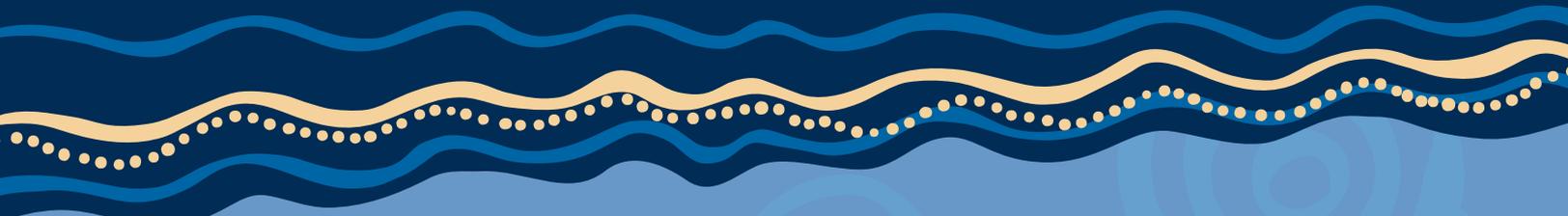


Queensland Health

Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033





In February 2010, the Queensland Government passed into law a preamble to the Queensland Constitution. This Preamble recognises, for the first time, Aboriginal and Torres Strait Islander peoples as the First Queenslanders:

“The people of Queensland, free and equal citizens of Australia ... honour the Aboriginal peoples and Torres Strait Islander peoples, the First Australians, whose lands, winds and waters we all now share; and pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community...”

2010

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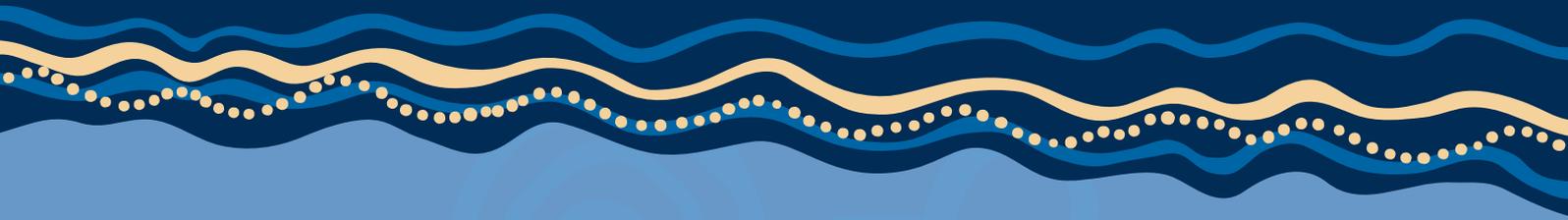
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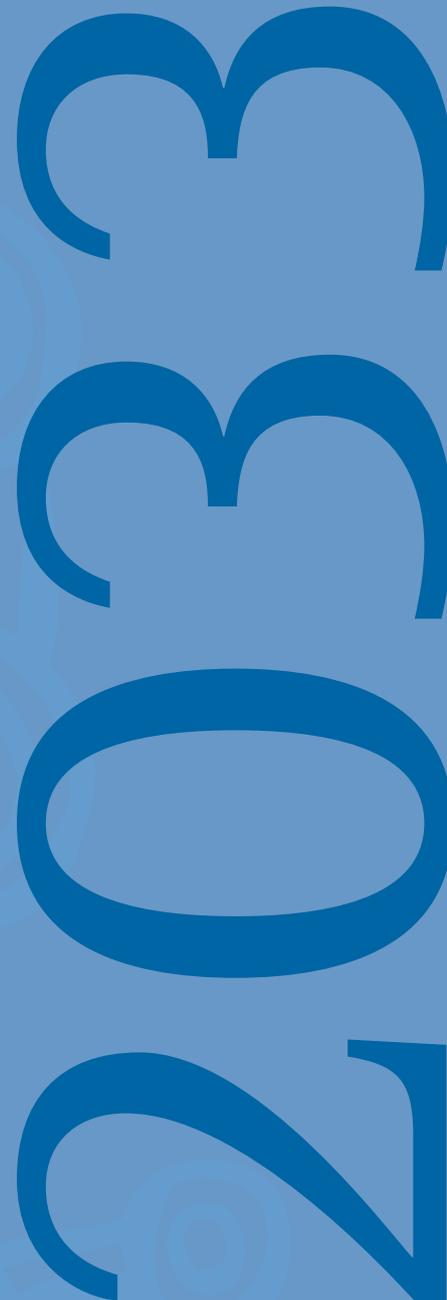
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Queensland Health

**Aboriginal and Torres Strait Islander
Cultural Capability Framework
2010 – 2033**





This original artwork was produced for Queensland Health by Gilimbaa. Gilimbaa is an Indigenous creative agency.

Queensland Health - Making Tracks

This artwork represents Aboriginal and Torres Strait Islander cultures in Queensland. It speaks of the importance of traditional and cultural sensitivities, how these are communicated in the modern day health system and how health professionals can best provide health services for Indigenous people through best practice.

The central circular motif represents Health in Queensland, and the meeting place where people come to trade knowledge about best health practices and procedures.

The pathways leading both in and out of this central motif represent people traveling from different professions, different communities and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Indigenous people.

The surrounding markings and motifs represent the important network of people from these communities, their connection to each other, and how they work together to empower Indigenous Queenslanders to have long, healthy, productive lives.



Foreword

I acknowledge and pay respect to Aboriginal and Torres Strait Islander elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders. I sincerely thank them for their ongoing generosity and willingness to work with and support our staff.

I also acknowledge the long history of many dedicated staff working to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Despite their efforts, and for many complex reasons, significant differences remain in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and other Queenslanders.

Queensland Health shares the national and state vision of improving health outcomes and closing the gap in life expectancy. To achieve this, we need to ensure that our organisation is well positioned to meet the needs of Aboriginal and Torres Strait Islander peoples.

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033* is a genuine step forward. It will provide Queensland Health with the foundation and guidance to deliver sustainable health gains for and with Aboriginal and Torres Strait Islander Queenslanders. This will require all Queensland Health staff, individually and collectively, to understand and respect cultural differences and needs, and apply this understanding in their various roles.

The framework will guide us to achieve the fundamental changes to our education, policies, planning and practices so that our services are responsive to the cultural needs of Aboriginal and Torres Strait Islander Queenslanders; so that our staff have the knowledge and skills to deliver care in culturally capable ways; and so that our work environments are at all times culturally respectful and supportive for our Aboriginal and Torres Strait Islander staff. This will enable us to deliver more timely care, in particular better prevention and early intervention. It will, for Aboriginal and Torres Strait Islander people, enable improved trust, participation in health care and self-management, and ultimately, play a pivotal role in improving health outcomes and life expectancy.

The commitment to closing the gap forces Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business. Improving Aboriginal and Torres Strait Islander people's health is everyone's business. Queensland Health will act in the spirit of reconciliation, recognising the past, in order to step together, side by side, into the future.

Finally, I would like to acknowledge the very many people who have generously contributed their time, effort, personal experiences, knowledge and wisdom into the development, feedback and review of this Framework.



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1 | Acknowledgements

Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders.

