Cultural Responsiveness In Action:

An IAHA Framework

Indigenous Allied Health Australia

We pay our respects to the traditional custodians across the lands in which we work, and acknowledge elders past, present and future.

IAHA would like to acknowledge the author, Marg Cranney from Marg Cranney and Associates

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PHOTOS:
Cover Photo — This photo was taken at Wurre (Rainbow Valley), the traditional country of the Upper Southern Arrernte people.

Pages 30-31 — This photo was taken at Second Valley, SA, on Kaurna Country.

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1. Introduction

Indigenous Allied Health Australia (IAHA) is a national not for profit, member-based Aboriginal and Torres Strait Islander allied health organisation.

IAHA'S VISION

For Aboriginal and Torres Strait Islander peoples to have health equity through improved access to culturally responsive health care that is recognised as essential part of a holistic approach to achieving optimal health and wellbeing.

IAHA'S PURPOSE

Our purpose is to improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national allied health leadership, building a culturally responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing.

As an Aboriginal and Torres Strait Islander national body, the following principles are the foundation for IAHA decision-making and strategic priorities:

As a national organisation IAHA:

- provides support and advocacy on behalf of Aboriginal and Torres Strait Islander allied health professionals and other health professionals in the allied health sector
- builds strong leadership capacity across the allied health and Indigenous health sectors
- works closely with organisations, universities and other related sectors to improve health curricula, address allied health workforce issues, and promote allied health careers to Aboriginal and Torres Strait Islander peoples
- provides expert advice to governments, allied health professional bodies, educational institutions and the health sector in relation to health policy and issues
- develops and maintains strong networks and connections to Aboriginal and Torres Strait Islander communities to ensure IAHA core objectives are meeting their needs and aspirations
- works closely with the health sector and communities to improve access to allied health services for Aboriginal and Torres Strait Islander peoples.

To this end, we are committed to the achievement of the Australian Government vision for Aboriginal health and wellbeing equity, as stated in the National Aboriginal and Torres Strait Islander Health Plan, 2013-2023:

The Australian Health System is free of racism and inequality and all Aboriginal and Torres Strait Islander peoples have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equity by 2031.

We acknowledge and respect the critical role that the allied health workforce plays in Australia's efforts to transform the health system and improve health and wellbeing outcomes for all Australians, particularly Aboriginal and Torres Strait Islander peoples. We support the development of cultural responsiveness for all Australians, both non-Indigenous and Aboriginal and Torres Strait Islander peoples. We are at different stages in this life long journey of developing cultural responsiveness. The more we work in partnership and collaborate with one another the more opportunities we will have for increasing our cultural responsiveness and building social participation.

In the coming years, the allied health sector will play an indispensable role in the transformation of the Australian health system through the development of collaborative models of care to ensure the efficient delivery of quality health care and wellbeing programs to significantly larger, culturally and geographically diverse populations.

Transforming training and education

through collaboration and networking with education providers such as Registered Training Organisations, schools, and Australian universities. This collaboration will result in: improved Aboriginal and Torres Strait Islander tertiary education, research and labour force development; increased recruitment and retention of Aboriginal and Torres Strait Islander staff and students into health and wellbeing programs; and curriculum reform to enhance cultural responsiveness of the current and future allied health workforce.

Transforming access to healthcare

by contributing to a culturally responsive workforce supporting the wellbeing of Aboriginal and Torres Strait Islander Australians. IAHA establishes networks and partnerships with professional associations, education providers, employers and the corporate sector, to promote and deliver professional development opportunities in building Indigenous leadership capabilities and cultural responsiveness capabilities.

Transforming relationships

between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by providing safe environments for discussions and dialogue, cultural responsiveness training, opportunities for cross-cultural mentoring, networks and partnerships.

This IAHA Cultural Responsiveness Framework provides information and support to prepare you to engage in this transformation so that, whatever your role, you can positively influence the health and wellbeing, quality of life, future aspirations, and prosperity of Aboriginal and Torres Strait Islander individuals, families and communities.

2. What is Culturally Responsive Health Care?

"Culture has been defined as "that complex whole which includes knowledge, belief, art, morals, law, custom,and any other capacities and habits acquired by man as a member of society[1]". In other words, culture is a patterned way of life shared by a group of people. Culture encompasses all that human beings have and do to produce, relate to each other and adapt to the physical environment. It includes agreed-upon principles of human existence (values, norms and sanctions) as well as techniques of survival (technology)[2]. Culture is also that aspect of our existence which makes us similar to some people, yet different from the majority of the people in the world… it is the way of life common to a group of people, a collection of beliefs and attitudes, shared understandings and patterns of behaviour that allow those people to live together in relative harmony, but set them apart from other peoples."[3]

