Indigenous Allied Health Australia

CULTURAL RESPONSIVENESS IN ACTION:

An IAHA Framework

Indigenous Allied Health Australia

2nd Edition V6

ABN: 42 680 384 985

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PHOTOS:

Cover Photo — This photo was taken at Wurre (Rainbow Valley), Northern Territory the traditional country of the Upper Southern Arrernte people.

Page 15 – Photo taken at Perenjori, Western Australia, on the traditional country of the Badymia people.

Page 16 – Photo taken on K'Gari (Fraser Island), Queensland the traditional country of the Butchulla people.

1. ABOUT IAHA CONSULTING

IAHA Consulting is the commercial arm of Indigenous Allied Health Australia (IAHA). Through our work across health and related sectors including government, disability, aged care and Indigenous health, we have developed a unique methodology around cultural safety and responsiveness that will be of value to any government entity, education institution, NGO or corporation looking to transform the way they work with and for Aboriginal and Torres Strait Islander peoples and communities.

IAHA Consulting delivers cultural safety training based on this evidence based Cultural Responsiveness in Action Framework. The IAHA Cultural Safety training is action orientated, strength-based and focuses on critical self-reflective practice identifying ones impact on another. It is interactive and centres around three driving principles 'what do we need to know, who do we need to be and how do we transform behaviours and systems in order to be culturally safe and responsive in meeting the needs of Aboriginal and Torres Strait Islander peoples.

The training is delivered over one or two days focused on the 'HOW TO and ACTION' with key capabilities supporting individual, team, organisational and/or systems transformation.

OUR LEADERSHIP STATEMENT

We view our leadership roles through a unique and diverse lens that supports Aboriginal and Torres Strait Islander peoples, cultures and knowledge. These are central to achieving our vision.

We believe that Aboriginal and Torres Strait Islander ways of knowing, being and doing can influence and transform systems through collective action and partnership.

We will collaborate with integrity, find strength in and value diversity, and will seek and support Aboriginal and Torres Strait Islander led strategies to meet local needs.

We will work closely with each other and our communities to assert Indigenous rights, achieve self-determination in Aboriginal and Torres Strait Islander health and wellbeing and improve access to all services. IAHA will support our communities with strong, culturally informed leadership.

We have a sense of responsibility to continue the work of those who have come before us. We thank them for their perseverance, resilience, and foresight in paving the way for us. We will nurture their spirit of resistance, and learn from our experiences to inspire and create sustainable change for generations to come.

IAHA's VISION

All Aboriginal and Torres Strait Islander peoples and future generations are healthy, strong, thriving and self-determined.

OUR SHARED VALUES

This Cultural Responsiveness in Action Framework is underpinned by our shared values and principles and are the foundation for IAHA's decision-making and strategic priorities:

Shared Values: Cultures and Identities – Knowledge and Perspectives – Sharing and Relationships

PRINCIPLES

- Culture as central to Aboriginal and Torres Strait Islander health and wellbeing
- Aboriginal and Torres Strait Islander leadership and self-determination
- Culturally responsive, strengths-based practice
- Partnership and collaboration
- Responsibility and Accountability

We are committed to achieving services that are free of racism that embed culturally safe and responsive ways of working continuously with Aboriginal and Torres Strait Islander people. Achieving our vision requires transformation of the Australian health and education systems to enable and support a culturally safe, responsive workforce, strong partnerships, equity, justice and holistic health services.

We acknowledge, affirm and respect the critical role that the allied health workforce plays in Australia's efforts to transform systems to renew Aboriginal and Torres Strait Islander people's health and wellbeing.

2. CULTURAL SAFETY AND CULTURAL RESPONSIVENESS – OUR APPROACH

CULTURAL SAFETY

Cultural safety represents a key philosophical shift from providing a service regardless of difference to care that takes account of peoples' unique needs. It requires all people to undertake an ongoing process of self-reflection and cultural self-awareness and an acknowledgement of how these impact on interactions with others and service delivery.

It is well recognised that people who live or work within a culture other than their own, need to recognise that their own beliefs and behaviours (i.e. 'culture') will have an impact upon their treatment and care of, or service provision to, their clientele.

Cultural safety is central to Aboriginal and Torres Strait Islander people and their relationships with organisations and service systems. Cultural safety describes a state, where people are enabled and feel they can access services that suits their needs, are able to challenge personal or institutional racism levels (when they experience it), establish trust in services and expect effective, quality care.

> **CULTURAL SAFETY IS A PHILOSOPHY OF PRACTICE THAT IS ABOUT HOW A PERSON DOES SOMETHING, NOT WHAT THEY DO, IN ORDER TO NOT ENGAGE IN UNSAFE CULTURAL PRACTICE THAT '… DIMINISHES, DEMEANS OR DISEMPOWERS THE CULTURAL IDENTITY AND WELLBEING OF AN INDIVIDUAL'**
>
> Nursing Council of New Zealand, 2011, p 7

The process of seeking cultural safety, like most forms of study and development, is lifelong and it is the receiver of services who determines whether the service is culturally safe or not. Cultural safety is experienced by Aboriginal and Torres Strait Islander peoples when individual cultural ways of being, preferences and strengths are identified and included in policies, processes, planning, delivery, monitoring and evaluation.

Critically, cultural safety does not necessarily require the study of any culture other than one's own: it is essentially about being open-minded and flexible in attitudes towards others. Identifying what makes others different is simple – however, understanding our own culture and its influence on how we think, feel and behave is much more complex, and often goes unquestioned.

If cultural safety describes the state we are aiming to reach – safe, accessible, person-oriented and informed care – cultural responsiveness is the practice to enable it.

> **THE PROCESS OF SEEKING CULTURAL SAFETY, LIKE MOST FORMS OF STUDY AND DEVELOPMENT, IS LIFELONG AND IT IS THE RECEIVER OF SERVICES WHO DETERMINES WHETHER THE SERVICE IS CULTURALLY SAFE OR NOT. CULTURAL SAFETY IS EXPERIENCED BY ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WHEN INDIVIDUAL CULTURAL WAYS OF BEING, PREFERENCES AND STRENGTHS ARE IDENTIFIED AND INCLUDED IN POLICIES, PROCESSES, PLANNING AND DELIVERY.**

CULTURAL RESPONSIVENESS

Cultural responsiveness has cultural safety at its core. Cultural responsiveness is what is needed to transform systems; how individuals and organisations work to deliver and maintain culturally safe and effective care and services. It is innately transformative and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing). It is about the approaches we take in engaging with people and how we act to embed what we learn in practice. This requires genuine dialogue to improve practice and health outcomes – it is how we achieve, maintain and govern cultural safety.

