



Consultation on the Draft Third Edition of the National Safety and Quality Health Service Standards

Submission to the ACSQHC

Lowitja Institute, October 3

Dear Australian Commission on Safety and Quality in Health Care

Re: Consultation on the Draft Third Edition of the National Safety and Quality Health Service Standards

Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Co-Patron, the late Dr Lowitja O'Donoghue AC CBE DSG, and the only Aboriginal community-controlled research Institute in Australia. We welcome the opportunity to provide a response to this consultation on the draft third edition of the National Safety and Quality Health Service Standards.

Cultural safety is fundamental to the safety and quality of health care for Aboriginal and Torres Strait Islander peoples. It must be understood not as an additional or optional component of quality care, but as a core requirement of safe, effective and equitable health systems. Cultural safety requires health services and systems to recognise and address the ongoing impacts of colonisation and racism, to create environments in which Aboriginal and Torres Strait Islander peoples' cultures, identities, knowledges, rights and experiences are respected and valued.

Lowitja Institute's work supports the objectives of the *National Agreement on Closing the Gap*, and its calls to all areas of government to transform the way they work and embed cultural safety in our systems. . This includes Priority Reform Three, which commits governments to transforming the way they work with Aboriginal and Torres Strait Islander peoples through identifying and eliminating racism and embedding meaningful cultural safety within systems. Achieving cultural safety requires more than building the cultural capability of individual health professionals. It requires sustained, system wide action to identify and eliminate racism, strengthen accountability, support Aboriginal and Torres Strait Islander leadership and decision making.

Based on this experience, we offer the following submission and commentary in response to this Inquiry. We would welcome the opportunity to further discuss any of the issues contained herein.

Warm regards



Rosemary Smith, Executive Manager of Policy and Consulting, Lowitja Institute

About Lowitja Institute

Lowitja Institute is a national Aboriginal and Torres Strait Islander Community Controlled Organisation working for the health and wellbeing of Australia's First Peoples through high-impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

Lowitja Institute's research is built on priorities identified by Aboriginal and Torres Strait Islander peoples. We aim to produce high-impact research, tools and resources that will have positive health outcomes for Aboriginal and Torres Strait Islander peoples. To guide this, we work by five principles that underpin our approach to research.

These principles are:

1. Beneficence, to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research.
2. Leadership by Aboriginal and Torres Strait Islander people
3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. Development of the Aboriginal and Torres Strait Islander research workforce
5. Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

General preamble

Cultural safety is critical to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities and underpins the work of Lowitja Institute. We understand and seek to support Aboriginal and Torres Strait Islander led research that builds on the growing evidence base, demonstrating that the social and cultural determinants of health, cultural safety and racism, have significant impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Lowitja Institute has a longstanding commitment to the *National Agreement on Closing the Gap*. The *National Agreement* and its four-priority reforms align with the Lowitja Institute's advocacy and vision for a health system that supports and empowers Aboriginal and Torres Strait Islander peoples, as well as the health workers that are responsible for their care.

For too long, culturally unsafe care and systemic racism within health systems have contributed to inequitable health outcomes and preventable harm and deaths for



Aboriginal and Torres Strait Islander peoples. This is unacceptable. National frameworks such as the NSQHS Standards therefore have a critical role in ensuring that cultural safety and the identification and elimination of systemic anti-Indigenous racism are embedded as fundamental requirements of safe, high-quality health care, supported by clear expectations and accountability across health services and systems.

Of particular note, and in the context of this review, we welcome recent investment from the Australian Government into key reforms to help support embedding cultural safety across health systems. The introduction of Schedule B of the 2026 – 2031 National Health Reform Agreement (NHRA) Addendum, being one of the most significant in recent times, focuses on improving health outcomes for Aboriginal and Torres Strait Islander peoples, with an emphasis on cultural safety and eliminating racism. These reforms coupled with the inclusion of cultural safety in the National Safety and Quality Health Service Standards, provide a significant opportunity for real and sustainable progress to be made.