— State of the World's Indigenous Peoples[4]

Therefore culture can be seen as a set of complex beliefs and behaviours acquired as part of relationships within particular families and other social groups.[5] It is important to recognise that culture is expressed at both group and individual levels. It is dynamic rather than static and the complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most of us live in more than one cultural setting and we perceive, experience, and engage with all aspects of our lives and the world around us through the lens of our cultures.[6]

Cultural beliefs can predispose us to view and experience wellbeing and illness in ways that can influence decisions, attitudes and beliefs around access and engagement with health providers.[7] This may include acceptance or rejection of treatment options, commitment to treatment and follow up, and our perceptions of the quality of care and views about the health provider. They may also influence the success of health promotion strategies.[8]

Cultural competency, cultural safety, cultural respect, cultural awareness and cultural sensitivity are all terms that have been used (often interchangeably) to describe the training and/or attributes required to effectively engage with Aboriginal and Torres Strait Islander peoples.

Irrespective of the term used, qualifications attained, training completed or our life experiences, the key concern for the person, family or community at the centre of care is how we respond to each particular encounter. We must demonstrate our ability to respond appropriately and 'walk the talk'. In the context of holistic and person centred therapeutic relationships with Aboriginal and Torres Strait Islander peoples, we must be culturally responsive.

Cultural responsiveness:

- holds culture as central to Aboriginal and Torres Strait Islander health and wellbeing
- involves ongoing reflective practice and life-long learning
- is relationship focussed
- is person and community centred
- appreciates diversity between groups, families and communities
- requires access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures.

Working in a culturally responsive way is about strengths-based, action-oriented approaches to achieving cultural safety that can facilitate increased access to affordable, available, appropriate and acceptable health care.

Culturally responsive care can be defined as an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds.[9] We view it as a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community with whom the interaction is occurring.

We believe that there are multiple layers of responsibility to ensure that Aboriginal and Torres Strait Islander peoples receive culturally responsive healthcare.

It is the responsibility of health education providers to ensure that their graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences that expose them to the unique needs of Aboriginal and Torres Strait Islander populations.

It is the responsibility of health service providers to demonstrate culturally responsive leadership, and build governance structures and environments that ensure health professionals are encouraged, expected and able to respond to the needs of Aboriginal and Torres Strait Islander peoples effectively. The processes and supportive structures around health service delivery are equally as important as actual health outcome measures when determining the overall effectiveness of health service delivery.

It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique attributes of the person, family or community with whom they are working. Self-reflection and reducing power differences are central to being culturally responsive; therefore making assumptions based on generalisations or stereotypes about a person's ethnic, cultural or social group is a barrier to cultural safety. Part of the challenge of becoming culturally responsive health professionals is learning to reach beyond personal comfort zones, and being able to comfortably interact and work with people, families and communities who are both similar and markedly different.[10]

3. Why Do We Need a Culturally Responsive Health and Wellbeing Workforce?

Aboriginal and Torres Strait Islander health is defined as *"not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this bring about the total well-being of their community."*

— National Aboriginal Health Strategy, 1989

In the past, Australian approaches to health and wellbeing have tended to be problem-focused, deficit-based, and occur largely in the domain of the service provider's culture, beliefs and values. When clients are not from the same culture(s) as the service provider, the metaphors, rituals, and meanings of the client's cultures are absent. Cultures, cultural meanings and healing traditions become invisible.[11] In culturally responsive care, cultures, cultural meanings, and healing traditions are visible and included.

Close the Gap

A complexity of historical, economic, social and cultural factors, including past approaches to health care, have created a health system in which there is inequitable access to health care and wellbeing programs, and inequitable health and wellbeing outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

Much has been written and reported about the gap between Aboriginal and Torres Strait Islander and non-Indigenous health and wellbeing outcomes in Australia. Recent research and monitoring has revealed that currently:

- Indigenous people are much more likely than non-Indigenous people to die at a younger age[12]
- babies born to Indigenous women are twice as likely to die in their first year as those born to non-Indigenous women[13]
- Aboriginal and Torres Strait Islander adults are almost three times more likely to feel high or very high levels of psychological distress than are non-Indigenous adults[14]
- Aboriginal and Torres Strait Islander peoples are:
    - more than 3 times as likely to have diabetes
    - twice as likely to have signs of chronic kidney disease
    - nearly twice as likely to have high triglycerides
    - more likely to have more than one chronic condition; for example having both diabetes and kidney disease at the same time.[15]

These statistics are a very brief summary of the detailed evidence of the gap in health and wellbeing outcomes available from the Australian Bureau of Statistics and the Australian Department of Health.[16]

Statistics do not in themselves provide a whole picture of Aboriginal and Torres Strait Islander health status. More meaning can be made of the statistics if the social and cultural determinants of health, and the accessibility of health and wellbeing services are also considered.