Cultural responsiveness is a term that has origins in Canada and North America and is a relative of the earlier work of transcultural nursing and the later work of cultural competency (Federation of Saskatchewan Indian Nations, 2013). However, IAHA has listened, discussed, debated and shaped cultural responsiveness as strengths-based, action-orientated approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. It is a negotiated process of what constitutes culturally safe service providers as decided by the recipient of that service delivery. It is about the centrality of culture and how that shapes each individual, their worldviews, values, beliefs, attitudes, and interactions with others. It requires strengths-based approaches and recognises that if culture is not factored into all accessible services across the country, the quality and probable impact of the care and services are is likely to be diminished.

> **CULTURALLY RESPONSIVE CARE IS ABOUT THE 'CENTRALITY' OF CULTURE TO PEOPLE'S IDENTITY AND WORKING WITH THEM TO DETERMINE WHAT IS CULTURALLY SAFE CARE FOR THEM AS INDIVIDUALS. IT GOES FAR BEYOND NOTIONS OF CULTURAL AWARENESS AND CULTURAL RESPECT.**

The emphasis on 'action' in cultural responsiveness cannot be overstated: it is not enough to be well motivated or understand the need for change. Many of the architects and agents of policies designed to 'improve' Aboriginal and Torres Strait Islander health and wellbeing will have understood the symptoms and extent of disadvantage they sought to address. The inadequacy of many approaches is rooted in assumption, notions of cultural superiority and often, well-meaning but culturally self-referenced approaches. Cultural responsiveness goes beyond knowing change is needed, to enabling safe approaches that deliver genuine impact.

Responsibility to ensure Aboriginal and Torres Strait Islander people receive culturally safe and responsive care sits in many connected spheres: with education providers, service providers and organisations, and health professionals. Each must be capable of responding to the needs of Aboriginal and Torres Strait Islander people. Systems, organisations and individuals are at different stages in their journeys to develop these capabilities. Cultural responsiveness places the onus onto the individual, organisation and system to respond appropriately to the unique attributes of the people, families and communities with whom they work. Supporting Indigenous leadership and working in partnership is essential.

> **CULTURAL RESPONSIVENESS IS TRANSFORMATIONAL AND IS HOW WE ACHIEVE CULTURAL SAFETY, BY FACILITATING ACCESS TO AFFORDABLE, AVAILABLE, APPROPRIATE, ACCEPTABLE AND HIGH-QUALITY HEALTH CARE, WHICH IS THE RIGHT OF EVERY ABORIGINAL AND TORRES STRAIT ISLANDER PERSON.**

We support the development of capabilities in cultural safety and responsiveness for all Australians, both non-Indigenous and Aboriginal and Torres Strait Islander people. IAHA sees the development of high-level capabilities in cultural responsiveness as a lifelong cycle of reflection, learning and action as we base our relationships on dialogue, communication, power sharing and negotiation.

CHANGING THE NARRATIVE

Historically in Australia, governance arrangements have been imposed on Aboriginal and Torres Strait Islander groups according to the agenda, priorities and values of governments and churches. This historical approach to governance and development has consistently been inadequate to meet the needs of Aboriginal and Torres Strait Islander peoples (Reconciliation Australia, 2014).

Nation (re)-building refers to the processes by which an Indigenous nation enhances its own foundational capacity for effective self-governance and for self-determined community and economic development (Jorgensen, 2007). All Australians working with Aboriginal and Torres Strait Islander communities have a role to know, understand, respect and support a different approach to service delivery from a standard approach (imposed by governments) to a nation building dialogue now and in years to come.

The achievement of Aboriginal and Torres Strait Islander health equity and justice requires leadership and for organisations to have governance structures that promote nation-building approaches and processes that are courageous, honest and able to meet complex issues such as personal and institutional racism.

> FOR INDIGENOUS PEOPLES TO PARTICIPATE IN AUSTRALIAN SOCIETY AS EQUALS, IT REQUIRES THAT WE BE ABLE TO LIVE OUR LIVES FREE FROM ASSUMPTIONS BY OTHERS ABOUT WHAT IS BEST FOR US. IT REQUIRES RECOGNITION OF OUR VALUES, CULTURE AND TRADITIONS SO THAT THEY CAN CO-EXIST WITH THOSE OF MAINSTREAM SOCIETY. IT REQUIRES RESPECTING OUR DIFFERENCE AND CELEBRATING IT WITHIN THE DIVERSITY OF THE NATION.
>
> Dr William Jonas, Aboriginal and Torres Strait Islander, Social Justice Commissioner, 1999-2004

The following table summarises the differences between a nation building approach and the standard approach to decision making, governance and development.

STANDARD APPROACH (Imposed for years by governments)	NATION BUILDING APPROACH (Attempted by many Indigenous nations today)
The agenda is set by **non-Indigenous governments**	The agenda is set by the **Indigenous nations**
Decision making is **short-term** and nonstrategic: the quick fix	Decision making is **long term** and **strategic**
Indigenous nations manage **government programs**	Indigenous nations **self-govern**
Accountability is to external funders	Accountability is to the nation
Development is primarily treated as an economic problem	Economic, social and cultural factors shape development
Indigenous culture is treated as an **obstacle** to development	**Indigenous culture** is treasured and is an **asset**

Jorgensen, M. (Ed) (2007) Rebuilding Native Nations: Strategies for Governance and Development. Tuscon: University of Arizona Press

3. RENEWING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELLBEING: OUR THEORY OF CHANGE

The renewal of Aboriginal and Torres Strait Islander health and wellbeing needs to be driven by Aboriginal and Torres Strait Islander people. For decades, Aboriginal and Torres Strait Islander community-controlled health organisations and medical services have led the way in developing innovative, robust and flexible service delivery models grounded in local Aboriginal and Torres Strait Islander cultures and practices based on contemporary primary health care models. These models demonstrate the critical importance of respectful community engagement, high levels of community oversight and employment of a significant Aboriginal and Torres Strait Islander workforce.

Considerations at the **system level** require reform of the cultural and historical factors affecting all organisations who wish to engage with communities, health-care systems and education. These must also involve recognition of the broader mainstream context in which our health and education systems have evolved and operated. Cultural responsiveness practised at all levels of the system with processes for Aboriginal and Torres Strait Islander self-determination and clear pathways for the inclusion of Aboriginal and Torres Strait Islander decision-making, ways of being, cultural considerations and lifelong learning can transform attitudes, behaviours, processes and programs.

