CULTURAL RESPECT FRAMEWORK

for Aboriginal and
Torres Strait Islander
Health

2004 - 2009

CULTURAL RESPECT FRAMEWORK FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

2004 - 2009

Foreword

The standard of health of our Aboriginal and Torres Strait Islander population is considerably poor by comparison with other Australians. Although improvements have been made in recent years the gap in life expectancy for Aboriginal and Torres Strait Islander peoples compared to the rest of the population remains significantly high and in marked contrast to other comparable countries. Many causes of ill health and premature death are preventable, yet a number of barriers continue to restrict Aboriginal and Torres Strait Islander peoples' access to an equitable, quality health system.

Commissioning of this Framework by the Australian Health Ministers' Advisory Council (AHMAC) to its subcommittee, the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) led to the formation of a working group comprising representatives from the Northern Territory, Queensland and South Australia responsible for managing the process. Widespread consultation has occurred in the development of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, with an early focus on agreement to the concept and definition of "Cultural Respect".

The Cultural Respect Framework has been developed as a guiding principle in policy construction and service delivery for utilisation by jurisdictions as they implement initiatives to address their own needs, in particular mechanisms to strengthen relationships between the health care system and Aboriginal and Torres Strait Islander peoples. Right from the outset there was recognition of the importance for the Framework to link with other key documents identified in the bibliography, in particular the National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003 and the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, 2002.

I would like to take this opportunity to thank the many people involved in developing this Framework, in particular the Aboriginal and Torres Strait Islander representatives of a range of health organisations who freely provided input throughout the process.

Jim Birch
Chair
SCATSIH

March 2004

1.   Background

Aboriginal culture is one of the oldest surviving cultures in the world. Aboriginal cultures are numerous and diverse, made up of hundreds of different kinship and language groups that have adapted to diverse living conditions throughout Australia over many thousands of years. Torres Strait Islanders are a separate people with distinct identity and culture. Aboriginal cultures and Torres Strait Islander cultures are still dynamic and evolving and, for Aboriginal and Torres Strait Islander individuals and communities form the context for the development of health policy.[1]

> *Health is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.* [2]

Health, defined by the World Health Organization as a state of complete physical, mental and social wellbeing, is recognised as both a fundamental human right and an important worldwide social goal.[3] That recognition is embodied in Australia in the Council of Australian Governments' commitment in November 2000 to an agreed set of reconciliation principles and priorities.

1.2   Health Outcomes

Australians, in general, are one of the healthiest populations of any developed country and have access to a world-class health system. At the same time, Australia is also noteworthy in the developed world for its failure to make substantial improvements in the overall health of its Aboriginal and Torres Strait Islander population. This failure stands in marked contrast to the trends in comparable countries such as Canada, the United States and New Zealand.

Life expectancy for Aboriginal and Torres Strait Islander peoples is some 20 years for males and 19 years for females below that of other Australians. In contrast, New Zealand has narrowed the gap between Maori and non-Maori expectation of life to around five to six years and, for native Americans, the gap is four years for men and three years for women. The all cause mortality for Aboriginal and Torres Strait Islander peoples is twice the Maori rate, 2.3 times the native American rate and 3.1 times the rate for the total Australian population.[4]

Deaths and low birth weights of newborn babies are twice as likely for Aboriginal and Torres Strait Islander peoples. There is a significantly higher prevalence of diseases

---

[1] National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003, NATSIHC
[2] The National Aboriginal Health Strategy, 1989, AGPS
[3] Report of the Proceedings of the Conference held at Alma Ata , 1978
[4] Towards a benchmarking framework for service delivery to Indigenous Australians, Council for Aboriginal Reconciliation, CAEPR, 1997

such as diabetes, hypertension, and a range of communicable diseases.[5] Rates of non-fatal injury and self-harm, mental illness and harmful substance use are also higher.[6]