Social and Cultural Determinants of Health and Wellbeing

The National Aboriginal and Torres Strait Islander Health Plan 2013–2023[17], developed in collaboration with Aboriginal and Torres Strait Islander peoples, underpins its priorities with **Culture**; where Aboriginal and Torres Strait Islander peoples have the right to live a healthy, safe, and empowered life with a healthy strong connection to culture and country. The plan acknowledges the wealth of evidence that supports the positive associations of health, education and employment outcomes, as well as general wellbeing with language and culture. It further states that wellbeing for Aboriginal and Torres Strait Islander peoples incorporates broader issues of social justice, equity and rights.

Widely accepted social determinants of health include whether a person:[18]

- is working
- feels safe in their community
- has a good education
- has enough money
- feels connected to friends and family.

The meaning of these determinants are obvious in a general sense. If a person has a job in which he or she earns enough money, feels safe in his or her community, has a good education and feels connected to family and friends, then he or she is more likely to experience good health. Statistically, Aboriginal and Torres Strait Islander peoples are generally worse off than non-Indigenous people when it comes to the social determinants of health.[19]

Geographical, historical and social factors impact each of these determinants, and for Aboriginal and Torres Strait Islander peoples, the impact of conscious and unconscious discrimination and racism also have an impact. For example, 'feeling safe in their community' is related to criteria such as whether a person has accommodation, overt or covert racism[20] is experienced, services are available when required, lateral violence[21] is experienced, and/or a person feels like they belong.

We also consider that cultural determinants of health and well-being include:[22]

- self determination
- connection to land and country; custodianship and utilisation of country
- freedom from discrimination
- individual and collective rights
- freedom from assimilation and destruction of culture
- protection from removal/relocation
- reclamation, revitalisation, preservation and promotion of language and cultural practices
- protection and promotion of Traditional Knowledge and Indigenous Intellectual Property
- understanding of lore, law and traditional roles and responsibilities.

Access to Health and Wellbeing Services

For Aboriginal and Torres Strait Islander peoples, many health and wellbeing services are not easily accessible and user-friendly, adding to higher levels of disadvantage. Sometimes this is because more Aboriginal and Torres Strait Islander peoples than non-Indigenous people live in remote locations, and not all health services are offered outside of cities. Sometimes health services are not culturally appropriate, i.e. they do not consider Aboriginal and Torres Strait Islander cultures and the specific needs of Indigenous people. Further, some Aboriginal and Torres Strait Islander peoples may not be able to use some services because they are too expensive.[23]

Recent research cites the following criteria for increasing accessibility of health and wellbeing services:[24]

- having Aboriginal and Torres Strait Islander health and wellbeing workers on staff
- increasing the number of Aboriginal and Torres Strait Islander peoples working in the health and wellbeing sector
- designing health promotion campaigns especially for Aboriginal and Torres Strait Islander peoples
- having culturally competent [responsive] non-Indigenous staff
- making important health services available in rural and remote locations (so Indigenous people living in rural and remote areas do not have to travel to cities, away from their support networks)
- funding health services so they are affordable for Aboriginal and Torres Strait Islander peoples who might otherwise not be able to afford them.

