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| Aboriginal cultural safety fixed grant requirements |
| Cultural safety planning and reporting |
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| **Aboriginal cultural safety fixed grant requirements** Cultural safety planning and reporting |
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Acknowledgement

The Victorian Department of Health proudly acknowledges Victoria’s Aboriginal communities and their rich ongoing culture. We pay respect to Elders past and present and acknowledge Aboriginal people as Australia’s first peoples and Traditional Owners and custodians of the land and waters on which we live and work.

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| We recognise, respect and value the ongoing contribution of Aboriginal people and communities to Victorian life and the ways this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards cultural safety, equality of outcomes and an equitable voice. |

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Purpose of this document

These guidelines outline the funding requirements for health services in receipt of the Aboriginal cultural safety fixed grant and provide guidance to all health services to achieve the Aboriginal cultural safety requirements of the Statement of Priorities (SOP).

The guidelines provide:

* Planning and reporting templates required for submission to the Department of Health
* Cultural safety guidance notes, supporting tools and resources to assist all health services in developing their cultural safety responses and inform responses to the Statement of Priorities, Part A.

# Aboriginal cultural safety and health outcomes

Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience (Department of Health and Human Services Aboriginal and Torres Strait Islander Cultural Safety Framework, 2019).

Culturally unsafe practice comprises any action which diminishes, demeans, or disempowers the cultural identity and wellbeing of an individual.

Conversely, cultural safety is where there is a positive recognition of Aboriginal culture enables individuals and communities to feel respected and safe.

Discrimination and racism are significant health risk factors and impact upon an individual's health and wellbeing. Studies show that discrimination, racism, and unconscious bias have been experienced by Aboriginal Australians with rates varying between 15% to 97%. Healthcare settings have been identified by Aboriginal Victorians as a common place where racism has been experienced.

Lack of cultural safe health services, concerns about racism and other fears are significant barriers to accessing essential preventative and health care services.

For Aboriginal people, the concept of health encompasses the physical, social, emotional, and cultural

wellbeing of individuals, families, wider kinship groups, and entire Communities. In practice, this holistic understanding of physical, social, emotional, and cultural wellbeing requires a health system that is responsive to the needs of Aboriginal people within each of these elements.

The Aboriginal Health and Wellbeing Partnership Forum Agreement (2022 – 2032) and Action Plan (2023 – 2025) is a commitment from the Aboriginal Health and Wellbeing Partnership Forum Members (The department, ACCHO sector and mainstream Health sector) to work together in reforming the healthcare system.

The Aboriginal Health and Wellbeing Partnership Agreement establishes a new policy direction, founded on self-determination and partnership between the health sector and government. This Agreement will

enhance the delivery of the existing policies, strategies and frameworks within the national and state

context. The Agreement is now the coordinating mechanism for policy across Victorian Aboriginal healthcare reforms, connecting strategies and policies both in Victoria and nationally.[[1]](#footnote-2)

# Background

Aboriginal patients are over-represented in the healthcare system and face significant disparities in health outcomes. The provision of culturally safe care is an important requisite for improved health and wellbeing outcomes.

Experiences of institutional and interpersonal racism and unconscious bias can impact access and experience of healthcare by Aboriginal patients and their families. Recent data suggests that of those Aboriginal Victorians who have experienced racism in the preceding 12 months, 40 per cent reported this being experienced within the health system ([The Health and Wellbeing of Aboriginal Victorians: findings form the Victorian Population Health Survey 2017).](https://vahi.vic.gov.au/report/population-health/health-and-wellbeing-aboriginal-victorians-findings-victorian-population-health-survey-2017) <https://vahi.vic.gov.au/reports/population-health/health-and-wellbeing-aboriginal-victorians-findings-victorian-population-health-survey-2017>

Following review of the original (2004) 30 per cent Weighted Inlier Equivalent Separations (WIES) loading for Aboriginal and Torres Strait Islander patients (which included patient care, AHLO support, patient identification strategies and ICAP initiatives), the 30 per cent Aboriginal WIES loading was divided into two discrete funding streams for hospitals In July 2020. One stream covering the clinical costs of care (4% Aboriginal WIES loading) and the other directly funding an Aboriginal cultural safety fixed grant.

In July 2021, the department transitioned to the National Funding Model with health services funding moving to National Weighted Activity Unit (NWAU). The Aboriginal loading of 4 per cent using NWAU continued until end of 2023/2024 FY, where it was reduced to 3% for the 2024-2025 FY onwards.[[2]](#footnote-3)

The separate Aboriginal cultural safety fixed grant introduced in 2020-21 continues to be provided. This Aboriginal cultural safety funding is targeted towards system changes to health services to strengthen cultural safety, improve health outcomes for Aboriginal people attending Victorian public hospitals and increase transparency of funding.

# Aboriginal self-determination

The Victorian government has a commitment to Aboriginal self-determination as articulated in the *Victorian Aboriginal Affairs Framework 2018 – 2023* and the *Aboriginal Self Determination Reform Framework*. Aboriginal self-determination underpins all approaches to cultural safety within health services. This means including Aboriginal voice and priorities within the annual health service cultural safety plans and reporting.

Self-determination describes the ability for Aboriginal people to freely use their knowledge and expertise to decide what is best for themselves, their family and their community.

Practically, Aboriginal self-determination looks like this:

* Governance structures involve Aboriginal people leading and making decisions about strategic matters and resource allocation that affect their communities.
* Aboriginal people are involved, respected, and valued.
* Aboriginal people have an equal voice in negotiating organisational values.
* Aboriginal people have a choice of culturally responsive service provision.
* Local Aboriginal communities and the organisation negotiate strategic approaches, goals, and outcomes.
* Policies and procedures are reviewed and refreshed based on feedback from Aboriginal staff, clients, and community.
* Joint leadership and governance structures are in place for joint decision making between local Aboriginal communities and the organisation.

