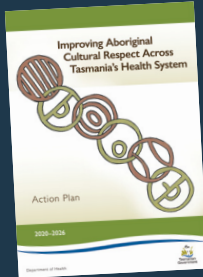


# waranta tunapri

all (to) know/ everybody's business



The response of Hospitals South to the  
'Improving Aboriginal Cultural Respect Across  
Tasmania's Health System: Action Plan 2020-2026'



## Development and Consultation Record

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# Acknowledgements

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We acknowledge the Aboriginal custodians of this land, now known as lutruwita/Tasmania. In the spirit of reconciliation, we pay respect to Tasmanian Aboriginal people, and to Elders past, present and emerging.

We acknowledge and thank the Aboriginal people who generously shared their experiences of the Tasmanian Health Services (THS), as documented in the Tasmanian Government Department of Health's (DoH) 'Aboriginal Cultural Respect in Tasmania's Health Services: Community Consultation Report' (2018).

We acknowledge the work of current and past Aboriginal Health Liaison Officers (AHLO) within Hospitals South, for both their wisdom and strength in supporting Aboriginal patients, their families and communities and their contributions to building a more culturally competent health service, including the development of this project brief.

nayri nina-tu mapali (thanks for all).



# About the Artist

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Luana Towney is a proud palawa /wiradjuri woman who lives in lutruwita/Tasmania with her family. As a muka nawnta – Salt Water Sista, her cultural connections run deep and strong.



Luana's maternal great, great, great grandmother, Fanny Cochrane Smith, was born on Flinders Island. The daughter of Tanganutura and Nicermenic. Her paternal grandfather, Jack Towney, grew up with his family on the Bulgandramine mission near Peak Hill. The Towney family include great sportspeople, knowledge keepers, artists and singers. Luana's own father, Brian Mansell, was a great athlete and proud Tasmanian Aboriginal man, whose family came from the Bass Strait Islands.

Luana credits her parents for instilling in her from a young age the importance in being proud of where she comes from and to fight for the rights of Aboriginal People. She continues to be proud to learn her culture and teach it to her children, so it will continue strong and far beyond her time on earth.

Luana is a basket weaver, poet, painter, jeweller, learner and teacher. She is a lover of the earth and her artwork reflects the circle of life and a deep respect for ningimpi withdi (Grandmother Moon).

# About the Image

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kanikung, also commonly known as “pigface” is a native plant to lutruwita/Tasmania, preferring sand dunes the plant thrives in coastal areas. Producing a beautiful flower from spring through to summer, kanikung is also a source of bush tucker and has a number of healing properties.

Much like the palawa people of lutruwita/ Tasmania, kanikung is hardy and resilient. It can survive for years in harsh conditions exposed to the elements. It can be trod on, pulled apart, removed from country and planted elsewhere. Not only will it grow back, but it will thrive.

In the words of the artist “kanikung is a true definition of the circle of life. It is ever present, blooms into a beautiful flower, produces fruit and then goes back to being a succulent plant, providing shelter and shade to little creatures of the earth that may hide underneath. The palawa people of lutruwita, and also other indigenous people all over the world, respect the circle of life immensely. We are born into a strong community, we listen and learn from our Elders, then we grow up to share our wisdom and knowledge with our youngens. We are a proud, strong people, who always have been, and always will be here on “milaythina” (Country)”.



# Terminology and Abbreviations

The title of this document, waranta tunapri, in palawa kani means all (to) know/everybody's business.

This proposed project brief uses language consistent with the terminology used through the DoH 'Aboriginal Cultural Respect in Tasmania's Health Services: Community Consultation Report' (2018).

In this document 'community' means members of the Aboriginal and Torres Strait Islander communities in Tasmania and people working in Aboriginal health services.

The term 'Aboriginal' describes all Indigenous people in Tasmania, in recognition that Aboriginal people are the original inhabitants of lutruwita/Tasmania.

## Abbreviations

<b>AHLO</b>	Aboriginal Health Liaison Officer
<b>AHSRU</b>	Allied Health Strategy and Research Unit
<b>AIHW</b>	Australian Institute for Health and Welfare
<b>DAH</b>	Director of Allied Health
<b>DoH</b>	Department of Health
<b>Hospitals South</b>	Acute, outpatient and community based services under governance of the Chief Executive Hospitals South
<b>NAIDOC</b>	National Aborigines' and Islanders' Day Observance Committee
<b>NSQHS</b>	National Safety and Quality Health Service
<b>QPS Service</b>	Quality and Patient Safety Service
<b>PM&amp;C</b>	Department of the Prime Minister and Cabinet
<b>THS</b>	Tasmanian Health Service

# Executive Summary

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It is with pride that we present to you waranta tunapri, the response of Hospitals South to the Department of Health ‘Aboriginal Cultural Respect Across Tasmania’s Health Services – Community Consultation Report’.

We have listened to the description of Aboriginal people’s experience using our Royal Hobart Hospital acute and community-based services and acknowledge that there is much to do to improve this experience for all. The Framework contained in this document is one way that we believe we can address some of the barriers that Tasmanian Aboriginal people face in accessing health services and shows us that we can build on some of the areas that we know offer respectful, understanding and safe services where Aboriginal people are acknowledged and welcomed.

The work will not be easy, we accept that there are improvements to be made across our hospital and health services. In order to do this, we have developed the Framework Plan across six key areas. They are:

1. Whole of Organisation Approach and Commitment
2. Communication and Cultural Visibility
3. Education, Workforce Development and Aboriginal Employment
4. Consumer Participation and Engagement
5. Partnerships with Aboriginal Organisations Involved in the Provision of Health-related Services
6. Data, Evaluation and Research

We have taken advice and called our Framework waranta tunapri – in palawa kani this means all to know/ everybody’s business.

The work has the support of the Hospitals South Executive Team who are leaders across the hospital and will help us to keep this work as a priority for our health services now and into the future.

