



Closing the Gap in Aboriginal Health

Towards Cultural Security

Project Management Plan

Version 5

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1 December 2010

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Abbreviations

COAG	Council of Australian Governments
DH	Department of Health
GIRG	Grampians Indigenous Reference Group
LGA	Local Government Area
WHCG	Wimmera Health Care Group
WPCP	Wimmera Primary Care Partnership

Executive Summary

In 2007/2008, the Council of Australian Governments (COAG) agreed to six ambitious targets for closing the health gap between Aboriginal and Torres Strait Islander and non-Aboriginal people. This included a commitment to close the 17 year gap in life expectancy within a generation and to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children aged less than five years of age within a decade.

The Victorian state-wide implementation plan under the COAG Aboriginal and Torres Strait Islander Health National Partnerships Agreement was endorsed by the Social Development Committee of Cabinet in May 2009. Under the implementation plan, the Department of Health (DH) established the Grampians Indigenous Reference Group (GIRG) to develop a regional plan that addressed the following five state-wide priorities in Aboriginal¹ health:

- Tackling smoking
- Primary health care services that can deliver
- Fixing the gaps and improving the patient journey
- Healthy transition to adulthood
- Making Indigenous health everyone's business

During 2009 and 2010, Wimmera Primary Care Partnership (WPCP) held several strategic planning workshops with their partner agencies. During these workshops, agencies expressed that they were unsure how to appropriately engage with the local Aboriginal communities or how they could better provide for Aboriginal clients. It was evident that there was a strong commitment to making services more culturally appropriate and inclusive. In 2010, WPCP sought funding from the Department of Health (DH) to facilitate a project which focused on organisational change of mainstream services to become culturally competent to provide for Aboriginal people.

This project, entitled *Towards Cultural Security*, is part of the DH's Grampians Regional Implementation Plan for closing the gap in Aboriginal health. It fits with both the state and federal reform priorities of:

- Primary health care services that can deliver
- Making Indigenous health everyone's business

Closing the gap in Aboriginal health in the Wimmera is supported by WPCP's strategic priority of reducing health inequalities. The goal of *Towards Cultural Security* is to improve Aboriginal people's access, experience and outcomes of mainstream services.

The project will be delivered in a flexible way to maintain effective and respectful partnerships with the Aboriginal communities and their representative and service organisations.

¹ Throughout this document the term Aboriginal refers to both Aboriginal and Torres Strait Islander people. Aboriginal is used in preference to Indigenous; however, Indigenous is retained when it is part of a title of a report, program and quotation.

Scope

The geographical scope of the *Towards Cultural Security* project is the catchment area of WPCP which includes four local government areas (LGA): Horsham Rural City Council and the shires of Hindmarsh, Yarriambiack and West Wimmera covering over 28,040 square kilometers and a total population of approximately 38,530 people. WPCP is made up of partner agencies including local government, welfare, disability, Division of General Practice and education.

According to the Australian Bureau of Statistics (ABS) 2006 census data², 350 people living in the Wimmera region identified as being of Aboriginal or Torres Strait Islander descent, however a large proportion of participants in the census did not indicate their cultural heritage. For this reason, and the transient nature of the local Aboriginal population, census data is not a reliable source of statistics. Wimmera Health Care Group (WHCG) currently have 740 people recorded who identify as being of Aboriginal and/or Torres Strait Islander decent, which they estimate is about 98% of the Aboriginal population in the Wimmera.³

Objectives

- By December 2010, all participating WPCP member agencies will commit to reflect on their knowledge, practice and service provision to Aboriginal people in the Wimmera.
- All participating WPCP partner agencies will identify where they are positioned on the Cultural Competence Continuum as determined by the results of Cultural Competency Assessment and Audits (See Appendix A and B for definitions and cultural theory and Competence Continuum).
- By April 2011, a Reference Group will be established to guide the implementation of the project to support participating WPCP partner agencies to devise ways in which they can make their services more culturally appropriate.
- By December 2011, a shift forward in the provision of culturally appropriate services will be evident in participating PCP partner agencies.
- By December 2012, all participating WPCP partner agencies will have an action plan to assist them to become a culturally safe agency.

The objectives will be achieved by:

- Obtaining commitment from senior management of WPCP's participating partner agencies agreeing to review their existing practices and cultural norms that may limit the ability of their agency/organisation to be accessible and responsive to the needs of the local Aboriginal communities;
- Designing and delivering cultural competency assessment and audit tools to participating partner agencies so they can reflect on their individual and organisational cultural competency.
- Compiling aggregate results of assessments and audits, and providing reports to senior management of participating partner agencies. Reports will also include recommendations about how their agency might improve levels of cultural competence (where necessary); and
- Establishing a Reference Group consisting of members from the local Aboriginal communities.