Aboriginal health funding

The changes to Aboriginal health funding of health services (hospitals) commenced in July 2020. The Aboriginal cultural safety fixed grant approach complements the Statements of Priorities, which include performance measures, targets and strengthened accountability requirements.

 The [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services> and [Performance Monitoring Framework](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework> provide additional detail on funding requirements and performance measures and targets.

Health services are expected to deliver against eight cultural safety action areas. These action areas align with the Aboriginal Health and Wellbeing Partnership Agreement (2022-203) and Action Plan (2023 – 2025), the National Safety and Quality Health Service Standards (NSQHSS) and Statement of Priorities (SoPs).

**Annual cultural safety plans and reports developed by health services are required to cover the eight cultural safety action areas:**

1. CEO/executive leadership
2. Employment of Aboriginal hospital liaison officer/Aboriginal health staffing and implementation of an Aboriginal employment plan (mandatory)
3. Engagement and partnerships with Aboriginal communities
4. Identifying health needs of Aboriginal population and plans to address these
5. Cultural safety training
6. Creating a welcoming environment
7. Improving patient identification
8. Monitoring and accountability.

## Planning and reporting

Hospitals in receipt of the Aboriginal cultural safety fixed grant are required to develop annual cultural safety plans and annual progress reports. See templates in Table 2 and Table 3 respectively. Compliance with the planning and reporting requirements is an obligation of the funding.

Health services’ cultural safety plans and reports should be made available to the Aboriginal community-controlled health sector and to Aboriginal communities more broadly.

**The cultural safety plan should include:**

* High level actions against the eight cultural safety action areas with associated indicator/s and/or measures of progress
* Activities/goals expressed as SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals where applicable.
* Reference to how Aboriginal engagement and self-determination has/is occurring
* Expected funding investment per cultural safety action area and reference other sources of funding that support Aboriginal cultural safety such as Koori Mental Health Liaison Officer (KMHLO) program, Koori Maternity Service, Aboriginal employment/workforce funding.
* An approach to engaging and building partnerships with local Aboriginal community-controlled organisations (ACCOs), Registered Aboriginal Parties (RAP), and/or Traditional Owners (TOs), other Aboriginal advisory groups, governance structures, community representatives to ensure Aboriginal voice and decision making is prioritised on matters of importance to the Aboriginal community and there is a renumeration for that engagement. Engagement with Aboriginal staff is also required.
* Appropriate staffing of Aboriginal hospital liaison officers commensurate with catchment population and patient needs/demand, including out of hours/weekend coverage. In addition to this, actions towards establishment of traineeships, career progression opportunities and broader Aboriginal employment/ Aboriginal employment plans should be included.
* It is a requirement that health services establish cultural supervision for all AHLOs, in particular, for those new to the AHLO role and/or new to working in the hospital setting. Cultural supervision for all AHLOs should be outlined in the action plan.
* For larger health services, establishment of Aboriginal leadership opportunities and Aboriginal recruitment to such positions should be undertaken.
* Delivery of good practice cultural safety training - along with other cultural learning/immersion initiatives. A health service policy on cultural safety training and including measures of training coverage and participation should be included.
* Strategies to:
	+ improve accuracy of Aboriginal and Torres Strait Islander patient identification
	+ provide discharge plans for all Aboriginal and Torres Strait Islander patients
	+ support attendance for outpatient appointments
	+ increase Aboriginal employment across the organisation. Targets for Aboriginal employment plans should align with public service workforce targets, and/or agreed targets in consultation with local Aboriginal community representatives.
	+ Strengthen monitoring and transparency of Aboriginal health service data - with cultural safety measures and other Aboriginal health data presented to executive, Aboriginal governance/advisory group/partner and Board
* Health services should reference any work with Health Service Partnerships (HSPs) targeting improving cultural safety/Aboriginal health.
* For those health services with Local Public Health Units (LHPUs) the cultural safety plan should include actions to establish and embed culturally safe practices across LPHUs. This should include:
	+ Cultural safety training for LPHU staff; ‘Asking the question’ training and quality improvement processes to improve patient identification, and actions towards employment of Aboriginal staff within the LPHU.

Health services with existing cultural safety strategic plans or Reconciliation Action Plans may include those in their annual cultural safety plan ensuring alignment with the fixed grant funding requirements.

* **From 2024-25, it is mandatory for all health services in receipt of an Aboriginal Cultural Safety Fixed Grant to implement an Aboriginal employment plan.** The Victorian Public Sector Commission’s Barring Djinang initiative provides guidance about employment plans, and outlines five focus areas:
	+ Improve attraction and recruitment
	+ Create progressive career experiences
	+ Create culturally safe workplaces
	+ Enhance support for Aboriginal staff
	+ Provide central oversight and strong governance ([AEU Brochure July 2017: Barring Djinang (vpsc.vic.gov.au)](https://vpsc.vic.gov.au/wp-content/uploads/2017/07/AEU_Launch_Broch_web.pdf) < https://vpsc.vic.gov.au/wp-content/uploads/2017/07/AEU\_Launch\_Broch\_web.pdf>.

##### Completed annual plans must be endorsed by the health service CEO and Aboriginal representative (individual or governance group) and emailed to Aboriginalhealth@health.vic.gov.au and culturalsafety@health.vic.gov.au or the departmental health service lead by 30 September.

