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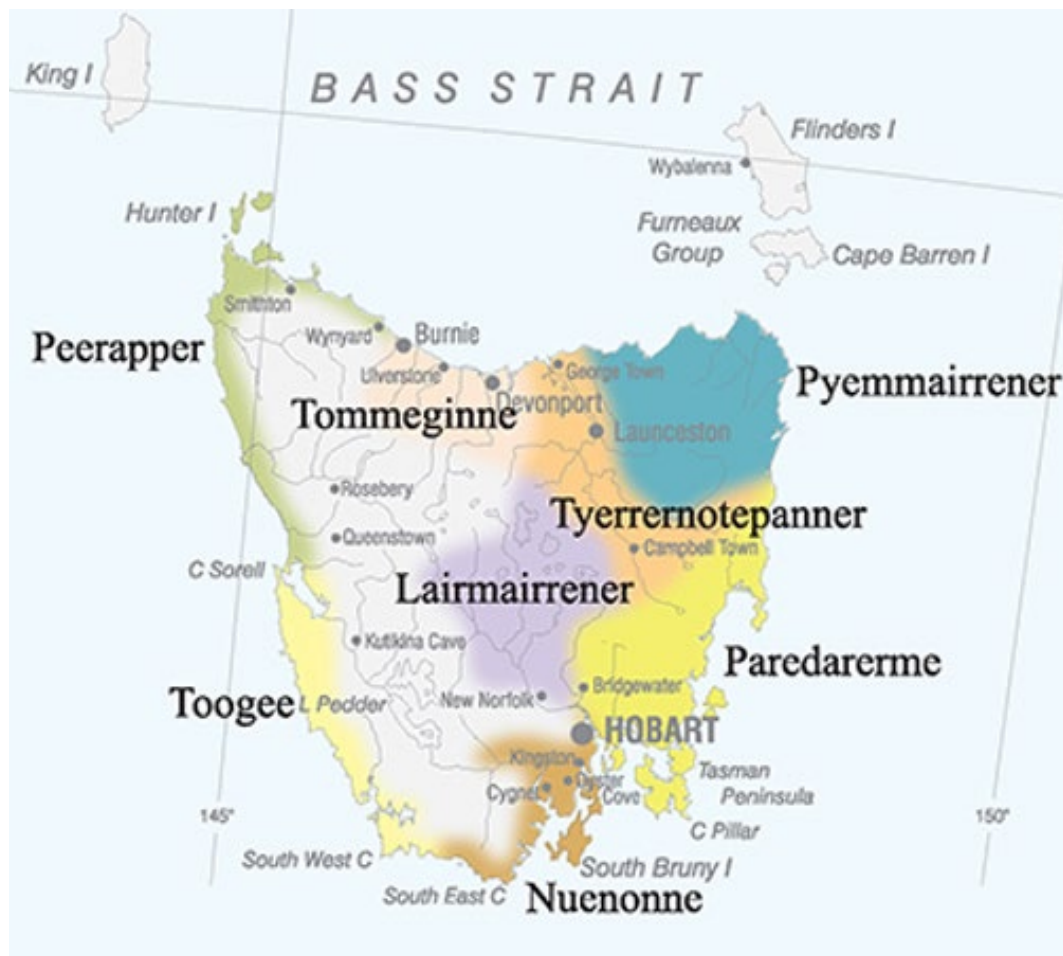
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Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026: Progress Evaluation Report



Dr Jacob Prehn (Worimi) (PhD; MSW; B.Soc.Sc)

October 2024

Attribution

This publication should be attributed as follows:

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Report Development

The Department of Health commissioned this report.

The Department of Health engaged Worimi Academic Dr Jacob Prehn to lead this evaluation. His work included contributing to the evaluation design, organising and conducting data collection, analysing the qualitative and quantitative data, producing findings and recommendations, and writing the report.

Terminology

Cultural respect is: 'The recognition, protection, and continued enhancement of the inherent rights, cultures, and traditions of Aboriginal people' (Australian Health Ministers' Advisory Council, 2016, p. 5; Department of Health, 2020, p. 12).

This report respectfully uses the term 'Aboriginal' to refer to Aboriginal and/or Torres Strait Islander peoples, primarily in Lutruwita (Tasmania) and its surrounding islands. It is acknowledged that Tasmanian Aboriginal people generally prefer terms such as Palawa and Pakana, or specific tribal names, such as Trawlwoolway. In some sections, the term 'Indigenous' is used to align Aboriginal people in solidarity with Indigenous peoples internationally, in recognition of the power of strategic essentialism (Spivak, 2023).

Some Palawa Kani is respectfully used throughout this report to highlight the importance of Indigenising and decolonising language.

Other Uses

Enquiries about this document are welcome at: departmentofhealth@tas.gov.au

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Acknowledgment of Country

The author acknowledges the Traditional Owners and Custodians of Country throughout Lutruwita (Tasmania) and their continuing connection to the land, waters, and natural environment. Deepest respects are extended to the people, cultures, and Elders, past and present. The author also acknowledges that this report was written in Nipaluna (Hobart), on Muwinina Country.

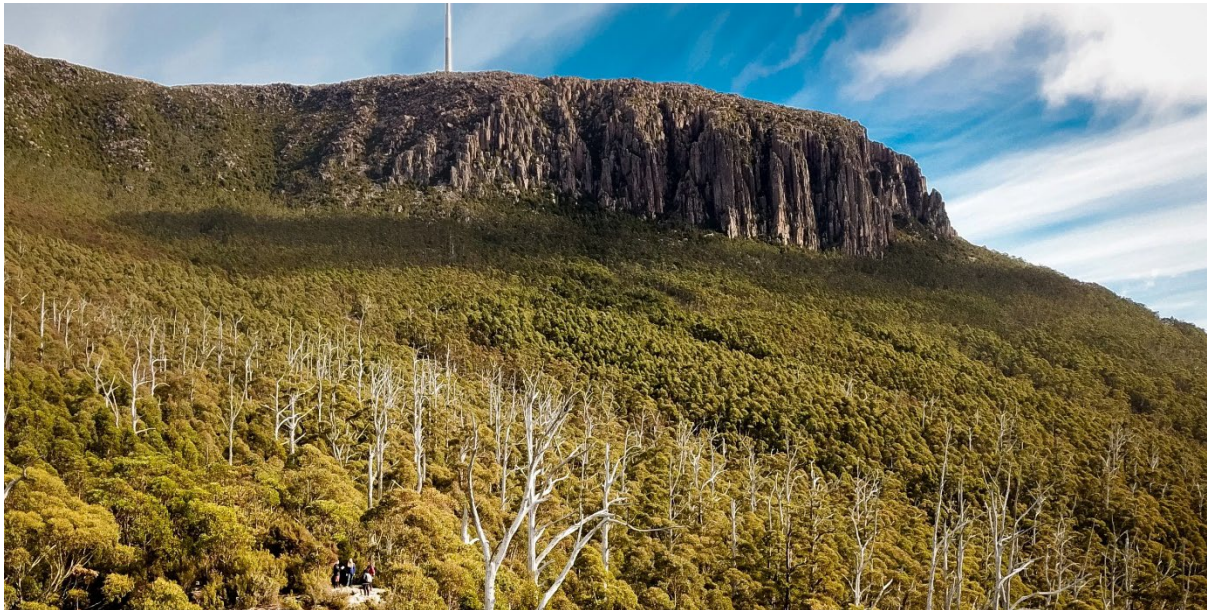


Photo: Kunanyi (Mount Wellington), Nipaluna (Hobart), Muwinina Country, Lutruwita (Tasmania).

Credit: University of Tasmania.

Acknowledgements and Thanks

First, I would like to acknowledge the strength and resilience of the Tasmanian Aboriginal community. Their ability to (re)build, grow, and thrive despite the ongoing effects of colonisation is a testament to their cultural strengths and should be seen by all Tasmanians as a gift (Kuokkanen, 2011).

Further, I would like to acknowledge the following people for their generous contributions to the success of this project: Debbie Cowen, Raylene Foster, Keeomee Mansell, Jessica Maynard, Tanya Maynard, Emma Robertson, Suzie Smith, Delia Summers, Stephen Stone, Luana Towney, and Chloe Woolnough. I would also like to acknowledge the ongoing contributions, over several months, of Barbara Moerd and George Ramm. In particular, I am grateful for the insightful conversations with George about Aboriginal health during our trips together. Thank you.

Acronyms and Definitions

ACCO – Aboriginal Community Controlled Organisation.

ACCHO – Aboriginal Community Controlled Health Organisation.

AHLO – Aboriginal Health Liaison Officer.

AHP – Aboriginal Health Practitioner.

AHS – Aboriginal Health Service.

AHW – Aboriginal Health Worker.

Allyship – An ally is an individual or group that holds structural power and privilege and stands in solidarity with individuals and groups that lack that same power or privilege.

BADDR data – A term coined by Walter (2018) to describe the dominant deficit discourses within data about Aboriginal and Torres Strait Islander peoples. BADDR stands for:

- Blaming data
- Aggregate data
- Decontextualised data
- Deficit, government priority data
- Restricted Access data.

CANZUS – Canada, Australia, New Zealand, and the United States; a group of Anglo-colonised countries with a similar experience of colonisation.

CBIAA – Cape Barren Island Aboriginal Association.

CHAC – Circular Head Aboriginal Corporation.

Cultural awareness – This involves understanding and recognising the diverse cultures, histories, and experiences of Aboriginal peoples. It includes acknowledging traditional practices, languages, and connections to land while recognising the effects of colonisation and ongoing inequalities.

The primary focus of cultural awareness training is on Aboriginal and Torres Strait Islander people, rather than non-Indigenous people critically reflecting on themselves.

Cultural blindness – The notion that services or helping approaches traditionally used by the dominant culture are universally applicable, regardless of race or culture, ignoring cultural strengths and encouraging assimilation.

Cultural capabilities – The skills and knowledge needed to engage effectively and respectfully with Aboriginal people. This includes understanding their histories, rights, and contemporary issues, enabling meaningful relationships and providing appropriate support in health care, for example.

Cultural competence – In this report, refers to understanding and effectively engaging with Aboriginal people and communities to provide equitable health care. It includes knowledge of their cultures and histories, respectful interaction, and awareness of diversity and the impacts of colonisation.

While it shares some content with cultural safety training, this framing is problematic, because it suggests that non-Indigenous people can be competent in the diversity of Aboriginal and Torres Strait Islander cultures.

Cultural destructiveness – Intentional attitudes, policies, and practices that are destructive to cultures and, consequently, to people of that culture.

Cultural determinants of health – Aboriginal (and Torres Strait Islander) cultural practices that contribute to good health and wellbeing.

Cultural knowledge – Understanding Aboriginal histories, traditions, languages, and worldviews. Cultural knowledge includes awareness of their connection to land, cultural protocols, and the importance of community and family. This knowledge is vital for building respectful relationships and ensuring that services and policies are relevant and effective in supporting Aboriginal communities.

Cultural humility – An approach to engaging with diverse cultures that emphasises self-reflection, openness, and a commitment to lifelong learning. This involves recognising one's biases, valuing others' knowledge, and understanding different cultural contexts. Unlike cultural competence, cultural humility acknowledges that fully understanding another's culture is impossible and highlights the importance of mutual respect and partnership.

Cultural incapacity – A lack of capacity to help minority clients or communities due to extremely biased attitudes and beliefs towards people not of the mainstream culture.

Cultural privilege – The unrecognised advantages individuals or groups gain from their cultural identity, often resulting in better access to resources, opportunities, and representation.

Cultural racism – A form of racism expressed as a set of ideas based on social myths about other racial or ethnic groups' cultures.

Cultural respect – “The recognition, protection, and continued enhancement of the inherent rights, cultures, and traditions of Aboriginal people” (Australian Health Ministers' Advisory Council, 2016, p. 5; Department of Health, 2020, p. 12).

Cultural responsiveness – Involves acknowledging and addressing the cultural needs and values of Aboriginal communities, and requires modifying services and policies for cultural relevance, as well as incorporating Aboriginal perspectives in decision making, fostering trust and positive outcomes in education, health care, and community development.

Cultural responsiveness shares some content with cultural safety training, although it does not examine power and white privilege. Cultural responsiveness is the practice required to achieve cultural safety.

Cultural safety – Cultural safety is transformative at micro, meso, and macro levels and at individual, organisational, and institutional levels. It includes critically examining power dynamics, racism, the ongoing structure of colonisation, and systemic white privilege. Central to cultural safety is the recognition of Aboriginal perspectives. Cultural safety challenges people and organisations to confront historical injustices, laying the foundation for dismantling systemic barriers. This journey requires ongoing learning and unlearning, emphasising that progress is neither linear nor finite.

Furthermore, cultural safety promotes relationships based on mutual respect, advocating for prioritising Aboriginal leadership and fostering healing, empowerment, and resilience within communities. The pursuit of cultural safety is a lifelong commitment that calls for society-wide active engagement (for further information, see Mohamed et al., 2024).

Cultural security – Recognising and safeguarding the cultural identity, values, and practices of groups, particularly of Aboriginal people. Cultural security creates environments where people can freely express their cultural heritage while ensuring that services respect and incorporate cultural beliefs, promoting social inclusion and empowerment.

Cultural sensitivity – Encourages respectful interactions, avoids stereotypes, and emphasises listening to and valuing Aboriginal voices in decision-making. Cultural sensitivity is vital for building positive relationships and integrating Aboriginal perspectives into education, health care, and community engagement.

Data agreement – A data agreement outlines details, including access and use arrangements for data, data ownership, accountability mechanisms, individuals and organisations that are parties to the contract, and individuals' and organisations' roles in the governance structure.

Data ecosystem – The programming languages, packages, algorithms, cloud-computing services, and general infrastructure an organisation uses to manage data.

Data lifecycle – Takes in the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous data.

Data sharing – The exchange of data and/or metadata in a situation involving open, freely available data formats and where process patterns are known and standard.

Disaggregated data – Data that are separated into smaller units.

DoH – Department of Health.

Dominant culture – The dominant culture comprises the values, beliefs, standards, and systems regarded as the 'norm' that shape and influence all aspects of life in a given region or jurisdiction (in this report, Australia).

Institutional racism – Characterises policies and practices within organisations that lead to unequal treatment or outcomes based on race. Often appearing neutral, institutional racism disproportionately disadvantages racial or ethnic minorities and is embedded in systems such as education, health care, housing, and justice.

NACCHO – National Aboriginal Community Controlled Health Organisation.

Palawa – The primary term used to refer to Tasmanian Aboriginal people.

Pakana – Another term used to refer to Tasmanian Aboriginal people.

Racial discrimination – Behaviour, whether obvious or subtle, deliberate or accidental, that harms individuals on the basis of their actual or perceived association with a racial or cultural group.

Racial prejudice – Attitudes expressed through speech or actions towards individuals based on perceived physical or cultural traits. Once identified as part of a specific racial or cultural group, individuals are judged based on assumed characteristics.

Racism – Structured systems within societies that create avoidable and unjust disparities in power, resources, opportunities, and capacities among racial or ethnic groups. Racism can be expressed through beliefs, stereotypes, prejudices, or discriminatory actions, ranging from overt threats and insults to more deeply ingrained practices within social systems and structures (Mohamed et al., 2024; Paradies et al., 2015).

SETAC – South East Tasmanian Aboriginal Centre.

Social determinants of health – Non-medical factors that affect health outcomes, such as education, income, access to health care, and experiences of racism.

Strengths-based approach – Developed by Prehn (2024) and Saleebey (1996), the strengths-based approach:

- Recognises that every Aboriginal person, group, family, and community have strengths.
- Acknowledges that trauma, abuse, illness, and struggle may be injurious, but they may also be sources of change and opportunity.
- Involves assuming you do not know the upper limits of the ability to grow and change and taking Aboriginal peoples, groups, and community's aspirations seriously.
- Recognises that we best serve Aboriginal people by empowering them and collaborating with them.
- Sees that every environment is full of resources.
- Factors in culture, Country, caring, and context.

Systemic racism – The history, ideology, culture, and interactions of institutions and policies that collectively reinforce inequality (Australian Human Rights Commission, 2021).

TAC – Tasmanian Aboriginal Centre.

TAHRG – Tasmanian Aboriginal Health Reference Group.

THS – Tasmanian Health Service.

Transformative unlearning – The process of unlearning begins by valuing the knowledge we have gained, acknowledging its contributions, and embracing the potential challenge to

our identity. This journey fosters personal growth and discernment, involving openness, recognition, and grieving. It also calls for ongoing reflection with oneself and trusted colleagues.

White Privilege – The unspoken and unearned social privileges granted to white people over non-white people, which, in Australia, have been established and maintained through invasion, colonisation, and the ongoing presence of both historical and contemporary racism.

Executive Summary

This evaluation, commissioned by the Tasmanian Department of Health, assesses progress on the Improving Aboriginal Cultural Respect Across Tasmania's *Health System Action Plan 2020–2026*. The evaluation involved seven focus groups, primarily held at Aboriginal Organisations across Lutruwita (Tasmania), and two online surveys: one for Aboriginal people and another for those supporting Aboriginal people accessing Department of Health services.

The findings suggest that some sections of the Department of Health provide culturally respectful health care and are highly regarded, but others require significant improvement. According to the Australian Health Ministers' Advisory Council (2016, p. 5), cultural respect is achieved when “the health system is safe, accessible, and responsive, and when Aboriginal cultural values, strengths, and differences are respected.” Although meaningful progress has been made in some locations across the six cultural respect Focus Areas (see Figure 2, below), fully realising cultural respect is a sequential process that involves changing long-held beliefs and norms in organisational practice, which requires time and sustained effort. Cultural respect should not be considered a task to be completed and ‘ticked off’ but as an ongoing transformation process that shifts the department away from piecemeal, potentially harmful practices toward embedding cultural respect into its structures and daily operations.

