Katherine West Health Board
Cultural Security Framework
July 2013

**You have three wheels –
cultural safety, supportive systems, healthcare provision –
without the balance of these three it doesn't work well[1].**

Purpose

1. Katherine West Health Board is an Aboriginal community controlled health service, set up by Aboriginal communities to improve the health and well-being of all people in the Katherine West region.

2. Katherine West's commitment to the delivery of high quality health care and support services is reflected in the successful accreditation of our four main health centres against the RACGP Standards for General Practices, as well as ISO 9001 certification for quality management systems.

3. Katherine West staff[2] work in a predominantly Aboriginal environment. Achieving the organisation's aims requires them – and Katherine West itself – to work in a way that takes this into account. Cultural security[3] is, therefore, a foundation of good practice at Katherine West Health Board.

4. This *Cultural Security Framework* supports culturally secure practice so that Katherine West can continue to improve the health and well-being of all people in the region through the delivery of high quality, culturally secure primary health care. The Framework includes:

   a) the history and meaning of key concepts of the term 'cultural security';

   b) the importance of cultural security at Katherine West – for Aboriginal clients, for staff, and for the organisation as a whole;

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[1] Katherine West Health Board interviewee, quoted in Silburn, K., A. Thorpe, et al. (2010). *Taking Care of Business: Corporate Services for Indigenous Primary Healthcare Services*. Darwin, Cooperative Research Centre for Aboriginal Health

[2] While 'cultural security' may be of particular importance to health practitioners dealing face-to-face with Aboriginal clients, it is nevertheless an important consideration for all staff, whatever their role.

[3] 'Cultural security' or 'culturally secure practice' is used in this Framework consistent with Katherine West's definition of the term, where it includes (1) a non-Aboriginal practitioner's individual knowledge and awareness of cultural difference, (2) their ability to form culturally safe relationships with Aboriginal clients, co-workers and community members, and (3) the systems and processes at Katherine West to support awareness and safety throughout the organisation. See section beginning on page 5 for a detailed description.

c) the model of cultural security in use at Katherine West comprising three domains: cultural awareness (the individual), cultural safety (relationships), and cultural security (the organisation's systems and processes);

d) pointers to guide staff in the development of culturally secure practice;

e) a list of key resources and further reading.

What is cultural security?

A short history of 'cultural security'

5. The importance of cultural issues in health service delivery to Aboriginal and Torres Strait Islander peoples came to the fore with the creation of Aboriginal community-controlled health services, beginning in the 1970s and continuing up to the present day. Aboriginal communities across the country established these services to counter systemic under-resourcing, racism, and other barriers to accessing much-needed primary health care services[4].

6. Despite the expansion of the community controlled sector, the majority of health staff they employed were – and continue to be – non-Aboriginal people with little familiarity with the Aboriginal communities they served. Cultural difference between the practitioner and their clients began to be identified as a significant barrier to access in itself. Services sought to address this by raising the 'cultural awareness' of their non-Aboriginal staff, often through 'cultural orientation' as a pathway to delivering more 'culturally appropriate' services.

7. During the 1970s and 1980s, there were many local-level, service-based initiatives including cultural orientation documents, pamphlets, workshops and short courses. However, while there was a growing (non-medical) literature describing the importance of socio-cultural considerations in Aboriginal and Torres Strait Islander health[5], no over-arching analytical framework or guidelines emerged to support a coherent approach.

8. The 1989 *National Aboriginal Health Strategy* (NAHS) recognised for the first time at a national level the importance of cultural considerations in health care for Aboriginal and Torres Strait Islander people. The NAHS argued for a comprehensive approach to the training of practitioners working with Aboriginal people that would include Aboriginal culture, and the relationships between culture, history, poverty and poor health. The NAHS called for 'culturally appropriate orientation programs presented by Aboriginal people where possible'[6].