²<http://www.censusdata.abs.gov.au/ABSNavigation/prenav/ProductSelect?subaction=2&areacode=POA3400&action=201&collection=Census&textversion=false&breadcrumb=L&period=2006&javascript=false&navmapdisplayed=true&>

³ Information provided by Kim Galpin, Koori Liaison Officer, WHCG, 26 October 2010.

Methodology

The project will adhere to guidelines provided by Goolum Goolum's *Cultural Competency Framework* to engage in meaningful consultation and negotiation to ensure that respectful relationships are developed. This will include:

- Committing to partnerships and consultation processes which are genuine and not tokenistic;
- Engaging in consultation with local Aboriginal communities and joint problem solving to improve mainstream health agency's ability to provide culturally competent services;
- Implementing strategies to ensure the longevity of partnerships and agencies long-term commitment to closing the health gap in the Wimmera; and
- Involving local Aboriginal communities in the project- particularly in its design and delivery.

Outputs

Outputs will be determined as partnerships are developed and the need for this project to deliver positive change is explored. Other outputs include:

- Individual reports of all cultural competency audits.
- Documentation of the project, including challenges and successes; and
- A model of engagement which can be utilised by mainstream agencies state-wide.

Outcomes

Successful outcomes of the project include but are not limited to:

- Mainstream services becoming more welcoming and culturally secure places for Aboriginal people to access;
- Raised awareness within local Aboriginal communities about mainstream health services and pathways to accessing mainstream primary health care;
- Increased respectful working relationships between health and community workers and Aboriginal clients;
- Increased levels of cultural competency within mainstream agencies at individual and organisational levels;
- Mainstream agencies committed to closing the gap in Aboriginal health and demonstrating this in strategic plans, and mission and value statements; and
- Increased mainstream agencies' knowledge of the services Goolum Goolum provides for Aboriginal clients.

Project Governance

A Reference Group will be established consisting of representatives from the local Aboriginal communities to provide guidance for the project. See Appendix C for draft Terms of Reference.

Schedule

See project schedule at Attachment E.

Stage One – Planning and Commitment (July 2010 – November 2010)

- Prepare project plan and schedule.
- Liaise with partner agencies requesting long term commitment to the project and the wider objectives of closing the gap in Aboriginal health in the Wimmera.
- Gather letters of support from partner agencies committing to working with WPCP to reflect and build upon existing service delivery to Aboriginal clients. (See template at Attachment D).
- Engage in steps to build relationships with Goolum Goolum, Barengi Gadjin, local Aboriginal communities and other stakeholders.
- Program cultural assessment and audit tool for use in electronic surveys.

Stage Two – Assessment (December 2010 - April 2011)

- Roll out cultural competency audits within WPCP and Grampians Community Health to gather baseline data (pilot phase).
- Make changes to audit (if necessary).
- Roll out cultural competency audits to all participating partner agencies.

Engagement

- Gather feedback from Aboriginal consumers to determine their perceptions of mainstream services and the appropriateness of a Reference Group.
- Send letters to key stakeholders to nominate Reference Group representatives.
- Establish Reference Group, conduct first meeting and sign off on Terms of Reference.

Stage Three – Knowledge and Awareness (May 2011 – December 2011)

- Participating partner agencies to repeat audits to compare results to baseline data.
- Compile reports to identify any shifts in the provision of culturally appropriate services.

Stage Four – Implementation (January 2012 – December 2012)

- Assist agencies in the development Cultural Diversity Plans.
- Get sign off on Cultural Diversity Plans.

Final Stage - Evaluation (January 2013 – June 2013)

- Interview partner agencies and gather examples of the formation of stronger partnerships and connections with local Aboriginal Cooperatives.
- Enter case studies into Vic Health Partnership Tool.

Evaluation

A variety of tools will be used to evaluate the success of the project including surveys, interviews and community consultations. Evaluation will take place throughout the project period.

Appendix A

Cultural Competency Theory

Source: Coffin, Juli, 'Rising to the Challenge in Aboriginal Health by Creating Cultural Security', *Aboriginal & Islander Health Worker Journal*, vol. 31, no. 3, May/June 2007.

Consider the management of an eight year old Aboriginal boy by a speak pathologist:

Cultural Awareness

Example: "I know that most Aboriginal people have very extended families."