Australian organisations and services can learn much from these models. We believe there are four major requirements for systems change that require transformative action that will support the renewal of Aboriginal and Torres Strait Islander health and wellbeing. They are:

1

Engaging Aboriginal and Torres Strait Islander people in meaningful dialogue to lead collaborative partnerships and solutions

This will require action in:

- building strong, culturally responsive leadership at the individual, organisational and system levels

- creating culturally safe environments for discussions and dialogue that respect culture and cultural practices

- developing and strengthening partnerships committed to transforming attitudes, organisational provision and systems

- trainings in effective practice in community and family engagement with Aboriginal and Torres Strait Islander people

- creating opportunities for cross-cultural mentoring

- building effective networks with Aboriginal and Torres Strait Islander people, families and communities to lead strategies and solutions

2

Delivering culturally safe and responsive services to Aboriginal and Torres Strait Islander individuals, families and communities

This will require institutions, service providers and organisations to:

- grow the Aboriginal and Torres Strait Islander workforce and develop effective pathways that are sustainable and led by Aboriginal and Torres Strait Islander people

- develop strong and resilient leadership that regularly reflects on organisational values, behaviours and actions that impact on Aboriginal and Torres Strait Islander clients and stakeholders

- move from a standard approach of delivery to embed a development focus to recognise Australia's history of racism and how it has shaped our systems and organisations

- include leadership and governance practices and relationships, to identify and address racism at personal, organisational and system levels

- develop professional development frameworks to support the workforce to build high-level capabilities in cultural responsiveness driving organisational transformation and action

- create relationships and partnerships with Aboriginal and Torres Strait Islander people and/ or organisations based on respectful dialogue, communication, power sharing and negotiation

- embed cultural safety in policy, workforce development strategies, governance, accreditation, program and service delivery and evaluation with Aboriginal and Torres Strait Islander people

3

Supporting a strong, resilient and culturally safe and responsive workforce

This will require action from individuals to:

- support and recognise the value of the Aboriginal and Torres Strait Islander workforce who have a unique lens through which they practice, drawing on their technical and cultural knowledges, skills and building their own cultural models of care

- create a personal development plan for professional development that commits to relevant training, development and mentoring in cultural responsiveness to achieve high levels of ongoing critical reflection and cultural safety

- use strengths-based, action orientated approaches in practice to ensure cultural safety in every interaction with Aboriginal and Torres Strait Islander people

- decolonise thinking, practices, beliefs and relationships, as they identify and challenge racism at personal, organisational and systems levels

- regularly reflect on their own cultures, behaviours and attitudes and impacts on Aboriginal and Torres Strait Islander clients and stakeholders

4

Ensuring cultural safety and Indigenous perspectives are embedded as core in all training and education courses

This will require action from institutions and training providers to:

- reform curriculum in the tertiary education sector to embed cultural safety and Indigenous units as core in all curricula

- build culturally safe and responsive education and training environments and systems for staff and students to succeed to their full potential

- increase recruitment and retention of Aboriginal and Torres Strait Islander students into health and wellbeing training and education programs

- increase completions for Aboriginal and Torres Strait Islander students and transition into the workforce

- develop and support compulsory professional development opportunities for current and future workforce to continue to build on their cultural capabilities

- support advancement into senior management, clinical and other decision-making roles

4. CALL TO ACTION

We all have a part to play in renewing Aboriginal and Torres Strait Islander health and wellbeing. IAHA calls on all Australians to work with Aboriginal and Torres Strait Islander individuals, families and communities to make this commitment by:

TRUTH-TELLING, RECOGNITION, RESPECT AND SUPPORT FOR ABORIGINAL AND TORRES STRAIT ISLANDER SELF-DETERMINATION: OUR FUTURE GENERATIONS WILL STAND TOGETHER IN HEALTHY, STRONG AND THRIVING COMMUNITIES.

This IAHA Cultural Responsiveness Framework provides information and support to prepare you to engage in this renewal so that, whatever your role, you can learn more about yourself, your capabilities and positively influence the health and wellbeing, quality of life and future aspirations of Aboriginal and Torres Strait Islander individuals, families and communities. It is both a personal challenge and an opportunity.

> IF YOU HAVE COME TO HELP ME, YOU ARE WASTING YOUR TIME. BUT IF YOU HAVE COME BECAUSE YOUR LIBERATION IS BOUND UP WITH MINE, THEN LET US WORK TOGETHER.
> Aboriginal Activists Group, Queensland, 1970s

I think the biggest challenge for me is getting it in your head that cultural consideration and to reflect and acknowledge your own culture to start with. I find that incredibly challenging, I think that there are such incredible variations in the white Australia populations idea of what our culture is, it's such a personalised family thing.

Lin Oke, IAHA Associate Member & Occupational Therapist

5. AN IAHA CULTURAL RESPONSIVENESS CAPABILITY FRAMEWORK

The IAHA Cultural Responsiveness Framework aims to support all Australians working with Aboriginal and Torres Strait Islander individuals, families and communities to acquire relevant skills and knowledge, and develop capabilities that are essential for successful partnerships and action.

This capability framework is focused on providing clear and thorough responses to our core question:

"What do we need to know, be and do in order to be culturally responsive?"

This question aligns with Indigenous pedagogy (Martin & Mirraboopa 2003), Bloom's[1] taxonomy of educational objectives and more recently international models of Relational Leadership[2] (Uhl-Bien, 2006: Komives, Lucas, & McMahon, 2013):

To create real and lasting change at the systemic level, the question must be answered at the organisational and personal level. This places individuals and organisations as the critical drivers in creating culturally safe and responsive systems.

The **individual level** refers to the process by which everyone including workforce leaders, administrators and practitioners learn to become culturally responsive. It requires education and training, critical reflection and awareness of personal cultures, differences in power and privilege and the historical and contemporary inequalities that emerge in and from social and therapeutic relationships.

Considerations at the **organisation level** require reform of the cultural and historical factors affecting the governance, policies and procedures of services and organisations. It requires respect for, and inclusion of, Aboriginal and Torres Strait Islander self-determination, cultures and cultural practices, education and training, critical reflection at an organisational level and awareness of the history of non-Indigenous institutional control over Aboriginal and Torres Strait Islander people's lives and contemporary consequences.

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1 Bloom's taxonomy (1956) is a model that has been used for decades to write learning outcomes. It describes levels of achievement that can be attained across the domains of learning: skills (psychomotor), behaviours (affective) or knowledge (cognitive).
2 Relational Leadership is defined as a relational process of people together attempting to accomplish change or make a difference to benefit the common good.

AN INTRODUCTION TO THE CAPABILITIES

Our framework is comprised of six key interconnected capabilities.

There is no particular place to start (or continue) your cultural responsiveness journey. You or your organisation will probably already have some of these capabilities or part thereof. They are often developed or further developed concurrently. For example, our self-awareness continues to develop as we are practising inclusive engagement or leadership. Capability in responsibility and accountability can be developed or further developed at the same time as we are developing capability in proactivity and respect for the centrality of cultures. The interrelatedness of the capabilities along with the needs and opportunities that arise to develop them makes each of our cultural responsiveness journeys unique. Understanding strengths and opportunities for development is critical to building cultural responsiveness. They are:

Respect for the centrality of cultures is focused on:

- respecting and valuing Aboriginal and Torres Strait Islander cultures

- valuing the unique cultural lens that Aboriginal and Torres Strait Islander workforce bring to organisations

- understanding and respecting diversity of Aboriginal and Torres Strait Islander peoples and communities

- understanding dominant cultures and privilege that impacts on Aboriginal and Torres Strait Islander people.