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[4] Anderson Ian 2007 *Policy Processes* pp231-252 in Carson, B Dunbar, T Chenhall R Baillie R (eds) Social Determinants of Indigenous Health Allen & Unwin, Australia

[5] Wimindyi, Peile AR (1978) A desert Aborigine's view of health and nutrition *Journal of Anthropological Research* 34:497-523*; Kamien Max (1978) The Dark People of Bourke: A study of planned social change.* Australian Institute of Aboriginal Studies, Canberra; Jan Reid (Ed) (1982) *Body Land and Spirit* University of Queensland Press; Nathan P, Japanangka D L (1983) *Health Business* Heinemann Educational Australia.

[6] National Aboriginal Health Strategy Working Party 1989 *A National Aboriginal Health Strategy.* Department of Aboriginal Affairs, Canberra Australia. Page xxviii

It also drew attention to the need for 'culturally appropriate, relevant health promotion and prevention programs to be developed and evaluated[7].

9. From the 1990s onwards, therefore, the focus has shifted from a concentration on *cultural awareness* (in the sense of the knowledge and understanding of cultural particularities by individual non-Aboriginal staff), towards broader notions of cultural *safety* or *cultural security* that include interpersonal and institutional responses to cultural difference, and the place of history, poverty, dispossession and racism in the contemporary Aboriginal experience[8].

Key elements of cultural security

10. There are many, often overlapping, definitions of cultural security, and a range of terms and differences in emphasis on how they are used[9]. Some of the key elements to have emerged in Australia include recognition that:

   a) competent health service delivery includes not only technical considerations but also notions of cultural competence – services need to be delivered in ways that takes the client's culture into account, that are respectful, and that result in more effective engagement with Aboriginal people;

   b) health services need to be structured and run in ways that support and affirm Aboriginal rights and ways of being, including their rights to be involved in decision-making about their own health and health services;

   c) services must be delivered in environments and ways that encourage Aboriginal clients to seek health care;

   d) history, the continuing disparity in power between Aboriginal and non-Aboriginal Australia, and racism all have profound impacts on the health of Aboriginal communities;

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[7] National Aboriginal Health Strategy Working Party 1989 *A National Aboriginal Health Strategy.* Department of Aboriginal Affairs, Canberra Australia. Page xxxii

[8] One significant publication was *Binan Goonj,* originally published in 1992 and now in its 3rd edition. *(*Eckermann A-K , E Chong L Nixon l, Gray R Dowd T, Johnson S; 2010 *Binan Goonj Bridging cultures in Aboriginal Health* (third edition). Churchill Livingstone, Elservier Imprint). A collaboration between Aboriginal and non-Aboriginal remote area health practitioners, trainers and academics, Binan Goonj is both a training resource handbook and a critical analysis. It challenges practitioners to investigate how their own cultural views and values shape their approaches and responses to service delivery, and how power relationships within health services and between professions and Aboriginal patients remain a central challenge to providing 'culturally secure' services.

[9] Useful overviews or summaries can be found in:

- Eckermann A, Chong E, Nixon L, Gray R Dowd T, Johnson S (2010) *Binan Goonj Bridging cultures in Aboriginal Health* (third edition). Churchill Livingstone (Elservier Imprint) pages 183 to 195;

- Downing R, Kowal E, Paradies Y (2011) Indigenous cultural training for health workers in Australia *International Journal for quality in Health Care* 23 (3):247-257.
  Available http://www.healthinfonet.ecu.edu.au/key-resources/bibliography/?lid=20663

- Thompson, N (2005) Cultural respect and related concepts: a brief summary of the literature. *Australian Indigenous Health Bulletin* 5 (4)1-11.
  Available: http://www.healthinfonet.ecu.edu.au/key-resources/bibliography?lid=15321

- Tilton, E and Thomas D (2011) *Core functions of primary health care: a framework for the Northern Territory*. Report prepared for the Northern Territory Aboriginal Health Forum (NTAHF). Available: http://www.lowitja.org.au/core-functions-phc-services-nt

e) trust and respect underpin culturally secure practice. These attitudes are founded on a practitioner's ability to be open to difference, to learn, to reflect on how their own background and training shapes their approaches to health care, and to be aware of the power imbalances inherent in the practitioner – client relationship;

f) only Aboriginal clients, staff and communities are able to determine whether a service or situation is culturally secure, not non-Aboriginal practitioners/staff.

Why is cultural security important?

