POLICY BRIEF

Embedding cultural safety: National Cultural Safety Training Standards and organisational action for cultural safety

Racism is a fundamental determinant of health, contributing to health inequities globally (Thurber et al. 2021). It is a frequent experience for Aboriginal and Torres Strait Islander peoples and shapes their experience of cultural safety in healthcare and other settings. The physiological and psychological impacts of racism on Aboriginal and Torres Strait Islander peoples are considerable and enduring (Paradies and Cunningham 2009; Ferdinand, Paradies and Kelaher 2013; Watego, Singh and Macoun 2021).

The pervasive influence of racism in healthcare impacts on treatment experiences, outcomes, and access to care for Aboriginal and Torres Strait Islander peoples. Racism in healthcare is associated with greater psychological distress, poor physical health, and reduced life chances (Thurber et al. 2021). These experiences contribute to health risk behaviours such as low healthcare-seeking (Salmon et al. 2019), low adherence to medical advice, and alcohol and drug use, which further exacerbate poor health outcomes (Watego, Singh and Macoun 2021).

Institutional racism can be described as a process where racist beliefs, values, and practices have been built into the normative operations of social institutions in such a way as to discriminate against, control, or oppress a particular group (Mohamed et al. 2021; Mohamed et al. 2024). Considering how deeply embedded racism is within structures and systems and how significantly it impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, it must be consciously identified and meaningfully addressed and prevented.

Cultural safety is a critical concept and practice aimed at achieving justice and equity for Aboriginal and Torres Strait Islander peoples in health and human services (Mohamed et al. 2024). It is necessary for building a system that is free from racism; where Aboriginal and Torres Strait Islander peoples can access high quality, safe and responsive care that takes into consideration their cultural needs, protocols, and strengths (Lowitja Institute 2020). This policy brief outlines the importance of cultural safety in addressing racism, the need for clarity and understanding about cultural safety, and creating pathways for embedding cultural safety in health and human services through establishing national training standards and a linked accreditation process, combined with dedicated organisational action.

Cultural safety

Cultural safety emerged in Aotearoa New Zealand in the early 1990s through the leadership of Maori nurse, Irihapeti Ramsden (Ramsden 1996, 2002). It focuses on creating environments where Aboriginal and Torres Strait Islander peoples feel safe, valued and respected, free from racism and discrimination. Cultural safety was introduced to Australia through the nursing profession in the early 2000s, led by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) then followed by the National Aboriginal Community-Controlled Health Organisation (NACCHO).

The timeline in Figure 1 provides an overview of significant developments for cultural safety in Australia nationally, based on collective national advocacy movements supported by the advocacy of individual Aboriginal and Torres Strait Islander people, at local, regional and jurisdictional levels.

Creating cultural safety and addressing racism requires focusing on both individual and systemic level practices, structures and change. As described by Dr Gregory Phillips:

> *Cultural safety in Australia has been used to refer to structural and systemic reform to better enable Indigenous participation in education, professions and health care...[T]he knowledge, skills, attitudes of individual health care workers are critical, but so too is the respectful application of these principles in institutional practices, policies and systems (Phillips 2015: 40).*

Therefore, achieving cultural safety requires systemic changes in healthcare practices, policies, and environments to address power imbalances and institutional racism. At the same time, cultural safety is an experience that Aboriginal and Torres Strait Islander peoples have, where the presence or absence of cultural safety can only be determined by them (Gollan and Stacey 2018; Mohamed et al. 2012; Mohamed and Stacey 2017)

> *Cultural safety is not something that the practitioner, system, organisation or program can claim to provide, but rather it is something that is experienced by the consumer/client (Walker, Schultz and Sonn 2014: 201).*

Figure 1: Timeline of key national developments for cultural safety in Australia

Early health advocacy

2002

CATSINaM 'gettin em n keepin em' report

2009

NACCHO advocacy to embed cultural safety in the National Accreditation and Registration Scheme for health professionals – Ahpra