Aboriginal cultural safety plan template

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| Aboriginal Cultural Safety Plan<name of health service>, <day/month/year> |
| Other funding relevant to the cultural safety plan such as:Koori Mental Health Liaison Officer program - YES/NO Koori Maternity Service – YES/NOAboriginal workforce/traineeship funding – YES/NOOther, please list:  |
| Cultural safety domain | Key actions  | Deliverable or impact | Aboriginal engagement/governance/self-determination | Estimated fund allocation ($) |
| CEO and executive leadership  |  |  |  |  |
| Employment of Aboriginal hospital liaison officer/Aboriginal health staffing and implementation of anAboriginal employment plan (mandatory). |  |  |  |  |
| Engagement and partnership |  |  |  |  |
| Identifying health needs of Aboriginal and/or Torres Strait Islander population and plans to address |  |  |  |  |
| Cultural safety training |  |  |  |  |
| Creating a welcoming environment |  |  |  |  |
| Identification of Aboriginal and/or Torres Strait Islander patients  |  |  |  |  |
| Accountability, monitoring, reporting |  |  |  |  |
|  **Total ($)** |  |
| **Endorsement by Aboriginal representative**Name (person or governance group):SignatureDate | **Endorsement by health service CEO**NameSignatureDate |

Table 2. Aboriginal cultural safety plan

Annual cultural safety progress reports

Annual progress reports **are due on 30 June each year. A link to an online reporting form will be provided to the CEO and Aboriginal health unit lead by 1 April each year.**

Completed annual progress reports must be endorsed by the health service CEO and an Aboriginal representative (individual or governance group) and **emailed to culturalsafety@health.vic.gov.au and the departmental health service lead by 30 June.**

# Guidance notes

These guidance notes are a resource to guide to health services on the types of activities that strengthen cultural safety across the organisation.

Guidance notes are provided for each of the eight cultural safety action areas.

Embedding Aboriginal self-determination should underpin any cultural safety work by:

* Building strong, trusting relationships with the Aboriginal community-controlled sector, Aboriginal communities, and Aboriginal health staff
* Allowing Aboriginal communities to lead the design, development and delivery of policies or programs
* Including the voices of Aboriginal health staff within the health service (managers, liaison officers) are in cultural safety planning and reporting.
* Allowing Aboriginal people to participate on their own terms and have ownership of the policy/program development process
* Ensuring work is based off an understanding of Aboriginal peoples’ life experiences, the social and cultural determinants of health and supports the aspirations of Aboriginal people
* Acknowledging past traumas and recognising that the impacts of this trauma can still be felt today. This includes recognising that hospitals were often a place of trauma and ensuring that any engagement supports healing.
* Respecting the richness, diversity, strength, and knowledge held by Victoria’s Aboriginal communities.

## 1. CEO and executive leadership

CEOs and executives can demonstrate cultural safety leadership across their health service by the following actions:

* Championing cultural safety and drive transformational change
* Identifying and supporting change champions who promote and embed changes across the health service organisation, and across all levels of management (include Aboriginal and Torres Strait Islander employees and non- Indigenous employees)
* Demonstrating leadership that activates and enables self-determination for Aboriginal people
* Incorporates cultural safety targets and indicators, informed by Aboriginal community voices, into the Board reports
* Board membership includes Aboriginal representation
* CEO/executive endorsement of the health service’s cultural safety implementation plan and report.
* Meaningful Acknowledgement of Traditional Owners undertaken at all formal meetings
* CEO/executive have formal engagement and/ or MOU’s with the local Aboriginal community/ community-controlled health services – this includes Aboriginal governance structures and/or ACCHO sign off on matters that affect their Aboriginal community/clients
* Strategies in place to ensure responsibility for Aboriginal health priorities are across whole of organisation, and are not the sole responsibility of an Aboriginal Health Unit or Aboriginal hospital liaison officer/s (AHLOs)
* Management and leadership development initiatives and activities equip managers and team leaders to provide effective leadership in culturally diverse environments.
* Strategies to address implicit racism and policies and procedures support anti-racism
* Significant cultural events such as National Close the Gap Day, NAIDOC week, National Sorry Day, National Reconciliation Week are acknowledged and celebrated – including opportunities for all staff to celebrate other cultural events and to participate in Aboriginal events organised by the health service, local ACCO’s or community
* A process to recognise best practice, innovations, and leadership in Aboriginal cultural safety amongst all colleagues and staff
* Recognition of the vital role of AHLOs in supporting person-centred / client centred culturally safe and culturally responsive models of care.
* Leadership demonstrated by clinical champions program/s to support broader clinician’s understanding and practice of cultural safety and culturally responsive care

## 2. Aboriginal employment - Aboriginal hospital liaison officers and leadership positions

A significant contributor to cultural safety within health services is the presence of Aboriginal hospital liaison officers and Aboriginal health leaders more broadly.