11. **Cultural security is important because ultimately it contributes to better Aboriginal health through improved access to health services** A culturally secure service:

a) *provides better access to health services.* Inequities in service access contribute to the ill-health of Aboriginal people[10] and lack of cultural security has been identified as a major barrier to access[11]. Health services where clients and their families feel uncomfortable, stressed or which result in conflict with practitioners are less likely to be used than those where clients feel respected and safe to act and express themselves as Aboriginal people.

b) *takes account of the evidence relating to the 'social determinants of health'.* Lack of control in one's life, and the stress that this produces, is now well-established as a key driver of ill-health[12]. Approaches that aim to empower individuals and communities demonstrate better health outcomes, especially for marginalised groups[13]. Cultural security provides the foundation for empowering and supporting Aboriginal clients and communities to take responsibility for their health.

c) *recognises human rights.* Aboriginal people have internationally recognised rights to maintain their own culture and language and to be engaged in genuine decision-making about their health and health services[14]. Rights to

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[10] Peiris D, Brown A, Cass A. (2008). Addressing inequities in access to quality health care for Indigenous people *Canadian Medical Association Journal 179 (10): 985-6*

[11] Dwyer J, Silburn K, Wilson G (2004). *National Strategies for Improving Indigenous Health and Health Care; Consultant Report 1*. Commonwealth of Australia.

[12] Wilkinson, R. and M. Marmot, Eds. (2003). *The Social Determinants of Health The Solid Facts*, World Health Organization. Tsey, K., M. Whiteside, et al. (2010). Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. *Health Soc Care Community* 18(2): 169-179.

[13] Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe. Health Evidence Network report. See also World Health Organization (2008). *The world health report 2008 : primary health care now more than ever*.

[14] United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Available http://www.un.org/esa/socdev/unpfii/en/drip.html

cultural respect are recognised and endorsed at the highest levels in the Australian health system[15].

12. **Cultural security also benefits practitioners and staff**, by:

a) *enhancing their ability to deliver effective care/services in the social and cultural environment in which they practice.* By committing to culturally secure practice practitioners/staff will maximize the health benefits to their clients - they will make a difference;

b) *expanding the scope of their professional practice, through developing* skills and ways of thinking which may be applicable and useful throughout their career;

c) *providing an opportunity for personal development* through becoming more open to relationships and friendships that will help them learn about life in the Aboriginal community where they live and work; and

d) *providing a culturally safe working environment for Aboriginal staff,* which does not undermine their sense of self and which values them as important participants in the delivery of health care.

13. **Cultural security is also important to Katherine West Health Board** as an organisation. Culturally secure care is central to improving the health and wellbeing of all people in the Katherine West region; it is vital to maintaining the respect, commitment and engagement of the communities Katherine West serves.

Cultural security at Katherine West

14. Katherine West Health Board's model of culturally secure care proposes three 'nested' domains, where each domain or level contains those below it (Figure 1) :

- **Level 1: cultural awareness** (the knowledge and awareness of the individual practitioner)

- **Level 2: cultural safety** (cultural awareness *PLUS* the staff member's ability to maintain trusting and productive relationships with Aboriginal clients, co-workers and community members)

- **Level 3: cultural security** (cultural awareness *PLUS* cultural safety *PLUS* the organisation's processes and systems that support these).

