

# SA Health Aboriginal Cultural Learning Framework



Government  
South Austral

SA Health

*The development of the Aboriginal Cultural Learning Framework was a SA Health Closing the Gap initiative led by the Women's & Children's Health Network. The working group steering the development of the framework included Aboriginal staff representatives from the Department for Health and Ageing (DHA), Central Adelaide Local Health Network (CALHN), Country Health SA Local Health Network (CHSALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN) and Women's & Children's Health Network (WCHN) in addition to a representative from the Aboriginal Health Council of South Australia (ACHSA).*

We acknowledge and respect the traditional custodians on whose ancestral land SA Health provides services. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country.

The term 'Aboriginal' is used in this document as an all-encompassing term for Aboriginal and Torres Strait Islander people and culture.

# 1. Introduction

The Aboriginal Cultural Learning Framework has been developed to enable SA Health to provide a consistent approach to the improvement of the cultural competency within its workforce in order to meet the needs of its Aboriginal consumers.

The development of the SA Health Aboriginal Cultural Learning Framework was funded as part of the SA State Government's commitment to Closing the Gap. The Closing the Gap strategy has resulted in some improvements to Aboriginal people's health since it was introduced in 2008 however, a gap still remains.<sup>1</sup> SA Health continues to be committed to closing the gap and delivering sustainable and lasting change to improve Aboriginal people's lives. In order to achieve this, it is imperative that SA Health staff seek to understand and respect Aboriginal people and their culture and develop the skills to become culturally competent in the workplace. This aligns with SA Health's Aboriginal Health Care Plan 2010-2016 and the SA Health Reconciliation Action Plan. In addition, the implementation of the SA Health Aboriginal Cultural Learning Framework will enable health services to meet the accreditations requirements of standard one of the revised Australian Commission on Safety and Quality in Health Care standards<sup>2</sup> in 2017/18. This standard specifies that health service organisations are required to have strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander consumers.

The SA Health Aboriginal Cultural Learning Framework enables the development of training that is tailored to the needs of each workplace, while delivering agreed learning outcomes for different levels of learners. This document outlines:

- > the need for the framework
- > the policy context in which the framework was developed
- > a description of the framework including detailed learning outcomes
- > the principles for effective training and education
- > how training will be delivered
- > monitoring and accountability.

## 2. Why is this important?

There is an undeniable relationship between the continuing impact of colonisation and racism on the current health status of Aboriginal people.<sup>3,4,5,6</sup>

For Aboriginal people the concept of health is all encompassing and relates to the social, emotional, and cultural wellbeing of the whole community. The concept includes the balance between physical, mental, emotional, cultural and spiritual health.<sup>7,8</sup> It is therefore critical to consider Aboriginal health within the context of the social determinants of health.

The World Health Organisation defines the social determinants of health as the conditions in which people are born, grow, live, work and age which are shaped by the distribution of money, power and resources.<sup>9</sup> The social determinants of Aboriginal health include socioeconomic status, employment, poverty, housing, education, racism, trauma, stressful life events and access to community resources.<sup>10</sup> These social determinants contribute directly to ill health and to the unfair and avoidable differences in health status between Aboriginal and non-Aboriginal people. Aboriginal people rate far worse than non-Aboriginal people in education, employment, health, standard of living and incidence of family violence, as well as being grossly over-represented in the child protection and criminal justice systems. The following statistics highlight the continuing inequities for Aboriginal people across a range of the social determinants.<sup>11</sup>

### Life Expectancy

In 2008-2012, the **infant mortality rate** for Aboriginal children **was almost double** that for non-Aboriginal children (6.2 infant deaths per 1,000 live births, compared with 3.7 per 1,000 live births).<sup>11(p65)</sup>

**From birth, Aboriginal Australians have a lower life expectancy than non-Aboriginal Australians:** <sup>11(p63)</sup>

- > Non-Aboriginal girls born in 2010-2012 in Australia can expect to live a decade longer than Aboriginal girls born the same year (84.3 years and 73.7 years respectively).
- > The gap for men is similar, with average life expectancy for Aboriginal men of 69.1 years life compared to 79.9 years for non-Aboriginal men.

**Aboriginal Australians experience much higher death rates than non-Aboriginal Australians across all age groups and for all major causes of death:** <sup>11(p75)</sup>

- > The potentially preventable death rate for Aboriginal children was more than 3 times that of non-Aboriginal children between 2008–2012.
- > Death rates for Aboriginal Australians in some age groups were 5 or more times higher than for non-Aboriginal Australians between 2009-2013 in South Australia, Western Australia and the Northern Territory.

### Health

Life expectancy is a broad indicator of a population's long-term health and wellbeing. There is a strong connection between low life expectancy for Aboriginal Australians and poor health:

- > In 2012-2013, Aboriginal Australians were **four times more likely to be hospitalised for chronic conditions** compared with non-Aboriginal Australians.<sup>11(p141)</sup>
- > In 2012 the **rate of disability** for Aboriginal Australians was **1.7 times** the rate for non-Aboriginal Australians.<sup>11(p51)</sup>
- > In 2012-2013, Aboriginal Australians were **three times more likely to suffer from diabetes** compared with non-Aboriginal Australians, and the **death rate from diabetes** among Aboriginal people was **seven times higher** than for other Australians.<sup>11(p39)</sup>
- > The **maternal death rate** for Aboriginal women was **almost three times** the rate for non-Aboriginal women who gave birth in 2006-2010.<sup>11(p71)</sup>

Other major concerns include mental health, suicide and self-harm:

- > **Aboriginal suicide has increased from 5% of total Australian suicide in 1991, to 50% in 2010**, despite making up only 3% of the total Australian population. The most drastic increase occurred among **young people 10-24 years old**, where Aboriginal youth suicide rose from 10% in 1991 to 80% in 2010. The highest number of deaths by intentional-harm in South Australia in 2010-2014 period occurred in the 35-44 age bracket.<sup>11(p71,75)</sup>
- > **The hospitalisation rate for intentional self-harm for Aboriginal Australians increased by almost 50 per cent** from 2004-05 to 2012-13.<sup>11(p27)</sup>
- > Aboriginal adults were **three times more likely** to experience high/very high levels of psychological distress in 2012-13 compared with non-Aboriginal adults.<sup>11(p148)</sup>
- > In 2010 it was estimated that **up to 40% of Aboriginal youth aged 13–17 will experience some form of mental illness**.<sup>12</sup>

## Education and Employment

The disparity between Aboriginal and non-Aboriginal health in Australia reflects the large gap between Aboriginal and non-Aboriginal education and employment:

- > The proportion of Aboriginal 20–24 year olds who had completed year 12 or equivalent was 59 per cent in 2012-13 compared with 86 - 88 per cent for non-Aboriginal Australians.<sup>11(p89)</sup>
- > In 2013, **44.3 per cent of non-Aboriginal young people achieved an ATAR of 50.00 or above in year 12**, compared with 7.3 per cent of the Aboriginal students.<sup>11(p89)</sup>
- > The unemployment rate for Aboriginal Australians was around five times the rate for non-Aboriginal Australians in 2012.<sup>11(p93)</sup>

## Family and Community Wellbeing

Aboriginal family and community health and wellbeing is a holistic concept, encompassing all aspects of physical, emotional, social, spiritual and cultural health:

- > In 2011 **19.3% of Aboriginal people were living below the poverty line**, compared with 12.4% of other Australians.<sup>11(p96)</sup>
- > **23 per cent of Aboriginal Australians lived in overcrowded households** in 2012-13. In very remote areas the proportion was 53-63 per cent.<sup>11(p79)</sup>
- > **The proportion of Aboriginal households living in houses of an acceptable standard (including structural issues and working facilities) was just 78 per cent** in 2012-13.<sup>11(p81)</sup>
- > The median income for Aboriginal households was just over half that of non-Aboriginal households in 2011-13 (\$465 compared with \$869).<sup>11(p95)</sup>
- > Between 2004-05 and 2012-13, hospitalisation rates for family violence-related assault for Aboriginal Australians were between 25.1 and 32.8 times the rates for other Australians.<sup>11(p26)</sup>
- > The rate of Aboriginal children in care and on protection orders was 49.9 per 1000 children at 30 June 2013, compared with 5.7 per 1000 non-Aboriginal children.<sup>11(p105)</sup>

## Incarceration

There is also a strong and mutually reinforcing connection between social and economic disadvantage and high rates of incarceration. Although Aboriginal people make up only 2.3 percent of the adult Australian population, they accounted for over a quarter (27.4 %) of the adult prison population in 2013.<sup>11(p102)</sup>

- > In 2013, Aboriginal adults were **imprisoned at 13 times** the rate for non-Aboriginal adults.<sup>11(p102)</sup>
- > In 2012-13, the daily average **detention rate** for Aboriginal young people was around **24 times the rate** for non-Aboriginal young people.<sup>11(p100)</sup>
- > In 2008, 48% of Aboriginal males and 21% of females aged 15 years or over had been formally charged by police (over their life time).<sup>11(p102)</sup>

## Discharge Data

Aboriginal people are discharging themselves from hospitals against medical advice at rates ten times higher than non-Aboriginal people, potentially leading to further medical complications and higher death rates. This measure provides indirect evidence about the extent to which health services are meeting the needs of Aboriginal people.<sup>11(p146)</sup> If the health care providers are not working together to provide care in a culturally safe environment, consumers and their families are at higher risk of having negative health consequences, receiving poor quality care, or being dissatisfied with their care.

## Conclusion

It is important to recognise that the health and wellbeing of Aboriginal people has been negatively impacted by inequitable government policies and the consequential ongoing racism and discrimination. Researchers have established a strong relationship between experiences of racism and poor health outcomes, through excessive and chronic stress and reduced access to education, employment, housing and medical care.<sup>6,13</sup>

To make a change to these outcomes, we need to adopt a strength based approach and recognise the critical importance of culture as a health protective factor for Aboriginal people.<sup>4,13</sup> A strengths-based approach is a human rights tactic which shifts the focus away from problems to focus instead on the inherent strengths of individuals, families and communities.<sup>14,15</sup> A strengths based approach is underpinned by respect for culture, forming genuine working partnerships,<sup>16,17</sup> and engagement with families and communities to ensure care is consumer centred.<sup>18</sup>

The social determinants of Aboriginal health include socioeconomic status, employment, poverty, housing, education, racism, trauma, stressful life events and access to community resources.<sup>10</sup> These social determinants contribute directly to ill health and to the unfair and avoidable differences in health status between Aboriginal and non-Aboriginal people. Aboriginal people rate far worse than non-Aboriginal people in education, employment, health, standard of living and incidence of family violence as well as being grossly over-represented in the child protection and criminal justice systems. These inequities cannot be addressed by health alone,<sup>13</sup> however a culturally competent health service will create an environment where the importance of culture is valued and Aboriginal staff and consumers feel safe to engage. Improved access to, and suitability of, services for Aboriginal consumers will in turn contribute to reducing the disparities in health outcomes.