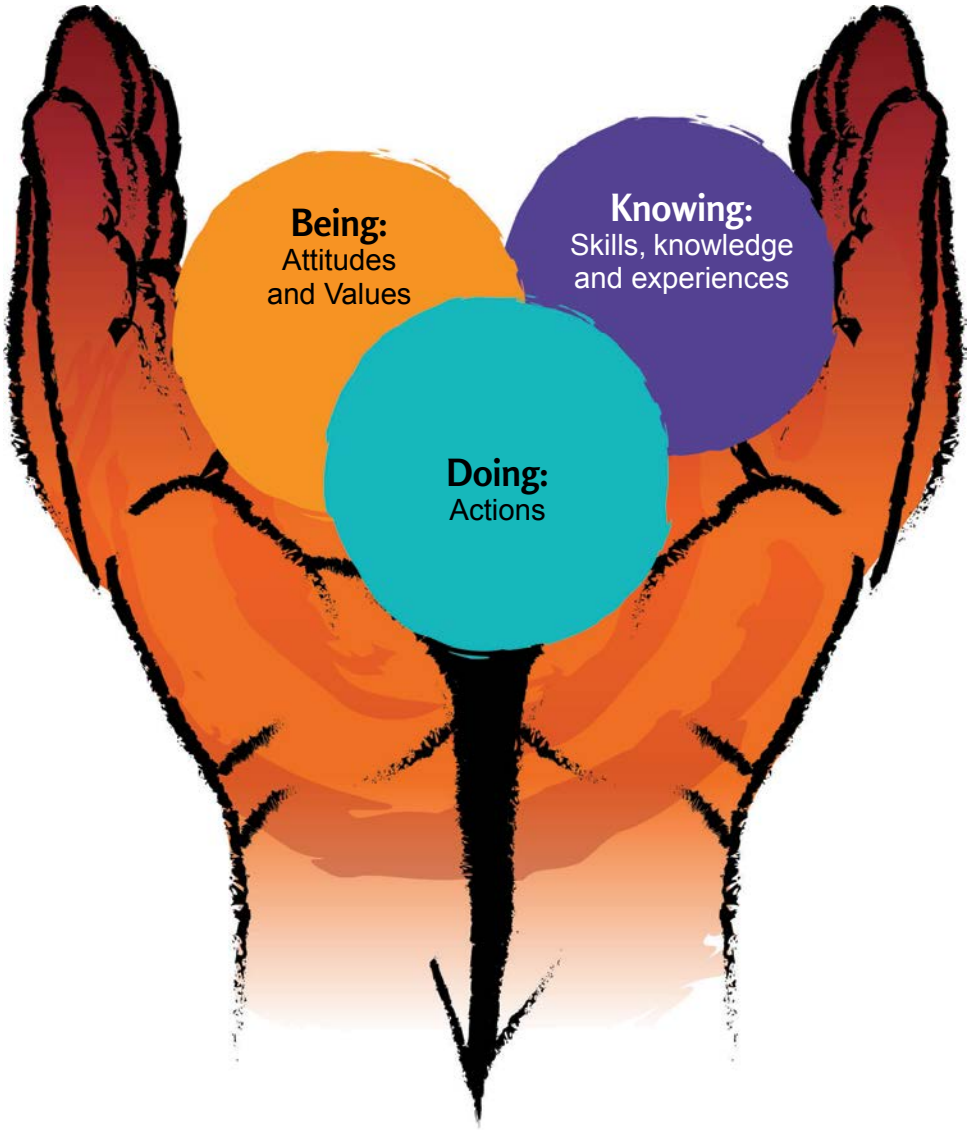
Transformation of the Australian health system requires a strong and resilient workforce characterised by increased numbers of Aboriginal and Torres Strait Islander professionals and support workers, and a culturally responsive workforce acting in partnership with individuals, families and communities that provides culturally safe and responsive care to increase access to available, affordable, acceptable and appropriate health care to Aboriginal and Torres Strait Islander peoples.

4. An IAHA Cultural Responsiveness Capability Framework

The IAHA Cultural Responsiveness Framework aims to support all Australians working with Aboriginal and Torres Strait Islander individuals, families and communities to acquire relevant skills and knowledge, and develop capabilities that are essential for successful partnerships and action. Underlying this is the goal of equitable access to healthcare and improved life outcomes for Aboriginal and Torres Strait Islander peoples.

The development of this capability framework was focused on providing a clear and thorough response to our core consideration:

“What do we need to know, be and do in order to be culturally responsive?”



Cultural Responsiveness

The IAHA Cultural Responsiveness Capability Framework is comprised of six key capabilities:

1. Respect for centrality of culture
2. Self-awareness
3. Proactivity
4. Inclusive engagement
5. Leadership
6. Responsibility and accountability

Capability 1:
Respect for the centrality of cultures

Identifies and values cultures, both group and individual, as central to Aboriginal and Torres Strait Islander health, wellbeing and prosperity.

KNOWING

Understands:

- concepts of culture and how cultures are expressed
- generalisations, stereotyping and ethnocentrism and their impacts
- community and cultural protocols
- value and importance of culturally specific knowledge and skills with which Aboriginal and Torres Strait Islander professionals add value to organisations
- importance of identifying the goals, needs and aspirations of Aboriginal and Torres Strait Islander people
- nation building processes in partnership with Aboriginal and Torres Strait Islander peoples.

BEING

Is:

- respectful and values the differences between individuals, families and communities
- inclusive of own and other's cultural beliefs and ways of being
- supportive of Aboriginal and Torres Strait Islander nation building.

DOING

- Develops cultural and social knowledge of Aboriginal and Torres Strait Islander communities.
- Utilises cultural and social knowledge of local and regional area in relationship management, client engagement and in improving access to services.
- Uses cultural mapping of Aboriginal and Torres Strait Islander families and groups to assess community needs, and develop or enhance culturally responsive services.
- Addresses generalisations, stereotyping and ethnocentrism.
- Establishes a person-centred practice or service.
- Uses strengths-based approaches and critical thinking skills to influence change.
- Commits to nation-building processes in partnership with Aboriginal and Torres Strait Islander peoples.

