Aboriginal Health
Cultural Competence Framework

Hume Region Victoria
2011 Yorta Yorta Nation Aboriginal Corporation, Kaiela Institute, Rumbalara Aboriginal Cooperative

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Foreword

Contemporary Aboriginal society has never known good health; generations of Aboriginal people have never known what it is to live in a healthy world. Non-Aboriginal Australia has never experienced or visualised a healthy Aboriginal community. We have been dogged by the symptoms and characteristics of poor emotional, spiritual and physical wellbeing for the past two centuries. What changes that? This project will create insight and strategy for addressing this complex issue.

Self-determination and the birth of Aboriginal Community Controlled Health Organisations (ACCHOs) around Australia began in 1971 in Redfern Sydney followed closely by the Victorian Aboriginal Health Service in Melbourne. In 1981 the Rumbalara Aboriginal Cooperative and its medical service was established in Mooroopna. Today there are over 100 ACCHOs around Australia including 3 in the Hume Region who have a desire and passion to ‘Close the Gap’. However, passion and desire in itself is not enough to achieve parity in Aboriginal health.

Similarly, the 1967 Referendum for many carried the distinct promise of equality. Now over 40 years later we are grappling with deeper issues of an inclusive and reciprocal national identity with the growing realisation that our foundational document, the constitution, is not only silent on the place and rights of the first Australians, it still has two clear sections that allow discrimination on the basis of ‘race’.

With the apology to the stolen generations 3 years ago as a spring board I hope we are embarking on a more mature discussion as a nation, as communities and indeed as institutions and work places. Recognising ‘Aboriginal health is everyone’s business’ is, I hope, one of those institutional shifts that provide a more sophisticated and mature engagement between Aboriginal and non-Aboriginal Australians and Aboriginal and non-Aboriginal organisations. It compels a commitment to understanding Aboriginal world view, Aboriginal society and Aboriginal perspectives of Australian history. This in turn requires an engagement with and valuing of Aboriginal knowledges and insights as integral to forging the future of all Australians.

I commend the Framework and Audit Tool as a promising means for health organisations to undertake a more sophisticated and holistic engagement with Aboriginal communities in the provision of health care, the understanding and respect of Aboriginal rights, and the building of relationships that can accept the realities of history and nurture vibrant and inclusive local communities that reciprocate, echo and reflect Aboriginal world views. A potential weakness is if it is to remain an understanding siloed in the health sector rather than building a collaboration across other institutional sectors (especially education and employment) and indeed society as a whole. The Aboriginal definition of health as embodied by the National Aboriginal Community Controlled Health Organisation (see page 13) captures this inter relatedness well. Building institutional cultures and memory, setting benchmarks and holding accountability are key ingredients in strategy to Close the Gap.

In particular it is important that we have such institutional commitments to support the journey of white/non-Aboriginal Australia to acknowledge how and why the dispossession of Aboriginal people occurred. And how attitudes and practices embedded in this past which have not been adequately dealt with continue to limit our efforts to Close the Gap and afford Aboriginal people the security of a prosperous and vibrant future.

Paul Briggs
Yorta Yorta Elder
Chair, Kaiela Institute
PART 1: Introduction – ‘Closing the Gap’

**Hume Region**: Under the Victorian state-wide implementation plan arising from the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes all regions have developed their own 4 year ‘Close the health gap’ plans. After undertaking a rigorous planning process the Hume Region Closing the Health Gap Steering Committee identified 5 priorities for action:

- Improve the interface (client journey) between hospital and primary care services in the Hume Region
- Increase the cultural competency of the service system across the Hume Region
- Identify health needs and develop service models for the Aboriginal communities living in the Central Hume and Lower Hume catchments
- Improve the services and programs available to address the health and wellbeing of young Aboriginal women living in the Hume Region
- Reduce the rates of tobacco use in Aboriginal communities in the Hume Region

The Hume Region is excited to be taking a leadership role in implementing a comprehensive Aboriginal Health Cultural Competence Framework and in promoting its sister project that focuses on the ‘Client Journey’. Both these projects take a strategic, system-based approach that is designed to increase access for Aboriginal people to the full range of mainstream health services.