## 3. Policy Context

The unacceptable level of health disadvantage still being experienced by Aboriginal people highlights the fact that there is much to be done to increase life expectancy and quality of life for Aboriginal people. A number of key government initiatives aimed at addressing this disadvantage are summarised below.

In 2006 the National Group on Aboriginal and Torres Strait Islander Health Information Data (NAGATSIHID) and the National Aboriginal and Torres Strait Islander Health Officers Network, as part of the Australian Health Ministers Advisory Council (AHMAC) structure, embarked on a joint project to develop a consolidated set of core measures of cultural competence in health and wellbeing service delivery across jurisdictions. This project yielded a national Framework that is presented in three domains areas:

- > **Organisational** - focuses on securing consideration of Aboriginal and Torres Strait Islander cultural matters in leadership thinking and decision making and recruiting Aboriginal and Torres Strait Islander people into the health professions and leadership roles.
- > **Systemic** - focuses on eliminating systemic or institutional barriers to care and improving the health care system's ability to monitor and improve the quality of care.
- > **Individual, Professional and Clinical** - enhancing health professionals' awareness of cultural issues and health beliefs while providing methods to elicit, negotiate, and manage this information once it is obtained.

The reporting on the measures contained within this framework is reflected within the biannual Aboriginal and Torres Strait Islander Health Performance Framework.

In 2007 the SA Health Aboriginal Cultural Respect framework 2007-2012 was approved with compliance deemed to be mandatory. One of the strategies under Services Reform was to "...ensure staff participated in localised cultural awareness and responsiveness workshops periodically as part of professional development". This aimed to address the Individual, Professional and Clinical domain of the AHMAC framework.

In 2007-08, the Council of Australian Governments (COAG) made a formal commitment to address Indigenous disadvantage in Australia. The Closing the Gap agenda committed all jurisdictions to reduce the inequality between Aboriginal and non-Aboriginal outcomes in particular life expectancy, infant mortality, and health, education and employment outcomes. This was formalised in the COAG National Indigenous Reform Agreement, agreed in November 2008.<sup>13,19</sup>

The Closing the Gap policy has resulted in some improvements, but national statistics indicate that there is still a long way to go!

The SA Health Aboriginal Health Care Plan 2010 – 2016 identified the need to "develop a culturally-responsive health system" as a key priority however a framework detailing the required cultural competencies with supporting resources were not developed to underpin the implementation of this plan. As a consequence, there was not a system-wide approach to the development of cultural competencies across SA Health.

Building on the Closing the Gap initiatives, the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 were developed in partnership with Aboriginal and Torres Strait Islander people to set out the plan for Indigenous health policy.<sup>13</sup>

In 2015, the National Aboriginal and Torres Strait Islander Health Standing Committee, in partnership with the Australian Commission on Safety and Quality in Health Care, commenced a project to develop a set of safety and quality standards specific to Aboriginal and Torres Strait Islander people. The new standards, due for release in 2017, will include six actions that are specific to meeting the needs of Aboriginal and Torres Strait Islanders people. Implementation of these standards has the potential to have significant positive impacts on the health of Aboriginal and Torres Strait Islander people.<sup>2</sup> Implementation of the SA Health Aboriginal Cultural Learning Framework will enable health services to meet one of the key actions under Standard 1: Governance for Safety and Quality. Standard 1 stipulates that the health service organisation has strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander consumers.

Most recently, the Australian Health Ministers' Advisory Council released the Cultural Respect Framework 2016-2023 for Aboriginal and Torres Strait Islander Health.<sup>20</sup> This document is intended to guide the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander people.<sup>20(p1)</sup> The SA Health Aboriginal Cultural Learning Framework aligns with the vision, aims, guiding principles and the six domains of the Cultural Respect Framework 2016-2023. Implementation of the Aboriginal Cultural Learning Framework will enable SA Health to demonstrate its commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people and to meet the targets for cultural competency set by COAG.

# 4. The Aboriginal Cultural Learning Framework

## 4.1 Scope

The SA Health Aboriginal Cultural Learning Framework applies to the Department for Health and Ageing, SA Health Local Health Networks, Health Services and Business Units. It is inclusive of but not limited to, employees, volunteers, students and occupiers of SA Health premises and third parties engaged by SA Health under a contract of service or contract for service (eg contractors, sub-contractors and employees of labour hire companies or agency staff).

All third parties, though not bound by this Framework, must act in a manner that is consistent with the intent.

## 4.2 Objective

The objective of the SA Health Aboriginal Cultural Learning Framework is to ensure that the SA Health workforce understand that they all have a role to play in improving health outcomes for Aboriginal consumers by providing a safe and meaningful environment for Aboriginal people in which cultural differences are acknowledged respected, and supported. In doing so it will address the Individual, Professional and Clinical domains of the AHMAC Cultural Competence Framework.

Where the Department for Health and Ageing, Local Health Networks, Health Services and Business Units have implemented education programs supporting the development of cultural competencies to date, they have done so in support of SA Health policy directives. However the absence of SA Health-wide agreed outcomes has meant it is difficult to report on outcomes or evaluate the impact of these initiatives. There has been variability in how the training has been delivered, who it has been delivered by and which staff have been required to attend.

