



# Building Cultural Competency and Safety

Findings from Aboriginal and Torres Strait Islander Cultural Competency and Safety Consultations May to July 2022  
Midwest, Perth, South West and Goldfields

## Why did we ask you?

Aboriginal people remain at a disadvantage in accessing primary health care services and experience significantly disparate health outcomes compared to other Australians. Findings from community consultations on what makes a service culturally safe will inform the development of a Cultural Competency and Capability Framework for WA Primary Health Alliance (WAPHA). The framework aims to improve the cultural competency of services to ensure Aboriginal people access services and receive culturally safe primary health care, resulting in enhanced patient experience, engagement, and health and wellbeing outcomes.

## Introduction



Aboriginal and Torres Strait Islander people are 3.3% of Western Australia's population. Despite the National Closing the Gap Commitments, the 2019 National Aboriginal and Torres Strait Islander Health Survey showed an increase in the percentage of Aboriginal and Torres Strait Islander people with chronic conditions; who were overweight; and no improvement in the percentage of people with psychological distress (ABS 2021 Census). The 2020 key findings of the Aboriginal and Torres Strait Islander Health Survey also showed that cancer rates, out of home care and imprisonment has worsened with 3 in 10 Aboriginal and Torres Strait Islander people not accessing a health service when they needed.

## How did we consult?

*"We have a right to culturally safe health care."*

Kambarang Services (Aboriginal owned) was engaged to consult with community members, commissioned service providers, peak groups and WAPHA staff members. Kambarang Services facilitated four participatory group consultations in the Midwest, Perth, South West and Goldfields regions of Western Australia with key information shared by over 120 and Aboriginal community members. All other sessions were conducted on line. Other reference documents and consultations conducted previously by other agencies were also used to identify key themes and barriers.

## What did we ask?

Everyone was asked what a safe service looks and feels like, what are the barriers, what makes a service culturally safe and how can WAPHA support services to become more culturally competent and safe for all Aboriginal people.



## Community Results

*“We need to feel safe in our community and know we can find help, including health services close by if we need them.”*

What communities said was important for services to make them feel culturally safe.

### Barriers

- Poor cultural awareness
- Lack of respect/ignorance
- Racism and discrimination
- No Aboriginal staff
- Low practitioner continuity/revolving door
- Service not family friendly
- Lack of care for Elders
- Significant travel to service
- General poor-quality service with no follow-up
- Use of overly complex language

### Key Elements



### Actions

- Cultural training by a local provider
- Aboriginal employment
- Welcoming and Aboriginal friendly environment
- Respectful communication/ language
- Holistic service delivery
- Engaging with Elders
- Sensitivity to male/female matters
- Close to public transport
- Confidentiality

Summary of the key findings from WAPHA staff, commissioned service providers, selected peak agencies in Western Australia.

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### Commissioned Service Provider Representatives

- Agreed with community perceptions and feedback on safe services.
- Want to do more to improve competency and provide culturally safe service.
- Want more support for training, agreed standards and organisation self assessments/audits.
- Ongoing measurable actions to demonstrate accountability.
- Sharing learnings and best practice, seeking WAPHA's guidance and advice.
- Longer contracts and secure funding to build partnerships and relationships.

#### Barriers

- Funding allocations within contracts limit funds for inclusiveness training. Need flexibility in contracts or specific capacity building allocations.
- Capacity to find consultants, trainers and release staff from service provision
- Workforce shortages and turnovers.
- Capacity to build long lasting relationships.
- ACCHSs felt overwhelmed with requests for partnerships.

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### WAPHA Staff Respondents

- Acknowledged leadership team commitment and importance of cultural competency.
- Felt WAPHA makes an effort to ensure there is no discrimination in workplace.
- Willingness to engage, proactive and positive approach.
- Has an Innovate RAP and actions.
- Acknowledges and prioritises those most disadvantaged.

#### What we could do better

- Regular ongoing training cultural awareness, place-based immersion, unconscious bias training.
- Support for existing staff and an increase the diversity of the WAPHA workforce to present the priority community groups.
- More community consultation, input to program planning and design, culturally safe and appropriate feedback mechanisms.
- Showcase experiences of staff and community including best practice.

4+1

### Peak Agencies and Reference Group

- Community governance representation in service providers – accountability, transparency, listen, learn.
- Cultural competency needs whole of organisation response – authentic leadership, organisation audits, time out on country.
- Seek and understand community needs, expectations and experiences – build authentic relationships and partner in planning, reflect community's holistic view of health.
- Importance of place and place-based responses, lived experience feedback and peer support including cultural training.
- Spectrum of learning based on cultural continuum from awareness to competence – ongoing and incremental.
- Increase in Aboriginal and Torres Islander workforce and support crucial to feel safe and valued, cultural consideration in employment policies e.g. cultural leave.

#### What can WAPHA do?

- Develop culturally safe feedback mechanisms on services.
- Ensure self determination embedded in WAPHA framework and practice.
- Review funding models to resource building competency, including funding more ACCHSs service providers.
- Support QI activities – continuous improvement, highlight best practice, share information.
- Pool/panel of available Aboriginal trainers and training, contract more Aboriginal businesses to deliver Aboriginal programs.
- Provide motivation through innovation.
- Reporting and measurement aligned with other compliance, accreditation and standards.

## Next Steps

## Deliverables



WAPHA is finalising:

- Draft cultural competency and capability framework and actions
- Commissioning guidelines for providing a culturally safe service.
- List of resources to support the cultural competency journey.

These will be reviewed by the Aboriginal and Torres Strait Islander Reference Group and commissioned service providers then endorsed by WAPHA's governance structure.

## Principles Informed by the Consultation



- Strategic Alignment
- Understanding Country and Culture
- Community Guided
- Respectful Communication
- Strong Relationships
- Learning Mindset

## Timeline and 3-year Implementation



All documents will be published by June 2023.

\* Further consultation may occur during implementation period for Year 3 actions.

## Conclusions

Barriers prevent Aboriginal people from accessing primary health care services. Improving cultural competency of services can be achieved through listening to and taking action on what makes Aboriginal people feel culturally safe when accessing primary health care.

Services that commit to transparency, accountability, cultural training, Aboriginal workforce development, holistic person centred care, and community engagement can create welcoming environments for Aboriginal people, increasing access and in partnership, work towards meeting their cultural and health care needs.