2010-2011

NACCHO National Cultural Safety Standards Project

Nursing and midwifery

2014

CATSINaM National Cultural Safety Summit

2015-2017

CATSINaM established the Leaders in Nursing and Midwifery Education Network, equivalent to LIME

2018

Nursing and Midwifery Board endorse cultural safety in national registration standards and code of conduct

Health professional curriculum

2014

National Aboriginal and Torres Strait Islander Health Curriculum Framework

2016-2017

CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

Other health professional bodies followed

Health professional registration

2016

CATSINaM lobbied Health Minister to embed cultural safety in health practitioner regulation law

2017-2020

Ahpra establishes 2020-2025 Aboriginal and Torres Strait Islander Heath and Cultural Safety Strategy

2022

Cultural safety embedded in law

Health services

2017

National Safety and Quality Health Service Standards name cultural safety

2020-2021

Addressing racism and strengthening cultural safety centred in National CTG Agreement and National Aboriginal and Torres Strait Islander Health and Workforce Plans

Why is cultural safety important?

Cultural safety is vital for addressing the historical and ongoing impacts of racism and colonisation, reducing health inequities, and improving healthcare access, quality, and safety in health and human services environment for Aboriginal and Torres Strait Islander peoples.

1: ADDRESSING HISTORICAL AND ONGOING IMPACTS OF RACISM AND COLONISATION

Our historical context and ongoing impacts: The colonisation of Australia since 1788 has been grounded in racism as an ideology and system of oppression that creates racial hierarchies based on the socially constructed concept of race (Berman and Paradies 2010). Colonisation established systemic oppression evident across societal structures and institutions that have been sustained over time, generating inequities in all areas of life, including health, for Aboriginal and Torres Strait Islander peoples that remain evident today (Australian Institute of Health and Welfare 2024; Productivity Commission 2023).

The impact of racism: Racism operates at intersecting and mutually reinforcing levels (Paradies et al. 2015). Individual racism occurs when individuals practise racial prejudice and racial discrimination in their attitudes and behaviours towards Aboriginal and Torres Strait Islander peoples. It is both a manifestation of and driven by systemic racism. Systemic racism occurs through cultural racism and institutional racism (Gollan and Stacey 2018).

Cultural racism refers to the ideas and narratives taught, learned and circulated in Australian society that diminish, distort, limit, and misrepresent Aboriginal and Torres Strait Islander peoples, both historically and currently (Mohamed and Stacey 2017). Institutional racism was described in the introduction. Individual and systemic racism, historical and current, significantly affects the health and wellbeing of Aboriginal and Torres Strait Islander peoples, generating and perpetuating disparities and inequities in health, education, employment – in fact, in all areas of life as outlined in Lowitja Institute's Cultural safety in Australia Discussion Paper (Mohamed and Stacey 2017).

2: REDUCING HEALTH INEQUITIES

Persistence of health disparities and inequities: Recent efforts by government include the 2020 National Closing the Gap Agreement (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020), which continues the response to the original 'Close the Gap' campaign (Human Rights and Equal Opportunity Commission 2008). While there is movement towards implementing the four key reforms and socioeconomic targets of the 2020 National Closing the Gap Agreement, and aligned plans are being developed and implemented in each state and territory, significant health disparities remain between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Racism as a determinant of health: For Aboriginal and Torres Strait Islander peoples, racism is a determinant of health (Priest et al. 2011). According to the Australian Institute of Health and Welfare (AIHW), 53 per cent of the health gap being tracked through the Closing the Gap targets is attributed to racism. However, as the social determinants of health include access to socioeconomic resources, which are driven by systemic racism, this outcome understates the extent of racism's impact on health outcomes for Aboriginal and Torres Strait Islander peoples (Priest et al. 2021).

Addressing, preventing and eliminating racism is at the heart of cultural safety work, coupled with ensuring Indigenous ways of knowing, being and doing are recognised, valued, and enacted.

