Default Report

Cultural safety definition survey
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Q1 - 1. Will having a single definition for the National Scheme and NHLF be helpful? Why or why not? Are there unintended consequences of a single definition?

False

1. Will having a single definition for the National Scheme and NHLF be help...

True

1. Will having a single definition for the National Scheme and NHLF be help...

Having a single definition is helpful. Having multiple definitions means people can become confused about what is intended by the term. The term cultural safety has been adopted cross-culturally in the health sector. As such there may be misunderstandings in interpretations when working across sectors. It is important that the context of the application of the term be specified. With health the term cultural capability is more often used.

Cultural safety is increasingly referred to within the health sector, with services striving to provide safe and inclusive health care to Aboriginal and/or Torres Strait Islander people. Despite this, 'culture' is a subjective term and is used in different contexts, leading to various interpretations of it. The National Scheme and NHLF providing a single definition of cultural safety with wider health sector benefits. A common interpretation of cultural safety will be helpful to: • lead to shared language and clarity regarding a common goal, • provide direction on key elements required to achieve cultural safety, • allows for greater collaboration • increased opportunities for collective impact, • demonstrate leadership from the National Scheme and NHLF and indicate a sector wide priority A single definition for the Aboriginal and Torres Strait Islander community limits conceptualist application to other communities experiencing intersectional marginalisation and discrimination, for example people from refugee backgrounds, people who identify as LGBTIQ+, people living with a disability.

Yes, a national definition would support better understanding of the cultural safety across all health care disciplines. It is important that in the definition we consider all patient groups that cultural safety impacts. These groups include any patient or client group that has a culture or lifestyle that impact on their health care. This list includes but is not limited to: Indigenous people, ethnic groups, disabled people, obese people, and sexual identity groups. One clear definition will support better engagement, understanding, and then practice. This definition should be inclusive for all populations in Australia. More than one definition will add to diversity.

A single definition requires a connection to the process, exploring the steps that are required to work toward cultural safety. the current draft definition fails to do this. Without the process it becomes a tick of the box approach with the result being no change in knowledge, attitudes, lack of development of critical reflection skills, and most importantly taking part in decolonisation of self and practices.

Yes, A single definition is helpful and no unintended consequences are identified. Culture is identified as a source of strength for Aboriginal and Torres Strait Islanders and such a definition is an important component in the recognition of cultural differences required to achieve better patient outcomes.

Yes, a single definition would be helpful as it speaks the same thing.

Yes – a definition will assist with consistent understanding

No, a single definition will not be helpful. AHPRA is in itself being culturally unsafe and disrespectful by imposing such an outcome. It is unclear why this process is taking place, and what was the initiation of this process. There is not, nor should be, a single definition. There are a number of terms and concepts; most people are able to use terms appropriately. Using terms and concepts interchangeably is simply an indication of a lack of awareness and/or respect. There is a history of many years of scholarly and research literature that informs these conceptual developments. AHPRA's proposal ignores/disrespects this.

Yes!! will ensure a nationally consistent approach. Will also save time and resources debating a definition and allow to move onto the real issues.

1. Will having a single definition for the National Scheme and NHLF be help...

Yes it will be helpful as it will allow national bodies to work together towards developing work practices, standards and education requirements to enable the workforce to provide culturally safe care.

Having a single definition for the National Scheme and NHLF is helpful as it sets nationally consistent standards for culturally safe health care to achieve optimum care outcomes for Aboriginal and Torres Strait Islander Peoples. Potential unintended consequences of a single definition: A stand-alone definition is self-limiting, it needs to be accompanied by culturally appropriate guidance documents that: - appreciate diversity between groups, families and communities - are relationship focused and person centric - allow for story telling of health care received, and as experienced, by the Aboriginal and Torres Strait Islander individuals

Yes, A single definition is helpful and no unintended consequences are identified. Culture is identified as a source of strength for Aboriginal and Torres Strait Islanders and such a definition is an important component in the recognition of cultural differences required to achieve better patient outcomes.

A single 'accurate' definition is better for safety and quality purposes. This must be achieved 'with' the health professional workforce. Prescribing a set definition without bringing them along, and ensuring by-in through broader involvement, may be counter-productive. Engaging scholars and practitioners who have an accurate understanding of cultural safety is thus pivotal. Potential consequences include a lack of buy-in from the broader health professional workforce. Given the NMBA's recent experience, this topic can get political. This can be addressed by equipping the broader workforce with accurate information, and have them support such changes. A single definition must challenge what government jurisdictions have in place. Practitioners will lose interest, and not appreciate a cultural safety approach, if they see it as a similar approach to cultural competency, or cultural awareness training, or cultural capabilities training for example. Potential consequence is that no significant change/transformation occurs, practitioners and health services exercise business as usual, and the safety and quality of care does not change for our patients.

Yes a single definition will be beneficial. This will assist health providers and education providers.

YES Why or why not? It ensures that all practitioners have a common understanding of what cultural safety is.

A single definition will certainly be helpful, this is often something that health professionals area seeking clarification on. Cultural safety is a widely used term and there does not appear to be a clear and / or common understanding of what this means, I believe a single definition will assist health professionals in understanding what is meant by cultural safety

A single definition is essential for consistency between professions and jurisdictions, and for supporting interprofessional approaches to optimising the health of Aboriginal and Torres Strait islander peoples. It is also critical that the definition is a consensus statement that is approved and endorsed by Aboriginal and Torres Strait Islander people, groups and organisations. Unintended consequences may include other cultural groups requesting to have “cultural safety” defined for themselves.

I do not support a single definition of cultural safety as the phrase ‘cultural safety’ will need to be adapted to every context.

Yes it will be helpful. If a single definition is too specific or too generic unintended consequences will result e.g by being restrictive or ill-defined.

If there is an acceptance by people working in the National Scheme that unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of Aboriginal and Torres Strait Islander peoples then a single definition with the aim of not only ‘delivering optimal health care’ but enabling safe services to be defined by those who receive the service would seem appropriate.

I think a single definition is essential and if carefully worded will not have unintended consequences. It will however weaken the case for gaining broad acceptance that cultural safety is an essential competency if the definition doesn’t apply to all health care delivery.

It could be useful to have a single definition, however whatever the final definition it will need to have credibility amongst the varied stakeholders, including elders and community leaders, as well as Aboriginal & Torres Strait Islander health professionals.

Yes a single definition will be helpful, however it should be more broad-based and include all people of different cultures, then narrowed for each community.

Yes as it applies to many standards and we need consistency.

1. Will having a single definition for the National Scheme and NHLF be help...

Having a single definition is helpful as it sets a standard that National Boards, Accreditation Entities and other leadership groups in health care can utilise to ensure culturally safe and welcoming health care is delivered to patients / clients and their families who identify as Aboriginal and/or Torres Strait Islanders. The unintended consequence of a single definition is that cultural safety means different to different people and to encapsulate cultural safety in a single definition could potentially unintentionally offend particular groups of people.

I think having a single definition is helpful in order to develop a shared understanding and consistent approach to developing health practitioner's capacities in this area.

A common definition is critically important otherwise the professions, regulators and public will be unable to clearly communicate intent on important issues.

Yes, it will be helpful, along with sufficient dissemination and acceptance of the terminology and definition among the health professions. Why or why not? A single definition will help encourage appropriate terminology use and also promote shared meaning for health professions who work together and with First Nations peoples. Are there unintended consequences of a single definition? Yes. “Cultural safety” as a broad term would also to apply to other ethnic groups and backgrounds. The current definition narrows the focus for First Nations peoples only, so the term “Cultural Safety” appears not specific enough.

The single definition will be helpful but those who do not subscribe to the concept of cultural safety in its purest form and how it was intended to be received/embraced/known as per Irihapeti Ramsden’s PhD. Will find a way to bastardise the intent.

1. Will having a single definition for the National Scheme and NHLF be help...

While a single definition for the intended purposes has benefits, ANZCA does not concur that terms such as cultural awareness, cultural competency and cultural safety are interchangeable. For example, awareness is a basic level of understanding whereas competency would refer (in this context) to a healthcare professional who is more than just culturally 'aware' - they have a deeper level of understanding that allows them to treat Indigenous patients competently, i.e. with a level of respect, knowledge and understanding that improves, rather than in any way detracts from, health outcomes. Cultural safety is a term that would refer more to the overall system – not just an individual. Hence, cultural safety might refer to culturally competent healthcare professionals and staff working in a culturally aware and responsive environment. The college defines cultural competency, cultural responsiveness and culturally safety as follows: Cultural competency Cultural competence involves ensuring the clinical environment is inclusive of the cultural needs of the patient, and their family/support network. Cultural competence also involves doctors navigating the health system for patients to ensure they receive the best clinical care. ANZCA recognises that the culture of the health system and a clinician's own culture and belief systems influence their interactions with patients, highlighting the need to be aware of the potential impact of this. Cultural competence finds legitimacy in the positive experience of the patient and their support networks, and contributes to improved health outcomes. Cultural responsiveness Culturally responsive care is an extension of patient centred-care focussing on social and cultural factors. It involves obtaining a knowledge base, personal and professional self-awareness, and open discussion about cultural diversity. Cultural safety Cultural safety is a concept that moves beyond cultural competence, and involves self-reflection and an understanding of one's culture, an acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s). It is informed by the theory of power relations and includes an appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on Indigenous people's wellbeing, both in the present and past. Cultural safety is an outcome based on respectful engagement that recognises and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Overall, the choice of the terms cultural safety is a broad and all-encompassing one and hence appropriate. However we would caution against using this term interchangeably with others such as cultural awareness, cultural competency and cultural responsiveness as this may encourage some individuals and entities to 'set a low bar' in striving to achieve a culturally safe healthcare system. An individual who is culturally aware may not necessarily be culturally competent, nor practise in a culturally safe way.

[redacted]

Yes a single definition will be helpful so we are all referring to the same thing.

The aboriginal people are not one conglomerate, but rather many tribes

[redacted]

Yes. Having a single definition will remove discrepancies between the meaning of cultural safety between professions.

Yes- a single definition will ensure standard practice however, could limit what it involves and should be an evolving definition.

It could be helpful if it includes a sense of physical, mental, emotional and spiritual safety in the workplace for staff, clients and stakeholders alike, and covers all cultural belief systems in that workplace.

Yes. Clarity across organisations will ensure consistency, a common approach and easier ability to measure responsiveness of individuals and organisation to the health of Aboriginal and Torres Strait Islander Peoples.

Service user feedback about their health care may relate to issues beyond the control of the service. So there may need to be the aspirational definition (e.g. WHO definition of health), and then the operational definition (e.g. a definition that services can be accountable for)?

having a single definition provides for narrow interpretation of meaning eg determine - means different things to different people. the meaning of "determine" should be made in this context.

Cultural safety is a very important concept and if used in this context should specify "Cultural safety for Aboriginal and Torres Strait Island Peoples is the ....(rest of the definition). Doing so otherwise will not just sit uncomfortably with other disadvantaged communities including LGBTIQ... etc but may contribute to making things worse for these 'other' communities who may also be part of the Indigenous Peoples.

I absolutely endorse an informed and recognised definition of 'Cultural Safety'. The use of multiple terms and lack of clarity and applicability to one's practise has been and continues to be a significant inhibitor for practitioners, education and accountability when identifying potential deficits in practise and institutional organisation and delivery of care.

1. Will having a single definition for the National Scheme and NHLF be help...

Considerations for a creation of a single definition: • Risk of creating a single definition that is impractical to apply or measure making translation to practice difficult. • There could be further fragmentation of the sector on a definition. Multiple definitions of cultural safety already exist (1-6) and creating another definition would not be singular but rather add to a pool of definitions used. • There is a risk of diminishing the complexity of cultural safety. For instance, the definition implies an end goal with multiple layers of knowing and learning along the way. Cultural safety is a long-time and life-long learning process. Learned from mistakes, insight and knowledge. It is a goal that is to be strived for within the health system in policy, process, standards, codes and guidelines. As well as, in courses and each workplace delivering services to Aboriginal and Torres Strait Islander peoples. It is about embedding such change that is profound in practice, procedure and standard that dramatically creates ongoing improvement. 1. Williams R. Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health. 1999;23(2):213-4. 2. Nursing Council of New Zealand. Guidelines for cultural safety in nursing and midwifery. Wellington: Nursing Council of New Zealand; 2002. 3. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander Health. Sydney: Australian Commission on Safety and Quality in Health Care; 2017. 4. National Aboriginal Community Controlled Health Organisation. Creating the NACCHO Cultural Safety Training Standards and Assessment Process: A background paper. Canberra: National Aboriginal Community Controlled Health Organisation; 2011. 5. Australian Government. Aboriginal and Torres Strait Islander Health Curriculum Framework. Canberra: Australian Government; 2015. 6. Coffin J. Rising to the Challenge in Aboriginal Health by Creating Cultural Security. Aboriginal and Islander Health Worker Journal. 2007;31(3):22-4.