The objective of this Framework is to ensure that the learning outcomes for any cultural competence training are consistent across SA Health to enable the impact to be measured. Defining the essential learning outcomes enables training to be developed locally to ensure it is customised and meaningful in the context in which it is delivered. The Department for Health and Aging, Local Health Networks, Health Services and Business Units will be required to develop governance structures to enable development and delivery of training, monitoring, reporting and reviewing of the implementation of the Aboriginal Cultural Learning Framework. They will be required to ensure that the concepts from the Framework are embedded in policies, procedures and guidelines. Aboriginal staff and consumers need to play an integral part in the development of any training, and this should be entrenched in the governance for the framework across SA Health.

## 4.3 Elements of the Framework

It is clear from the literature that there is not one commonly accepted definition of 'cultural competence', however many definitions share key themes.<sup>21</sup> Where the term cultural competence is used in this document the intended meaning is "where there is an acceptance and respect for cultural diversity within the organisation and service delivery is reviewed and adjusted to meet the needs of different population groups."<sup>22(p 28)</sup> The topics reflected in the various definitions were examined and the following five themes were identified as essential in any training developed in SA Health to support the implementation of this Framework:

- > Impact of Aboriginal History on Health Outcomes
- > Respect for Aboriginal Culture
- > Health of Aboriginal People
- > Communicating with Aboriginal People
- > Development of Cultural Self Awareness.

Learning outcomes have been developed for each of these themes to ensure that there are clear, consistent outcomes that can be evaluated.



The emphasis on learning in the title of the Framework is intended to clearly signal that this is an ongoing, developmental process rather than a 'tick box' exercise. It recognises the need to acquire new information and perspectives before they can be applied to practice and that this will take time to achieve. This is reflected in the three levels of training, with the expectation that all SA Health staff achieve the learning outcomes defined for levels one and two. Additionally, managers and staff in leadership roles will be required to achieve the learning outcomes defined for level three. Staff in executive roles have an additional responsibility to support a whole of SA Health approach to the governance of the Framework.

#### **Individual level: Knowledge and Awareness (level one)**

Level one aims to **inform** individual learners in order to impart an increased understanding about the impacts of Aboriginal and Australian history on systemic and cultural issues that impact on Aboriginal people's health and wellbeing today. The level one learning outcomes can be met and evaluated by completing a SA Health designed Aboriginal Cultural Learning online course or through face to face training. It is mandated that **all staff** across SA Health will engage in learning at this level.

#### **Work practice level: (level two)**

Level two aims to **engage** individual learners so that they apply their knowledge from level one to their work when interacting with Aboriginal people, paying particular attention to the systemic barriers they face. The level two learning outcomes can be best met and evaluated through face to face training and mentoring/coaching that improves culturally sensitive workplace practice across SA Health. It is mandated that **all staff** across SA Health will engage in learning at this level.

#### **Organisational level: (level three)**

Level three aims to **mobilise** staff at an organisational level to develop systems and processes to support the delivery of care in a culturally sensitive manner, with the ultimate aim of improving the health outcomes for Aboriginal people. The level three learning outcomes build on the learning from levels one and two. They can be best met and evaluated through face to face training, developing partnerships with Aboriginal staff and consumers, developing and evaluating organisational indicators of cultural change and establishing governance that integrates the needs of Aboriginal people in the systems of the organisation. It is mandated that **all staff with a leadership and management responsibility** across SA Health will engage in learning at this level.

The intended outcome of implementation of the Framework is that the SA Health workforce will be better informed about Aboriginal culture and the impact of colonisation on health and wellbeing, be challenged to think outside their own cultural model when working with Aboriginal consumers and apply this knowledge and understanding into their work practice in a way that is effective and respected.



# 5. Principles for an effective learning program

All education delivered at different levels of the Framework will be underpinned by adult learning principles that ensure education is contemporary, based on current evidence and interactive. It is important to recognise that completion of one workshop or course does not inevitably result in participants becoming culturally competent and that themes will need to be revisited and built on as staff move through different levels of the Framework.<sup>21</sup>

## 5.1 Adult Learning Principles

The key characteristics of adult learning<sup>23</sup> which need to be considered in the development of any learning program are described below.

### The need to know

Adults want to know why they need to learn something. They may ask: 'Why do I need to know this?' or 'Why is this important?'. They want their learning experiences to meet their needs, be relevant and help them achieve their goals. Staff need to know that SA Health is committed to improving health outcomes for Aboriginal people and considers the cultural competence of their workforce to be a critical component in achieving that.

### Learner's self-concept

Adult learners want respect and to be seen as capable learners. They should be offered choice and be encouraged to set their own learning goals. Creating different ways for learners to engage, and accommodating different ways of learning while still achieving the same learning outcomes is important.

### Role of the learner's experience

Adult learners are a valuable resource because they bring the richness and diversity of their lives with them. They should be given the opportunity to use their existing knowledge and experience, which they can apply to new learning experiences. It is important to recognise that some learners may have ingrained ideas about Aboriginal people and these will need to be challenged.

### Readiness to learn

Adults are ready to learn when they identify something they want to know or become proficient at, or when they experience something that connects with their life situations. This can be challenging when learners are required to participate in training rather than seeking out the learning opportunity themselves. Linking to their motivation to be working in health may be helpful.

### Orientation to learning

Adult learners want to learn what will help them perform tasks or deal with problems. They are practical and want their learning to apply to their work. The learning outcomes of the Framework are designed to enable the application to practice to be explicit.

### Motivation

It is well known that staff working in health are motivated by a desire for the best outcomes for our consumers. Giving staff a better understanding of the historical impacts of colonisation on the present day health outcomes of Aboriginal consumers, and the consequent inequities in access and quality of services, will motivate staff driven by a desire for the best outcomes.