Self-awareness is focused on:

- understanding our own cultures and impact on others

- understanding our own assumptions, beliefs and attitudes and their impact on others

- being open to changing behaviours and practices

- challenging our own assumptions, beliefs and attitudes that contribute to personal and institutional racism.

Proactivity is focused on:

- taking responsibility for our own capability development in cultural responsiveness

- addressing all forms of racism

- taking strengths-based and nation building[1] approaches to practice

- transforming practice through personal and organisational initiatives and innovations.

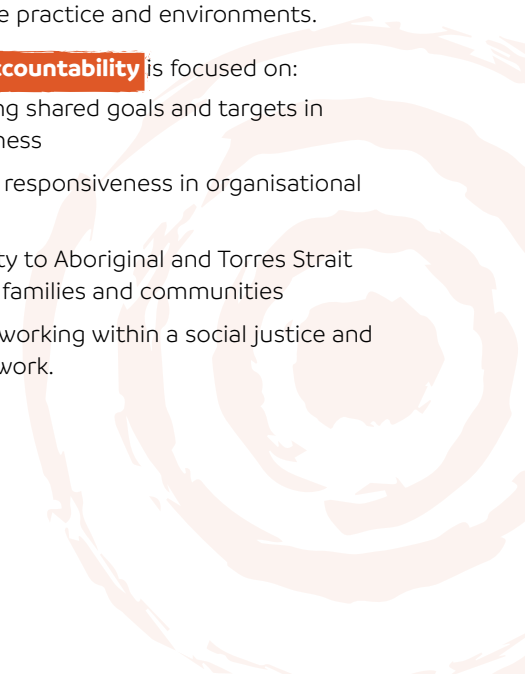**Inclusive Engagement** is focused on:

- appreciating and implementing processes for Aboriginal and Torres Strait Islander self-determination and leadership

- developing respectful communication and engagement strategies that are a cultural match with communities

- encouraging community development solutions

- establishing respectful and equal partnerships in decision making.

Leadership is focused on:

- leading by example – vision and values in cultural responsiveness are visible to others

- inspiring others in cultural responsiveness and cultivating a shared vision

- using strengths-based, solution-focused approaches to demonstrate leadership that transforms governance, accountability and relationships that include Aboriginal and Torres Strait Islander people

- influencing change and transformation in building culturally responsive practice and environments.

Responsibility and Accountability is focused on:

- setting and achieving shared goals and targets in cultural responsiveness

- embedding cultural responsiveness in organisational goals and targets

- having accountability to Aboriginal and Torres Strait Islander individuals, families and communities

- understanding and working within a social justice and rights-based framework.

KEY CAPABILITIES

SELF-AWARENESS

LEADERSHIP

RESPECT FOR THE CENTRALITY OF CULTURE

DOING BEING

KNOWING

INCLUSIVE ENGAGEMENT

RESPONSIBILITY AND ACCOUNTABILITY

PROACTIVITY
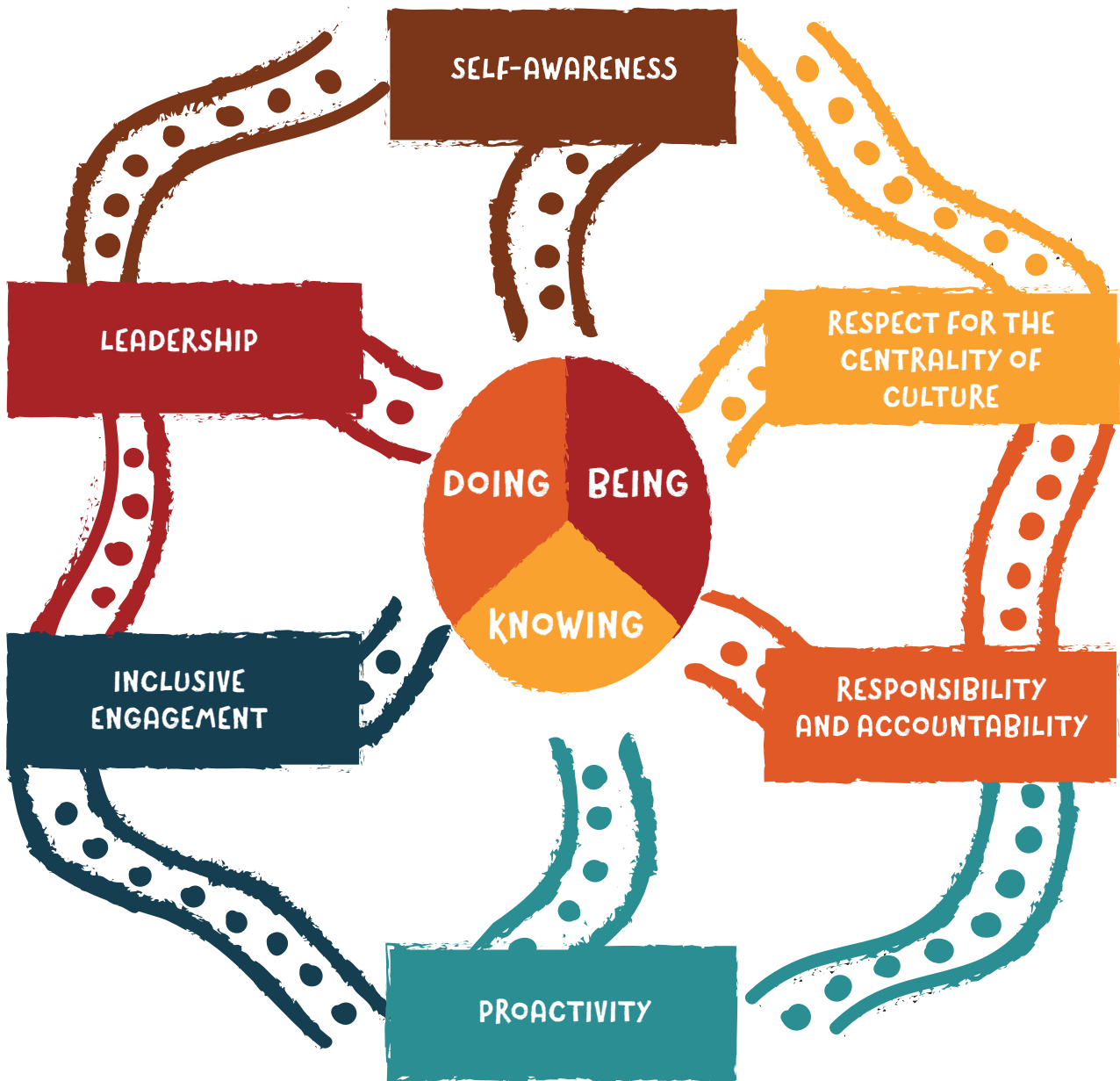
RESPECT FOR THE CENTRALITY OF CULTURES

Identifies, respects and values cultures, both group and individual, as central to Aboriginal and Torres Strait Islander health and wellbeing.