[redacted]

the underlying assumption of a single definition is that all Aboriginal and Torres Strait Islander Peoples have the same cultural values, which may not be the case.

Yes if this means that this definition will direct decision making and service delivery for the institution and individual. If not then I do not feel this single definition would be of value.

[redacted]

[redacted]

Yes, helpful to have a single definition. Must be consistent across all health professions and practitioners otherwise confusing and allows slippage. Unintended consequence may be if a significant group within the health professions or within Aboriginal and Torres Strait Islander communities disagree vehemently with the definition. Consultation across these groups and in the community will help circumvent this.

Yes as it will provide a framework which can be adopted by other organisations & departments to ensue they operate from a common conceptual and practice framework

Yes a single definition will be helpful - but it is not this one. If appropriately worded it could provide a benchmark reference point to know what is and is not cultural safety. Unintended consequences are 1. that the definition could be used in litigation in workplace, consumer, defamation or other areas of dispute - this is highly likely given current work place complaints, disputes, litigation which are based on perceptions of not feeling 'culturally safe'. 2. that the only perspectives that hold any legitimacy in the definition are those of the individuals, families and communities who decide what is and is not culturally safe - since these meanings are inherently relative, have unlimited variability, can be subject to any purpose, are private to the individuals, communities or families until such time as they are revealed which may be after the fact and these meanings are referenced to a concept of 'optimal health' which is also not defined, we actually have no definition of what 'cultural safety' is and is not - instead we have a statement that says it is a concept that cannot be articulated before the fact. The unintended consequence is that individuals and institutions tasked with providing 'optimal care' have no understanding of what is expected understood or required because there is no shared meaning - this places individuals and institutions providing health in an invidious position, open to allegations of failing to provide culturally safe services when there are no intensional, extensional, or ostensive definitions available to inform a prospective approach to engagement.

A single definition may be worthwhile because it could help ensure that health practitioners have a shared understanding of what cultural safety is. There are, of course, risks of some unintended consequences that should be considered - such as having a narrow definition that does not take into consideration broader cultural contexts, or a definition so broad that it means nothing to anyone

I think a single definition is a good idea. It will make sure everyone is on the same page and reduce some of the overlap with other themes such as cultural competencies and transcultural nursing.

I surmise it would be helpful to bureaucrats and academics. Hopefully it will be beneficial to Aboriginal and Torres Strait Islanders

1. Will having a single definition for the National Scheme and NHLF be help...

Potentially a single definition will be helpful for consistency. The risk of this definition is that out of context it does not consider breadth of culture, both for Aboriginal and Torres Strait Islander groups and other cultural groups. It may be better to use the term (or something similar) Aboriginal and Torres Strait Islander Cultural Safety.

Yes, we do not see any unintended consequence of a single definition

I am not clear why the definition as proposed by Ramsden, the original author of this concept cant be respected. There is already a definition, why is there a desire here to create a new one?

Having a single definition is useful as it helps shape the care that we deliver as well as ensuring that everyone adheres to the same standard.

I believe that having a well informed definition of cultural safety and the guiding principles of cultural safety (including Cultural self-awareness & Cultural Sensitivity) would be helpful in efforts to clarify the importance of self reflection in clinical & professional practice and how Cultural Safety is NOT the same as Cultural Awareness (commonly misunderstood) and to emphasize the importance that it is the application of your practice, by increasing your own cultural self-awareness and sensitivity through a process of deep critical self-reflection and acknowledging the impact that our own cultural values, opinions and beliefs may have on those that we care for. By having a well-informed definition of Cultural safety, it may provide a benchmark for practitioners to guide their professional development by and increase health outcomes for those they provide care for.

Yes a single definition is helpful because in defining the concept of cultural safety for all registered professions has been too long coming.

I think that achieving cultural knowledge is a continuum and because there is a diversity of Aboriginal and Torres Strait Islander people there is a huge learning curve and these are various levels of cultural training. Non-Indigenous health professionals need to move along the continuum towards. But that the patient determines their cultural safety/security.

N/A. This statement is structural not a definition.

Yes it will make it clear

Yes - a consistent approach across Australia. No, I don't think so.

A national definition would be helpful if it was inclusive of all people. There are unintended consequences of such a definition. It erases all other minority and majority groups, such as LGBTI people, people with disabilities, CALD people, white people, migrants, refugees, and so on. Cultural safety is not specifically about ethnicity nor was it intended to be solely the use of Aboriginal and Torres Strait Islander peoples. It was intended as a way in which nurses reflected upon their own values, beliefs, attitudes and assumptions when dealing with patients/clients. Even in the current Code of Conduct for Nurses (2018), culturally safe practice is defined to include, and I quote from page 9 of the code: "3.2 Culturally safe and respectful practice Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must: a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs) e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues."

I think an overall definition of cultural safety is vital for all health and allied health practitioners but also institutions from ground workers to senior management to all be on the same page as to what cultural safety actually means. Previous interchangable concepts are misleading and need to not be used.

Yes, it will be helpful to have everyone "on the same page" when defining cultural safety. In March 2018 The Nurses' Professional Association of Queensland, politician Cory Bernadi, journalist Peta Credlin and others imposed their own definitions of "cultural safety", much to the detriment of the quality of the public discourse at the time.

Yes, there is value in having a single definition, but not one that purports to be about cultural safety but it clearly is not in any way. This loose, very general draft definition is at best about delivery of health services which is fine and is important to consider, but that is not only what cultural safety is about. Unintended consequences might include the perpetuation of confusion over the terminology and concept relating to cultural safety and the misconception that cultural safety is only about ethnicity and in this case about Indigenous peoples

1. Will having a single definition for the National Scheme and NHLF be help...

A single definition could be helpful if it actually defined cultural safety. This single definition is not helpful as it will have the consequence of promulgating inaccurate views of cultural safety. This definition defines a basic skill set needed to provide optimal health care-it is not a definition of cultural safety.

Yes, it provides clear direction, but it should remain short and to the point

APAC believes that a single definition will be helpful in improving consistency and transparency of how cultural safety is addressed across the National Scheme.

A single definition is good as a starting point - as long as the definition is good

Having single definitions around aboriginal culture can be dangerous, because it can narrow the traditions, customs and laws of hundreds of different communities into one. In this case it can work, with a broad and encompassing definition that puts emphasis on tradition in local community.

yes it would be helpful It would be great to have something that helps Aboriginal people hold institutions accountable for being culturally unsafe.

Yes. It may lead to the establishment of standards to ensure that cultural safety training is developed and delivered at an acceptable level. There is currently great variation.

Q2 - 2. Do you support the proposed draft definition? Why or why not?

False

2. Do you support the proposed draft definition? Why or why not?

True

2. Do you support the proposed draft definition? Why or why not?

Yes - It captures both individual and institutional knowledge, skills, attitudes and competencies. It puts the onus on individuals and institutions to listen to the voice Aboriginal and Torres Strait Islander individuals, families and communities.

While the definition outlines important concepts of culturally safety it does not describe what the experience of feeling culturally safe means for an individual. Robyn Williams provides a useful definition of culture safety that capture the experience as: “an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need.” (Williams, 1999) We recommend including a description of the desired outcome of applying the “…knowledge, skills, attitudes and competencies needed…”, as opposed to outlining the efforts needed – as the experience of the Aboriginal and/or Torres Strait Islander person needs to be the goal. William’s definition also acknowledges the intersectional nature of diversity, as people can experience overlapping and intersecting discrimination depending on their unique identities. For example, it allows us to examine the intersection of class and race where a person’s unique identity may ignite additional biases and hierarchies that affect healthcare interactions and the delivery of culturally safe care. Williams,R. 1999. Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, Vol. 23., Iss. 2.

No, the definition should be more universal and align with the NMBA definition.

No , because it fails to explore how this can be achieved and the work that is required of an individual and the system. It also fails to recognise the importance of developing knowledge and critical thinking in relation to Aboriginal health contexts and Aboriginal peoples circumstances. We know this is not being taught well in the education system or the tertiary sector.This is why it is important to spell it out so our Universities and TESQA take this seriously.

Yes, the proposed draft definition is supported as it appears to capture the key elements required in such a definition.

The proposed draft definition is supported by me as it is the appropriate definition because cultural safety show that the environment will be culturally safe for the individual with a positive outcome.

We support the intention but believe amendment is required. The reference to “institutional knowledge” needs to be reframed as this phrase can be seen negatively by communities that have suffered historically through institutions such as missions, police and courts. The definition also makes no reference to Aboriginal and Torres Strait Islander peoples feeling culturally safe in the delivery of health care.

No. Any understanding of the contemporary use of the term 'cultural safety' recognises it as a philosophy (worldview) and a practice (way of doing/speaking). The definition proposed reduces it to a concept with little more components than knowledge and competence. This takes us back to the old notions and practices of cultural awareness and cultural competence, that have been demonstrated as problematic, flawed and inadequate. This is evidence based knowledge that AHPRA appears to have ignored. Thus, the new definition takes our thinking, research, policies, practices back about a decade and more. In current nursing and midwifery education, research, policy and theory, the current definition (CATSINaM) prevails. AHPRA is clearly out of step with the education of health professions and their progress towards cultural safety AHPRA has no right nor remit to undertaken this.

No needs to have specific reference to racism at a minimum.

No, I find this definition is quite vague and passive. I also find the focus on healthcare rather than health limiting, we need to move away from bringing people into our current system towards providing a system that people will engage with. This definition would benefit from becoming an active statement. E.g. Cultural safety is the use of individual &institutional knowledge, skills, and attitudes to develop competencies, processes and partnerships that enable the workforce to positively contribute to the health of ATSI peoples as determined by the individuals receiving care.

2. Do you support the proposed draft definition? Why or why not?

As it stands, we don't support the definition due to the following reasons: - A genuine partnership for care must be built upon the core concept of ‘respect’ and understanding the 'value' of care from the perspective of Aboriginal and Torres Strait Islander Peoples. This is not covered as part of the definition. - The definition must take into consideration the ‘experience of the recipient of care’ - The definition should consider that ‘care must facilitate the act of empowerment’

Yes, the proposed draft definition is supported as it appears to capture the key elements required in such a definition.

No, I categorically disagree with the proposed definition. The proposed draft definition is too vague, and does not accurately reflect the definition or intention of cultural safety, or Kawa Whakaruruhau as developed by Irihapeti Ramsden. Cultural safety 'in the context of' Aboriginal and Torres Strait Islander peoples' health and well-being is an ideal philosophy, framework and practice. It highlights the need for broader focus on power (individual/collective/institutional) and privilege (e.g. white privilege, biomedical dominance of health care) and how these are influential factors in access to high quality and safe health services, thus health outcomes. It also asserts that individuals/collectives/institutions are socially and historically situated (not neutral), and that the causes of ill health are often out of the control of individuals (I.e. social determinants of health). Importantly, the intent of cultural safety surpasses the sole focus on Aboriginal and Torres Strait Islander peoples. Of course the use of cultural safety 'in the context of' Aboriginal and Torres Strait Islander health and well-being must be privileged. As First Nations, there is an primary or principle position that must be privileged in this context. However, Ramsden asserts that cultural safety is a philosophy, framework and practice that can identify and address power and privilege that inhibits optimal care 'for all patients'. Cultural safety is the ideal approach for addressing sexism, ableism, homophobia, transphobia, xenophobia and racism. These forms of discrimination impacts all our patients, and sometimes patients will experience a number of these (i.e. intersectionality). This is certainly the case for Aboriginal and Torres Strait Islander peoples. Cultural safety realises patient/client/mother/family/community-centred care like no other 'cultural' concept. It centres the care recipient, while simultaneously requires the care provider to actively exercise self-awareness of their own cultures, including the culture of their workplace. It is this self-awareness that will assist the care provider in being aware of how their beliefs, values, attitudes may negatively impact the quality of their care. Furthermore, This practice will assist them to develop and maintain a therapeutic relationship with the care recipient and their family.

I support the proposed draft definition.