**Susan Gannon**  
Chief Executive Hospitals South

**Barbara Moerd**  
Director of Allied Health

**Jon Hughson**  
Executive Director Corporate Services

**Stephen Ayre**  
Executive Director Medical Services

**Coral Paton**  
Executive Director of Nursing

**Benita Gray**  
HR Manager



# Key Messages

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1. Aboriginal and Torres Strait Islander people have a right to be healthy, well and safe (Department of the Prime Minister and Cabinet (PM&C) 2019).
2. Accessing culturally appropriate, evidence based, quality health care is a right of all patients (National Safety and Quality Health Service (NSQHS) Standards 2017).
3. Aboriginal Australians face significantly worse health outcomes than other Australians (NSQHS Standards 2017).
4. Culturally safe and trauma informed healthcare provision is a key contributor to improving health outcomes for Aboriginal Australians (PM&C 2019).
5. “Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected” (Australian Health Ministers’ Advisory Council 2016).

# Recommendations

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1. The work outlined in this proposed project brief is aimed at improving health outcomes for, and strengthening partnerships with, the Aboriginal community of lutruwita/Tasmania. This project brief proposes a framework for Hospitals South to implement, monitor and evaluate this work. It is the position of this document Hospitals South adopt the framework proposed as an appropriate method to respond to the DoH Action Plan.
2. Whilst individual tasks, informed by community feedback (DoH 2018) are included, this project brief does not provide a comprehensive list of all the work required to meet the overarching project objective. If viewed as a living document, the proposed framework structure can also be used as a vehicle to respond to other feedback and initiatives over time.

# Context

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Subsequently in this document:

- the DoH 'Improving Aboriginal Cultural Respect Across Tasmania's Health System: Action Plan 2020-2026' will be referred to as the DoH Action Plan
- the DoH 'Aboriginal Cultural Respect in Tasmania's Health Services: Community Consultation Report' (2018) will be referred to as the DoH Community Consultation Report.

## Policy context

This project brief is a direct response to feedback and recommendations outlined in two core DoH documents, the Community Consultation Report and subsequent Action Plan. For consistency the language, terminology and definitions used in these two documents have been continued throughout this work.

Broader international and national contexts also inform this work:

- United Nations (2006) 'Declaration of the Rights of Indigenous Peoples', Articles 21 and 24.
- Australian Health Ministers Advisory Council (2016.) 'Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 – 2026'.
- Australian Commission on Safety and Quality in Health Care (2017) 'National Safety and Quality Health Service Standards' (second edition).
- Australian Commission on Safety and Quality in Health Care (2017) 'User Guide for Aboriginal and Torres Strait Islander Health'.

## Purpose

This project brief has a dual purpose. First, it details the response of Hospitals South to the DoH Action Plan. Second, it provides a framework to drive safe and high-quality care and supports better health outcomes for Aboriginal people.

The framework aims to contribute to a culturally respectful Tasmanian hospital and health system for Aboriginal people, as characterised by six domains:

1. High level leadership and whole-of-organisational commitment to Aboriginal cultural respect.
2. Visibility of the culture of Aboriginal people of lutruwita/Tasmania.
3. A workforce that:
  - embraces the knowledge, skills, values and culture of Aboriginal people in lutruwita/ Tasmania, including the Aboriginal concept of health as being the physical, social, emotional, and cultural wellbeing of the individual and community
  - understands the impact of colonisation, racism and inter-generational trauma on the current health status of Aboriginal people in lutruwita/ Tasmania
  - understands the need to consistently and respectfully ask the Indigenous identifier question of every patient across all health settings.
  - provides a supportive work environment for Aboriginal people.
4. Participation of Aboriginal people in their care and in the health system.

5. Genuine partnerships with Aboriginal organisations involved in the provision of health-related services.
6. A rigorous approach to data collection, including implementation of the Australian Institute of Health and Welfare (AIHW) 'National best practice guidelines for collecting indigenous status in health data sets' (2010).

## Potential benefits

Culturally respectful health systems have profound impacts at individual, family, community and service system levels; building equity, improving health outcomes, reducing racism and contributing to system efficiencies (AHMAC, 2016). Whilst the successful implementation of this framework will provide real challenges, in line with key documents outlined above, the significant benefits of achieving the project outcomes include:

- better health outcomes for Aboriginal people in lutruwita/Tasmania who are consumers of healthcare services
- genuine partnerships are built between Hospitals South and Aboriginal organisations involved in the provision of health-related services
- a contribution to achieving the Closing the Gap initiatives.

## Complexity

The project outlined in this brief is complex with many layered elements. It is work that requires time to build genuine engagement with Aboriginal people of lutruwita/Tasmania. To enable this, the work should be supported through broad timeframes and flexibility.

The wide-ranging impacts of health care delivery for Aboriginal people in systems that are not culturally safe are increasingly understood (ACSQHS, 2017); the successful implementation of solutions to systemic challenges provides real opportunity for change.

## Feasibility

This work will require championing by the Hospitals South Executive to ensure it is successfully implemented across the organisation.

Due to the importance and complexity of the work, a steering committee should be formed.

The organisation has some capacity and capability to deliver this work through the Quality and Patient Safety Service.

The timing of this project brief fits within the accreditation goals of the organisation and is supported by the Director of Allied Health (DAH), who at the time of writing is also the Chair of NSHQS Standard 2 (Partnering with Consumers).

# Governance

## Internal Project Structure – The Framework

Aimed at large scale cultural change, it is recognised the work of the project will impact across the numerous parts of Hospitals South, therefore a framework of working groups, overseen by a steering committee, is recommended. This structure is illustrated in Figure 1 below.

Figure 1: Internal Project Governance Framework





## Project sponsor

This project brief has been driven by the DAH, in their role as the Chair of the NSQHS Standard Two (Partnering with Consumers) Committee.

## Project Manager

Should the recommendations of the project brief be adopted, and the framework be initiated; it is proposed the Project Manager role sit within the QPS Service. The Project Manager's role has a dual function, supporting both the steering committee and individual action based working groups.

## Steering committee

A steering committee of high-level decision makers to drive the project outcomes across the many facets of Hospitals South is formed.