In the four key mortality categories that account for the majority of excess deaths, the contrasts are stark. Significant improvements for the total Australian population and for Indigenous populations in other developed countries in all categories are matched by no change in ten years (1985 - 1995) in the death rates for Aboriginal and Torres Strait Islander peoples and a 42% increase in the death rate for endocrine disease.[7]

The relatively poor health outcomes for Aboriginal and Torres Strait Islander peoples are the result of a complex set of interacting factors, one of the most important of which is colonisation. Social factors such as income, education and employment combine with health risk factors such as poor living environments, poor nutrition, excessive alcohol consumption, smoking and lack of physical activity. Other factors include loss of control, lack of social capital and the pervasiveness of loss and grief.

There is also evidence that Aboriginal and Torres Strait Islander populations suffer a disproportionate impact from both increased exposures to environmental hazards and decreased access to environmental health services. Aboriginal and Torres Strait Islander peoples are more likely to live in conditions considered to be unacceptable by general Australian standards. This includes overcrowding, poorly maintained buildings, high housing costs relative to income[8] and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing.[9] [10]

1.3   Responsiveness of Mainstream Services

There is a growing understanding that a comprehensive response to addressing the marginalisation of Aboriginal and Torres Strait Islander peoples must sharpen the focus on improving the performance and accountability of mainstream services. The health system, overall, does not provide the same level and quality of care to treat illness for Aboriginal and Torres Strait Islander peoples[11] and is so culturally inappropriate or inadequately resourced that their needs cannot be met.

There are a number of barriers that continue to restrict the access of Aboriginal and Torres Strait Islander peoples to quality health care in Australia. Some of these barriers are structural in terms of poor linkages and co-ordination across the system,

[5] Australian Bureau of Statistics, *Mortality of Aboriginal and Torres Strait Islander Australians*, ABS Occasional Paper, 1997
[6] Swan P and Raphael B, *Ways Forward: National Consultancy report on Aboriginal and Torres Strait Islander Mental Health*, National Mental Health Strategy, AGPS, Canberra 1995
[7] Towards a benchmarking framework op cit
[8] Australian Institute of Health and Welfare and Department of Health and Aged Care, *Expenditure on Health for Aboriginal and Torres Strait Islander Peoples 1998-99,* AIHW, 2001
[9] For example: National Environmental Health Forum, *Indigenous Environmental Health*, Department of Human Services, Adelaide, 1999; House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 1992; *Mainly Urban: Report of the Inquiry into the needs of urban dwelling Aboriginal and Torres Strait Islander people*, AGPS, Canberra (HOR, 1992)
[10] Commonwealth Government, Final Draft, National Strategic Framework for Aboriginal and Torres Strait Islander Health – Context, September 2002, page 6
[11] Better Health Care, Studies in the Delivery of Primary Health Care Services, page 18

some are socio-economic, some are about the availability and distribution of services and some are clearly cultural. These include health service provider attitudes and practice, communication issues, mistrust of the system, poor cultural understanding and racism. The availability of health services including mainstream health services that are culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples[12] is one of the key factors that will contribute to improved health outcomes.

1.4   Health - A Cultural Construct

There is a growing recognition that health and health care is, in fact, a cultural construct arising from beliefs about the nature of disease and the human body. Aboriginal and Torres Strait Islander peoples view their health in a broad sense, which includes consideration of the physical, cultural and spiritual components of their wellbeing. Culture and identity are central to Aboriginal perceptions of health and ill health.

The 1989 *National Aboriginal Health Strategy* states that:

> *"Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity."* [13]

At the service interface, these perceptions and the social interaction surrounding them influence:

- the attitudes of the individual to their own health status;
- when and why Aboriginal communities access services;
- their acceptance or rejection of treatment;
- the likelihood of continuing to follow treatment recommendations;
- the likely success of prevention and health promotion strategies;
- the assessment of quality of care; and
- their views of health care providers and personnel.[14]

There is an urgent need, therefore, to provide a framework for culturally effective mechanisms to strengthen relationships between the Australian health care system setting and Aboriginal and Torres Strait Islander peoples across Australia.