Although the speech pathologist demonstrates a basic understanding of a relevant cultural issue, it does not lead into action. There is no common or accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture and cultural security.

Cultural Safety

Example: "I am going to make sure that I tell Johnny's mum, aunty and nana about his appointment because sometimes he is not with his Mum."

Safety involves health providers working with individuals, organisations and sometimes the community. More often though, cultural safety consists of small actions and gestures usually not standardised as policy and procedure.

Cultural Security

Example: "I am going to write a note to Johnny's family and ask the Aboriginal Health Worker (AHW) to deliver and explain it. I will check in with the AHW if any issues were raised when explaining the procedure to the family and if transport is sorted out. I will ask to see if the AHW can be in attendance at the appointment as well."

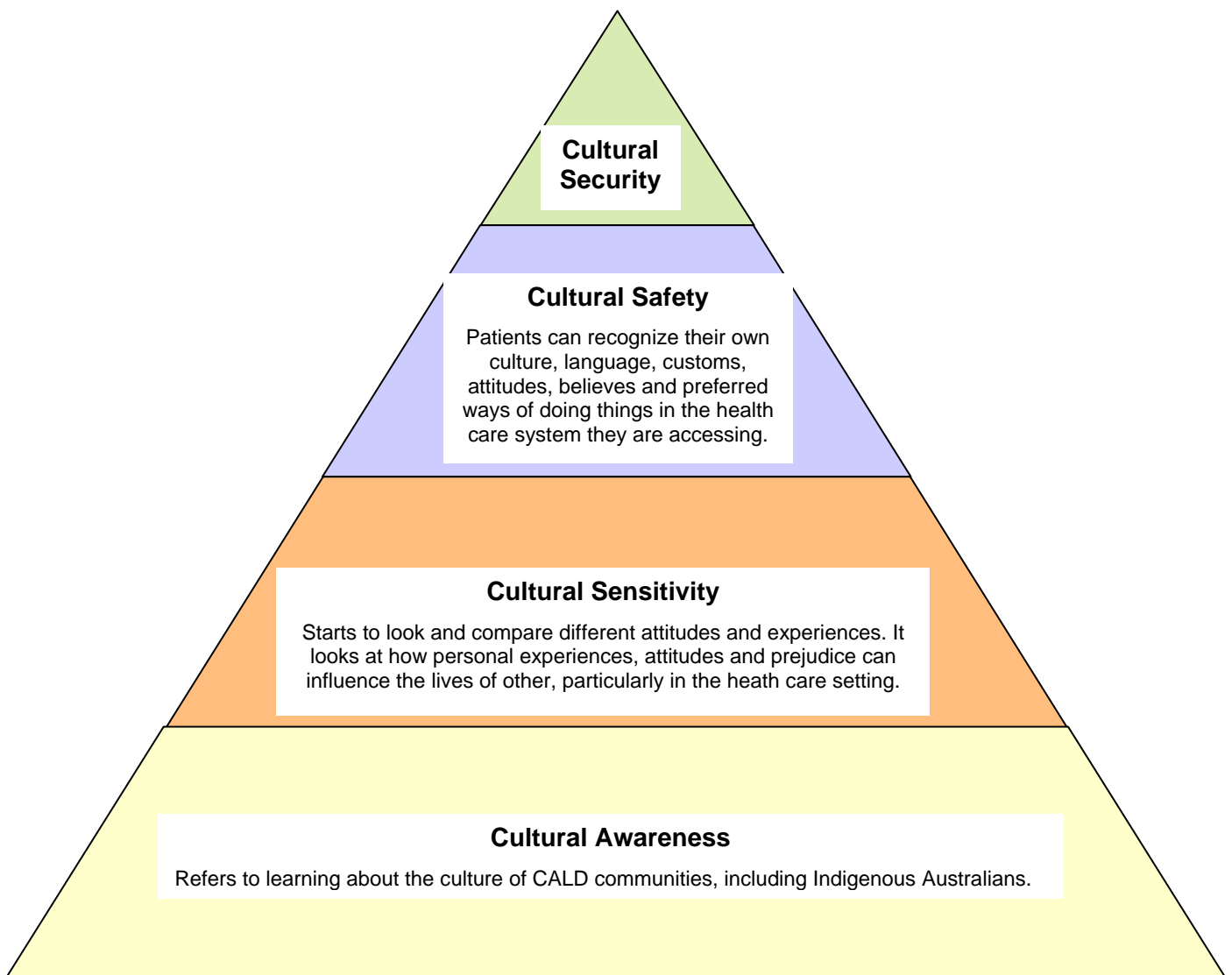
Cultural security directly links understandings and actions. Policies and procedures create processes that are automatically applied from the time when Aboriginal people first seek health care.