## Working groups

Six working groups (WG) be formed to action the work at the service level, each responsible for one 'focus area' as outlined in the DoH Action Plan:

- 1. Whole-of-Organisation Approach and Commitment**
- 2. Communication and Cultural Visibility**
- 3. Education, Workforce Development and Aboriginal Employment**
- 4. Consumer Participation and Engagement**
- 5. Partnerships with Aboriginal Organisations and Independent Aboriginal Health Professionals Involved in the Provision of Health-related Services**
- 6. Data, Evaluation and Research**

Each WG should be chaired by a member of the steering committee. Regular feedback on progress toward individual actions be reported to the steering committee via the WG chair. WG membership may be fluid in response to the expertise and assistance required at the time to achieve specific actions. WG membership may include external, community agency representation as appropriate.

It is envisaged some tasks may move between WGs or involve more than one WG dependant on the scale of the undertaking.

# Project Scope

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The scope of this project brief is to implement those recommendations of the DoH Action Plan applicable to Hospitals South

Whilst the majority of THS activities included in the DoH Action Plan are encompassed by this project brief, some have not been included at this early stage of the work.

Given the nature and intent of this work, this project brief should be viewed as a living document. The framework outlined will allow emerging outcomes and outputs that reflect broader objectives of the work to be embraced by the steering committee and relevant working groups.

# Objective

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What is the overall project goal?

The project aims to engage Aboriginal people in a health service that is responsive to the needs of Aboriginal people of lutruwita/Tasmania.

# Reporting Requirements

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## Initial consultation with key stakeholders

Further outlined in Appendix A: Working Group Activities (Establishing the Framework), this project brief will be presented to Aboriginal organisations involved in the provision of health-related services to the Aboriginal community of lutruwita/Tasmania. The aim is to give context to the evolution of this project brief in response to the DoH Community Consultation Report. This process will be led by the Director of Allied Health (DAH) as current Chair of the Royal Hobart Hospital National Safety and Quality Health Service Standard Two and include the Hospitals South Aboriginal Health Liaison Officer (AHLO).

## Ongoing reporting to external key stakeholders

Aboriginal culture is relational (DoH, Community Consultation Report, 2018), authenticity and trust are recognised as key components for building relationships between the Aboriginal community of lutruwita/Tasmania and Hospitals South. For this work to contribute to the building of these relationships, accountable and transparent reporting to the Aboriginal community of lutruwita/Tasmania against the achievement of outcomes and outputs of the work is essential.

To practically achieve this aim, it is recommended progress toward the project objectives, outcomes and actions is reported to key Aboriginal organisations involved in the provision of health-related services. Further, this reporting process adopts mechanisms and timeframes developed in collaboration with the above Aboriginal organisations as part of the initial consultation process.

## Internal reporting requirements

The framework steering group will report to the Hospital South Quality, Safety and Risk Committee, who are high level decision makers within the Hospitals South structure.

# Target Outcomes

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## What benefits does the project intend to achieve?

This is not a definitive or exhaustive list of the outcomes this project might achieve.

These outcomes are applicable to across Hospitals South and support the adoption of a universal approach to building cultural competence.

These outcomes have been informed by the DoH Action Plan which states Aboriginal people are more likely to access health services where service providers:

- build good relationships
- communicate respectfully
- have an awareness of underlying social issues
- have some understanding of history and culture
- include Aboriginal health workers as part of the health care team.

Hospitals South has identified and incorporated these key principles, aligning with the organisation's patient-centre care principles, and embedded these into; target outcomes, outcome indicators, and output activities for this project.

### Relationships

Hospitals South builds authentic and genuine relationships across the Aboriginal communities of lutruwita/Tasmania and with Aboriginal organisations involved in the provision of health-related services.

### Communication

Hospitals South aims to be culturally sensitive at all levels and in all communication, with the Aboriginal community of lutruwita/Tasmania.

### Awareness

Hospitals South develops organisational awareness of the underlying social issues that continue to impact Aboriginal people of lutruwita/Tasmania as a result of our shared history of colonisation.

### Understanding

Hospitals South understands the history and culture of Aboriginal people of lutruwita/Tasmania, specifically about the impacts on the health experiences and expectations of these communities.

### Inclusion

Hospitals South builds integral partnerships with the Aboriginal community of lutruwita/Tasmania to design and deliver culturally appropriate health care services.



# Outcome Indicators

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## How will we know we have achieved the outcomes?

### Relationships

- Genuine and authentic relationships are nurtured with Aboriginal organisations involved in the provision of health-related services.
- Better referral processes between Hospitals South and Aboriginal organisations involved in the provision of health-related services are built, to ensure the best health outcomes for Aboriginal people who access Aboriginal health services.
- A culturally appropriate and authentic complaints management and consumer feedback mechanism is developed.

### Communication

- A culturally competent framework is embedded across governance structures, service delivery, recruitment and training processes within Hospitals South.
- Tools and resources that are culturally specific to Aboriginal people of lutruwita/ Tasmania are developed and used to deliver health service messages and information.

### Awareness

- Processes for designing culturally appropriate spaces within Hospitals South are embedded within the organisational culture.
- Aboriginal culture, as integral to the history of this land, is visible across Hospitals South.
- Appropriate and Aboriginal led research to better understand the experience of Aboriginal people of lutruwita/Tasmania is supported and facilitated by Hospitals South.

### Understanding

- Hospitals South adequately understands the needs of Aboriginal people of lutruwita/ Tasmania as Health Service consumers.
- Gains are made across the organisation in line with national Closing the Gap health service focused initiatives.
- NAIDOC week celebrations are embedded into the organisational calendar for Hospitals South.

### Inclusion

- Hospitals South is aware of, and adequately supports, Aboriginal staff, and their role as key partners is acknowledged and championed across the organisation.
- The Aboriginal community of lutruwita/ Tasmania are consulted, bringing their consumer perspectives into health service planning.

# Outputs

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## What will be delivered by the project?