NO. Why or why not? - No clear definition provided. What does cultural safety look like / feel like in practice? - If cultural safety focuses only on Aboriginal/Torres Strait Islander peoples, there is the tendency for it to be seen as another form of special treatment just for them. This could lead to resentment/resistance by practitioners to provide service in a culturally safe manner. Therefore, the concept of cultural safety should be for all peoples accessing services and for all staff working in these services. - On the other hand, it is important to note the specific requirements of Aboriginal and Torres Strait Islander people given the impacts of colonisation, the significant disparity in health status and recognition as First Peoples. - Needs to be in plain English

This statement needs to be supported by a clear definition of these knowledge, skills, attitudes and competencies needed. The APS has developed a Cultural Capability Framework, it would be good to have a reference point to a resource such as this Cultural Capability Framework which defines what these behaviours look like.

Yes- so long as it is made clear that it is specific to ATSI population. Acceptance of this may raise issues with other cultural specific groups (either by race, religion etc) as to why their cultural safety is not recognised and defined specifically)

It is important that medical experts are able to provide advice to the patient even when if it risks interfering with the Aboriginal and Torres Strait Islander culture. This can be demonstrated by the case of Jerome Kunkel in the USA who contracted chickenpox after he refused to take the vaccine on religious grounds. Even though in this example, it relates to a person who appealed on religious grounds, it is arguable that religion and culture are strongly linked. In the same way, there is a risk that Aboriginal and Torres Strait Islander people will refuse treatment due to cultural reasons without first listening to the medical experts. In light of this, the definition should be changed to: Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples in consultation with medical experts and Aboriginal and Torres Strait Islander individuals, families and communities. In this definition, it places the responsibility of the patient’s health in both the medical experts’ hands as well as the Aboriginal and Torres Strait Islander people.

Yes, we recognise the difficulty of producing a working single definition that will appeal to all however ACODS believes that the definition is broad enough to not be overly specific but also broadly identifies all relevant aspects.

The AMC supports the proposed DRAFT with the following amendments (as provided by Professor Lisa Jackson Pulver AM): We recognise the First Peoples of Australia as the sovereign owners and the cultural authority of the Land, Air and Waters. It is upon this, that we recognise that Cultural Safety is the individual and institutional knowledge, skills, attitudes, competencies and resources needed to deliver optimal health care for Aboriginal and Torres Strait Islander peoples as determined by those peoples, families and communities in the context of that care

2. Do you support the proposed draft definition? Why or why not?

I strongly support the self-determination phrase think that it is included within the definition - that this cultural safety is “as determined by Aboriginal and Torres Strait Islander individuals, families and communities”. I also think that “Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies…” reads very well.

Not entirely, though it goes some way to achieving a working definition that could be helpful in the health care system. Suggest tiers or levels within the definition, such as what does it mean for the individual patient, what does it mean for the community (usually diverse and made up of many first nation groups). In addition, suggest there should be an extension of the definition that relates to cultural safety for Indigenous personnel working in the health care system.

The Aboriginal and Torres Strait Rural and Remote practitioner's network of the Australian chiropractors association supports the draft definition.

Yes

The definition as proposed is as follows: "Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities." We are of the opinion that this definition may serve the purpose of providing a base-line definition of cultural safety for a predominantly a western community of practitioners. It is suitable for practitioners who may not have a well rounded understanding of cultural safety, and provides a "baseline" of care when these practitioners interact with patients / clients who identify as Aboriginal and/or Torres Strait Islander and their families.

I like aspects of it. Specifically, I think the idea of cultural safety being determined by the individual, family and/or community is essential. However, the beginning of the definition still reads like we as health professionals, or institutions are doing health care "to" not "with". I think a better approach would be to say something like, "cultural safety involves working in partnership with Aboriginal and Torres Strait Islander individuals, families and communities to determine optimal health care delivery…

[redacted]

no as I do not feel that it state any thing about culture safety

Use of the word “safety” in this way is highly inappropriate in a health system context. The appropriate words are “Cultural Sensitivity”. In any clinical environment “safety” relates to an individual or group of individual’s physical or psychological well-being. It is therefore anomalous and erroneous to link safety to a “culture” in this way, as a culture does not represent an entity or entities that can suffer harm of a physical or psychological nature. Conversely, the concept and word formulation of “safety culture” is perfectly meaningful and a critical part of all good clinical practice. Whilst I am fully aware of the NZ origin and context of “cultural safety”, neither in Australia nor in this consultantion document can its use as a term be readily justified as there is neither common definition with NZ or commonality in relation to the original context. Consequently, my recommendation is that we define first what we wish to achieve, namely sensitivity, compassion and empathy in relation to delivering culturally “optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.” As much as any culture can represents a meaningful and positive force for a person or people, elements of any culture can also represent negative forces that adversely impact good health and the adoption of positive public health messages. In the setting of health and health care regulation our goal should always be to use words precisely and with clear definitional relevance to the intended purpose. In this sense the conjunction of the words “culture” and “safety” is ambiguous for a health care context were “patient safety” relates to the well-being of the patient, “clinical safety” relates to ensuring clinical practice is safe for patients, “hospital safety” relates to ensuring the hospital is safe for patients, and “workplace safety” relates to ensuring the workplace is safe for those entering a workplace. Even the common usage in terms of “food safety” and “road safety” place a requirement for safety on the “food” and “road” as things which must be rendered safe to protect people. Hence “cultural safety” would a priori suggest that there is an onus on a culture to be safe, made safe if unsafe or used safely to protect people who adopt a particular culture. This is not what the proposed definition of cultural safety intends and it also lacks the ability for obejective external scrutiny or a requirement for modification should negative consequences for elements of a culture be identified that require modification to improve the health and well being of cultural adherents.

2. Do you support the proposed draft definition? Why or why not?

No. “Cultural Safety” alone is not accurate enough for the intended application context.

[redacted]

Yes but the wording should be simplified and should not include competency. A key part of cultural safety is reflective practice and critical thought.

The proposed draft definition of cultural safety is sound. As per our response at Q1., the definition captures both individual and institutional aspects and respectful engagement. The fact that the definition explicitly states that Aboriginal and Torres Strait Islander Peoples are responsible for defining the parameters needed to deliver optimal health care is significant. Enabling culturally safe health delivery and service to be determined by those who receive the service is an important component of the definition.

No. See response above

Not really. It needs to either use plain English, or provide an explanation of the definition in plain English. The definition is vague. Some examples of what cultural safety is, and isn’t , would also be useful, to show its correct and incorrect application in everyday life.

[redacted]

No because you are saying that only ATSI can have cultural safety. Our society is multicultural and we should be able to treat everyone in a culturally safe manner. The definition should be inclusive rather than exclusive.

No. I we need to have a pragmatic approach to cultural safety, that does not create a disadvantage to the health practitioner who is providing a service. At times providing the expected care of the individual may not be possible due to financial constrains, service capability or resourcing. A health practitioner cannot be held responsible if the cultural appropriate care cannot be provided. The definition should read: Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples, and where possible; this should be determined in consultation with Aboriginal and Torres Strait Islander individuals, families and communities

yes in theory. As long as it has the support from Aboriginal community and expertise Also, should the title be Aboriginal and Torres Strait Islander cultural safety as cultural safety is not limited caring for Aboriginal people but all populations

No, it is too narrow. This covers how to provide cultural safety, but not the experience of being in a culturally safe context. Again, it should apply to everyone in the workplace, not just one group.

I support this definition- it captures the necessary elements of both health practitioners (individuals/collective) AND health service organisations, the later is critical in enabling practitioners to provide responsive care aimed at addressing inequities and providing safety for Aboriginal and Torres strait Islander Peoples. A whole of system approach is needed.

Clarity and a reference point is always helpful to guide and galvanise.

Yes but in its current form it is too simplistic

see above comments.

Yes, if edited to specify "Cultural safety for Aboriginal and Torres Strait Island Peoples....

2. Do you support the proposed draft definition? Why or why not?

The current proposed definition, whilst I strongly endorse the intent and the essential need to acknowledge the first peoples of Australia, I do favour the approach taken by NZ. NZ thinking and application eg. NZ Nursing Council, has evolved over time based on initial work and coining of the phase by Irihapeti Ramsden. We, Australian professional bodies, definitely need to explicitly acknowledge Aboriginal and Torres Strait Islander Peoples, but we also need to additionally acknowledge other minority groups allowing for change overtime. If this definition is to be of value clarity needs to exist as to how 'lack of cultural safe practise' can be identified and thus addressed whether at an individual or institutional level.

Cultural safety is important, however, from our context the draft definition is problematic to support. There are many existing definitions and there is a risk of duplication and fragmentation of the sector further as to the meaning of cultural safety. There is also a risk of creating a definition difficult to translate to practice. A further risk is not taking account of the many layers of understanding in processes to achieve cultural safety. The definition seems to offer a proposed process that is open to interpretation on the ground, as well as, likely too prescrptive to take into account the myriad of difference from a cultural perspective. For example, comparative difference between urban, rural and remote Aboriginal and Torres Strait Islander peoples and contexts.

I support the proposed definition. I appreciate the self determination aspect.

I do not - 1) the wording is ambiguous, as it reads as if the optimal health care standard is defined by Aboriginal and Torres Strait Islander Peoples, when it should be the mode of delivery of the health care rather than the healthcare standard itself that should be defined by the Aboriginal and Torres Strait Islander Peoples. The healthcare standard should be the best healthcare possible with the means available, irrespective of what the patient's cultural background is; 2) delivery of health care should always take into consideration the cultural background of the patient, irrespective what that background may be; 3) see my answer to Q1

No. I don't believe "cultural safety" to be either a knowledge, skill, attitude or competency but rather an outcome of these in the context. My thoughts are that cultural safety defines a result/phenomenon/outcome/perception (not sure of the best descriptor here) whereby optimal health care is delivered to, Aboriginal and Torres Strait Islander People as determined by Aboriginal and Torres Strait Islander individuals, families and communities. It does require appropriate institutional and individual knowledge, skills, attitudes, competencies and BEHAVIOURS to deliver optimal care for the intended population. I.e. these items drive the desired outcome but are not the defnition of the outcome.

Disagree. Why shouldn't there be culturally appropriate care for all?

Yes support. Speaks to the responsibilities of individuals and institutions, describes the range of tasks involved, empowers Aboriginal and Torres Strait Islander people and communities.

In part. As a non-Indigenous social worker with decades of experience working with Aboriginal people the underlying challenge for me and my colleagues is to include all of the definition's current elements but there is also a need to spell out that there will be recognition of and respect for Indigenous (not one size fits all) ways of being, knowing and doing plus the willingness/capacity to incorporate that into the agency's policies and practices. One that does not imply that White/dominant ways of providing health care are preeminent and preferable.

This statement is not a definition. It provides a statement that says cultural safety cannot be defined by anyone other than Aboriginal and Torres Strait Islander individuals, families or communities and these definitions can be by any individuals, families or communities. The potential meaning of cultural safety is thus unlimited because reference points, experience and perspectives are unique and unlimited. The meaning and parameters of what is and is not cultural safety cannot therefore be named or illustrated. It can be anything that the individuals, families or communities want at a particular time, in a particular place, with a particular person or institution, and within a particular space or story. Relativity in concepts is usual, however a definition needs to be able to communicate meaning - this does not - it abrogates the responsibility of meaning to individuals, families and communities without consideration of collateral consequences for the individuals and institutions who are engaged in health. The meaning can vary in relation to the purposes and intentions of the Aboriginal and Torres Strait islander individuals, families and communities and these purposes and intentions. This definition removes any sense that the meaning of the term can be communicated prospectively to the people who need to know what it is in order to provide 'optimal health'. This is a statement that encodes arbitrary power to attribute meaning to one constituency whilst placing unknown obligations on individuals and institutions that seek to provide 'optimal health'. I do not support this definition because it is not a definition. Further attempts should engage experts with epistemological expertise in the crafting of definitions - so that the threshold attributes of a 'definition' can be built into a statement that will have utility - thus is needs to be intensional, extensional, and ostensive.

No! It sounds too corporate and bureaucratic. Needs to be more simple. Most mob who read that won't even know what it means. Most health practitioners will be confused by it. Say something like "Cultural safety is where Aboriginal and Torres Strait Islander Peoples feel their health practitioner or organisation has the competency to give them the highest quality of health care they need"

No, it is moving away from a previously well defined and supported definition. The proposed definition limits the scope of cultural safety and is not true to the original concept of cultural safety. The proposed definition limits culture to that of the care recipient and to a particular demographic. By its nature the proposed definition does not appear informed by the current, well understood model of cultural safety.

2. Do you support the proposed draft definition? Why or why not?

Yes. it appears succinct and inclusive.

Not as is. The definition does not translate into doing and behaviour. How we practice and interact with others is an essential element of cultural safety. Additionally, remove competencies. This term implies that the skills are both assessable and static. What is safe and appropriate for one person, may not work for another person. Behaviour needs to be flexible and dynamic to cater for the needs and preferences of each person as an individual - with their culture and identity an important part of who they are.