## 5.2 Evaluation

In order to determine the impact, and to continually improve training, it is essential that training be evaluated. Kirkpatrick's Model<sup>24</sup> is a widely accepted standard for evaluating the effectiveness of training.

The 4 levels of evaluation in Kirkpatrick's model are:

1. **Reaction:** helps understand how well the training was received by the audience. Reaction can be evaluated using feedback questionnaires, focus group sessions with participants.
2. **Learning:** determines how much knowledge has increased as a result of the training. Learning can be evaluated in different ways depending on whether changes to knowledge, skills, or attitude are being considered. Learning can be evaluated through pre and post-evaluation of learning outcomes, workplace observation, reflection and supervisor reports.
3. **Behavior:** evaluates how participants have changed their behavior and applied the information into practice. This can be evaluated through self-assessment questionnaires, workplace observation and reflection, and reports from consumers, peers and supervisors.
4. **Results:** organisational level of evaluation that considers measures that are impacted by the training. For example, improvement in specific health outcome measures, reduction in negative consumer feedback and retention of staff.

The Department for Health and Ageing, SA Health Local Networks, Health Services and Business Units are required to complete and report on level one and two evaluation for all training, and to determine how changes in behavior (level three) will be evaluated and reported in a meaningful way. Evaluation of results will be conducted across SA Health using agreed metrics (for further detail see section 7. Monitoring and Accountability).



## 6. How training will be delivered

How the training will be delivered will vary depending on a number of factors, including, but not limited to, the geographical location/distribution of staff, numbers of staff to be trained, availability of suitable staff to develop and deliver in-house training, and resources to outsource training.

The learning outcomes that focus on the acquisition of knowledge may be achieved via online learning, while other learning outcomes that require application to practice will need a different approach. This could include formal face to face training, communities of practice, action learning sets, mentoring and coaching, or a combination of methods.

The key is that staff are able to record how they have met the learning outcomes, regardless of the training method utilised and that the workplace is able to collect completion data in order to monitor implementation of the Framework.

Some parts of SA Health may already have established training in place that can be mapped to the learning outcomes in the Framework. Consideration should be given to presentation of training being provided by both an Aboriginal and a non-Aboriginal presenter in partnership. Training may be delivered by staff in education roles, Aboriginal specific staff roles or any other roles deemed relevant by the workplace. Staff presenting training should have relevant experience and expertise in facilitating learning.

The Department for Health and Ageing, SA Health Local Health Networks, Health Services and Business Units will be responsible for the implementation of the Framework and the development, delivery and evaluation of the training required to achieve the learning outcomes outlined. In doing so, training can be customised for the needs of their workplace. Irrespective of how training is delivered, there is a requirement to demonstrate that staff has met the relevant learning outcomes outlined in the matrix in Appendix 1.



# 7. Monitoring and accountability

SA Health will ensure that governance structures are in place for regular monitoring, reporting and reviewing of the implementation of the Framework.

Direct measures include the number of staff completing level one, two and three training. Recognising that it will take time to achieve the levels of training required, the Department for Health and Aging, SA Health Local Health Networks, Health Services, Business Units will develop implementation action plans and report regularly on progress against the plan. This could include reporting against the Reconciliation Action Plan and including compliance as part of the annual Performance Development and Review.

Indirect measures of the successful implementation of the framework may be made by evaluating trends in Aboriginal specific indicators against measures of the number of staff completing training. The Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF) is an existing reporting mechanism that could be used to measure change.

**Existing indicators from ATSIHPF relevant to this Framework include:**

- > 3.08 cultural competency
- > 3.09 discharge against medical advice
- > 3.12 Aboriginal and Torres Strait Islander people in the health workforce
- > 3.22 recruitment and retention of Aboriginal staff.

The Department for Health and Ageing, SA Health Local Health Networks, Health Services and Business Units are encouraged to set and measure Aboriginal specific performance indicators and targets that are meaningful to monitor local activities, processes and risks.

These measures will also provide evidence for accreditation by the Australian Commission on Safety and Quality in Health Care when the National Safety and Quality Health Service (NSQHS) Standards (version 2) are implemented in 2017/18.

## 7.1 Accountability for the SA Health Aboriginal Cultural Learning Framework

The Chief Executive, SA Health is the sponsor for the Aboriginal Cultural Learning Framework and will work in collaboration with leadership teams across the Department for Health and Ageing and the SA Health Local Health Networks, Health Services and Business Units to implement, evaluate, monitor and update the Framework.

## 7.2 Roles and responsibilities

**The Chief Executive/Deputy Chief Executive of SA Health will take reasonably practicable steps to:**

- > exercise due diligence to ensure compliance with the intent of the Framework
- > establish awareness of, and accountability for, the implementation of the Framework
- > participate in Aboriginal Cultural Learning programs and initiatives.

**The Director, Corporate Services will take reasonably practicable steps to:**

- > exercise due diligence to ensure compliance with the intent of the Aboriginal Cultural Learning Framework
- > establish awareness of, and accountability for, the implementation of the Framework
- > lead implementation of the Framework and its evaluation
- > lead the governance, including reporting mechanisms for the implementation of the Framework
- > include principles from the Framework in the development of any SA Health workforce strategic planning
- > oversee the monitoring and review of the Framework
- > participate in Aboriginal Cultural Learning programs and initiatives.