---

[12] Commonwealth Grants Commission 2001, *Report on Indigenous Funding*, Canberra (CGC, 2001)
[13] National Aboriginal Health Strategy Working Party (1989), A *National Aboriginal Health Strategy (NAHSWP)*
[14] Aboriginal Cultural Security: Background Paper, Health Department of Western Australia, page 7

2. The Essence of the Framework

2.1 Definition

Cultural Respect is the:

> *recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples.*

Cultural Respect is about shared respect. Cultural Respect is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not wittingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples. The goal of Cultural Respect is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.

2.2 The Vision

The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health aims to influence the corporate health governance, organisational management and delivery of the Australian health care system to adjust policies and practices to be culturally respectful and thereby contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

The Cultural Respect Framework does not replicate, replace, or supersede existing key national strategies such as:

- the National Aboriginal and Torres Strait Islander Health Strategy, 1989;
- the National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003 - 2013; or
- the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, May 2002.

The Cultural Respect Framework also recognises the significance of the recommendations in other major reports focused on the health and wellbeing of Aboriginal and Torres Strait Islander peoples including:

- the Royal Commission into Aboriginal Deaths in Custody;
- *Ways Forward*, the report on the National Consultancy on Aboriginal and Torres Strait Islander Mental Health;
- *Bringing them home,* a report on the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families; and
- *Health Is Life*: Report on Inquiry into Aboriginal and Torres Strait Islander Health, House of Representatives Canberra.

The Cultural Respect Framework is important because the health and cultural wellbeing of Aboriginal and Torres Strait Islander peoples within mainstream health

settings need special attention. Many of the factors contributing to Aboriginal and Torres Strait Islander peoples' poorer health relate to a lack of confidence in accessing mainstream health services. The issue of accountability of mainstream programs and service providers is fundamental to achieving a culturally respectful system. There is also a continuing challenge for mainstream policy-makers and planners to be inclusive of the needs and expectations of Aboriginal and Torres Strait Islander peoples during the planning, development, implementation, and evaluation of health services.[15]

Embedding Cultural Respect into health services and their delivery will lead to:

- improved outcomes and quality;
- more efficient and effective services;
- expenditure reduction; and
- improved customer satisfaction.[16]

2.3   The Principles

The Cultural Respect Framework recognises the following principles which are consistent with the National Aboriginal and Torres Strait Islander Health Strategy and the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002*.

- **A holistic approach**: recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social wellbeing, community capacity and governance.

- **Health sector responsibility**: improving the health of Aboriginal and Torres Strait Islander individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander peoples will provide greater choice in the services they are able to use.

- **Community control of primary health care services**: supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision-making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.

- **Working together**: combining the efforts of government, non-government and private organisations within and outside the health sector, including areas of employment, education and housing, and in partnership with the Aboriginal and Torres Strait Islander health sector, provides the best opportunity to improve the broader determinants of health.

---

[15] Aboriginal Cultural Security: op cit, page 13
[16] Ibid, page 8

- **Localised decision-making**: health authorities devolving decision-making capacity to local Aboriginal and Torres Strait Islander communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal and Torres Strait Islander specific and mainstream health services.

- **Promoting good health**: recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services.

- **Building the capacity of health services and communities**: strengthening health services and building community expertise to respond to health needs and take responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, and fostering leadership, governance and financial management.

- **Accountability for health outcomes**: recognising that accountability is reciprocal and includes accountability for health outcomes and effective use of funds by community controlled and mainstream services to governments and communities. Governments are accountable for effective resource application through long-term funding and meaningful planning and service development in genuine partnership with communities.