Yes

I am concerned that the original intent of the cultural safety concept has been significantly corrupted here. One of the key problems with this definition is that it is taking us back to ideas of competency rather than a capacity to be critically self aware. In order to decolonize in this space surely we need practitioners to consider more deeply their own social positioning rather than simplistically holding a 'competency' about 'the other'. Without self awareness of one's own social positioning there's little chance of unpacking the relations of power that underpin 'safe' and 'unsafe' experiences of the health system.

No. This definition of cultural safety is not satisfactory and is removed from definitions set as standard by the likes of Irihapeti Ramsden's the pre-eminent expert on cultural safety in the Asia Oceanic region.

No I do not support the draft definition. Cultural Safety is NOT about skills, knowledge or competencies required to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities. Cultural Safety is defined as: ‘The effective nursing of a person/ family from another culture by a nurse who had undertaken a process of reflection on [their] own cultural identity, and recognises the impact of the nurse’s culture on [their] own nursing practice’. (Nursing Council of New Zealand 1996, p.9) The proposed definition not only diminishes the importance of culturally safe nursing practice for ALL people, it also creates a sense of separatism and completely ignores the guiding principles of cultural safety and the importance of the process of critical self reflection in nursing practice.

No, I think the use of the term "institutional" may challenge those who have experienced institutional trauma and in fact contribute to the practices that the definition is seeking to alleviate. I also think that cultural safety is the end experience of the recipients of care, more than a collection of skills and knowledge, which this definition does not address. I prefer something like: "Cultural safety is when individual, collective and organisational knowledge, skills, attitudes and competencies deliver an experience of optimal health care to Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities".

Yes, because individual patients that are Aboriginal and Torres Strait Islanders determine their own cultural safety.

I do not. It literally states that "Cultural Safety" means whatever any Aboriginal and Torres Strait Islander person says it does. Unless all Aboriginal and Torres Strait Islanders share the same mind, "Cultural Safety" will have as many different means as there are Aboriginal and Torres Strait Islander people, and there are no limits on what those requirements maybe other than the categories "knowledge, skills, attitudes and competencies".

Yes it is clear and is supported by the literature in cultural safety

Yes, I support the draft definition as it is clear and simple.

No I do not support the proposed draft definition for the reasons stated in question 1.

Not all all. it does not nearly define what cultural safety is or how cultural safety is a process or journey of continual learning and focus on the self

If Aboriginal and Torres Strait Islander organisations like the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) are happy with definition, I'm happy with the definition. As a whitefella, I'm happy to defer this to blackfellas.

Not as the definition stands, no, as it definitely doesn’t capture the elements of cultural safety. a. Cultural safety is a model that: i. Has a basis or foundation in social justice that focuses on health inequities rather than cultural differences ii. Maintains that the health professional – client/patient relationships are based on differential power relationships and these must be acknowledged and addressed iii. Does not rely on specific understandings of the values and beliefs of different cultures to inform culturally safe health care iv. Moves beyond cultural awareness and sensitivity in order to build trust, share power, and provide opportunity for clients/patients to negotiate health care that is culturally safe as determined by them b. Nor does this definition consider cultural safety’s potential to challenge power imbalances, racisms and white dominance in educational, research and clinical practices.

2. Do you support the proposed draft definition? Why or why not?

No I don't support it for the reasons above and that it places the emphasis on the ethnicity of service users which is in direct opposition to the emphasis of the founders of cultural safety Maori Scholar Irahepiti Ramsden and colleagues. The proposed definition implies that there is an end point whereas cultural safety practice is an ongoing life-long process undertaken by all health professionals and systems.

Yes, it captures everything that needs to be included

APAC supports the proposed definition.

I think the term competency should be replaced with "behaviour's - competency in the clinical text implies there are key things you can learn about a culture and that competencies can be ticked off as a one off achievement you could add on something about the lifelong journey of providing culturally safe practice

Mostly. The draft definition is very good. It could use a little more emphasis on how you need different knowledge of culture depending on where you or your organization are based.

yes, its brilliant and truthful

No. 1. I believe the Maori nurses who developed this framework should at the very least be acknowledged. The definition drawn from this origin may be adequate for all settings. I can't see what needs to be unique about a definition for the scheme. 2. Something seems wrong with the grammar. Cultural Safety seems to be more a state, than a collection of attributes as the definition suggests. The attributes themselves - knowledge, skills attitudes and competencies - must be culturally safe.

Q3 - 3. Does this definition capture the elements of what cultural safety is? If not, what would you change?

False

3. Does this definition capture the elements of what cultural safety is? If...

True

3. Does this definition capture the elements of what cultural safety is? If...

It's impossible to capture all the elements of cultural safety in a definition, however one element that may be important to emphasize is that it requires a life-long learning process.

A strength of the suggested definition is that it acknowledges the role of both individuals and institutions. Structures and systems that lead to the conscious or unconscious oppression of Aboriginal and/or Torres Strait Islander people need to be examined and deconstructed, by both institutions and individual, to create meaningful change. Often services aspire to be culturally aware or responsive. However, capturing a stronger definition of cultural safety, that looks at systems of power and oppression, creates more sustained social change. While the definition importantly outlines the key components that contribute to someone feeling culturally safe as 'knowledge, skills, attitudes and competencies,' it does not cover the experience of what feeling culturally safe is. The addition of such a description would allow us to fully support a single definition of cultural safety.

The NMBA Code of Conduct for Nurses 2018 3.2 Culturally safe and respectful practice (PAGE 8) Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must: • understand that only the person and/or their family can determine whether or not care is culturally safe and respectful • respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members • acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels • adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs) • support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and • create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues.

No, it fails to address the key strategies to deliver cultural safety which are decolonisation, personal critical reflection, and respectful engagement with the Aboriginal client. I would include the model

In the context of health care, yes the definition does appear to capture the elements of cultural safety.

yes.

The definition captures the elements for the delivery of care but does not highlight a need for Aboriginal and Torres Strait Islander Peoples to feel safe in the delivery of optimal health care.

No change is required. The existing understandings and definition of cultural safety should remain.

Requires specific reference to racism and decolonisation and specific to the first peoples colonial experiences in Australia.

See Question 2 I support a definition being determined, however I do not feel that the current definition adequately supports individuals and workplaces to develop safe practices. The current form may place ambiguity in organisational culture and which can lead to conflict and the stalling of progress. The definition needs to be more specific to provide clarity to organisations.

3. Does this definition capture the elements of what cultural safety is? If...

The proposed definition is not inclusive and does not capture the essential elements of cultural safety. Suggested modifications include capturing the following: - Cultural safety should be defined by the person's personal experience and not defined by service providers or by the professional or other staff working for them - A culturally safe environment is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of identity, of who people are, and what they need. In a health setting, it is defined by the health consumer's experience of the care given, and by their ability to access services and to raise concerns (Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214)

In the context of health care, yes the definition does appear to capture the elements of cultural safety.

It captures minimal elements. The individual and institutional perspectives are essential as it alerts health professionals to their responsibilities as the care provider, as well as a member of a number of influential institutions, including health services and professional groups. However the use of the term 'competency' is problematic, as readers may think that this means being competent in Aboriginal and Torres Strait Islander peoples' culture. This is a transcultural and cultural competency approach which is fundamentally different to the concept of cultural safety. This definition does not discuss power and privilege. The final statement suggests that Aboriginal and Torres Strait Islander peoples must be empowered to determine what culturally safe care is, which is accurate, but insufficient in addressing the fundamental issue of inequity of power. Power is omnipresent, however historical and contemporary health practice diminish, demean, and disempower Aboriginal and Torres Strait Islander peoples in overt, covert, direct and indirect ways. This is why it is important to develop health professionals' understanding of power that is inherent in them as health professionals, who work in a health services that privileges them over all patients, including Aboriginal and Torres Strait Islander patients. As stated in answer 2, cultural safety is not limited to the Aboriginal and Torres Strait Islander peoples' health context. Ideally, you could have a comprehensive definition of cultural safety that accurately reflects Ramsden's intent. Cultural safety is about transforming Australia's health care services to ensure patient-centred care, one that does not tolerate any form of discrimination, and one that holds individuals and institutions to account. Then in a separate position statement briefly discuss how cultural safety applies to the Aboriginal and Torres Strait Islander health context. The need to be concise with national definitions is appreciated, however this must be done accurately, as it impacts on how cultural safety is taught to and exercised by health professionals. A half-baked definition, will translate to small changes in practice, if any.

Yes it does capture the elements of cultural safety. Although the continuing impact of colonisation needs to be recognised. Hopefully health and education providers will be aware of this.

NO If not, what would you change? Need to have a section Why is there a need for cultural safety? Provide examples of what cultural safety is in practical terms.

No, I think it is too broad and open for interpretation, it does not provide a clear indication of what cultural safety is

There is little in the definition which indicates the critical importance of the perception of cultural safety by Indigenous people. The definition appears to suggest that gaining a set of "knowledge, skills, attitudes and competencies" is sufficient; it does not include the need to create a culturally safe environment for the delivery of optimal health care. Creation of a culturally safe environment requires the health professional to undertake critical reflection and judgement in the context of the specific patient, taking into account those aspects which are of significance to the individual. In essence, cultural safety is perceived by the person receiving the health care, whereas the current definition focuses on the person delivering the care.

No not in this current form as for the above reasons.

Yes.

As a set of words this definition seems to capture the elements but it does not guarantee that health professionals will examine their own beliefs, behaviours and practices, as well as issues such as institutional racism, in ensuring that their services are perceived as safe—by the patient rather than the provider. The concept of cultural safety, as drawn from the work of Maori nurses in New Zealand, was defined as: 'An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.' These words are simple, unassailable and promote a sharing of meaning more than the one on which we are commenting.

3. Does this definition capture the elements of what cultural safety is? If...

I have concerns regarding using the phrase “optimal health care”. The definition of optimal is "most favorable or desirable" which is great but to me the phrase suggests an ideal situation - in reality optimal health care delivery is often unattainable - the world is not perfect. I think the definition should relate to all health care situations rather than relating to what is desirable or optimal. I would argue that a culturally safe environment during the delivery of health care (when people are potentially at their most vulnerable) is not just most favourable and desirable but absolutely essential and in fact a patient's fundmental right. I would suggest instead of optimal adding the word approriate or the phrase “an acceptable standard” as any health care delivered to anyone (including Aboriginal and Torres Strait Islander Peoples) in an environment that is culturally unsafe is inappropriate and is not of an acceptable standard. I would also argue that such skills are essential as against needed. Hence "Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies essential to deliver an acceptable standard of health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities." This strengthening of the wording could help with driving a mandate to ensure all training bodies incorporate appropriate cultural training competencies into their curriculum.

The definition captures cultural safety for patients, however is silent on dimensions such as safe cultural space/place, clinically and culturally safe practice, emotional and spiritual safety for patients, for example. It is also limited to cultural safety for patients and therefore does not address cultural safety for Aboriginal and Torres Strait Islander staff working in the health care system.

it does capture the elements of cultural safety but needs to be broadened to include all cultures

It does not talk about racism and I think this is important but do not know how you fit this in to the definition.

The inclusion of patient, their families and communities in the definition more soundly reflects the social and emotional well-being of Aboriginal and/or Torres Strait Islander people who recognise that care is holistic and health care of the individual necessarily effects the entire family and community. We however suggest that the definition does not clearly state that optimal health care delivery is dependent on the recognition and respecting of cultural beliefs and practices. We suggest that this aspect of the interaction between health care provider and patient / client and their family needs to be acknowledged.

as above, the definition captures one key element (determined by Aboriginal and Torres Strait Islander people) but not other key aspects ie healthcare in partnership, a relationship-based approach

[redacted]

no when we talk about culture safety, we are talking about how our environment, nature, is part of culture. keeping our environment healthy keeps us healthy. looking after the children and teaching children to care for the land, water, animals and plants. protects culture, in to the future.

