

CULTURAL HUMILITY FRAMEWORK

**Improving healthcare experiences and
outcomes for First Nations Peoples
accessing Western health services**



Leadership



Collaboration



Respect



Accountability



Innovation

Humility

Humility is not a feeling
it is a standard
by which you assess your actions
A guiding star
By which to navigate
The complexities of building respectful relationships
With Indigenous peoples
Indigenous sovereignties
On stolen land

Humility means
not stepping in
to Indigenous spaces
conversations
but instead first asking
whether you should be there at all
and if Indigenous peoples
invite you in
asking yourself
what is a respectful way to contribute?
These questions
are not to be asked once
but over and over
Walking humbly
means walking slowly
considering
every step
every gesture
every word
every impact
shifting your pace
to respect Indigenous contexts
to adapt to Indigenous contexts
not expecting
Indigenous contexts to adapt to you



Humility means
understanding that words
ideas
about Indigenous peoples
have a weight and a cost
but if you are not Indigenous
that weight is not one you pay
which means
you cannot judge the weight
assess the cost
only Indigenous peoples
can do that

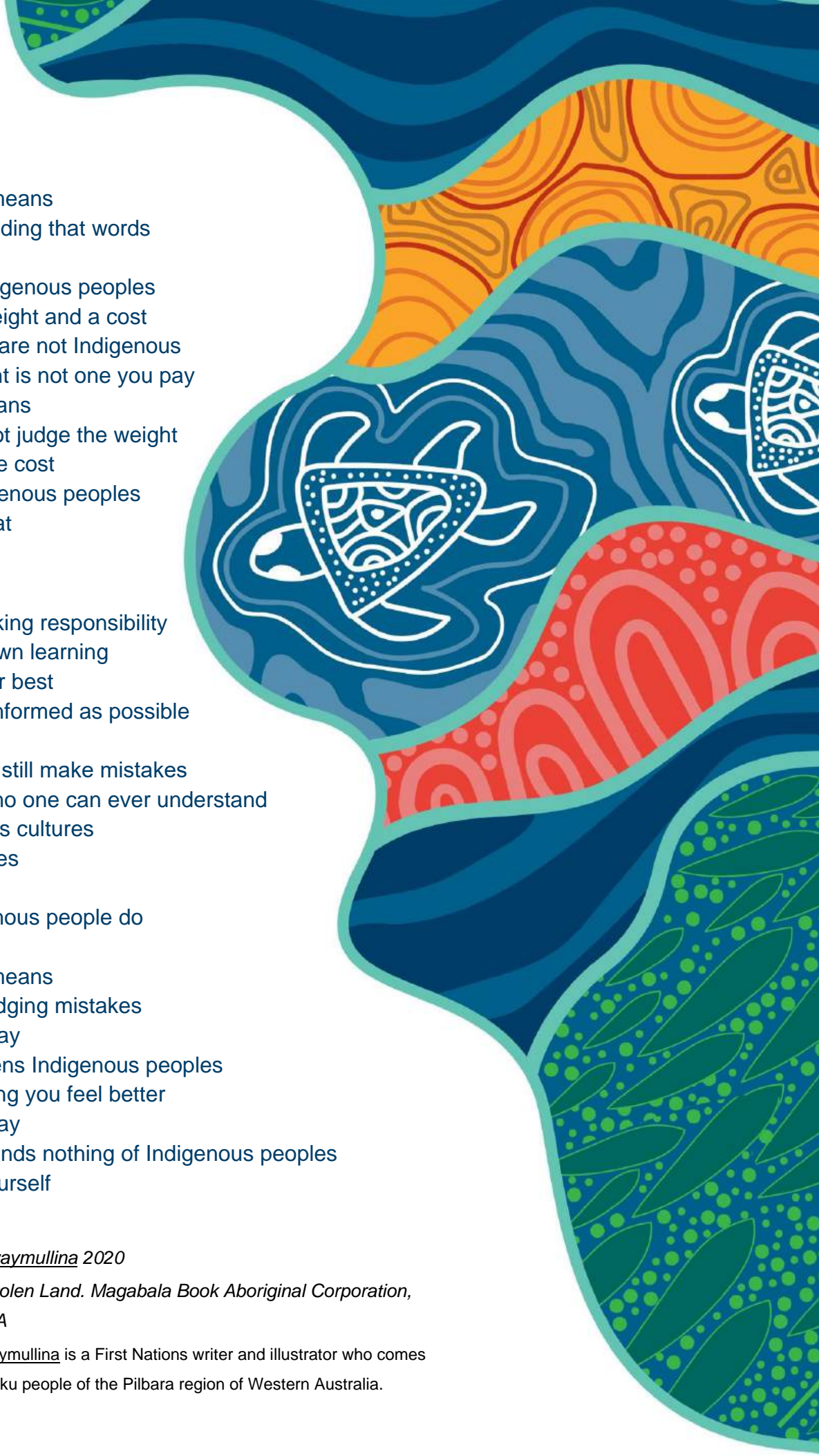
Humility
means taking responsibility
for your own learning
doing your best
to be as informed as possible
knowing
that you'll still make mistakes
because no one can ever understand
Indigenous cultures
knowledges
realities
as Indigenous people do

Humility means
acknowledging mistakes
not in a way
that burdens Indigenous peoples
with making you feel better
but in a way
that demands nothing of Indigenous peoples
only of yourself

Ambelin Kwaymullina 2020

*Living on Stolen Land. Magabala Book Aboriginal Corporation,
Broome, WA*

Ambelin Kwaymullina is a First Nations writer and illustrator who comes
from the Palyku people of the Pilbara region of Western Australia.



Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us.

We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

Prepared in partnership with Murray PHN by
Dr Shirley Godwin (Badimaya Yamatji, she/her), Guwanda Education
August 2024



Guwanda Education
Privileging First Nations voices to build
a culturally safer health workforce



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Acknowledgement of artist and artwork



Healing River in the Dja Dja Wurrung language

My name is Madison Connors (nee Saunders), and I am a Dja Dja Wurrung, Yorta Yorta and Kamilaroi woman. I am a descendant of Henry 'Harmony' Nelson who was known to many.

For many centuries, my people have connected with the land and immersed themselves in the healing properties it provides. Our connection to Country is our bloodline. Being connected offers a holistic approach to our health and wellbeing, connecting our spiritual being with our physical being.

This artwork draws on my Dja Dja Wurrung heritage and reflects the landscape of my ancestors' Country. Its focal point is the Murray River, whose flowing waters bind the various elements of the landscape together. The mountains, the rock formations and the wildlife hold strength and resilience and remind us to continue the fight for what is right for our people, while the endangered turtle - like our culture - needs preservation.