In 2024, Lowitja Institute released a discussion paper *Cultural Safety in Australia* discussion paper. The purpose of the paper was to drive advocacy on the importance of cultural safety as a concept and practice and propose recommendations on how it can be embedded in Australian health systems and standards for the benefit of Aboriginal and Torres Strait Islander peoples. This piece of work has since informed subsequent policy papers on cultural safety and racism from Lowitja Institute which all aim to improve awareness and strengthen our collective understanding on how lack of cultural safety and racism impacts our people and how strengthening cultural safety, and anti-racism is critical to the access our people have to quality care within the health system and their experiences within it. We have used the paper's key recommendations and calls for action as a framework to assess the extent to which the third edition of the NSQHS Standards are meeting community expectations for how cultural safety and anti-racism are adequately embedded in the standards.

In addition, recent developments including the Australian Human Rights Commission's National Anti-Racism Framework and the recent paper authored by Tom Calma, Tanja Hirvonen and Abigail Bray titled '*Relationship between systemic anti-indigenous racism and social and emotional wellbeing and mental health: recent national and international evidence, policy and programs*', offer further consideration about the importance of better understanding anti-racism and anti-Indigenous forms of racism and how they may be reflected in the standards.



Overall, this submission identifies three key calls to action, centred on the need to establish nationally consistent definitions and standards for cultural safety and anti-racism, and to strengthen mechanisms for monitoring, accountability and transparency across the health system.

SUBMISSION

Introduction

Hate and racism permeates through all systems in Australia and causes untold harms to our peoples' health and wellbeing.

As illustrated in Lowitja Institute's 2026 position paper, [*Racism and the health and wellbeing of Aboriginal and Torres Strait Islander children: the need for targeted policy interventions to protect the health and wellbeing of our future generations*](#) racism affects the health of our babies in utero, and it continues to affect our elders. Racism is a significant social and political determinant of health – driving, creating and compounding health inequities for our peoples over our life's, and across generations.

The ability of the health system, including the people who work within it, to recognise, understand and respond to racism is fundamental to delivering culturally safe care. Addressing racism in health systems has been an ongoing core policy priority for Lowitja Institute, as part of our commitment to improve the health and wellbeing of our peoples.

Lowitja Institute welcomes the commitment in the third edition of the NSQHS Standards to improving cultural safety, strengthening anti-racism, Indigenous Data Governance, and recognise this effort to increase alignment with national Aboriginal and Torres Strait Islander policies; including the *National Agreement on Closing the Gap*, *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the *2026 – 2031 NHRA Addendum* (Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian governments 2020; Australian Government Department of Health and Aged Care 2021; Australian Government 2026).

While these commitments are positive, further work is required to strengthen accountability, monitoring and implementation mechanisms to ensure these commitments translate into meaningful improvements in health outcomes.

Call to action 1: Embed a nationally consistent definition of cultural safety

Within Australian mainstream culture, what is measured is what matters. Defining cultural safety creates a foundation for accountability, enables targets to be set, progress to be monitored, and supports continuous quality improvement across the



health system. For Aboriginal and Torres Strait Islander peoples, clearly defining cultural safety is critical.

Culturally safe care is clinically safe care. A clear, nationally consistent definition of cultural safety is required, so that all actors in the health system are aware of, practice and are accountable for the delivery of culturally safe care.

Lowitja Institute's 2024 discussion paper [Cultural Safety in Australia](#) (Mohamed et al. 2024) highlighted long standing calls from the Aboriginal and Torres Strait Islander community controlled sector to move beyond cultural awareness and cultural competency towards a consistent nationally consistent definition of cultural safety to be embedded in national standards.

This priority was reinforced through discussions at the 2024 Aboriginal and Torres Strait Islander Health Roundtable, convened by Lowitja Institute (Australian Government 2025). There were significant discussions and advocacy for national cultural safety standards to be embedded in the national registration standards which support health care professionals, clinical and non-clinical to embed culturally safe practices. Conversations during the 2024 Aboriginal and Torres Strait Islander Health Roundtable were action focused with a clear commitment to cultural safety and included calls for:

- A national definition of cultural safety
- National cultural safety standards
- Standardised and mandated cultural safety training with auditing
- Monitoring and data on cultural safety training and results
- Government departments to work cross-portfolio and ensure systemic reform
- Strong leadership and accountability.