Use of the word “safety” is highly inappropriate in this context. The appropriate words are “Cultural Sensitivity”. In any clinical environment “safety” relates to an individual or group of individual's physical or psychological well-being. It is therefore anomalous and erroneous to link safety to a “culture” in this way, as a culture does not represent an entity or entities that can suffer harm of a physical or psychological nature. Conversely, the concept and word formulation of “safety culture” is perfectly meaningful and a critical part of all good clinical practice. Whilst I am fully aware of the NZ origin and context of “cultural safety”, neither in Australia nor in this consultantion document can its use as a term be readily justified as their is neither common definition with NZ or commonality in relation to the context of its formulation. Consequently, my recommendation is that we define first what we wish to achieve, namely sensitivity, compassion and empathy in relation to delivering culturally “optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.” As much as any culture can represents a meaningful and positive force for a person or people, elements of any culture can also represent negative forces that adversely impact good health and the adoption of positive public health messages. In the setting of health and health care regulation our goal should always be to use words precisely and with clear definitional relevance to the intended purpose. In this sense the conjunction of the words “culture” and “safety” is ambiguous for a health care context were “patient safety” relates to the well-being of the patient, “clinical safety” relates to ensuring clinical practice is safe for patients, “hospital safety” relates to ensuring the hospital is safe for patients, and “workplace safety” relates to ensuring the workplace is safe for those entering a workplace. Even the common usage in terms of “food safety” and “road safety” place a requirement for safety on the “food” and “road” as things which must be rendered safe to protect people. Hence “cultural safety” would a priori suggest that there is an onus on a culture to be safe, made safe if unsafe or used safely to protect people who adopt a particular culture. This is not what the proposed definition of cultural safety intends and it also lacks the ability for obejective external scrutiny or a requirement for modification should negative consequences for elements of a culture be identified that require modification to improve the health and well being of cultural adherents.

If it is intended to encompass other cultural populations, it should not be just about First Nations peoples, otherwise perhaps the terminology to be used should be specified as Australian Indigenous Cultural Safety is....

3. Does this definition capture the elements of what cultural safety is? If...

Cultural safety is meaningless unless practiced for all cultural groups. Don't single out a particular racial group for special attention (this was established as racist 100 years ago). Instead encourage nurses to provide culturally safe care to all races and creeds examples: A Muslim man should not be bed sponged by a female nurse. A Muslim woman - especially a child should not be bed sponges by a male nurses The words "cultural safety" are meaningless with out context and cannot be applied to one one group Providing kosher meals, not allowing Jehovah's Witness to be bullied about refusing blood transfusions, We are a multicultural society and EVERY person deserves to be treated with cultural safety and respect

No I do not think so, I think it's appeasing by nature and trying to be palatable ie considerate of white fragility...

Yes.

No it does not. It is a model of practice - power sharing >>>needs of clients at the centre of nursing (not just ATSI people)

Yes, if you can understand what it actually means

I undertook some cultural sensitivity training (lms.wacrh.uwa.edu.au) in my first week at a remote location. The Course uses the example of well meaning but culturally ignorant nurse verses the culturally aware nurse. The Story An older indigenous man needs crutches. Ignorant Nurse Demonstrates usage, fits the arm padding, assists man to stand, and talks him through movement. Aware Nurse Finds a young nephew. Teaches the nephew as above. Nephew assists and teaches the older man. I thought it good until... this story was told to me yesterday by another nurse. Real Event Story: a sick older man is on the floor of his home and needs assistance. The ambulance is dispatched. The ambulance is run by the nurse and a driver patient attendant together. Other family are in the patient's house but do not assist him. Nurse assess man who has chronic illness. He had been crawling on the floor trying to return to his bed but it all got too much for him. Nurse asks the Driver Attendant to assist and the two help the patient to the ambulance. Outcome The Driver Attendant lodged a cultural sensitivity complaint. He is a young nephew of the older man and it is culturally ignorant for the nurse to expect him to assist. The nurse was given a grilling by the Director of Nursing about being culturally unaware. The nurse tells me her story and I direct her to the Cultural Sensitivity program I had just completed. As a bit of background, the course I did was for WA. The equivalent Qld course would not run on my PC, so I gave up. I had discussed this being the WA version with my senior nurse who said the two courses were basically the same principles and there was no substantial difference. The real problem is almost all cultural knowledge is secret. Yet.... there is real value and the rules not being discussed and educated logically does not make it wrong..... just impossible to work with.

Not from my perspective. It states that we should practice culturally safe for indigenous peoples and they will tell us what that is. Is this not what patient centred care is? We should practice it the same for all groups and individuals? I am happy to ask all of my patients what their wishes are and to offer them care that is appropriate to them, their families and communities. I will also access resources for them ie Aboriginal Liaison Officer, Closing the Gap referrals, respecting What are the elements that you are hoping to capture?

The definition should read: Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples, and where possible; this should be determined in consultation with Aboriginal and Torres Strait Islander individuals, families and communities

yes, appreciate the line "as determined by Aboriginal and Torres Strait Islander individuals, families and communities."

No, it covers a proposal for increasing cultural safety for one group but does not include how they, or anyone else would know they had the experience.

Whilst I appreciate the importance of cultural safety in relation to Aboriginal and Torres Strait Islander peoples in the Australian healthcare context; cultural safety is a broader construct for nurses. The definition above could read: Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for marginalised populations as determined by those individuals and communities. In Australia, cultural safety has a vital role in delivering optimal care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Cultural Safety should be how Indigenous define it for the purposes of meeting the health needs of Indigenous. In Aotearoa New Zealand, the founders of Cultural Safety in nursing, Kawa Whakaruruhau was about colonisation and the long term impacts of colonisation on Maori health. Over time, the nursing regulatory definition of Cultural Safety was broadened (due to public outcry/ignorance at the time) to include the safety of all people with culture that is different to the health practitioner. While it is imperative for health providers and practitioners to be aware of their own culture and how that may impact others in their care, and to understand cultural in its broadest sense- the Cultural Safety of the Indigenous peoples of the land must come first and foremost. If Indigenous are safe, respected, equal partners in health and wellness then all people will prosper.

Any comment about responding to linguistic diversity? Without being able to communicate, it's unlikely any service could be called competent, let alone optimal.

3. Does this definition capture the elements of what cultural safety is? If...

This definition is a great starting point but it doesn't include capture the other key aspects of cultural safety self reflection or the power disparity between organisations/ clinicians and patients and families. These in addition to it being determined by the recipients of care are what differentiates cultural safety from cultural competence and other culture based approaches. Also family is important.

i think it does with the clarification of what determined means in this context.

No. This concept is not limited to just Aboriginal and Torres Strait Island Peoples. However, if this is used in this context, please consider a change to ... "Cultural safety for Aboriginal and Torres Strait Island Peoples....

Due to my background, working as a nurse and educator in NZ also as a nurse in Australia, there needs to be clear supporting information regarding the key elements identified in the definition ie. institutional knowledge, skills and attitude. What does this mean, currently these all exist but there is plenty of evidence identifying the negative outcomes for minority groups, historically and currently: for first Australians, women, non English speakers, lower socioeconomic groups, people with mental illness, LGBTQI communities as a few examples. Key to this definition is how, and by whom, is optimal care decided.

The elements of the definition provided are important. However, the definition as it stands would be difficult to translate to practice. For instance the first component of the definition, "individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander peoples" provides a selective list of possible domains of potential change (1, 2). The limitations of the prescriptiveness could have impacts on application, evaluation and research. The second component maintaining a focus on consumers as a judge or measure of cultural safety existence is consistent with previous definitions and allows for translation to practice. However, Identity and challenges to identity are not mentioned as a core element in this definition. The elements of cultural safety are unique and are not standard in diverse environments. The varying terminologies used to try to capture an understanding of the concepts do not capture the complexity and understanding that exists about and within those terms, to each other, and to the people who potentially would use them. 1. Donald L, James D, Kirkpatrick W. The official site of the Kirkpatrick Model Geogia USA: Kirkpatrick Partners; 2018 [updated May 13 2018. Available from: https://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model. 2. Coffin J. Rising to the Challenge in Aboriginal Health by Creating Cultural Security. Aboriginal and Islander Health Worker Journal. 2007;31(3):22-4.

It does from an indigenous aspect.

I think this definition captures that we need to mindful of a patient's cultural background. The definition does not contain any guidance of how to actually do that.

I wonder if there should be an addition that elludes to an effective outcome. That is a service delivery (model) does not always reflect the intent of same. Should there be a comment about "And can be reflection of the access and utilisation of a service by the Aboriginal and Torres Strait Islander People"

Any reference to a specific racial group

Yes

See above but include: recognition that there may be differing opinions on what constitutes 'optimal health care'. By whose standards???

This statement is not a definition. It provides a statement that says cultural safety cannot be defined by anyone other than Aboriginal and Torres Strait Islander individuals, families or communities and these definitions can be by any individuals, families or communities. The potential meaning of cultural safety is thus unlimited because reference points, experience and perspectives are unique and unlimited. The meaning and parameters of what is and is not cultural safety cannot therefore be named or illustrated. It can be anything that the individuals, families or communities want at a particular time, in a particular place, with a particular person or institution, and within a particular space or story. Relativity in concepts is usual, however a definition needs to be able to communicate meaning - this does not - it abrogates the responsibility of meaning to individuals, families and communities without consideration of collateral consequences for the individuals and institutions who are engaged in health. The meaning can vary in relation to the purposes and intentions of the Aboriginal and Torres Strait islander individuals, families and communities and these purposes and intentions. This definition removes any sense that the meaning of the term can be communicated prospectively to the people who need to know what it is in order to provide 'optimal health'. This is a statement that encodes arbitrary power to attribute meaning to one constituency whilst placing unknown obligations on individuals and institutions that seek to provide 'optimal health'. I do not support this definition because it is not a definition. Further attempts should engage experts with epistemological expertise in the crafting of definitions - so that the threshold attributes of a 'definition' can be built into a statement that will have utility - thus is needs to be intensional, extensional, and ostensive.

As I said above - it needs to be less corporate lingo and more accessible

3. Does this definition capture the elements of what cultural safety is? If...

No it does not. It is focused on the 'exotic' care recipient rather than the reflection of the health care professional and health services to provide culturally safe care by considering their biases, privilege and power in the caring relationship. I would suggest that AHPRA adopt the Nursing Council of New Zealand definition of cultural safety. Where the term nursing/nurse can be changed to health care or health professional as required: "The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual."

I presume so.

Include behaviour. Remove competencies. Suggest: Cultural safety is the individual and institutional knowledge, skills, attitudes and behaviours needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Support it as currently worded

No the definition proposed is entirely out of step with the original definition (see Ramsden, 2002). It is somewhat ironic that the original author is essentially being misrepresented and misquoted thus not respecting the Maori author who wrote this.

No. This definition does not require the individual health care pracitioner to reflect on their culture and the impact this has on their ability to care for individuals from other cultures.

The definition does not capture the elements of what cultural safety is. This definition completely ignores the guiding principles of cultural safety: Cultural differences exist and are legitimate; Humans see the same thing differently-there are multiple realities; Biculturalism; Respects uniqueness of individuals the practice of Cultural Safety challenges racism and ethnocentrisms; sexism, ageism and cultural recipes/stereotypes; CS acknowledges that organisations /professions/staff groups have cultures; that the dominant culture accepts the heritage of cultural imperialism and colonisation and that those in positions of power have the choice of changing or perpetuating dominating practices. CS requires our own self as practitioners to understand our own values, beliefs, opinions and how they shape our world view and our life view and how our own cultural beliefs can impose limitations on practice, it forces us to evaluate on how society treats people differently NOT on how they may differ culturally.

see above....the actual experience of care is more important than a list of knowledge, skills, attitudes and competencies. It is what those things deliver to the recipient and how the experience feels that defines cultural safety. Aboriginal people know what feels culturally safe and what doesn't.

Yes, it covers all the extras that determine a person's health, ie: social determinants

No. The words "Cultural Safety" within the English language in this context would imply preventing medical procedures from impacting cultural norms. The proposed statement implies that only Aboriginal and Torres Strait Islander people have a culture, or at the very least, that only Aboriginal and Torres Strait Islander peoples cultural norms are worth safe guarding.

Yes

Yes, I think so because it recognises two ways of knowing.

No this definition does not capture the elements of what cultural safety is. The definition needs to be inclusive of all individuals, communities and populations, as stated in the existing Code of Conduct for Nurses.

No. You have described cultural competency not cultural safety . Maybe you should read what gets taught in the universities now. You are behind. New Zealand have grasped the new concept why can't Australia.

3. Does this definition capture the elements of what cultural safety is? If...

This definition does not encapsulate the entire meaning of what cultural safety is. What about * the elements of power that all practitioners hold - consciously or unconsciously - practitioners need to be aware of their own power and how not to use that power to the detriment of Indigenous clients, patients, etc *recognising the history of Indigenous Australia and how that is still impacting on us now - how do practitioners decolonise their practice? and the history of practitioners discipline field and that has impacted on us & still does *working towards changing the status quo - institutional racism, discrimination, advocacy * Importantly, reflecting on the self - cultural safety in my mind is not about 'others' - nor is it about non-Indigenous people learning this - it's about practitioners reflecting on themselves, their cultural background, their stereotypes, values & beliefs. Change is within themselves - not trying to change others or trying to understand others - no one can be culturally competent in anyone else's culture

My understanding is that the phrase "as determined by Aboriginal and Torres Strait Islander individuals, families and communities" is the essence of cultural safety.