The central circle portrays the strength of the community coming together around a campsite, uniting and sharing the knowledge that is kept in our hearts as the essence of our own identity and journey. The leaves extending from the centre represent bushland, where the trees that hold all of our stories and memories touch the sky. They reach to the ancestors while their roots are embedded in the soil we continue to walk on, helping us to follow in the footsteps of our ancestors and our elders.

I take off my shoes and ground myself with the earth, reminding me where I have come from. If we look after the land, the land will be sure to look after us.

Artwork and story by

Madison Connors (Dja Dja Wurrung, Yorta Yorta, Kamilaroi)

Terminology

The terms 'First Nations', 'Aboriginal and Torres Strait Islander' and 'Indigenous' are used interchangeably to privilege ways of identifying that are self-determined. First Nations is the predominant term used in the framework to communicate diversity and sovereignty.

It is acknowledged that there is not one preferred term to represent Aboriginal and Torres Strait Islander Peoples living in Australia, nor does any one term adequately represent the immense diversity of cultural ways of being across sovereign nations.

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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
AHPRA	Australian Health Practitioner Regulation Agency
CHF	Cultural Humility Framework
IAHA	Indigenous Allied Health Australia
PHN	Primary Health Network

A shared understanding of terminology

Anti-racism	Anti-racism encompasses a range of ideas and political actions which are meant to counter racial prejudice, systemic racism and the oppression of specific racial groups. Anti-racism is usually structured around conscious efforts and deliberate actions that are intended to provide equal opportunities for all people on both an individual and a systemic level. As a philosophy, it can be engaged in by the acknowledgment of personal privileges, confronting acts as well as systems of racial discrimination and/or working to change personal racial biases.
Cultural determinants of health	Aspects of First Nations cultures that protect health and wellbeing, facilitate resilience, and strengthen individual and collective identity. Complex and interconnected, cultural determinants of health encompass holistic understandings of health and wellbeing grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing. ¹
Colonial load	Colonial load represents the cognitive load imposed on First Nations employees by colonial institutions, and racist and unsafe workplaces. Non-First Nations employees need to identify and take responsibility for addressing harmful attitudes, behaviours and practices that add to the colonial load of First Nations colleagues. ²
Cultural load	Cultural load represents the additional, often invisible and unremunerated workload imposed on First Nations employees outside their normal work roles. Cultural load burdens First Nations Peoples by positioning them as responsible for explaining, authenticating and justifying First Nations ways of knowing, being and doing in colonised processes. ³
Cultural capabilities	Cultural capabilities is used as a collective term to encompass the knowledge and skills required to work with cultural humility and in culturally responsive and safe ways.
Cultural training	As an umbrella term, cultural training refers to a suite of professional development activities aimed at increasing cultural humility, responsiveness and safety capabilities for working with and for First Nations Peoples and Communities. Cultural training should include a combination of First Nations-led online self-directed education, face-to-face facilitated learning and local on-Country experiences.

¹ Lowitja Institute 2020, Culture is Key: Towards cultural determinants-driven health policy – Final Report, Lowitja Institute, Melbourne. DOI: 10.48455/k9vd-zp46 https://www.lowitja.org.au/wp-content/uploads/2023/06/Lowitja_CultDetReport_210421_D14_WEB.pdf

² Weenthunga Health Network., 2019. November eNews; Reframing 'Cultural Load' <https://www.instagram.com/weenthunga/?next=%2Falejandra10oct%2F&hl=hi>

³ Diversity Council of Australia (2023) Aboriginal and Torres Strait Islander Peoples – Leading Practice.

<https://www.dca.org.au/resources/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-peoples-leading-practice>



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Place-based approaches	Place-based approaches are a way of working that put Communities at the centre by actively engaging local people in shared decision-making to drive locally identified solutions to local challenges. ⁴
Indigenous data	Indigenous data refers to 'information or knowledge, in any format or medium, which is about and may affect Indigenous Peoples both collectively and individually.' ⁵
Indigenous Data Governance	Indigenous Data Governance (IDG) refers to 'the right of Indigenous Peoples to autonomously decide what, how and why Indigenous data is collected, accessed and used. It ensures that data on or about Indigenous Peoples reflects our priorities, values, cultures, worldviews and diversity.' ³
Indigenous Data Sovereignty	Indigenous Data Sovereignty (IDS) refers to the right of Indigenous Peoples to exercise ownership over Indigenous data 'across all phases of the data lifecycle, including Creation, Collection, Access, Analysis, Interpretation, Management, Dissemination and Reuse.' ⁶
Indigenous self-determination	Self-determination places Indigenous Peoples at the centre of decision-making on all matters that affect their lives and is intrinsically linked to all other Indigenous rights enshrined in the United Nations Declaration on the Rights of Indigenous Peoples ⁷ . Enabling self-determination for Indigenous Peoples encompasses prioritising culture, addressing trauma and racism to support healing and Cultural Safety, and transferring power and resources to Indigenous Communities and organisations. ⁸
Service user	Service user is a generic term to describe those who access and use health services, which encompasses service-specific terms such as patient, client and customer.
Strength-based approaches	Strengths-based approaches challenge the problem-based paradigm that frame First Nations Peoples in terms of deficit and dysfunction, to recognise the strengths, resilience and vitality of Aboriginal and Torres Strait Islander Peoples within the context of ongoing colonisation and power inequity. ⁹
Western health services	Western health services, commonly referred to as mainstream health services, are organisations in which services are designed and delivered based on Western-centric models of care that focus primarily on physical and/or mental dimensions of health.

⁴ State of Victoria, (2020) A framework for place-based approaches: The start of a conversation about working differently for better outcomes. <https://content.vic.gov.au/sites/default/files/2020-03/Working-%20together-in%20place-Policy%20Framework.pdf>

⁵ Maiam nayri Wingara, (2018) Indigenous Data Sovereignty, <https://static1.squarespace.com/static/5b3043afb40b9d20411f3512/t/63ed934fe861fa061ebb9202/1676514134724/Communique-Indigenous-Data-Sovereignty-Summit.pdf>

⁶ Commonwealth of Australia, (2024). Framework for Governance of Indigenous Data: Practical guidance for the Australian Public Service. <https://www.niaa.gov.au/resource-centre/framework-governance-indigenous-data>

⁷ Australian Human Rights Commission (2010) Community Reference Guide to the UN Declaration on the Rights of Indigenous Peoples. https://humanrights.gov.au/sites/default/files/document/publication/declaration_community_guide.pdf

⁸ State of Victoria (2018) Victorian Aboriginal Affairs Framework 2018-2023 <https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023>

⁹ Lowitja Institute. (2018). Deficit Discourse and Aboriginal and Torres Strait Islander Health Policy. <https://www.lowitja.org.au/content/Document/PDF/deficit-discourse-summary-report.pdf>



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Foreword

Australia has a standard of living and life expectancy statistics that are the envy of much of the world. However, those advantages are not shared equally across our population, particularly in rural and regional areas and among underserved populations, including First Nations Peoples.