Primarily grounded in the voices of Aboriginal people in Lutruwita (Tasmania), this report makes six recommendations to advance cultural respect within the Department of Health. These recommendations are based on a systems approach framework (i.e. micro, meso, macro), underpinned by Aboriginal leadership, and include the Indigenisation and decolonisation of space and place, increased Aboriginal employment at all levels, and valuing Aboriginal-specific roles. Additionally, non-Indigenous staff should meaningfully engage with and complete high-quality, mandatory cultural respect training, work to enhance relationships with ACCOs/ACCHOs and improve data practices throughout the data lifecycle. These steps are critical to integrating cultural respect into the department's core values and everyday functions.

Recommendations

The following recommendations are primarily based on the perspectives of Aboriginal people in Lutruwita (Tasmania). These insights were gathered from seven focus groups, an online survey for Aboriginal people, an online survey for those supporting Aboriginal people in accessing Department of Health services, published literature, and broader policy developments shaping the delivery of health services to Aboriginal people and communities.

Table 1. Recommendations from evaluation to progress the cultural respect Action Plan

Recommendation 1	Recommendation 2	Recommendation 3
A Systems Approach with Aboriginal Leadership.	Indigenisation and Decolonisation of Space and Place.	Enhancing Aboriginal Employment and Valuing Indigenous-specific Roles.
Recommendation 4	Recommendation 5	Recommendation 6
Mandatory Cultural Respect Training and Professional Development Opportunities.	Strengthened Relationships, Engagement, and Knowledge of ACCOs/ ACCHOs.	Improvements across the Data Lifecycle Underpinned by Value and Trust.

1. A Systems Approach with Aboriginal Leadership

Achieving cultural respect requires a systems approach that involves collaboration toward a shared vision. As expressed by Aboriginal people in the focus groups and surveys, change is needed at the micro (individuals, employees, patients, and families), meso (sections, services, geographical locations, and internal departments), and macro (whole of department, state and federal governments) levels to achieve genuine cultural respect. Additionally, strong Aboriginal leadership, supported by non-Indigenous leaders walking alongside Aboriginal people, is essential for cultural respect to be fully integrated throughout the department.

2. Indigenisation and Decolonisation of Space and Place

All seven focus groups discussed the concept of Aboriginal space and place. Aboriginal participants emphasised that to achieve culturally respectful health care, the department should create spaces that are welcoming and culturally appropriate for Aboriginal people in Tasmania. This approach would help Aboriginal people feel that their culture is valued, which would be reflected in making spaces more place-based and less clinical. Additionally, an Aboriginal-specific space, such as an Aboriginal health unit, should be considered, focusing specifically on improving the Royal Hobart Hospital's Department of Psychiatry and statewide mental health services. However, it is essential to note that

Indigenising and decolonising spaces alone does not, on its own, amount to culturally respectful health care.

3. Enhancing Aboriginal Employment and Valuing Indigenous-specific Roles

Increasing the employment of Aboriginal people across all levels of the Department of Health is essential to fostering deeper cultural respect. How many of the department's 16,000-plus employees identify as Aboriginal and/or Torres Strait Islander is unclear. Aboriginal representation should span all levels, including: (i) senior executive, leadership, and management; (ii) mid- and early-career roles; and (iii) entry-level positions, including traineeships, student placements, and other educational initiatives across all department areas, locations, and disciplines.

The subject of Aboriginal employment is so concerning that the department should consider implementing a Strategic Plan of Aboriginal Employment (SPAЕ), with action items and due dates, including population parity targets, to align workforce composition with broader demographic representation. Additionally, the SPAЕ should prioritise career development and retention strategies to support the long-term success of Aboriginal employees, along with a partnership with the University of Tasmania.

The Department of Health must also place greater value on Aboriginal-specific roles. The data show that Aboriginal Health Workers/Practitioners, Aboriginal Liaison Officers, Aboriginal leadership, and Aboriginal employees are highly regarded by Aboriginal people and communities. It was consistently noted within the data that these roles must be adequately resourced and given the recognition and remuneration they deserve.

Relationality, kinship, and community are key social and cultural determinants of Aboriginal health, and the department employing more Aboriginal people would make a meaningful difference. Furthermore, the department must be mindful of the 'cultural' or 'colonial' load placed upon Aboriginal staff—a burden that can be mitigated through high-quality cultural respect training for all staff.

4. Mandatory Cultural Respect Training and Professional Development Opportunities

All staff should complete mandatory cultural respect training during their employment induction, with an annual refresher to ensure ongoing learning and up-to-date knowledge. The training should be place-based, focusing first on Aboriginal Tasmania, followed by Aboriginal peoples nationally, and then on Indigenous peoples internationally. It should cover the historical and ongoing structure of colonisation specific to Tasmania and the social and cultural determinants of health. Additionally, the department should offer

further professional development opportunities to enthusiastic staff to enhance cultural respect and ultimately achieve cultural safety across the organisation. This training should be reviewed and updated every three years by Aboriginal leadership with expertise in (i) cultural respect, cultural safety, and cultural humility, as well as (ii) a sound understanding of tertiary education pedagogy to ensure the training's continued relevance to department staff.

5. Strengthened Relationships, Engagement, and Knowledge of ACCOs/ACCHOs

The Department of Health and its staff should strengthen relationships, enhance engagement, and increase their understanding of Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs). Aboriginal participants reported that communication between the department and ACCOs/ACCHOs is only sometimes effective, which can lead to Aboriginal people feeling culturally disrespected. A mechanism should be established to ensure that relevant ACCOs/ACCHOs and sections of the department can easily share information. Improving this communication process could reduce the burden on the department in providing complex care, as the work done by ACCOs/ACCHOs often focuses on maintaining good health through primary health care and social and cultural determinants.

6. Improvements across the Data Lifecycle Underpinned by Value and Trust

The Department of Health's current data practices regarding Aboriginal people are inadequate. Many Aboriginal people report not being asked about their Aboriginality or feeling unsafe to identify as Aboriginal due to inappropriate staff responses. All staff should routinely ask all people from whom data are collected if they identify as Aboriginal, and staff responses should be professional and sensitive to the harmful and ongoing impacts of colonisation specific to Lutruwita (Tasmania). The current complaints process should consider whether Aboriginal-specific complaints are co-reviewed by an Aboriginal person. The differences in Aboriginal worldviews, compared to the dominant Anglo-Tasmanian population, mean that Aboriginal people should be deciding if cultural respect (and indeed cultural safety) has been shown and whether a complaint is to be actioned. This approach may contribute to Aboriginal people's impression that complaints are dealt with appropriately. Additionally, Aboriginal people have consistently requested transparency about how Closing the Gap funding is spent, contributing to the principles of value and trust.

As a medium-term goal, the Department of Health should consider aligning its practices with federal data systems, as outlined in the Australian Public Service's Governance of Indigenous Data Framework (Commonwealth of Australia, 2024). This would enable the department and the state to meet its obligations under Closing the Gap Priority Reform 4 regarding data more broadly. Other states are building upon the federal government's framework and are taking bolder actions regarding their data. A long-term goal ought to be a phased approach to Indigenous data sovereignty (IDSov), as is being undertaken by an increasing number of data entities across Australia and internationally in the other Anglo-colonised CANZUS countries. If Aboriginal people see greater value for the Aboriginal community generated from their data, they are more likely to participate in data processes and to trust the department (Williamson et al., 2021).

Progress Evaluation of the Tasmanian Department of Health Cultural Respect Action Plan

This report presents a progress evaluation of the Tasmanian Department of Health's *Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020–2026 Action Plan* (2020; hereinafter referred to as the 'Action Plan'). The Action Plan aims to create greater cultural respect for Aboriginal¹ (and/or Torres Strait Islander) people when accessing and using state government health services. The development of the Action Plan began in 2018 with 18 months of consultations with Aboriginal people and with people working across Tasmania's health system (Department of Health, 2018).

In the Action Plan, the term 'cultural respect' is defined as (2020, p. 12): "The recognition, protection, and continued enhancement of the inherent rights, cultures, and traditions of Aboriginal people." Cultural respect is the second phase in a five-phase process of achieving cultural safety for Aboriginal people within the overarching framework of cultural capabilities (see Figure 1, below). These five phases form a continuum, with (i) cultural awareness being the first step towards (ii) cultural respect and (iii) cultural responsiveness, which lead to the outcomes of (iv) cultural competence (as a description of the health system, agency or individual) and (v) cultural safety (as experienced by the individual client/patient). The Cultural Capabilities Framework includes the skills, knowledge, attitudes, and behaviours required to plan, support, improve, and deliver services in a culturally respectful and appropriate way.

¹ Following the Tasmanian Department of Health's *Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020–2026 Action Plan* (2020), this report respectfully uses the term 'Aboriginal' to encompass both Aboriginal and Torres Strait Islander peoples. Although Torres Strait Islander peoples are highly valued within the Aboriginal community in Tasmania, the term 'Aboriginal' is preferred in line with the geographical context and terminology specified in the original Action Plan.

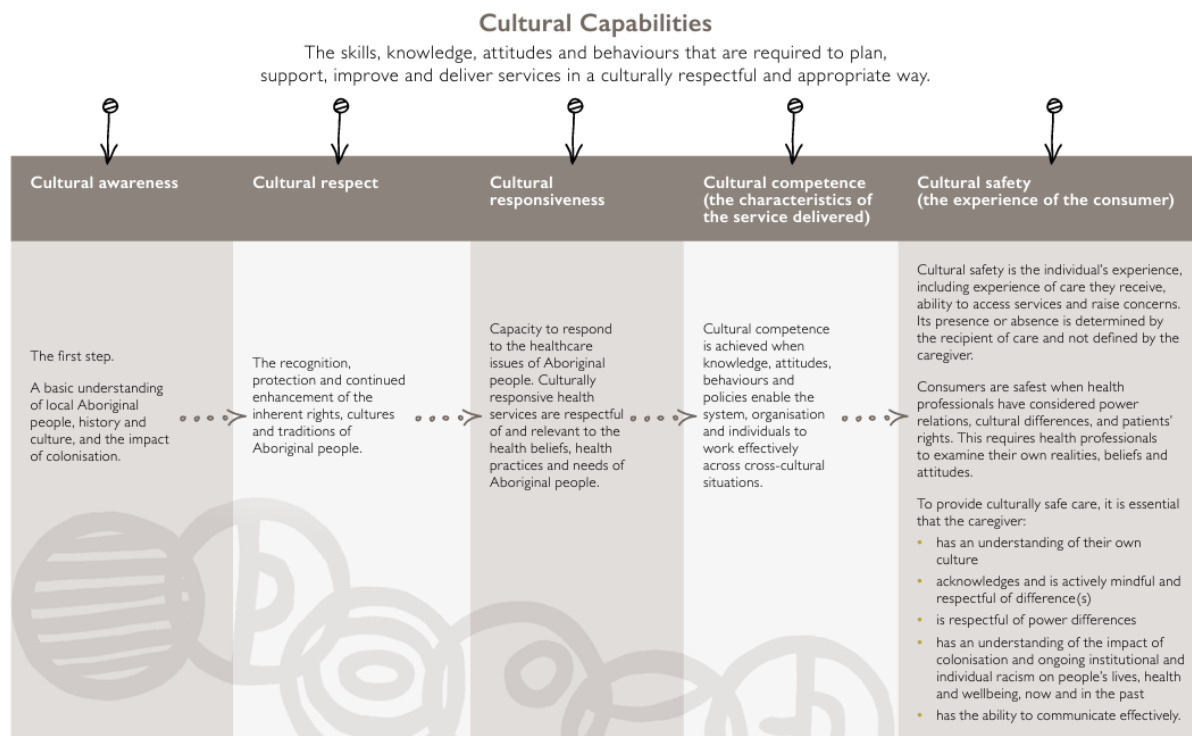


Figure 1. Cultural Capabilities Framework (Department of Health, 2020, p. 12)

The purpose of embedding cultural safety into health care is to achieve equity for Aboriginal (and Torres Strait Islander) people across health and human services (Australian Health Ministers' Advisory Council, 2016; Mohamed et al., 2024; So et al., 2024). As discussed by Gamillaroi scholar Dr Chris Bourke and colleagues (2019), approximately half of the health gap experienced by Aboriginal people compared to their non-Indigenous counterparts may be attributable to racism. These experiences include institutional and interpersonal racism, and intergenerational trauma.

A key measure to significantly reduce experiences of racism for Aboriginals is cultural safety. The realisation of cultural safety in health is through developing a shared understanding and having a skilled workforce capable of delivering culturally safe health care (MacLean et al., 2023; McGough et al., 2022). There are two main ways that cultural safety is learned about: (i) formal education before entering the workforce; and (ii) in the workplace after a healthcare worker's formal education is complete (Mohamed et al., 2024).

For students in tertiary education and, indeed, Vocational Education and Training (VET) health professions, education on cultural safety is guided by standards established by national health professional accreditation councils and is further supported in two key ways (Kurtz et al., 2018; Laverty et al., 2017). The first is through the Aboriginal and Torres Strait Islander Health Curriculum Framework (Department of Health, 2014), or similar documents for other

professional groups that adapt or implement this framework or develop their own (i.e. Australian Association of Social Workers, 2020; Nursing and Midwifery Board of Australia, 2018). The second way is through other relevant professional associations such as Leaders in Medical Education (LIME) or Leaders in Nursing and Midwifery Education Network (LINMEN; Mohamed et al., 2024).

Many current healthcare professionals completed their formal qualifications before cultural safety was part of curricula. As a result, the primary method for healthcare professionals to engage with cultural safety education for the first time is through employer-provided training (Kurtz et al., 2018). The 2011 National Aboriginal Community Controlled Health Organisation (NACCHO) Cultural Safety Training Standards have long been the primary standards for cultural safety training delivered outside of tertiary educational institutions (NACCHO, 2011). However, as explained by Narrunga Kurna Adjunct Professor Janine Mohamed and colleagues (2024, p. 66):

The work on cultural safety and cultural safety training that has occurred over the last decade and a half indicates that updating and strengthening NACCHO's original national cultural safety training standards is warranted to reflect what has been learned over this time.

Cultural Safety remains the goal we should aim for in health, human services, education, and other areas regarding Aboriginal people's experiences and outcomes. An important distinction made in the literature is that only those receiving care or who are party to the relationship in question can determine whether cultural safety is present or absent (Bond et al., 2019; Gollan & Stacey, 2021; Watego et al., 2021). A culturally safe environment is created when:

- Aboriginal peoples' experiences are believed and validated. Aboriginal peoples have this experience, and their presence or absence can only be determined by them.
- 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 people working in the context of policy, research, evaluation, or service.
- They do not experience any form of racism in policy, research, evaluation and service contexts or processes. (Mohamed et al., 2024, p. 82)

While quality training is a vital component, it is only one of several required to reduce and prevent racism, strengthen and embed cultural safety, and achieve sustained improvement in Aboriginal people's experiences and outcomes with non-Indigenous organisations and institutions (McGough et al., 2022; So et al., 2024). Other long-term organisational cultural change strategies should accompany cultural safety training. Merritt and colleagues (2018) found that one effective method, in addition to cultural safety training, was having people of other races/ethnicities reflect on and articulate their socio-cultural positioning and identity and how this might impact their position and worldview.

In summary, cultural respect is an essential step towards the ultimate goal of cultural safety (Mohamed et al., 2024). As illustrated in Figure 1, above, the Cultural Capabilities Framework was published by the Australian Health Ministers' Advisory Council in 2016. It has a 10-year lifespan and is due to expire at the end of 2026, at the same time as the Tasmanian Department of Health Action Plan (2020). As 2026 approaches, the Department of Health should be forward-thinking and stay informed on the literature regarding cultural safety for Aboriginal people. The Aboriginal community should determine the objectives for the next Action Plan. Current literature indicates that cultural safety is likely to remain the ultimate goal. The data collection and analysis in this evaluation provide valuable insights into the department's progress towards not only cultural respect but also building upon that foundation to become a culturally safe organisation.

The Tasmanian Department of Health

The Tasmanian Department of Health is a state government institution whose purpose is to look after the health, safety, and wellbeing of all people in Lutruwita (Tasmania). This aim is realised through planning, managing, and delivering high-quality health services, such as Ambulance Tasmania, the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH), and Mental Health Services (MHS) (Department of Health, 2023).² The Department of Health is responsible for the health of a majority of the 574,000 people in the state. Around 40% of Tasmania's population resides in the greater Nipaluna (Hobart) area, with others spread across very remote locations such as Flinders Island, which has a population of less than a thousand people, and Cape Barren Island, where fewer than a hundred people live, the majority of whom are Aboriginal (Department of Health, 2023). In the 2023–24 financial year, the cost to operate the

² For a complete list of Tasmanian Department of Health Services, see Appendix F: Public Health Services List.

Department of Health was approximately \$2.99 billion (Department of Treasury and Finance, 2024).

The Department of Health is a significant entity in terms of workforce. In 2022–23, the department employed 16,132 people (a Full-Time Equivalent (FTE) of 12,720; Department of Health, 2023). Unfortunately, the exact number of Aboriginal employees of the department is unclear due to inadequate data practices. However, a 2024 internal Whole-of-State Service Employee Survey indicated that of the 10,089 staff who participated, approximately 300 (3%) self-identified as Aboriginal (Tasmanian Government, 2024),³ well below the 5.4% self-identification rate in the 2021 Census (Australian Bureau of Statistics, 2022). To clarify the exact number of Aboriginal staff employed in the Department of Health and in which areas, data system improvement is needed to better identify, support, and develop the skills of its Aboriginal workforce.