No My concerns include the following: The definition positions cultural safety only as relevant only to Aboriginal and Torres Strait Islander contexts and basically ignores diversity of culture (intra and inter) and the existence of other cultural groups in Australia. 1. We need to stop focusing on ‘cultural awareness’ as a stand-alone and by attempting to learn others’ cultures. Instead we need to grapple with the impact of our own cultures and those of the systems and society we work within. As it stands, this definition won’t do this 2. This isn’t to say that the above definition isn’t relevant or necessary for Aboriginal and Torres Strait Islander peoples, but it shouldn’t be the only official definition of cultural safety for all health professionals.

No it doesn't. The focus must be on structural issues and professions, the focus must be the whole health system and all contexts. Cultural safety practice is not about the cultures of users of health services and systems, however whether health care is experienced as culturally safe is determined by service users. Cultural safety is of course especially relevant for Aboriginal and Torres Strait Islander people, families and communities due to the level of need and health inequality due the history of invasion and genocide and ongoing neocolonial practices. However AHPRA will miss an opportunity to apply this Indigenous Knowledge to all of the health system providing better outcomes for everyone including addressing intersectionality. The proposed definition has most central elements missing e.g. some are personal, professional and institutional cultural reflection; power sharing, trust, relationality, negotiation, partnership; whiteness, white privilege, specific definition of culture far beyond ethnicity; critical discourse on race, health and other theoretical, philosophical, epistemological and ontological elements. I would change it to embrace the founders' work on cultural safety.

Yes

Yes.

AA avoid terms like competency - competency in the clinical text implies there are key things you can learn about a culture and that competencies can be ticked off as a one off achievement discuss behaviours the definition does not mention the importance of critical self-reflection as a way to recognise racism and the implications of white privilege you could add on something about the lifelong journey of providing culturally safe practice

Yes.

absolutely it does

No. Cultural safety in the scheme must apply to more than delivering health care. For example, health professional education must be culturally safe in order to engage more Aboriginal and Torres Strait island students. This is an important function of the scheme. Aboriginal and Torres Strait Islander people must feel secure in engaging with any framework or institution that the scheme touches.

Q4 - 4. What other definitions, frameworks or policies should the National Scheme and NHLF's definition of cultural safety support?

False

4. What other definitions, frameworks or policies should the National Schem...

True

4. What other definitions, frameworks or policies should the National Schem...

Reconciliation Action Plans National Aboriginal and Torres Strait Islander Health Plan 2013-2023 Health professional education course accreditation documents Health professional registration documents

Cultural safety definitions should recognise the intersecting areas of discrimination. The definition of cultural safety should support and link to other agreed definitions, frameworks and policies that represent population groups such as the LGBTIQ+ community; people seeking asylum, refugees, and people living with a disability.

As already stated, the NMBA Code of Conduct for nurses has a very well developed definition. Inclusion of this position would assist the process, these principles could be adopted by all health professionals.

Ramsden's 2002 model as detailed by Odette Best 2018 NZ nursing and midwife council 2005 Cultural safety regulations CATSINaMS position statement on cultural safety NATSIHWA Cultural safety framework

The recognition of cultural safety is an important step which ultimately needs to be supported by strategies to improve the understanding and application of cultural safety

culturally safe workforce

No further definitions, frameworks or policies are recommended

ANy documents released from the Departments of health including state and territory and the ACCHO sector.

- Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214 - National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) Cultural Safety Framework

The recognition of cultural safety is an important step which ultimately needs to be supported by strategies to improve the understanding and application of cultural safety

This is a complex concept, thus requires engagement with literature more sophisticated than government frameworks or policies. Below is a list of resources I use in my undergraduate nursing curriculum. I also strongly and respectfully advise that academics informed about cultural safety are involved in this process as well. Irihapeti Ramsden's 2002 thesis, 'Cultural safety and Nursing Education in Aotearoa and Te Waipounamu'. Cox, L.G. & Taua, C. (2017). Understanding and applying cultural safety: philosophy and practice of a social determinants approach. In J. Crisp, C. Douglas, G. Rebeiro & D. Waters (Eds.), Potter and Perry's Fundamentals of nursing (5th ed., pp. 260-287). Chatswood, NSW: Elsevier. Best, O. (2018). The cultural safety journey: An Aboriginal Australian nursing and midwifery context. In O. Best & B. Fredericks (Eds.), Yatdjuligin Aboriginal and Torres Strait Islander nursing and midwifery (2nd ed., pp. 46-66). Port Melbourne, VIC: Cambridge University Press. CATSINaM online definition: https://www.catsinam.org.au/policy/cultural-safety

I cannot recommend another framework. Cultural Safety was developed for the New Zealand context it is important that recognition to the different country contexts are taken into account. The colonisation of Australia was different to New Zealand. New Zealand had the Treaty of Waitangi: whereas the Australian Aboriginal population did not and subsequently were politically disadvantaged compared to the Maori, New Zealand population. There is also a growing agreement re using the terminology ‘First Nations’ or ‘First Peoples’ rather than ‘Indigenous’.

4. What other definitions, frameworks or policies should the National Schem...

Many peak agencies (government / non-government) acknowledge the importance of cultural safety in their work practices. Whilst some definitions focus only on the Aboriginal/Torres Strait Islander experience, other definitions are broader to reflect a change in population demographics. Below is a small selection of other definitions. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Cultural safety is the recipient's own experience and cannot be defined by the caregiver .... by promoting a framework of cultural safety to inform attitudes and behaviours in the provision of care by health professionals to Aboriginal and Torres Strait Islander individuals and communities, so individuals and their families feel culturally secure, safe and respected. It is also important to emphasise that cultural safety is as important to quality care as clinical safety. Nursing and Midwifery Board of Australia Culturally safe and respectful practice requires having knowledge of how a midwife's own culture, values, attitudes, assumptions and beliefs influence their interactions with women and families, the community and colleagues. Committee of Deans of Australian Medical Schools Ensuring that those individuals and systems delivering health care are aware of the impact of their own culture and cultural values on the delivery of services, and that they have some knowledge of, respect for and sensitivity towards the cultural needs of others. Royal Australian College of General Practitioners Cultural safety training requires an awareness of how the practitioner's own values can influence their practice, but it has a focus on outcomes for health services and their patients. Cultural safety is defined as 'an outcome of health practice and education that enables safe services to be defined by those who receive the service'. Strategies aim to create an environment that is 'safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need; where there is a shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening'. Cultural safety training is more in-depth and aims to result in behavioural change. Royal Australian and New Zealand College of Obstetricians and Gynaecologists Cultural competency strives to underpin a reciprocal relationship between service provision and the meeting of cultural needs. It is widely accepted that cultural competency needs to occur at an organisational, systemic and individual level. The principles that guide cultural competency are based on: - recognition of the importance of reciprocal trust between health care provider and patient; - recognition that a patient's cultural background may influence their understanding, assimilation and acceptance of health information and behaviour; and similarly that the health care provider's cultural background can also influence the interaction; - recognition that giving all patients the ability to make informed choices will result in better outcomes for the patient, the health care provider, and the health service, irrespective of the cultural background of any person involved. The College encourages all Fellows, Members, and Affiliates to embrace and develop cultural competency in their work. Australian Indigenous Doctors' Association Cultural safety refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms. It is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health and increasing numbers within, and support for, the Aboriginal and Torres Strait Islander medical workforce. AIDA views cultural safety on a continuum of care with cultural awareness being the first step in the learning process and cultural safety being the final outcome. This is a dynamic and multi-dimensional process where an individual's place in the continuum of care can change depending on the setting.

As above, the addition of a supporting Capability Framework would be helpful to assist in defining and clearly articulating minimum requirements and expectations

Other culturally specific groups within our community- see above.

None.

N/A

The following two references may be instructive. Australian Human Right's Commission (chapter 4) Cultural safety and security (2011). National Safety and Quality Health Services Standards (second edition 2017), developed by the Australian Commission on Safety and Quality in Health Care.

The National Scheme and NHLF should support a broader definition of cultural safety to include all peoples of different cultures

The proposed definition is useful as it considers a level of self-determination and empowerment for both practitioners providing care and for patients / clients who identify as Aboriginal and/or Torres Strait Islander However, we respectfully propose the following definition, which more clearly articulates an holistic approach to cultural safety, which includes recognising Aboriginal and Torres Strait Islander community's beliefs and practices and the community's needs, expectations and rights: "Cultural safety is recognising and respecting the beliefs, behaviours and practices of Aboriginal and Torres Strait Islander individuals, families and communities to ensure that the interaction between health care practitioners and the community they serve meets individual and community needs, expectations and rights, which in turn empowers cultural identity and well-being."

The IAHA Cultural Responsiveness framework is key in this process. The framework is comprehensive, developed by Aboriginal and Torres Strait Islander health professionals from a range of backgrounds and informs how to develop competencies, behaviours etc.

None - I have already made the point that such bleeding heart liberal clap trap doesn't deliver to Australians the healthcare they deserve or want. Stop wasting time with this cultural Marxism and do something practical and effective that will have tangible benefits. For example: If there is a shortage of healthcare professionals then work to produce more of them or import some. If the quality of healthcare is poor then raise the standards or start inspecting healthcare delivery to improve the standards. If healthcare professionals are behaving badly then de-register them.

were is the respect of how our natural environment is a part of us, and culture has developed from this connections

4. What other definitions, frameworks or policies should the National Schem...

As above.

The Making Connections Framework (Nelson, McLaren, Lewis and Iwama, 2017) and the Indigenous Allied Health Australia (2015) Cultural Responsiveness in Action Framework are both useful models for understanding, developing and maintaining appropriate healthcare relationships with First Nations peoples.

[redacted]

I'll leave this one to the academics

Please refer to response at Q1.

Not sure

1/ The Simple Health stuff I watched a 20yo patient of mine butcher themselves pulling a splinter from their foot. She wanted to do it herself, so I provided the tools- and I am all for encouraging self-care. But why done so poorly?? Answer: It is not normal for an indigenous person to attend to any health care that a nurse could do. Coming to the clinic is a family affair. A patient usually attends with a couple of children, a parent or two and a grandparent. None are there to learn anything. Perhaps the patient needs a leg with a support bandage removed and reapplied twice a day. None of the family are there to learn this trivial technique. And this is a trap, as it sucks people in to thinking that the health system will always be there for them. Alas this is not so, for eventually the patient reaches the stage where the system says that they have crossed into the realm of 'complex care'. And they may only be 30yo when they cross this line. 2/ Complex Care The tools and equipment of Peritoneal Dialysis are funded - but the nurse is not. Patients will die within weeks if dialysis is missed and the patient requires a relative or paid attendant to attend to the care in order to survive in Kowanyama. But no-one has mastered the simple stuff. Never-the-less the relative goes off to be taught the complex stuff, the patient and carer returns to Kow. The care goes wrong and the patient gets an emergency medical evacuation to Cairns. It is a cycle. There have been a couple of high profile indigenous people who, in full knowledge they would die, returned to community with a requirement for dialysis. Both had sufficient funds to make a difference; they could have set up their own professional service - but it just doesn't happen that way. Burial Precedence Rules February the community came out of Sorry Business, hence my first day of seeing activities happening. The whole practice of Sorry Business is incompatible with the past and the future. It is not nice to live within a culture so morbidly focused on death. In olden days, no Hunter-Gather family could have survived if all activity stopped and the body could not be buried because of the precedence of burial rules. The other death may or may not be a short number of miles away. Precedence Rule: People must be buried in order of death. A earlier coroners case means later corpses bank-up til the coroners case it dealt with. Important people deaths also cause a backlog as the funeral is delayed to order to get other important people to re-arrange their life to attend the funeral. Neither Sorry Business nor Burial Precedence is compatible with running any business. This practice can, at most be only two generations old - since refrigerated morgues were made available. Modification of this practice should be on the table for Elders interested in the future of their people - but it is the Elders who are pushing this. I can see this practice is one where the severity of application is going to expand and increase with the next generation. It needs to be on the political agenda but isn't. The order of burial rule must be negotiated away as this expands the period of Sorry Business from 3 days per person to a month. Addressing Sorry Business is more urgent than bridging the health gap - months of mourning, every single year of one's life is utterly destructive.

I am not aware of any others but I hope they are not as wishy - washy as this one. Don't understand the need for this one.

