident. Positive responses from all health workers regarding the effectiveness of culturally safe practices are provided. Reports of racism and discrimination are diminished. Mandatory systemic reflective processes and practices is acknowledged and implemented. 	
MONITORING AND EVALUATION	<ul style="list-style-type: none"> A panel of custodial Elders and key Aboriginal and Torres Strait Islander healthcare critical friends to assist with monitoring and evaluating systemic practices and individual self-reflection procedures and programs. The regular distribution of formal and informal surveys to assess the effectiveness of cultural safety policies and practices. 	

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 6

CORE STANDARDS, KNOWLEDGE AND PRACTICE

EQUITY AND SUSTAINABILITY

- Uniform national salary structures that recognise the unique and specialist roles and responsibilities of ATSIHW's as health professionals and cultural brokers in the health care pathway for Aboriginal and Torres Strait Islander peoples.
- Identified Aboriginal and Torres Strait Islander healthcare positions which are supported and managed with a clear professional career pathway.
- A demonstrable commitment to social and restorative justice.
- A negotiated and sustainable commitment to culturally safe partnerships.
- An inclusive dialogue with ATSIHWs and local communities to define, develop and implement strategies to create a culturally safe, responsive and sustainable workplace environment.
- The incorporation of Aboriginal and Torres Strait Islander traditions and customs in healthcare administration and workplace practices.

CORE ENABLERS

- The development of an action plan to establish effective mentoring and support mechanisms to address ATSIHW recruitment, retention and professional growth.
- The creation of a senior ATSIHW position to serve as mentor in relation to the induction of new ATSIHW recruits.
- Position statements and associated salary scales that recognise the specialised clinical and cultural role of ATSIHWs.
- The integration of Aboriginal and Torres Strait Islander worldviews into the culture of healthcare delivery and policy making.
- Regular monitoring and review of Aboriginal and Torres Strait Islander healthcare services and programs.

CORE PERFORMANCE INDICATORS

- An enhanced understanding of the important role that ATSIHWs play in bridging the cultural gap between the community and healthcare services.
- ATSIHW's are acknowledged and appropriately remunerated for their unique and specialist role in the delivery of culturally responsive healthcare.
- A senior ATSIHW position is created.
- A clearly defined action plan is created to recruit, induct and retain ATSIHW's.
- Regular monitoring and review of Aboriginal and Torres Strait Islander healthcare services and programs is conducted.
- A reduction in ATSIHW levels of frustration and incidents of lateral violence is evident in workplace environments.
- ATSIHWs are increasingly involvement in the design, development and delivery of culturally safe and responsive healthcare.
- Trust relationships between Aboriginal and Torres Strait Islander patients and healthcare provider are constantly improving.

MONITORING AND EVALUATION

- Cultural safety processes and practices are regularly reviewed and monitored.
- Cultural safety is incorporated into OH&S regulatory arrangements.
- An annual review of equity and sustainability practices, including the distribution of ATSIHW and Aboriginal and Torres Strait Islander patient satisfaction surveys, is conducted.
- Staff exit interviews are conducted and recorded to inform cultural safety practices.

APPENDIX 2: CULTURAL SAFETY DOMAINS

DOMAIN 7

CORE STANDARDS, KNOWLEDGE AND PRACTICE

COLLABORATION & COOPERATION

- Clear implementation plan supported by legislation and mandatory cultural safety training at all levels.
- Commitment to expand Aboriginal and Torres Strait Islander participation in the healthcare system through increased recruitment strategies, access to professional development and increased opportunities for promotion.
- Systemic support for the introduction of job classification levels and uniform national accreditation for ATSIHWs.
- Recognition throughout the healthcare system and the wider community, of the value of ATSIHWs as health professionals and cultural brokers.
- Compulsory leadership development and the introduction of mentors for ATSIHWs.
- Funding to support the recruitment, training and retention of ATSIHWs.
- Ongoing, long term evaluation of new and existing programs.

CORE ENABLERS

- Cultural safety is incorporated into Occupational Health & Safety (OH&S).
- Increased promotion of recruitment opportunities and strategies to ensure the retention and career progression of ATSIHWs.
- Ongoing commitment to long term evaluation methods of new and existing programs and their impact on local Aboriginal and Torres Strait Islander health needs.
- Promotion of the value of ATSIHWs to the wider community
- The introduction of leadership development programs that are incorporated into ongoing training initiatives and the development of a mentoring program for ATSIHWs within the system.
- Duty statements including wage and salary structures that recognise and reflects the diverse nature and scope of the work performed by ATSIHWs in the healthcare system and the community.

CORE PERFORMANCE INDICATORS

- Cultural safety programs and training initiatives are incorporated into the policies of the organisation.
- Culturally safe and responsive healthcare services that promote both the inclusion and well being of the workforce within the system and increase client trust and satisfaction is provided.
- An increased Aboriginal and Torres Strait Islander health workforce with better access to education and training.
- The acknowledgement and acceptance of the legitimacy and value of ATSIHW's within the health care system.
- Programs and services that are tailored to address the diversity of Aboriginal and Torres Strait Islander communities.

MONITORING AND EVALUATION

- The design and application of long term evaluation processes to ensure that the cultural safety concept sustains its effectiveness and momentum.
- Shared accountability and cooperation with all stakeholders to address shortfalls in current policy direction.
- Workplace surveys, staff meetings and consultation with community members to enhance the prospects of sustainability