OUTCOME

Aboriginal and Torres Strait Islander peoples are placed at the centre of their care, and in the context of their family, community and culture.

Holistic approaches to health and wellbeing are achieved across the life span by an appreciation for cultural values and cultural differences at every stage.

Capability 2: Self-awareness

Self-awareness in this context refers to continuous development of self-knowledge, including understanding personal beliefs, assumptions, values, perceptions, attitudes and expectations, and how they impact relationships with Aboriginal and Torres Strait Islanders peoples.

KNOWING

Understands:

- own cultural background and identity
- own assumptions, bias and preconceived ideas
- own values, attitudes and expectations
- reflective practice models
- strengths-based approaches
- that different people are at different stages in the development of cultural responsiveness.

BEING

Is:

- a critical and creative thinker
- open to continuous improvement and life-long learning
- clear about own level of cultural responsiveness capability
- self-motivated, self-directed and self-evaluating.

DOING

- Challenges own assumptions, bias and preconceived ideas.
- Clarifies own values, attitudes and expectations.
- Perceives, understands and manages own responses.
- Acknowledges own skills and knowledge in cultural responsiveness.
- Identifies learning needs in cultural responsiveness.
- Recognises and utilises support, guidance and available learning opportunities.
- Uses strengths-based approaches to developing cultural responsiveness.
- Uses reflective practice models to influence decisions and actions.

OUTCOME

Clarity about own cultural identity, personal beliefs, assumptions, values, perceptions, attitudes and expectations, and active reflection on how they impact relationships with Aboriginal and Torres Strait Islanders peoples.

Aboriginal and Torres Strait Islander peoples experience health and wellbeing services that are respectful and free from overt and covert personal racism.

Capability 3: Proactivity

The ability to anticipate issues and initiate change that creates the best possible outcomes. It involves acting in advance of a possible situation, rather than reacting or adjusting.

KNOWING

Understands:

- the importance of being proactive rather than reactive
- what is required to create culturally safe places and spaces
- the impact of own actions and reactions upon people, places and things.

BEING

Is:

- capable of personal responsibility for delivering culturally responsive services to Aboriginal and Torres Strait Islander people
- courageous and has courage to speak out when necessary
- confident in using personal initiative
- solution focussed.

DOING

- Undertakes regular training and refresher courses, seminars, forums, webinars and online training opportunities in cultural responsiveness, community engagement and anti-racism best practice.
- Utilises mentoring opportunities, particularly from those experienced in working with Aboriginal and Torres Strait Islander communities.
- Develops and implements an action plan for delivering culturally responsive services to Aboriginal and Torres Strait Islander individuals, families and communities.
- Identifies and takes opportunities to change practices and processes that are not culturally responsive.
- Leads discussions about cultural responsiveness, anti-racism strategies and person centred care.
- Recognises and addresses personal and institutional racism in the workplace.

OUTCOME

Health and wellbeing care that is free from institutional racism and delivered by organisations focussed on cultural responsiveness as an essential element of their core business.

Aboriginal and Torres Strait Islander individuals, families and communities experience equitable access to appropriate services that can help them achieve health and wellbeing.

Capability 4: Inclusive engagement

Provides Aboriginal and Torres Strait Islander people with opportunities to participate by reducing barriers, and engaging in meaningful and supportive ways.

KNOWING

Understands

- importance and role of narrative in developing relationships
- engagement and community development principles
- own influence upon communication and engagement
- local communication and community leadership protocols
- Aboriginal and Torres Strait Islander cultural focus on relationships
- self-determination principles and nation building processes.

BEING

Is:

- approachable and open to feedback
- trustworthy
- honest, has integrity
- resilient
- an active listener
- respectful of silences
- flexible
- empathic.

DOING

- Communicates with flexibility, clarity and relevance, both verbally and non-verbally.
- Develops insights from using narrative approaches.
- Builds networks in Aboriginal and Torres Strait Islander communities.
- Observes and respects local communication and community leadership protocols.
- Learns from Aboriginal and Torres Strait Islander peoples the most effective ways to engage.
- Collaborates with Aboriginal and Torres Strait Islander individuals, families and communities.
- Establishes formal partnerships with Aboriginal and Torres Strait Islander organisations and communities.
- Fosters ongoing, effective two-way communication.
- Discusses difficult issues with sensitivity.
- Monitors effectiveness of communication.
- Maintains respectful and honest relationships.
- Manages relationships without judgement or assumptions.

OUTCOME

Active engagement of Aboriginal and Torres Strait Islander peoples in collaborative and inclusive decision-making.

Aboriginal and Torres Strait Islander peoples participate in planning, monitoring and evaluations.

Aboriginal and Torres Strait Islander peoples feel respected and included in relationships with professionals and are more likely to access services in the future.