1.1 | Acknowledging and respecting past efforts in Queensland Health

Queensland Health has a long history of many dedicated staff working to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Despite their efforts, both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff have had limited success. Aboriginal and Torres Strait Islander cultural awareness training has been provided in Queensland Health since the late 1990s, inspired by our own staff who recognised the significant need. The Aboriginal and Torres Strait Islander Cultural Awareness Program (CAP), Reconciliation Learning Circles and Cultural Orientation on Line (COOL) have improved the knowledge and enriched the lives of many staff across Queensland Health. Face-to-face training has been provided by a handful of personally dedicated and passionate professional educators and volunteer facilitators in Queensland Health. They have done this within the constraints of limited resources, a growing Queensland Health workforce and an increasingly complex health system.

There has been less consistent effort in effectively orienting staff to work in environments with higher proportion of Aboriginal and/or Torres Strait Islander residents, in particular in remote areas and discrete Aboriginal and Torres Strait Islander communities. Nor has there been consistent focus on providing clinical staff with specific epidemiological training about disease prevalence and risk factors which would enhance their capacity to effectively diagnose and treat Aboriginal and Torres Strait Islander patients.

In acknowledging and respecting individuals, teams, and services that are working, or have tried to work, in culturally responsive and appropriate ways, we also identify that ongoing improvements are needed across Queensland Health to support staff, patients, clients, consumers¹, their families and communities.

¹ Throughout the remainder of this framework, the term 'consumers' is inclusive of patients, clients and all other users of the health system.

2 | Introduction

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. The health system, overall, does not provide the same level and quality of care for Aboriginal and Torres Strait Islander peoples. Health services that are planned, supported, improved and culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to improved health outcomes and the achievement of this mission.

Queensland Health shares the vision of closing the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders. To achieve this, we need to ensure that our organisation is well positioned to meet the needs of Aboriginal and Torres Strait Islander peoples. This relies on much more than the provision of clinical services. It also requires an organisation that understands and respects cultural differences and needs, and applies this understanding and respect in its governance, policy, planning, infrastructure, funding, standards, information systems, human resource management, quality improvement, education, training and every aspect of health service delivery.

The *Closing the Gap* commitments force Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business. In order to take a genuine step forward so that Queensland Health can mature into a culturally capable organisation, the following statements need to be embedded into the ethos of this organisation:

- Improving Aboriginal and Torres Strait Islander people's health is everyone's business.
- All Queensland Health staff are bound by the Queensland Government commitment to close the gap in health inequities between Aboriginal and Torres Strait Islander and other Queenslanders.
- Services must be culturally and clinically responsive and appropriate in order to close the gap.
- We acknowledge and respect the diversity in Aboriginal and Torres Strait Islander peoples and cultures and their right to equitable, accessible and quality health care.
- Cultural capability, just like clinical capability, is an ongoing journey of continuous individual learning and organisational improvement, in order to ensure best practice in health service delivery.

3 | Aboriginal and Torres Strait Islander health in Queensland

The standard of health of our Aboriginal and Torres Strait Islander population is considerably poor by comparison with other Queenslanders. Although improvements have been made in recent years, the gap in life expectancy for Aboriginal and Torres Strait Islander peoples compared with the rest of the population remains significantly high.

3.1 | Aboriginal and Torres Strait Islander 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.

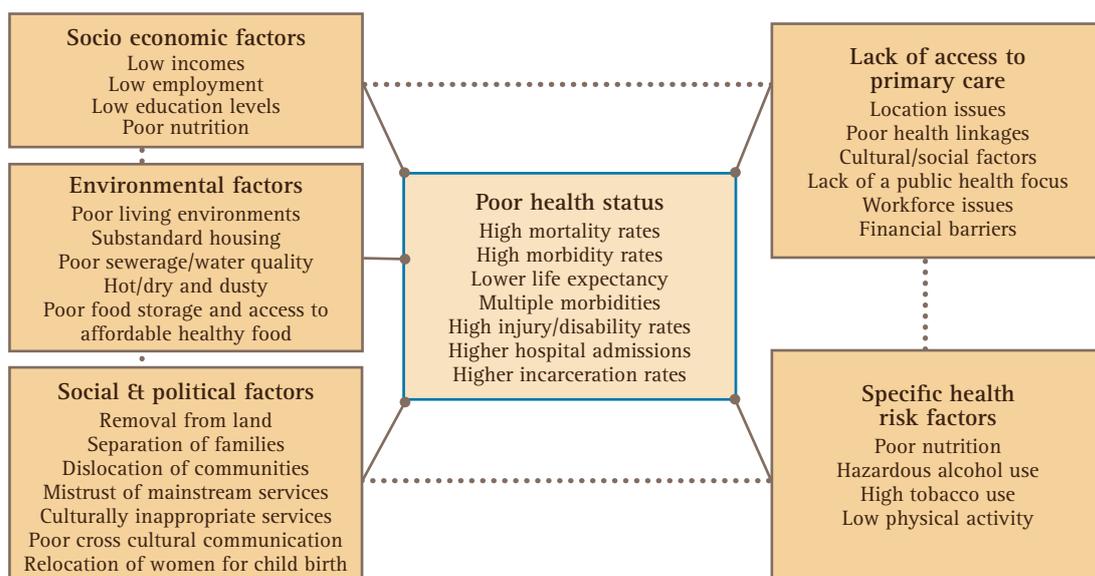
Life expectancy at birth for Aboriginal and Torres Strait Islander Queenslanders is lower by 10.4 years for males and 8.9 years for females than that of other Queenslanders². There is a significantly higher prevalence of diseases such as diabetes, hypertension, and a range of communicable diseases. Two leading drivers of the health gap in Queensland are cardiovascular disease and diabetes, which account for 44 percent of the difference in life expectancy. Other key contributors to the health gap are chronic respiratory disease, cancers, injuries and mental disorders.³

Deaths and low birth weights of newborn babies are twice as likely for Aboriginal and Torres Strait Islander peoples. The mortality rates for Aboriginal and Torres Strait Islander children under 5-years of age are up to five times higher than non-Aboriginal and Torres Strait Islander children. In Queensland the child mortality rate is 2.4 times the total state average.⁴

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 and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing.

The relatively poor health outcomes for Aboriginal and Torres Strait Islander peoples are the result of a complex set of interacting factors, which are summarised in Figure 1, below.

Figure 1: Factors impacting on Aboriginal and Torres Strait Islander health status – Interactions of social and physiological determinants of health⁵



² Australian Bureau of Statistics, 2009, *The Experimental Life Tables for Aboriginal and Torres Strait Islander Australians 2005-2007*, Canberra <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3302.0.55.003/>

³ Begg S. and Harper C., *Burden of disease in health adjusted life expectancy in health service districts, Queensland Health, 2008*

⁴ Australian Institute of Health and Welfare, *Health Performance Framework Report 2008*, Canberra

⁵ NATSIHC, *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013*, 2003, Canberra

Many causes of ill health and premature death are preventable, yet a number of barriers continue to restrict Aboriginal and Torres Strait Islander people's access to an equitable, quality health system. Some of these barriers are structural in terms of poor linkages and coordination across the system, some are socio-economic, some are about the availability and distribution of services and some are clearly cultural. These cultural barriers may include health service provider attitudes and practice, communication issues, mistrust of the system, poor cultural understanding and racism.