Addressing racism and cultural safety is interlinked and interdependent for Aboriginal and Torres Strait Islander peoples in the context of colonisation (Hall et al. 2023). Therefore, engaging in dedicated cultural safety and anti-racism work is central to the intended outcomes of national and jurisdictional plans being realised and felt in a meaningful manner by Aboriginal and Torres Strait Islander peoples.

3: IMPROVING ACCESS, QUALITY AND SAFETY IN HEALTH AND HUMAN SERVICES

Relationship between clinical safety and cultural safety: Culturally safe healthcare is essential for clinically safe healthcare; otherwise, Aboriginal and Torres Strait Islander people will not receive the quality of clinical care and care pathways they need or stay in healthcare systems, particularly mainstream health systems. The importance of this relationship has been regularly emphasised in recent years by multiple authors (Brown et al. 2016; Gatwiri, Rotumah and Rix 2021; Hall et al. 2023; Power et al. 2021; Power et al. 2022; Sherwood and Mohamed 2020; Sweet 2017). It has also been acknowledged by the Australian Health Practitioner Regulation Agency.

> *Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples (Australian Health Practitioner Regulation Agency 2020: 7).*

Trust and engagement: Culturally safe environments encourage Aboriginal and Torres Strait Islander peoples to develop greater trust in and remain engaged with healthcare services, which improves both access and health outcomes. Cultural safety is not experienced in the presence of racism and addressing cultural safety is not a way of avoiding engagement with racism. Cultural safety is present when Aboriginal and Torres Strait Islander people report that:

- their experiences are believed and validated
- their cultures are centred and valued in policy development, research, evaluation and service design and delivery
- they feel welcomed and respected in policy, research, evaluation and service environments
- they see other Aboriginal and Torres Strait Islander people working in the policy, research, evaluation or service context
- they do not experience any form of racism in policy, research, evaluation and service contexts or processes (Mohamed et al. 2024: 81).

Holistic health and cultural determinants of health: Cultural safety supports a holistic approach to health where there is a shared focus and value placed on social, emotional, spiritual, and cultural wellbeing, alongside physical wellbeing. In combination, eliminating racism and improving cultural safety is central to improving social, emotional, spiritual, cultural, and physical health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. In fact, it will have positive impacts across both the social and cultural determinants of health.

The cultural determinants of health are protective factors for Aboriginal and Torres Strait Islander peoples and support healing from the impacts of trauma, grief, loss and racism, as well as full expression as Aboriginal and Torres Strait Islander individuals and nations (Lowitja Institute 2023). They include:

- connection to Country
- family, kinship, and community
- Indigenous beliefs and knowledge
- cultural expression and continuity
- Indigenous language
- self-determination and leadership (Salmon et al. 2019: 47-49).

Clarity and understanding about cultural safety

Cultural safety is both an experience and an outcome, operating at both individual and systemic levels of health and human services. An important way of learning about cultural safety and how to embed it within individual practices and systems is through cultural safety training, which can either lead or contribute to organisational initiatives designed to strengthen cultural safety.

Undertaking such initiatives is consistent with the expectation of Strategies 3.1 and 3.2 for Strategic Direction 3 in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031: 'Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors' (Australian Government 2022).

Several cultural training terms have currency in Australia, including cultural awareness, cultural respect and security, cultural responsiveness, cultural competence and cultural safety. However, confusion remains about the critical distinctions between these terms, which are often used interchangeably (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2014a; Indigenous Allied Health Australia 2019). The key differences between the most commonly available training terms are summarised in Figure 2 and are explored in detail in Lowitja Institute's Cultural Safety in Australia Discussion Paper.

Figure 2: Summary of key differences in cultural training terms (Mohamed et al. 2024: 36)

There are at least six reasons why it is important to have clarity and consistency in the use of terms, combined with a good understanding of cultural safety.