### Relationships

- Clear referral pathways are developed between Hospitals South and Aboriginal organisations involved in the provision of health-related services.
- Referral pathways to relevant Aboriginal organisations involved in the provision of health-related services are included in appropriate staff orientation processes.
- Culturally competent complaints management and consumer feedback tools.

### Communication

- Consultation with key stakeholders about the project objectives and outcomes.
- Implementation of the framework (steering and working groups).
- Aboriginal cultural awareness training targets Hospitals South staff, both at recruitment and at timely intervals across working tenure.
- Appropriate Acknowledgement of Country process are adopted across Hospitals South.
- Resources specific to Aboriginal people of lutruwita/Tasmania are developed and made available across Hospitals South.

### Awareness

- Culturally appropriate lutruwita/Tasmania Aboriginal Art is displayed throughout Hospitals South.
- A process outlining appropriate guidelines for purchasing and displaying of Aboriginal Art is developed.
- Traditional Owners are acknowledged at the entrances of all Hospitals South buildings, including the following:
  - plaques at building entrances
  - the respectful display of the Australian Aboriginal Flag.

### Understanding

- Statistically valid data is available that gives insight into the health service needs of Aboriginal service users.
- Evidence of the application of the AIHW National best practice guidelines for collecting Indigenous status in health data sets recommendations have been adopted across Hospitals South.
- Gap analysis to understand and map the progress of Hospitals South toward national Closing the Gap targets.
- Mechanisms to support specific employment opportunities and student placements for Aboriginal people within Hospitals South.
- Establishment of, and ongoing support for, annual Hospitals South NAIDOC Committee, to partner with Aboriginal organisations involved in the provision of health-related services, to acknowledge and celebrate NAIDOC week.

## Inclusion

- Mentoring programs that support current, and build future, Aboriginal Health Liaison workforce exist within Hospitals South.
- Assessment of cultural safety is included as part of AHLO recruitment and annual performance reviews.
- A process for seeking appropriate Aboriginal perspectives and consultation into the design of relevant job descriptions is identified and implemented.
- Representation of Aboriginal people of lutruwita/Tasmania exists across Hospitals South (i.e., identification of internal cultural champions).

# Stakeholder Engagement and Communication Strategy

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Open, timely and consistent communication is essential for building the authentic and genuine partnerships that lie at the heart of this project brief and are fundamental to the establishment and continued success of this work. Input and feedback from key stakeholders is integral to the development and delivery of this project's objective.

It is recommended the steering committee develop a 'Stakeholder Engagement and Communication Strategy' in consultation with Aboriginal people that:

- identifies key stakeholders and target audiences
- clarifies key messages
- outlines the differing strategies/tools used to engage a variety of key stakeholders.

## Assumptions and Constraints

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### Assumptions

- Bureaucratic drivers of change which recognise that a Tasmanian health system needs to be created that is culturally respectful for Aboriginal people (DoH Action Plan).
- The Hospitals South DAH, as head of NSQHS Standard 2, recognises that partnership with Tasmanian Aboriginal communities is an important part of a culturally respectful health service.
- Implementation of this project will be difficult, as there are systemic issues to be addressed. These include racism and discrimination, as shown illustrated within the fact that approximately a quarter of respondents had experienced racism or discrimination (DoH Community Consultation Report).
- It is recognised this project has a long-term vision, consistent with DoH Action Plan.

### Constraints

- Lack of cultural awareness as highlighted by participants stating that "staff don't seem to know how to work with Aboriginal patients" (DoH Community Consultation Report).
- Learned behaviour and assumptions amongst healthcare staff. These are highlighted by statements, including "People trained interstate have very different ideas about Aboriginality" and "I know she felt uncomfortable about asking (the question) but there is no need to be" (DoH Community Consultation Report).
- Entrenched bureaucracy and inflexibility need to address the 'deficit discourse'; the conversation should move from deficit-driven, to a strengths-based focus (DoH Action Plan).



# Major Risks and Minimisation Strategies

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Major risks and strategies for minimisation are detailed in the risk register in Appendix D.

It is recommended these identified risks be clarified and scoped further with the steering committee as one of their initial activities.

Risks and their impacts on this project will need to be reviewed regularly by the Project Manager in progress reports to key stakeholders.

Further, a process for capturing risks identified by working groups needs to be in place, as those working closer to the coal face may become aware of very different risks than have been scoped in either this project brief or by the steering committee.

## Issues management

As issues and risks are inter-related, (issues are risks that have occurred), processes to monitor and manage these within this project brief need to be identified with the steering committee.

Processes need to include the work occurring at the working group level also.

Apart from mechanisms to report identified issues to the steering committee, these issues should be tracked and reported on through the progress reports directly to the project sponsor.

# Guidelines and Standards

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## Underlying principles

This project brief is informed by significant principles and aligns with national standards.

### Overarching Hospitals South principles

To provide outstanding care, with compassion, every time.

### Trauma informed care principles

Of Safety, creating a space where people feel culturally emotionally and physically safe; Transparency and Trustworthiness; Choice; Collaboration and Mutuality; Empowerment; Cultural and within the Historical context.

## Patient centred care principles

Informed by the Tasmanian Health Service Consumer and Community Engagement Model of Care titled (2018) titled 'The Patient Will See You Now':

Participation of consumers; People-Centred service delivery; Mutual Respect; Accessible and Inclusive; Partnership; Diversity; Support; Influence; Continuous Improvement.

**Linking the Project to National Safety and Quality in Health Service Standards (NSQHSS) using the NSQHSS User Guide for Aboriginal and Torres Strait Islander Health (UGATSIH) (2017) actions.**

This project brief is one quality assurance mechanism contributing to the broader organisational aim of providing a quality health service to Tasmanians, particularly to the Aboriginal community of lutruwita/ Tasmania. This project brief supports this aim by providing a vehicle to embed the intent of several safety and quality health service standards into service delivery.

**NSQHS Standard One: Clinical Governance, through UGATSIH actions:**

- 1.2 The governing body ensures that the organisation's safe and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
- 1.4 The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people.
- 1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.
- 1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people.