To support cultural safety, the implementation of Trauma Informed Care principals (TICP) will assist with engagement with health care and provide opportunities that enhance the ability to meet the needs of our indigenous population.

What are the leading Aboriginal organisations using? NACCHO, VACCHO, SNAC etc.

Cultural safety is the experience of feeling safe to be, do and express and negotiate one's cultural beliefs, values and expectations in the workplace without fear of censure nor discrimination. It applies to every person in the workplace.

Consider a separate definition and framework for diversity; how to manage the safety of diverse and vulnerable populations.

Cultural safety is not only relevant to First Australian's; the number of people in Australia who don't speak English well from many different cultural backgrounds is comparable in number to the Indigenous population and who also have cultural and linguistic barriers to accessible and equitable health outcomes.

I'm currently doing my PhD under the supervision of prof Yin Paradies which will develop an empirically validated measure of cultural safety that is determined by the responses of Aboriginal and Torres Strait Islander (NSW) hospital patients. There are some fantastic international (CA,NZ,USA) and Australian research (The Power of talk- syst review ect) that you should consider. CATSINAM have an excellent framework and definition.

na

N/A

I believe this is limitless as to what supporting frameworks and policies as positive social and instituational change needs to occur. As identified there are many terms historically that have often been used interchangeably without clarity of intent or meaning, but 'sound good'. Not only do we need clarity around Cultural Safety, we also need definitions or description at a more therapeutic level as to how this outcome can be achieved. Past terminologies could be defined and included under the umbrella of Cultural Safety eg, some are process eg awareness, some outcomes eg competence.

Given research on cultural safety is still emerging and the breadth of possible activities to improve cultural safety in healthcare (1-3) it is worthwhile considering a broad definition that is less prescriptive and can allow for development of further evidence to inform this area. A framework of cultural safety that could offer layers to which definitions, guidelines and policies can aspire and strive to achieve through practice and processes would provide a model for diverse contexts to work towards. This would include understanding, change in process and practice and a form of measurable achievements in regards to cultural safety embedded into systems. A scoping and literature search may lead to identification of something fit for purpose. Adopting a previously constructed definition or framework of cultural safety would reduce further fragmentation in the sector in terms of understandings of cultural safety and is worthwhile considering. 1. Francis-Cracknell A, Murray M, Palermo C, Atkinson P, Gilby R, Adams K. Indigenous Health Curriculum and Health Professional Learners: A Systematic Review. Medical Teacher. 2018. 2. Pitama SG, Palmer SC, Huria T, Lacey C, Wilkinson T. Implementation and impact of indigenous health curricula: a systematic review. Medical Education. 2018;52. 3. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health. Canberra: Australian Commission on Safety and Quality in Health Care; 2017.

Culture is broad. It includes religion and sexual preference. Perhaps individual determination also needs to be named.

practical suggestions for non-Aboriginal people, so that they can respect the cultural background of their Aboriginal patients, while delivery world class healthcare

Nil further comment

None

What does 'health' mean. Need to expand on the required knowledge, skills, attitudes and competencies. Need a framework about understanding one's own culture whilst understanding others.

See above

Our Australian context is unique - build a definition that has meaning for our context. The definition should be intensional,. extensional and ostensive. If it is a definition within the Western tradition, it needs to be built with the precision, breadth and depth required to meet the purposes for which it will be used in a society framed by Western approaches. If these approaches and assumptions are not relevant, then it is not a definition - it is something else. Perhaps a statement of aspiration or best practice for engaging with, understanding, respecting and observing the individual, family and community perspectives of optimal health - what it is and how best to attain it.

no comment

Unknown.

None at the moment

I suggest that Ramsden's original work be respected.

refer to Ramsden's cultural safety definitions and frameworks in place in NZ as a result

4. What other definitions, frameworks or policies should the National Schem...

... the effective nursing of a person/family from another culture, and is determined by that person or family ... The nurse delivering the service will have undertaken a process of reflection on [their] own cultural identity and will recognise the impact that [their] personal culture has on [their] professional practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual (Nursing Council of New Zealand 2011 :7). Nursing Council of New Zealand 1996 Ramsden 2002 Ramsden IM: Cultural safety and nursing education in Aotearoa and Te Waipounamu. Unpublished PhD thesis. Wellington: Victoria University of Wellington, 2002. Cox, L. & Taua, C. (2017). Understanding & applying cultural safety: philosophy and practice of a social determinants approach. In Crisp et al. [eds] Potter and Perry's Fundamentals of Nursing 5e, pp. 260-287. Sydney: Elsevier.

I believe that AHPRA should attempt to create a definition that addresses a culturally safe workplace for its employees.

I use the Coffin (1994) model of Cultural Security model

Depends if any other frameworks or policies use the term "Cultural Safety". Other wise it would be redundant applying it to them.

Need a strong framework around improving outcomes for Aboriginal and Torres Strait Islander peoples- individuals, family and communities.

Not sure.....

The definition should support all individuals, communities and populations as stated above.

Ramsden's definition is much more spelt out and clear as is the National Aboriginal and Torres Strait Islander Health Workers Assoc.- which is my preference as an Aboriginal academic in the social work discipline.

Would it be worthwhile broadening the definition to include other cultural groups other than Aboriginal and Torres Strait Islanders?

There should only be one definition as the cultural safety model is applicable in any context and manifests in many different ways. Other organisations (including IAHA and the National Rural Health Alliance) have developed and are developing their own frameworks, position statements, and policies - these should be based the cultural safety model (as per Ramsden's work, 2002)

Published foundational and ongoing scholarly work on cultural safety.

N/A

We are comfortable that the definition covers what it needs to cover.

gender equity

Define what the influence of local culture means to having a culturally safe health service environment.

All institutions of the scheme should be safe for Aboriginal and Torres Strait Island people to engage with. Maybe Reconcilliation Action Plans should be a requirement for AHPRA, Boards and accreditaiton authorities. National law - changed to require education providers to include cultural safety in health professional education. Websites

Q5 - 5. Is there anything else you'd like to tell us about the draft definition?

False

5. Is there anything else you'd like to tell us about the draft definition?

True

5. Is there anything else you'd like to tell us about the draft definition?

Just to confirm our support for actively putting this important discussion forward and for providing the opportunity for input.

No, thank you. Thanks for the opportunity to contribute to building an accessible definition.

The current definition does not align with the International evidence (based in New Zealand). The NMBA's definition was based on consultation with Aboriginal and Torres Strait Islander nurses.

No

no

No

I am concerned about a consultation process - of minimal six weeks duration - that has not reached many of the stakeholders and communities who have an interest, and who should have greater power than AHPRA to initiate such actions. I am still asking how/why was this direction to change the definition of cultural safety initiated? Why is this AHPRA's interest/arena or action. AHPRA may wish to first use its actions to assess its own levels of progress towards cultural safety - by most accepted measures AHPRA is not making much organisational progress in meeting fundamental outcomes/and its RAP. Cultural safety - in its fundamental definitions - asks us to reflect upon ourselves and our impact upon the cultures/lives of Aboriginal and Torres Strait Islander peoples. I am wondering why AHPRA hasn't done this, before contemplating and initiating action that is disrespectful, colonising and incongruent.

The definition should offer recognition and respect for cultural obligations, cultural validation, and culturally appropriate communication styles nested within a culturally safe care environment.

No

General comments. This is a pivotal point for Australia's health professional groups to align ourselves in addressing patient-centred care. Cultural safety provides a theorised model to do this for all our patients. In the context of Aboriginal and Torres Strait Islander peoples' health and well-being, cultural safety provides an opportunity for us to transform the way 'we work with' Aboriginal and Torres Strait Islander patients, families, communities, and institutions to ensure their empowerment in care they are subjected to. From a political perspective, the notion of sovereignty and treaty are active concepts within local, regional, and national discourses. This, to some degree, reflects New Zealand's context when cultural safety was introduced. Cultural safety provided a framework for health professionals to understand how the Treaty of Waitangi informed their practice, and informed their idea of being a New Zealander. This was not a smooth ride either, with right-winged commentators aggressively attacking the concept, suggesting that a decolonisation approach would be a disaster for the nation. But their health professional groups knew better. To do this right, we must ensure accuracy, and ensure by-in from as many of the health professional workforces as possible. It can't just be a AHPRA and NHLF commandment (Unfortunately, the NHLF is not well known by many health professionals, including Indigenous health professionals). AHPRA must also exercise courage and unshakable leadership in advocating for the safe and high quality care that cultural safety promises.

No

5. Is there anything else you'd like to tell us about the draft definition?

Whatever the words AHPRA use in their final version of this definition, it needs to be in plain English Need to reflect on who is the target audience for this definition and will they be able to translate AHPRA's definition into their day-to-day practice. The definition needs to have context: - why is there a need for cultural safety and - what are the potential impacts if cultural safety is not practised The definition needs to be broader to reflect the changing demographics of the Australian society, but also reflecting the changing landscape of identity relating to sexuality and religious beliefs. If the cultural safety definition focuses only on the experiences of Aboriginal/Torres Strait Islander peoples, it negates the experiences of many other people who experience discrimination based on their race, class, gender, sexuality, religious beliefs and so on. If people experience any form of discrimination or unconscious bias because of their difference, it sets the tone for the rest of the experience in the service. Cultural safety is a 2 way process – clients should feel culturally safe when accessing services; staff should be able to work in a culturally safe environment. Cultural safety is about how we make people feel, and treating people the way that they would like to be treated but taking into account any cultural factors if we need to. In closing, culturally safety means that ... all people can access health care and health workers can come to work without fear of discrimination or bias based on their nationality, beliefs or sexuality. To achieve this, the reciprocal relationship between the health practitioner and the health care recipient should be viewed as one of mutual respect and understanding and be seen as an opportunity to learn from each other - building a trusting relationship for optimum health outcomes.

It remains critical that the definition is one which is endorsed by a wide range of Aboriginal and Torres Strait Islander stakeholders.

The heading of the document should clearly state that 'cultural safety' pertains to Aboriginal and Torres Strait Islander culture ie. 'cultural safety for Aboriginal and Torres Strait Islander.'

It is important to have an agreed definition for all health care providers so that services, initiatives and practices can be consistently assessed.

The draft definition essentially encompasses all that is required for a definition of cultural safety for health practitioners working with Aboriginal and Torres Strait Islander communities

The proposed definition provided here has been put forward after consultation with members of the Aboriginal and Torres Strait Islander staff at Ipswich Hospital after considering the question: what does cultural safety mean to me?

[redacted]

I find it hard to understand and do not see how there is any culture safety in your statement.

Please use clinically relevant, contextual objectively accurate wording when formulating definitions. Hence, what you are defining is "Cultural Sensitivity" rather than safety.

We applaud the efforts to increase awareness and understanding of the partnership approach needed for health professionals to effectively work with First Nations peoples. We also acknowledge that the definition attempts to describe the positive redirection of the power for directing health care to the individual and collective service users from First Nations communities.

What does this mean in practice. We continue to endure culturally unsound practice and practitioners... how will the implementation of this definition change our ability to call our incompetence in this area?

ANZCA supports and applauds the initiative to give Aboriginal and Torres Strait Islander Peoples the voice and power to determine what is culturally safe in healthcare.

Move the focus away from ATSI peoples only. Ethnicity comprises only one part of culture. There is more ethnic diversity than this group. Many would be equally as disadvantaged.

See previous comments

5. Is there anything else you'd like to tell us about the draft definition?

Opinion: Governance Consideration New thinking is required; non-indigenous Australia needs a strong healthy First Peoples. 1. Recognise Sorry Business as a peaceful and acceptable passive resistance movement (the equivalent of Gandhi and his salt) sufficient to bring non-indigenous Australia to the negotiating table 2. Burial Precedence. Investigate what Australia can negotiate in order to promote more timely burial. 3. Old Law to be recognised as a Law. 4. Traditional Payback is violent and utterly unacceptable in a modern society. Put a price on Payback in the form of financial penalties having direct deductions from Centrelink to Community projects. 5. Financial support of indigenous people in enlightened and leadership roles. Bundling into Academia (as in a Professor Chair of a Uni) is not the right way and is yet another way to bury Indigenous leadership. 6. Education and strong policy for non-indigenous managers to actively manage Blowback. Formulate a process of Cultural Sensitivity complaint assessment, by Council of Elders within specific tribes. 7. An official Australian Register by Tribe, complaint & ruling to be maintained as a public record of Old Law.