The Chief Executive Officers/Chief Operating Officers/Executive Directors (LHN/HS/BU) will take reasonably practicable steps to:

- > exercise due diligence to ensure compliance with the intent of the Aboriginal Cultural Learning Framework
- > establish awareness of and accountability for the implementation of the Aboriginal Cultural Learning Framework
- > ensure that the Aboriginal Cultural Learning Framework is implemented in their area of responsibility
- > develop local governance structure to ensure accountability for the implementation of the framework
- > ensure that appropriate education and support is provided to those with supervisory responsibilities to ensure effective uptake and implementation of the framework
- > participate in Aboriginal Cultural Learning programs and initiatives.

The Directors, Managers, Supervisors will take reasonably practicable steps to:

- > exercise due diligence to ensure compliance with the intent of the Aboriginal Cultural Learning Framework
- > establish awareness of and accountability for the implementation of the Aboriginal Cultural Learning Framework
- > ensure that the Aboriginal Cultural Learning Framework is implemented in their area of responsibility
- > ensure that staff are able to participate in training which supports the implementation of the framework.
- > set and measure Aboriginal specific performance indicators and targets that are meaningful to monitor local activities, processes and risks
- > participate in Aboriginal Cultural Learning programs and initiatives.

All SA Health workers will:

- > participate in Aboriginal Cultural Learning programs and initiatives in their organisation
- > apply the learnings to their practice and interactions with Aboriginal consumers and colleagues.



# 8. Appendix

## 8.1 A guide to using the Aboriginal Cultural Learning Framework

Implementation of the Aboriginal Cultural Learning Framework will improve the cultural competence of the SA Health workforce through a better understanding of the impact of colonisation on Aboriginal health outcomes, increasing recognition and respect for Aboriginal culture, improved communication with Aboriginal people and development of cultural self-awareness. This underpins improved recruitment and retention of Aboriginal staff in SA Health and an improved ability to meet the needs of our Aboriginal consumers.

A series of learning outcomes have been specified in this guide to ensure that staff across SA Health have an understanding of expected outcomes of any learning opportunities created to support the Aboriginal Cultural Learning Framework. The learning outcomes provide a roadmap for the development of learning materials and for the evaluation of staff at each level of the framework.

There is not a defined way to achieve these learning outcome, recognising that different areas of SA Health will need a different approach to the learning for their staff depending on many factors including, but not limited to, the number of staff being trained, Aboriginal consumers of the service, access to learning resources, location, previous training, role of staff undertaking the training (eg clinical versus non clinical) etc. The intent is to have consistent learning outcomes across SA Health achieved through unique learning activities designed to address the learning needs of the staff in their workplace.

The facilitation and evaluation of education activities may need to be outsourced, however all education service providers will need to demonstrate how the training they deliver is aligned with the learning outcomes for the Aboriginal Cultural Learning Framework, and how they will evaluate that these learning outcomes have been achieved.

### Levels of Learning

The learning outcomes are organised in three levels of learning:

> **Individual level: Knowledge and Awareness (level one)**

Level one aims to **inform** individual learners in order to have an increased understanding about the impacts of Aboriginal and Australian history on systemic and cultural issues that impact on Aboriginal people's health and wellbeing today. It is important that learning includes an introduction to racism and white privilege. The level 1 learning outcomes can be met and evaluated by completing an SA Health designed Aboriginal Cultural Learning online course or through face to face training. It is mandated that **all staff** across SA Health will engage in learning at this level.

> **Work Practice or System level (level two)**

Level two aims to **engage** individual learners so that they apply their knowledge from level 1 to their work when interacting with Aboriginal people, paying particular attention to the systemic barriers they face. The level 2 learning outcomes can be best met and evaluated through face to face training and mentoring/coaching that improves culturally sensitive workplace practice across SA Health. It is mandated that **all staff** across SA Health will engage in learning at this level.

> **Organisational level (level three)**

Level three aims to **mobilise** staff at an organisational level to develop systems and processes to support the delivery of care in a culturally sensitive manner, with the ultimate aim of improving the health outcomes for Aboriginal people. The level 3 learning outcomes build on the learning from levels 1 and 2. They can be best met and evaluated through face to face training, developing partnerships with Aboriginal staff and consumers, developing and evaluating organisational indicators of cultural change, and establishing governance that integrates the needs of Aboriginal people in the systems of the organisation. It is mandated that **all staff with a leadership and management responsibility** across SA Health will engage in learning at this level.

## Themes

The following topics outline essential knowledge, skills and values that non-Aboriginal staff in SA Health require in order to demonstrate cultural sensitivity in their work practice when interacting with Aboriginal people. They form the core of any learning developed and delivered to meet the requirements of the Aboriginal Cultural Learning Framework. The topics are:

### > Impact of History on Aboriginal Health Outcomes

All people have a history that shapes their culture, family, economic outcomes and identity. Aboriginal people have a right to acknowledge and share their history and its importance and significance to their present day circumstances.

### > Respect for Aboriginal Culture

Recognition and respect for Aboriginal people's ways of knowing, being and doing in the context of history, culture and diversity which can then be affirmed and protected through ongoing learning by non-Aboriginal staff in their interactions with Aboriginal people.

### > Health of Aboriginal People

When compared with non-Aboriginal people Aboriginal people have significant gaps in their health outcomes which have been directly impacted by past government policies. These are related to past and present political, social, economic policies and practices. For Aboriginal people the concept of health includes connection to country, cultural beliefs and family.

### > Communicating with Aboriginal People

Non-Aboriginal staff can improve services by learning how to communicate respectfully and effectively and to work in partnership with Aboriginal people.

### > Development of Cultural Self Awareness

Cultural self-awareness is the foundation of communication and it involves the ability of becoming aware of personal cultural values, beliefs and perceptions and what has influenced these views. Cultural awareness is central to creating positive interactions with Aboriginal people.