Capability 5: Leadership

Inspires others and influences change in contributing to the transformation of the health and well-being of Aboriginal and Torres Strait Islander individuals, families and communities.

KNOWING

Understands:

- leadership and cultural responsiveness are qualities for which everyone shares responsibility
- contributions required to achieve a compelling vision of the future for the organisation working with Aboriginal and Torres Strait Islander individuals, families and communities
- own contribution to achieving the vision
- good leadership practices can be learned and understood by all who wish to take a strengths based approach to action.

BEING

Is:

- clear about personal and organisational values
- aware of and acts in line with personal values
- aware of personal influence
- appreciative of relationships
- committed to achieving the vision
- positive in personal approach to leadership
- resilient
- honest and leads with integrity.

DOING

- Leads by example and models culturally responsive actions.
- Has a compelling vision of the future for the organisation working with Aboriginal and Torres Strait Islander individuals, families and communities.
- Engages and develops others in cultural responsiveness.
- Uses solution-focussed approaches to questioning practices that are not culturally responsive.
- Acknowledges and promotes successes in working with Aboriginal and Torres Strait Islander individuals, families and communities.
- Shows leadership in working inclusively at all levels to influence change and improve the health and wellbeing of Aboriginal and Torres Strait Islander people.
- Leads strengths-based approaches to eliminating racism.
- Demonstrates public-spirited leadership style.

OUTCOME

Increasing numbers of Australians who are passionate and committed contributors to transforming access to affordable, available, appropriate and acceptable health care for Aboriginal and Torres Strait Islander peoples.

Capability 6: Responsibility and accountability

The process of owning our role and monitoring progress in addressing inequities between Aboriginal and Torres Strait Islander peoples and other Australians.

KNOWING

Understands:

- social justice and human rights principles
- inequities that exist between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians
- current effective practices and approaches to addressing inequities
- own contribution to addressing inequities
- social and cultural determinants of health.

BEING

Is:

- committed to action to improve the health, wellbeing and prosperity of Aboriginal and Torres Strait Islander peoples
- guided by social justice and human rights principles
- clear and realistic about own contribution to addressing inequities.

DOING

- Includes cultural responsiveness goals in policy and planning processes.
- Set targets and works in partnership with Aboriginal and Torres Strait Islander individuals, families, communities and organisations.
- Monitors goal achievement with individuals, families, communities and organisations.
- Updates and meaningfully communicates progress to Aboriginal and Torres Strait Islander individuals, families, communities and organisations as an ongoing process.

OUTCOME

Evidenced-based action leading to continuous improvement in outcomes for Aboriginal and Torres Strait Islander peoples.

5. Culturally Responsive Governance

In April, 2009 Australia endorsed the *United Nations Declaration on the Rights of Indigenous Peoples'*. Since that time, options for achieving self-determination and self-governance have been explored in ongoing research projects across Australia. A growing number of Aboriginal and Torres Strait Islander peoples and communities are engaging in the process of nation building or nation rebuilding.[25]

The concept of Aboriginal and Torres Strait Islander Nations is important to the identity, survival and self-determination of our peoples. 'Nation building' – that is, enhancing Aboriginal and Torres Strait Islander peoples' capacities for self-governance and self-determined economic development … where local Aboriginal and Torres Strait Islander peoples, Nations, communities, authorities and organisations have power and control over decision making and resources, real change is achieved in a more sustainable way.

— Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner.[26]

Historically in Australia, governance arrangements have been imposed on Aboriginal and Torres Strait Islander groups according to the agenda, priorities and values of governments and churches.[27]

This historical approach to governance and development has consistently been inadequate to meet the needs of Aboriginal and Torres Strait Islander peoples. Nation building approaches respect and support autonomy, self-determination and self-governance.

Snapshot: Different approaches to governance and development

Nation building approach	Historical approach
Culture is seen as a strength and asset.	Culture is portrayed as problematic.
Decision-making is able to be longer-term, strategic and under the control of the nation.	Decision-making is short-term, non-strategic and often externally controlled.
Future agenda setting is directed by the nation.	External parties set the future direction.
Development is seen as an interrelated social, economic and cultural goal.	Development is treated as primarily an economic problem and goal.
Leaders act as stewards, nation builders, mediators and mobilisers, and can make decisions based on plans.	Leaders act as hunters and distributors of resources and services, and make ill-informed decisions.
Accountability is downwards to the nation's members and focuses on collective goals.	Accountability is upwards to external parties and focuses on financial administration.
Governing rules and frameworks reflect Aboriginal and Torres Strait Islander political cultures and concepts.	Governing rules and frameworks are based on external values, standards and concepts.
The result is: growing governance capacity; consensus decision-making; sustainable enterprises and community development; a governance culture where risk is evaluated, managed and diversified; an impression of competence and resilience; and socioeconomic progress.	The result is: failed governance and enterprises; politicised decisions; a governance culture that is dependent on external funds and remedial intervention; an impression of chaos and dysfunction; and continued poverty.