**Standard Two: Partnering with Consumers, through UGATSIH actions:**

- 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

**Standard Five: Comprehensive Care, through UGATSIH actions:**

- 5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/ or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

**Standard Six: Communicating for Safety**

Whilst not specifically targeted through UGATSIH actions, this work also aligns broadly with actions contained within Standard Six: Communicating for Safety, particularly in partnering with patients and their families and providing clinical handover information.

# References

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# Appendix A

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## Working Group Activities

The project brief is a living document, and within the proposed framework working groups should review their roles and tasks as defined in the DoH Action Plan to:

- ensure the tasks proposed adequately cover the milestones identified, and,
- add other milestones and tasks as they become evident.

### Establishing the Framework

1. Present this project brief to Aboriginal organisations involved in the provision of health-related services, to illustrate the response of Hospitals South to the DoH Action Plan.
2. Establishment of a Steering Committee with Aboriginal membership to guide the broad aims of the project.
3. Establishment of reporting requirements and mechanisms for internal steering committee and external stakeholder groups.
4. Establish working groups, ensuring Aboriginal membership across the organisation, ensuring they have those representatives required to get the work implemented.
5. Using the DoH Community Consultation Report, assist working groups determine their priorities, which may include expanding or identifying other milestones and tasks.
6. Develop processes to review and monitor the successful implementation of the Cultural Competence Framework this work seeks to embed.
7. Launch of the Cultural Competence Framework with Executive endorsement.

# Working Group One

WG  
1

## Whole-of-Organisation Approach and Commitment

This working group takes carriage of organisational wide challenges, including the development of partnerships, resourcing challenges and policies and processes to support the work.

### Awareness

8. Gap analysis of culturally appropriate policies and processes within Hospitals South that:
  - a. Currently do not exist, e.g., use of Acknowledgement of Country, appropriate purchase and display of Aboriginal art
  - b. Require updating, e.g., recording of cultural identity on admission
  - c. Need adapting to current thinking and understanding
  - d. Necessitate the linking of other policies, or policies to processes, e.g., Staff Development and/ Orientation.
9. Policies and protocols for identified gaps are developed including:
  - a. Appropriate use of Acknowledgment of Country in processes (i.e., meetings, forums, email, correspondence)
  - b. Purchase and display of Aboriginal art in public spaces
  - c. Allowing for copyright limitations, appropriate use of the Aboriginal flag on Hospitals South documentation.

### Understanding

10. Map the work of the project to broader NSQHS standards, identifying other areas that may need to be addressed within Hospitals South.

### To be scoped

11. Review Focus Area One of the endorsed DoH Action Plan and other sources as appropriate for further actions.

## Communication and Cultural Visibility

This working group takes carriage of tasks/ actions that appropriately acknowledge and pay respect to Tasmanian Aboriginal culture throughout Hospitals South.

### Communication

12. Consumer focused health communication used across Hospitals South is identified and steps to present this information in a culturally appropriate manner are mapped.
13. Policy and processes for ensuring all other health consumer communication, drafted into the future, is culturally appropriate (may be referred to working group one for ongoing development).

### Awareness

14. In collaboration with Aboriginal staff and the Aboriginal community of lutruwita/ Tasmania, opportunities to appropriately display local Aboriginal art throughout Hospitals South is explored and costed, for example:
  - a. community garden
  - b. uniforms
  - c. lanyards
  - d. stationery
  - e. cubicle curtains.
15. Appropriate functions to welcome and acknowledge the installation of Aboriginal Art, Australian Aboriginal Flags and plaques are held.

16. Subscriptions to Koori mail encouraged across Hospitals South.

17. Opportunity explored to present information documenting Aboriginal health and culture in video format for use in waiting rooms.

18. Opportunity to develop health messages using local Tasmanian Aboriginal content (local community members and palawakani) explored with AHLOs and Aboriginal organisations involved in the provision of health-related services.

### Inclusion

19. A Hospitals South NAIDOC group is formed yearly to oversee and coordinate appropriate activities that acknowledge and celebrate Tasmanian Aboriginal culture across the organisation.
20. Hospitals South NAIDOC events are promoted across the organisation and the Tasmanian community.

### To be scoped

21. Review Focus Area Two of the endorsed DoH Action Plan and other sources as appropriate for further actions.



# Working Group Three

WG  
3

## Education, Workforce Development and Aboriginal Employment

This working group takes carriage of tasks/ actions that address workforce development needs of staff across Hospitals South, as well as seeking to enhance and support Aboriginal employment opportunities.

### Awareness and communication

22. Cultural awareness is embedded across the Hospitals South workforce, as evidenced by the following:
  - a. Appropriate cultural competence training for staff is implemented.
  - b. Targets for staff to undertake training identified.
  - c. Processes for ensuring skill sets of staff are updated identified and implemented.

### Inclusion and understanding

23. Support strategies to assist the Hospitals South Aboriginal Health Liaison Officer, including the following:
  - a. Identify support needs of the AHLO position.
  - b. Gather data that can add to the understanding of the variety and demand of Hospitals South AHLO roles.
24. A voluntary survey, aimed at understanding the support and development needs of Aboriginal staff across Hospitals South, is designed and promoted.
25. Support Aboriginal staff across Hospitals south in their roles and (where appropriate) to identify their Aboriginality.

### To be scoped

26. Review Focus Area Three of the endorsed DoH Action Plan and other sources as appropriate for further actions.
27. Review consumer mechanisms and gain feedback from Aboriginal people about how to make these more accessible, responsive and culturally safe.

## Consumer Participation and Engagement

This working group takes carriage of tasks/ actions that support and encourage the culturally appropriate engagement of Aboriginal healthcare consumers, families and cultural networks.