3.2 | Aboriginal and Torres Strait Islander health – a cultural context

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

For Aboriginal people, culture and identity are central to 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.'

According to the AHMAC Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009, '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 and Torres Strait Islander 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
- their views of health care providers and personnel.'



3.3 | The Queensland Health response

*Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework*⁶ is Queensland Health's overarching framework for closing the life expectancy gap within a generation (by 2033), one of the key targets to which the Council of Australian Governments has committed. The availability of health services and programs that are culturally and clinically equipped to provide health care for and with Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to this goal. 'Improving access to, and the effectiveness of, health services for Aboriginal and Torres Strait Islander Queenslanders is a continuous improvement process and is multi-faceted. The effectiveness of existing health services can be enhanced to provide more culturally sensitive and responsive programs and can be staffed by a workforce that has both the clinical and cultural training to make them competent practitioners of health service delivery for Indigenous Queenslanders.'⁷

There is a growing understanding of the need to sharpen the focus on improving the performance and accountability of both targeted and mainstream services in order to address the health inequality experienced by Aboriginal and Torres Strait Islander peoples.

Overall, there is an urgent need to improve the effectiveness of relationships between Queensland Health and Aboriginal and Torres Strait Islander peoples across Queensland. This urgent need has resulted in the development of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033*. The Framework presents an important milestone in Queensland Health's strategic approach to improving the health status of Aboriginal and Torres Strait Islander peoples across Queensland.

⁶ Queensland Health, *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework*, 2010, Brisbane

⁷ *ibid*

4 | Queensland Health Aboriginal and Torres Strait Islander cultural capability

The scope of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is clearly focused on the provision of culturally appropriate health services to Aboriginal and Torres Strait Islander consumers and communities. The Framework, while fully acknowledging the distinct requirements of many other culturally diverse peoples, excludes generic cultural capabilities in relation to culturally and linguistically diverse consumers and communities, which are addressed in the *Queensland Health Organisational Cultural Competency Framework*⁸.

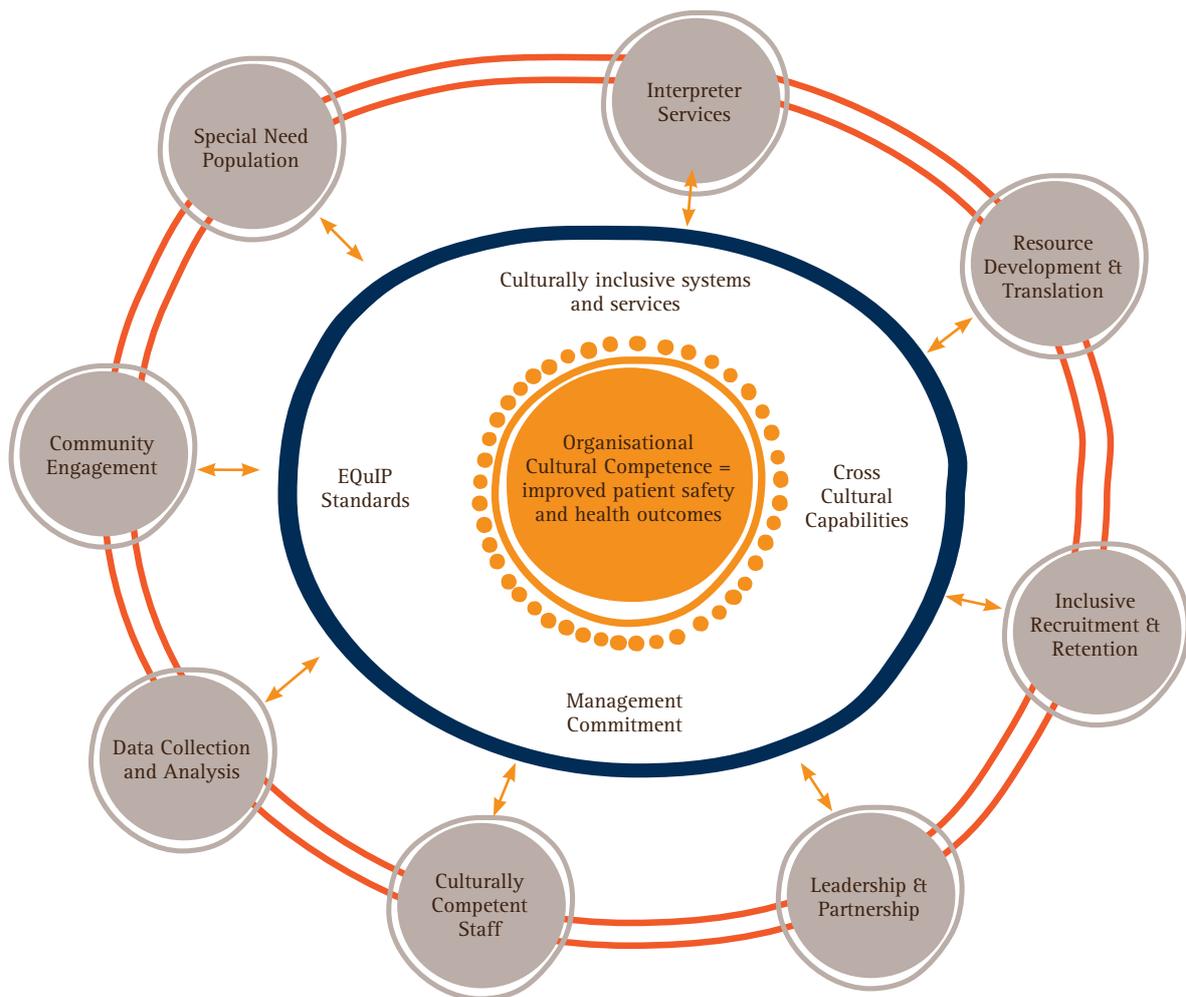
4.1 | Queensland Health Organisational Cultural Competency Framework

The Queensland Health Organisational Cultural Competency Framework, identified in the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*, provides a sound context for organisational cultural capability and meets existing national and international cultural competency guides and standards.

4.2 | What is Aboriginal and Torres Strait Islander cultural capability?

In the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*, 'cultural capabilities' refer to the 'skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner'.

Figure 2: Queensland Health Organisational Cultural Competency Framework



The eight elements detailed in Figure 2 and its stated principles of self-reflection, cultural understanding, context, communication and collaboration are embedded within and aligned to this *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*.

⁸ *Queensland Health Strategic Plan for Multicultural Health 2007-2012, Implementation Plan 2009-2010*, Brisbane



4.3 | Why do we need Aboriginal and Torres Strait Islander cultural capabilities?

Queensland Health is the main provider of health services in Queensland, and often the sole provider in rural and remote areas. Queensland Health therefore has very clear responsibilities in terms of Aboriginal and Torres Strait Islander health. Improving Aboriginal and Torres Strait Islander health and closing the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders are two of Queensland Health's highest priorities.

In some instances, general insensitivity; fear of offending; lack of knowledge of Aboriginal and Torres Strait Islander cultural issues relating to history, spirituality, trauma, loss and grief; and inadequate grounding in health issues and risk factors, prevent Queensland Health from providing quality, culturally appropriate services.