2.4   The Dimensions of a Cultural Respect Framework

There are many well intentioned and designed programs and initiatives across jurisdictions that aim to improve the cross-cultural skills and abilities of health service providers in responding to Aboriginal and Torres Strait Islander peoples. Different labels are used across the jurisdictions and the meanings are not necessarily consistent. For a number of years the policy focus has been on knowledge building and awareness raising that has variously resulted in more culturally skilled practice and changed behaviour. For many commentators, this focus on inputs and on the individual worker rather than on outputs and outcomes at the whole-of-system level is increasingly problematic.[17] [18]

The Cultural Respect Framework is not another tool for building cross-cultural competency. It is an overarching framework that recognises that a concerted effort across a number of dimensions is required to systematically lift the cultural competency of mainstream health services. The challenges of today are around systematic action, value-adding and lifting the bar. A useful example for all jurisdictions, especially public hospitals, comes from the Northern Territory.

> *The Northern Territory Government has established an NT Aboriginal Interpreter Service comprising 245 qualified registered Aboriginal interpreters and 104 registered Northern Territory spoken Aboriginal*

---

[17] Aboriginal Cultural Security: Background Paper, Health Department of Western Australia, page 11
[18] Dench McLean Pty Ltd, Report to New South Wales Health Regarding The Effectiveness of Cultural Awareness Training, page 21

languages. The public hospitals are the major users of this service for the provision of quality of treatment, service standards and informed consent issues. The Commonwealth Government has recently conducted an evaluation and review of this program and is satisfied that the program is successful. As a result, the Government has continued funding until August 2004.

Fig 1 - The Dimensions of a Cultural Respect Framework

As presented in Fig 1, the Cultural Respect Framework recognises that it is important to have strategies and initiatives across the range of dimensions.

Knowledge and Awareness - this is the individual cognitive dimension where the focus is on understandings and awareness of the history, experience, culture and rights of Aboriginal and Torres Strait Islander peoples. The goal in this dimension is to change attitudes to facilitate changes in behaviour and ensure that all jurisdictions have relevant programs. It is well recognised, however, that influencing attitudes is a complex proposition and programs are focusing now on building stronger links to the action dimension.

Skilled Practice and Behaviour - this is the action dimension where the focus is on changed behaviour and practice. Strategies include formal education and training as well as strong performance management processes to encourage good practice and culturally appropriate behaviour. Recognising the legitimacy of traditional health

practices and developing culturally appropriate protocols are important strategies in this dimension for health organisations.

Strong (Customer and Community) Relationships - this is the organisational dimension where the focus is on an agency or institution's business practices upholding and securing the cultural rights of Aboriginal and Torres Strait Islander peoples. The scope includes management of the workforce to ensure a balance of Aboriginal and Torres Strait Islander and skilled non-Aboriginal and Torres Strait Islander health professionals and workplace management that is sensitive to cultural needs and risk management that reflects cultural differences.

Equity of Outcomes - this is the results dimension where the focus is on the outcomes for individuals and communities. Important strategies include ensuring that there is feedback at the system and organisational levels on relevant key performance indicators and targets, continuous improvement of data and information collection and benchmarking to lift performance.

The Cultural Respect Framework signals that attitudes and knowledge-based strategies provide an important foundation but these must be actively linked to changed behaviour and action. Similarly, behaviour and practice must be linked to assurances of cultural safety and that traditional Aboriginal and Torres Strait Islander peoples' healing practices are legitimised. It is also important to understand that the compromise of Aboriginal and Torres Strait Islander cultures does not always occur through easily identifiable acts of deliberate omission. It more often occurs through small acts that add up to form substantial breaches of policy.