The Aboriginal Hospital Liaison Officers (AHLOs) play a vital role in supporting health services to provide culturally appropriate health care to the Aboriginal and Torres Strait Islander community with a focus on patient support. The role includes:

* Providing cultural support and contact to Aboriginal patients, their families and/ or significant others.
* Assessing care needs of patients and families and assisting patients and their families understand hospital procedures and treatment.
* Assisting patients and families to access resources to help manage the hospital stay. E.g. accommodation, transport, and other supports.
* Liaising and working within the Aboriginal community and other services to access the hospital’s services, to facilitate care planning, discharge arrangements and continuity of care.
* Representing and providing advice on Aboriginal health and wellbeing issues, and cultural safety at internal and external meetings.
* Providing leadership in guidance and promotion on whole of health services celebration of Aboriginal cultural events and significant days e.g. NAIDOC Week, National Reconciliation Week, National Sorry Day, both internally and within local community-controlled organisation/s.
* The voices of Aboriginal health staff (liaison officers, managers) must be included in cultural safety planning and reporting.
* Appropriate staffing of Aboriginal hospital liaison officers commensurate with catchment population and patient needs/demand, including out of hours/weekend/on-call coverage. In addition to this, actions towards establishment of traineeships, career progression opportunities and broader Aboriginal employment/ Aboriginal employment plans should be included.
* It is a requirement that health services establish cultural supervision for all AHLOs, in particular, for those new to the AHLO role and/or new to working in the hospital setting. Cultural supervision for all AHLOs should be outlined in the action plan.
* For larger health services, establishment of Aboriginal leadership opportunities and Aboriginal recruitment to such positions should be undertaken. An Aboriginal health management/executive position plays an integral role in working at a senior executive level to provide cultural safety leadership and drive action across the health service.
* Smaller rural health services may need to consider alternative models to meet patient demand. For example, AHLO position/s that can be shared across a catchment, or shared roles across joint primary health care/acute services.
* Avoid sole, isolated positions where possible, ensuring that AHLO has the required supports to effectively service their community.
* Consider workforce strategies to build the Aboriginal workforce and provide leadership/executive opportunities.
* **All health services in receipt of the Aboriginal Cultural Safety Fixed Grant are required to have in place an Aboriginal Employment Plan**. Health services are encouraged to base the plan on the Victorian Public Sector Commission’s Barring Djinang initiative.

##### Recruitment and retention

* AHLO positions may be ‘special measures’ designated position (section 12 of the Victorian Equal Opportunity Act 2010) such that only Aboriginal and/or Torres Strait Islander people are eligible to apply for the position
* Job descriptions clearly outline roles and responsibilities, expectations, organisational and cultural supports and reporting lines. AHLO to be supported to attend the AHLO state-wide forums and local area network meetings.
* The interview panel includes Aboriginal representation – an Elder, Aboriginal community-controlled health service representative, community member.
* Aboriginal staff have access to cultural and peer support and mentoring either internal or external to the organisation.
* Special leave provisions are in place to enable Aboriginal staff to fulfil cultural e.g. NAIDOC (National Aborigines and Islanders Day Observance Committee) events and ceremonial obligations (e.g. Sorry Business)
* Professional development and career development opportunities are available to Aboriginal Hospital Liaison Officers including on-costs for travel/accommodation for rural staff.
* The Industry Award considered apt for AHLOs is the Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement (Agreement) under the classification of Community Development Worker as described at Appendix 4 of the Agreement. An alternative Award is the Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement).
* It is advised that where there are two or more AHLO’s employed that they are both covered by the same Award.
* Managers are usually covered under the Victorian Public Health and Allied Services (Managers and Administrative Workers) Single Interest Enterprise Agreement.

**A senior Aboriginal hospital liaison officer/team leader plays an integral role in supporting**

**health services to provide culturally appropriate health care to the Aboriginal and Torres**

**Strait Islander community through leadership, staff supervision, and patient care.**

* Providing supervision to AHLO team, including performance appraisal, and ensuring staff receive appropriate professional training and development opportunities.
* Working across the organisation to enable mentoring, cultural supervision, and peer support for Aboriginal staff.
* Providing leadership on cultural safety and culturally responsive care across the organisation.
* Promoting and providing guidance to the health service to comply with targeted Aboriginal and Torres Strait Islander National Quality and Safety Health Service Standards (NQSHSS) accreditation requirements.
* Facilitating staff training and arranging mentoring of new staff members, trainees, graduates, and student placements.
* Representing and providing advice on Aboriginal health and wellbeing issues, and cultural safety at internal and external meetings.
* Providing leadership in guidance and promotion on whole of health services celebration of Aboriginal cultural events and significant days e.g. NAIDOC Week, National Reconciliation Week, National Sorry Day, both internally and within local community-controlled organisation/s.

##### Workforce development

* An Aboriginal Employment Plan (AEP) is developed and monitored. The AEP specifies a recruitment target as a percentage across whole organisation – noting the National Health Work Plan proposes an employment target of 3 per cent that reflects the national Aboriginal and Torres Strait Islander population rather than state population.
* Aboriginal student placements, traineeships and graduate positions are prioritised/identified as part of an employment and workforce development strategy.

## 3. Engagement and partnership

Engagement and partnerships with Aboriginal communities and/or representatives is critical in culturally strengthening and underpins self-determination. The following actions support engagement and partnerships with Aboriginal communities.

* Have some level of cultural literacy before engaging Aboriginal community. This may be undertaken through cultural safety training and self-reflection.
* The Aboriginal cultural safety plan is developed in consultation with Aboriginal community leaders and/or organisations and is underpinned by Aboriginal self-determination.
* Culturally safe engagement with Aboriginal people and communities enables Aboriginal voice to inform services and programs that affect those communities – this may be in through the establishment of an Aboriginal advisory/reference group.
* There is an awareness of consultation burden on community, and the need to check if there have been similar recent consultations - and the option is to review those findings as a starting point.
* Findings or outcomes from consultation/engagement with communities be reported back to community in a timely manner.
* Renumerating community members participating in meetings.
* Ensuring representation of Aboriginal communities reflects the diversity of the population across the catchment.
* Development of a Reconciliation Action Plan (RAP) in partnership between the health service and the local Aboriginal community.
* Development of good relationships of clinical/frontline staff with acute and community organisations to increase continuity of care and support options for Aboriginal clients.
* Aboriginal community representation on health service Boards and committees, such as Consumer Advisory Committee.