### Relationships, awareness and communication

26. Gather feedback on impact of the activities undertaken as a part of the project through culturally appropriate mechanisms, e.g. AHLOs, consumer feedback, existing community consultation mechanisms.
27. Refine current, or development appropriate, Aboriginal consumer feedback tools in collaboration with the AHLO or suitable Tasmanian Aboriginal community consultation process, including the following:
  - a. Scope current Hospitals South consumer complaints process to identify those that; a) engage Aboriginal consumers, and b) facilitate change based on feedback.
  - b. Review Aboriginal consumer feedback tools from intra/interstate health services.

### Inclusion and understanding

28. As services singled out for praise within the DoH Community Consultation Report, liaise with key staff in Paediatric, Neonatal Intensive Care and the Holman clinic, to understand and adopt their culturally appropriate practices across the organisation.

### To be scoped

29. Review Focus Area Four of the endorsed DoH Action Plan and other sources as appropriate for further actions.

# Working Group Five

WG  
5

## Partnerships with Aboriginal Organisations Involved in Provision of Health-related Services

This working group takes carriage of tasks/ actions that build collaborative and respectful relationships between Aboriginal organisations involved in the provision of healthcare and Hospitals South.

### Relationships

30. Scope current, historical, intra and interstate referral processes that currently do, or might in the future, facilitate referrals between Hospitals South and Aboriginal organisations involved in the provision of health-related services to:
  - a. Identify barriers to successful referrals.
  - b. Identify resources required to improve referrals process.
  - c. Define suitable referral pathways.
  - d. Identify key stakeholders to champion this work.

### Inclusion

31. Promote the role of the AHLO to patients, the community and staff within Hospitals South through in-service training and development of physical resources.
32. Promote the role of Aboriginal organisations involve in the provision of health-related services across Hospitals South through; in-service training, development of physical resources, and other mechanisms as identified.

### To be scoped

33. Review Focus Area Five of the endorsed DoH Action Plan and other sources as appropriate for further actions.

## Data, Evaluation and Research

This working group takes carriage of tasks/ actions that gather accurate data to best inform ongoing actions within the framework.

### Understanding and communication

34. Review of hospital service delivery process to identify all stages within patient's health experience where an opportunity to ask respectfully whether they identify as Aboriginal.
35. Review of, and steps to implement identified, for the AIHW National best practice guidelines for collecting Indigenous status in health data sets.
36. Specific education and training developed aimed at engaging specific staff that are required ask the question clarifying cultural identity, including the following:
  - a. Appropriate ways to ask.
  - b. Why is this important?
    - i. To the Aboriginal community of lutruwita/Tasmania.
    - ii. To Hospitals South.
  - c. What does this data tell us?
  - d. How is this data used?
37. Monitoring of data collection to understand if cultural competence training is improving data collection.

### Awareness

38. Gathering relevant and consistent data to benchmark Hospitals South against national Closing the Gap data.
39. Developing timeframes for reviewing progress toward these targets.
40. Developing reporting structures for this review process with key external stakeholders within Aboriginal communities of lutruwita/ Tasmania.

### To be scoped

41. Review Focus Area Six of the endorsed DoH Action Plan and other sources as appropriate for further actions.

# Appendix B

## Project Milestones

Tier One – Establishing the Framework							
Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
1	Relationships and inclusion	Key stakeholder support	Share this project brief with Aboriginal organisations involved in the provision of health-related services, to illustrate the response of Hospitals South to the DoH Action Plan.	DAH and Hospitals South AHLO			Complete project plan draft
2	Awareness and understanding	Framework structure exists	Establishment of a steering committee to guide the broad aims of the project.	Project Manager			Task 1
3			Establishment of reporting requirements and mechanisms for internal steering committee and external stakeholder groups.	DAH and Project Manager			Tasks 1 and 2
4			Establish working groups across the organisation, ensuring they have those representatives required to get the work implemented.	Steering Committee and Project Manager			Tasks 2 and 3
5	Awareness and understanding	Framework exists	Using the DoH Community Consultation Report, assist working groups determine their priorities, which may include expanding or identifying other milestones and tasks.	Project Manager			
6	Communication	Reporting structures exist	Develop processes to review and monitor the successful implementation of the Cultural Competence Framework this work seeks to embed.	Steering Committee and Project Manager			
7			Formal launch of the Cultural Competence framework (with appropriate title and artwork) with Executive endorsement.	Steering Committee			

NOTE:

1. Each milestone task descriptions and scheduled start and completing dates should be expanded upon by relevant working groups.
2. This list of milestones is by no means exhaustive, it is expected working groups will add and expand upon both milestones and tasks.

## Tier Two – Actioning the Work

Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group One: Whole-of-Organisation Approach and Commitment</b>							
<b>8</b>	Awareness	Gap analysis	<p>Gap analysis of culturally appropriate policies and processes within Hospitals South that:</p> <ol style="list-style-type: none"> <li>a. Currently do not exist, e.g., use of Acknowledgement of Country, appropriate purchase and display of Aboriginal art.</li> <li>b. Require updating, e.g., recording of cultural identity on admission.</li> <li>c. Need adapting to current thinking and understanding.</li> <li>d. Necessitate the linking of other policies, or policies to processes, e.g., Staff Development and/or Orientation.</li> <li>e. Develop engagement processes.</li> </ol>				
<b>9</b>		Organisational structures	<p>Policies and protocols for identified gaps are developed including:</p> <ol style="list-style-type: none"> <li>a. Appropriate use of Acknowledgment of Country in processes (i.e., meetings, forums, email, correspondence).</li> <li>b. Purchase and display of Aboriginal art in public spaces.</li> <li>c. Allowing for copyright limitations, appropriate use of the Aboriginal flag on Hospitals South documentation.</li> </ol>				
<b>10</b>	Understanding	Linked to accreditation standards	<p>Map the work of the project to broader NSQHS standards, identifying other areas that may need to be addressed within Hospitals South.</p>				