Table 2. As an Aboriginal person, I feel respected in my workplace (Question 47a) (Tasmanian Government, 2024)

	Results 2024 (n=368)	Results 2023 (n=359)
Strongly Agree	17%	18%
Agree	40%	34%
Neither Agree nor Disagree	27%	34%
Disagree	10%	9%
Strongly Disagree	6%	4%

The results of the Tasmanian Government State Service Employee Survey 2024 show that a majority of Aboriginal people felt respected in their workplace. However, 16% did not feel respected as an Aboriginal person within the Department of Health, and 27% did not agree nor disagree. Overall, this was an improvement from the 2023 survey.

Table 3. As an Aboriginal person, I feel valued in my workplace (Question 47b) (Tasmanian Government, 2024)

	Results 2024 (n=368)	Results 2023 (n=359)
Strongly Agree	18%	19%
Agree	37%	30%

³ ‘Self-identifying as Aboriginal’ is the first of the three criteria for meeting the definition of an Aboriginal person, along with ‘being of Aboriginal descent’, meaning having biological ancestry connecting you to an Aboriginal person (also known as an apical ancestor), and ‘being accepted by the Aboriginal community’, where the individual must be recognised and accepted as Aboriginal by the Aboriginal community in which they live or have familial ties. All three criteria must be satisfied for a person to be formally recognised as Aboriginal in many contexts (De Plevitz & Croft 2003).

Neither Agree nor Disagree	28%	38%
Disagree	10%	8%
Strongly Disagree	7%	5%

Responses to the second question from the State Service Employee Survey indicate that a majority of Aboriginal staff feel valued as Aboriginal people. However, 17% thought felt were not valued, and 28% neither agreed nor disagreed that they felt valued. Overall, there has been an improvement since 2023, though, as with the earlier question in Table 2, additional annual data would provide further insight into medium- and long-term trends.

Action Plan Principles

The Action Plan is underpinned by six key principles central to the realisation of cultural respect:

- 1) **Improving Aboriginal cultural respect is everyone's business.** Aboriginal community-controlled organisations (ACCOs) and Aboriginal Health Workers (AHWs) are integral to improving health and wellbeing. People working in mainstream health organisations, across all roles, also have important parts to play in ensuring that Aboriginal people feel culturally safe accessing mainstream health services.
- 2) **Providing culturally respectful health care is essential to improving the health and wellbeing of Aboriginal people** by helping them access services they need when they need them.
- 3) **'Treating everyone the same' is not culturally respectful or helpful.** Treating everyone the same means ignoring cultural differences and the pervasive social and cultural determinants of health, including inter-generational trauma and personal and institutional racism and discrimination.
- 4) **To be effective, cultural respect must be embedded throughout the health system,** across funding, purchasing, legislation, policy, planning, communications, education, training, service delivery and evaluation, and performance monitoring.
- 5) **Cultural respect is achieved when the health system is safe, accessible, and responsive for Aboriginal people** and cultural values, strengths, and differences are respected. Healthcare workers need at least basic knowledge about the history and culture of Tasmanian Aboriginal people to be culturally respectful.

- 6) **Respectful and effective partnerships and collaborations between Aboriginal organisations and healthcare providers are vital** to supporting accessible, responsive, and culturally safe services.

Action Plan Focus Areas

The Tasmanian Department of Health, as part of the Action Plan 2020–2026, has committed to completing a program of work across six focus areas (see Figure 2, below). These are developed from and align with several key documents and the voices of the Aboriginal community in Lutruwita (Tasmania):

- The National Cultural Respect Framework 2016–2026 (Australian Health Ministers' Advisory Council, 2016).
- The 2018 Tasmanian Aboriginal Community engagement process (Department of Health, 2018).
- Activities required under the Australian Commission on Safety and Quality in Health Care (2021).
- The four priority reforms of the 2020 National Agreement Closing the Gap (2020):
 - Priority Reform 1: Formal Partnerships and Shared Decision Making.
 - Priority Reform 2: Building the Community-Controlled Sector.
 - Priority Reform 3: Transforming Government Organisations.
 - Priority Reform 4: Shared Access to Data and Information at a Regional Level.

Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4	Focus Area 5	Focus Area 6
Whole-of-organisation approach and commitment	Communication and Cultural Visibility	Workforce Development and Aboriginal Employment	Consumer Participation and Engagement	Partnerships with Aboriginal community-controlled organisations	Data and evaluation

Figure 2. Cultural Capabilities Framework (Department of Health, 2020, p. 13)

The six focus areas contain between 4 and 17 action items each. Each action item has been assigned to one or more people for implementation and has a due date for completion. The time periods within the Action Plan are spread across two phases: Phase 1 is 2020–23 and Phase 2 is 2024–26. Further, each focus area has several performance measures and/or indicators to track progress.

Evaluation Process

As Part 4 of the Action Plan (2020) detailed, the implementation evaluation needs to be an Aboriginal-led process. Within social research, it is well documented that the standpoint and socio-cultural positioning of the researcher or evaluator can influence the process (see, for instance: Prehn & Guerzoni, 2024; Walter, 2019). Cultural respect may look different from the perspective of an Aboriginal person using the Department of Health than from the perspective of an Anglo-Australian working within the department. For these reasons, the Action Plan requires the progress evaluation to be an Aboriginal-led process, by someone external to the department.

The evaluation of the Action Plan followed the requirements detailed on page 30 of the document (Department of Health, 2020). The researcher who undertook the evaluation followed these necessary steps as instructed (Department of Health 2020: 30), by:

- Conducting focus groups for Aboriginal people
- Conducting an online and hard-copy survey for Aboriginal people
- Inviting Aboriginal people to make direct contact with the project team
- Holding meetings with staff of Aboriginal community-controlled health services, and
- Holding meetings with other stakeholders, including consumer forums.

The Department of Health's Request for Quote Information Sheet set out clear requirements to conduct a progress evaluation for the Action Plan (Department of Health, 2020). The following program of work, including key deliverables and timeline, were submitted to the department. It should be noted that, due to uncontrollable factors such as poor weather, longer-than-expected ethics approval times, and other circumstances, the timeline was pushed back several months from the original anticipated dates of completion.

Table 4. Project Deliverables and Timelines

No.	Key Deliverable	Timeline
1	Develop a community engagement project plan.	May 2024
2	Engage regularly with the department project team.	May–October 2024
3	Undertake data collection sessions with Tasmanian Aboriginal Community Controlled Organisations (ACCOs) and ACCO staff.	August–September 2024
4	Data transcription and analysis.	July–August 2024
5	Report submitted to the Department of Health/Public Health Services.	September–October 2024

These deliverables were prepared in conjunction with relevant Department of Health staff and are detailed below.

Methodology

Indigenous Standpoint Theory

This evaluation is primarily conducted from an Indigenous standpoint, as articulated by Palawa Distinguished Professor Maggie Walter (2019). Using an Indigenous standpoint in research is essential because of key differences between the worldviews of Indigenous and non-Indigenous people. These worldviews—including epistemes (knowledge), ontologies (way of being), and axiologies (values)—influence each step of a research project such as this evaluation (Prehn & Guerzoni, 2024).

The parts of the project conducted from an Indigenous standpoint include input into the evaluation’s conceptualisation, ways of leading the focus groups, survey dissemination, data analysis and interpretation, writing up the results, and finalising the report.

Social Positioning

My social positioning is that of a Worimi man raised and living in Nipaluna (Hobart). I am a member of the Aboriginal community in Tasmania and have relationships with many Aboriginal people and organisations throughout the state. Further, I have worked in various roles within the Tasmanian Aboriginal community for around 15 years, including as an Aboriginal Health Worker, Social Worker, and Academic.

The evaluation followed ethical guidelines in line with the Action Plan’s requirements (2020, p. 30). The AIATSIS Ethics Committee Approval REC-0322 was attained on 25 July 2024. The primary ethics documents adhered to were the National Health and Medical Research Council (NHMRC; 2018) National Statement on Ethical Conduct in Human Research and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS; 2020) Code of Ethics (see Appendix A: Ethics Approval AIATSIS).

Seven focus groups were conducted across the state, primarily in conjunction with Aboriginal organisations, to understand the effectiveness of the Action Plan (see Table 4, above, for a complete list of the focus groups). Further, an online survey was conducted for Aboriginal adults, and another for ACCO and ACCHO staff who support Aboriginal adults using the Department of Health.

Methods

Two methods and three data collection activities were used to understand Aboriginal people's experiences of cultural respect when accessing Tasmanian Department of Health services. The two methods of data collection were (i) focus groups (Atkinson et al., 2021; Stewart & Shamdasani, 2014) and (ii) online surveys (Ball, 2019; Walter, 2019b). Data collection took place between 19 August 2024 and 6 October 2024.

Focus Groups

The first data collection method was a series of seven focus groups held across mainland Lutruwita (Tasmania) and on Flinders Island. Despite the project team's efforts, in collaboration with the Cape Barren Island Aboriginal Association (CBIAA), poor weather, lack of staff availability, and sorry business⁴ prevented a focus group from being undertaken on Cape Barren Island. To supplement this, in consultation with people living on Cape Barren Island, a valued Tasmanian Aboriginal community member spent the equivalent of one day supporting the island's Aboriginal residents to complete the online survey.

Dr Prehn led the focus groups, which were generally conducted with the assistance of a suggested ACCO/ACCHO staff member or trusted Aboriginal Community member. A staff member from the Department of Health, either George Ramm or Barbara Morde, observed each focus group. Eight open-ended questions guided the focus groups. To assist the conversations, participants were asked to provide positive examples and areas of improvement. The eight questions were:

- 1) Do the Tasmanian government health services work with your Aboriginal Organisation and health workers to help you get the necessary care?
- 2) What has changed in the last four years to make things better for Aboriginal people?
- 3) Are staff culturally respectful and informed about the needs of Aboriginal people?
- 4) Are health service spaces and information inviting, welcoming, and safe for Aboriginal people?
- 5) Did you feel respected the last time you were asked about your Aboriginality?

⁴ Sorry Business refers to the traditional cultural practices and mourning processes observed by many Aboriginal communities in Australia when a community member passes away. It is a deeply respected practice in Aboriginal societies, and it is important to be mindful of its emotional and cultural significance when working with or alongside Aboriginal people during such times. Conducting research during sorry business would be highly unethical and profoundly disrespectful.

- 6) Would you feel comfortable speaking up or complaining if you now had an issue with something the Department of Health has done or not done?
- 7) What must change to make state government services more inclusive and respectful of Aboriginal people?
- 8) Do you have anything else you wish to share about your experiences using Tasmanian government health services?

The average length of each focus group session was approximately two hours. The post-focus group feedback gathered by Department of Health observers asked five fixed questions with a rating scale from 1 (Strongly disagree) to 5 (Strongly agree):

- 1) The session was a safe place.
- 2) I felt I was being heard.
- 3) I was comfortable expressing my feelings and experiences.
- 4) The facilitators did a good job.
- 5) I liked the venue and catering.

Almost all of the participants rated their experiences a 5 (Strongly agree) across all five questions. No negative responses (2 or below) were received from the feedback process. Further, a common theme in the qualitative feedback was that Aboriginal participants appreciated being ‘listened to’, ‘included’, and ‘understood’, demonstrating the importance of Aboriginal community consultation on topics like their experiences of cultural respect by the Department of Health.

The method of analysis applied to the qualitative data from the seven focus groups was thematic analysis (Ezzy, 2013). In thematic analysis, codes are assigned to the qualitative data which are then developed into themes. The following four-phase process of thematic analysis was applied (Glaser & Strauss, 2017):

- 1) Data and any notes taken during the focus groups were transcribed.
- 2) The transcribed data and notes were assigned codes.
- 3) These codes were developed into themes.
- 4) The themes were reviewed against relevant published literature.

The outcomes of the thematic analysis are detailed in the results section.

Surveys

Tasmanian Department of Health staff created the surveys using their internal online survey tool.

The first survey mirrored the focus groups and aimed to understand Aboriginal adults' experiences of cultural respect regarding Tasmanian Department of Health services. This survey consisted of 17 questions, five of which were open-ended, allowing for a qualitative response; for example: 'What change have you noticed in the last four years?' Responses to the open-ended questions ranged from one or two words to three to four sentences.

The second survey was for employees of ACCOs/ACCHOs to understand their perspectives when supporting Aboriginal adults' in accessing and using Department of Health services. This survey consisted of 14 questions, four of which were open-ended, enabling a qualitative response. An example of one of these questions is: 'How informed do you think Tasmanian Government health staff are about the needs of Aboriginal people?', to which participants could respond from 1 (not at all informed) to 5 (extremely informed).

To analyse the quantitative survey data, univariate descriptives were used to understand participant responses. Univariates show the frequency of responses for a single question (Peacock, 2019). The second method of analysis applied to the qualitative data surveys was a thematic analysis of the open-ended qualitative questions. Thematic analysis followed the same four-phase process outlined above for the analysis of the focus group data (Glaser & Strauss, 2017).

Sample Details

The total sample was 131 (*N*) people. The focus groups comprised 70 attendees, 55 of whom completed consent forms. Only the data from those who completed consent forms are included in the analysis, although the overall number of attendees at the focus group is shown in Table 5, below. A total of 76 people completed the surveys: 67 Aboriginal people completed the cultural respect survey, and 9 ACCO/ACCHO employees completed the staff survey.

Table 5. Progress Evaluation of Action Plan Focus Groups

No.	ACCO/ACCHO Location	Co-facilitator	Date	Location	Attendees	Consent Forms
1	Aboriginal Health Service Burnie	Keeomee Mansell	19/08/24	Pataway (Burnie)	17	13

2	Circular Head Aboriginal Corporation (CHAC)	Stephen Stone	20/08/24	Smithton	11	10
3	Karadi Aboriginal Corporation	Emma Robertson	23/08/24	Goodwood	5	4
4	Elders Council	Delia Summers	02/09/24	Launceston	8	7
5	Aboriginal Health Service Nipaluna (Hobart)	Jess Maynard	04/09/24	Piyura Kitina (Risdon Cove)	2	2
6	South East Tasmanian Aboriginal Corporation (SETAC)	Deb Cowen	05/09/24	Cygnnet	20	16
7	Flinders Island General	Tanya Maynard & Delia Summers	09/09/24	Whitemark	3	3
8	Cape Barren Island Aboriginal Association (CBIAA) ⁵	Luana Towney	02/09/24 02/10/24	Cape Barren Island	NA	NA
Total					70	55

Table 6. Progress Evaluation of Action Plan Aboriginal Adult Survey

Survey Type	Dates	Responses
Aboriginal People	19/08 to 07/10	67
Staff ACCO/ACCHO	19/08 to 07/10	9
Total (n)		76

Table 7. Progress Evaluation of Action Plan ACCO/ACCHO Employee Survey

Data Collection Type	Dates	Responses
Focus Groups	02/08 to 09/09	70 ⁶
Focus Group Feedback Forms	02/08 to 09/09	55
Survey Aboriginal People	19/08 to 11/10	67
Survey Staff ACCO/ACCHO	19/08 to 11/10	9
Total Sample Size (N)		131

⁵ Please note that due to unsafe flying conditions, lack of staff availability, and sorry business, a focus group could not be conducted on Cape Barren Island within the extended focus group timeframe. Instead, a respected Aboriginal community member spent the equivalent of one day assisting the island's Aboriginal residents in completing the online survey for Aboriginal adults. We sincerely apologise to the residents of Cape Barren Island, but feel their voices are able to be adequately captured in the survey.

⁶ While there were 70 participants across the seven focus groups, only 55 ethics forms were completed and returned to the facilitators. Only participants who provided facilitators with a form are included in the sample.

Results

This project aimed to evaluate the progress of the Tasmanian Department of Health's (2020) *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–2026*. The results are presented in three sections: first, the thematic analysis of qualitative data from the seven focus groups is explored (see Table 8, below, for a summary); second, the quantitative survey results from Aboriginal adults are presented (see Table 9), with the open-ended qualitative responses summarised as themes; and, third, the quantitative survey data from ACCO/ACCHO staff are presented (Table 10).

Focus Groups: Thematic Analysis

Table 8. Results of Thematic Analysis from Focus Groups

Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
A Systems Approach is Needed to Achieve Cultural Respect.	Indigenisation and Decolonisation: Aboriginal Space and Place.	Enhanced Aboriginal Employment, Training, and Professional Development.	Cultural Respect Training and Professional Development for All Staff.	Strengthened Engagement and Knowledge of ACCOs/ACCHOs.	Value and Trust: Enhancements across the Data Lifecycle.

As illustrated in Table 8, above, the thematic analysis of the seven focus groups produced six themes regarding Aboriginal cultural respect within the Department of Health. Each theme comprises three to four topics or 'sub-themes' that contribute to its formation. These six themes are detailed below.

Theme 1: A systems approach is needed to achieve cultural respect

The first theme from the focus groups is that 'a systems approach is needed to achieve cultural respect'. This theme was discussed in all focus groups. The notion of a systems approach reflects people talking about positives and negatives occurring at a micro (individual), meso (organisational), and macro (state/national) level. Further, leadership and service-user participation are seen as key to the realisation of cultural respect.