Some practical 'on-the-ground' examples of culturally respectful strategies are useful:

- *Hospital and health service policies state that Aboriginal and Torres Strait Islander peoples using the service must be given the opportunity to access interpreter services.*

- *Consultation must be conducted by the health service with local community representatives in order to agree on the main language groups in the local area, and selection of local people to act as interpreters.*

- *All public hospitals implement a policy, where practicable, of offering and enabling Aboriginal and Torres Strait Islander patients access to traditional healers where a patient requests this.*

- *Health systems develop and implement training and accreditation processes for professional Aboriginal and Torres Strait Islander interpreters.*

- *All public hospitals endeavour where possible, and culturally appropriate, to physically collocate Aboriginal and Torres Strait Islander in-patients together with other individuals who speak the same traditional language.*

- *All public hospitals have written protocols in place regarding maternal and birthing health specific to Aboriginal and Torres Strait Islander women.*

The "life-death-life" cycle that is central to Aboriginal and Torres Strait Islander peoples' cultural perspective requires the health system to pay special attention to its end of life practices. From a mental health perspective, what happens after death is as important as what happens before death for Aboriginal and Torres Strait Islander peoples.

The Northern Territory has developed 'Practice Guidelines for Health Professionals in Dealing with the Death of a Northern Territory Aboriginal Person'.[19]

> *These guidelines do not describe Aboriginal cultural practices in detail, since these differ significantly across the NT. Instead they offer general principles and stress the importance of seeking appropriate advice from local Aboriginal people. Issues covered in the guidelines include problems after death, notification, immediate practicalities for death certificates and coronial cases, medical records, dealing with the body of the deceased, laying out of the body, communication with relatives and communities, naming taboos, counselling etc.*

> *The principles in these guidelines are widely applicable across both urban, rural and remote locations but some of the details were written particularly with rural and remote settings in mind.*

> *The complexity of the issues discussed in the guidelines means that the implementation could never be made compulsory. At best, they will be an aid to clinical practice. If these guidelines are implemented, the only major resource implication would be the increased time health professionals would need to spend in proactively seeking information and communicating to the family. Such an investment of time seems inherently worthwhile and may save time in the long run through decreasing those presentations of family members related to unresolved grief or mental health issues.*

---

[19] Dr Tarun Weeramanthri, Practice Guidelines for Health Professionals Dealing with the Death of a Northern Territory Aboriginal Person, Issue No 1/96

3. An Action Agenda

As the peak body of administrators in the Australian health system, the Australian Health Ministers' Advisory Council (AHMAC) has leadership of a number of important cross-jurisdictional agendas that seek continuous improvement in the planning, purchasing and delivery of health services to support better health outcomes for all Australians.

The Cultural Respect Framework is endorsed by AHMAC as an important step in a nationally consistent approach to building a culturally equipped health system that will improve access and responsiveness for Aboriginal and Torres Strait Islander peoples to mainstream services.

Recognising the scale and scope of action required across the system is fundamental. Cultural Respect needs to be embedded across all sectors of the system and at the corporate, organisational and care delivery levels as demonstrated in the following table. Cultural Respect is not confined to human resource management or training. There are outcomes that need to be addressed across the management, support and service sectors in order to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes. Working in a concerted way across a sector at different levels is the key to lifting the performance of the system overall.

Table 1: Understanding the scale and scope of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health.

(It should be noted that the terms "cultural" and "cross-cultural" in this table refer specifically to Aboriginal and Torres Strait Islander cultures)

	System/Corporate	Organisational	Care Delivery
Governance Structures	Effective representation and cross-cultural input into governance structures.	Effective and appropriate representation and cross-cultural input into governance structures.	Mechanisms for consultation with local Aboriginal and Torres Strait Islander communities.
Policy and Planning	Consistent audit and revision of policy, strategic planning and service development plans to reflect the action agenda of Cultural Respect.	Operational policy audit and revision to reflect the action agenda of Cultural Respect.	Constructive feedback on practical improvements to support Cultural Respect.
Purchasing/ Contracting	Tendering and contracting specifications and evaluations selected for mainstream agencies actively working on Cultural Respect.	Tendering and contracting practices incorporating the resources required for Cultural Respect initiatives.	Needs identification and advocacy for resources required to improve care delivery to Aboriginal and Torres Strait Islander peoples.
Records and Data	Systematic data development in terms of range, frequency, comparability and quality.	Commitment to collection of minimum data sets for monitoring Aboriginal and Torres Strait Islander health.	Culturally competent, comprehensive and safe health records.
Information	Performance indicators and targets and action planning for continuous improvement.	Benchmarking to lift performance.	Cultural quality assurance and standards for the use of client information.