# Learning Outcomes

## Theme: IMPACT OF HISTORY ON ABORIGINAL HEALTH OUTCOMES

<p>LEVEL <b>1</b> INDIVIDUAL LEARNING</p>	<p>On completion of level one learning you will be able to:</p>	<ul style="list-style-type: none"><li>&gt; Describe Aboriginal culture and health pre-colonisation to present.</li><li>&gt; Identify the impact that colonisation has had on Aboriginal peoples' health and way of life.</li><li>&gt; Identify the key events since colonisation that have negatively impacted the contemporary health of Aboriginal people.</li><li>&gt; Define White Privilege.</li><li>&gt; Identify the role White Privilege has played in the history of contact and colonisation.</li><li>&gt; Recognise the impact of racism on Aboriginal people's health.</li></ul>
<p>LEVEL <b>2</b> WORK PRACTICE</p>	<p>On completion of level two learning you will be able to:</p>	<ul style="list-style-type: none"><li>&gt; Demonstrate an understanding of, and sensitivity to, history and racism and how they impact on contemporary Aboriginal cultures and health outcomes.</li><li>&gt; Analyse the impact of historical events, in particular those in which your service was directly involved, on Aboriginal consumers' trust in your health service and the implications for engagement with your service.</li><li>&gt; Acknowledge the influence of personal and social perspectives and experience on your understanding of Aboriginal history.</li><li>&gt; Practice empathy towards Aboriginal people based on a meaningful understanding of their past history and experience with health services.</li><li>&gt; Examine the impact of historical events on the Aboriginal social determinants health.</li></ul>
<p>LEVEL <b>3</b> ORGANISATIONAL LEARNING</p>	<p>On completion of level three learning you will be able to:</p>	<ul style="list-style-type: none"><li>&gt; Support representation of Aboriginal history in the physical environment of the service through images, artwork, spaces etc .</li><li>&gt; Formulate policies and procedures in a way that recognises the impact of history on Aboriginal health.</li><li>&gt; Acknowledge the organisation's role in past social practices in relation to Aboriginal people (eg stolen generation).</li><li>&gt; Formulate strategies to develop and maintain the trust of Aboriginal consumers in your service.</li></ul>

## Theme: RESPECT FOR ABORIGINAL CULTURE

<p>LEVEL <b>1</b> INDIVIDUAL LEARNING</p>	<p>On completion of level one learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Describe the diversity of Aboriginal cultures and languages.</li> <li>&gt; Describe positive behaviours that demonstrate respect to Aboriginal people in a health setting.</li> <li>&gt; Identify key cultural beliefs and practices that are important to Aboriginal people in your health service (eg birthing practices, death of family member etc).</li> <li>&gt; Describe the difference between individual and institutionalised racism.</li> <li>&gt; Describe the difference between equity and equality in access to services.</li> <li>&gt; Discuss the need for ensuring equity in services delivered to Aboriginal consumers.</li> <li>&gt; Recognise the importance of Aboriginal cultural protocols in the health of Aboriginal consumers.</li> <li>&gt; Understand the reason for Acknowledgment of Country.</li> </ul>
<p>LEVEL <b>2</b> WORK PRACTICE</p>	<p>On completion of level two learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Demonstrate culturally sensitive behaviours and empathy when interacting with Aboriginal people.</li> <li>&gt; Analyse the differences between empathy and sympathy.</li> <li>&gt; Utilise empathy to understand how Aboriginal people would like to be treated when accessing your health service.</li> <li>&gt; Challenge and respond to racist behaviour.</li> <li>&gt; Challenge and respond to racial stereotypes.</li> <li>&gt; Reflect on your practice to ensure that Aboriginal consumers have equity in access and the provision of services.</li> <li>&gt; Recognise the importance of having Aboriginal staff as a key part of your service.</li> <li>&gt; Identify the steps you need to take to create a culturally safe environment.</li> <li>&gt; Observe local Aboriginal protocols when engaging Aboriginal Elders.</li> <li>&gt; Understand the Acknowledgment of Country and use it meaningfully.</li> </ul>
<p>LEVEL <b>3</b> ORGANISATIONAL LEARNING</p>	<p>On completion of level three learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Rectify institutionalised racism whenever it is identified in the organisation's policies, procedures and practice standards/guidelines.</li> <li>&gt; Utilise strategies for delivering health care that acknowledge Aboriginal cultural protocols and beliefs and build trust and relationships with Aboriginal individuals, families and communities.</li> <li>&gt; Formulate strategies to incorporate knowledge of Aboriginal cultures and concepts of health and wellbeing into the delivery of services.</li> <li>&gt; Develop strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity.</li> <li>&gt; Generate consultation, collaboration and partnership with Aboriginal consumers, community groups and stakeholders.</li> <li>&gt; Value representation of Aboriginal people at all levels of governance within the organisation.</li> <li>&gt; Design strategies that enable continued learning and development of cultural capabilities in your workplace.</li> <li>&gt; Develop workforce strategies to increase the recruitment and retention of Aboriginal staff in your service.</li> <li>&gt; Understand the Welcome to Country and when it is appropriate and meaningful to arrange for this to occur.</li> </ul>