**National background:**

Since his 2005 Social Justice Report, the former Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, has championed the Close the Gap campaign in Aboriginal health as being “fundamentally about human rights”. While the right to health has been acknowledged for over 60 years by the World Health Organisation, the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights, health programming has only now begun to ‘catch up’. In particular he identifies that a human rights based approach to health emphasises: the accountability of governments for socio-economic outcomes among different sectors of civil society by treating these outcomes as a matter of legal obligation; recognises the inter-connections between different rights and the importance of addressing the social determinants of health; and the requirement to work in partnership with Indigenous people with government accountable for the achievement of defined goals within a defined timeframe.

Since its commencement in March 2006, the Close the Gap campaign has achieved considerable progress. Close the Gap has gained significant community backing with over 140,000 Australians signing up pledging their support for the campaign, making it one of the most instrumental Aboriginal health initiatives of our time worldwide. In April 2007, 40 of Australia’s leading Aboriginal and non-Aboriginal health bodies and human rights organisations

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1. Hume closing the health gap plan 2009-13:1
joined forces to launch a campaign to ‘Close the Gap’ on health inequality\(^3\) (see Appendix B for more detail about national and state context).

**Broader Policy and Social context**

In 2010 the Victorian Government published its Aboriginal Inclusion Framework. It defines a socially inclusive society as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. The objective of the Aboriginal Inclusion Framework is to provide policy makers, program managers and service providers in the Victorian Government with a structure, in partnership with Aboriginal Victorians, for reviewing their practice and reforming the way they engage with and address the needs of Aboriginal Victorians. The focus is on ensuring cultural change is embedded in organisational practices.\(^4\) The Hume Region Aboriginal Health Cultural Competence Framework and Audit Tool have been developed cognisant of this broader governmental framework. They provide a structured approach to realising the Aboriginal Inclusion Framework tailored to health organisations.

Similarly, both the Aboriginal Inclusion Framework and the Aboriginal Health Cultural Competence Framework are cognisant of the Charter of Human Rights and Responsibilities Act (Vic) 2006 which came into full effect in 2008 which imposes a duty on service providers to act in a way which preserves and enhances the rights of all individuals. In addition it imposes specific duties relating to the preservation of Aboriginal culture.\(^5\)

In April 2009 the Australian Government formally supported the United Nations Declaration on the Rights of Indigenous People. In the context of supporting the Declaration the Federal Minister for Aboriginal Affairs referred to it as yet “another important step in re-setting the relationship between Indigenous and non-Indigenous Australia” and that the “universal aspirations contained in the Declaration can help build understanding and trust” (Macklin 2009).\(^6\)

Throughout Victoria, even in the most intensively developed regions, the landscape holds the imprint of thousands of generations of Aboriginal people. Each part of Victoria, from the coast to the high country and from the semi arid Mallee to the rain forests of the east, has places where Aboriginal people lived; obtaining sustenance, expressing themselves artistically, passing on creation stories and cultural values, engaging in conflict, establishing alliances and social networks, trading goods, celebrating rites of passage and committing the departed to their final resting places. The endurance of Aboriginal society across the continent is of global significance and the cultural heritage places and objects associated with that society are a significant part of the heritage of all Australians. More importantly, they are a fundamental part of Victorian Aboriginal community life and cultural identity.\(^7\)

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3. Ibid
4. Victorian Aboriginal Inclusion Framework (State Government of Victoria 2010: 1)  
5. Ibid
6. The full text of the two articles are as follows (United Nations 2007):  
Article 3 - Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.  
Article 4 - Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.
The Aboriginal Heritage Act 2006 commenced operation on the 28 May 2007 and provides for the protection and management of Victoria’s Aboriginal heritage. It includes the introduction and management of a system of Registered Aboriginal Parties that allows for Aboriginal groups with connection to country and others - such as Aboriginal groups with contemporary or historical interests - to be involved in decision making processes around cultural heritage.8

Many traditional owner groups, including those in the Hume Region, embrace a broader role in advocating for the needs of Aboriginal people living on country and educating non-Aboriginal in cultural issues including in the health sector.