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[15] Australian Commission on Safety and Quality in Health Care (2008) *Australian Charter of Healthcare Rights (*available: http://www.safetyandquality.gov.au/our-work/national-perspectives/charter-of-healthcare-rights/) and Indigenous Health Equality Summit (2008) *Close the Gap Statement of Intent* (available http://www.humanrights.gov.au/publications/close-gap-indigenous-health-equality-summit-statement-intent).
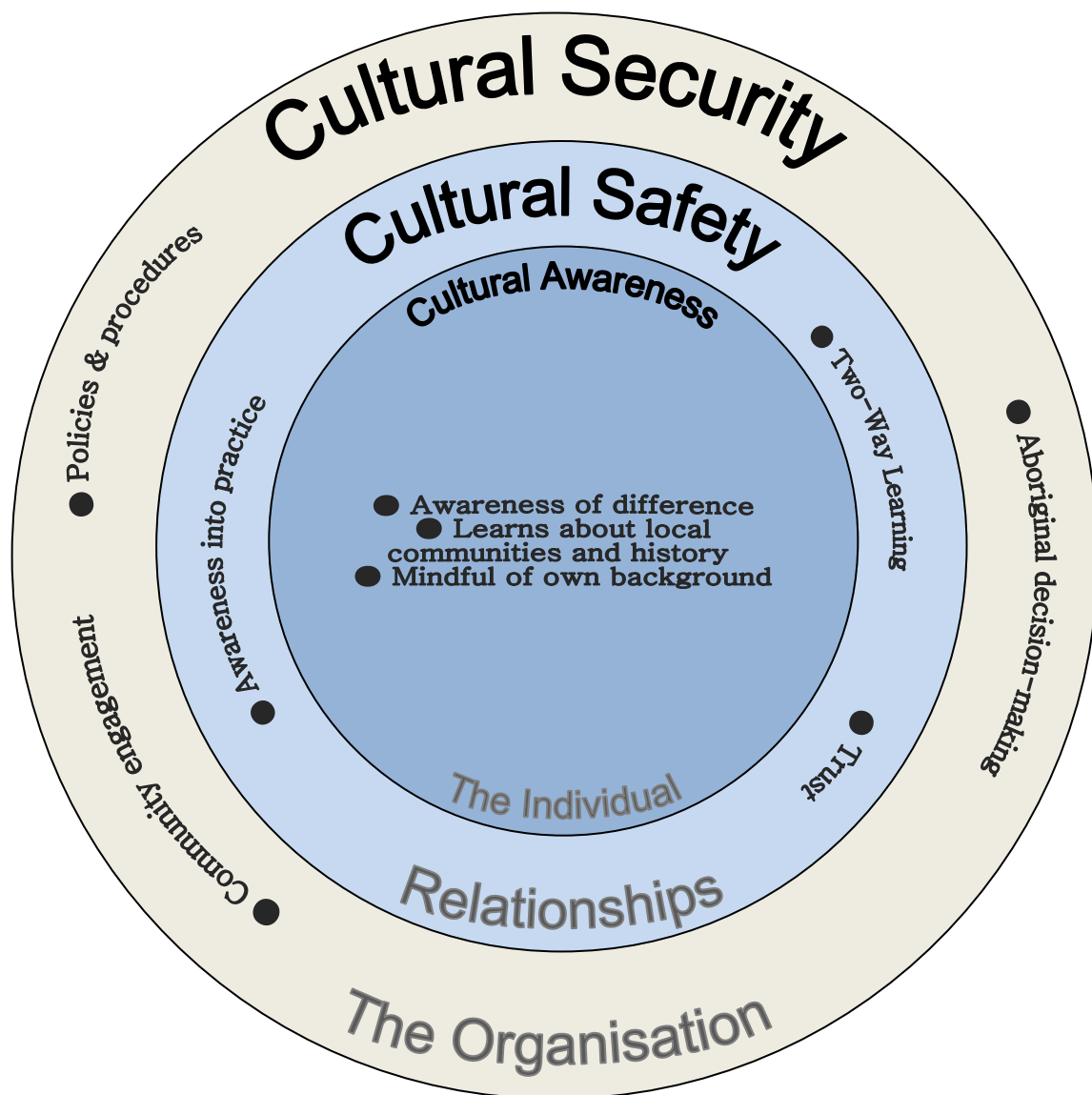
Figure 1: Cultural security as series of nested domains

Cultural awareness

15. **An individual gains an understanding that someone from another culture has a different view of the world and way of doing things and expressing themselves.** Cultural awareness is centered on individuals, and refers to the knowledge and understanding that they develop. Cultural awareness includes:

- *awareness and acceptance of difference* – that people from other cultures may have different ways of understanding the world and so may value different behaviours and responses;

- *learning about local communities and their history* – this starts from accepting that each place is different; experience with other Aboriginal communities cannot substitute for learning about the unique community context within which the staff member is working at the moment. It includes learning who local Board Members are and what areas of communities may be 'no go' areas.