## 4. Identifying health needs of Aboriginal and Torres Strait Islander population and service users - with plans to address needs

* Local, health service and state-wide data used to identify service needs and identify gaps.  Information shared with the Aboriginal reference group or ACCHO or Aboriginal community representatives.
* Priorities should be identified in collaboration with Aboriginal community/representatives.
* Needs and priorities inform strategic planning, workforce, capital works, information technology and operational strategic plans, and models of care.
* Discharge medications and Closing the Gap prescriptions are provided at no cost to Aboriginal patients upon discharge from hospital
* Brokerage funds for patient care are set aside - for example for myki card, taxi voucher, petrol voucher, toiletries, food, overnight accommodation, parking vouchers.
* Non-Aboriginal patients who are members of Aboriginal families can access culturally safe care and supports.
* Resources are available for culturally safe communication between the hospital and the patient and their carer/family - including appropriate use of telehealth technologies, and health literature/resources are culturally appropriate.
* Planning and discharge procedures for Aboriginal patients include the Aboriginal hospital liaison and family/support person/carer engagement. Care planning forms and processes need to ensure that family / community viewpoints can be incorporated and refer to the ACCO if the patient agrees to this.
* There are inter-agency meetings with stakeholders to promote integrated care seamless services during admission, discharge and follow up at home.

## 5. Cultural safety training

The provision and delivery of Aboriginal cultural safety training across the health service is a minimum requirement of health services. Provision of additional cultural safety immersion/learning opportunities for staff that builds upon one-off training and supports a continuous quality improvement approach should be included in cultural safety training strategy.

The following actions outline good practice approaches to cultural safety training.

* All staff have access to and are encouraged to undertake cultural safety training.
* Targeted or tailored cultural safety training available for executive /management staff.
* Health services have a cultural safety training position/policy.
* Cultural safety training is developed and delivered in partnership with the Traditional Owners/Registered Aboriginal Parties where they exist, otherwise the local Aboriginal community.
* Cultural safety training should align with the Aboriginal and Torres Strait Islander Cultural Safety Framework and the National Aboriginal Community Controlled Health Organisation (NACCHO) cultural safety training standards.
* Cultural safety training and the delivery of culturally responsive care are included in all staff performance and development plans.
* Trauma informed practice and care underpins frontline/clinical staff practice.
* Cultural safety training is monitored and reported regularly - to the Board and/or Aboriginal advisory group, and sector.

## 6. Creating safe and welcoming environment

The presence of cultural symbols recognising, celebrating, and respecting Aboriginal culture contributes to a physically welcoming environment and thus cultural safety.

* Conduct an audit of the design and use of spaces through a cultural safety lens.
* Consider the allocation of culturally safe room/space for Aboriginal patients, carers, family and staff to gather/sit/wait.
* Seek Aboriginal community input into the design and naming of the spaces (rooms landscape/garden, furnishings).
* Positioning and signage of Aboriginal liaison office/Aboriginal health unit to enable increased visibility and accessibility by Aboriginal patients and their families.
* Health service website contains updated information on Aboriginal health programs and services including contact information.
* Install local artwork, Acknowledgment plaque, Close the Gap Statement of Intent, Aboriginal and Torres Strait Islander flags near points of entry and in sight (flagpole outside also inside the service).
* Engage and consider impact of any new capital works on Aboriginal patients, carers and families.
* Ensure staff understand and support the social and cultural practices and obligations (Sorry Business, smoking ceremony).
* Rename spaces, buildings etc with local Aboriginal names.

## 7. Identifying people of Aboriginal and/or Torres Strait Islander population origin – ‘asking the question’

Accurately identifying Aboriginal and Torres Strait Islander patients is important to offer access to the Aboriginal hospital liaison officer or culturally specific services. Accurate data also contributes to data sets that to inform access and service needs.

* The workforce is trained, supported and competent in collecting accurate patient identification data (‘asking the question’) in culturally appropriate way at all patient points of contact.
* Communication materials are utilised to inform patients, carers, and families about the reason for the identification question.
* Policies and procedures are in place to support an environment in which identifying as Aboriginal is safe, and not challenged or questioned.
* Systems in place to identify accuracy of identification rates and consistent in practices and data quality capture across the organisation.
* Patient identification data is monitored and reported at board/executive meetings

## 8. Monitoring and accountability

The following monitoring and accountability actions are those that can be undertaken at a health service and catchment level. It is important that monitoring and accountability information is shared with the Aboriginal community through either an Aboriginal Advisory group, ACCHO, and/or other Aboriginal partnership or governance arrangements.

* Governance structures reflect the voices and decision making of the Aboriginal communities/representatives.
* In collaboration with Aboriginal health team/staff and local community, cultural safety targets and indicators, are included in all health service organisational plans and reports including but not limited to strategic plan, operational plan, workforce plan, quality report, annual report, Program Report for Integrated Service Monitoring (PRISM) reports, and Statement of Priorities.
* Surveying/feedback on clinical care and cultural safety is actively sought from Aboriginal patients and families.
* Aboriginal patients and family have access to formal and culturally appropriate feedback and complaints processes.
* Data collection systems are in place to measure accuracy of Aboriginal patient self-identification of Aboriginal and Torres Strait Islander status.
* Monitoring and reporting framework established (with relevant performance indicators) - for oversight by boards/governing bodies with Aboriginal representation, with reporting made available to community as well as funding bodies.
* Aboriginal health service data is deidentified and available to be shared with local ACCHOs and where relevant Aboriginal governance committees.
* Cultural safety proxy measures such as ‘take own leave, ‘discharge against medical advice’, ‘did not wait’ are used to inform strategies to minimise disparities between Aboriginal and non-Aboriginal patient populations.