Please include links to resources that can assist in enabling practitioners to be able to provide this care. It is important that we do assist our ATSI brothers and sisters to improve their access, utilisation and outcomes of health. It is important to acknowledge the wrongs that have been perpetrated against them. It is important for us to realise that all cultures are important and are entitled to be able to have pride in themselves and to be able to access the same benefits as other cultures. How do you embed this?

Cultural safety is supposed to be about equal access, opportunity, consideration and expression for all personnel and stakeholders, not a situation where some people modify their behaviour and other people are accommodated. Modification and accommodation should be reciprocal.

It reads as cultural safety results in optimal health care. It is not the only variable that is required for optimal health care. In reality, there are many other contextual variables far beyond the influence of any one practitioner or service that will shape whether or not optimal health care is even a possibility. So unless in a perfect world, any one service or practitioner will fall short of the definition.

It is fantastic that AHPRA is doing this work- definitely a step in the right direction

i understand why this definition only applies to Aboriginal and Torres Strait Islanders however i believe ACN should also be considering its position for nursing for other cultures which in many instances the population being cared for by nurses outnumber the Aboriginal and Torres Strait islander population many times over and should also have cultural safety considerations.

Do note that this concept was first described in New Zealand and the exclusion of any group in its current form would not be ideal to serve the needs of other disadvantaged communities.

I applaud this proactive move, it is well overdue, but change does take time, I hope the fires keep moving. It is important that a clear definition is provided, but it is even more essential that dialogue continues, this is only the beginning. We need passionate involvement from all levels to allow growth and action, not only academics and representatives from professional bodies but also representatives from general population and minority communities.

This is somewhat reminiscent of policies where attempts have been made to have one definition to fit all, however, the reality of diversity makes this problematic, this can be a limitation and pitfall of prescriptive definitions.

This is a difficult task. Well done with being concise.

I think it would be important to see a scheduled review of the statement for set time frames if used in future documents. This will help to keep the definition contemporary and relevant to the trends at the time.

By limiting feedback to a limited definition it allows a broad policy to slip through unnoticed. Equity of outcome requires inequality of opportunity, this should be openly discussed and understood.

5. Is there anything else you'd like to tell us about the draft definition?

I acknowledge the work of the panel in generating this statement, but it is apparent that greater input from experts with semiotic, philosophical and legal expertise is required to create a definition. A definition has by its very nature legal, cultural and operational implications and none of these have been considered - the statement abrogates any responsibility for conveying a meaning so it is better to not even pretend it is a definition - instead of providing understanding by conveying meaning, it basically says that 'cultural safety is whatever individuals, families and communities say it is' - thus excluding the individuals and institutions engaged in health from any prospective confidence or confidence in what knowledge, skills, attitudes might be required. It locates the power to attribute meaning to individuals, families and communities without any reference point - this is arbitrary - it is not helpful and it does not meet the attributes of what a definition should be. If this is the consensus view of the panel, then it should not be called a definition - it cultural safety cannot be defined because it is a relative construct of individuals, families or groups emerging from Aboriginal and Torres Strait knowledges, then using the Western approach of 'definition' which is steeped in western epistemological constructs is probably not appropriate. If a 'definition' is needed, then those epistemological assumptions inherent in a definition need to be incorporated so it is not claiming to be something it is not. This is why I think the panel needs interdisciplinary expertise of linguists, philosophers/ health or medical philosophers or sociologists and lawyers with expertise in the development and testing of policy constructs. We need shared understandings in this area. We need it to improve education, practice, research and the health outcomes of Aboriginal and Torres Strait Islander peoples. But it is naïve to think that this definition will not end up being used in a variety of legal, complaint and dispute situations - the definition therefore needs to be a true definition, and not an aspiration statement that suggests providers should be engaging with and understanding the perspectives of people they serve.

The current one is not accessible to people - it requires someone to read it 10 times before they even understand what it is trying to say. That will only put people off.

I think the draft definition does little to support culturally safe practice and waters down the well established understanding of cultural safety. Cultural safety is inherently political and confronting to the health practitioner (who must reflect on their own culture) and this definition very much limits this important aspect of cultural safety. Without this reflection cultural safety becomes a tick box exercise much like cultural competence rather than encouraging the health professional to develop their personal practice or health services to reflect on how they provide care.

No

No

see above

Publishing the current proposed definition marginalizes the efforts made thus far in understanding the realism of power imbalance and the impact that the blind and ill-informed self can have on the health outcomes of those we provide care for.

no

Singling out a particular ethnic group/s promotes division and resentment within the community. Protections should be applied equally. It is disharmonious if some people are "more equal" than others.

No

It will be a very divisive definition and goes against what is currently being offered in the Code of Conduct for Nurses 2018.

Why are we reinventing the wheel?

A year ago when politicians, journos and the Nurses' Professional Association of Queensland were confecting outrage re the NMBA's use of "cultural safety", I became more aware of my white privilege: https://meta4RN.com/white

a. Health professions and systems in this country embody white privilege, and organisations like AHPRA need to take on the challenge of addressing these for everyone not just one particular cultural group b. Non-Indigenous people need to step up, be involved and be responsible c. Cultural safety is about addressing racism and power imbalances in all their forms and contexts relating to health professionals and health systems therefore any definition must reflect the diversity of ethnicity, age, generation, gender, sexual orientation etc.

5. Is there anything else you'd like to tell us about the draft definition?

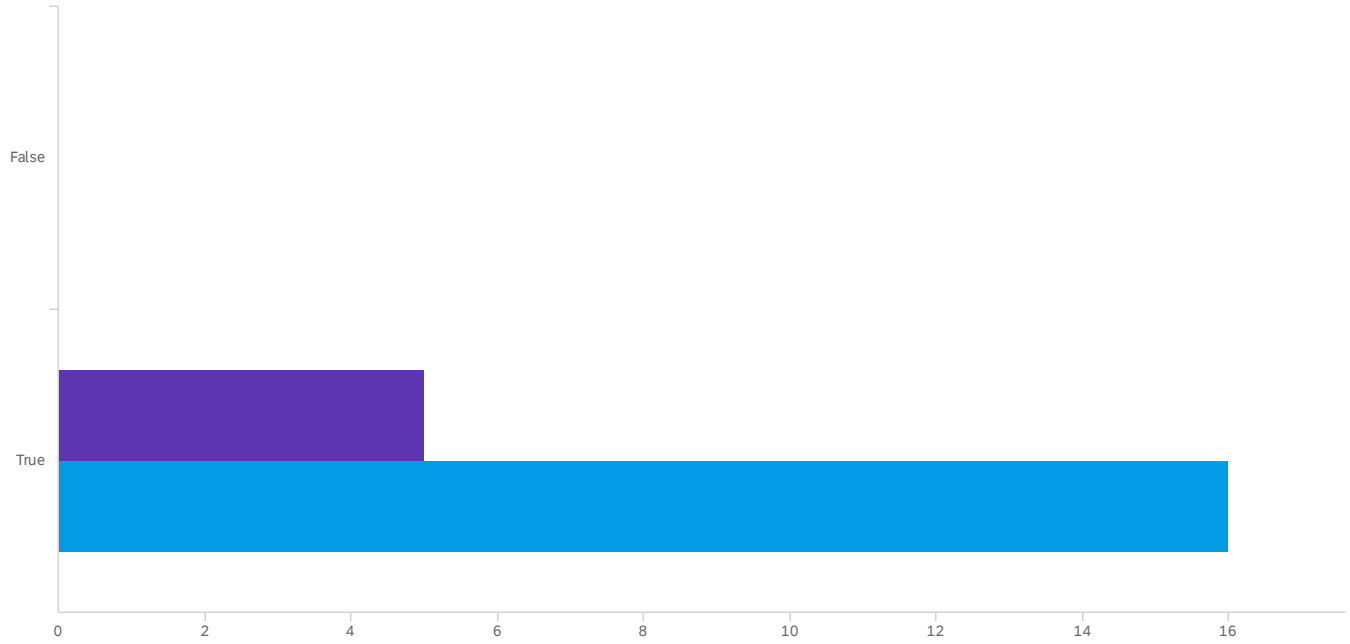
It is impoverished and not informed by the theory and practice of cultural safety. The focus of this definition will have the effect of suggesting that cultural safety is about or only relevant to Aboriginal and Torres Strait Islander people, families and communities. This is not to diminish the importance of cultural safety to Aboriginal and Torres Strait Islander people, families and communities but to register that the needed change is not located there. This focus will tap into the great Australian apathy about Aboriginal and Torres Strait Islander people, families and communities and suggest the community is the problem. This approach relieves dominant cultures of their responsibility to provide culturally safe services to everyone. Cultural safety is about acknowledging and transforming the cultures of professionals, professions and health systems to eliminate bias, prejudice, power imbalance, unearned privilege, racialization, racism at all levels, ageism, sexism, cultural dominance [medical, male, white, cisgender, classist, ableist]. Please do not miss this opportunity to transform the HCS. The Code of Conduct for Nurses (NMBA 2018) got it right when they detailed 6 application points to cultural safety, one of which rightly related to the specific need for it for Aboriginal and Torres Strait Islander health and the others which embraced the full potential of the model.

Griffithe Univrsity prefers the use of "First peoples" - see link: https://www.griffith.edu.au/about-griffith/first-peoples Should this be considered?

No.

This is a great submission. I think it encapsulates a brief understanding of how to have a culturally safe environment in a healthcare context.

Q10 - 6. Do you identify as Aboriginal and/or Torres Strait Islander?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
0	False	0.00	0.00	0.00	0.00	0.00	0
1	True	1.00	2.00	1.76	0.43	0.18	21

#	Field	False		True		Total
1	Yes	0.00%	0	0.00%	5	5
2	No	0.00%	0	0.00%	16	16

Showing rows 1 - 2 of 2

Q6 - 7. Please provide your name and organisation should you wish. Alternatively, you may leave this field blank.

False

7. Please provide your name and organisation should you wish. Alternatively...

True

7. Please provide your name and organisation should you wish. Alternatively...

Loretta Sheppard, Australian Catholic University

cohealth. cohealth is one of Victoria's largest community health services, operating across 10 local government areas in Victoria. Our mission is to improve health and wellbeing for all, and to tackle inequality and inequity in partnership with people and their communities. A primary health service, cohealth provides integrated medical, dental, allied health, mental health and community support services. 850 staff over 37 sites deliver programs promoting community health and wellbeing and involving communities in understanding needs and developing responses. Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from mainstream health and other services – such as people who are experiencing homelessness or mental illness, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs, recently released prisoners and LGBTIQ communities.

Leanne Boase, President of the Australian College of Nurse Practitioners. Note relating to Question 6 - our organisation includes members who are Aboriginal and/or Torres Strait Islander

Juanita Sherwood Associate Dean Indigenous Faculty of Medicine and Health University of Sydney

Office of the Health Ombudsman (Qld)

Griffith University

NT Medicines Management Unit

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Nello Marino Australian Podiatry Association

Ali Drummond, Queensland University of Technology - ali.drummond@qut.edu.au

Professor Moira Williamson Dean | School of Nursing, Midwifery & Social Sciences Tertiary Education Division CQUniversity Australia

There is a group of us who worked on this submission. We all work as staff in South Western Sydney Local Health District - Hyllus Munro (Workforce Educator) and Leann Lancaster (Manager), Centre for Education and Workforce Development - Nathan Jones (Director Aboriginal Health) and Karen Beetson (Deputy Director Aboriginal Health)

Pharmacy Council of New South Wales

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7. Please provide your name and organisation should you wish. Alternatively...

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I would love to discuss further and share my findings Elissa.Elvidge@uon.edu.au

Bronwyn Thomas. Registered Nurse

Gukwonderuk Indigenous Health Unit Faculty of Medicine Nursing and Health Sciences Monash University

Suzanne Storrie

Kathryn Potter as a: - Kamilaroi Woman - Managing Director, Physiotherapy Innovations - Physiotherapist, Queensland Department of Health (Registered with AHPRA) - Australian Physiotherapy Association National Aboriginal and Torres Strait Islander Health Committee member. - Close the Gap steering group member, Logan Hospital - Advisory board member, You Fella Me Fella Mentor Program, Inala. - Member, Indigenous Allied Health Australia and Australian Physiotherapy Association, Australian and New Zealand Indigenous Women in Business (from a health industry perspective)

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7. Please provide your name and organisation should you wish. Alternatively...

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Paul McNamara

Robyn Williams BA, RN, Grad Dip Ed, MPRET, PhD candidate BHSc course coordinator College of Health and Human Services CDU, NT 0909 Teaches Indigenous Health Perspectives, Cultural Safety in Health Care, and Rural and Remote Health.

Dr. Leonie Cox, School of Nursing, Queensland University of Technology.

End of Report