## Tier Two – Actioning the Work

Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group Two: Communication and Cultural Visibility</b>							
12	Communication	Culturally appropriate communication	Consumer focused health communication used across Hospitals South is identified and steps to present this information in a culturally appropriate manner are mapped.				
13			Policy and processes for ensuring all other health consumer communication, drafted into the future, is culturally appropriate (may be referred to working group one for ongoing development).				
14	Awareness	Aboriginal culture visible throughout RHH	In collaboration with Aboriginal staff and the Aboriginal community of lutruwita/ Tasmania, opportunities to appropriately display local Aboriginal art throughout Hospitals South is explored and costed, for example: <ul style="list-style-type: none"> <li>a. community garden</li> <li>b. uniforms</li> <li>c. lanyards</li> <li>d. stationery</li> <li>e. cubicle curtains.</li> </ul>				
15			Appropriate functions to welcome and acknowledge the installation of Aboriginal Art, Australian Aboriginal Flags and plaques are held.				
16	Inclusion	Aboriginal culture visible throughout RHH	Subscriptions to Koori mail encouraged across Hospitals South.				
17			Opportunity explored to present information documenting Aboriginal health and culture in video format for use in waiting rooms.				
18			Opportunity to develop health messages using local Tasmanian Aboriginal content (local community members and palawa kani) explored with AHLOs and Aboriginal organisations involved in the provision of health-related services.				

## Tier Two – Actioning the Work

Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group Two: Communication and Cultural Visibility (continued)</b>							
19	Inclusion (continued)	Aboriginal culture celebrated throughout RHH	A Hospitals South NAIDOC group is formed yearly to oversee and coordinate appropriate activities that acknowledge and celebrate Tasmanian Aboriginal culture across the organisation.				
20			Hospitals South NAIDOC events are promoted across the organisation and the Tasmanian community.				
<b>Working Group Three: Education, Workforce Development and Aboriginal Employment</b>							
22	Awareness and communication	Cultural competence is embedded within the organisations	<p>Cultural awareness is embedded across the Hospitals South workforce, as evidenced by the following:</p> <ol style="list-style-type: none"> <li>a. Appropriate cultural competence training for staff is implemented.</li> <li>b. Targets for staff to undertake training identified.</li> <li>c. Processes for ensuring skill sets of staff are updated identified and implemented.</li> </ol>				
23	Inclusion and understanding	Workforce support	<p>Support strategies to assist the Hospitals South Aboriginal Health Liaison Officer, including the following:</p> <ol style="list-style-type: none"> <li>a. Identify support needs of the AHLO position.</li> <li>b. Gather data that can add to the understanding of the variety and demand of Hospitals South AHLO roles.</li> </ol>				
24			A voluntary survey, aimed at understanding the support and development needs of Aboriginal staff across Hospitals South, is designed, promoted.				

## Tier Two – Actioning the Work

Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group Four: Consumer Participation and Engagement</b>							
26		Feedback mechanisms	Gather feedback on impact of the activities undertaken as a part of the project through culturally appropriate mechanisms, e.g. AHLOs, consumer feedback, existing community consultation mechanisms.				
27	Relationships, awareness and communication	Culturally appropriate feedback tools	Refine current, or development appropriate, Aboriginal consumer feedback tools in collaboration with the AHLO or suitable Tasmanian Aboriginal community consultation process, including the following: a. Scope current Hospitals South consumer complaints process to identify those that; a) engage Aboriginal consumers, and b) facilitate change based on feedback. b. Review Aboriginal consumer feedback tools from intra/ interstate health services.				
28	Inclusion and understanding	Best practice identified	As services singled out for praise within the DoH Community Consultation Report, liaise with key staff in Paediatric, Neonatal Intensive Care and the Holman clinic, to understand and adopt their culturally appropriate practices across the organisation and develop project champions.				

## Tier Two – Actioning the Work

Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group Five: Partnerships with Aboriginal Organisations Involved in the Provision of Health-related Services</b>							
30	Relationships	Clinical Pathways	<p>Scope current, historical, intra and interstate referral processes that currently do, or might in the future, facilitate referrals between Hospitals South and Aboriginal organisations involved in the provision of health-related services to:</p> <ol style="list-style-type: none"> <li>Identify barriers to successful referrals.</li> <li>Identify resources required to improve referrals process.</li> <li>Define suitable referral pathways.</li> <li>Identify key stakeholders to champion this work</li> </ol>				
31	Inclusion	Developed AHLO role	Promote the role of the AHLO to patients, the community and staff within Hospitals South through in-service training and the development of physical resources.				
32			Promote the role of Aboriginal organisations involvement in the provision of health-related services across Hospitals South through; in-service training, development of physical resources, and other mechanisms as identified.				
<b>Working Group Six: Data, Evaluation and Research</b>							
34	Understanding and communication	Quality data	health-related services across Hospitals South through; in-service training, development				
35			Review of, and steps to implement identified, for the AIHW National best practice guidelines for collecting Indigenous status in health data sets.				