As an Australian, I am lucky to enjoy the privilege this society provides to me. But our advantages have been built on racist notions of Terra Nullius, and dispossession and the continuation of disadvantage are still very real today.

It is clear that those who were here first and were closely connected and in balance with the landscape and sustainability of this continent, are now among those who are suffering the most, particularly in unequal health outcomes.

First Nations men die on average eight years younger than non-Indigenous men. First Nations youth suicide rates are four times higher than in non-Indigenous communities. Aboriginal Australians and Torres Strait Islanders have shorter life expectancy, higher rates of incarceration, lower levels of health, education and employment, and higher infant mortality rates than non-Indigenous Australians.

We may believe with some justification that we are more enlightened than our forefathers, but we can and must do more to tackle the health disadvantages of First Nations people. We must also recognise that cultural humility is an ongoing listening and learning journey, which will not be implemented overnight.

Cultural Humility, Cultural Responsiveness and Cultural Safety are the three main concepts we are focused on – concepts that are enhanced by four key primary healthcare principles – governance, partnerships, workforce and inclusive, or wraparound, care.

As part of our work in implementing our First Nations Health and Healing Strategy, Murray PHN aims to guide and strengthen the growing capacity of our local primary health workforce, as they work in partnership with First Nations Peoples to deliver culturally informed, responsive and safe services.

I believe the biggest support we can offer is to learn from First Nations Peoples and understand and appreciate their sense of Community, Country, Culture and Connectedness – values that often see them living with less, in order to prioritise living in harmony.

Through this Cultural Humility Framework, I hope you will join me in recognising that we have much to learn and do to achieve reconciliation and improved health outcomes for First Nations Peoples. I encourage you to review the framework to identify opportunities where you can contribute on this journey.

Matt Jones

Chief Executive Officer, Murray PHN



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About Murray PHN

Murray PHN is a not-for-profit organisation, funded primarily by the Commonwealth Department of Health and Aged Care to commission primary healthcare services in our region, which covers almost 100,000 sq km across the north of Victoria and over the border to include Albury, NSW.

Our work is guided by national and local health priorities and issues that have the greatest impact on the lives of its communities. These are chronic disease, mental health, general practice, First Nations health, aged care, child health, alcohol and other drugs, population health, digital health and health workforce.

When communities are supported to manage and improve their health and wellbeing, fewer people need to seek acute healthcare, and more quality care can be provided closer to home.

Through partnerships and collaboration, Murray PHN is better able to deliver to our communities on the changes we need to foster good health and wellbeing, and prevent avoidable disease or illness.

Part 1: About the framework

Context

It is widely recognised that a Cultural Safety deficit across the Australian health system creates major barriers to First Nations Peoples accessing the safe, high-quality, culturally-informed care needed to address pervasive health inequities. This is reflected in a broad range of First Nations-led health policies, plans and frameworks including the National Agreement on Closing the Gap (the National Agreement). Priority Reform Three of the National Agreement commits to the systemic and structural transformation of mainstream agencies through eliminating racism, embedding Cultural Safety, improving Community engagement and partnerships, funding transparency and accountability, and centring Aboriginal and Torres Strait Islander cultures¹⁰.

Primary Health Networks (PHNs) are well placed to make a significant contribution to driving the systemic transformation necessitated in the National Agreement, through the influential role they play in strengthening the primary healthcare sector to meet the needs of local communities. Murray PHN has committed to making a difference for First Nations Communities across its catchment area through the development and implementation of a First Nations Health and Healing Strategy (Figure 1). A cornerstone pillar of this strategy is a focus on cultural humility in Western services. The development of a Cultural Humility Framework (CHF) aims to guide and strengthen targeted initiatives for building capacity of the local primary health workforce to work in partnership with First Nations Peoples to deliver culturally informed, responsive and safe services, free of racism. The CHF will also progress the other cornerstone pillars of the First Nations Health and Healing Strategy by supporting Murray PHN's cultural humility journey as an organisation, building anti-racism approaches for system-wide improvement, and informing ways of working which strengthen self-determination in First Nations' commissioning.

While recognising all peoples have a right to safe healthcare that meets their unique cultural needs, this framework conceptualises cultural humility as it relates specifically to First Nations Peoples and Communities.

Critical reflection on how the features of the framework can be applied to service delivery for other cultural groups is encouraged.

¹⁰ Commonwealth of Australia (2020) National Agreement on Closing the Gap. <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>



Kawa Whakaruruhau (Cultural Safety) was originally conceptualised and developed as an educational pedagogy and healthcare model in the 1980s by Dr Irihapeti Ramsden, a Ngāi Tahu/Rangitane (Māori) nurse, educator and academic, due to observations of health inequities in Aotearoa (New Zealand) between Māori and non-Māori peoples. The transformative work of the late Dr Irihapeti Ramsden has driven improved health outcomes through safer care for culturally diverse peoples worldwide.

In line with the respect afforded significant theoretical frameworks, capital letters are used for Cultural Safety.

Figure 1. Murray PHN's First Nations Health and Healing Strategy



The Cultural Humility Framework is supported by:

- First Nations Health and Healing Strategy
- First Nations Message Stick to Murray (draft)
- Reconciliation Action Plan (pending)
- Stakeholder Engagement Strategy
- Indigenous Procurement Policy (pending)



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Purpose

The purpose of the Cultural Humility Framework (CHF) is to provide guidance for building the capacity of Western health services to deliver culturally responsive and safe services, free of racism, to First Nations Peoples and Communities. The CHF provides principles and measurable practical actions related to key elements for ongoing improvement in engagement with, experiences of and outcomes from service delivery.

Implementing the CHF will support organisational cultural humility through:

- identification of governance mechanisms for embedding cultural responsiveness, Cultural Safety and anti-racism into core business to support whole-of-organisation approaches
- increased capacity to engage in respectful, mutually beneficial and self-determined collaborative relationships with local Communities, representative organisations and service users
- development of a culturally capable workforce and workplace that is better equipped to meet the needs of First Nations employees, service users and Communities
- more inclusive care that centres cultural considerations and prioritises service user preferences, needs and aspirations.