This framework will enable all Queensland Health employees to develop the skills, knowledge and behaviours that are needed in their various roles to provide better service delivery to Aboriginal and Torres Strait Islander consumers so that we can close the gap.

For the framework to be successful, it requires considerable concerted action across Queensland Health. The framework will be supported by implementation plans that will be reviewed biennially.



4.4 | What is the Aboriginal and Torres Strait Islander Cultural Capability Framework?

The *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is the overarching framework to guide every aspect of health service delivery for and with Aboriginal and Torres Strait Islander Queenslanders.

The framework is based on the Australian Health Ministers' Advisory Council (AHMAC) endorsed *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 - 2009* that was developed as a guiding principle in policy construction and service delivery to strengthen relationships between the healthcare system and Aboriginal and Torres Strait Islander peoples. The AHMAC Framework identifies a three dimensional model (system/corporate; organisational; and care delivery) along with key specifications for a culturally respectful health system. The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* has embedded these three dimensions throughout the document.



4.5 | Framework purpose

The purpose of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is to provide overarching principles for the governance, policy, planning, infrastructure, information systems, human resource management, quality improvement, education and training, and every aspect of culturally capable health service delivery; and to guide the skills, knowledge and behaviours that are essential for all levels of Queensland Health employees to provide culturally appropriate health services for Aboriginal and Torres Strait Islander Queenslanders.

While the primary application for the framework is within the organisation, Queensland Health welcomes its application broadly across the health sector, and in particular within and across all primary health care partners.

The implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* will strengthen the ability of Queensland Health as an organisation to:

- close the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders
- provide culturally responsive health services, including the involvement and support of Aboriginal and Torres Strait Islander staff
- develop the cultural capability of all Queensland Health employees.

The framework will create and maintain a valuable reference point for all employees in our approach to improve the cultural capabilities in frontline service delivery; governance; policy development; planning; education and training; and quality improvement.

The framework will:

- develop foundations to improve the cultural capability of the organisation
- guide the provision of culturally responsive health services
- ensure that the work we do within Queensland Health meets the needs of Aboriginal and Torres Strait Islander Queenslanders
- assist in identifying cultural capability gaps across the organisation
- provide consistency of approach across Queensland Health
- inform the development of our human resource and staff development strategies
- provide a guide to, develop, retain and support staff.

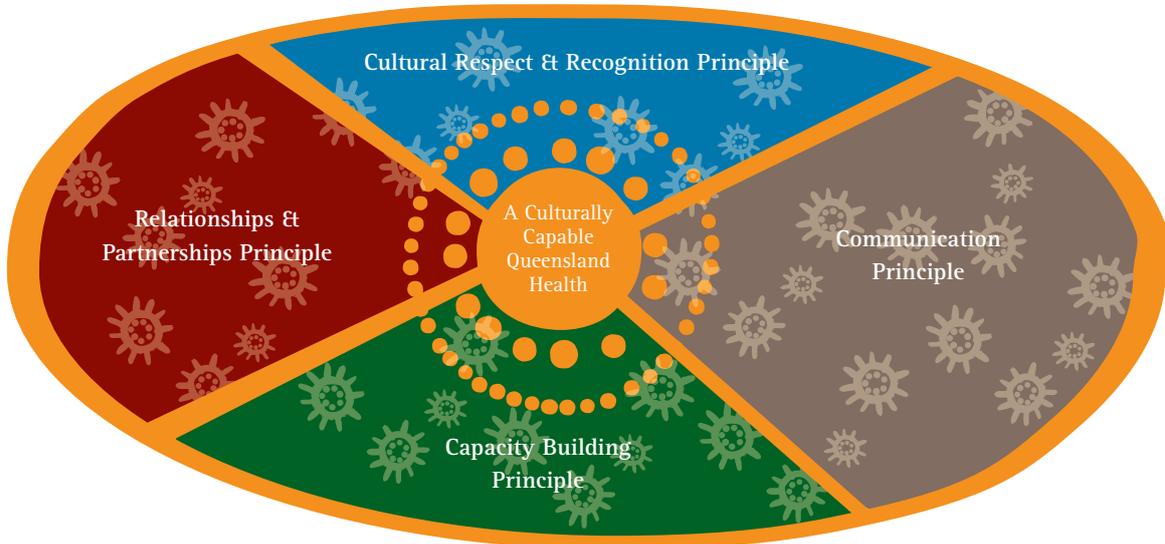
The aim is that the framework will be integrated into a number of key documents and accountability processes within the health system.



4.6 | Guiding principles

The framework has four guiding principles, illustrated in Figure 3 below.

Figure 3: Guiding Principles for Queensland Health Aboriginal and Torres Strait Islander cultural capability



The principles are supported by capabilities which are not confined to this document. The principles provide overarching guidance to Queensland Health to systematically lift the organisation's cultural capability and to deliver culturally responsive health services to Aboriginal and Torres Strait Islander peoples across Queensland. Below is a summary of each principle.

THE CULTURAL RESPECT AND RECOGNITION PRINCIPLE refers to the knowledge, skills, behaviours and systems required to incorporate cultural respect and recognition into Queensland Health's core business. This includes service delivery and patient care, policy, planning, infrastructure, management, quality improvement, education and training, funding, service delivery and individual patient care.

THE COMMUNICATION PRINCIPLE refers to the knowledge, skills, behaviours and systems required to effectively and sensitively communicate with Aboriginal and Torres Strait Islander people through applying culturally sensitive communication and a supportive communication climate in policy, planning, management, education and training, quality improvement, service delivery and individual patient care.

THE RELATIONSHIPS AND PARTNERSHIPS PRINCIPLE refers to the knowledge, skills, behaviours and systems required to establish relationships and build effective long-term partnerships with other agencies and with Aboriginal and Torres Strait Islander communities and individuals, so that Aboriginal and Torres Strait Islander people can manage and improve their health status through leadership, policy, planning, quality improvement, education and training, funding, service delivery and individual patient care.

THE CAPACITY BUILDING PRINCIPLE refers to the knowledge, skills, behaviours and systems required to build the capability of the health system so that it provides and fosters culturally responsive services to Aboriginal and Torres Strait Islander people through leadership, policy, planning, infrastructure, information systems, quality improvement, human resource management, education and training, funding and service delivery.

5 | Key outcomes

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* principles provide a foundation for describing the framework's key outcomes. Better service delivery to Aboriginal and Torres Strait Islander consumers will be enabled when the cultural capabilities are achieved (through appropriate knowledge, skills, behaviours and systems), implemented and sustained. Implementation planning will focus on achieving these key outcomes, considering the various strategies, actions and accountabilities for their achievement, e.g. training, resources, systems, leadership and consultation processes.