KNOWING

Understands:

- concepts of culture and how cultures are expressed
- generalisations, stereotyping and ethnocentrism and their impacts
- community and cultural protocols
- the value and importance of culturally specific knowledge and skills with which Aboriginal and Torres Strait Islander professionals add value to organisations
- the importance of identifying the goals, needs and aspirations of Aboriginal and Torres Strait Islander people
- the contribution of Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing to the process of renewal
- Aboriginal and Torres Strait Islander ways of maximising health and wellbeing
- self-determination and nation building processes in partnership with Aboriginal and Torres Strait Islander people

BEING

Is:

- respectful and values differences between individuals, families and communities
- inclusive of own and other's cultural beliefs and ways of being
- supportive of Aboriginal and Torres Strait Islander self-determination and nation building

DOING

- Develops cultural and social knowledge of Aboriginal and Torres Strait Islander communities
- Utilises cultural and social knowledge of local and regional area in relationship management, client engagement and in improving access to services
- Uses cultural mapping of Aboriginal and Torres Strait Islander families and groups to assess community needs and develops or enhances culturally responsive services
- Addresses generalisations, stereotypes and ethnocentrism
- Establishes a person-centred practice or service
- Uses strengths-based approaches and critical thinking skills to influence change
- Includes Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing and ways of maximising health and wellbeing
- Commits to self-determination and nation building processes in partnership with Aboriginal and Torres Strait Islander people

OUTCOMES

Organisation level

- The governing body, organisational leaders and workforce leaders lead by example in promoting cultural responsiveness and undertaking cultural responsiveness training
- Organisations are focused on cultural responsiveness as an essential element of their core business and a priority for ongoing organisational capacity building
- Staff are supported to develop capabilities in cultural responsiveness and attend training programs
- Organisations respect and include local Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing and ways of maximising health and wellbeing

Personal level

- Individual professionals place Aboriginal and Torres Strait Islander peoples at the centre of their service context of their family, community and culture
- Service delivery plans are developed using strengths-based approaches and are inclusive of local Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing
- Individual professionals align service with the goals, needs and preferences of the client/patient including cultural needs and preferences including local Aboriginal and Torres Strait Islander health and wellbeing practices

SELF-AWARENESS

Continually develops self-knowledge, including understanding personal/ organisational beliefs, assumptions, values, perceptions, attitudes and expectations, and how they impact relationships with Aboriginal and Torres Strait Islander peoples.

KNOWING

Understands:

- own cultural background and identity
- own assumptions, bias and preconceived ideas
- own values, attitudes and expectations
- reflective practice models
- strengths-based approaches
- that different people are at different stages in the development of cultural responsiveness

BEING

Is:

- a critical and creative thinker
- open to continuous improvement and life-long learning
- clear about own level of cultural responsiveness capability
- self-motivated, self-directed and self-evaluating

DOING

- Challenges own assumptions, bias and preconceived ideas
- Clarifies own values, attitudes and expectations
- Perceives, understands and manages own responses
- Acknowledges own skills and knowledge in cultural responsiveness
- Identifies learning needs in cultural responsiveness
- Recognises and utilises support, guidance and available learning opportunities
- Uses strengths-based action to develop cultural responsiveness
- Uses reflective practice models to influence decisions and actions

OUTCOMES

Organisation level

- Organisation identifies its strengths and challenges in achieving optimal and equitable outcomes for Aboriginal and Torres Strait Islander peoples
- The governing body, organisational leaders and workforce administrative staff clarify organisational culture and use reflective practice to examine how it impacts identification of, relationships with, and service delivery outcomes for Aboriginal and Torres Strait Islander peoples
- Organisational policies and processes are reframed using strengths-based approaches
- The organisation identifies and eliminates overt and covert, systemic and personal racism

Personal level

- Ongoing reflective practice clarifies for individuals their own cultural identity, personal beliefs, assumptions, values, perceptions, attitudes and expectations and how they impact relationships with Aboriginal and Torres Strait Islander peoples
- Ongoing capacity development in cultural responsiveness occurs by individuals attending professional development activities including cultural responsiveness training and mentoring
- Administrative and service delivery processes and practices use strength-based approaches

PROACTIVITY

Anticipates issues, initiates and embeds change that creates the best possible outcomes. It involves acting in advance of a possible situation, rather than reacting or adjusting.

KNOWING

Understands:

- the importance of being proactive rather than reactive
- what is required to create culturally safe places and spaces
- the impact of your own actions and reactions upon people, places and things

BEING

Is:

- capable of personal responsibility for delivering culturally responsive services to Aboriginal and Torres Strait Islander people
- courageous and has courage to speak out when necessary
- confident in using personal initiative
- solution focussed

DOING

- Undertakes regular training and refresher courses, seminars, forums, webinars and online training opportunities in cultural responsiveness, community engagement and anti-racism best practice
- Utilises mentoring opportunities, particularly from those experienced in working with Aboriginal and Torres Strait Islander communities
- Develops and implements an action plan for delivering culturally responsive services to Aboriginal and Torres Strait Islander individuals, families and communities
- Identifies and takes opportunities to change practices and processes that are not culturally responsive
- Leads discussions about cultural responsiveness, anti-racism strategies and person-centred care
- Recognises and addresses personal and institutional racism in the workplace

OUTCOME

Organisation level

- The organisation identifies and eliminates overt and covert, institutional and personal racism
- The governing body, organisational leaders and clinical leaders encourage staff to participate in ongoing capacity building of cultural responsiveness
- Staff are supported to develop capabilities in cultural responsiveness and attend training programs

Personal level

- Ongoing capacity development by individuals in cultural responsiveness through professional development activities including cultural responsiveness training
- Individuals work together and support each other in developing strengths-based approaches
- Individuals work together and support each other in changing policies and practices that may be overtly or covertly racist or compromise cultural safety for Aboriginal and Torres Strait Islander peoples

INCLUSIVE ENGAGEMENT

Honours Aboriginal and Torres Strait Islander self-determination with opportunities to lead, participate and engage in meaningful and supportive ways.

KNOWING

Understands:

- the importance and role of narrative in developing relationships
- engagement and community development principles
- own influence upon communication and engagement
- local communication and community leadership protocols
- Aboriginal and Torres Strait Islander cultural focus on relationships
- self-determination principles and nation building processes

BEING

Is:

- approachable and open to feedback
- trustworthy
- honest, has integrity
- resilient
- an active listener
- respectful of silences
- flexible
- empathic

DOING

- Communicates with flexibility, clarity and relevance, both verbally and non-verbally
- Develops insights from using narrative approaches
- Builds networks in Aboriginal and Torres Strait Islander communities
- Observes and respects local communication and community leadership protocols
- Learns from Aboriginal and Torres Strait Islander people the most effective ways to engage
- Collaborates with Aboriginal and Torres Strait Islander individuals, families and communities
- Establishes formal partnerships with Aboriginal and Torres Strait Islander organisations and communities
- Fosters ongoing, effective two-way communication
- Discusses difficult issues with sensitivity
- Monitors effectiveness of communication
- Maintains respectful and honest relationships
- Manages relationships without judgement or assumptions

OUTCOMES

Organisation level

- The organisation establishes links and relationships with local and regional Aboriginal and Torres Strait Islander organisations
- Active engagement of Aboriginal and Torres Strait Islander people in collaborative and inclusive decision-making
- Aboriginal and Torres Strait Islander people participate in planning, monitoring and evaluation of programs and services

Personal level

- Positive, respectful and honest communication between individuals and Aboriginal and Torres Strait Islander peoples creates deeper and more resilient relationships
- Individual professionals align service delivery with the goals, needs and preferences of the client including cultural needs and preferences
- Individuals develop best practice targets and plans in collaboration and partnership with Aboriginal and Torres Strait Islander peoples

LEADERSHIP

Inspires others, leads and influences change in contributing to the renewal of the health and well-being of Aboriginal and Torres Strait Islander individuals, families and communities.