**Cultural competence**

Cultural Competence is increasingly seen ‘as a desirable moral value’ to be nurtured in mainstream organisations;9 difference and diversity is to be valued and acknowledged. In the Australian context cultural competence is central to the development of social capital and social cohesion in Australian society.10 Historically, mainstream health organisations have focused primarily on the needs of the majority culture only occasionally making concessions to cultural difference.11 Supported by broader cultural change mainstream organisations want to do better do not necessarily know what steps to take to make their organisations, more inclusive, welcoming and attractive to Aboriginal and cultural diverse community members.12

The National Health and Medical Research Council (NHMRC) encourage health services to adopt cultural competence principles to improve the quality of their programs and services.13 Cultural competence has been endorsed by the NHMRC as necessary to the establishment of positive, effective intercultural relationships.14 They believe the notion of cultural competence can provide mainstream health services with the standards and tools that assist mainstream services and practitioners to commence the process of tailoring service delivery to meet particular social, cultural, spiritual and linguistic needs of Aboriginal and Torres Strait islander service users.15

Historically, in Australia, we have seen the development of a number of different concepts with the endorsement of ‘cultural competence’ by the NHMRC in 2005. These have included cultural respect, cultural safety, cultural security, cultural awareness and cultural responsiveness. While many authors argue for the superiority of their preferred term there would appear to be an emerging consensus on the core elements of what all these terms seek to describe.16

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10 Bean *The Effectiveness of Cross-Cultural Training in the Australian Context*.
12 Smullen F 2008 *Putting cross cultural policy into practice*, Masters Thesis, University of Melbourne
16 In this document we have chosen to use the more ‘mainstream’ term cultural competence in favour of more Indigenous concepts such as cultural respect, cultural security and cultural safety as there is no clear agreement
A common definition of cultural competence is:

A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations.\(^{17}\)

This definition of cultural competence was first developed by Cross et al.\(^{18}\)

In the Australian context cultural competency is defined by the NHMRC as:

Behaviours, attitudes and policies that enable systems, organisations, professions and individuals to work effectively in cross cultural situations.\(^{19}\)

The four dimensions of cultural competence are: systemic, organisational, professional and individual. Each is interrelated and requires action at every level (see diagram 1 below).


Interplay between the dimensions of cultural competency

Change at the individual level requires organisational leadership which fosters cultural competent behaviour that addresses, and is supportive of, the development of effective policies and procedures inclusive of the involvement of Aboriginal community members, as ‘Aboriginal health is everybody’s business’. Further, social justice and an anti-racist agenda are crucial, essential, ethical components of any cultural competence framework.\(^{20}\)


Attaining cultural competence is an on-going process that requires continuous assessment and reflection by individuals and organisations. To assist organisations in their reflection and assessment Cross et al have developed a six stage developmental continuum of cultural competence for social service organisations that ranges from Cultural Destructiveness, Cultural Incapacity, Cultural Blindness, Cultural Pre-competence towards Cultural Competence and Cultural Proficiency (see Diagram 2).²¹ This cultural competence continuum has been adapted by the Victorian Aboriginal Child Care Agency (VACCA,2008) as the conceptual framework which informs the Aboriginal Cultural Competence Framework for Community Service Organisations (CSOs) Diagram 3.

Applying this theoretical framework to the development of a set of standards for health organisations has necessarily resulted in a complementary set of system standards that are described at appendix A. Implementation of these system standards is necessary to provide a sufficiently supportive environment for health organisations to effectively implement the Framework.

## Diagram 2: Cultural Competence Continuum

### Towards Cultural Competence

<table>
<thead>
<tr>
<th>Cultural Destructiveness</th>
<th>Cultural Incapacity</th>
<th>Cultural Blindness</th>
<th>Cultural Pre-Competence</th>
<th>Cultural Competence</th>
<th>Cultural Proficiency</th>
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Lacking information on how to maximise these capacities. This level of competence can lead to tokenism.
## Cultural Competence Continuum

<table>
<thead>
<tr>
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<th>Cultural Proficiency</th>
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</thead>
<tbody>
<tr>
<td>Exemplified by the policies that led to the Stolen Generations</td>
<td>Relates to the prevalence of racism and paternalism</td>
<td>Where there is no understanding of cross-cultural factors and misunderstandings or a belief that a mainstream service does not need to change to meet Aboriginal client’s need.</td>
<td>Where there may be well-intentioned actions such as the employment of Aboriginal staff within the organisation but not fully understanding cultural differences and approaches.</td>
<td>Where there is an acceptance and respect for cultural diversity within the organisation and service delivery is reviewed and adjusted to meet the needs of different cultural groups.</td>
<td>Where cultural diversity is highly valued where active research takes place and where self-determination is promoted and supported.</td>
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DHS Aboriginal Cultural Competence framework utilised by Child Protection workers.\(^{22}\)

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PART 2

Aboriginal Health Cultural Competence Framework

The collaborative process between the consortium developing the framework – Kaiela Institute, Yorta Yorta Nation and University of Melbourne Rural Health Academic Centre – and the broad based membership of the Cultural Competence Working Party has seen an iterative process over many months resulting in a broad consensus around the following 5 Focus Areas and 8 Standards.