	System/Corporate	Organisational	Care Delivery
Research	Appropriate level and relevance of research activity across all health modalities.	Cultural competence in design and implementation of research.	Privacy, ethics and safety aspects are culturally secure.
Education and Training	Cultural understandings embedded in tertiary training and professional development for all health workers.	Multi-dimensional cross-cultural training directly focused on changing behaviour and practice.	Diverse, skilled and culturally confident clinical and support staff. Aboriginal and Torres Strait Islander health workers have a culturally supportive environment.
Human Resource Management [20]	Top level leadership and management commitment to the Cultural Respect Framework.	General and Aboriginal and Torres Strait Islander specific workforce management plans.	Performance management for appropriate culturally respectful practice and behaviour.
Environmental Health	Cultural competence standards included in accreditation, program planning and quality assurance.	Cultural misunderstandings and racism issues redressed in housing and environmental infrastructure management.	Housing and infrastructure support healthy living practices across the range of Aboriginal and Torres Strait Islander communities.
Population Health	National screening programs activate strategies to deal with cultural issues that affect access.	Cultural competence in the planning and design of population health initiatives.	Respect for cultural difference in the delivery of population health programs
Primary Care - general practice - allied and community health - drug and alcohol services - child, maternal and youth health	Cultural competence standards included in accreditation, program planning and quality assurance.	Cultural Respect action planning included in business planning.	Cultural competencies increased to improve access. Cultural Respect for traditional healing practices and cultural protocols.

---

[20] Refer to the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, 2002

	System/Corporate	Organisational	Care Delivery
Acute Care - crisis - in-patient - out-patient	Increased Cultural Respect reduces complaints by Aboriginal and Torres Strait Islander peoples about treatment in the acute sector.	Cultural Respect action plan included in business planning.	Cultural confidence and competencies increased to improve quality of care and satisfaction.
Co-ordinated Care	Cultural understandings of chronic and complex needs and co-ordinated responses.	Improved cultural linkages to support co-ordination of services.	Culturally competent care planning and co-ordination.
Mental Health	Cultural competence standards included in accreditation, program planning and quality assurance.	Cultural Respect action planning included in business planning.	Understanding of cultural attitudes to social and emotional wellbeing improves access to services.
Oral Health	Cultural competence standards included in accreditation, program planning and quality assurance.	Cultural Respect action planning included in business planning.	Cultural confidence and competencies improve access to private and public services.
Aged Care	Cultural competence standards fully addressed in accreditation and program quality assurance arrangements.	Cultural Respect action planning included in business planning.	Cultural understanding of ageing and the role and status of elders improves quality of care and access to residential and community services.
Palliative Care	Cultural competence standards included in accreditation, program planning and quality assurance.	Cultural Respect action planning included in business planning.	Appropriate cultural protocols recognising end-of-life customs and practices.

The following practical examples of how the mainstream working in a more culturally effective way can change outcomes may be useful:

Care Delivery

The North Burnett Aboriginal and Torres Strait Islander Men's Health Outreach Program, located in Queensland was established in 2002 as a collaboration between the Aboriginal and Torres Strait Islander community within the North Burnett Shire and Queensland Health. Strategies designed to meet Cultural Respect health outcomes were based around the need to improve knowledge and understanding of specific health issues affecting Aboriginal and Torres Strait Islander men; improve access to services; and to promote partnerships which lead to community decision-making around service delivery.