KNOWING

Understands:

- leadership and cultural responsiveness as qualities for which everyone shares responsibility
- contributions required to achieve a compelling vision of the future for the organisation working with Aboriginal and Torres Strait Islander organisations, individuals, families and communities
- own contribution to achieving the vision
- good leadership practices as being vital to all who wish to use strengths-based approaches to Aboriginal and Torres Strait Islander health and wellbeing renewal

BEING

Is:

- clear about personal and organisational values
- aware of and acts in alignment with personal values
- aware of personal influence
- appreciative of relationships
- committed to achieving the vision
- positive in personal approach to leadership
- resilient
- honest and leads with integrity

DOING

- Leads by example and models culturally responsive actions
- Has a compelling vision of the future for the organisation working with Aboriginal and Torres Strait Islander organisations, individuals, families and communities
- Engages and develops others in cultural responsiveness
- Uses solution-focused approaches to questioning practices that are not culturally responsive
- Acknowledges and promotes successes in working with Aboriginal and Torres Strait Islander organisations, individuals, families and communities
- Shows leadership in working inclusively at all levels to influence change and renew the overall wellbeing of Aboriginal and Torres Strait Islander people
- Leads strengths-based approaches to eliminating all forms of racism
- Demonstrates public-spirited leadership and transformational leadership styles

OUTCOMES

Organisational level

- Organisational leaders lead by example in cultural responsiveness and undertaking cultural responsiveness training
- Staff are rewarded for excellence in cultural responsiveness
- The organisation maintains focus on using strengths-based approaches and on changing policies and practices that may be overtly or covertly racist or otherwise compromise cultural safety for Aboriginal and Torres Strait Islander peoples

Personal outcomes

- Professional development is undertaken to ensure a high level of knowledge about Aboriginal and Torres Strait Islander resources and programs
- Individuals work together and support each other in developing excellence in cultural responsiveness

We have a sense of responsibility to continue the work of those who have come before us. We thank them for their perseverance, resilience and foresight in paving the way for us. We will nurture this spirit of resistance and learn from our experiences to inspire and create sustainable change for generations to come.

Quoted from IAHA, leadership statement

RESPONSIBILITY AND ACCOUNTABILITY

Takes responsibility for renewing Aboriginal and Torres Strait Islander health, monitors outcomes and progress and reports to Aboriginal and Torres Strait Islander peoples.

KNOWING

Understands:

- social justice and human rights principles

- inequities that exist between Aboriginal and Torres Strait Islander peoples and non- Indigenous Australians

- current effective practices and approaches to addressing inequities

- own contribution to addressing inequities

- determinants of health and the impact on Aboriginal and Torres Strait Islander peoples

- the importance of including Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing in criteria for monitoring processes and reporting

BEING

Is:

- committed to action to renew the overall wellbeing of Aboriginal and Torres Strait Islander people

- guided by social justice and human rights principles

- clear and realistic about own contribution to addressing inequities and the renewal process

- appreciating Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing and ways of maximising outcomes

DOING

- Includes cultural responsiveness goals in policy and planning processes

- Set targets and works in partnership with Aboriginal and Torres Strait Islander individuals, families, communities and organisations

- Includes Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing in criteria for monitoring processes and reporting

- Monitors goal achievement with individuals, families, communities and organisations

- Measures, updates and meaningfully communicates progress to Aboriginal and Torres Strait Islander individuals, families, communities and organisations as an ongoing process

OUTCOMES

Organisation level

- Culturally responsive identification processes are implemented to identify Aboriginal and Torres Strait Islander peoples

- Comprehensive data is collected and analysed regularly to monitor Aboriginal and Torres Strait Islander service outcomes

- Data collection includes Aboriginal and Torres Strait Islander concepts of cultural, social, emotional and economic wellbeing and ways of maximising health and wellbeing in criteria for monitoring outcomes

- Reports in local/regional Aboriginal and Torres Strait Islander health are provided to local/regional Aboriginal and Torres Strait Islander communities as well as funding bodies

Personal level

- Individuals develop best practice targets and plans in collaboration and partnership with Aboriginal and Torres Strait Islander peoples

- Reflective practice is used for continuous improvement in cultural responsiveness and to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples

- Individuals incorporate these issues into their performance, planning and review processes

5. EXAMPLES OF CULTURALLY RESPONSIVE PRACTICE

Embedding Cultural Responsiveness in Social Work Curriculum Associate Professor Joanna Zubrzycki, Social Work, Australian Catholic University

Joanna Zubrzycki is an experienced social worker, academic and curriculum developer who has worked at the Australian Catholic University since 1995. Joanna teaches the Social Work program at ACU and has been involved in national projects around Indigenous curriculum. Joanna is an active supporter of the IAHA Cultural Responsiveness Framework and has participated in IAHA Cultural Responsiveness workshops.

"We used cultural responsiveness in a number of areas in developing a framework. Our aim was to move social work away from the notion of cultural competence which has got that sense of 'I've made it' and 'I can do it', but I think really limiting in practice" said Joanna.

"We now embed the IAHA Cultural Responsiveness Framework really solidly in our field education program and our teaching. We teach a standalone Aboriginal and Torres Strait Islander Social Work unit to all of our Bachelor of Social Work students."

This is showing to also have a positive effect on field education supervisors to engage in culturally responsive practice. For example, a student identified there were no practice guidelines or policies on working with Aboriginal and Torres Strait Islander peoples in their placement although they had Aboriginal and Torres Strait Islander clients. This prompted her to have deep conversations with the Social Work supervisor who has said she'll take it up with senior management.

"[The IAHA Cultural Responsiveness Framework] just keeps reinforcing our understanding about being self-aware and understanding what we want to see in our students we have to demonstrate ourselves. We have to be those role models of the framework to help bring it to life

"This is a problem in many areas of higher education and why the IAHA cultural responsiveness training is so important, unless you give your colleagues that capacity development, then they don't know what it is to role model culturally responsive practice to our students"

To develop staff capacity in Cultural Responsiveness the ACU have engaged in IAHA Cultural Responsiveness Training for staff across the Health Science faculty at ACU. Together, the staff practice cultural responsiveness in continuing to learn, share and reflect on culturally responsive practice.