- *mindfulness of one's own background, values and training* – every interaction between a non-Aboriginal practitioner and an Aboriginal person brings <u>two</u> cultures into interaction, usually with a significant power imbalance as well[16]. Awareness of this is a foundation for culturally safe practice.

16. Cultural awareness usually begins with some form of orientation – to the challenges and opportunities of cross-cultural service provision in general, to the history and contemporary situation of Aboriginal Australia, and (most importantly) to the particular people, places and ways of being in the Katherine West region. However, developing cultural awareness will also be an ongoing process.

Cultural safety

17. **Cultural safety is about an individual developing interpersonal and working relationships with someone from another culture.** It is centered on the relationship of non-Aboriginal staff with Aboriginal clients, with Aboriginal co-workers, and with the Aboriginal community more generally. In particular, cultural safety is about:

- *putting knowledge and awareness into practice* – in their daily work, the non-Aboriginal staff member applies their new awareness by interacting with Aboriginal people respectfully and supportively; and continuing to build their knowledge and awareness through an open-minded approach

- *developing trust with co-workers clients* and community – trust is the foundation of culturally safe relationships. It takes time. Where there is a high turn-over of non-Aboriginal staff, it may be that Aboriginal community members take a 'wait and see' position before investing time and energy in (yet) another new relationship;

- *two-way learning* – non-Aboriginal staff are employed by Katherine West for the important skills they bring to the organisation. Culturally safe practice will entail balancing their professional knowledge and skills with a willingness to ask advice and learn from Aboriginal people, particularly their Aboriginal co-workers, accepting that Aboriginal people will determine the timing and pace of what they share with the non-Aboriginal practitioner.

18. As in any complex learning process, making mistakes is inevitable. Being prepared to admit to mistakes and learn from them is an important pathway to developing deeper understanding and increasingly safe practice.

Cultural security

19. **Cultural security is about the organisational systems and policies that support cultural awareness and safety throughout the organisation.** Culturally secure service distinguishes an Aboriginal community-controlled health service like Katherine West from other service delivery models (e.g. government clinics, mainstream NGOs). Cultural security includes:

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[16] Eckermann A, Chong E, Nixon L, Gray R Dowd T, Johnson S (2010) *Binan Goonj Bridging cultures in Aboriginal Health* (third edition). Churchill Livingstone (Elservier Imprint) page 188

- *management-level Aboriginal decision-making* – at Katherine West this is led by the elected Board of Aboriginal community members who provide direction for the whole organisation, supported by the Ngumpin Reference Group (a consultative group which advises on cultural and service delivery matters). Other Aboriginal staff – the Community Development Manager, the Ngumpin / Yapa Liaison Officer, and Aboriginal Health Practitioners[17] also play important decision-making roles in the organisation;

- *Aboriginal community engagement* – formal decision-making processes are supported by on-going engagement with Aboriginal communities, including through regular open community meetings, complaints processes, community consultations, and community visits;

- *policies & procedures that support cultural awareness and safety* – including appropriate job descriptions and recruitment processes, staff performance reviews and orientation programs.

Towards cultural secure practice

20. All cultures have obvious, visible signs that differentiate them from each other, for example differences in language, dress, food, or behaviour. However, behind these are differences that are not visible: for example, in attitudes and values, modes of communication, notions of time and place. Generally, it is these hidden differences which shape behaviour and relationships. Failure to appreciate or more fully understand these 'invisible' differences can lead to people from one culture making inaccurate assumptions and unfair judgments about why people from a different culture behave as they do. Delivering health care in an environment marked by these kinds of differences is inherently challenging.

21. As part of developing cultural awareness, staff orientation may include some specific instructions to follow, for example about use of names, gender issues, privacy and confidentiality and prohibited areas in communities. Aboriginal co-workers or Board Members may also further reinforce these matters in the course of work in the local area.

22. Taking note of these 'rules' and applying them in practice is important however, no list of "dos and don'ts" is enough *by itself*, because:

- they generally deal with only the visible, outward differences in culture rather than the deeper and often hidden drivers of behaviour;

- they form only one part of 'cultural awareness', leaving out the practitioner's responsibility to recognise and understand the effect of their own background and assumptions;

- they are unable to address the complexity and variability of cross-cultural care: staff will face many different situations which may not be covered by a

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[17] Under the new national registration scheme, Aboriginal Health Workers are now referred to as Aboriginal Health Practitioners.