1: CENTRING FIRST NATIONS KNOWLEDGES

Cultural safety is unique as a First Nations developed concept, whereas most other terms have different conceptual foundations and are often grounded in working in cross-cultural situations with culturally and linguistically diverse communities. While respect for the experiences and needs of culturally and linguistically diverse peoples is essential, this should not be conflated with the unique experiences and needs of Aboriginal and Torres Strait Islander peoples. Many Aboriginal and Torres Strait Islander health organisations at national and jurisdictional levels have advocated for this for decades across policy, programs, and higher education.

> *A core reason why many national Aboriginal and Torres Strait Islander health organisations prefer the term cultural safety is that it was developed by First Nations peoples and therefore reflects the experiences of Aboriginal and Torres Strait Islander peoples as First Nations peoples of Australia. Finally, it focuses on whether Aboriginal and Torres Strait Islander peoples feel culturally safe rather than non-Indigenous peoples judging whether they are culturally competent (Mohamed et al. 2024: 33-35).*

2: DEMONSTRATING RESPECT AND SUPPORTING ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP AND SELF-DETERMINATION

Recognising the leadership of Aboriginal and Torres Strait Islander peoples in elevating the importance of cultural safety, and what is needed to create it, demonstrates respect for Aboriginal and Torres Strait Islander cultural concepts, values, and practices. Through clarity and consistency in terminology, Aboriginal and Torres Strait Islander people's sustained advocacy and contributions in developing cultural safety over more than two decades can be accurately represented and acknowledged.

Having a clear understanding will also guide us in the work that is now required for embedding cultural safety across health and human services (Australian Government 2022). Self-determination can be facilitated through ensuring Aboriginal and Torres Strait Islander peoples lead the design of cultural safety initiatives that reflect their voices, priorities, and experiences. However, responsibility for implementation must be shared with non-Indigenous people so the burden of change is not left to Aboriginal and Torres Strait Islander people.

3: DRIVING EFFECTIVE AND SUSTAINABLE POLICY, SERVICE AND PROGRAM DESIGN AND IMPLEMENTATION

The inconsistent use of terms inadvertently undermines well-intentioned policy aimed at improving cultural safety. As policy determines whether and how services and programs are funded and supported, confusion in terminology will result in fragmented implementation efforts with disappointing outcomes, as well as a failure to fund, expand or progress proven and/or promising service and program opportunities.

In contrast, policy design and implementation that demonstrates a clear understanding of cultural safety through alignment with its principles, will maximise the effectiveness, meaningfulness and sustainability of funded and supported services and programs, as judged by Aboriginal and Torres Strait Islander peoples.

4: ENABLING EFFECTIVE COMMUNICATION THROUGH SHARED MEANINGS

Using consistent terms based on a shared understanding of what they mean facilitates better communication among stakeholders in health and human services, including health and human services professionals, educators, policymakers, consumers, and community members. It reduces misunderstandings and ensures that discussions about cultural safety are grounded in a common language and understanding of what cultural safety entails. This helps in setting expectations and standards and making collaboration within and across different sectors more effective.

5: GUIDING EFFECTIVE TRAINING AND PROFESSIONAL DEVELOPMENT

Consistent terminology is essential for developing and delivering training programs that have sustained effects for individuals and, when combined with other strategies for strengthening cultural safety, for organisations and systems. It ensures the content of what is promoted as cultural safety training is aligned with the intended outcomes, and that participants receive a coherent and comprehensive learning experience. As noted by a participant at the September 2024 Cultural Safety in Australia Discussion Paper Roundtable:

> *Many agencies don't know what they look for when they seek cultural safety training, or they fall back to something less threatening. Hence, having national consistency and understanding for cultural safety training is needed.*

As outlined in Lowitja Institute's *Cultural Safety in Australia* Discussion Paper, literature available on the evaluation of cultural training programs points to training in cultural safety, versus other approaches, as having more potential to result in: 1) improvements in participant learning outcomes, 2) a positive influence on organisations taking on cultural safety change initiatives, and 3) improved health and human services experiences and outcomes for Aboriginal and Torres Strait Islander peoples.