Focus Area 1 Organisational Effectiveness

*Standard 1:* A whole of organisation approach to Aboriginal cultural competence is demonstrated

*Standard 2:* Leadership within the organisation actively promotes a workplace culture that embraces Aboriginal Cultural Competence

Focus Area 2 Engagement and Partnerships

*Standard 3:* Feedback from Aboriginal service users, their families and the wider Aboriginal community are actively sought

*Standard 4:* The organisation is continually developing and expanding relationships/partnerships with ACCHOs (or other Aboriginal organisations if no ACCHO is present) and Traditional Owners

Focus Area 3 Culturally competent services

*Standard 5:* Our organisation oversees the provision of care to ensure that the specific rights and needs of Aboriginal services users are addressed through their health care journey.

Focus Area 4 Workforce Development

*Standard 6:* Our organisation is committed to the development of a Culturally Competent workforce for Aboriginal people, including the employment of Aboriginal staff

Focus Areas 5 Public Image and Communications

*Standard 7:* The organisation has a culturally safe, welcoming environment for Aboriginal people

*Standard 8:* Communication processes empower Aboriginal people by building their understanding of availability of services and their expectations as users of services

The following section provides a rationale for each of these standards and as well as a number of indicators that health services implementing the framework will need to measure themselves and report against as part of the development and implementation of their Aboriginal Health Cultural Competence Action Plan.
Focus Area 1 Organisational Effectiveness

**Standard 1: A whole of organisation approach to Aboriginal cultural competence is demonstrated**

1. **Indicators**

1.1 Our organisation has reviewed its performance in Aboriginal cultural competency and has developed and is implementing an Aboriginal Cultural Competence Action Plan (AHCCAP) addressing the 8 standards in the Framework.

1.2 Our Board has endorsed the Action Plan and it is available on the organisation’s website.

1.3 Progress against the Aboriginal Health Cultural Competence Action Plan (AHCCAP) is regularly reported to staff, stakeholders and the wider community.

1.4 Our organisation’s policy and strategic planning documents effectively express the organisation’s commitment to developing Aboriginal cultural competency and to Closing the Gap in health outcomes for Aboriginal people.

**Standard 2: Leadership within the organisation actively promotes a workplace culture that embraces Aboriginal Cultural Competence**

2. **Indicators**

2.1 Our organisation has identified leadership for the development and implementation of the Aboriginal Cultural Competence Plan (AHCCAP).

2.2 Senior managers and the Board have undertaken leadership training in Aboriginal Cultural Competence.

2.3 Our organisation is aware of the profile of the Aboriginal population in their catchment area, monitors their health outcomes and reviews resource allocation to Aboriginal people.

Organisational commitment and leadership is a critical ingredient in the Aboriginal Cultural Competence journey. Part of the vision health organisation leadership is striving for is an organisation that:

1. **Values diversity:** Culturally competent organisations recognise, value and respect Aboriginal cultural beliefs, worldviews and communication styles. Additionally, within group cultural difference are acknowledged and appreciated.

2. **Possess the capacity for cultural self-assessment or cultural auditing:** Organisations, often with the help of outside consultants, assess their services for effectiveness, cognizant of the fact that service provision is inevitably a cross cultural enterprise where larger service system values interact with the beliefs and attitudes of Aboriginal service users and service users from other backgrounds.

3. **Clarifies its vision:** Staff have an awareness of the organisation’s training and education goals, overall and with respect to Aboriginal Cultural Competence.

4. **Understands the dynamics of difference:** Staff and administrators have an awareness of the “dynamics that can occur when two or more cultural groups confront stereotypes, political and power differences and the histories of misinterpretation and misjudgement that combine in expressions of racism, sexism or other forms of discrimination.”

5. **Institutionalises its cultural knowledge:** On an ongoing basis organisations provide opportunities for staff to acquire, share and discuss cultural knowledge.

6. **Adapts to diversity:** As Aboriginal Cultural Competence increases this will be reflected in changes in the provision of services such as incorporating traditional health practices or engagement of family members in the treatment process.