- i) Micro (individual) level.
- ii) Meso (organisational) level.
- iii) Macro (state/national) level.
- iv) Leadership and consumer participation.

The first topic of micro (individual) level change was discussed in most focus groups. Aboriginal people reported “*pockets of positive interactions*”, some “*staff that are excellent*” within the department, and that they were “*treated with a lot of respect*”. Conversely, there were instances where Aboriginal people felt “*poorly treated*”, and were “*not shown any cultural respect*”. One older Aboriginal person said:

Some staff can be so rude. I understand everyone is busy, and the health system is under-resourced. Still, it can mean that the respect we should be shown as Aboriginal people becomes a secondary consideration or is forgotten about entirely. This can greatly impact people when they are sick and vulnerable.

The second topic of meso (organisational) level change was discussed in all focus groups. Participants spoke about certain department sections as “*fantastic*”; “*the team at the Royal couldn’t do enough for me*”, and “*when my husband went in for surgery, they treated us with much respect*”. At the same time, other Aboriginal people said, “*The Department of Psychiatry needs to make some changes; it is too clinical*”, “*The department needs to treat us with more respect*”, and:

The department as an organisation needs to work better with the Aboriginal Health Service, I’ve lost track of the number of times information has not been sent from the hospital, it feels like because you are Aboriginal, you are not shown any respect.

The third topic of macro (state/national) level change was discussed in most focus groups. The broader context of cultural respect for Aboriginal people’s needs should be considered. Some participants said, “*Tasmanian Aboriginal people have always been treated poorly*” and that “*Tasmania can be a racist place*”, while another suggested that:

When I was in Melbourne, the hospital there was excellent compared to some of my experiences in Tasmania. The Tasmanian Department of Health could learn a lot from what is done elsewhere across Australia.

The fourth topic within the ‘systems approach’ theme is leadership and consumer participation. This was discussed in several of the focus groups. Leadership was spoken about in terms of “*Aboriginal leadership*” and “*non-Indigenous leadership*”. One person shared that “*achieving cultural respect without Aboriginal leadership will be tough*”. Another said, “*non-Indigenous leaders are needed to walk alongside and support Aboriginal initiatives.*” Further, another participant shared:

You could have all the Aboriginal people you want to be employed, but if there’s no Aboriginal leadership, then you’re going to be pushing up against a brick wall. If you look across the department, most of the identified positions are entry-level; how can these people be expected to bring about meaningful change to an organisation with over 16,000 employees? It’s just not possible.

In summary, the theme of ‘a systems approach is needed to achieve cultural respect’ was discussed in most focus groups. The theme consisted of four topics: i) micro (individual) level, ii) meso (organisational) level, iii) macro (state/national) level, and iv) leadership. Actions that do not address the multiple layers where cultural respect and cultural disrespect occur are unlikely to bring the systemic change needed to make the Department of Health culturally safe. Further, Aboriginal and non-Indigenous leadership working collaboratively to progress cultural respect was recognised as crucial for the type of systems change needed within the department.

Theme 2: Indigenising and Decolonising – Aboriginal Space and Place

The second theme from the focus groups is ‘Indigenising and decolonising: Aboriginal space and place’ across the Department of Health. All seven focus groups discussed the notion of ‘Aboriginal space and place’. Participants shared the view that to achieve culturally respectful health care, the Department of Health should have spaces and places that are not only welcoming and culturally appropriate for Aboriginal people in Tasmania but also deeply respectful of their culture. This approach would have made Aboriginal people feel their culture was valued, creating place-based and less clinical spaces. The four topics under the theme of ‘Aboriginal space and place’ are:

- i) Indigenisation of spaces.
- ii) Aboriginal-specific spaces and an Aboriginal health unit.
- iii) The spaces of the Department of Psychiatry and Mental Health Services.
- iv) Spaces and places alone are not culturally respectful health care.

The first topic within this theme is the Indigenisation of spaces. This topic consists of the department Indigenising physical space throughout the department. One participant commented, *“I love seeing artwork by Tasmanian Aboriginal artists in the Royal Hobart Hospital; it makes me feel welcomed and like my culture is valued.”* One person commented, *“the Aboriginal artwork, posters, and familiar faces are good because they make areas feel less clinical and sterile.”* Further, *“having Aboriginal language in spaces throughout the department was welcoming.”* Another Aboriginal person commented:

For anyone that has seen it, the waiting rooms on level seven of the Liverpool Street Clinics are a good example of the spaces that make you feel our culture is respected and valued by the department. They are a good case study example that could be replicated in other areas across the state.

The second topic discussed in more than half of the focus groups was that having an ‘Aboriginal-specific space and an Aboriginal health unit’ in areas with bigger Aboriginal populations. One participant said, *“I would love it if there were an Aboriginal-specific space within the Royal; Aboriginal-specific space within the Royal, I would know where to go, feel safe, and know I would be looked after.”* Another said, *“If you had a specific Aboriginal unit, you could have a specific Aboriginal workforce, including Health Workers, Liaisons, Nurses, and Social Workers.”* Further, another person said, *“When I was in Melbourne, they had a beautiful Aboriginal space within the hospital. Yes, Tasmania is smaller, but you could do that here.”* Several other people commented that there are *“religious specific spaces, but we don’t have our own as Aboriginal people.”*

The third topic discussed was ‘the spaces of the Department of Psychiatry and Mental Health Services’. Several people commented that within the Royal Hobart Hospital, the Department of Psychiatry *“needed to be more culturally respectful”* and more *“culturally appropriate”*. One said, *“We have a lot of Aboriginal people that go into the Department of Psychiatry; the space needs to be more Indigenised.”* Others suggested that mental health services themselves need to be *“enhanced”* regarding their *“spaces for Aboriginal people”*.

The fourth topic is that ‘spaces and places alone are not culturally respectful health care’. While the Indigenisation of space and place was considered necessary, this did not mean people would receive culturally respectful health care. As one person commented:

You could have the best artwork and spaces in the world, but does artwork really make a difference to the healthcare services you receive and make them any better? I think Artwork and culturally welcoming spaces are important, but it’s just window dressing. It doesn’t actually make a difference to the health care I receive.

In summary, the second theme from the focus groups was ‘Indigenising and decolonising: Aboriginal space and place’ across the Department of Health. This theme consisted of four topics: (i) Indigenisation of spaces; (ii) Aboriginal-specific spaces and an Aboriginal health unit; (iii) the spaces of the Department of Psychiatry and Mental Health Services; and (iv) spaces and places alone are not culturally respectful health care. Aboriginal people said that having welcoming spaces and places not only contributed to them feeling more welcomed and comfortable but also acknowledged the place-based nature of the department and the significant Aboriginal history that all Tasmanians should value.

Theme 3: Enhanced Aboriginal Employment, Training, and Professional Development

The third theme from the focus groups is ‘enhanced Aboriginal employment, training, and professional development’. This theme was discussed in all seven focus groups and consists of four topics. Together, these make an essential contribution to greater cultural respect being achieved across the Department of Health, because Aboriginal people’s worldviews (inclusive of knowledges, ways of being, and values) become woven into the fabric of the department:

- i) Aboriginal employment should occur in all areas, levels, and roles.
- ii) Importance of Aboriginal Liaison Officers, Aboriginal Health Workers, and Aboriginal Health Practitioners.
- iii) Aboriginal staff and the ‘cultural’ and/or ‘colonial’ load.
- iv) Aboriginal employment processes and procedures.

The first topic explored was that Aboriginal employment should ideally occur in all areas, at all levels, in all roles. This included leadership roles at the highest levels, mid-career, early-career, and entry-level positions. One participant said, *“It would be great to have more trainees, apprentices, and positions that train Aboriginal people.”* This was further built upon by another person saying, *“Aboriginal leadership positions are needed if you want to achieve real change and cultural respect, but they also need to have Aboriginal people appropriately trained and qualified.”* Another participant said, *“Aboriginal social workers are great. They need more of them.”*

The second topic discussed at most focus groups was the importance within the Department of Health of Aboriginal Liaison Officers, Aboriginal Health Workers, and Aboriginal Health Practitioners. This topic included Aboriginal people saying that they would like to have at least one person in these roles on duty at all times within major services such as the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), and across the hospitals throughout the North-West Coast. For example, one Aboriginal person said,

It is great when the Aboriginal Liaison Officer is available, but I have been to the hospital multiple times, and they are not there. From my understanding, the liaison is spread across two hospitals; how can one person be expected to serve all Aboriginal people at two locations? They must be exhausted. The former Aboriginal Liaison Officer was never replaced at the Royal.

Another said, *“if they are not going to have the Aboriginal Liaison Officer there all the time, they need to have an Aboriginal Health Worker,”* and that both a *“male and female should be considered because you can have men’s business and women’s business.”* Another person said

that *“the roles that communicate and work with Aboriginal staff in the hospital need to be recognised as crucial for cultural respect and paid appropriately.”*

The third topic of Aboriginal staff having to deal with a ‘cultural load’ or what other people felt was a ‘colonial load’ was also discussed in four of seven focus groups. Some participants talked about family members employed and that ‘because they were the only Aboriginal staff member in their section of the department, they were the Aboriginal “expert”’. Another person shared that *“Aboriginal staff were sometimes given everything Aboriginal because of a lack of appropriate training by their colleagues”*. To address this issue, participants felt that *“greater cultural respect training was needed throughout the department”* so Aboriginal staff are not overworked.

The fourth topic within this theme is Aboriginal employment processes and procedures. The notion of having appropriate ‘succession planning’ when people moved on to new roles so that institutional knowledge was not lost. Another person suggested that *‘Aboriginal people should be on employment assessment panels for Aboriginal positions’* and that even *‘positions that are working with lots of Aboriginal people should have someone on the interview panel’*. This was important because it gave Aboriginal people greater decision-making ability to ensure the Department of Health was progressing cultural respect.

In summary, the first theme from all focus groups was ‘Enhanced Aboriginal Employment, Training, and Professional Development’. This theme was discussed in four topics: (i) Aboriginal employment in all areas, at all levels, in all roles; (ii) Aboriginal Liaison Officers, Aboriginal Health Workers, and/or Aboriginal Health Practitioners; (iii) cultural and/or colonial load; and (iv) Aboriginal employment processes and procedures. Participants felt this theme was an essential component of progressing cultural respect.

Theme 4: Cultural Respect Training and Professional Development for All Staff

The fourth theme is ‘cultural respect training and professional development for all staff’. This theme was discussed in all seven focus groups. The theme consists of:

- i) Varied experiences of cultural respect.
- ii) Quality and quantity of cultural respect training.
- iii) Cultural respect training upon employment commencement.
- iv) Cultural respect training should be addressed systematically.

Regarding the first topic, there were comments regarding staff in some sections of the Department of Health having a “*lack of cultural awareness training*”. This manifested itself in “*racist assumptions being made about Aboriginal people*” in Tasmania. Some Aboriginal people reported being negatively stereotyped by department staff as “*drug users*” or “*alcoholics*”, and that “*Aboriginality was viewed negatively*” and associated with harmful narratives. One Aboriginal person said:

I told one of the doctors I lived near the Waterworks Reserve. The doctor thought I was talking about living on an Aboriginal Reserve. They did not hear the word 'Waterworks' despite me telling them multiple times, 'They said to me 'Oh sorry, I did not know we still had Aboriginal Reserves,' I said, 'We don't. I'll bring a picture in and show you my house.' I left feeling so embarrassed.

Conversely, in all focus groups, Aboriginal people also spoke about feeling culturally respected by staff and sections of the Department of Health. This positive sentiment included many participants sharing “*I was well looked after,*” “*I felt respected,*” and “*they treated me well*”. Additionally, specific sections of the department were mentioned for their cultural respect, including Flinders Island Hospital, Royal Hobart Hospital, and “*Ambulance staff*”. Further, one participant said, “*the social workers in general are good. They treat me well. They are culturally respectful compared to the lack of respect I have received from others, like some nurses.*”

The second topic is ‘quality and quantity of cultural respect training’. In most focus groups, Aboriginal people spoke about the need for Department of Health staff to develop “*more cultural awareness*”, do “*more cultural respect training*”, the need to “*learn more about Aboriginal people,*” and the importance of learning about “*the history and contemporary lives of Aboriginal people in Tasmania.*” One Aboriginal person said, “*Aboriginal people are not a homogenous group; yes, there are similarities, but there is diversity that exists amongst the Aboriginal population in Tasmania.*”

In the focus groups, Aboriginal people needed clarification about the quality and quantity of cultural respect training provided to department staff. Some asked whether the current training could be “*clicked through*” rather than “*really engaged with*”. Another person was concerned whether it was “*Tasmanian Aboriginal-specific,*” because “*learning about blackfellers from the Northern Territory doesn't make sense.*” Participants were also “*unsure how often department staff are required to do the training.*” A key means to address the “*lack of cultural respect is with better quality training and to have it more often.*” The training done by “*Dewayne Everettsmith*” was suggested by some people.

The third topic is ‘cultural respect training upon employment commencement’. Numerous Aboriginal people said “*all staff*” should do “*training when they do their induction*” with the department. One participant said, “*the induction training could then be built upon,*” and staff should be “*supported to learn more*” and “*go beyond the basics*”. Another person said: “*Online training could be good in some situations if people are busy and lack time. But getting people together and turning the non-Indigenous staff into champions for cultural respect in their department area can also be quite powerful.*”

The fourth topic is ‘cultural respect training should be addressed systematically’. Participants spoke about the need for Department of Health staff to have “*more training and education before they enter the workforce*” and “*better staff inductions on working with Aboriginal people*”. One person suggested, “*the University of Tasmania needs to make sure their students graduate being able to work effectively with Aboriginal people.*” Another Aboriginal community member also said that “*TAFE needs to be teaching their staff the proper history of Tasmania, not just the white history.*”

In summary, the third theme from the focus groups is ‘cultural respect training and professional development for all staff’. This theme consisted of four topics: (i) varied experiences of cultural respect; (ii) quality and quantity of cultural respect training; (iii) cultural respect training upon employment commencement; and (iv) cultural respect training should be addressed systematically. By having the department workforce appropriately trained and afforded opportunities to undertake professional development, Aboriginal people said they would feel like they were receiving culturally respectful health care.

Theme 5: Strengthened Engagement and Knowledge of ACCOs/ACCHOs

The fifth theme from the focus groups is ‘strengthened engagement and knowledge of ACCOs/ACCHOs’. This theme was discussed in most focus groups. The topics about this theme are:

- i) Enhanced communication.
- ii) Stronger relationships.
- iii) Better knowledge.

The first topic is ‘enhanced communication’ between the Department of Health and ACCOs/ACCHOs. Several Aboriginal people shared that they had been discharged from the department without correct medications, discharge summaries, or without “*confirming social supports*”. One Elder in the Aboriginal community shared:

The specialist sent me home without Closing the Gap being applied to my prescription for an expensive and particular medication. I'm a pensioner, and I haven't had the opportunity to work most of my life; I don't have much money to pay for these things. I then had to wait months until I could see the specialist again and get my medication at an affordable rate.

The second topic for this theme is 'stronger relationships' between the Department of Health and ACCOs/ACCHOs. Several participants suggested that "*stronger relationships*" between "*the department and Aboriginal organisations*" could enhance the "*quality of health care received*" by Aboriginal people. One person even suggested that:

A memorandum of understanding between ACCOs/ACCHOs and the department could be a meaningful way to enhance the relationships and make them more formal, so everyone is clear on their duties to provide Aboriginal people with the best health care; they deserve it.

The third topic discussed by Aboriginal people was the need for better knowledge within the department regarding ACCOs/ACCHOs. Some department staff "*don't seem to understand what ACCOs do,*" reported one participant, while another said, "*When I was discharged, nothing was sent to the local Aboriginal health service.*" Another Aboriginal person said, "*I think the department needs to understand that we want and need more localised health care. This will keep us healthy and, in the community, before we must go to the hospital.*"

In summary, three key topics emerged under the theme of 'strengthened engagement and knowledge of ACCOs/ACCHOs': (i) enhanced communication; (ii) strengthened relationships; and (iii) improved knowledge. Current methods of communication, relationship building, and understanding of ACCOs/ACCHOs should be reviewed and enhanced. ACCOs/ACCHOs play a central role in the health care of Aboriginal people and should be better understood by the department. Valuing their work is crucial for enhancing cultural respect.

Theme 6: Value and trust for enhancements across the data lifecycle

The sixth theme from the focus groups with Aboriginal people was 'value and trust for enhancements across the data lifecycle'. This theme was discussed in all seven of the focus groups. The theme included four topics; these are:

- i) Improved data collection about patient and staff Aboriginality.
- ii) Ask about Aboriginality and consider follow-up questions.
- iii) Aboriginal-specific complaints process.
- iv) Transparency about Closing the Gap funding.

Regarding the first topic, in all focus groups, participants often reported that, as service users, they were “*not regularly asked if they identified as Aboriginal [and/or Torres Strait Islander]*”. People reported that “*being asked*” whether they “*self-identified as Aboriginal varied between visits and when using different parts of the department*,” saying there was a “*lack of consistency*”.

Focus group participants also reported that Department of Health staff responded differently when people self-identified as Aboriginal. Some people reported that some staff were great when being asked if they were Aboriginal because they were “*non-judgemental*” and “*checked to see if I used an Aboriginal Health Service*”. These positive interactions made Aboriginal people feel safe to “*self-identify*” as Aboriginal in the future, contributing to enhanced data collection and accuracy.