This document should be used in conjunction with *Cultural Humility Framework: User Guide* which provides guidance for the practical implementation of the CHF, together with a self-assessment tool for Western health services to evaluate their progress towards best-practice in cultural humility.

Working with Aboriginal Community Controlled Health Organisations

Aboriginal Community Controlled Health Organisations (ACCHOs) deliver high-quality, culturally informed and evidence-based primary care, grounded in local values and holistic understandings of health and healing. Murray PHN acknowledges the critical leadership of ACCHOs in providing healthcare that best meets the needs of local First Nations Communities, and recognises the pivotal role of self-determined and reciprocal relationships with ACCHOs in addressing health inequity. By supporting the implementation of the CHF across the primary health sector in its region, Murray PHN will play a leading role in facilitating strong and respectful engagement with ACCHOs to enhance the capacity of Western health services to deliver care to First Nations Peoples that is culturally safe and free of racism.



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Guiding principles

The following guiding principles underpin implementation of the CHF and inform culturally responsive and safe ways of working.

Culture is healing	Aboriginal and Torres Strait Islander cultural values and practices are powerful positive and protective determinants of health and healing, and embedding cultural determinants of health in service delivery increases Cultural Safety and improves health outcomes. ¹¹
Self-determination	The right to self-determination, both individually and collectively, is central to all other rights for First Nations Peoples and is key to addressing health and social inequity. ^{12,13}
Cultural governance	Cultural governance provides a vehicle for self-determination and strengthens First Nations Communities by positioning culture and connectedness at the centre of all decision-making and governance processes. ¹⁴
Decolonising approaches	Achieving health equity requires decolonising approaches that privilege First Nations worldviews and holistic understandings of health, while challenging and de-centring dominant colonial views and divesting colonial power.
Strength-based approaches	Strength-based approaches, building on existing strengths and capabilities, are critical to addressing the complex reasons for inequalities and shifting the narrative from disempowering representations that describe First Nations Peoples in terms of deficits and failures. ¹⁴
Placed-based approaches	In recognition of diversity across First Nations, place-based approaches are required for local solutions to local concerns as identified by local Communities.
A human rights approach	The enjoyment of the highest attainable standard of health is a basic human right; upholding the principles of the United Nations Declaration on the Rights of Indigenous People in healthcare delivery is needed to realise this fundamental right for First Nation Peoples. ¹⁵
Collective responsibility	Addressing the inequalities experienced by First Nations Peoples is everybody's business and requires collective, whole-of-organisation ownership, action and accountability across all levels of the health system.
Combatting racism	Racism is a key determinant of health for First Nations Peoples and implementing anti-racist approaches on individual, organisational and systemic levels is critical to providing culturally safe care free of racism.
Patient safety	For First Nations Peoples, clinical and Cultural Safety are inextricably linked; clinically safe care alone will not improve health outcomes.

¹¹ Lowitja Institute (2020) Culture is Key: Towards cultural determinants-driven health policy https://www.lowitja.org.au/wp-content/uploads/2023/06/Lowitja_CultDetReport_210421_D14_WEB.pdf

¹² Australian Human Rights Commission (2010) Community Guide to the United Nations Declaration on the Rights of Indigenous Peoples https://declaration.humanrights.gov.au/sites/default/files/document/publication/declaration_community_guide.pdf

¹³ Victorian State Government (2019) Self-Determination Reform Framework <https://content.vic.gov.au/sites/default/files/2019-09/Self-Determination-Reform-Framework-August-2019.PDF>

¹⁴ Lowitja Institute. (2018). Deficit Discourse and Aboriginal and Torres Strait Islander Health Policy. <https://www.lowitja.org.au/content/Document/PDF/deficit-discourse-summary-report.pdf>

¹⁵ Australian Human Rights Commission (2010). The Community Guide to the UN Declaration on the Rights of Indigenous Peoples. https://www.humanrights.gov.au/sites/default/files/document/publication/declaration_community_guide.pdf



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Part 2: Framework structure

Figure 2: Murray PHN's Cultural Humility Framework



Core concepts

At the centre of the CHF are the core concepts of cultural humility, cultural responsiveness and Cultural Safety. These concepts represent ways of working for creating health services that First Nations Peoples judge as safe to approach and use. The three core concepts are interlinked with shared features for working with and for First Nations Peoples and should be firmly grounded in Country, Culture, Community and Connections.

Cultural humility

Cultural humility sits at the heart of culturally responsive and safe healthcare and service delivery. It describes a lifelong commitment to self-reflection, personal growth and redressing power imbalances.

Cultural humility encompasses:

- a humble and respectful approach to working with people who have a different cultural identity and worldview to your own
- an awareness of and critical reflection on one's own cultural identity and attitude to cultural difference
- recognition of the limited extent to which one can meaningfully understand someone else's culture; there is no end-point to the learning or an objective of mastering another culture
- re-positioning of power by recognising that others are the experts in their own culture and cultural aspects of their health and the healthcare and service providers are the learners
- health practitioners and services providers recognising and advocating against systemic barriers, including racism and power inequity, that impact on individual and Community health.



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Cultural responsiveness

Cultural responsiveness refers to the individual, organisational and systemic attitudes, behaviours and actions that are responsive to diverse cultural preferences, aspirations and needs. It describes the *actions* needed to support Cultural Safety, which describes how the recipients of healthcare *feel*.

Cultural responsiveness:

- is innately transformative with a focus on strengths-based, action orientated approaches at all levels of the health system
- places the responsibility on the individual, organisation and system to respond appropriately to the unique needs of the peoples and Communities they deliver services to
- positions culture at the centre of health and healthcare, and understands that culture shapes individual and organisational values and interactions with others.

Cultural Safety

Cultural Safety refers to outcomes of healthcare and service delivery determined as safe, including free of racism, by the recipients of care and service users.

Cultural Safety:

- can only be defined and judged by those accessing and using health services
- requires a paradigm shift from thinking that the same care should be provided to everyone (regardless of difference), to care that is tailored to people's unique health needs and preferences
- centres equity and justice by addressing differences that are systematically produced, avoidable and unfair
- requires scrutiny of the impact of dominant power structures and addressing entrenched power imbalances, both historical and contemporary, between colonised and colonising peoples
- focuses the gaze of the healthcare and service providers inwards, rather than focusing on learning about the otherness of the recipient of care and service user
- focuses on how healthcare can be delivered differently to improve healthcare experiences and outcomes, rather than expecting the recipients of care and users of services to fit to a 'normal' standard of care/service.