5.1 | Key outcomes for cultural respect and recognition principle

- Recognition that for Aboriginal and Torres Strait Islander peoples, *'Health does not mean the physical well being of the individual but refers to the social, emotional, spiritual and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life'*⁹.
- Recognition and responsiveness to the fundamental link between the health of an individual and the health of their family, recognising the complexities and significance of kinship.
- All Aboriginal and Torres Strait Islander people are treated with dignity, fairness and respect, regardless of their background and position.
- Respect for persons that is consumer-oriented, including respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support network, and choice of provider¹⁰.
- Respect for the consumer's chosen family members or others in advocacy roles.
- Recognition, protection and continued advancement of the inherent rights, and distinct cultures, protocols and traditions of Aboriginal and Torres Strait Islander peoples with respect to Queensland Health services.
- Respect for the rights of individuals regarding decisions about their own health care, based on the provision of adequate, clear information, free of cultural bias, upon which to base those decisions.
- Respect for holistic and cultural traditions in health, healing, birthing, death and dying.
- Recognition by clinicians of the importance of addressing the specific needs of Aboriginal and Torres Strait Islander consumers in assessment and treatment decisions, with understanding of epidemiology including risk factors that impact on the health status of Aboriginal and Torres Strait Islander people.
- Identification data for Aboriginal and Torres Strait Islander staff and consumers is sought in a culturally sensitive and respectful manner to achieve data accuracy as a basis for evaluation, planning and capacity building of the workforce and service.
- Research involving Aboriginal and Torres Strait Islander individuals and communities is ethical, ensures appropriate consultation and feedback and minimises duplication.
- Positive relationships that build trust, and are based on flexibility and patient-centred care.
- Ongoing commitment to reconciliation.
- Policy and program development considers and responds to the cultural needs of Aboriginal and Torres Strait Islander peoples, broadly as the first peoples of Australia and locally for the many different Aboriginal and Torres Strait Islander cultures in Queensland.
- Consideration of modifications to health care administration processes (e.g. intake, referral, waiting lists, out-lying patients) that improve the Aboriginal and Torres Strait Islander patient journey in the health system.
- Internal and external environments are provided for cultural safety, traditions and traditional healing, planned with consultation and in partnership with local Aboriginal and Torres Strait Islander communities and/or their representative bodies.
- Respect for the cultural needs, safety and contribution of all Aboriginal and Torres Strait Islander staff.
- Respect for the roles of Aboriginal and Torres Strait Islander health workers as primary health care providers.
- Respect for the roles of Aboriginal and Torres Strait Islander hospital liaison services and staff for their leading contribution to the health and wellbeing of their consumers through support, advocacy and service access.
- Respect for the roles of unions and industrial consultative forums in assisting the organisation to achieve and maintain cultural capability.
- Recognition for staff with outstanding commitment to the improvement of Aboriginal and Torres Strait Islander health outcomes and culturally capable services.

⁹ *National Aboriginal Health Strategy*, Commonwealth of Australia, 1989, Canberra

¹⁰ *Aboriginal and Torres Strait Islander Health Performance Framework*, Commonwealth of Australia, 2006, Canberra



5.2 | Key outcomes for communication principle

- Communication with individuals is undertaken with the knowledge that cultural differences exist, and is adapted to meet the needs of the individuals to best achieve mutual understanding.
- Health care staff respect, understand the roles and appropriately utilise Aboriginal and Torres Strait Islander hospital liaison officers.
- Health care staff respect, understand the roles and appropriately utilise Aboriginal and Torres Strait Islander health workers to optimise this mutual understanding.
- Health care knowledge is provided by services in ways that are meaningful, respectful and safe; is developed in consultation with Aboriginal and Torres Strait Islander people; and meets their needs to understand their health and treatment options, enabling them to best care for their own health.
- User-friendly Queensland Health internet service is specific and appropriate for providing health information for our Aboriginal and Torres Strait Islander populations.
- Consultation with local communities is undertaken for all changes, problem-solving and improvements, and is respectful of community protocols.
- Queensland Health seeks to understand enablers and barriers to health care for communities and individuals e.g. transport.
- Interpreter services are sought when needed for safe and meaningful communication.

5.3 | Key outcomes for relationships and partnerships principle

- Health service consumers (and families where relevant) are respected as partners in healthcare provision, informed and owning the decisions about their own healthcare.
- The insights, ideas and capabilities of Aboriginal and Torres Strait Islander staff are sought in planning, change management and problem-solving within the health system and its environment.
- Districts and services work with local elders, leaders and communities as partners in planning, evaluation, resolution of issues and change management with respect to services for their communities, ensuring that local cultural expectations are addressed.
- Districts and services partner with local Aboriginal and Torres Strait Islander communities to recruit and retain staff that meet the needs of that community.
- Queensland Health works in partnership with a range of sectors and services at national, state, regional and local levels, including local and other government departments; Aboriginal and Torres Strait Islander Health Services; general practitioners and Aboriginal and Torres Strait Islander communities to provide the best possible integrated healthcare for Aboriginal and Torres Strait Islander people and to minimise duplication of services and consultation processes.



5.4 | Key outcomes for capacity building principle

- Recruitment and development of Aboriginal and Torres Strait Islander people in leadership and management roles.
- Cultural support mechanisms are provided for Aboriginal and Torres Strait Islander staff.
- Aboriginal and Torres Strait Islander employment commitments embedded into workforce planning across Queensland Health.
- Increased capacity of the Aboriginal and Torres Strait Islander workforce to work competently and confidently (in clinical and non-clinical roles) through recruitment, retention, support, professional development and the establishment of learning centres¹¹.
- Ongoing improvement and sustainability of cultural capability of Queensland Health staff through appropriately resourced, sustainable training, education, mentoring and other developmental experiences appropriate to their roles within the organisation, including sound orientation to the local Aboriginal and Torres Strait Islander community where relevant.
- Increased capacity of non-Aboriginal and Torres Strait Islander staff to work competently and confidently in clinical roles, with sound understanding of relevant health issues and risk factors that impact on the health gap.
- Planning of all systems, services and environments consider and incorporate as possible culturally sensitive, welcoming environments and practices, and proactively encourage the employment of Aboriginal and Torres Strait Islander staff in both dedicated and mainstream roles.
- Planning of dedicated services for Aboriginal and Torres Strait Islander peoples involves community consultation; Aboriginal and Torres Strait Islander leaders and staff; culturally sensitive environments; high level of cultural capability; partnerships through inter-sectoral collaboration and integrated planning; realistic targets and measurable outcomes; and dissemination of information into the Aboriginal and/or Torres Strait Islander community.
- Participation of Aboriginal and Torres Strait Islander people in relevant formal advisory bodies.
- Queensland Health policy, guidelines, systems and structures that acknowledge and assist in addressing the Closing the Gap priorities.
- Health service districts have sound quality improvement systems for the identification and communication of healthcare and cultural issues; and plan and implement improvements in partnership with Aboriginal and Torres Strait Islander staff, consumers and communities.
- Ongoing monitoring, evaluation and quality improvement of all strategies implemented for the improvement of cultural capability across the organisation.

6 | Strategies

The strategies associated with the framework will, over time, embed cultural capability throughout Queensland Health. The strategies are multi-faceted and inter-dependent, and will require collaboration across the organisation.

Table 1 provides an overview of all strategies (existing and planned) with respect to the elements in the *Organisational Cultural Competency Framework* and their application to improving the health of Aboriginal and Torres Strait Islander people.