Conversely, other people reported negative experiences when being asked about their Aboriginality. For example, it was not uncommon for “*staff to question if they were Aboriginal*,” “*what percentage of them was Aboriginal*,” being told that “*you don’t look Aboriginal*,” or that “*there aren’t any Tasmanian Aboriginal people left*.” These sorts of experiences made people “*feel culturally unsafe*” and “*reluctant to self-identity in the future*,” which in turn has implications for data collection.

The second topic reflects the view that there should be a follow-up question when Department of Health staff ask service users about Aboriginality. The suggestions for a follow-up question come from some of the smaller focus groups, allowing participants to delve deeper into the questions. Some Aboriginal people asked, “*Apart from data collection purposes, what is the rationale of asking the Aboriginality question?*” Some suggested that “*they should follow this question up with whether we use an Aboriginal Health Service*,” and, if so, “*whether we would like our details sent there*”. Other people suggested that if someone is spending time in hospital, staff should follow up on the Aboriginality question of whether the person would like the Aboriginal Liaison Officer or Aboriginal Social Worker to visit them.

The third topic participants discussed was data about Aboriginal-specific complaints. While most people reported they felt “*comfortable*,” “*confident*,” and “*safe to make complaints*” when required, a few were “*fearful of speaking*” because of adverse outcomes for them and their families. Further, some participants wanted further details about the complaints data and process. For example, one asked:

Is there an Aboriginal person who reviews Aboriginal-specific complaints? Sometimes, non-Indigenous people have a different understanding and interpretation of what is considered culturally safe and what is not. Sometimes I'm unsure if it would even be worth the effort of making a complaint because a non-Indigenous person sees that behaviour as normal.

The fourth topic under ‘value and trust for enhancements across the data lifecycle’ is ‘transparency regarding Closing the Gap funding’. In most focus groups, concerns about the “lack of clarity” on where “Aboriginal funding” or “Closing the Gap money” was being spent were raised. For example, one person said:

Where does all the Closing the Gap funding actually go within the Department of Health? We, as Aboriginal people, deserve to be treated with more respect, and we would like to have greater transparency on where the money for our health is being spent. Because I certainly don't see it when I'm at the hospital.

Four key topics emerged under ‘value and trust for enhancements across the data lifecycle’: (i) improved data collection on patient and staff Aboriginality; (ii) asking about Aboriginality and considering follow-up questions; (iii) an Aboriginal-specific complaints process; and (iv) transparency on Closing the Gap funding. The principles of value and trust should guide future improvements in data collection. For Aboriginal people, participating in data collection must have clear value, and enhanced data collection requires establishing and maintaining trust.

Online Survey for Aboriginal Adults

The online survey for Aboriginal people aged 18 years or older received 67 responses. It was open between August and October 2024. The survey contained 16 questions, as illustrated in Table 9, below. Eleven of the questions required participants to provide quantitative responses, nine of which were ‘yes’, ‘no’, or ‘other’, and two questions were scored on a scale of 1 to 5. The remaining four open-ended questions allowed participants to provide longer qualitative comments, as shown in Figures 3 to 7, below.

Table 9. Results from Survey for Aboriginal Adults—quantitative questions

No.	Total n=67	Yes	No	Other
1	Are you an Aboriginal person?	67	0	NA
2	Have you used or visited a Tasmanian Government health service over the past few years?	67	0	NA
3	Are you 18 years of age or older?	67	0	NA
4	Have you participated in face-to-face sessions or completed this online questionnaire before?	15 22%	51 76%	1 unsure – 3%

5	What Tasmanian Government health service/s have you used (see Figure 4)? ⁷	44 responses, see below.					
6	In your recent visit(s) to the Department of Health, have you felt welcome, comfortable, and respected?	42 63%	13 19%	12 NA – 18%			
7	Can you think of any Department of Health change over the last four years to make things better for Aboriginal people?	12 18%	39 58%	15 unsure – 22%			
8	What Changes have you noticed (see Figure 5)?	27 responses, see below.					
9	How informed do you think Department of Health staff are about the needs of Aboriginal people? (1=Not at all informed, 2=A bit less informed, 3=Same, 4=Slightly informed, 5=Well informed, 6=Extremely informed)	1	2	3	4	5	6
		15 22%	1 1%	1 3%	36 54%	2 3%	1 1%
10	Have you noticed a change in the number of Aboriginal people employed by the Department of Health? (1=A lot less, 2=A bit less, 3=Same, 4=A bit more, 5=A lot more, 6=I have only visited once)	1	2	3	4	5	6
		5 7%	7 10%	35 52%	11 16%	2 3%	7 10%
11	Tell us why you feel this way (see Figure 6).	34 responses, see below.					
12	Think about the last time you were asked if you were Aboriginal. Did they do it respectfully?	32 48%	11 16%	20 not asked – 30% 3 unsure – 5%			
13	If you now have an issue with something the Department of Health has done or has not done, would you feel comfortable speaking up or complaining?	31 46%	16 24%	17 unsure – 25% 2 NA – 3%			
14	Tell us why you feel this way (see Figure 7).	27 responses, see below.					
15	How do you think the Department of Health works with your Aboriginal Organisation to help you get the care you need? (1=very poor, 2=poor, 3=fair, 4=well, 5=very well)	1	2	3	4	5	
		5 7%	13 19%	32 48%	10 15%	4 6%	
16	If you could change two things to make the Department of Health more inclusive and respectful of Aboriginal people, what would they be?	18 responses, see below.					

⁷ Please note that there was an error with the survey tool. Only responses classified as 'Southern Services' were transmitted to the output file. Responses for 'Northern Services', 'North West Services', and 'Statewide Services' were not recorded. For a full list of services, refer to Appendix G: Public Health Services List.

Online Survey for Aboriginal Adults: Open-ended Questions

The survey for Aboriginal adults who have used the Department of Health since 2020 had several open-ended qualitative questions. As shown in Table 9, above, these qualitative questions allowed survey respondents to provide more detailed responses. The primary method used to analyse these open-ended questions is thematic analysis, which generates codes and themes from data.

The first open-ended question from the Aboriginal adult survey data, displayed as Question 5 in Table 9, asks about Tasmanian Government health service/s the respondent has used ('Southern Services' only). The question specifically asked participants 'Which Tasmanian Government health service/s have you used?' There were 44 responses to the question, ranging from one service such as 'Royal Hobart Hospital', through to three or four services, with a total of 1.4 responses per participant. These responses were grouped and are illustrated in Figure 3, below.

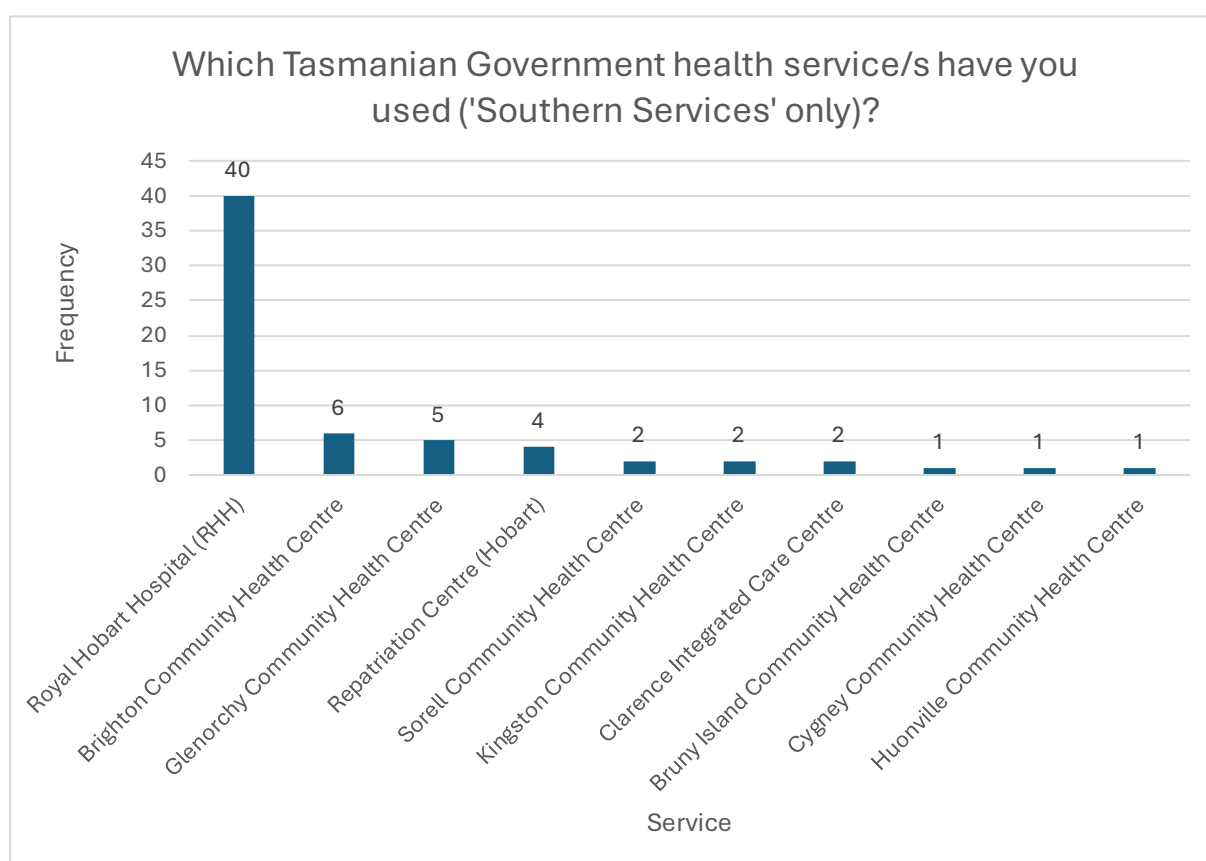


Figure 3. Which Tasmanian Government health service/s have you used ('Southern Services' only) (n=44)?

The second open-ended question from the Aboriginal adult survey data, displayed as Question 8 in Table 9, asked: 'Can you think of any Department of Health change over the last four years to make things better for Aboriginal people?' if so, 'What changes have you noticed?'

There were 27 responses to this question, ranging from a few words, such as “*more Aboriginal art*” to several sentences. Thematic analysis was applied to these responses and quantified to show the frequency of the theme, as illustrated in Figure 4, below.

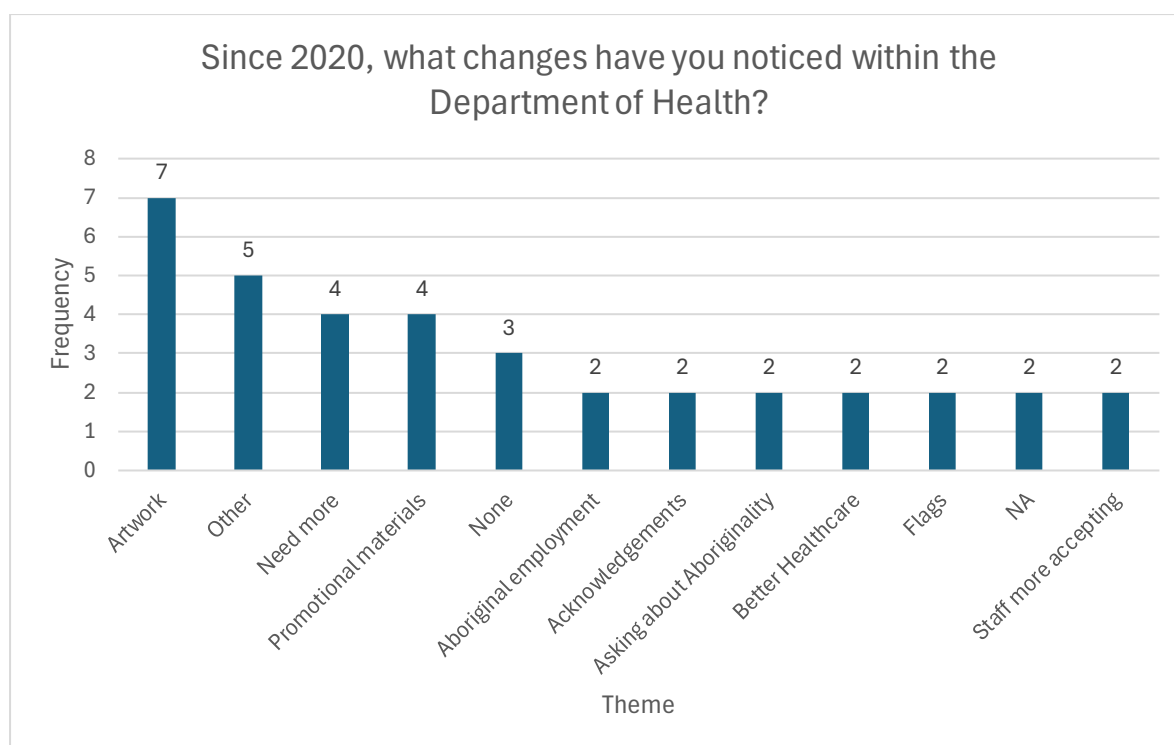


Figure 4. Since 2020, what changes have you noticed within the Department of Health (n=27)?

As shown in Figure 4, above, there were 12 areas where Aboriginal people have noticed the most change within the Department of Health. The area where people most noticed change was ‘artwork’, followed by ‘other’ (covering a range of responses that did not directly answer the question about the department, i.e., they talked about Aboriginal organisations). The themes ‘need more’ and ‘promotional materials’ were the third and fourth most frequent answers, respectively. The remaining themes mostly received two responses, except for ‘none’, which had three.

The second open-ended question from the survey for Aboriginal people, displayed as Question 12 in Table 9, asked: ‘Think about the waiting areas, clinic spaces, foyers, resources, and information in the Department of Health. Do you feel welcome and safe as an Aboriginal person?’ and ‘Tell us why you feel this way.’ There were 34 responses to these questions, ranging from a few words like “*posters and flyers*” to multiple sentences. Thematic analysis was applied to the responses, which are also quantified to show their frequency, as illustrated in Figure 5, below.

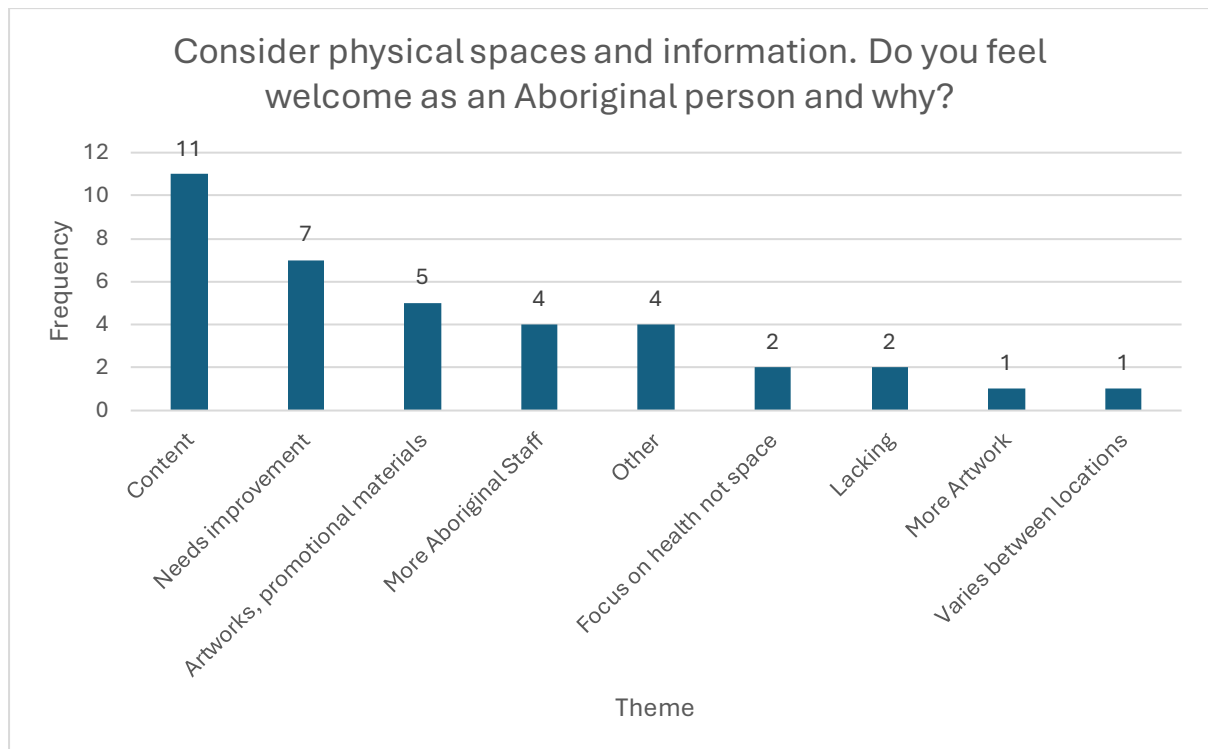


Figure 5. Consider physical spaces and information. Do you feel welcome as an Aboriginal person and why (n=34)?

Figure 5 shows nine themes related to physical spaces and information and whether respondents felt welcome as an Aboriginal person. The most common response, with 11 responses, was ‘content’ regarding Aboriginal people and the physical spaces and information within the department. The second most common response was ‘needs improvement’, which expressed the sentiment that the department was moving in the right direction but that enhancements could be made. The third most common response regarding things that made Aboriginal people feel welcome was ‘artwork and promotional materials’ that were visible throughout the department. The fourth most common response was that Aboriginal people would like to see ‘more Aboriginal staff’ to feel more welcome. The remaining reactions included ‘other’, ‘focus on health, not space’, that the physical spaces and information were ‘lacking’, the need for ‘more artwork, and that feeling welcomed ‘varies between locations’.