Adapted from S. Cornell, 'Two approaches to the development of native nations', **Rebuilding Native Nations**, University of Arizona Press, 2007.[28]

Nation building explores complex challenges and how Aboriginal and Torres Strait Islander groups are currently working to overcome these challenges. Narratives about resourcefulness, creativity and success are emerging.[29]

Nation building is an evolving process where change occurs gradually. It requires long-term commitment.[30] Aboriginal and Torres Strait Islander peoples need time to monitor and assess how well governance processes are working, along with the power to adapt and change arrangements.[31]

Nation building processes leading to self-governance and self-determination are keys to addressing the cultural determinants of health identified earlier in this paper. All Australians working with Aboriginal and Torres Strait Islander communities have a role to play now and in years to come. The achievement of Aboriginal and Torres Strait Islander health equity requires leaders and managers to have governance structures and processes that enable and support them to:

- acknowledge and promote Aboriginal and Torres Strait Islander nation building processes
- be proactive rather than reactive
- build the capacity of their staff to deliver culturally responsive services
- encourage staff who are passionate about cultural responsiveness
- value the contribution of Aboriginal and Torres Strait Islander peoples
- develop meaningful relationships and partnerships with Aboriginal and Torres Strait Islander individuals, families, organisations and communities
- be honest, courageous and willing to address complex issues such as personal and institutional racism
- be accountable for the quality and availability of services to Aboriginal and Torres Strait Islander individuals, families and communities
- be a vital contributor to the Close the Gap campaign.

For Indigenous peoples to participate in Australian society as equals requires that we be able to live our lives free from assumptions by others about what is best for us. It requires recognition of our values, culture and traditions so that they can co-exist with those of mainstream society. It requires respecting our difference and celebrating it within the diversity of the nation.

— Dr William Jonas, Aboriginal and Torres Strait Islander Social Justice Commissioner, 1999-2004

6. IAHA Supporting Excellence In Cultural Responsiveness

IAHA Cultural Responsiveness Training is relevant for all Australians delivering services to Aboriginal and Torres Strait Islander peoples and communities. It:

- centres on the development of respectful, open and honest relationships leading to increased social participation and greater acceptance of Aboriginal and Torres Strait Islander Australians
- is strengths-based, exploring what works and what could work better
- is action and solution-focussed rather than problem-focussed
- encourages and supports leadership of change and innovation for sustainable culturally responsive workplaces.

Our Cultural Responsiveness Training is therefore ongoing and multifaceted, including:

- IAHA Webinar Series that responds to market demand. Webinars conducted to date have focussed on culturally responsive practice in a variety of professions.
- IAHA Cultural Responsiveness Workshop conducted over 2 days and focussed on practical ways to develop cultural responsiveness as an individual, an organisation and in communities.
- IAHA Online Mentoring Program in which opportunities to engage in cross cultural mentoring are available.
- Seminars conducted during IAHA professional development initiatives that are recognised by many professional associations as fulfilling professional development requirements.
- Conference papers delivered by IAHA representatives.

7. Call to Action

IAHA calls on all Australians delivering health and wellbeing services to Aboriginal and Torres Strait Islander individuals, families and communities to join us in addressing Aboriginal and Torres Strait Islander health and wellbeing inequity by:

- considering your level of cultural responsiveness
- committing to strengthen your level of cultural responsiveness
- planning how you can further develop cultural responsiveness capabilities
- communicating and engaging with Aboriginal and Torres Strait Islander individuals, families, organisations and communities
- utilising available resources, such as IAHA Cultural Responsiveness Training
- leading the way by demonstrating public-spirited leadership, and increasing social participation to build stronger and safer communities and nations.

Together, in partnership, with commitment and resilience, health equity in Australia can become a reality.

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20. Examples of overt racism might be expressed as name calling, violence, when shop attendants avoid providing service, or when an Aboriginal person arrives at hospital and is presumed to be drunk but is actually heading towards a diabetic coma. Examples of covert racism may be expressed as the sudden unavailability of an advertised job or a room to rent, or assumptions being made about a person's capacity that not openly stated. Covert racism also occurs when a person's cultural heritage is omitted and their needs are "mainstreamed".
21. Lateral violence occurs when members of an oppressed group abuse their own people in similar ways to the ways in which they have been abused. It is a cycle of abuse and, for Aboriginal and Torres Strait Islander peoples, its roots lie in factors such as colonisation, intergenerational trauma, and the ongoing experiences of racism and discrimination.
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9. Glossary