¹¹ Queensland Health, 2009, *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012*

Table 1: Overview of *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033 strategies*

Queensland Health Organisational Cultural Competency Framework element	Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033 Strategy
1. Culturally competent staff	Aboriginal and Torres Strait Islander Cultural Capability Learning Program, including review of existing programs; new, targeted learning programs and dedicated trainers/educators
2. Resource development and translation	<ul style="list-style-type: none"> • Guidelines for engagement, communication and partnership with Aboriginal and Torres Strait Islander peoples • Guidelines for the development and provision of culturally respectful healthcare services and environments • Identification and promotion of good practice models of cultural capability • Healthcare information for Aboriginal and Torres Strait Islander consumers • Aboriginal and Torres Strait Islander epidemiological and clinical information • Policies and guidelines that support Queensland Health to respect and acknowledge Aboriginal and Torres Strait Islander cultural protocols, events and significant occasions • Guidelines for continuous quality improvement for Aboriginal and Torres Strait Islander healthcare
3. Community engagement	<ul style="list-style-type: none"> • Policies and guidelines for engagement, communication and partnership with Aboriginal and Torres Strait Islander communities
4. Leadership and partnership	<ul style="list-style-type: none"> • Queensland Health Aboriginal and Torres Strait Islander cultural advisors • Ongoing commitment to reconciliation • Alignment and inclusion of Aboriginal and Torres Strait Islander cultural capability in planning, development and reporting systems • Inclusion of accountabilities for cultural capability in service level agreements and performance plans for executive and senior managers • Identified Aboriginal and Torres Strait Islander leadership positions in health service districts • Partnerships with other government and non-government organisations for coordinated, optimised, culturally capable healthcare for Aboriginal and Torres Strait Islander peoples • Partnerships with unions and other consultative forums for the continued improvement of Aboriginal and Torres Strait Islander health outcomes
5. Data collection and analysis	<ul style="list-style-type: none"> • Improved systems for the identification of Aboriginal and Torres Strait Islander consumers in data collection • Increased analysis and use of data in health service planning, patient safety and continuous quality improvement • Ongoing monitoring and evaluation of all strategies within the framework
6. Inclusive recruitment and retention	<ul style="list-style-type: none"> • Clarification, recognition and enhancement of the roles of Aboriginal and Torres Strait Islander health workers and hospital liaison officers • Implementation of the <i>Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012</i> and subsequent workforce strategies • Aboriginal and Torres Strait Islander Staff Network • Review of human resource policies and guidelines for Aboriginal and Torres Strait Islander staff
7. Interpreter services	<ul style="list-style-type: none"> • Review of current status of interpreter services for Aboriginal and Torres Strait Islander patients and the development of recommendations for improvement



6.1 | Aboriginal and Torres Strait Islander Cultural Capability Learning Program

A breadth of strategies will need to be implemented for Queensland Health to achieve its desired outcomes. An essential component is ensuring a culturally capable workforce¹². As such, there is a clear need for an effective learning program, so that staff are adequately supported and have the capacity to achieve the key outcomes documented in Section 5.

Since the late 1990s, the Aboriginal and Torres Strait Islander Cultural Awareness Program has provided some cultural capability learning and development. These capabilities are loosely included in learning modules, but require additional attention if they are to be used to define the knowledge and skills required by staff to enable and support the delivery of culturally capable services with and for Aboriginal and Torres Strait Islander peoples.

A culturally capable health workforce also requires an understanding of the health issues impacting on Aboriginal and Torres Strait Islander peoples in order to deliver effective treatment. These include understanding of the most prevalent health conditions and risk factors, the high rates of co-morbidities and the impact of other social and economic factors on the health of the individual. The planned, multi-pronged approach to enhancing the skills of the clinical workforce will include continuous learning within Queensland Health and through its education and training partners. The Aboriginal and Torres Strait Islander Cultural Capability Learning Program is also well positioned

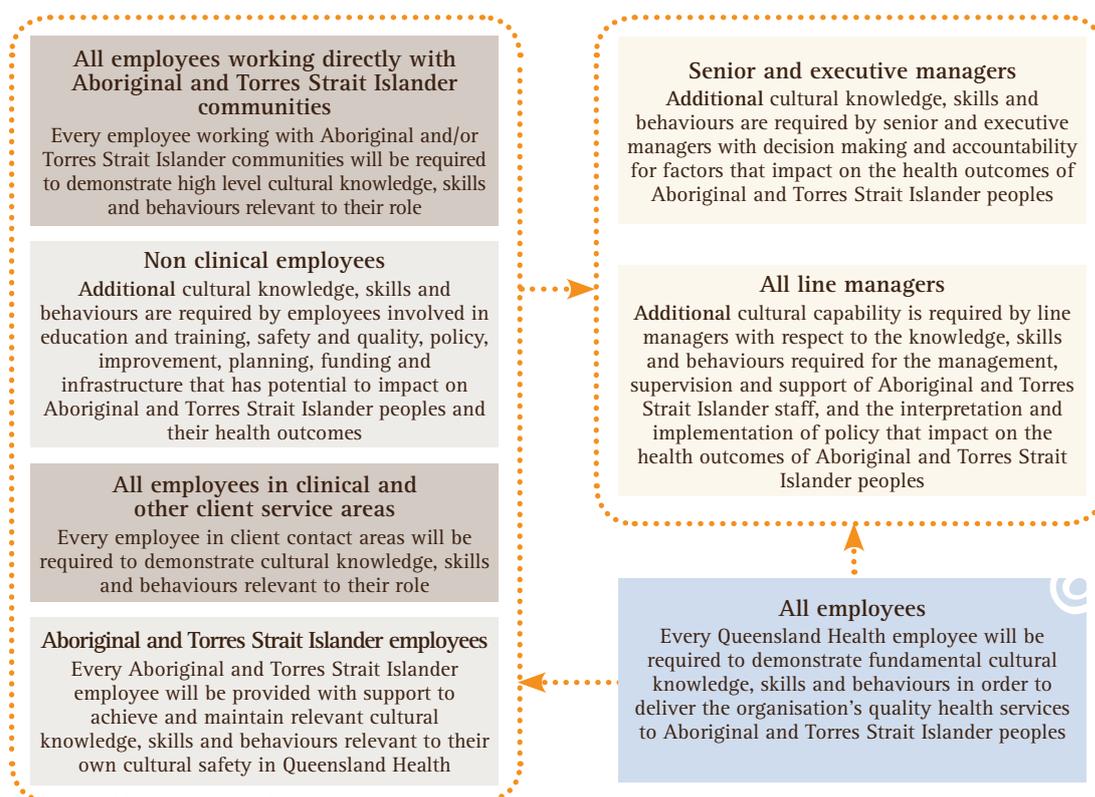
to interface with cultural diversity training (delivered through Queensland Health’s multicultural program), and with many other Queensland Health education and training programs.

The revised and expanded Aboriginal and Torres Strait Islander Cultural Capability Learning Program will provide a variety of learning experiences and development opportunities to build capabilities relevant to the roles of individual employees. The program will provide mandatory foundation knowledge for all Queensland Health employees, with a structured and graduated program to acquire and develop new cultural capabilities relevant to career progression and changing roles, with increased emphasis on capabilities for the clinical environment.