However, there is a need for the other forms of training, especially for developing place-based understandings of the history and priorities of traditional custodians of Country. A complementary approach to selecting training options is beneficial, where more than one option is selected, or a progression of options are made available, with cultural safety as an essential option.

The key features of cultural safety training are described in Lowitja Institute's *Cultural Safety in Australia* Discussion Paper (Mohamed and Stacey 2017: 33-35). Vital distinguishing features include analysis of power relations at individual and organisational/institutional levels as well as systemic racism and white privilege, and the practice of critical self-reflection for transformative unlearning as part of a lifelong learning journey.

CULTURAL SAFETY ROUNDTABLE
LOWITJA INSTITUTE
WHY CULTURAL SAFETY?
OVERVIEW of the PAPER
CULTURE is a DETERMINANT of HEALTH
CULTURALLY SAFE HEALTH CARE is A HUMAN RIGHT
RACISM is DETRIMENTAL to HEALTH
TRAUMA is INTERGENERATIONAL
IMPACTS of COLONISATION
WHITE PRIVILEGE NOT WELL RECOGNISED and UNDERSTOOD
TRAINING STANDARDS
Reflect local context
Co-design & consultation
CULTURAL SAFETY - IT'S IMPORTANT!
QUALITY
delivery of
TRAINING
TRUTH
IT STARTS WITH TRUTH-TELLING
Self reflection
ACCOUNTABILITY
Have those HARD CONVERSATIONS
TRANSPARENCY
DISCOMFORT creates CHANGE
PROMOTING ACCOUNTABILITY
CONSISTENCY in training standards
MEASURE CHANGE
FIRST NATIONS LED & DRIVEN
ADDRESS RACISM
QUALITATIVE & QUANTATIVE evidence
DATA COLLECTION
SYSTEMIC CHANGE
Self determination
Principals of Readiness
Measuring Change
National Benchmarking
SYSTEMIC IMPACTS NOT WELL UNDERSTOOD
Virtual Graphic recording by Samantha Campbell @coolamoncreative on Arrernte land

6: DEMONSTRATING ACCOUNTABILITY THROUGH MEASURING IMPACT

Cultural safety training, along with organisational cultural safety strengthening initiatives, must be accountable to Aboriginal and Torres Strait Islander peoples, including clients, community members, staff, and Aboriginal and Torres Strait Islander organisations. Health and human services organisations must demonstrate whether the cultural safety initiatives they support result in culturally safe experiences, and critically, in positive health and wellbeing impacts, as judged by Aboriginal and Torres Strait Islander peoples.

Consistent terminology underpins effective monitoring and evaluation design and implementation for cultural safety initiatives. It allows for development and/or use of standardised cultural safety tools and frameworks, as standardisation is crucial for measuring progress, identifying gaps, and making evidence-informed improvements.

Creating pathways for embedding cultural safety

Addressing racism and strengthening and embedding cultural safety in health and human services requires a multi-pronged approach that intervenes across all levels and forms of racism (Priest et al. 2021; Watego, Singh & Macoun 2021) and elevates the cultural determinants of health in the pursuit of high levels of health and wellbeing for Aboriginal and Torres Strait Islander peoples (Lowitja Institute 2020, 2023).

While cultural safety training is a critical strategy, it must be accompanied by other committed and long-term organisational cultural change strategies to achieve a sustained improvement in Aboriginal and Torres Strait Islander peoples' health and human services experiences and outcomes (Bainbridge et al. 2015; Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2018a, 2018b; Fleming, Creedy and West 2017; Gollan and Stacey 2018, 2021; Stacey and Gollan 2021; Hunter et al. 2021; Priest et al. 2021; Sherwood and Mohamed 2020). Strategies must be hard-wired into interlocking systems and measured to ensure accountability and quality (Bainbridge et al. 2015; Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2014b; Mohamed 2016; Tremblay et al. 2023). Through such an approach, cultural safety is not only strengthened but embedded as the 'business-as-usual' approach in health and human services institutions.