'rule' for 'correct' behaviour; each community will have its own local ways of doing things which may be slightly but significantly different from elsewhere; and individual Aboriginal community members and co-workers will have their own particular needs and perspectives.

23. Therefore, in addition to guidance on ways to behave or not behave, the competent staff member[18] takes account of the following principles and pointers.

The starting point – Katherine West Health Board guiding principles

24. The Board of Katherine West has established some principles to guide the organisation. These are laid out in KWHB constitution (or Rule Book)[19]. They are:

a) That health and well being includes the physical, mental, emotional and spiritual well being of the person and the community

b) Work as a team Aboriginal and non-Aboriginal together.

c) Commitment to our work and doing the best we can.

d) Promote respect and trust.

e) Respect for ourselves and others

f) Respect for the autonomy of our communities

g) Promote and maintain culture.

h) Good and open communications, talking and listening.

i) Moving forward carefully one step at a time.

j) Looking after the head, heart, body and soul of our corporation and members.

k) We will demonstrate strong leadership.

25. Understanding these principles and committing to putting them into practice is an important pathway to the development of culturally secure practice.

Pointers to culturally secure practice

26. Developing culturally secure practice requires an ongoing commitment and awareness from non-Aboriginal staff. It is not something that is 'completed' or 'achieved' at any point, but is instead a continuous process of engagement and understanding, a pathway rather than a fixed goal.

27. There are some pointers or signposts marking the pathway to culturally secure practice at Katherine West. These are listed here, and described in greater detail in the Attachment.

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[18] For the purposes of this document, the 'competent practitioner' is one who brings their technical, professional competence to their work, along with 'cultural competence' across the three levels of the Katherine West model (cultural awareness, safety and security).

[19] Katherine West Health Board Aboriginal Corporation (2009) *The Rule book.* Section 2.1. Available on Katherine West staff intranet.

- **Support culturally security processes and practices.** Understanding the unique history of Katherine West, and supporting the structures and processes of Aboriginal decision-making and control within the organisation are important considerations for competent practitioners.

- **Question your own views and values.** The non-Aboriginal practitioner develops an awareness of how their own assumptions, values, and professional training also shape their actions and reactions.

- **Respect.** The competent staff member practices an attitude of open-minded learning, and an avoidance of blaming or judging those different to themselves.

- **Time builds relationships.** Relationships of trust are fundamental to developing culturally secure practice – but they take time to grow.

- **Be where you are now.** Culturally secure practice is based upon the respectful engagement with the particular place and people in the community where the non-Aboriginal staff member is now – not where they have worked previously.

- **Communicate with care.** Competent staff avoid 'rough talk', attend to issues of gender and age, place a very high value on privacy and confidentiality, recognise that as English is a second language for many Aboriginal clients, and seek advice from Aboriginal co-workers, Board Members or senior community members when in doubt about communication issues.

- **Recognise and negotiate points of tension.** Inevitably there is sometimes tension between service priorities and Aboriginal cultural requirements. Managing these points of tension is a core challenge of competent practice.

- **If in doubt … ask the experts.** The competent staff-member will respect local Aboriginal knowledge and seek and observe the advice of Aboriginal co-workers and local Board Members.

Attachment : Pointers to culturally secure practice

Support culturally secure processes and practice

- Katherine West Health Board is an Aboriginal community controlled health service. It grew out of the Aboriginal community's demand for better and more appropriate health services. Its structures for Aboriginal decision-making and control differentiate it from government or mainstream NGO health services.

- Structures such as the Aboriginal Board and the Ngumpin Reference Group and processes such as open community meetings, are essential for Katherine West's ability to continue to deliver high quality, culturally secure services to the people of the region.

- Recognising and understanding the unique history of Katherine West, and supporting the structures and processes of Aboriginal decision-making and control within the organisation are important considerations for the culturally secure practitioner.