Appendix B

Cultural Competence Continuum

The model below suggests there are five stages in developing cultural proficiency. Cultural proficiency must not be viewed as the final stage of cultural development and that no further development is needed.⁴

1. Cultural Knowledge (knowing)
2. Cultural Awareness (understanding)
3. Cultural Sensitivity (appreciating)
4. Cultural Competence (practicing and demonstrating)
5. Cultural Proficiency (embedding)



Source: *Cultural safety training: Identification of cultural safety training needs*, The Royal Australian College of General Practitioners, 2010.

⁴ VOICE, 'Developing a Culturally Competent Organisation', Queensland Council of Social Service at <http://www.communitydoor.org.au/documents/VOICE/pplusingservice/topicguide/DevelCulturallyCompetentOrg.rtf>, accessed 15 September 2010, p. 3.

Appendix C

Terms of Reference

Issued by *Wimmera Primary Care Partnership (WPCP)* to *Wimmera Closing the Gap Reference Group*

Name of group: Wimmera Closing the Gap Reference Group

Members

- WPCP *Towards Cultural Security* Project Officer
- Six Aboriginal consumers

Chairing: Chairperson to be elected.

Frequency of meetings: Initially on a monthly basis- to be revised.

Record of meetings: Minutes to be taken by WPCP and distributed by email or as requested.

Reporting mechanisms: Outcomes will be reported to WPCP Executive, the Grampians Indigenous Reference Group and Department of Health (Vic).

Functions and delegated authority: To provide perspective and guidance from Aboriginal consumers regarding:

- Proposed outcomes for closing the gap in Aboriginal health in the Wimmera.

Appendix D

Letter of Support Template

Closing the gap in Aboriginal health in the Wimmera is supported by Wimmera Primary Care Partnership's strategic priority of reducing health inequalities. In order to achieve this, we are refocusing partnership work to ensure that we are working with communities where the most disadvantages exist.

I/ We, the undersigned, being the senior management [insert agency] offer our support to Wimmera Primary Care Partnership's project work towards closing the gap.

As a partner agency, [insert agency] commits to working with Wimmera Primary Care Partnership to reflect and build upon our existing service practice to appropriately provide for Aboriginal clients.

SIGNED for and on behalf of [insert agency]

.....

Signature *Date*

Name:

Title:

Whilst the CEO is required to sign this document, we also invite senior management or staff to show their support by signing below.

.....

Signature *Date*

Name:

Title:

.....

Signature *Date*

Name:

Title:

Appendix E Project Schedule

Task	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
Complete Position Description	█																									
Advertise position		█																								
Hold interviews		█																								
Reference checking and selection		█																								
Start project officer		█																								
Orientation		█																								
Compile project plan		█	█	█																						
Develop draft TOR for reference committee			█																							
Meet with GGAC CEO to discuss project			█																							
Document WHG and WHCG women's health day			█	█	█																					
Request formal commitment to project from partner agencies					█	█	█																			
Develop electronic Cultural Competency Audit (trial)						█	█																			
Agencies undertake Audits							█	█	█	█	█															
Prepare Audit reports and provide to agencies								█	█	█	█	█	█													
Form Reference Group										█																
Sign off on TOR											█															
Agencies repeat audits											█	█	█	█	█	█	█	█	█							
Compile reports of repeated audits												█	█	█	█	█	█	█	█							
Assist agencies to develop Cultural Diversity Plans																				█	█	█	█	█		
Interview partner agencies re: examples of partnerships																						█	█			
Enter case studies into Vic Health Partnership Tool																							█	█		
Complete project evaluation																									█	

References

Coffin, Juli (2007), 'Rising to the Challenge in Aboriginal Health by Creating Cultural Security', *Aboriginal & Islander Health Worker Journal*, vol. 31, no. 3, May/June.

Goolum Goolum Aboriginal Cooperative (2010), *Wimmera Mallee Local Indigenous Australian Cultural Competency Framework*, Horsham.

WEBSITES

Australian Bureau of Statistics, <http://www.abs.gov>.

Royal Australian College of General Practitioners, <http://www.racgp.org.au>.

Queensland Council of Social Service, <http://www.communitydoor.org.au>.