"At the moment we get together about every 6 weeks to support each other's teachings and work in the area. Some people are still very new to teaching CR work like exercise science who are very new to the Cultural Responsiveness practice, so it's a lot of mentoring and looking at opportunities to share resources and to bring in stakeholders or people who are doing work in that space.

"The network is great because the training triggered this, so if we hadn't completed the IAHA Cultural Responsiveness Training it would not have happened. We are also working with Aboriginal and Torres Strait Islander colleagues gathering all the material that people are using for their teaching and putting it into a central database" said Joanna.

The Australian Catholic University Health Science Faculty are an excellent example of walking the talk. Not only have they embedded the cultural responsiveness framework into their curriculum, they have also worked to build and embed cultural responsiveness practice in their staff.

Shaun Solomon: Mount Isa Centre for Rural and Remote Health

Shaun Solomon, a Birri and Ewamian man and cultural trainer, has utilised the IAHA Cultural Responsiveness Framework to support his practice at the Mount Isa Centre for Rural and Remote Health (MICCRH). MICCRH is a key education provider both locally in Mount Isa and increasingly via distance delivery. MICCRH's focus is on the training, development and support of the rural and remote health workforce and the management of key health issues in the rural and remote setting.

"The usefulness of the framework its general enough but also specific enough to think through all those stakeholders involved in that type of work. I move across different groups, so when I work with students I consider their situation and their knowledge and where they are at. I then think about what this means working in the North West, and, what are the cultural and social realities communities, families, client experiences and how all those things are related? The framework guides that thinking through to the application" says Shaun.

Shaun has utilised the IAHA Cultural Responsiveness Framework to support allied health teams working in Mount Isa and with communities in the Gulf region. Shaun referred to the IAHA Cultural Responsiveness Framework as a practical way to support allied health professionals in responding to the diverse cultural and social factors of the different communities.

"Part of what I have drawn from the IAHA Framework, in particular, is the first capability of centrality of culture. It's been useful in working out some strategies and contents that health professionals need to be mindful of working in community and understanding the different cultural and social factors.

"Key activities that health professionals engage in includes, culture mapping (who the tribes are and Traditional Owner's groups in the communities), mud maps that identify significant local places and what meaning they have to the families. These activities meant that health professionals going into community had to engage with community members. Health professionals were asked to reflect on what that all meant. This work was influenced by the IAHA Cultural Responsiveness Framework" says Shaun.

Shaun says the feedback from participants has been positive. "The consensus was that it was helpful and that they hadn't thought about it. Once they'd been on the ground in those communities it was clearer for them to make that connection to culture. They thought about their practice how they create a repour, how they asses and evaluate, how they consult all those things. It also highlighted some of their own biases and assumptions" said Shaun.

Tahnee Elliott, Yawarawarka, Occupational Therapist

"I think for me personally it has been a good reflection tool for me to understand where people are on their journey to being culturally responsive and where I need to facilitate from my perspective. I supervise University students and I find it's a good tool for me to reflect on where they are at."

Andrew Harvey, CEO Western NSW PHN

"Aboriginal Health and Cultural safety are key priorities for Western NSW Primary Health Network (WNSW PHN). Our staff recently participated in a Cultural Responsiveness workshop delivered by Indigenous Allied Health Australia (IAHA). The workshop was valuable for me personally in improving my understanding of the things I need to change and do to be culturally responsive, and our team in our cultural safety journey. I found the strengths-based approach very helpful and am pleased to recommend the IAHA workshop".

Lin Oke – Cultural Responsiveness Mentoring

IAHA Associate Member and Occupational Therapist, Lin Oke, has a developed strong mentoring relationship with Tirritpa Ritchie, a Kaurna man and Occupational Therapist from Adelaide, South Australia to support her journey in cultural responsiveness.

Lin has found the Cultural Responsiveness training and framework has enabled her to start thinking critically about her own cultural identity.

"I think the biggest challenge for me is getting it in your head that cultural consideration and to reflect and acknowledge your own culture to start with. I find that incredibly challenging, I think that there are such incredible variations in the white Australia populations idea of what our culture is, it's such a personalised family thing" says Lin.

Through her mentoring relationship with Tirritpa, Lin has learnt the importance of listening in her culturally responsive practice.

"One of the things I've learned from Tirritpa is listening to the silence, you know, what's not being said?"

6. GLOSSARY

CULTURE

Learned yet dynamic ways of being in everyday life, informed by attributes such as age, class, ability, ethnicity, gender and sexual orientation, which influence beliefs, values and attitudes and how humans explain and respond to life's context and circumstances. (Cox 2016)

Culture can be seen as a set of complex beliefs and behaviours acquired as part of relationships within particular families and other social groups (Saggers & Walter, 2011). It is important to recognise that culture is expressed at both group and individual levels. The complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most of us live in more than one cultural setting and we perceive, experience, and engage with all aspects of our lives and the world around us through the lens of our cultures (Avruch, 2012).

CULTURAL SAFETY

The experience of working as a health professional in Aboriginal and Torres Strait Islander primary health care contexts is an interesting, rewarding, demanding, complex and often stressful process, primarily due to the intercultural context of the health encounters.

It is well recognised that people who live or work within a culture other than their own need to recognise that their own beliefs and behaviours (i.e. 'culture') will have an impact upon their treatment and care of, or service provision to, their clientele. This idea is explored further through the concept of cultural safety.

Cultural safety has gained considerable recognition in the health arena and more broadly across education and other sectors. Much of the work on cultural safety up until relatively recently has related essentially to the nursing field, but other professional disciplines are beginning to use and adapt it to suit their own purposes. For example in Australia, many Indigenous government program areas, community controlled, and national advocacy organisations each have their own particular take on cultural safety. In fact, four of the peak national Indigenous health professional advocacy bodies, IAHA, CATSINaM, NATSIHWA and AIDA often work closely and complement each other's efforts.

One of the many challenges in this area is that all too often cultural safety is confused with or 'restricted' to Indigenous cultural awareness. As you will see, cultural safety is much more than ethnicity or cultural categorisation.

Cultural safety represents a key philosophical shift from providing a service regardless of difference to care that takes account of peoples' unique needs. It requires all people to undertake an ongoing process of self-reflection and cultural self-awareness and an acknowledgement of how these impact on interactions and service delivery.

DECOLONISATION

Decolonisation is a method required to shift the current paradigm of Western dominance and colonial amnesia that constructs and maintains Indigenous poor health status.

Decolonisation requires acknowledging that dominants ways of knowing have been historically and institutionally contrived. They are ways of knowing that are no longer useful or healthy for any Australian. Australia requires a contextualised discourse for re-claiming knowledges informed through a balance of truths and histories. Reflecting upon the cause and effect of past action and its policies rather than continued constructs of problematising those who have survived such events.