(Based on Sue et al 1989 quoted in Connecticut Mental Health Center 2004-07 Cultural Competence Action Plan: 3-4)
Focus Area 2 Engagement and Partnerships

Standard 3: Feedback from Aboriginal service users, their families and the wider Aboriginal community are actively sought

3 Indicators

3.1 The organisation has strategies and reporting mechanisms for the engagement of Aboriginal service users, their families and the wider community inclusive of consultation and feedback on the organisation's programs and services.

Standard 4: The organisation is continually developing and expanding relationships/partnerships with ACCHOs (or other Aboriginal organisations if no ACCHO is present) and Traditional Owners

4 Indicators

4.1 Formal and informal partnerships/agreements are developed based on core principles developed in partnership with the local Aboriginal community

4.2 Partnerships are documented, made available to relevant stakeholders and regularly reviewed.

The National Aboriginal Community Controlled Health Organisation (NACCHO) defines health as:

Not Just the Physical Well-being of an Individual but Refers to the Social, Emotional and Cultural Well-being of the Whole Community in Which Each Individual Is Able to Achieve Their Full Potential As a Human Being Thereby Bringing About the Total Well-being of Their Community. It Is a Whole of Life View and Includes the Cyclical Concept of Life-death-life.

(NACCHO Memorandum of Association 2002. P.5)

The emergence of Aboriginal Community Controlled Health Organisations (ACCHOs) throughout the 1970s till the present is indicative of a mainstream health system that has been unsuccessful in dealing with the complexities of Aboriginal health; including the legacy of the history of colonisation, racism and dispossession. A defining feature of ACCHOs is their holistic focus and governance: a primary health care service initiated by local Aboriginal communities to deliver holistic and culturally appropriate care to people within their communities. Their board members are elected from the local Aboriginal community.

Only much more recently in Victoria and Australia has there developed the practice of a Welcome to or an Acknowledgement of Country. This practice recognises that Victoria has an ancient and proud Aboriginal history and complex ownership and land stewardship systems stretching back many thousands of years. It pays respect to the Traditional Owners.

The Hume region is gifted with strong Traditional Owner and Aboriginal Community Controlled Health Organisations. Principles of Aboriginal Community Control and respecting the rights of Traditional Owners require a high benchmark for the development of trust, respect and reciprocity in the development of partnerships.

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23 For example the National Health and Medical Research Council developed a partnership with the Aboriginal community for Aboriginal health research based on 6 values: Spirit and Integrity; Reciprocity; Respect; Equality; Survival and Protection; and Responsibility (NHMRC 2003: Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research)
Focus Area 3 Culturally competent services

**Standard 5:** Our organisation oversees the provision of care to ensure that the specific rights and needs of Aboriginal services users are addressed through their health care journey.

5  **Indicators**

5.1 Our organisation asks all service users the question of identification.

5.2 All programs and services have processes to identify and respond to the cultural rights, strengths and needs of their Aboriginal service users.

5.3 Our organisation supports Aboriginal service users and their families to optimise successful and respectful transitions between health care services and other relevant services.

5.4 Our organisation routinely monitors the disengagement (e.g. self-discharge, non-attendance to secondary prevention program) of Aboriginal service users.


> **Staff are required to collect information from all clients in a professional and respectful manner, without anticipating or making assumptions about the client’s identity or how they are likely to respond to any particular question. All clients have the right to self-report their Indigenous status. To refrain from asking any client the Indigenous status question is an act of discrimination which infringes upon the client’s right to respond to the question for themselves.**

Asking the question is essential for service providers to ensure Aboriginal or Torres Strait Islander peoples have an opportunity to access relevant services – such as Aboriginal health workers, health checks, specific immunisations and PBS listings – if they choose.

The Charter of Human Rights and Responsibilities Act (Vic), which came into full effect early in 2008, imposes a duty on all levels of government and other services providers to act in a way which preserves and enhances the rights of all individuals (Aboriginal Inclusion Framework 2010: 3). The Victorian Charter of Human Rights acknowledges that “Human rights have a special importance for the Aboriginal people of Victoria, as descendants of Australia’s first people, with their diverse spiritual, social, cultural and economic relationship with their traditional lands and waters.” (Victorian Equal Opportunity and Human Rights Commission 2008: 5). Section 19 further elaborates Aboriginal people’s rights to culture. Respecting the rights, strengths and needs of Aboriginal service users and community members will optimise their experience of their engagement with the health system and the resultant health outcome.