In pursuit of embedding cultural safety, Lowitja Institute's *Cultural Safety in Australia* Discussion Paper focused on the following two areas that extended beyond the provision of cultural safety training; they are described in full in the paper (Mohamed et al. 2024).

NATIONAL CULTURAL SAFETY TRAINING STANDARDS

The main opportunity for many staff in health and human services workplaces to learn about cultural safety rests on the initiative of their organisations to organise cultural safety workforce development or on the individual staff member seeking out this training. Therefore, a high proportion of cultural safety workforce development occurs beyond the tertiary education context where education on cultural safety has emerged over the last decade, governed by standards set by national health professional accreditation councils and other national curriculum frameworks (Australian Government 2014; Australian Association of Social Workers 2023; Public Health Indigenous Leadership in Education Network 2016).

Currently, there is no national quality assurance mechanism for assessing good practice in cultural safety training. This requires a set of nationally recognised standards for cultural safety training that occurs outside of the tertiary education environment, along with an accreditation process for providers of cultural safety training. The National Cultural Safety Training Standards in Figure 3 are the evolution and outcome of two linked initiatives in the Aboriginal community controlled Health sector that occurred a decade apart.

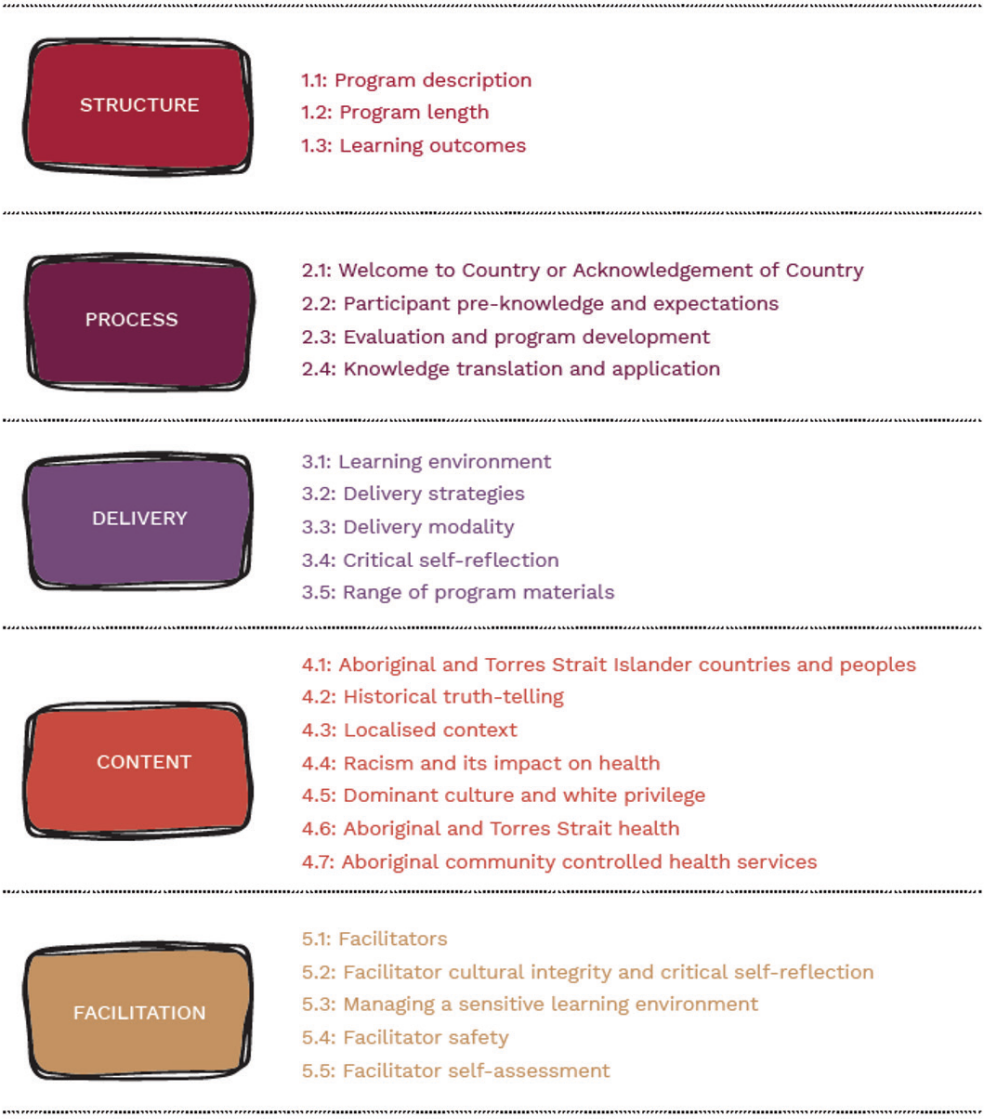
The National Aboriginal Community Controlled Health Organisation (NACCHO) initiated a project in 2010 to create National Cultural Safety Training (CST) Standards, which were co-designed with representatives of NACCHO's jurisdictional affiliates. The intent was for the standards to be recognised as a national benchmark for quality Aboriginal and Torres Strait Islander cultural safety training for the health workforce and other sectors across the social and cultural determinants of health (National Aboriginal Community Controlled Health Organisation 2011). The initiative proposed a process by which training providers could achieve accreditation against the standards. Funding could not be secured in 2011, so full implementation could not proceed.