The third open-ended question from the survey for Aboriginal people, displayed as question 15 in Table 9, is about speaking up and complaining: ‘If you now had an issue with something the Department of Health has done or not done, would you feel comfortable to speak up or complain?’ and can you ‘Tell us why you feel this way?’ The 27 responses ranged from a few words, such as ‘if confidential’, to multiple sentences. Thematic analysis was applied to these responses, and they are also quantified to show their frequency in Figure 6, below.

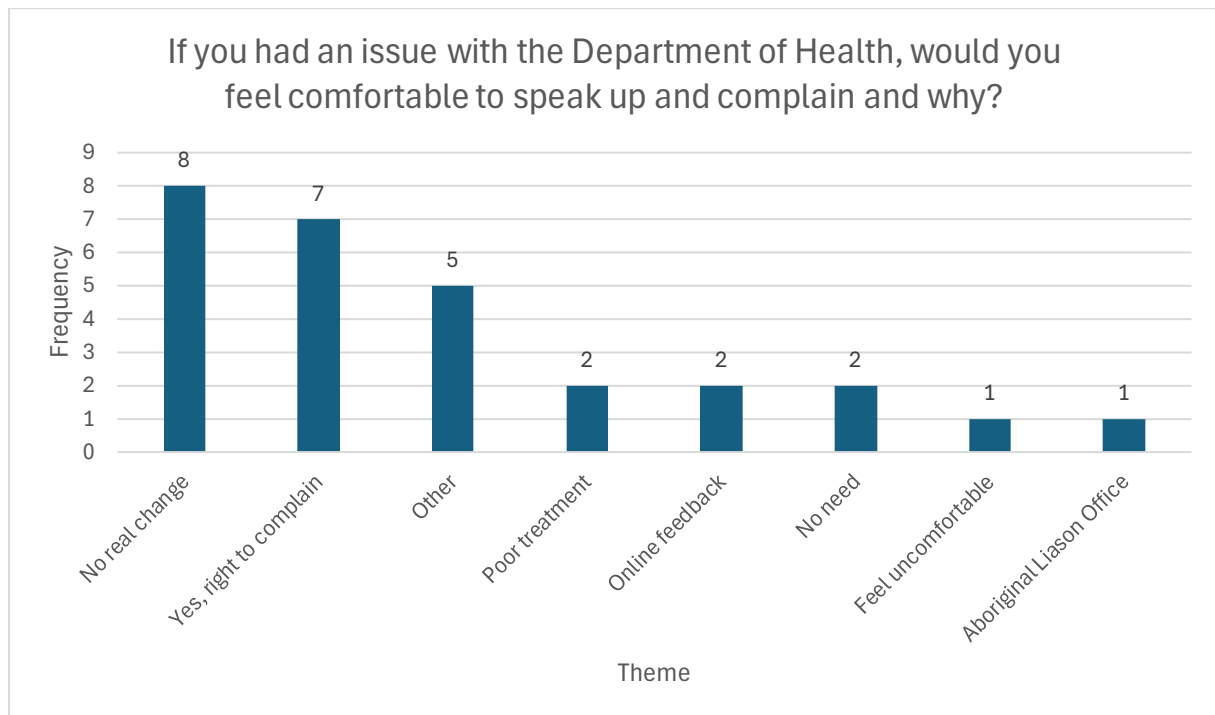


Figure 6. If you had an issue with the Department of Health, would you feel comfortable to speak up and complain and why (n=27)?

As shown in Figure 6, there were eight themes regarding feeling comfortable speaking up and complaining about the Department of Health. The most common response was that participants felt there would be ‘no real change’ if they spoke up or complained, and thus, they did not see the point. The second most common response was ‘yes, right to complain’, which included ‘yes, if you don’t speak up, nothing changes’ and ‘I would feel comfortable, but I’m not sure anything would be done’. The third most common response was ‘other’ followed by fear of ‘poor treatment’ if they spoke up, along with the usefulness of ‘online feedback’ or for better promotion, if they were available.

The final open-ended question from the Aboriginal adult survey focused on changes respondents would like to make within the Department of Health. Question 16 in Table 9 specifically asked, ‘If you could change two things to make the Department of Health more inclusive and respectful of Aboriginal people, what would they be?’ Eighteen responses ranged from single words like ‘no’ to three or four sentences. Because of the differing length, some reactions were coded more than once. Thematic analysis was then applied to the open-ended responses, as shown in Figure 7, below.

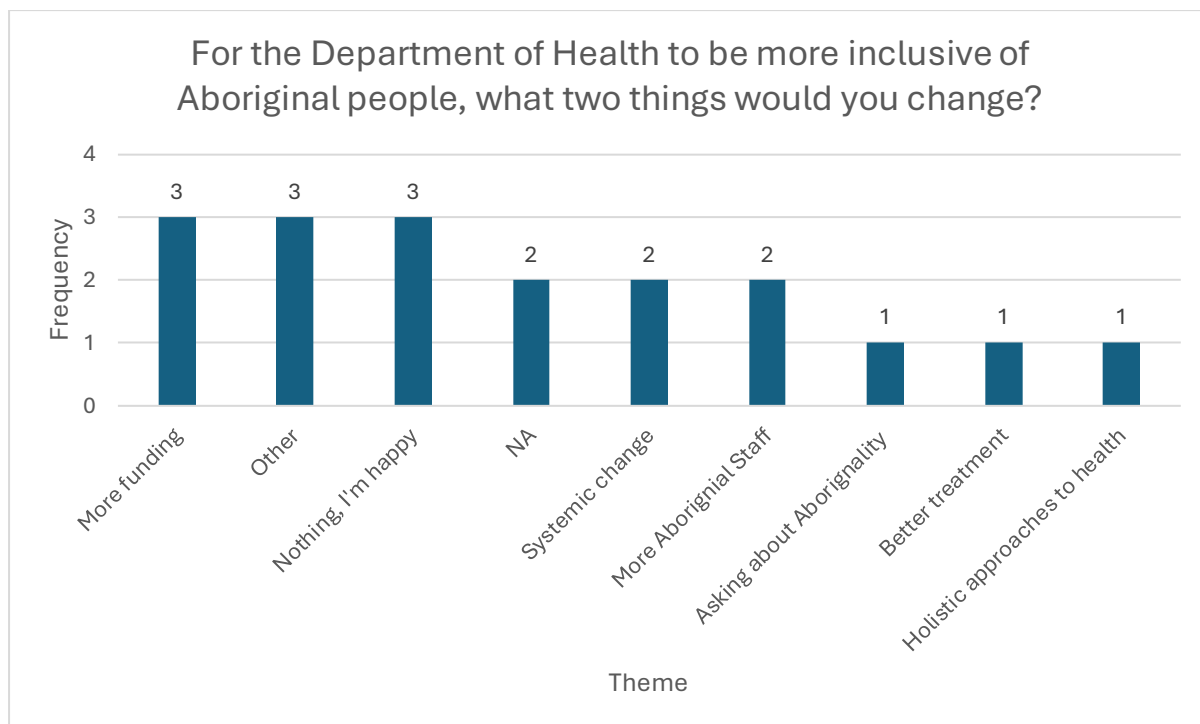


Figure 7. For the Department of Health to be more inclusive of Aboriginal people, what two things would you change (n=18)?

As illustrated in Figure 7, there were nine themes on two things people would most like to change within the department for it to be more inclusive of Aboriginal people. The three most common themes were ‘more funding’, ‘nothing, I’m happy’, and ‘other’, each with three responses. This was followed by ‘more Aboriginal staff’, ‘systemic change’, and ‘N/A’.

Online Survey for ACCO/ACCHO Staff

The second online survey was for employees of Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs). The respondents could be Aboriginal or non-Indigenous. The responses to this survey are shown in Table 10, below. Please note that because of the sample size and a technological issue with the department’s online survey tool, some results are not available (indicated by ‘NA’).

Table 10. Results from Survey for ACCO/ACCHO Employees

No.	Total n=9	Yes	No	Other
1	Consider your most recent experiences helping Aboriginal clients access the Department of Health. Are the services culturally respectful?	- “Some services are, but others still need work.” - “For the most part, yes, but there could be some improvements.”		

2	When your client shares their experience of cultural respect when using the Department of Health, how often is their experience positive? (1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always)	1	2	3	4	5	
		0 0%	3 33%	2 22%	4 44%	0 0%	
3	How much have you noticed the Department of Health has changed for Aboriginal people in the last four years? (1=Much worse, 2=Somewhat worse, 3=Same, 4=Somewhat better, 5=Much better, 6=Other)	1	2	3	4	5	6
		NA ⁸					
4	What changes have you noticed?	- “Less sterile waiting rooms with Aboriginal-appropriate artwork, puzzles, books and pamphlets.” - “Inclusive artwork.” - “Visible changes - artwork and flags.”					
5	How informed do you think Department of Health staff are about the needs of Aboriginal people? (1=A lot less, 2=A bit less, 3=Same, 4=A bit more, 5=A lot more, 6=Other).	1	2	3	4	5	6
		0 0%	0 0%	4 44%	4 44%	1 11%	0 0%
6	How does this affect the care of your clients?	- “If the first contact is with an Aboriginal Liaison officer, it is very comforting; if not, clients have felt rushed, and the experience was less personal.” - “They get second-rate care due to judgements.” - “Negatively.”					
7	Consider the waiting areas, clinic spaces, foyers, resources, and information in the Department of Health buildings. Are the spaces and information generally welcoming and safe to Aboriginal people	4	4	1			
		44%	44%	11%			
	Tell us why you feel this way.	NA					
8	How well does the Department of Health share information with you for mutual clients? (1=Very poor, 2=Poor, 3=Fair, 4=Well, 5=Very well)	1	2	3	4	5	
		3 33%	1 11%	2 22%	3 33%	0 0%	
9	If you had an issue with something the Department of Health has done or not done for an Aboriginal	7		1		1	

⁸ Due to an error in the Department of Health survey tool, answers to this question did not populate the raw data output.

	client, would you feel comfortable speaking up or complaining?	77%	11%	11%	
10	Tell us why you feel this way.	- Yes – “Clients need to feel heard.” - Yes – “But I don’t know what will happen to my complaints. I sometimes wonder what the point is to complain.” - No – “It would be a waste of time.”			
11	Do you get appropriate support, timely advice, and useful information from the Department of Health to support your Aboriginal clients? (1=Yes, 2=Sometimes, 3=No, 4=Unsure, 5=Other).	1	2	3	4
		NA ⁹			
12	Do you feel the Department of Health respects your service and role in supporting Aboriginal people? (1=Yes, 2=Sometimes, 3=No, 4=Unsure, 5=Other).	1	2	3	4
		0 0%	7 77%	0 0%	1 11%
13	If you could change two things to make Tasmanian Government health services more inclusive and respectful of Aboriginal people, what would they be?	No answers were provided.			
14	Do you have anything else to share about your professional experiences supporting Aboriginal clients using the Department of Health?	No answers were provided.			

Discussion and Recommendations

This project set out to evaluate the Tasmanian Department of Health’s *Improving Aboriginal Cultural Respect Across Tasmania’s Health System Action Plan 2020–2026* (the ‘Action Plan’). Six recommendations were developed based on data from focus groups and two surveys. These recommendations were informed by existing literature, additional data from the Tasmanian Department of Health and the State Government, and a two-week peer review period involving ACCOs/ACCHOs participating in the focus groups. This collaborative approach ensures that the recommendations are comprehensive and reflect the needs and perspectives of Aboriginal people and communities.

⁹ Also due to an error in the Department of Health survey tool, answers to this question did not populate the raw data output.

Table 11. Recommendations from evaluation to progress the Cultural Respect Action Plan

Recommendation 1	Recommendation 2	Recommendation 3
A systems approach with Aboriginal leadership.	Indigenisation and decolonisation of space and place.	Enhancing Aboriginal employment and valuing Indigenous-specific roles.
Recommendation 4	Recommendation 5	Recommendation 6
Mandatory cultural respect training and professional development opportunities	Strengthened relationships, engagement, and knowledge of ACCOs/ACCHOs.	Improvements across the data lifecycle, underpinned by value and trust.

1. A Systems Approach with Aboriginal Leadership

Achieving cultural respect requires a systems approach that involves collaboration toward a shared vision. As expressed by Aboriginal people in the focus groups and surveys, change is needed at the micro (individuals, employees, patients, and families), meso (sections, services, locations, and internal departments), and macro (whole-of-department, state and federal) levels to achieve genuine cultural respect (Parsons et al., 2017; Prehn, 2024). This means that cultural respect must be embedded across all layers of the health system, ensuring that policies, practices, and interactions are inclusive and culturally safe for Aboriginal communities. A comprehensive systems approach acknowledges that change at only one level is insufficient without corresponding support and action throughout the broader system.

Additionally, strong Aboriginal leadership, supported by non-Indigenous leaders, is essential for cultural respect to be fully integrated throughout the department (Deroy & Schütze, 2019). Aboriginal leadership brings unique perspectives and experiences crucial for implementing culturally relevant and respectful policies and services. Effective partnerships with non-Indigenous leaders help to foster shared responsibility and accountability for this change. Ensuring Aboriginal leadership is visible and empowered across all levels will not only facilitate more culturally respectful care but also inspire trust and engagement among Aboriginal patients and their families (Wong & Giallonardo, 2015).

2. Indigenisation and Decolonisation of Space and Place

All seven focus groups discussed the concept of Aboriginal space and place. Aboriginal participants emphasised that to achieve culturally respectful health care, the department should create spaces that are welcoming and culturally appropriate for Aboriginal people in Tasmania (Bolton & Andrews, 2018). Such an approach would help Aboriginal individuals feel that their culture is valued, making these spaces more place-based and less clinical (Ahuriri-Driscoll et al., 2021; Parter, 2021). Additionally, establishing an Aboriginal-specific

space, such as an Aboriginal health unit, should be considered, focusing on improving the Royal Hobart Hospital's Department of Psychiatry and Mental Health Services. By prioritising the creation of these spaces, the Department can demonstrate its commitment to cultural respect and inclusion in health care.

However, it is essential to note that creating culturally appropriate spaces alone does not amount to culturally respectful health care. Genuine respect must also encompass the attitudes and behaviours of healthcare providers, ensuring they engage with Aboriginal patients in a culturally sensitive manner. Training staff in cultural competence and fostering strong relationships with Aboriginal communities are vital steps in this process. Moreover, ongoing consultation with Aboriginal leaders and community members will ensure that these spaces and services are continually aligned with the needs and expectations of Aboriginal people. Integrating Indigenisation and decolonisation into the healthcare system is essential for delivering truly culturally respectful care (Panaretto et al., 2014).

3. Enhancing Aboriginal Employment and Valuing Indigenous-Specific Roles

Increasing the employment of Aboriginal people across all levels of the Department of Health is essential for fostering greater cultural respect. It is unclear how many of the department's more than 16,000 employees self-identify as Aboriginal and/or Torres Strait Islander (Department of Health, 2023). Aboriginal representation must span all levels, including senior executive, leadership, management, mid-career, and entry-level roles across all department divisions. To ensure meaningful progress, the department should implement an Aboriginal employment plan with clear deadlines, including population parity targets, to align workforce composition with broader demographic representation. This proactive approach will not only enhance cultural respect but also improve the overall effectiveness of the department's services (Ferdinand et al., 2014).

In addition to increasing employment, the Department of Health must also place greater value on Aboriginal-specific roles. Data show that Aboriginal Health Workers/Practitioners, Aboriginal Liaison Officers, Aboriginal leadership, and Aboriginal employees are highly regarded by Aboriginal communities (Mackean et al., 2020). It was consistently highlighted in the focus groups that these roles must be adequately resourced and given the recognition and remuneration they deserve. By investing in these positions, the department can create a workforce that reflects its community, thus enhancing trust and collaboration. Relationality, kinship, and community are vital social and cultural determinants of health that Aboriginal people can contribute to through their employment within the department (Verbunt et al.,

2021; Williamson et al., 2020). Recognising and valuing these contributions will strengthen the department's connection to Aboriginal communities.

Furthermore, the department needs to be mindful of the 'cultural' or 'colonial load' placed on Aboriginal staff—a burden that can be mitigated through quality cultural respect training (Ness & Mehus, 2024). This training should address systemic issues contributing to these burdens. The department can empower Aboriginal staff to thrive by providing ongoing professional development and support and creating a 'culture of care' (Taylor et al., 2020). This holistic approach to employment and support will foster a more inclusive workplace, leading to improved health outcomes for Aboriginal people in Tasmania. Ultimately, these efforts will contribute to a more equitable and culturally respectful health system.

4. Mandatory Cultural Respect Training and Professional Development Opportunities

All staff should be required to complete mandatory cultural awareness training as part of their induction, with annual refreshers to ensure ongoing learning (Freeman et al., 2014). This training should be place-based, focusing initially on Aboriginal Tasmania, followed by Aboriginal peoples nationally and then internationally (Walter & Guerzoni, 2020). It should comprehensively cover the historical and ongoing impacts of colonisation specific to Tasmania, as well as the social and cultural determinants of health that affect Aboriginal communities. By grounding the training in the local context, staff will gain a deeper understanding of Aboriginal people's unique challenges in Tasmania, leading to more effective and respectful interactions in their professional roles.