Question your own views and values

- Along with their professional expertise, non-Aboriginal staff also bring their own set of assumptions, values, and ways of looking at the world. Awareness of how these assumptions and values shape their own actions and reactions is fundamental to culturally secure practice.

- Competent practitioners will develop their ability to think through challenging and difficult situations, respectfully negotiate outcomes, and most importantly be prepared to observe, listen and learn. They develop a willingness to question their own assumptions and accepted ways of doing things; to constantly reflect on outcomes and how to best provide high quality care through culturally safe practice.

Respect

- Respectful behavior flows from respectful attitudes; it is the hallmark of culturally secure practice. Respect includes an attitude of open-minded learning, and an avoidance of blaming or judging those different to oneself. The competent practitioner avoids the easy 'race to judgment' and accepts that there are many things that they do not yet understand.

Time builds relationships

- Trusting relationships take time to grow – there aren't any shortcuts. In a service setting of high staff turnover and sometimes intense individual and community pressures, Aboriginal people may reasonably 'wait and see' before investing time and energy into educating or orienting a non-Aboriginal staff member. The

competent practitioner recognises that an attitude of patience and receptiveness over time will produce the best results.

- Aboriginal people – including Aboriginal co-workers – may be under pressures or have obligations of which non-Aboriginal staff may be unaware. Building trusting relationships means developing an awareness that these 'invisible' factors exist and that they may be significant, even if the non-Aboriginal practitioner may not know of their specific nature in a particular situation.

Be where you are now

- Some non-Aboriginal staff arriving at Katherine West may already have had experience elsewhere in Aboriginal Australia, in the Northern Territory, or even in the Katherine region.

- Already having some understanding of the principles and processes of health care in Aboriginal Australia can be a positive. However, Aboriginal communities are highly diverse. Each has its particular ways of being, its own history, people and relationships. Culturally secure practice is based on recognizing the particularities of place and people in the community where the non-Aboriginal staff member is now – not where they have worked previously.

- Competent staff will therefore start from 'here and now'. They will be aware that the attitude of 'knowing it all already' will be immediately recognised (Aboriginal community members and co-workers have met a lot of new staff … they too 'have seen it all before'!) and will undermine the ability to learn and to form strong relationships.

Communicate with care

- Communication preferences and styles and what is considered 'normal' or 'appropriate' are strongly shaped by culture. Accordingly, communication needs particular attention. In particular, culturally secure practice entails:

  o learning about and learning to avoid what local people call 'rough talk', that is, a speaking style that is aggressive or overly assertive, impatient, loud or highly directive;

  o observing how Aboriginal people communicate with each other, recognising that what constitutes appropriate ways of communicating may vary from place to place or even person to person;

  o being particularly attentive to issues of gender and age;

  o placing a high value on privacy and confidentiality;

  o recognising that English is a second language for many Aboriginal people in the region and miscommunication is always a possibility; using interpreters, particularly in complex and/or sensitive matters should be considered;

  o being clear about the differences between appropriately accessible English and patronizing, over-familiar or child-like speech; and

o seeking advice from Aboriginal co-workers or senior community members when in doubt.

Recognise and negotiate points of tension

- Inevitably there are times when there is a poor fit between professional service priorities and Aboriginal cultural requirements. Dealing with these points of tension is a core challenge of culturally safe, professionally competent practice.

- The competent practitioner will realize that it is unhelpful to understand these tensions in simplistic oppositional terms such as the 'clinical' *versus* the 'cultural', the 'professional' *versus* the 'cultural' or – even less useful – 'right' *versus* 'wrong'. Instead, they will attempt to respectfully negotiate an agreed approach that looks for solutions to achieving both culturally as well as professionally competent care.

If in doubt … ask the experts

- Aboriginal community members are best placed to give authoritative information on local community and cultural issues. Non-Aboriginal staff will have many questions about the complex issues of culturally secure care. In seeking answers, the competent practitioner will respect local knowledge and seek the guidance of Aboriginal co-workers (especially Aboriginal Health Practitioners) or local Board Members. Relationships of trust and respect are a pre-requisite for the sharing of cultural and community knowledge by Aboriginal staff.