The framework uses Indigenous-led conceptualisations of cultural responsiveness and Cultural Safety.

Cultural responsiveness: draws on Indigenous knowledge through the leading work of Indigenous Allied Health Australia (IAHA)¹⁶.

Cultural Safety: draws on the eminent foundational work of Dr Irihapeti Ramsden (Māori, Ngāi Tahu/Rangitane) and the Aboriginal and Torres Strait Islander-led work by the Australian Health Practitioner Regulation Agency (AHPRA).

¹⁶ Indigenous Allied Health Australia (2019) Cultural Responsiveness in Action: An IAHA Framework. https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf



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AHPRA provides the following definition and description of Cultural Safety¹⁷:

Cultural Safety is determined by Aboriginal and Torres Strait Islander individuals, families and Communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

1. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors that impact individual and community health
2. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
3. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare that is driven by the individual, family and community
4. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander Peoples and colleagues.

Key elements and focus areas

Supporting the operationalisation of the CHF core concepts are four interrelated key elements, each featuring a number of defined focus areas.



KEY ELEMENT 1: GOVERNANCE

Governance structures and mechanisms support a whole-of-organisation approach to embedding cultural humility in all aspects of core business.

Focus areas

- **Leadership:** Those in organisational and team leadership positions noticeably demonstrate culturally responsive and safe knowledge, attitudes, behaviours and actions.
- **Governing documents:** A commitment to addressing First Nations health inequity through the provision of culturally responsive and safe service delivery is made visible in organisational governing documents.
- **Policy and practices:** A whole-of-organisation approach to addressing First Nations health inequity through the provision of culturally responsive and safe service delivery is embedded across organisational policies and practices.
- **Resources:** Adequate, appropriate and sustainable resources are allocated for initiatives to meet the needs and improve the experiences of service users.
- **Monitoring and evaluation:** Mechanisms to monitor and evaluate outcomes of strategies, including the identification of barriers and enablers for success are embedded across the organisation to inform continuous quality improvement processes.
- **Data management:** Data is collected, processed and shared in ways that uphold the principles of Cultural Safety and Indigenous data sovereignty and governance.

¹⁷ Australian Health Practitioners Regulation Agency [Ahptra] (2020) The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy. <https://www.ahpra.gov.au/About-Ahptra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>



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KEY ELEMENT 2: PARTNERSHIPS

The organisation embeds a commitment to privileging the voices of First Nations Peoples through mechanisms that enable respectful, mutually beneficial and self-determined collaborative partnerships with local Communities.

Focus areas

- **Understanding Community:** An understanding of demographic, health and cultural contexts of local Communities underpins targeted improvements in hearing and meeting the needs of service users.
- **Community collaboration:** The critical role of respectful, mutually beneficial and self-determined collaborative partnerships in meeting Community needs is recognised and reflected in organisational ways of working.
- **Consumer participation:** The voices of those who use the service are empowered and prioritised to inform organisational ways of working.
- **Feedback:** Organisations are culturally responsive in actively, adequately and accurately collecting and responding to feedback from service users and local Communities.



KEY ELEMENT 3: WORKFORCE

The crucial role of a culturally capable health workforce, including First Nations Peoples employed across all areas of service delivery, in meeting the needs of local Communities is reflected in organisational policy and practice.

Focus areas

- **First Nations employees:** Valuing and building a strong First Nations workforce is prioritised through developing culturally responsive recruitment and creating culturally safe workplaces.
- **Non-First Nations employees:** Building the cultural capacities of all non-First Nations employees to work in culturally responsive ways with colleagues, service users and Communities is valued and strategically prioritised.



KEY ELEMENT 4: INCLUSIVE CARE

An organisational commitment to improving the experiences of and outcomes for First Nations service users through the delivery of culturally informed, responsive and safe care is incorporated into policy and practice.

Focus areas

- **Understanding needs:** All employees providing care and services have a well-developed understanding and working knowledge of the individual, Community and population level health considerations for First Nations Peoples.
- **Welcoming environment:** The service provider creates and maintains culturally responsive and welcoming spaces that reflect First Nations cultural values, practices and needs.
- **Identification:** Processes are in place for accurate identification of First Nations service users and information is collected and managed in culturally responsive and safe ways.
- **Communication:** The organisation recognises that culturally responsive communication is the foundation for the delivery of care judged by First Nations Peoples as safe to approach and use.
- **Holistic care:** The care/service provided incorporates holistic understandings of the determinants of health and wellbeing, tailored to the service user's needs, preferences and desired outcomes.



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Part 3: Implementing the framework

Actions for implementing the CHF are intended to provide practical guidance for the development, delivery, evaluation and reporting of strategies aimed at improving ways of working to better engage with and meet the needs of First Nations service users. Implementing these strategies should be seen as organisational core business, rather than optional or an additional burden.

The CHF recognises that the development of cultural humility and culturally responsive and safe service delivery is an ongoing listening and learning journey, and that services are at different places in this journey depending on organisational needs, strengths, resources and opportunities. In this context, implementing the CHF is presented in a stepwise process, starting with first steps for laying the foundations, to moving forward to reflect good practice and finally, through to leading the way by demonstrating best practice.

The following tables outline a three-step process towards best practice in each of the focus areas that sit under the four key elements of the framework. The key elements and focus areas are interconnected and relational; strategies for each should be developed and reinforced concurrently. Some actions are relevant to and shared across focus areas. The strategies outlined should not be considered exhaustive or used in isolation; where explicit relevant First Nations-led guiding frameworks, professional standards or accreditation requirements exist, these should inform and complement the actions provided.

Key element 1: Governance

Focus area: Leadership

Those in organisational and team leadership positions noticeably demonstrate culturally responsive and safe knowledge, attitudes, behaviours and actions.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Leadership actively promotes the need for culturally responsive and safe ways of working to all employees.	Leadership proactively seeks ongoing opportunities to build their own capacity in culturally responsive and safe ways of working.	Leadership participates in obligatory cultural training tailored for executive/management, including training for safe ways of working with First Nations employees.
Leadership understands different types of cultural training and takes responsibility for promoting the value of training to all employees.	In collaboration with First Nations Peoples, leadership develop an employee cultural training program and support employee participation by including training in workload allocation and performance review conversations.	Leadership embeds cultural training as mandatory for all employees and includes in employee workload and performance review policy.