In addition to the cultural respect training, the department should provide further professional development opportunities to enhance cultural respect and achieve cultural safety across the organisation (Freeman et al., 2014). These opportunities could include workshops, guest speakers, and collaborative projects with Aboriginal community organisations. Regular feedback from Aboriginal staff and community members should inform the training curriculum to ensure it remains relevant and practical. Moreover, Aboriginal leadership with expertise in both content and pedagogy should review and update the training every three years. This continuous commitment to cultural learning will not only empower staff but also foster a more inclusive environment, ultimately benefiting the health outcomes of Aboriginal people and reinforcing the department's dedication to cultural respect.

Current Cultural Respect Training Data

Some data were provided on the current cultural respect training undertaken by Department of Health staff. Tables 12 to 14, below, show feedback from January to June 2024. Continuing to

collect data on employee experiences of cultural respect training to have a clear picture is important to enhancing the current delivery. Further, the feedback collected should ensure that the right types of questions are being asked.

Table 12. Number of staff to undertake cultural respect training

Question (N=2,462)	Yes	No
Have you attended or completed any Aboriginal cultural competency training in your current role?	65.48% n=1,612	34.52% n=850
Are you Aboriginal or Torres Strait Islander?	3.65% n=90	93% n=2,282

Table 12, above, shows the number of staff across the Department of Health who participated in the survey. Of the 2,462 employees, around two thirds have undertaken the training, and one third have not yet participated. Further, of the staff who participated, nearly 4% self-identified as Aboriginal and/or Torres Strait Islander, 93% as non-Indigenous, and the remaining 3% chose not to identify as Indigenous or non-Indigenous.

Table 13. Staff experiences of most valuable parts of cultural respect training

Which parts did you find the most useful for your role? Select all that apply.	Agree
Aboriginal history and culture overview	69.22% n=1,673
Video stories	60.94% n=1,473
Identification of Aboriginal and Torres Strait Islander peoples	46.71% n=1,129
Quiz and activities	41.62% n=1,006
Demographics of Tasmanian Aboriginal people	41.25% n=996
Resources and links	37.94% n=917
Intranet page	21.06% n=509

Table 13, above, illustrates staff perceptions of the usefulness of parts of cultural respect training. Approximately 70% of Department of Health staff said Aboriginal history and cultural overview was the most valuable part. This was followed by video stories (61%) and identifying Aboriginal and Torres Strait Islander people (nearly 47%).

Table 14. Staff experiences of what they will do differently or keep doing after the cultural respect training

What will you do differently or keep doing after completing this module? Select all that apply.	Agree
--	--------------

Create a welcoming environment, e.g. display Aboriginal artwork, flag, posters, etc	62.27% n=1,451
Source and provide culturally appropriate information for the people I work with	52.96% n=1,234
Review and adapt screening, assessment and care planning to reflect cultural considerations	44.25% n=1,031
Visit Intranet page	42.53% n=991
Refer colleagues to this module	41.93% n=977
Include local Aboriginal community members in consumer participation strategies	37.38% n=871
Review and update printed resources provided by my team/service	34.55% n=805
Improve data collection	31.93% n=744

Table 14, above, shows the Department of Health staff's attitudes regarding what they will do differently or keep doing after the cultural respect training. The most common response is that they will continue to 'create a welcoming environment' (62%), 'source and provide culturally appropriate information for the people I work with' (53%), and 'review and adapt screening, assessment, and care planning to reflect cultural considerations' (44%).

Qualitative data on cultural respect training were available for two questions from the staff survey. Unfortunately, the analysis of these data falls outside the scope of this report.

However, thematic or content analysis, along with the recommendations from this report, should be applied to those data to improve cultural respect training going forward.

5. Strengthened Relationships, Engagement, and Knowledge of ACCOs/ACCHOs

The Department of Health and its staff must strengthen relationships, enhance engagement, and increase their understanding of Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs).

Aboriginal participants have consistently reported that communication between the department and these organisations is often ineffective, leading to feelings of cultural disrespect among Aboriginal people. To address this, a systematic mechanism should be established to facilitate easy and efficient information sharing between relevant ACCOs/ACCHOs and various sections of the department. Such a framework would improve collaboration and foster trust and transparency among all parties involved.

Improving communication processes is essential, as it can significantly reduce the burden on the Department of Health when providing complex care. ACCOs/ACCHOs play a crucial role in the health and wellbeing of Aboriginal communities, focusing on maintaining good health

through social and cultural determinants, as well as primary health care (Panaretto et al., 2014; Verbunt et al., 2021; Williamson et al., 2020). Using the expertise and insights of these organisations, the department can enhance its service delivery and ensure that it aligns more closely with Aboriginal people's needs and expectations. Additionally, regular training and workshops for department staff on the role and functions of ACCOs/ACCHOs would help build a more comprehensive understanding of their importance, further strengthening relationships.

Fostering robust relationships and engagement with ACCOs/ACCHOs is not just a matter of improving communication; it is also about recognising and valuing the unique contributions these organisations make to the health of Aboriginal communities (Pettit et al., 2019). By working collaboratively and sharing knowledge, the Department of Health can create a more culturally respectful healthcare system that better serves Aboriginal people, ensuring their voices are heard and that their needs are met. This collaborative approach will improve health outcomes and the sense of cultural safety for Aboriginal individuals and families accessing healthcare services.

6. Improvements across the Data Lifecycle Underpinned by Value and Trust

The Department of Health's current data collection practices regarding Aboriginal people are inadequate and require urgent attention. Many Aboriginal people report that they are not asked about their Aboriginality or feel unsafe identifying as such due to inappropriate responses from staff. All staff should routinely be trained to inquire about Aboriginal identity during data collection to address these concerns (Hole et al., 2015). Moreover, responses should be professional and sensitive to colonisation's historical and ongoing impacts.

Establishing an Aboriginal-specific complaints process is also essential to ensuring that individuals feel empowered to voice their concerns, making the process of complaining both accessible and worthwhile. Furthermore, Aboriginal people have consistently requested transparency on how Closing the Gap funding is allocated, which is crucial for fostering the principles of value and trust within the community.

As a medium-term goal, the Department of Health should consider aligning its data collection practices with federal data systems while working towards achieving Indigenous data sovereignty (IDSov; Walter et al., 2018). This alignment would streamline data collection efforts and enhance the department's capacity to meet its obligations concerning data under Closing the Gap Priority Reform 4. By integrating local practices with federal standards, the

department can ensure that data collection is accurate and respectful of Aboriginal peoples' cultural and social contexts (Commonwealth of Australia, 2024).

Suppose Aboriginal people and communities perceive greater value in the data collected; in that case, they are more likely to engage and participate in the process, ultimately fostering trust between Aboriginal communities and the Department of Health (Williamson et al., 2021). Increased participation will lead to more accurate data that can inform policy and practice, ultimately enhancing Aboriginal people's health outcomes. Building this trust is essential for creating a healthcare environment where Aboriginal people feel safe, valued, and respected, leading to a more equitable health system.

In summary, the six recommendations focus on fostering cultural respect and enhancing the healthcare experience within the Tasmanian Department of Health for Aboriginal people. First, a systems approach incorporating strong Aboriginal leadership is essential to achieving genuine cultural respect across all levels of the department. This necessitates increasing the employment of Aboriginal people in various roles and ensuring their representation throughout the organisation. Second, Aboriginal space and place should be prioritised to create welcoming and culturally appropriate environments that recognise and value Aboriginal culture.

Additionally, mandatory cultural awareness training for all staff is crucial to instilling a deep understanding of Aboriginal perspectives and the historical context of colonisation. Strengthening relationships with Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) is vital to improving communication and care delivery. The above recommendations emphasise the need for enhanced data collection practices that respect Aboriginal identity, promote transparency in funding allocation, and strive for Indigenous data sovereignty. These recommendations aim to create a more inclusive, respectful, and effective healthcare system for Aboriginal people in Tasmania.

Limitations

All research has limitations, including this evaluation of the Tasmanian Department of Health's *Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020–2026 Action Plan* (2020).

The first limitation was the inability to conduct a focus group on Cape Barren Island in partnership with the Cape Barren Island Aboriginal Association (CBIAA). This could not be achieved despite the project team's continued efforts. The team initially travelled to Bridport to purchase supplies for the planned meeting on the island. However, unsafe flying conditions prevented the trip. Weather hindered a second attempt, as well, and a third date had to be cancelled due to sorry business on the island. Instead, a valued community member was compensated for supporting Aboriginal residents in completing the online survey.

The second limitation was the sample size, which may have affected the diversity of the results. The focus groups varied in size; larger groups offered a range of perspectives, while smaller groups allowed for more in-depth conversations. Despite the team's efforts to promote participation, turnout in some focus groups was lower than anticipated, while other areas were higher. For example, the focus group in Nipaluna (Hobart) had only two participants (see Table 5, above), though the quality and depth of their contributions was highly valued. More thoughtful community engagement and consultation strategies should be implemented for future projects, especially considering the risk of "consultation and research participation fatigue" (Thorpe et al., 2016, p. 28).

Conclusion

This evaluation, commissioned by the Tasmanian Department of Health, has thoroughly assessed progress on the *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–2026*. Through the insights gained from seven focus groups, primarily held at Aboriginal Community Controlled Organisations (ACCOs) across Lutruwita (Tasmania), along with two online surveys targeting Aboriginal people and those who assist them in accessing Department of Health services, respectively, the evaluation provides a comprehensive overview of the current state of cultural respect in health care.

The findings reveal a mixed picture: while some sections of the Department of Health deliver culturally respectful health care, significant improvements are needed in others. As defined by the Australian Health Ministers' Advisory Council (2016, p. 5), cultural respect is achieved when the health system is safe, accessible, and responsive and when Aboriginal cultural values, strengths, and differences are respected. Therefore, while some meaningful progress has been made, fully realising cultural respect remains a sequential process that necessitates a transformation of long-held beliefs, cultural practices, and organisational attitudes.

To foster this transformation, the evaluation presented six critical recommendations grounded in the voices of Aboriginal people in Lutruwita (Tasmania). These recommendations advocate for (i) a systems approach led by Aboriginal leadership, (ii) emphasising the importance of Indigenisation and decolonisation of space and place, (iii) improved Aboriginal employment at all levels, including valuing Aboriginal-specific roles, (iv) non-Indigenous staff engaging in high-quality mandatory cultural respect training, (v) enhancing relationships with ACCOs/ACCHOs, and (vi) improving data practices throughout the data lifecycle. Ultimately, this ongoing responsibility will ensure that cultural respect is not merely a checklist item but is instead a core value embedded into the Department of Health's everyday operations.

As the Action Plan (2020) progresses cultural respect for Aboriginals, the Department of Health would benefit from thinking about the next iteration, as illustrated in the Cultural Capabilities Framework (Department of Health, 2020, p. 12). Research suggests that racism may indeed contribute to approximately half of the gap between Aboriginal people and their non-Indigenous counterparts (Bourke et al., 2019). In a separate study led by esteemed Ngiyyampaa/Wongabion Professor of Epidemiology Ray Lovett and colleagues (2022), the authors also found that racial discrimination contributed to nearly half of the overall gap in psychological distress between Indigenous and non-Indigenous people:

We would achieve a 50 per cent closing of the gap if we could remove racism as a factor—so that is huge. There is no biological reason for those inequities. We really do need to think about racism and its heavy burden on people. (ABC News, 2022, p. 1)

This underscores the need for the Department of Health and all its staff to not only integrate cultural respect into their core business but to carefully consider how they can progress the department towards realising cultural safety: which, as the literature demonstrates, is the ultimate goal (Curtis et al., 2019; Gollan & Stacey, 2021; Mohamed et al., 2024; NACCHO, 2011; So et al., 2024).

Resources

The following resources are provided to assist Department of Health staff in progressing with cultural respect:

- 1) [Mohamed, J, Stacey, K, Chamberlain, C & Priest, N. \(2024\), *Cultural safety in Australia, Discussion paper*, Lowitja Institute, Melbourne.](#)
- 2) [Australian Health Ministers' Advisory Council. \(2016\). *Cultural respect framework 2016–2026 for Aboriginal and Torres Strait Islander health: A national approach to building a culturally respectful health system*. In: Australian Health Ministers' Advisory Council.](#)
- 3) [Tasmanian Government. \(2024\). *Tasmanian State Service Employee Survey 2024: Whole of Tasmanian State Service Results Report*. Tasmanian Government.](#)
- 4) [Department of Health. \(2018\). *Aboriginal Cultural Respect in Tasmania's Health Services: Community Consultation Report July 2018*. Department of Health.](#)
- 5) [Department of Health. \(2020\). *Improving Aboriginal Cultural Respect Across Tasmania's Health System*. Tasmanian Government.](#)
- 6) [Department of Health. \(2023\). *Annual Report: 2022-23*. Government of Tasmania.](#)
- 7) [So, N., Price, K., O'Mara, P., & Rodrigues, M. A. \(2024\). The importance of cultural humility and cultural safety in health care. *Medical Journal of Australia*, 220\(1\), 12-13.](#)

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Appendices

Appendix A: Ethics Approval AIATSIS



AIATSIS

Australian Institute of Aboriginal and
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Research Ethics Committee
51 Lawson Crescent, Acon, ACT 2601
GPO Box 553, Canberra ACT 2601
P 02 6246 1881 E ethics@aiatsis.gov.au
aiatsis.gov.au

Mr George Ramm
Department of Health Tasmania

george.rramm@health.tas.gov.au

REC Reference Number: REC-0322

Project Title: Improving Aboriginal Cultural Respect Across Tasmania's Health System
Action Plan 2020-2026: Progress evaluation

Dear Mr George Ramm,

Thank you for submitting the above research project and for providing your response to the Committees feedback.

I am pleased to advise you that ethical approval for the above research project has been granted by the AIATSIS Research Ethics Committee.

Approval of this project from AIATSIS Research Ethics Committee is valid from 24 July 2024 to 12 October 2024 subject to the following conditions being met:

1. The Coordinating Principal Investigator will immediately report anything that might warrant review of ethical approval of the project. The Coordinating Principal Investigator is required to submit any outstanding letters of support before research activities, including data collection, are conducted with the specific community.
2. The Coordinating Principal Investigator will notify the AIATSIS Research Ethics Committee of any event that requires a modification to the project or project documents and submit any required amendments in accordance with the instructions provided by AIATSIS. These instructions can be found at <https://aiatsis.gov.au/research/ethical-research>.
3. The Coordinating Principal Investigator will submit any necessary reports related to the safety of research participants in accordance with AIATSIS Research Ethics Committee procedures. These instructions can be found at <https://www.aiatsis.gov.au/research/ethical-research>.
4. The Coordinating Principal Investigator will submit an annual report to the AIATSIS Research Ethics Committee one year from the date approval was granted. Annual reports must be submitted in the specified format, available at <https://www.aiatsis.gov.au/research/ethical-research>.



AIATSIS

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5. The AIATSIS Research Ethics Committee must also be notified when the project is completed at all sites no later than one month after completion.

6. The Coordinating Principal Investigator will notify the AIATSIS Research Ethics Committee if the project is discontinued at a participating site before the expected completion date, with reasons provided.

7. The Coordinating Principal Investigator will notify the AIATSIS Research Ethics Committee of any plan to extend the duration of the project past the ethical approval period listed above and will submit any associated required documentation at least one month prior to the stipulated end date. The instructions for obtaining an extension of approval can be found at <https://aiatsis.gov.au/research/ethical-research>.

8. The Coordinating Principal Investigator will notify the AIATSIS Research Ethics Committee of his or her inability to continue as Coordinating Principal Investigator including the name of and contact information for a replacement.

This letter constitutes ethical approval only. This project cannot proceed at any site until separate research governance authorisation has been obtained from the CEO or the Delegate of the institution under whose auspices the research will be conducted at that site.

Should you have any queries about the AIATSIS Research Ethics Committee's consideration of your project, please contact the Secretary of the AIATSIS Research Ethics Committee, by emailing ethics@aiatsis.gov.au. For more information, please visit <https://aiatsis.gov.au/research/ethical-research>.

The AIATSIS Research Ethics Committee wishes you every success in your research.

Yours sincerely,

Associate Professor Mandy Downing
Co-Chairperson

Dr Chris Bourke
Co-Chairperson

24 July 2024

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2023) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research (2020).

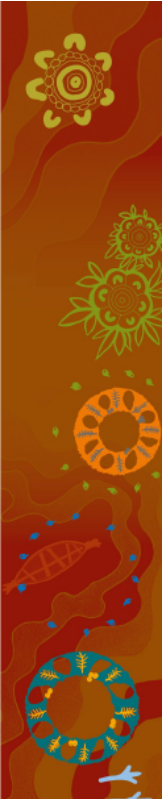
Appendix B: A4 Aboriginal Person Survey Flyer



Appendix C: A3 Aboriginal Person Survey Flyer



Appendix D: A4 ACCO Staff Member Survey Flyer



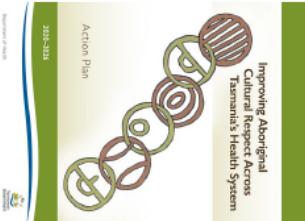
Are you employed to support Aboriginal people's access to government health services?

Have your say on making government health services more culturally respectful.

The Department of Health is conducting a mid-way evaluation of the Improving Aboriginal Cultural Respect Across Tasmania's Health System - Action Plan 2020 – 2026.

Scan the QR code to complete the short survey.