Cultural mapping	This is a valuable tool for identifying a community's strengths and its resources. It involves a community identifying and recording cultural resources. It can identify and record physical cultural resources, such as important public cultural places in the community, and can also use community identity mapping to explore unique histories, values, traditions and stories which combine to define a community's identity, connections and sense of place.
Cultural safety	Cultural safety is about experiencing environments, e.g. family, workplace, service provider and community, in which people feel safe and secure in their identity; where there is no assault, challenge or denial of their identity, 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.[1]
Ethnocentrism	This is a term applied to the cultural or ethnic bias—whether conscious or unconscious—in which an individual views the world from the perspective of his or her own group, the in-group, establishing them as the benchmark and rating all other groups with reference to this ideal. This form of tunnel vision often results in: (1) an inability to adequately understand cultures that are different from one's own, and (2) value judgments that preference the in-group and assert its superiority.[2]
Governance	A framework of rules, practices and processes in which group decisions are made and implemented.
Indigenous governance	*"Indigenous governance is about how we organise ourselves and make decisions about our lives in a culturally relevant way. Effective governance for Aboriginal and Torres Strait Islander peoples needs to start with us – with our peoples and with our communities.* *There are three connected components that enable effective governance in Aboriginal and Torres Strait Islander communities:* • *community governance* • *organisational governance* • *the governance of governments and other external influences.* *To be effective the three components must be grounded in human rights.* Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner.[3]
Institutional racism	Institutional racism occurs through policies, conditions or practices that disadvantage certain groups. This form of racism reflects the cultural assumptions of the dominant group, so that the practices of that group are seen as the norm to which other cultural practices should conform.[4] On a structural level, institutional racism serves to perpetuate inequalities in access to power, resources and opportunities across racial and ethnic groups.[5]

Nation	Refers to a group of people who share a common language, culture, ethnicity, descent or history. A nation may share a single common territory with physical boundaries and government, or it may be located as a nation within another larger nation. The concept of 'nation' in Aboriginal and Torres Strait Islander Australia can include: • a small clan or tribal unit • a native title–holder or traditional land-owning group • people who are dispersed across a wide region or city, but see themselves as a single cultural unit • a discrete community whose differently related residents share the desire to collectively govern themselves. A nation does not rely on legislated or treaty recognition, although that greatly enhances its jurisdictional and decision-making power:[6]
Nation Building or **Nation Rebuilding**	Refers to the processes by which an Aboriginal and/or Torres Strait Islander nation enhances its own foundational capacity for effective self-governance, and for self-determined community and economic development.[7] It is about how Indigenous peoples can together create the tools (i.e. rules, processes, checks and balances, and structures of governance) they need to build the futures that they want and put them into place.[8]

Racism	Racism is an attitude or attitudes based on the belief that all members of a perceived racial group possess characteristics, abilities, or qualities specific to that group, so as to distinguish it as inferior or superior to others.[9] Racist behaviour can be intentional and unintentional and can take many forms, such as comments or jokes that cause offence or hurt, name-calling or verbal abuse, harassment or intimidation, or commentary in the media that inflames hostility towards certain groups. At its most serious, racism can result in acts of physical abuse and violence. Extreme examples are ethnic cleansing and genocide. Racism can directly or indirectly exclude people from accessing services or participating in employment, education, sport and social activities. It often manifests through unconscious bias or prejudice. Racism can have serious consequences for the people who experience it. It can shatter their confidence and sense of worth. It can undermine their ability to perform at work or in their studies. It can also affect their physical health and life expectancy. More broadly, racism locks people out of social and economic opportunities, entrenching disadvantage.[10] **Cyber-racism** takes place online, and can include words and images that may be communicated via websites, blogs and social networking sites, videos or email. Just over 40 per cent of complaints of racial hatred received by the Australian Human Rights Commission in 2012-13 related to cyber-racism. [11] **Casual racism** refers to conduct involving negative stereotypes or prejudices about people on the basis of race, colour or ethnicity. Examples include jokes, off-handed comments, and exclusion of people from social situations on the basis of race. Casual racism concerns not so much a belief in the superiority but negative prejudice or stereotypes. Unlike overt and intentional acts of racism, casual racism is not often intended to cause offence or harm.[12]
Self-Determination	Refers to genuine decision-making power and responsibility for what happens on Aboriginal and Torres Strait Islander peoples' lands, in their affairs, in their governing systems, and in their development strategies. It means having meaningful control over one's own life and cultural wellbeing. As decision-making power and responsibility moves from external authorities into the hands of Aboriginal and Torres Strait Islander peoples, self-determination grows. Governance of this kind does not refer to self-administration or self-management of programs and services that are controlled by outside authorities.[13]

10. Glossary References

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