Organisational

The Torres Strait and Northern Peninsula Health Service District within Queensland Health through its environmental health program is strengthening the management of environmental health issues by Aboriginal and Torres Strait Islander communities located in its area. It focuses on housing and other infrastructure audits conducted by local environmental health workers and provides a platform for the community council to monitor the standards of housing and other infrastructure in the community.

Systems/Corporate

Queensland Health is a partner in the Queensland Government's initiated "Aboriginal and Torres Strait Islander Education to Employment Scheme" designed to offer three year 10 or equivalent Technical and Further Education training students practical study support and financial assistance to help them through completion to year 12. The aim is to increase their training and employment opportunities.[21]

---

[21] Queensland Health, Meeting the Challenge, 2002

4. The Way Forward

It is not the intention to mandate the content of an action agenda. Each jurisdiction will need to have some auditing and planning process around Cultural Respect and guidelines that may be useful in this context can be found in attachment one. The challenges and priorities will be different in each of the jurisdictions and it is important to maintain the focus on outcomes at the national level. At the same time, it is the intention of AHMAC to regularly appraise itself of the developments at the jurisdictional level and provide the whole-of-system leadership that reflects its own commitment to Cultural Respect.

There are already reporting mechanisms that are clearly linked to the Cultural Respect Framework such as the framework agreements that underpin partnerships at the State level and the National Aboriginal Performance Indicators and Targets reported on annually by the State, Territory and Commonwealth governments. It is not the intention to duplicate these reports but more to supplement them with feedback from jurisdictions on their achievements and challenges in responding to the Cultural Respect Framework.

AHMAC is also keen to foster on-going collaboration and sharing of information, ideas and practical strategies between jurisdictions as a key plank of continuous improvement. AHMAC will, through SCATSIH, consider establishing a national clearinghouse to facilitate that approach.

There is an initial five-year commitment by AHMAC to the Cultural Respect Framework and each jurisdiction will be required to report to the joint SCATSIH/AHMAC meeting in each of those years commencing in 2004.

The focus for 2004 will be on each of the State, Territory and Commonwealth governments committing to preparing a position statement on the strengths and challenges for their jurisdiction. SCATSIH will consider and recommend a format for the annual reports. SCATSIH will also be considering and recommending ways in which AHMAC could progress the development of national standards for cultural competence.

Attachment One - Planning Guidelines

These guidelines are provided as an attachment to the Cultural Respect Framework to assist jurisdictions in their planning. Cultural Respect planning will require jurisdictions to audit current arrangements and set some action planning to support each of the dimensions and across the sectors of the system. Planning should be integrated within the overall organisation and/or provider network plan, using an incremental strategic approach for its achievement, to assure attainment of Cultural Respect within manageable but concrete timelines.

A Cultural Respect planning process should include:

1. development and integration with the participation and representation of top and middle management administrators, front line staff, consumers and/or their families, and community stakeholders;

2. an individual at the executive level with responsibility for and authority to monitor implementation of the Cultural Respect Plan;

3. individual managers accountable for the success of the Cultural Respect Plan based on his/her level within the organisation;

4. a process for integrating the Cultural Respect Plan into the overall state and/or department plan, and for including the principles of Cultural Respect in all aspects of organisational strategic planning and in any future planning process;

5. a process for determining unique regionally-based needs and ecological variables within the communities/populations served using existing agency databases, surveys, community forums, and key informants;

6. identification of service modalities and models which are appropriate and acceptable to the communities served, population densities and targeted population subgroups (eg children, adolescents, adults, elders, sexual minorities, and individuals with co-ocurring conditions);

7. identification and involvement of community resources (eg Aboriginal and Torres Strait Islander and community councils or governing bodies, family members, societies, spiritual resources, community organisations) and cross-system alliances (eg corrections, juvenile justice, education, social services, substance abuse, developmental disability, primary care plans, public health and health agencies) for purposes of integrated consumer support and service delivery;