# Resources and guidance

The following list of resources provide information and access to a range of cultural safety tools, resources and guidance notes. This list is not exhaustive but provides a broad overview.

##### Aboriginal employment

* [Weenthunga Health Network](https://weenthunga.com.au/) is a community-controlled organisation that supports young Aboriginal and Torres Strait Islander women pursue their decision and a pathway to follow a career in health <https://weenthunga.com.au/>
* [Victorian Public Sector Commission (VPSC)](https://vpsc.vic.gov.au/html-resources/aboriginal-cultural-capability-toolkit/inducting-and-welcoming-aboriginal-staff/) <https://vpsc.vic.gov.au/html-resources/aboriginal-cultural-capability-toolkit/inducting-and-welcoming-aboriginal-staff/>
* [Barring Djinang – Aboriginal Employment Strategy for the public sector](https://vpsc.vic.gov.au/aboriginal-employment/barring-djinang/#initiatives) <https://vpsc.vic.gov.au/aboriginal-employment/barring-djinang/#initiatives>

##### Accountability and Monitoring

* [Victorian health services Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) provide the system-wide terms and conditions for government-funded healthcare organisations <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
* [*Victorian Performance Monitoring Framework* (the Framework)](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) articulates the Government's performance monitoring of Victorian public health services and hospitals. The Framework promotes transparency and shared accountability for performance improvement across the system <https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>
* [Statement of Priorities (SoPs)](https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities) are annual accountability agreements between Victorian public healthcare services and the Minister for Health. They outline the key performance expectations, targets and funding for the year as well as government service priorities. <https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>
* [Program Report for Integrated Service Monitoring (PRISM).](https://vahi.vic.gov.au/ourwork/our-reports)*PRISM*includes a broad set of measures on health service activity and performance. It supports *Monitor*by providing further context and allows health services to benchmark against similar health services. *PRISM*is distributed to CEOs and Boards quarterly. An annual PRISM report is also distributed <https://vahi.vic.gov.au/ourwork/our-reports>
* [Cultural safety in health care for Indigenous Australian: monitoring framework](https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about) <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about>
* [Marrie Matrix (Queensland)– a tool for measuring/assessing institutionalised and systemic racism](https://acquire.cqu.edu.au/articles/report/A_matrix_for_identifying_measuring_and_monitoring_institutional_racism_within_public_hospitals_and_health_services/13393430?file=25798685). Also helpful in identifying gaps and improvements aligning with NSQHS Standards. <https://acquire.cqu.edu.au/articles/report/A\_matrix\_for\_identifying\_measuring\_and\_monitoring\_institutional\_racism\_within\_public\_hospitals\_and\_health\_services/13393430?file=25798685>
* [Implementing and monitoring targeted strategies, Action 1.4 of NSQQHS Standards](https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-14-implementing-and-monitoring-targeted-strategies) <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-14-implementing-and-monitoring-targeted-strategies>
* [Understanding leave events for Aboriginal and Torres Strait Islander peoples and other Australians from health service organisations: A Systematic Literature Review](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/understanding-leave-events-aboriginal-and-torres-strait-islander-peoples-and-other-australians-health-service-organisations-systematic-literature-review), <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/understanding-leave-events-aboriginal-and-torres-strait-islander-peoples-and-other-australians-health-service-organisations-systematic-literature-review>

##### Acknowledgement of Traditional Owners and Welcome to Country

* [Acknowledgement of Traditional Owners](https://www.aboriginalvictoria.vic.gov.au/acknowledgement-traditional-owners) <https://www.aboriginalvictoria.vic.gov.au/acknowledgement-traditional-owners>

##### Asking the Question

* [Identifying people of Aboriginal and/or Torres Strait Islander origin, Action 5.8 of the NQSHS Standards](https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health/action-58-identifying-people-aboriginal-andor-torres-strait-islander-origin) <https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health/action-58-identifying-people-aboriginal-andor-torres-strait-islander-origin>
* [National best practice guidelines for collecting Indigenous status in health data sets](https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/summary), <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/summary>
* Training: <https://www.heartfoundation.org.au/health-professional-tools/aboriginal-and-torres-strait-islander-training> and <https://www.murrayphn.org.au/portfolio-view/asking-question/>
* [Are you of Aboriginal or Torres Straight Islander Origin?](https://www.aihw.gov.au/getmedia/6832e411-bb74-49e9-aa8e-5fdf0c20f2b8/patient-fact-sheet.pdf.aspx) <https://www.aihw.gov.au/getmedia/6832e411-bb74-49e9-aa8e-5fdf0c20f2b8/patient-fact-sheet.pdf.aspx>
* [Identification of Aboriginal and Torres Straight Islander people in Australia general practice](https://www.racgp.org.au/getmedia/02e43a67-73e3-4321-a3eb-b3a8d77b6910/RACGP-position-Identification-in-General-Practice.pdf.aspx) <https://www.racgp.org.au/getmedia/02e43a67-73e3-4321-a3eb-b3a8d77b6910/RACGP-position-Identification-in-General-Practice.pdf.aspx>
* [Identifying Aboriginal and Torres Straight Islander people](https://www.safetyandquality.gov.au/sites/default/files/2020-07/fact_sheet_-_identifying_aboriginal_andor_torres_strait_islander_people_july_2020.pdf) <https://www.safetyandquality.gov.au/sites/default/files/2020-07/fact\_sheet\_-\_identifying\_aboriginal\_andor\_torres\_strait\_islander\_people\_july\_2020.pdf>