In 2020, Lowitja Institute gained NACCHO's permission to lead a project to review and update the original background paper and National CST Standards, working with 'critical friends' – people with long-standing experience in Aboriginal and Torres Strait Islander health, and promoting cultural safety, policy, workforce development, and delivering cultural safety training. The purpose was to reflect on cultural safety developments over the intervening years, especially cultural safety training, training standards and the evaluation of training outcomes. The Lowitja Institute Accreditation of CST Standards initiative was conducted over 2021-2022.

The 2024 Lowitja Institute *Cultural Safety in Australia* Discussion Paper was a flow-on initiative, as Adjunct Professor Janine Mohamed and Kathleen Stacey collaborated on the NACCHO and Lowitja Institute initiatives. The discussion paper was also the first publication of the revised National Cultural Safety Training Standards. See the overview in Figure 3 of the five elements and 24 standards. The discussion paper has a detailed explanation of the rationale for each of the five elements (Mohamed et al. 2024: 49-59).

The purpose of the National Cultural Safety Training Standards is to set a national benchmark for the development and delivery of quality cultural safety training in contexts that are relevant to the social and cultural determinants of health for Aboriginal and Torres Strait Islander peoples.

Figure 3: Overview of the revised National Cultural Safety Training Standards (Mohamed et al. 2024: 60)



AN ACCREDITATION PROCESS FOR THE NATIONAL CULTURAL SAFETY TRAINING STANDARDS

The next step to operationalise the National Cultural Safety Training Standards is to establish an accreditation process for cultural safety training providers, including:

- independent training providers who develop and deliver CST in a range of contexts
- organisations who employ staff to develop and deliver CST within their organisation and/or to external parties; this can include health and human services organisations (government, non-government and private) with in-house trainers
- universities and RTOs delivering cultural safety courses that are not part of higher education qualifications.

The accreditation process needs to be resourced and have cultural governance, under the auspice of a suitable body via an agreed process, drawing on the foundational work undertaken through both NACCHO in 2010 and further developed by Lowitja Institute in 2020-2021.