8. identification of natural supports (eg family members, religious and spiritual resources, traditional healers, community organisations) for purposes of re-integrating the individual within his/her natural environment, keeping in mind that for some this may also include itinerant paths to and from a rural and remote community or from state to state;

9.   assurance of Cultural Respect at each level of care within the system (eg crisis, in-patient, out-patient, residential, home-based, health maintenance, community health liaison services);

10.   stipulation of adequate and culturally diverse staffing and minimal skill levels (including gender, ethnicity, and language as well as licensing, certification, credentialing) for all staff, clerical through to executive management;

11.   the use of Cultural Respect indicators adapted for specific minority cultural values and beliefs in developing, implementing, and monitoring the Cultural Respect Plan;

12.   development of rewards and incentives (eg salary, promotion, bonuses) for Cultural Respect performance, as well as sanctions for culturally destructive practices (eg discrimination). Cultural Respect performance shall be an integral part of the employee-provider performance evaluation system, and provider-organisation performance evaluation system;

13.   development of a plan to integrate ongoing training and staff development into the overall Cultural Respect Plan; and

14.   development and ongoing monitoring of indicators to assure equal access, comparability of benefits, and outcomes across each level of the system of care and for all services provided through the health plan.

SELECTED BIBLIOGRAPHY

The key documents that form the background of the Cultural Respect Framework are listed below:

Australian Bureau of Statistics, 1997 *Mortality of Aboriginal and Torres Strait Islander Australians,* ABS, Occasional Paper, 1997

Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework,* AHMAC, May 2002

Australian Institute of Health and Welfare and Department of Health and Aged Care, 2001, *Expenditure on Health for Aboriginal and Torres Strait Islander Peoples 1998-99,* AIHW, 2001

Commonwealth Grants Commission, 2001, *Report on Indigenous Funding 2001*, Canberra 2001

Council for Aboriginal Reconciliation, *Towards a Benchmarking Framework for Service Delivery to Indigenous Australians,* CAEPR, 1997

Deeble, J et al *Expenditures on Health Services for Aboriginal and Torres Strait Islander People,* AIHW and Commonwealth DHFS, 1998

Dench McLean Pty Ltd, *Report to NSW Health Regarding the Effectiveness of Cultural Awareness Training,* September 1999

Department of Health and Aged Care, 2001 *Better Health Care, Studies in the Delivery of Primary Health Care Services*

Health Department of Western Australia*, Aboriginal Cultural Security,* Background Paper

House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *Mainly Urban: Report of the Inquiry into the needs of urban dwelling Aboriginal and Torres Strait Islander people,* Australian Government Publishing Service, Canberra, 1992

House of Representatives Standing Committee on Family and Community Affairs, *Inquiry into Indigenous Health, Discussion Paper,* Parliament of the Commonwealth of Australia, Canberra, 1999

House of Representatives Standing Committee on Family and Community Affairs (HoR), *Health is Life: Report on the Inquiry into Indigenous Health,* Parliament of the Commonwealth of Australia, Canberra, 2000

Human Rights and Equal Opportunity Commission (HREOC), *Royal Commission Into Aboriginal Deaths in Custody,* AGPS, Canberra, 1991

Human Rights and Equal Opportunity Commission (HREOC), *Bringing them home: a guide to the findings and recommendations of the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families* Sydney, HREOC, 1997

National Aboriginal Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, 1989

National Aboriginal and Torres Strait Islander Health Council, *Draft Strategic Framework for Aboriginal and Torres Strait Islander Health,* NATSIHC, 2002

Swan P and Raphael B, *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, National Mental Health Strategy, AGPS, Canberra, 1995

Weeramanthri, Dr. Tarun, *Practice Guidelines for Health Professionals Dealing with the Death of a Northern Territory Aboriginal Person*, Menzies Occasional Papers, Issue No.1/96, Menzies School of Health Research, Northern Territory

World Health Organization, *Report of the Proceedings of the Conference held at Alma Ata*, 1978