Leadership



Collaboration



Respect



Accountability



Innovation

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Leadership takes responsibility for raising awareness and promoting significant events on the cultural calendar as a normal part of business.	Leadership values employee attendance/ participation in Community events and includes participation in workload allocation and performance review conversations.	Leadership partners with local First Nations Communities and organisations to jointly recognise and financially support significant events on the cultural calendar.
Leadership recognise and acknowledge that racism is a key determinant of health and commit to taking an anti-racism stance in their work roles.	Leadership drives the development and implementation of anti-racism policies as core business and communicates an organisational commitment to anti-racism to employees.	Leadership undertakes obligatory anti-racism training and ensures anti-racism training is included in a mandatory employee training program.
Leadership critically reflects on the need to challenge 'normal' ways of doing business and the need for transformational change management processes.	Leadership supports employees to recognise and understand the need for cultural and logistical change.	Leadership create and implement a vision and strategic plan for change, including task responsibilities and measures of success.
First Nations health and cultural leadership, both within the service's workforce and externally, is recognised and valued across the whole organisation.	Mechanisms are established for building and supporting First Nations leadership roles across the organisation.	First Nations health and cultural leadership, both internally and externally, is formally incorporated into governance structures and decision-making processes, and appropriately remunerated.
Focus area: Governing documents A commitment to addressing First Nations health inequity through the provision of culturally responsive and safe service delivery is made visible in organisational governing documents.		
First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Strong statements of commitments to culturally responsive, safe and anti-racism ways of working are developed and communicated to employees and service users.	Commitment statements are included in organisational governing documents such as, but not limited to, vision and value statements, strategic and business plans.	Governance processes ensure that First Nations Communities are involved in identifying priorities, targets, strategies and indicators of success related to organisational commitments for inclusion in governing documents.

Focus area: Policy and practice

A whole-of-organisation approach to addressing First Nations health inequity through the provision of culturally responsive and safe service delivery is embedded in all aspects of core business.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Opportunities for the inclusion of culturally responsive ways of working in operational policies and practices are identified.	Culturally responsive ways of working are embedded in organisational policies and practices.	Mechanisms are in place to ensure First Nations Communities are involved in identifying culturally responsive ways of working, for inclusion in organisational policies and practices. Relevant policies and practices for monitoring and evaluation reflect an understanding that the service is accountable to local Communities for driving improvements in outcomes.

Focus area: Resources

Adequate, appropriate and sustainable resources are allocated for initiatives to improve the service user experience for First Nations Peoples.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Appropriate resource and funding allocation to support culturally responsive ways of working is identified.	Appropriate and sustainable funding investment and resource allocation to implement cultural responsiveness related service improvements is included in budgets across all levels of the organisation.	Investment of relevant funding and resources is reviewed regularly and adjusted accordingly to measures of success as identified by First Nations Communities.
A database of First Nations owned goods and service providers is established and regularly updated.	Procurement policies include cultural responsiveness standards in the identification and assessment of providers, and the provision of procured goods and services.	First Nations owned goods and service providers are proactively sought and prioritised where possible and this requirement is stated in policy.

Focus area: Monitoring and evaluation

Mechanisms are embedded to monitor and evaluate outcomes, including the identification of barriers and enablers for success, to inform continuous quality improvement.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Improving cultural responsiveness and safety as an ongoing process informed by good data and evidence is recognised, and mechanisms are identified to enable timely and effective monitoring and evaluation of related policies and practices.	A documented and continuous organisational quality improvement plan is in place, including mechanisms for the identification of enablers and barriers, and sharing knowledge on what works and addressing what doesn't.	Mechanisms are in place to ensure First Nations Communities are involved in the development of evaluation mechanisms and the organisational quality improvement plan. Policies and practices implemented for the monitoring and evaluation of related strategies reflect an understanding that the service is accountable to local Communities for driving improvements in outcomes.

Focus area: Data management

Data is collected, processed and shared in ways that uphold the principles of Cultural Safety and Indigenous data sovereignty and governance.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Awareness and understanding of the concepts of Indigenous data sovereignty and governance are developed across the organisation.	A commitment to the principles of Indigenous data sovereignty and governance is documented.	Mechanisms are in place to ensure First Nations Communities are involved in identifying how culturally the principles of Indigenous data sovereignty and governance can be embedded in relevant organisational policies and practices.
Identification and implementation of relevant actions under the Prepare stage of the framework for governance of Indigenous data ¹⁸ guidelines is undertaken.	Identification and implementation of relevant actions under the Grow stage of the framework for governance of Indigenous data guidelines is undertaken.	Identification and implementation of relevant actions under the Extend stage of the framework for governance of Indigenous data guidelines is undertaken.

¹⁸ Commonwealth of Australia, (2024). Framework for Governance of Indigenous Data: Practical guidance for the Australian Public Service. <https://www.niaa.gov.au/resource-centre/framework-governance-indigenous-data> See CHF User Guide

Key element 2: Partnerships

Focus area: Understanding Community

An understanding of demographic, health and cultural contexts of local Communities underpins targeted improvements in hearing and meeting the needs of service users.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
The need for understanding of historical and contemporary contexts of local Communities is recognised by all employees, and resources to build foundational understandings are proactively sought and shared.	Mechanisms are in place to enable the involvement of local Communities in building organisational knowledge of historical and contemporary contexts.	Knowledge of historical and contemporary contexts, as provided by local Communities, is explicitly reflected in targeted policies and practices.
A clear and accurate picture of health status and service usage is developed from publicly available national, state and regional, and internally collected, datasets and reports.	Mechanisms are in place to ensure organisational understandings of local health needs, priorities and preferences for services are informed by local Communities.	Mechanisms are in place to enable understandings of local health contexts, as informed by Community, to inform decisions related to meeting the needs of local Communities.

Focus area: Community collaboration

The critical role of respectful, mutually beneficial and self-determined collaborative partnerships in meeting Community needs is reflected in organisational ways of working.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Key leaders, contacts and relevant cultural protocols to guide communication with Communities and organisations, including ACCHOs, within catchment area are identified.	Mechanisms are in place to enable collaboration with Communities and representative organisations, including ACCHOs, to develop protocols for forming and maintaining partnerships.	Community representation in governing and decision-making process is valued, and mechanisms to demonstrate this are prioritised, established and maintained.
Specific teams and programs requiring capacity building to deliver outcomes are identified and targeted.	Local Community groups (e.g. men's group), health professionals (e.g. Aboriginal mental health workers) and organisations (e.g. local ACCHOs) are identified and engaged to provide expert knowledge.	Ongoing communication and repeat consultations with Community groups and organisations are maintained to enable long-term engagement and ongoing capacity building.