A key aim of the Hume Region Close the Health Gap Client Journey project is to support respectful and successful transitions for Aboriginal people throughout the health system. Victorian hospital data for 2008/09 indicates that only 3 people undertaking inpatient cardiac rehabilitation identified as Aboriginal (HMA 2011: 55). With cardiac disease contributing over one quarter of the gap in life expectancy between Aboriginal and non-Aboriginal adults (AIHW 2011: v) there is clearly a substantial contribution that the health sector can make to benefit Aboriginal people, their families and the wider community in ensuring comprehensive respectful care.
Focus Area 4 Workforce Development

Standard 6: Our organisation is committed to the development of a Culturally Competent workforce for Aboriginal people, including the employment of Aboriginal staff

6 Indicators.

6.1 Our organisation has a strategy for the delivery of endorsed/ accredited Aboriginal Cultural Competency training to staff and volunteers across all levels of the organisation.

6.2 Our organisation has an Aboriginal employment strategy to at least meet the benchmark set in Karreeta Yirramboi as well as being reflective of the Aboriginal population they serve.

6.3 All staff Position Descriptions and/or Work Plans clearly document the organisation’s commitment to Closing the Gap in health outcomes for Aboriginal people and the contribution this position is intended to make towards that organisational goal.

There is an ever increasing consensus in regard to the importance of cultural training as one strategy to increase cultural competency particularly at the individual and professional level. There is less consensus as to the content, breadth and depth of such training so it is significant that the Working Party has endorsed the need for 2 system standards as follows:

System Standard 7: DH to support industry bodies (eg Hume Region ACCHOs, Traditional Owners, Kaiela Institute and local educational institutions) to develop endorsed/accredited curriculum across the 3 cultural competency educational domains:

- Cultural Insight
- Mainstream privilege (understanding your own culture and the potential influence on professional practice)
- The application of these two domains in health practice.

System Standard 8: DH to support Benchmarks for provision of training be developed by Hume Region ACCHOs, Traditional Owners and Kaiela Institute in consultation with VACCHO and health professional bodies.

In regards to workforce diversity it is also recognised that there is a strong business case for an organisation’s workforce to be reflective of the population it seeks to serve. This is explicit in the State Government’s commitment in Kareeta Yirramboi that 1% of its staff will be Aboriginal by 2015.

While professional development training and diversity of an organisation’s workforce are two critical components of this Standard the third part is a much broader recognition that all staff need to have a clear understanding of how their day to day work contributes to ‘closing the gap’.

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24 The Victorian Aboriginal Public Sector Employment and Career Development Action Plan 2010-2015 which commits to ensuring Aboriginal employees make up at least 1% of the Victorian Public Sector by 2015.
Focus Areas 5 Public Image and Communications

**Standard 7: The organisation has a culturally safe, welcoming environment for Aboriginal people**

7 Indicators
7.1 Our organisation has many and varied practices and symbols of welcome.
7.2 Feedback from the Aboriginal community affirms the effectiveness of these practices and symbols.

**Standard 8: Communication processes empower Aboriginal people by building their understanding of availability of services and their expectations as users of services**

8 Indicators
8.1 Our organisation’s service and program information is provided in a variety of formats accessible to Aboriginal people.
8.2 Communications are developed in partnership with Aboriginal people and organisations.

**Welcoming Environment**

Welcoming environments resonate strongly with Aboriginal cultural values of family, reciprocity and extended kinship ties. It contrasts directly with many historical practices in Australia since colonisation. It is only the 40th year since Federation that Aboriginal people have been counted in the Nation’s census (following the historic 1967 referendum), only 19 years since the High Court overturned the legal fiction of *Terra Nullius* (that land in Australia was not ‘owned’ by its Aboriginal peoples), only 3 years since the Prime Minister apologised to the Stolen Generations and one year that the State Government agreed on joint management of national parks with one of the local Traditional Owners, Yorta Yorta Nation.

**Communications**

Proactive communications drive reform by raising awareness, and promoting positive norms across the workforce, the general community and within Aboriginal communities. Access to information should empower Aboriginal people, families and communities to know and express their rights by building their understanding of available services, acceptable standards, and avenues for engagement, while also empowering agencies to deliver rights-based services (Victorian Government Aboriginal Inclusion Framework 2010: 6).
Appendix A – System Standards

Focus Area 1

System Standard 1: The Hume Region Department of Health (DOH) develops mechanisms to support health services’ leadership group lead organisational and cultural change to strengthen culturally competent models of care for Aboriginal consumers/service users.