##### Cultural supervision and peer support for Aboriginal staff

* [‘Supervision: A culturally appropriate supervision model for Aboriginal Health Workers.’](https://healthinfonet.ecu.edu.au/healthinfonet/getContent.php?linkid=572183&title=Our+Healing+Ways%3A+supervision%3A+a+culturally+appropriate+model+for+Aboriginal+workers&contentid=24027_1) <https://healthinfonet.ecu.edu.au/healthinfonet/getContent.php?linkid=572183&title=Our+Healing+Ways%3A+supervision%3A+a+culturally+appropriate+model+for+Aboriginal+workers&contentid=24027\_1>
* [‘Taking Care of Yourself’](https://aodknowledgecentre.ecu.edu.au/key-resources/workforce-development/taking-care-of-yourself/) <https://aodknowledgecentre.ecu.edu.au/key-resources/workforce-development/taking-care-of-yourself/>
* [‘Our Work, Our Ways - VACCA Supervision Program’](https://www.childabuseroyalcommission.gov.au/sites/default/files/VAC.0001.002.0823.pdf) <https://www.childabuseroyalcommission.gov.au/sites/default/files/VAC.0001.002.0823.pdf>
* [A suite of guidelines targeting health workers social and emotional wellbeing](https://mhfainternational.org/guidelines/) <https://mhfainternational.org/guidelines/>

##### Creating a welcoming environment

* [Welcoming Environments - Action 1.33 of the NSQHS Standards](https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-133-welcoming-environments)  <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-133-welcoming-environments>
* [Helping your organisation to create a welcoming environment](https://nwmphn.org.au/wp-content/uploads/2017/03/helping-your-organisation-to-create-a-welcoming-environment-for.pdf) <https://nwmphn.org.au/wp-content/uploads/2017/03/helping-your-organisation-to-create-a-welcoming-environment-for.pdf>

##### Data and evidence

* [Australian Indigenous Health Infonet](https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/) <https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/>
* [Australian Institute of Aboriginal and Torres Strait Islander Studies](https://aiatsis.gov.au/) <https://aiatsis.gov.au/>
* [Aboriginal and Torres Strait Islander Health Performance Framework report, Victoria](https://www.indigenoushpf.gov.au/) <https://www.indigenoushpf.gov.au/>
* [The health and wellbeing of Aboriginal Victorians: findings from the Victorian Population Health Survey 2017 | Victorian Agency for Health Information (vahi.vic.gov.au)](https://vahi.vic.gov.au/report/population-health/health-and-wellbeing-aboriginal-victorians-findings-victorian-population-health-survey-2017) <https://vahi.vic.gov.au/reports/population-health/health-and-wellbeing-aboriginal-victorians-findings-victorian-population-health-survey-2017>
* [Victorian population health survey](https://www.health.vic.gov.au/population-health-systems/survey-data-and-reports) <https://www.health.vic.gov.au/population-health-systems/survey-data-and-reports>
* [Racism in Victoria](https://www.health.vic.gov.au/population-health-systems/racism-in-victoria-and-what-it-means-for-the-health-of-victorians). This report is based upon the findings from the 2014 Victorian Population Health Survey <https://www.health.vic.gov.au/population-health-systems/racism-in-victoria-and-what-it-means-for-the-health-of-victorians>
* [Racism, racial discrimination and child and youth health](https://www.vichealth.vic.gov.au/media-and-resources/publications/racism-and-young-people-research), VicHealth report, 2021 <https://www.vichealth.vic.gov.au/media-and-resources/publications/racism-and-young-people-research>
* Cultural safety in health care for Indigenous Australian: monitoring framework
* [Reconciliation Barometer](https://www.reconciliation.org.au/reconciliation/australian-reconciliation-barometer/). A biennial national study measuring the five dimensions of reconciliation—race relations, equality and equity, unity, institutional integrity, and historical acceptance to inform data collection and analysis. <https://www.reconciliation.org.au/reconciliation/australian-reconciliation-barometer/>
* [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan](https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031) <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031>

##### Cultural awareness and cultural safety training

* [National Commission on Quality and safety in Healthcare, cultural safety](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-survey-cultural-safety-training) fact sheet <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-survey-cultural-safety-training>
* [Results from national survey on cultural safety training](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/cultural-safety-training-analysis-national-survey-results-and-literature-review) <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/cultural-safety-training-analysis-national-survey-results-and-literature-review>
* [Victorian Aboriginal Community Controlled Health Organisation (VACCHO)](https://www.vaccho.org.au/) <https://www.vaccho.org.au> includes [cultural safety podcast series](https://www.vaccho.org.au/podcasts/) <https://www.vaccho.org.au/podcasts/>
* Aboriginal cultural Awareness eLearning package. The Wandeat Bangoongagat Aboriginal Employment Working Group developed the Aboriginal and Torres Strait Islander Cultural Awareness eLearning package. E-learning package has 4 modules allowing for local adaption and content through engagement with Traditional Owners, Elders and/or respected community representatives. Contact BSI Learning (bsielearning.com.au) at elearning@bsi.com.au
* [Creating the NACCHO Cultural Safety Training Standards and Assessment Process: A Background paper](https://nacchocommunique.com/wp-content/uploads/2017/04/naccho-cststandardsbackgroundpaper-naccho.pdf) < https://nacchocommunique.com/wp-content/uploads/2017/04/naccho-cststandardsbackgroundpaper-naccho.pdf>
* [Ask the Specialist: a cultural education podcast - Menzies](https://www.menzies.edu.au/page/Research/Projects/Primary_health_care/Ask_the_Specialist_a_cultural_education_podcast/). A cultural education podcast developed by Menzies School of Health Research with Top End Health Service, the NT Aboriginal Interpreter Service and Aboriginal leaders. While based upon the NT experience, there are some cultural safety learnings still helpful for Victorian context. <https://www.menzies.edu.au/page/Research/Projects/Primary\_health\_care/Ask\_the\_Specialist\_a\_cultural\_education\_podcast/>
* [Yuwahn Wupin - Griffiths University online training](https://www.griffith.edu.au/griffith-health/first-peoples-health-unit/our-work/yuwahn-wupin) consisting of five modules. Note, however that all training should have input from the Traditional Owners/Registered Aboriginal parties of the local area <https://www.griffith.edu.au/griffith-health/first-peoples-health-unit/our-work/yuwahn-wupin>
* [Kinship Module - University of Sydney on online learning module](https://www.sydney.edu.au/about-us/vision-and-values/our-aboriginal-and-torres-strait-islander-community/kinship-module.html). Covers the systems of social organisation that traditionally govern Aboriginal societies and explains this significant cultural difference <https://www.sydney.edu.au/about-us/vision-and-values/our-aboriginal-and-torres-strait-islander-community/kinship-module.html>
* [Cultural Safety - Australian Indigenous Doctors' Association (aida.org.au)](https://aida.org.au/cultural-safety-program/) <https://aida.org.au/cultural-safety-program/>