Theme: HEALTH OF ABORIGINAL PEOPLE

<p>LEVEL <b>1</b> INDIVIDUAL LEARNING</p>	<p>On completion of level one learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Describe the inequality in health outcomes for Aboriginal compared to non-Aboriginal Australians.</li> <li>&gt; Describe the causes of inequality in health outcomes for Aboriginal people.</li> <li>&gt; Identify the barriers that Aboriginal people face in accessing local health services.</li> <li>&gt; Identify the social determinants of Aboriginal health.</li> </ul>
<p>LEVEL <b>2</b> WORK PRACTICE</p>	<p>On completion of level two learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Examine Aboriginal peoples' key concepts of health and wellbeing and the influence of culture, family and connection to country in health practice.</li> <li>&gt; Recognise the barriers to access to your service for Aboriginal consumers.</li> <li>&gt; Recognise the impact of White privilege on access to services.</li> <li>&gt; Appreciate the role local Elders play in the health and wellbeing of their communities.</li> <li>&gt; Demonstrate how you operationalise organisational policies and procedures to meet the needs of Aboriginal consumers in your service.</li> <li>&gt; Consider cultural lore and the impacts it may have on your delivery of health services for Aboriginal people.</li> <li>&gt; Understand the services available within your organisation and the pathways to community services for Aboriginal consumers.</li> </ul>
<p>LEVEL <b>3</b> ORGANISATIONAL LEARNING</p>	<p>On completion of level three learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Determine relevant performance indicators for your work area that can be used to measure improvements in outcomes for Aboriginal consumers.</li> <li>&gt; Support the inclusion of Aboriginal specific indicators in staff performance plans.</li> <li>&gt; Prioritise improved Aboriginal health outcomes in any service planning.</li> <li>&gt; Identify priorities for Aboriginal health in policies and strategies.</li> <li>&gt; Demonstrate consultation, collaboration and partnership with Aboriginal consumers, community groups and stakeholders in the development of services for Aboriginal people.</li> <li>&gt; Contribute to a Reconciliation Action Plan for your workplace.</li> </ul>

Theme: COMMUNICATING WITH ABORIGINAL PEOPLE

<p>LEVEL <b>1</b> INDIVIDUAL LEARNING</p>	<p>On completion of level one learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Formulate basic strategies for empathising and communicating with Aboriginal people.</li> <li>&gt; Identify the key elements of culturally safe communication when interacting with Aboriginal people.</li> <li>&gt; Describe the characteristics of communication which builds trust.</li> <li>&gt; Describe the link between effective verbal and non-verbal communication and health outcomes for Aboriginal consumers.</li> </ul>
<p>LEVEL <b>2</b> WORK PRACTICE</p>	<p>On completion of level two learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Compare and contrast your own verbal and non-verbal communication style with that of Aboriginal staff and/or consumers you have worked with.</li> <li>&gt; Identify the similarities and differences and consider what you would need to change to make your communication more effective.</li> <li>&gt; Examine how you will take a strengths-based approach to working with Aboriginal consumers.</li> <li>&gt; Employ appropriate communication techniques including listening and using an appreciation of non-verbal communication / body language.</li> <li>&gt; Recognise when communication is unsuccessful and the use of another strategy is required.</li> <li>&gt; Identify when you require additional assistance to ensure respectful communication with Aboriginal consumers (eg requiring an interpreter).</li> <li>&gt; Explain the strengths-based approach to working with Aboriginal consumers and how this would change your communication.</li> </ul>
<p>LEVEL <b>3</b> ORGANISATIONAL LEARNING</p>	<p>On completion of level three learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Create oral, written, and visual communication that engages Aboriginal people.</li> <li>&gt; Apply the principles of health literacy to written communication developed for Aboriginal consumers.</li> <li>&gt; Develop effective policy and strategic responses to improve culturally appropriate communication.</li> <li>&gt; Formulate strategies for incorporating strengths-based communication approaches with Aboriginal people into policies, procedures and guidelines in the workplace.</li> <li>&gt; Recognise the cultural and linguistic diversity of Aboriginal people in the policies, procedures and guidelines of your organisation.</li> </ul>

## Theme: DEVELOPMENT OF CULTURAL SELF AWARENESS

<p>LEVEL <b>1</b> INDIVIDUAL LEARNING</p>	<p>On completion of level one learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Explain Cultural Self Awareness.</li> <li>&gt; Identify your own cultural values and practices.</li> <li>&gt; Identify examples of White Privilege.</li> <li>&gt; Identify how to access resources to learn more about Aboriginal cultures.</li> </ul>
<p>LEVEL <b>2</b> WORK PRACTICE</p>	<p>On completion of level two learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Evaluate how your own cultural values and practices impact on how you work with Aboriginal staff and consumers.</li> <li>&gt; Identify features of diversity within and between Aboriginal cultural groups.</li> <li>&gt; Analyse how White Privilege impacts on Aboriginal people's experience of health care services.</li> <li>&gt; Identify common generalisations and stereotypes about Aboriginal people and reflect on how these influence your interactions with Aboriginal people.</li> <li>&gt; Utilise empathy to understand how Aboriginal people would like to be treated when accessing your health service.</li> </ul>
<p>LEVEL <b>3</b> ORGANISATIONAL LEARNING</p>	<p>On completion of level three learning you will be able to:</p>	<ul style="list-style-type: none"> <li>&gt; Tackle racism and discrimination in your workplace.</li> <li>&gt; Build your understanding of how Aboriginal staff and consumers want to be treated into systems and processes within the workplace.</li> <li>&gt; Rectify systems, policies and/or procedures in your workplace which discriminate against Aboriginal consumers.</li> <li>&gt; Formulate a plan to enhance your service for Aboriginal consumers.</li> <li>&gt; Evaluate the processes in place in your workplace to support the recruitment and retention of Aboriginal staff.</li> </ul>

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