Indicator 1. Hume Health Services Partnership (HHSP) meeting, PCPs, Medicare Local and other leadership forums has implementation of the AHCCF as a standing agenda

Indicator 2. Leadership forums have annual presentations as to innovations in implementation

System Standard 2: The Department to provide annually a consolidated report on implementation of AHCCF by health service, to HHSP, PCPs, Medicare Local, Yorta Yorta Nation(and other Hume TOs), Kaiela Institute and other key stakeholders including a report on the implementation of the system standards.

Focus Area 2

System Standard 3: A new question be inserted on the VPSM requesting family feedback

System Standard 4: Department to support leadership role of ACCHOs in Aboriginal health service provision in local communities and address situations (e.g. facilitate mediation) where relationships between the local health service and ACCHO (or other Aboriginal organisations if no ACCHO present) are problematic

Indicator 1. ACCHO representation at the HHSP, PCP, Medicare Local and Program Manager’s meetings

Indicator 2. Department of Health attendance at round table meetings

Focus area 3

System Standard 5: The Department to develop an evaluation framework for measuring progress towards closing the gap in the Hume Region

System Standard 6: The Department to strengthen access to professional development for the Aboriginal health workforce.

Focus area 4

System Standard 7: DH to support industry bodies (eg Hume Region ACCHOs, Traditional Owners, Kaiela Institute and local educational institutions) to develop endorsed/accredited curriculum across the 3 cultural competency educational domains:

- Cultural Insight
- Mainstream privilege (understanding your own culture and the potential influence on professional practice)
- The application of these two domains in health practice

System Standard 8: DH to support Benchmarks for provision of training be developed by Hume Region ACCHOs, Traditional Owners and Kaiela Institute in consultation with VACCHO and health professional bodies.
In December 2007 and March 2008, COAG agreed to six ambitious targets for closing the gap between Indigenous and non-Indigenous Australians. The then Prime Minister Kevin Rudd signed the Close the Gap Statement of Intent between the Federal Government and the Aboriginal and Torres Strait Islander peoples of Australia. These targets include achieving equality in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030 and halving the gap in the infant mortality rate within a decade.

State: On 19 August 2008, then Premier of Victoria John Brumby, together with the Opposition Leader Ted Baillieu and 25 supporting civil society organisations signed the Victorian Statement of Intent to Close the Gap with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). The Statement was also signed by the Victorian Nationals and Greens. Consistent with the Australian Government statement of intent the Victorian Government is committed to:

- The development of a comprehensive, long term plan of action that is targeted to need, evidence based and capable of addressing existing inequities in health services, in order to achieve equality in life expectancy by 2030.
- Ensuring primary health care services and health infrastructure is capable of bridging the gap in health standards by 2018.
- Ensuring full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- Working collectively and systematically to address the social determinants of health
- Building the evidence base of what works in Aboriginal and Torres Strait Islander health building on local and international experience
- Improving access to and outcomes from mainstream health services
- Respecting and promoting the rights of Aboriginal and Torres Strait Islander people
- Measuring and monitoring and reporting on our joint effects, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions

On 27 April 2009, the Ministerial Taskforce on Aboriginal Affairs endorsed ambitious targets to ‘Close the Gap’ under the VIAF. These explicit 5, 10 and 15 year targets commit the Victorian Government to reduce the incidence of low birth weight babies, the incidence of smoking during pregnancy and the incidence of infant mortality. In May 2009 the Social Development Committee of Cabinet endorsed the Victorian statewide implementation plan under the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

On Thursday 24 March, 2011, the Premier of Victoria, the Hon. Ted Baillieu, re-signed the Victorian Statement of Intent to close the gap on Aboriginal Heath Inequality, which recommitted the Government to the Closing the Health Gap agenda and underlines the bipartisan support for tackling this nationally recognised priority. The Premier emphasised

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the importance of a whole of government approach to closing the life expectancy gap between Aboriginal and non-Aboriginal Victorians and outlined four guiding principles:

- Aspiration
- Accountability
- Engagement and Inclusiveness
- Partnership building and a whole of community approach\textsuperscript{26}

\textsuperscript{26} http://www.health.vic.gov.au/aboriginalhealth/victoria/intent.htm
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