## Tier Two – Actioning the Work

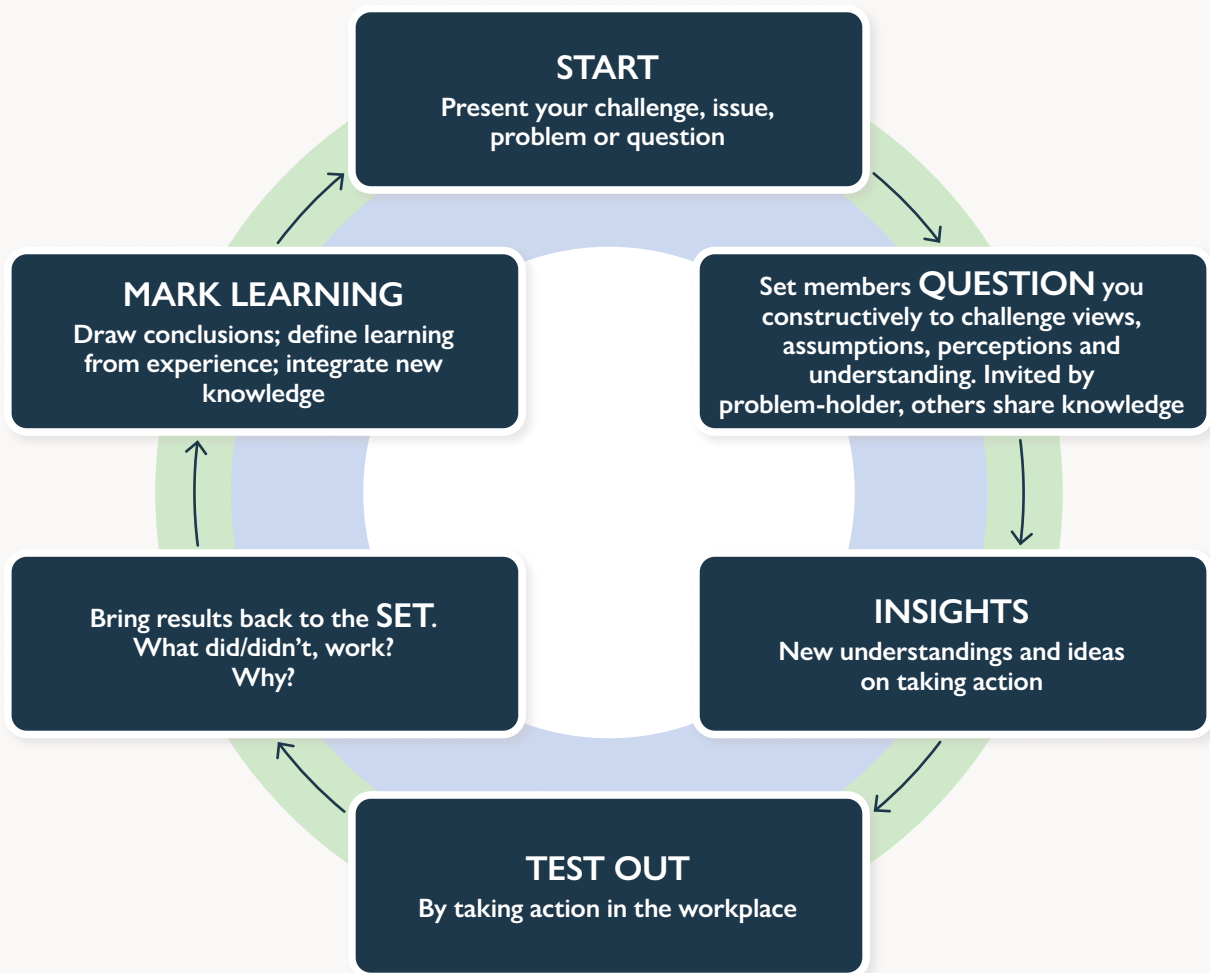
Activity	Objective	Milestones	Description	Who	Start	Finish	Precursor to the work
<b>Working Group Six: Data, Evaluation and Research (continued)</b>							
36	Understanding and communication (continued)	Quality data (continued)	Specific education and training developed aimed at engaging specific staff that are required to ask the question clarifying cultural identity, including the following: a. Appropriate ways to ask. b. Why is this important? i. To the Aboriginal community of lutruwita/ Tasmania. ii. To Hospitals South. c. What does this data tell us? d. How is this data used?				
37			Monitoring of data collection to understand if cultural competence training is improving data collection.				
38	Awareness	Data informs service design	Gathering relevant and consistent data to benchmark Hospitals South against national Closing the Gap data.				
39			Developing timeframes for reviewing progress toward these targets.				
40			Developing reporting structures for this review process with key external stakeholders within the Aboriginal community of lutruwita/ Tasmania.				

# Appendix C

## Capturing the Lessons Learnt

An Action Learning (AL) process is a proposed method applicable to this work. Using the principles of AL to structure and inform the framework brings a process of active listening, questioning, reflection, review and revision of the work toward the project's objective.

Figure 2: Action Learning Process (Edmonstone, 2011)



The design of AL allows the learning process to occur concurrently with the tasks of the framework, allowing it to inform and contribute to the overall project objectives. A broad structure of how this might be operationalised is presented above in Figure 2.



# Appendix D

## Risk Register

	Description of risk	Impact or consequence	Mitigation or minimisation strategy
Relationships	The Aboriginal community of lutruwita/Tasmania are wary of the motivation of RHH, making them reticent to engage in this project.	The Aboriginal community of lutruwita/Tasmania are hesitant and/or unwilling to engage and the RHH is unable to build genuine and authentic relationships.	High level leadership within the RHH demonstrate ongoing commitment to embedding cultural competence within the organisation.
Communication	The Aboriginal community of lutruwita/Tasmania do not consistently and respectfully receive updates and feedback about the progress of this project work.	The Aboriginal community of lutruwita/Tasmania feel the RHH is creating the health system “for them, not with them”.	Regular and transparent reporting to all stakeholders/partners in a manner identified by them, to provide accurate information and a base for genuine and authentic relationships.
Awareness	The project fails to adequately address the systemic issues highlighted in the DoH Community Consultation Report, Consultation Findings.	The Aboriginal community of lutruwita/Tasmanian don't feel that underlying social issues that affect their health are being addressed.	The project recognises these systemic issues and uses them to inform the outputs needed to address the underlying social issues for the Aboriginal community of lutruwita/Tasmania.
Understanding	Annual NAIDOC celebrations are solely dependent on organisation by AHLO, in the absence of a standing NAIDOC committee.	Annual NAIDOC celebrations don't occur, and the Aboriginal community of lutruwita/ Tasmania feel that their important celebrations aren't respected, and therefore their culture isn't respected.	A NAIDOC committee is formed, with suitable representation from key internal and external stakeholders.
Inclusion	The top priorities communicated by the DoH – Community Consultation Report are not recognised as top priorities by RHH.	The expectation that the provision of culturally appropriate health care is not within the control of the Aboriginal communities of lutruwita/Tasmania and they are excluded from their own healthcare decisions is reinforced.	The project objectives and outcomes reflect the top priorities as indicated by the Aboriginal community of lutruwita/Tasmania as documented in the DoH Community Consultation Report.

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