While the opportunity was missed in the development of the second edition of NSQHS standards, we note and welcome the inclusion of a definition of cultural safety in the draft third edition of the NSQHS standards. The Institute also welcomes the third edition's approach to specifically define Aboriginal and Torres Strait Islander cultural safety. This approach takes concrete steps towards ensuring that cultural safety pertaining to Aboriginal and Torres Strait Islander peoples is differentiated and therefore not conflated with the definitions of cultural safety from other cultural and diverse communities', which was another issue raised in our 2024 discussion paper.

This point is important for the primary reason that Aboriginal and Torres Strait Islander peoples experience a different form of anti-Indigenous systemic racism in Australia compared to Australians from other cultural and diverse communities' (Calma & Hirvonen et al (2025). A specific definition of cultural safety pertaining to Aboriginal and Torres Strait Islander peoples' experiences ensure that the subsequent standards for the delivery of culturally safe care will more likely empower health workers to



recognise and address anti-Aboriginal and Torres Strait Islander racism across the health system.

On this front, we recommend that monitoring and evaluation frameworks include indicators that meaningfully capture the lived experiences of anti-Aboriginal and Torres Strait Islander racism. This data should support health workers to better recognise and respond to racism in care, while also providing policymakers and health system leaders with the evidence needed to identify systemic racism, strengthen accountability and drive policy and system reform. Lowitja Institute welcomes the inclusion of a definition of cultural safety within the draft Standards. This is an important step towards establishing a nationally consistent understanding of cultural safety across the health system and strengthening expectations for how it is embedded and demonstrated in practice. Under Schedule B of the 2026–2031 National Health Reform Agreement (NHRA) Addendum, the Commission is responsible for working in Formal Partnership with the Aboriginal and Torres Strait Islander health sector to ensure cultural safety is embedded within the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. The inclusion of a clear and nationally consistent definition within the Standards is an important foundation for progressing this commitment. The 2026–2031 NHRA Addendum provides an important basis for national consistency by explicitly referencing the AHPRA definition of cultural safety. To ensure alignment between the NHRA and the third edition of the NSQHS Standards, Lowitja Institute recommends that the Standards similarly adopt and explicitly reference the AHPRA definition of cultural safety. Consistency in definition across national health reform, accreditation, regulation and policy frameworks will provide a common foundation for implementation, strengthen accountability and reduce fragmentation across jurisdictions, health services and organisations.

Call to action 2 – Strengthen the monitoring and accountability of cultural safety and racism.

The draft third edition acknowledges racism, bias and discrimination as clinical and organisational risks. This is a welcome and necessary shift. However, stronger monitoring and accountability mechanisms are required to ensure these commitments drive measurable change, working towards a health system that is free from racism and safe for our people.

Lowitja Institute's 2024 discussion paper highlighted significant limitations and data gaps when it comes to monitoring cultural safety in healthcare. Existing approaches rely on national and state and territory level sources, which include national administrative data collections and Aboriginal and Torres Strait Islander healthcare



user surveys, as well as proxy indicators of cultural safety, with substantial gaps in available data and limited accountability for action.

The draft NSQHS Standards require boards, executives and organisational leaders to recognise, monitor and report racism, discrimination and bias and to act to improve antiracist practices and cultural safety. While this requirement is welcome, important questions remain unanswered.

There are no requirements on how bias, discrimination and racism should be measured, how frequently monitoring should occur, what public reporting (and therefore accountability) is required for these measures, what processes are in place to support people who experience racism, how health services should respond to racism and how these findings lead continuous quality improvement and a reduction in racism, bias and discrimination across the health system.

Experience of racism should be recognised as a patient safety issue and incorporated into hospital safety and quality reporting frameworks. We recommend this be strengthened in the third edition of the NSQHS standards, to ensure there are formal processes for identifying and responding to racism, providing complaints and support pathways that are culturally safe and accessible for Aboriginal and Torres Strait Islander people, monitoring incidents of racism and publicly reporting on these and demonstrating continuous quality improvement actions and outcomes.

While monitoring and accountability mechanisms for bias, discrimination and racism may form part of the forthcoming implementation standards to correspond to the third edition, by only including monitoring and accountability requirements in supplementary material, this creates a potential fragmentation of understanding and weakened accountability mechanisms. The same concerns were raised with the second edition on the national standards, where the definition of cultural competency and cultural awareness was embedded in the national standards, but cultural safety was used in the supplementary material, raising questions about the impact of a lack of consistency and clarity in language in the health sector (Lowitja Institute 2024).