Focus area: Consumer engagement

The voices of those who use the service are empowered and prioritised to inform organisational ways of working.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
The organisation as a whole and all employees respect the uniqueness of individual service users, while also understanding the link between individual health and Community wellbeing.	Employees are supported to develop cultural responsiveness capacity to engage service users and support active participation.	Culturally safe engagement with services users is included in an employee mandatory cultural training program, designed and delivered by local Communities or representative organisations.
Opportunities for services users to positively influence their experiences are identified.	Culturally safe mechanisms, developed in partnerships with Community, are in place to facilitate meaningful service user participation and influence.	Service user experience feedback mechanisms aimed at, and used for, improving service delivery are developed in partnership with service users.

Focus area: Feedback

The organisation is culturally responsive in actively, adequately and accurately collecting and responding to feedback from local Communities and service users.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
The critical role of Community and service user feedback in improving service delivery is recognised, and culturally responsive and safe mechanisms are in place to enable meaningful service user feedback.	Mechanisms are in place to enable collaboration with Communities for the development of protocols for collecting and responding to feedback.	Mechanisms are in place for collaborative partnerships with Community to review feedback data and actively provide timely responses.
The organisation and relevant employees understand how service user feedback can best inform reporting requirements and uphold the principles of Indigenous Data Governance.	Policies and processes related to reporting on service user experiences reflect the principles of Cultural Safety and Indigenous data governance.	De-identified data related to service user experiences is shared with local Communities and representative organisations in a way that builds relationships and informs region wide, cross-organisational delivery of services.

Key element 3: Workforce

Focus area: First Nations employees

Valuing and building a strong First Nations workforce through developing culturally responsive recruitment and creating culturally safe workplace environments.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
The organisation has working knowledge of the evidence to guide development of culturally responsive recruitment, selection, induction and employee support processes.	Workforce development strategies are identified and developed, and centre First Nations culture, knowledge and practice to support targeted employment initiatives.	An organisational First Nations Workforce Strategy is developed and implemented in collaboration with Community, including partnerships and employment pathways with local Communities and organisations, and First Nations-led quality improvement mechanisms.
The recruitment/HR department has undertaken relevant cultural training.	Adequate long-term resources are allocated to support First Nations workforce development.	First Nations Peoples are working in all areas of the organisation, both clinical and non-clinical, and in senior/ leadership roles.
The cultural expertise, skills and strengths First Nations People bring to both clinical and non-clinical roles is valued and reflected in policy and practice.	Policies and practices promote First Nations employees' right to culture, the right to participate in cultural activities and the right to fulfil Community obligations.	Organisation and team leadership has undertaken training in creating and maintaining culturally safe workplaces and employee management processes.
First Nations employees are encouraged and supported to share their views and raise concerns about the level of Cultural Safety within their teams and the organisation.	Sustainable funding and self-determined workload allocation is provided for First Nations employees to develop, lead and evaluate cultural responsiveness and safety related policies and practice.	Opportunities for self-determination are provided for First Nations employees through formal discussions, professional development goals, and career development and progression.
The cultural load and colonial load of First Nations employees is recognised and understood.	Strategies are investigated and developed to reduce the cultural and colonial loads of First Nations employees.	First Nations employees are provided with self-determined opportunities to evaluate strategies implemented to reduce cultural and colonial loads. First Nations employees are paid a salary loading reflective of the additional workload they take on outside of their normal work role.

The impact of racism in the workplace, both interpersonal and institutional, is clearly understood and reflected in commitments to anti-racism ways of working.	Culturally safe mechanisms, as informed by First Nations Peoples, are established for identifying, reporting and promptly addressing racism. These are embedded in policy and practice, and are clearly communicated to all employees.	Culturally safe mechanisms, developed in collaboration with First Nations Peoples, are in place for regular evaluation and feedback on the organisational strategies to address workplace racism.
Focus area: Non-First Nations employees Building the cultural capacities of all non-First Nations employees to work in culturally responsive ways with colleagues, service users and Communities is valued and strategically prioritised.		
First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
All employees across all levels of the organisation are able to critically reflect on their own level of cultural humility capacity to work in culturally responsive and safe ways, and are able to identify ongoing learning needs.	An employee cultural training program, including anti-racism training, is developed in collaboration with First Nations Peoples, and participation in the program is supported by managers during workload allocation and planning processes, and performance review conversations.	An employee cultural training program, including anti-racism training, is embedded in policy as expected professional development and embedded as mandatory in workload and performance review policy. All employees in manager/supervisor roles of First Nations employees undertake obligatory training targeted at building capacity for working in safe ways with First Nations employees.
All employees across all levels of the organisation are able to reflect on the organisation's level of cultural humility and capacity to work in culturally responsive and safe ways, and are encouraged and supported to share their views and raise concerns.	Mechanisms are established in policy and practice for reporting and addressing Cultural Safety concerns or incidents raised by employees.	Mechanisms for reporting and addressing employee Cultural Safety concerns or incidents are monitored and reviewed regularly in partnership with internal employees and external First Nations expertise.
Ongoing opportunities are provided and encouraged for all employees to undertake professional development activities, both generic and role specific, to build cultural capabilities including anti-racism skills.	Appropriate, adequate and sustainable funding and resources are allocated to support the ongoing development of cultural responsiveness and safety of all employees, both clinical and non-clinical.	Partnerships are established with local Communities and organisations, including ACCHOs, to collaborate and share best practice in supporting employees to provide culturally responsive and safe service delivery.

An organisational commitment to culturally responsive, safe and anti-racist workplaces and service delivery is visible in recruitment, selection and induction processes for new employees.	An organisational commitment to culturally responsive, safe and anti-racist workplaces and service delivery is embedded in recruitment, selection and induction policies, including job descriptions and selection criteria and mandatory on-boarding activities.	Cultural training and the delivery of culturally responsive service is included in all employee performance and development plans, including promotion processes.
		Opportunities are provided for First Nations input and participation, where relevant, into recruitment, selection and induction policies and processes, including selection interviews.