##### National Safety and Quality Health Service Standards

* [National Safety and Quality Health Service Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards) <https://www.safetyandquality.gov.au/standards/nsqhs-standards>
* [User Guide for Aboriginal and Torres Strait Islander Health | Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/standards/nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health>
* [Resources, literature reviews, reports facts sheets](https://www.safetyandquality.gov.au/search?keys=aboriginal)
<https://www.safetyandquality.gov.au/search?keys=aboriginal>

##### Key policy documents and frameworks

* [Aboriginal and Torres Strait Islander cultural safety framework | health.vic.gov.au](https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1) <https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1>
* [Aboriginal self-determination | First Peoples - State Relations (firstpeoplesrelations.vic.gov.au)](https://www.firstpeoplesrelations.vic.gov.au/victorian-government-aboriginal-affairs-report-2019/aboriginal-self-determination) <https://www.firstpeoplesrelations.vic.gov.au/victorian-government-aboriginal-affairs-report-2019/aboriginal-self-determination>
* Victorian Charter for Human Rights, Aboriginal Cultural Rights,
<https://www.humanrights.vic.gov.au/resources/aboriginal-cultural-rights/>
* Korin Korin Balit Djak, Aboriginal health, wellbeing and safety strategy 2017 – 2027 [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027](https://www.health.vic.gov.au/health-strategies/korin-korin-balit-djak-aboriginal-health-wellbeing-and-safety-strategic-plan-2017) <https://www.humanrights.vic.gov.au/resources/aboriginal-cultural-rights/>
* [Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027 (health.vic.gov.au)](https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027) <https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027>
* [Treaty in Victoria](https://www.aboriginalvictoria.vic.gov.au/treaty) <https://www.aboriginalvictoria.vic.gov.au/treaty>
* [Yoorrook Justice Commission](http://www.firstpeoplesrelations.vic.gov.au/truth-and-justice) – Established to engage Victoria’s Aboriginal and non-Aboriginal community to achieve its aims of truth telling and truth listening. <www.firstpeoplesrelations.vic.gov.au/truth-and-justice>
* [Victorian Aboriginal Affairs Framework](https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023) <https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023>
* [The Victorian Closing the Gap Implementation Plan | First Peoples - State Relations (firstpeoplesrelations.vic.gov.au)](https://www.firstpeoplesrelations.vic.gov.au/victorian-closing-gap-implementation-plan) <https://www.firstpeoplesrelations.vic.gov.au/victorian-closing-gap-implementation-plan>

##### Other cultural safety and self-determination links and resources

* [Calendar of significant events](https://www.vaccho.org.au/events/), VACCHO and [Creative Spirits](https://www.creativespirits.info/aboriginalculture/history/aboriginal-calendar) <https://www.vaccho.org.au/events/>

<https://www.creativespirits.info/aboriginalculture/history/aboriginal-calendar>

* [Responding to racism | Racism. It Stops With Me (humanrights.gov.au)](https://itstopswithme.humanrights.gov.au/take-action/responding-to-racism) < https://itstopswithme.humanrights.gov.au/take-action/responding-to-racism>
* [Leadership in Indigenous Medical Education (LIME) Network](https://www.limenetwork.net.au/resources-lime-publications/resources-hub/) - Access to range of cultural safety educational resources (videos, webinars, reports, and articles) <https://www.limenetwork.net.au/resources-lime-publications/resources-hub/>
* Royal Australian College of General Practitioners, [RACGP Aboriginal and Torres Strait Islander position papers](https://www.racgp.org.au/the-racgp/faculties/atsi/position-statements) <https://www.racgp.org.au/the-racgp/faculties/atsi/position-statements>
* [Australian Indigenous Health Infonet](https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/) <https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/>
* [Australian Institute of Aboriginal and Torres Strait Islander Studies](https://aiatsis.gov.au/) <https://aiatsis.gov.au/>

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

Available at [Aboriginal Cultural Safety Fixed Grant](https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and) Guidelines

<https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and >

1. Aboriginal Health and Wellbeing Partnership Agreement 2023 - 2033 [↑](#footnote-ref-2)
2. IHACPA National Efficient Price Determination 2024-2025 March 2024 [↑](#footnote-ref-3)