The Commission could draw on Clause B66 of the 2026-2031 *NHRA Addendum*, which establishes agreed cultural safety and racism indicators for hospital reporting and data sharing through Formal Partnerships with Aboriginal and Torres Strait Islander peak organisations.

We further recommend that the NSQHS Standards align with the *National Anti-Racism Framework: A Roadmap for Eliminating Racism in Australia*. As outlined in Lowitja Institute's 2026 submission to the inquiry of racism, hate and violence the 10-year framework that provides 63 recommendations for a whole-of-society approach to eliminate racism, with a particular focus on Aboriginal and Torres Strait Islander



people. It serves as a roadmap for governments, businesses and communities organisations to address all forms of racism in Australia. This framework recognises that a limited understanding in Australia of race and racism means systemic and structural racism continues to go unaddressed in most government-led anti-racism action. It also recognises that racism is leading to worse health outcomes, poorer educational outcomes, overrepresentation in the justice system, negative representation in the media, and consistent roadblocks in employment. For Aboriginal and Torres Strait Islander peoples, racism is not only a matter of individual harm, but it is embedded in the structures, systems, policies and practises that shape access to healthcare, education, employment, justice and public life. Implementing the Anti-Racism Framework across government would provide a clear foundation for structural reform, accountability and prevention.

Embedding the principles and recommendations of the National Anti-Racism Framework within the NSQHS Standards would strengthen accountability, monitoring, evaluation and continuous improvement processes across the health system.

Call to action 3 – Strengthen cultural safety training standards

A core thread throughout the work to name and promote action on cultural safety in Australia is cultural safety training. It is an essential but not a singular mechanism to upskill the health and human services workforce in what cultural safety is, how to embed it in individual practice and systems, and how to recognise, address and prevent racism in all its forms (Lowitja Institute 2024).

To be effective, cultural safety training requires institution level support or backing, alongside clinical and financial governance to ensure accountability. With this in mind we caution against over-reliance on cultural safety training as a proxy for meaningful change (Lowitja Institute 2024).

The current cultural safety training landscape across Australia is fragmented. Training requirements, content and quality vary considerably across jurisdictions, professions and health services. As a result, our people experience racism across the health system putting our peoples at risk, and driving poor health outcomes and exacerbating health inequities

AHPRA and the National Boards provide a regulatory framework for individual registered health practitioners, including expectations that practitioners provide culturally safe and respectful care to Aboriginal and Torres Strait Islander peoples. These requirements establish an important professional standard for cultural safety, however, they do not provide a nationally consistent or accredited standard for the cultural safety training and education used to support health practitioners and the



broader health workforce to meet these expectations.

The community-controlled sector has long advocated for nationally consistent cultural safety standards to be developed beyond the tertiary curriculum. There is a risk that there are too many standards, they are similar but states and territories, practitioners and regulatory bodies adopt them slightly differently which leads to different standards of cultural safety across the health system.

The Commission is also progressing work to strengthen cultural safety standards at the health service and system level, to which Lowitja Institute has provided input. We recommend that the NSQHS standards be strengthened to include cultural safety training requirements, which aligns with the recommendations of the *National Anti-Racism framework* (Australian Human Rights Commission 2024).

The standards should ensure that cultural safety training involves an analysis of power relations, including racism, power, privilege and systemic discrimination (Lowitja Institute 2024).

In the absence of a nationally accredited training framework, consideration could also be given to established Aboriginal and Torres Strait Islander-led cultural safety training initiatives, including those developed by the Australian Indigenous Doctors' Association, which is supported also endorsed by AHPRA (Medical Board of Australia 2024)

Recommendations

Embed a nationally consistent definition of cultural safety in the NSQHS standards, in line with the AHPRA definition of cultural safety. Definitional consistency across accreditation, regulation and policy frameworks will strengthen implementation and reduce fragmentation across jurisdictions and organisations.
Improve hospital safety and quality reporting frameworks to recognise racism as a patient safety issue, to strengthen accountability, monitoring, evaluation and continuous improvement processes across the health system.
Develop, and align the NSQHS standards, with nationally consistent cultural safety training standards.

References:

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