Key element 4: Inclusive care

Focus area: Understanding needs

All employees providing care and services have a well-developed understanding of the individual, Community and population level health considerations for First Nations Peoples.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
All employees are provided resources and opportunities to build a working knowledge of national and local health determinants, priorities, preferences and needs, and their application to service delivery in the context of individual and Community diversity.	Employee cultural training programs include education on First Nations concepts of health and healing, and how interconnected physical, cultural, historical, political and social determinants influence engagement with health services and impact on health outcomes.	The health determinants, priorities, preferences and needs of local Communities, as informed by local Communities, is reflected in organisational policy and practice.
Service/ care providers have an awareness of and are informed by existing First Nations specific initiatives/ strategies/ programs for improving health outcomes. These may be service/ discipline specific. For example, in general practice there are a range of relevant programs such as PIP IHI and CTG PBS co-payment.	Policies and practices reflect the evidence in the delivery of services/ care that meets the holistic needs of First Nations Peoples and Communities.	Dedicated employee/work tasks are allocated to undertake ongoing investigation to keep up to date with the evidence and available supports and programs for improving health outcomes, and for regular review of policies and practices to ensure they reflect current evidence.

Focus area: Welcoming spaces

The organisation creates and maintains culturally responsive and welcoming spaces that reflect First Nations cultural values, needs and practices.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
<p>The organisation has an understanding that physical (design, layout, appearance), emotional (the feeling of being supported and cared for) and relational (the quality of the relationships with employees and other users) aspects of spaces are all critical components of creating welcoming, culturally safe environments.</p> <p>The organisation reflects on, and is open to making changes to the environment of the service to enhance the comfort and sense of Cultural Safety for First Nations service users.</p>	<p>The organisation works in partnership with local Community and representative organisations to audit the service environment and identify strategies to create and/or enhance Cultural Safety for both services users and employees.</p>	<p>Appropriate, adequate and sustainable funding and resources are allocated to support the ongoing development and maintenance of culturally responsive and welcoming spaces for First Nations service users.</p>
<p>Employees understand the importance of Country as a determinant of health and know the Aboriginal name of the Country on which the service is located.</p>	<p>Acknowledgement of Country is prominently displayed throughout the organisation.</p>	<p>Meaningful Acknowledgement of Country is undertaken at all formal meetings and events.</p>
<p>Employees understand the difference between and significance of Acknowledgement of Country and Welcome to Country protocols.</p>	<p>Organisational policy and procedure for Acknowledgement of Country and Welcome to Country protocols are developed and communicated to all employees.</p>	<p>Partnerships exist, formalised through Memorandums of Understanding, with local Traditional Custodians to provide Welcome to Country for external events.</p> <p>Welcome to Country costs routinely included in budgets.</p>
<p>A zero-tolerance to racism and organisational commitment to anti-racist approaches in service delivery is prominently displayed in public and clinical spaces.</p>	<p>Culturally safe mechanisms are in place to enable services users to report experiences of racism.</p>	<p>Policies and processes are in place for prompt and resolute attention to reported experiences of racism and these are clearly communicated to all service users.</p>

Focus area: Identification

Processes are in place for accurate identification of First Nations service users, and information is collected and managed in culturally responsive and safe ways.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Review all systems to ensure that the standard question regarding Aboriginal and Torres Strait Islander status is consistently worded, coded and documented.	All information recording policies and practices align with data collection and reporting requirements, and Cultural Safety principles.	Policies and practices are in place to support an environment in which identifying as Aboriginal and/or Torres Strait Islander is normalised and safe, and not challenged or questioned.
<p>Employees understand the importance of asking and accurately documenting Aboriginal and/or Torres Strait Islander status of all service users.</p> <p>Employees can access resources providing information on the purpose and importance of collecting Aboriginal and/or Torres Strait Islander status from all patients/service users.</p>	<p>Employees have completed mandatory training to understand why it is important to ask about Aboriginal and/or Torres Strait Islander status and know how to ask and respond in culturally safe ways.</p> <p>Training is included in on-boarding activities and annual training reviews.</p>	Mechanisms are in place to enable both services users and employees to raise concerns about how the identification question was asked and answered, and remedial employee training is available if determined necessary.
	Information is displayed inviting service users to self-report their Aboriginal and/or Torres Strait Islander status, and explanatory resources are available to inform patients, carers and families about the reason for the identification question.	Resources to support employees and service user education about the identification question are developed in partnership with local Community.

Focus area: Communication

The organisation recognises that culturally responsive communication is the foundation for the delivery of care judged by First Nations Peoples as safe to approach and use.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Service providers have an understanding that culturally responsive and safe communication encompasses more than spoken words, and are supported to reflect on all aspects of their interactions with First Nations Peoples.	Employees across the organisation have access to resources and training to guide and support culturally safe communication with service users and Community partners.	Communication policies, protocols and practices are established, in partnerships with First Nations Peoples, to support culturally safe interactions, both internally and externally. Dedicated and sustainable funding is allocated to provide ongoing employee upskilling in culturally responsive communication.
First Nations specific communication styles and preferences are respected and embraced in all service/care interactions.	First Nations specific communication styles and preferences are accommodated in practice, including appointment and follow-up scheduling and all clinical interactions.	Opportunities are provided for service users and Community to evaluate and feedback on communication policies, protocols and practices, and this process prompts changes as identified.
A variety of methods and platforms are used to communicate available services and organisational commitments related to cultural responsiveness, safety and anti-racism to service users.	Service users and local Community are provided opportunities to provide input into how they would like to receive information about available services and organisational policies.	Dedicated sustainable funding and resources are allocated to regularly communicate, via different platforms, with service users and local Community about available services, and progress on initiatives to meet the needs of service users.

Focus area: Holistic care

The care/service provided incorporates holistic understandings of the determinants of health and wellbeing, tailored to the service user's needs, preferences and desired outcomes.

First steps (Foundational practice)	Moving forward (Good practice)	Leading the way (Best practice)
Organisational-wide understanding of First Nations' perspectives of health and healing, the cultural determinants of health and culturally informed models of care, together with an appreciation of and respect for individual diversity.	Policies and practices reflect the evidence for what is known about the need for culturally-informed models of care based on First Nations understandings of health and healing.	Culturally safe mechanisms are established to facilitate input from First Nations Peoples, organisations and Communities about what holistic models of care look like in practice and how they can be embedded as core business.
The right to informed consent, shared decision-making and self-determination in clinical contexts is understood.	Clinical practices and processes support and enable active, informed, shared and self-determined patient/client participation in all aspects of care.	All clinicians/practitioners undertake mandatory discipline specific continuous professional development activities to build cultural responsiveness and safety capabilities.
Formal documentation is established and maintained to increase awareness of local First Nations specific services (including ACCHOs) and programs that can support the best possible care to maximise outcomes.	Processes are in place and used to improve referrals, access and pathways of care between organisations and services.	Formal collaborative cross-organisational and cross-sector partnerships are established and maintained to enable a whole-of-system approach to providing the best care possible to maximise outcomes.