Decolonisation requires every Australian to examine the impact colonisation has upon their past and present in order to formulate a future that does not reinstate the past. To take these steps requires a balance of histories, informing our current political and social context, critical reflexive practice and open communication with Aboriginal and Torres Strait Islander peoples (Sherwood, 2014).

SELF-DETERMINATION

Refers to genuine decision-making power and responsibility for what happens on Aboriginal and Torres Strait Islander peoples' lands, in their affairs, in their governing systems, and in their development strategies. It means having meaningful control over one's own life and cultural wellbeing. As decision-making power and responsibility move from external authorities into the hands of Aboriginal and Torres Strait Islander peoples, self-determination grows.

Governance of this kind does not refer to self-administration or self-management of programs and services that are controlled by outside authorities (Reconciliation Australia, 2014).

RACISM

Racism has been part of many foundational aspects of Australian society and continues to impact us all.

For Aboriginal and Torres Strait Islander peoples, the impacts have been devastating for more than 230 years – from attempted genocide, forced relocations and family separations, segregation and exclusion to long term impacts on every aspect of life such as cultures, physical and social health, family life, education, housing, land and country, employment and everyday interactions with businesses, government departments and people.

For most Australians of Anglo or Anglo-Celtic heritage, the impacts have been very positive in terms of land, cultures, physical and social health, family life, education, housing, employment and everyday interactions with businesses, government departments and people.

In order to explore racism and its impacts, we first need to recognise it. Various forms of racism are described in literature. The beliefs and values that accompany these forms of racism influence every aspect of our lives – not only our personal attitudes, perceptions and beliefs but also government and business frameworks, our social organisation and our understandings of ourselves.

SCIENTIFIC RACISM
Scientific racism which is also known as race realism, race biology or racial biology is the belief that empirical evidence exists to support racial inferiority, or racial superiority. It emerged in the 1700s and was completely discredited in the 1950s.

Scientific racism uses physical anthropology, anthropometry, craniometry in supporting the classification of human populations into physically discrete human races, that might be asserted to be superior or inferior.

Although it was scientifically discredited after World War II, scientific racism continues to be used to support or validate racist world-views.

CULTURAL RACISM
This is a form of racism that relies on cultural differences rather than on biological markers to assign racial superiority or inferiority. Culture, rather than biology, has become a popular framework for understanding and rationalising the unequal status and treatment of various racial groups. This term describes and explains racial ideologies and practices that have emerged since the 1950s.

INSTITUTIONAL OR SYSTEMIC RACISM
Occurs when institutions such as governments, legal, medical and education systems and businesses, discriminate against groups of people through their policies, processes and protocols. Often unintentional, such racism occurs when the apparently non-discriminatory actions of the dominant culture have the effect of excluding or marginalising people from minority cultures.

Institutional racism reinforces individual prejudices and is in turn reinforced by them.

INTERPERSONAL RACISM
Occurs when individuals interact with and treat others as inferior on the basis of their cultural heritage and includes discrimination, devaluation and disrespect, mistrust and indifference. Examples include expressions of racial prejudice, hate, bias and bigotry.

It can also be the imposition of beliefs about who is a 'real' Aboriginal or Torres Strait Islander person and how culture should be expressed e.g. doubting a person's identity because they don't look or behave in the way that we expect.

UNINTENDED OR CASUAL RACISM
Socially conditioned things we do and say that don't register as offensive or oppressive to us — but they absolutely are to others. It refers to conduct involving negative stereotypes or prejudices about people on the basis of race, colour or ethnicity. Examples include jokes, off-handed comments, and exclusion of people from social situations on the basis of race.

CYBER RACISM
Most commonly defined as racism that occurs on websites, images, blogs, videos and online comments as well as racist comments, jokes, images or language in text messages, emails or on social networking.

INTERNALISED RACISM
Internalised racism perpetuates negative self-images through self-devaluation, resignation, helplessness, hopelessness and acceptance of perceived inadequacy. Occurs at group and individual levels.

So the beliefs and values that we learned both overtly and covertly as we were growing up in Australian society have shaped how we think about ourselves and others and our relationships with others.

Snapshot: Different approaches to governance and development

7. USEFUL ACRONYMS

IAHA	Indigenous Allied Health Australia
AIDA	Australian Indigenous Doctors' Association
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association
CATSINAM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
NMBA	Nursing and Midwifery Board of Australia
AHPRA	Australian Health Practitioner Regulation Agency
AHPA	Allied Health Professions Australia

8. REFERENCES

Australian Government (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013-2023.* Canberra, ACT: Dept. of Health and Ageing. Retrieved from http://www.health.gov.au/natsihp

Avruch, K. (2012). *Context and pretext in conflict resolution: Culture, Identity, Power and Practice. London,* Great Britain: Routledge

Cornell, S., & Kalt, J. (2007) Two approaches to the development of Native nations: one works, the other doesn't. In M. Jorgensen (Ed) *Rebuilding Native Nations: Strategies for Governance and Development.* Tuscon: University of Arizona Press

Federation of Saskatchewan Indian Nations (FSIN). (2013). *Cultural responsiveness Framework.* Retrieved from http://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf

Hunt, J., & Smith, D. (2006). *Building Indigenous community governance in Australia: preliminary research finding (Working Paper No 31)* (p. 52). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Jorgensen, M. (Ed) (2007) *Rebuilding Native Nations: Strategies for Governance and Development.* Tuscon: University of Arizona Press

Komives, S. R., Lucas, N., & McMahon, T. R. (2013) *Exploring leadership: For college students who want to make a difference* (3rd ed). San Francisco, US: Jossey-Bass,

Martin, K., & Mirraboopa, B. (2003). Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research. *Journal of Australian Studies, 27*(76), 203–214. doi:10.1080/14443050309387838

Reconciliation Australia, Indigenous governance toolkit, Reconciliation Australia, Canberra, viewed December 11 2014 (http://www.reconciliation.org.au/governance/toolkit/9-0-networks-and-relationships).

Saggers, S. and Walter, M. (2011). Culture, history and health. In R. Thackrah, K. Scott and J. Winch, ed., *Indigenous Australian health and cultures: An introduction for health professionals,* 1st ed. Frenchs Forest: Pearson Australia.

Sherwood, J. (2009). Who is Not Coping with Colonization? Laying Out the Map for Decolonization. Australasian Psychiatry, Vo. 17 Supplement, September 2009. doi: 10.1080/10398560902948662

Uhl-Bien, M. (2006). Relational Leadership theory: Exploring the social processes of leadership and organizing. *The Leadership Quarterly* 17(6), 654-676 Retrieved from http://digitalcommons.unl.edu/leadershipfacpub/19

WE WILL KNOW THAT WE HAVE ACHIEVED CULTURAL SAFETY WHEN OUR PEOPLE TELL US THAT WE HAVE.

Joe Gallagher - CEO for the First Nations Health Authority BC, Canada

INDIGENOUS ALLIED HEALTH AUSTRALIA