As illustrated in Figure 4, the program will be structured for:

- all employees (mandatory)
- employees working in clinical and other consumer service areas
- employees (and contractors) working directly with Aboriginal and Torres Strait Islander communities
- Aboriginal and Torres Strait Islander employees
- non-clinical employees involved in education and training, safety and quality, policy, improvement, planning, funding, and infrastructure that has the potential to impact on Aboriginal and Torres Strait Islander peoples and their health outcomes
- all line managers
- senior and executive managers.

Figure 4: The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Learning Program Model



¹² Nguyen, H.T., Patient Centred Care Cultural Safety in Indigenous Health, Reprinted from *The Australian Family Physician*, Volume 37, No. 12, December 2008



6.2 | Resource development and translation

A suite of resources will be readily available for all Queensland Health staff, consumers and partner organisations. Resources will be predominantly accessible through the intranet and internet, with printed or other multi-media developed to best reach target groups. Resources will support the learning and development program and will be a combination of:

- existing Queensland Health and other government resources
- suite of new resources to meet Queensland Health, partner and consumer needs
- links to external resources.

The aim is to make readily available consistent, quality Aboriginal and Torres Strait Islander cultural and clinical information relevant to Queensland Health services and partner organisations. This information will provide for ongoing learning and information as needed by Queensland Health staff, and form the basis for improved cultural capability in all aspects of healthcare.



6.3 | Community engagement

Community engagement underpins much of the application of the framework, in particular with respect to service planning, partnerships, capacity building, policy development and quality improvement. Policies and guidelines for engagement and communication with Aboriginal and Torres Strait Islander communities already exist within Queensland Government. However, some are outdated and Queensland Health has indicated its commitment to participate in review processes to ensure applicability and alignment to this framework.



6.4 | Leadership and partnership

Queensland Health's leaders are pivotal to driving improvements through their own Aboriginal and Torres Strait Islander cultural capability and for establishing partnerships which enable the best possible integrated healthcare.

The foundations for leading change will be established through:

- Queensland Health Aboriginal and Torres Strait Islander cultural advisors
- continuing Queensland Health's commitment to reconciliation
- inclusion of the framework's implementation in service level agreements and performance plans for executive and senior managers.

This combination of dedicated advisors and organisational commitment will provide the expert knowledge and organisational drive for the implementation of the framework. The advisory roles will include:

- key leadership in the implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*, including the development, coordination, implementation, evaluation and continuous improvement of cultural capability strategies and initiatives
- building and maintaining relationships and providing comprehensive stakeholder consultation and communication, including executive management, Aboriginal and Torres Strait Islander communities, national and statewide networks relevant to the improvement of Aboriginal and Torres Strait Islander cultural capability.



6.5 | Data collection and analysis

Planning, evaluation, improvement, monitoring and individual patient care rely on accurate data, including the identification of Aboriginal and Torres Strait Islander people and their health status. Across Queensland Health, data quality and use have been variable. Significant gains can be made in improving health outcomes for individuals and collectively with better identification, monitoring, data analysis and the use of data across Queensland Health.



6.6 | Inclusive recruitment and retention

Recruitment and retention of Aboriginal and Torres Strait Islander staff is a key factor in providing services that are culturally responsive, safe and capable for Aboriginal and Torres Strait Islander people. Considerable work is underway to improve recruitment and retention of Aboriginal and Torres Strait Islander staff through the *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy*, at corporate and local levels.

The engagement of Aboriginal and Torres Strait Islander peoples at all levels and occupational streams in the health system will assist to shape policy, reorientate health services and engage with consumers to improve delivery of high quality health-care. Achieving this requires long-term investment in the attraction, recruitment and retention of Aboriginal and Torres Strait Islander peoples to a level that reflects the population and service needs.

The *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy* aims to improve recruitment and retention, with recognition of support and professional development as key issues. Its goal is to increase the number of Aboriginal and Torres Strait Islander peoples working across all occupational streams within Queensland Health, to at least reflect the population profile of Aboriginal and Torres Strait Islander peoples living in Queensland. The workforce strategy recommends a statewide target of 3.7 percent with improvement across all occupational streams¹³.

Queensland Health established an Aboriginal and Torres Strait Islander Staff Network as a positive and effective way to retain its current staff and to position Queensland Health as a responsive employer

¹³ Queensland Health, 2009, *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012*

of Aboriginal and Torres Strait Islander peoples. The Aboriginal and Torres Strait Islander Staff Network can contribute to the improvement of Aboriginal and Torres Strait Islander health by:

- promoting the engagement, participation and advancement of Aboriginal and Torres Strait Islander staff across all occupational streams to enhance retention
- providing a forum for exchange of information
- building and sharing practical knowledge in policy and program effectiveness
- strengthening linkages, engagement and synergies across Queensland Health.

6.7 | Interpreter services

Difficulties due to a shortage of interpreter services for Aboriginal and Torres Strait Islander people has been repeatedly identified by clinical staff, particularly in regional and rural parts of Queensland. This is a complex and chronic issue due to the diversity of languages and dialects, and the shortage of suitably qualified interpreters. In collaboration with Queensland Health Multicultural Services, interpreter services for Aboriginal and Torres Strait Islander consumers will be reviewed

7 | Implementation and sustainability

Building cultural capability in Queensland Health is a major challenge. Organisational leadership, adequate resources, ongoing consultation and support for Queensland Health staff in the initial implementation stages are critical to long-term success and sustainability.

7.1 | Implementation

An implementation plan will be developed biennially and will include:

- details of strategies
- timeframes and accountabilities
- key outcomes, key performance indicators, monitoring and evaluation processes
- finance and budget allocations
- consultation processes with:
 - Aboriginal and Torres Strait Islander organisations, communities and staff
 - Queensland Health executive, senior managers and staff
 - healthcare partners
 - unions and other consultative forums
 - other Government departments
 - tertiary education sector.

7.2 | Measurement, evaluation and monitoring processes

Measuring and evaluating the success of the framework will initially occur through a variety of existing evaluation and reporting mechanisms. Due to the need for strong leadership and responsibility in Queensland Health, this includes incorporating implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* into the:

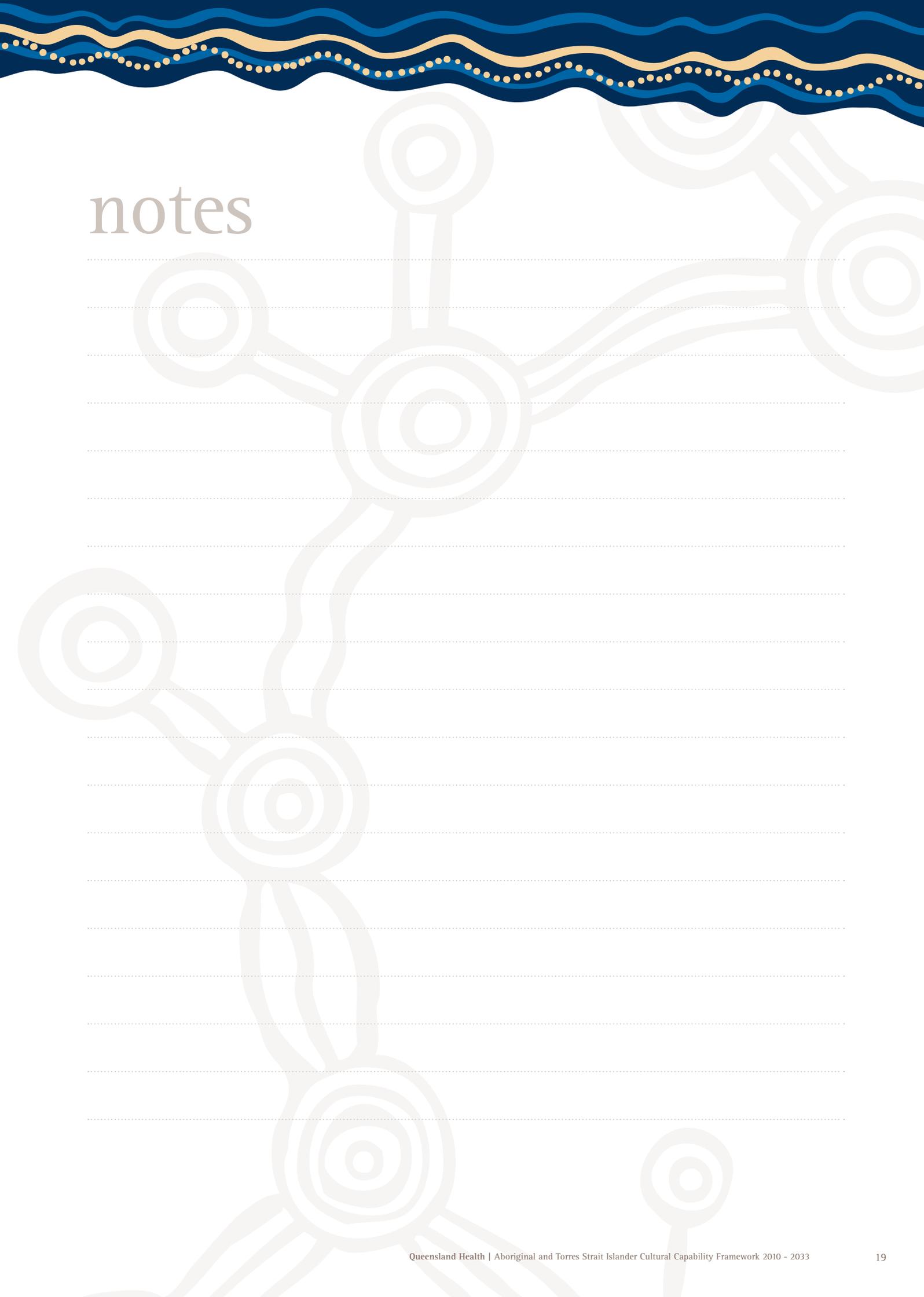
- service level agreements for executive managers, both district and corporate
- planning, evaluation and improvement of health services for Aboriginal and Torres Strait Islander

peoples, using the key performance indicators identified in *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework* and the Council of Australian Governments (COAG) Closing the Gap National Partnership Agreements, such as:

- improvements in high risk health indicators, e.g. controlling and preventing diabetes
- improvements in health care behaviours
- improvements in the identification rates of Aboriginal and Torres Strait Islander consumers.

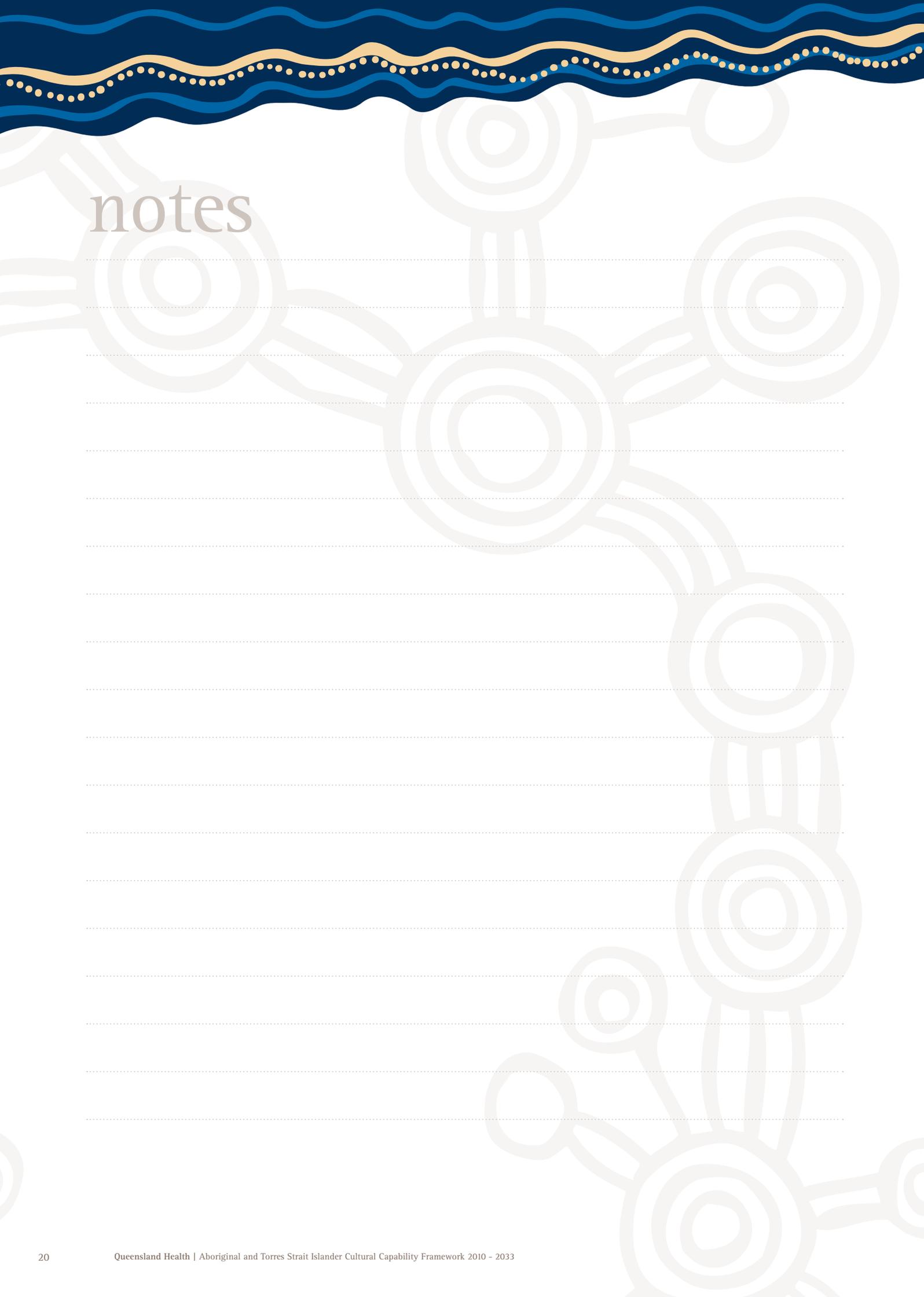
New or improved processes will be established to fully measure the success of the framework. For example, this may include improving the processes for collecting consumer and community satisfaction information, and how problems experienced by Aboriginal and Torres Strait Islander health service consumers, communities and staff are resolved.

Further mechanisms for evaluation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* will be developed within its implementation plans.



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