Participants at the September 2024 Cultural Safety in Australia Discussion Paper Roundtable offered direction on the accreditation structure process:

> *Implementation of the Standards must ensure self-determination is central to the accreditation process.*
>
> *It will be important to have multiple players from the system represented in the assessment process, such as service delivery, workforce policy and workforce development, and research.*

Relationships need to be established between the standards and other relevant accreditation bodies to achieve alignment with the National Cultural Safety Training Standards via a system of reciprocity. Further, opportunities to incorporate the National Cultural Safety Training Standards under the Tertiary Education Standards and Quality Agency (TESQA) can be explored. Universities Australia could also utilise the standards to support further direction and resources as it implements and refreshes its current Indigenous Strategy (Universities Australia 2022). Collectively, this alignment and reciprocity will facilitate accountability and sustained progress towards equity in health and human services.

ORGANISATIONAL ACTION TO STRENGTHEN CULTURAL SAFETY

Dedicated and strategic organisational action to strengthen cultural safety is a necessary ingredient for embedding cultural safety in health and human services. It is consistent with the expectations set in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and implementation Plan 2021-2031 (Australian Government 2022), and Priority Reform 3: Transforming government organisations in the 2020 National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020).

To maximise the transformational learning that high quality cultural safety training offers, organisations need to engage in a transformational reflection, planning and implementation process through an organisational cultural safety strengthening or change initiative. This is a dedicated commitment to an agreed timeframe, with a minimum of three years being recommended (Stacey and Gollan 2021).

Organisations are likely to be more effective in their efforts if they have established conditions such as the following:

- they have made a start on their cultural safety journey – for example, one or more senior staff may have done cultural safety training or researched the importance of cultural safety
- they are keen to continue this journey and achieve better outcomes and experiences for Aboriginal and Torres Strait Islander peoples – as staff, clients, students or visitors
- they recognise the need for a formal plan to guide this work so the organisation's leadership can map out, articulate and coordinate what they need to do, how, and who to involve in the implementation and monitoring process from within and beyond the organisation
- they are committed to formally evaluating their progress and using the outcomes to continue learning about and improving cultural safety at an individual and systemic level (Stacey and Gollan 2021).

An advisable way to start the process is by assessing the organisation's current progress with supporting and embedding cultural safety, to identify priorities for focused action. Available and targeted tools include the Lowitja Institute published Cultural Safety Audit Tool for Organisations (Gollan and Stacey 2021). Other options are described in the *Cultural Safety in Australia* Discussion Paper (Mohamed et al. 2024).

MONITORING AND EVALUATION OF CULTURAL SAFETY INITIATIVES

The conclusion reached in the *Cultural Safety in Australia* Discussion Paper from reviewing the available evidence is that there is very limited information about the longer-term impact of cultural safety training and organisational cultural safety initiatives (Mohamed et al. 2024). This is an important growth area to address.

All organisations need to know what they have achieved through implementing an organisational cultural safety change initiative and what more they must do. Monitoring and evaluating cultural safety initiatives is a dynamic and ongoing process that requires structured approaches with commitment and consistency over an extended period to demonstrate meaningful progress. The active involvement of Aboriginal and Torres Strait Islander peoples who are involved in and impacted by the organisation's work is essential through co-design, implementation and accountability structures for regular reporting, including cultural governance groups or committees.

Progress must be tracked by indicators that extend beyond the limited options currently used at national and local levels, i.e. discharge against medical advice. Organisations must demonstrate how the strategies implemented lead to improvement for cultural safety in different areas, such as leadership, governance, engagement, environment, workforce, workforce development, policy and performance management (Gollan and Stacey 2021). For frontline services, a focus on improved Aboriginal and Torres Strait Islander client experiences and outcomes is critical, which should be available from disaggregated service outcomes data that the organisation tracks as standard practice.

Through implementing comprehensive cultural change initiatives, offering training consistent with the National Cultural Safety Training Standards, tools, and frameworks, organisations can create and report culturally safe environments that improve health outcomes and promote equity and justice for Aboriginal and Torres Strait Islander peoples.

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