Acronym adopted from 'Marr-Sinclair-Brown's Health report'

Appendix E: Participant Consent Form – Focus Group

Department of Health
PUBLIC HEALTH SERVICES

Tasmanian Government

Participant Informed Consent Form

Project Title: Improving Aboriginal Cultural Respect Across Tasmania's Health System - Action Plan 2020-2026 - Community Engagement with Aboriginal People 2024

Researcher: George Ramm & Barbara Moerd – Senior Project Officers – Cultural Respect

Organisation: Department of Health - Public Health Services

1. I understand what this project is about	Yes ☐	No ☐
2. I voluntarily agree to my participation in this study	Yes ☐	No ☐
3. I understand that I can withdraw from the project at any time	Yes ☐	No ☐
4. I understand what will happen to me during the research project as explained to me	Yes ☐	No ☐
5. I agree that the researcher(s) can interview me for the research in a group of people (or 'face-to-face focus group')	Yes ☐	No ☐
6. I consent to this face-to-face focus group session being audio taped, understanding it will be deleted once transcribed	Yes ☐	No ☐
7. I understand that I will not be paid for my participation as explained to me	Yes ☐	No ☐
8. I understand the potential risks and possible benefits of participating in this research as explained to me	Yes ☐	No ☐
9. I understand that the results of this research may be published in a public or other forum	Yes ☐	No ☐
10. I understand that my name will not be mentioned in the project report/publication that comes out of this research.	Yes ☐	No ☐
11. I agree that information I provide may be mentioned in the project report/publication that comes out of this research.	Yes ☐	No ☐
12. I understand that all information gathered in this research that is confidential will be kept secure for at least 10 years	Yes ☐	No ☐
13. If the researcher(s) keep(s) a record of what I said which could be used to identify me, I:	☐ give permission for my information to be shared ☐ don't give permission for my information to be shared	
14. I want the researcher(s) to give me a copy of the project report/publication that is produced as a result of this research.	Yes ☐	No ☐
15. I understand that I will retain any Intellectual Property from my personal information I share	Yes ☐	No ☐

Signatures

Participant to complete:

- I am 18 years of age or older.
- I have read the Participant Information Sheet (or someone has read it to me in language I understand) and I agree with it.

Name: _____

Signature: _____

Date: / /

Researcher to complete:

- I have described the nature of the research to the Participant, and I believe that they understood and agreed to it.

Name: _____

Signature: _____

Date: / /

Participant Information Sheet

Project Title: *Improving Aboriginal Cultural Respect Across Tasmania's Health System - Action Plan 2020-2026* - Community Engagement with Aboriginal People 2024

Researcher(s): George Ramm & Barbara Moerd – Senior Project Officers – Cultural Respect

Aboriginal Consultant: Dr Jacob Prehn

Organisation(s): Department of Health - Public Health Services

What is the project about?

This research project aims to hear from Aboriginal people about their experiences using Tasmanian government health services.

The project will also hear from staff working in Aboriginal Community Controlled Organisations (ACCOs) about their experiences supporting Aboriginal people in using Tasmanian government health services.

The *Improving Aboriginal Cultural Respect Across Tasmania's Health System - Action Plan 2020-2026* (the Action Plan) was completed in late 2020 and outlines the Department of Health (DoH)'s commitment to improving Aboriginal cultural respect across Tasmanian government health services.

The Action Plan was informed by consultation with the Aboriginal people in Tasmania, undertaken in 2018.

The Action Plan outlined that two further community consultations, one in 2023 and 2027, would be undertaken as part of the evaluation of the Action Plan.

This Community Engagement with Aboriginal People 2024 Project is the first of these second-round community consultations.

We are looking to:

- Understand what changes there have been since the 2018 consultation and what are ongoing gaps we will use the information gathered to inform priorities and evaluate the effectiveness, impact, utility, reach, engagement, and relevance of implementing the Action Plan.

Who is involved in the project?

This research project is being conducted by George Ramm & Barbara Moerd – Senior Project Officers – Cultural Respect, who work for Public Health Services, Department of Health, from 01 August 2024 to 31 September 2024.

The research is supported by Dr Jacob Prehn, who will conduct the face-to-face focus group sessions. This research is funded by the Tasmanian Government's Department of Health.

Why have I been invited to participate?

You have been invited to participate because you are Aboriginal, have used a Tasmanian government health service, and are 18 years of age or over.

We cannot guarantee or promise that you will receive any benefits from this research; however, benefits may include changing how the Tasmanian government provides health services to Aboriginal people to make it more culturally respectful to you, your family and other Aboriginal people.

You can pull out at any time, and it won't change your relationship with the researcher(s), your relationship with the Department of Health or anyone else. If you decide to withdraw from the project, you will need to do this by informing a research team.

What will the researcher(s) do, and when?

The Department of Health has asked Dr Prehn to run face-to-face focus groups. Dr Prehn and his team will host a series of discussions around changes you have noticed over the last four years by the Department

Appendix F: Participant Information Sheet – Focus Group

Appendix G: Public Health Services List

Department of Health PUBLIC HEALTH SERVICES  Tasmanian Government Project Title: <i>Improving Aboriginal Cultural Respect Across Tasmania's Health System - Action Plan 2020-2026: Progress Evaluation</i> Researchers: George Ramm & Barbara Moerd – Senior Project Officers – Cultural Respect Organisation: Department of Health - Public Health Services			
Which Tasmanian government health services have you used? Please Tick all services you have used			
Southern Services: ☐ Royal Hobart Hospital ☐ New Norfolk District Hospital ☐ Primary Health Services ☐ Brighton Community Health Centre ☐ Bruny Island Community Health Centre (Alomah) ☐ Clarence Integrated Care Centre ☐ Cygnet Community Health Centre ☐ Esperance Multi-Purpose Centre (Dover) ☐ Glenorchy Community Health Centre ☐ Huonville Community Health Centre ☐ Kingston Community Health Centre ☐ Midlands Multipurpose Centre ☐ Ouse Community Health Centre ☐ Repatriation Centre (Hobart) ☐ Sorell Community Health Centre ☐ Spring Bay Community Health Centre Statewide Services ☐ Ambulance Tasmania ☐ Child Health and Parenting Service ☐ Population Screening and Cancer Prevention Services ☐ Oral Health Services Tasmania ☐ Statewide Mental Health Services ☐ Adult Mental Health ☐ Alcohol and Drug Services ☐ Other	Northern Services: ☐ Launceston General Hospital ☐ Northern Integrated Care Service ☐ Mersey Community Hospital ☐ Deloraine District Hospital ☐ George Town District Hospital and Community Centre ☐ Northeastern Soldiers Memorial Hospital ☐ St Helens District Hospital ☐ Primary Health Services ☐ Beaconsfield Multipurpose Centre ☐ Campbell Town Multipurpose Centre ☐ Cape Barren Island Nursing Centre ☐ Devonport Community Health Centre ☐ Flinders Island Multi-Purpose Centre ☐ John L Grove Rehabilitation Unit ☐ Kings Meadows Community Health Centre ☐ Longford Community Health Centre ☐ May Shore Nursing Centre (Swansea) ☐ Mayne St Day Centre ☐ Ravenswood Community Health Centre ☐ St Marys Community Health Centre ☐ Swansea Community Health Centre	Northwestern Services: ☐ Northwest Regional Hospital ☐ King Island Hospital and Community Health Centre ☐ Smithton District Hospital ☐ West Coast District Hospital ☐ Primary Health Services ☐ Central Coast Community Health Centre ☐ James Muir Community Health Centre (Wynyard) ☐ Parkside and Burnie Community Health Centre ☐ Rosebery Community Health Centre ☐ Strahan Community Health Centre ☐ Westbury Community Health Centre ☐ Zeehan Community Health Centre	

Appendix H: Generic Focus Group Flyer

Are you an Aboriginal person living in Tasmania?

Have your say on making government health services more culturally respectful.

Please join us for a focus group to share how government health services can be better.

Date: Monday 2nd September

Time: 11am to 1:30pm

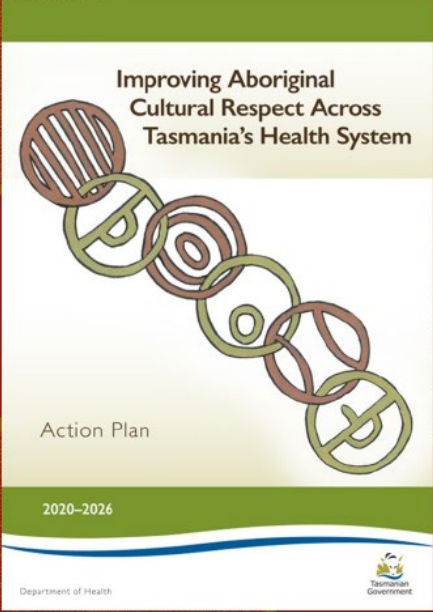
Location: Elders Council of Tasmania

Facilitators: Delia Summers & Jacob Prehn

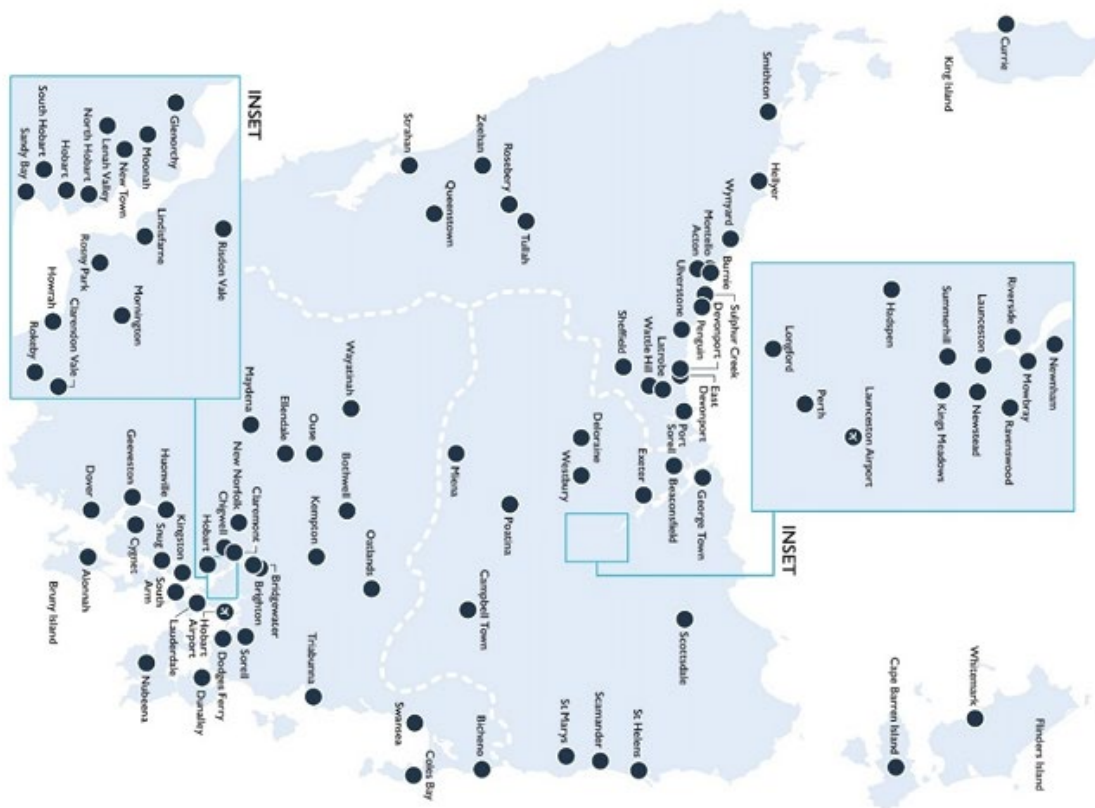


Lunch Provided

Artwork adapter from
Takira Simon-Brown's
Health nayri.



Appendix I: Map of Tasmanian Department of Health Services



Appendix J: Online Survey Aboriginal Adults

Tasmanian
Government

Department of Health

Health Services Questionnaire for Aboriginal people

Department of Health - Public Health Services
Ethics approval number REC-0122/MAR/2019

Thank you for your interest in the 2024 Community Engagement - Questionnaire – for Aboriginal people.

This questionnaire is part of the research project to engage with Aboriginal people about their experiences using Tasmanian Government health services.

Before we start, we ask you to watch a short video so you can more understand what this research is about and what information we are asking from you.

To find out more you can read the attached [Participant Information Sheet](#).

If you decide you want to take part in the research project, you will be asked to click the box at the start of the questionnaire.

This will serve as a record of you willing to do that part:

- understanding what you have read and heard;
- consented to be involved in the research described;
- consented to the use of your personal information as described.

Select to continue •

☒ I consent

Are you an Aboriginal person? *

- ☒ Yes
- ☐ No
- ☐ Unsure

Have you used or visited a Tasmanian Government health service over the past year?

- ☒ Yes
- ☐ No

Are you 18 years of age or older? *

- ☒ Yes
- ☐ No

The following questions relate to your experience over the last four years

Have you participated in face-to-face sessions or completed this online questionnaire before? *

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ ACCO staff online questionnaires

Which Tasmanian Government health service(s) have you used?

List all services you have used

Southern Services

- ☐ Brighton Community Health Centre
- ☐ Burnie Island Community Health Centre (Moorabbin)
- ☐ Cairns Integrated Care Centre
- ☐ Orford Community Health Centre
- ☐ Esperance Multi-Purpose Centre (Dowry)
- ☐ Geelong Community Health Centre
- ☐ Healesville Community Health Centre
- ☐ Kingston Community Health Centre
- ☐ Melinda Multipurpose Centre
- ☐ New Norfolk District Hospital
- ☐ Ouse Community Health Centre
- ☐ Separation Centre (Robart)
- ☐ Royal Hobart Hospital
- ☐ Social Community Health Centre
- ☐ Spring Bay Community Health Centre

Northern Services

- ☐ Bassonfield Multipurpose Centre
- ☐ Campbell Town Multipurpose Centre
- ☐ Cape Barren Island Nursing Centre
- ☐ Cheltenham District Hospital
- ☐ Devonport Community Health Centre
- ☐ Fingert Island Multi-Purpose Centre
- ☐ George Town District Hospital and Community Centre
- ☐ John L Gordon Rehabilitation Unit
- ☐ King Meadows Community Health Centre
- ☐ Longford General Hospital
- ☐ Longford Community Health Centre
- ☐ May Stone Nursing Centre (Downsville)
- ☐ Wynne St Day Centre
- ☐ Waverley Community Hospital
- ☐ Northernstream Soldiers Memorial Hospital
- ☐ Northern Integrated Care Service
- ☐ Primary Health Services
- ☐ Savenwood Community Health Centre
- ☐ St Helens District Hospital
- ☐ St Mary's Community Health Centre
- ☐ Swansea Community Health Centre

North West Services

- ☐ Central Coast Community Health Centre
- ☐ James Mair Community Health Centre (Myrland)
- ☐ King Island Hospital and Community Health Centre
- ☐ North West Regional Hospital
- ☐ Paradise and Bunge Community Health Centre
- ☐ Primary Health Services
- ☐ Rossmore Community Health Centre
- ☐ Strathorn District Hospital
- ☐ Strahan Community Health Centre
- ☐ West Coast District Hospital
- ☐ Westbury Community Health Centre
- ☐ Zealandia Community Health Centre

Statewide Services

- ☐ Alcohol and Drug Services
- ☐ Ambulance Tasmania
- ☐ Breast Screen
- ☐ Child Health and Parenting Service (CHAPS)
- ☐ Oral Health Services Tasmania
- ☐ Statewide Mental Health Services
- ☐ Other

In our recent study, Tasmanian Government health services as an Aboriginal person, have you felt welcomed, comfortable, and respected?

- ☐ Yes
- ☐ No
- ☐ Other

Can you think of anything the Tasmanian Government health services has changed in the last 4 years to make things better for Aboriginal people?

- ☐ Yes
- ☐ No
- ☐ Unsure

What changes have you noticed?

How informed do you feel the Tasmanian Government health staff are about the needs of Aboriginal people?

- ☐ Not at all informed
- ☐ Slightly informed
- ☐ Informed
- ☐ Well informed
- ☐ Extremely informed

Just a few more questions! Remember to skip questions if you want to

Have you noticed a change in the numbers of Aboriginal people employed by Tasmanian Government health services?

- ☐ A lot less
- ☐ A bit less
- ☐ Same
- ☐ A bit more
- ☐ A lot more
- ☐ I have only had one visit

Think about the waiting areas, clinic spaces, toys, resources, and information in Tasmanian government health care buildings. Do you feel welcome and safe as an Aboriginal person?

- ☐ Yes
- ☐ No
- ☐ Unsure

Tell us why you feel this way

Think about the last time you were asked if you were Aboriginal, did they do it in a respectful way?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Was not asked

If you now had an issue with something the Tasmanian Government health services has done or not done, would you feel comfortable to speak up or complain?

- ☐ Yes
- ☐ No
- ☐ Unsure

Tell us why you feel this way

How do you think the Tasmanian Government health services work with your Aboriginal Organisation to help you get the care you need?

- ☐ Very poor
- ☐ Poor
- ☐ Fair
- ☐ Well
- ☐ Very well

If you could change two things to make Tasmanian Government health services more inclusive and respectful of Aboriginal people, what would they be?

Do you have anything else you wish to share about your personal experiences in using Tasmanian Government health services?

You have now completed the questionnaire. We thank you for your time.
Please submit to complete the questionnaire.

Appendix K: Online Survey ACCO/ACCHO Employees



Tasmanian
Government
Health

Health Services Questionnaire for ACCO staff

Department of Health - Public Health Services

Ethics approval number REC-0332 (AAT/55)

Thank you for your interest in the 2024 Community Engagement Questionnaire – for staff of Aboriginal Community Controlled Operations

This questionnaire is part of the research project to engage with Aboriginal people about their experiences using Tasmanian Government health services. We are also interested in hearing from you about your experiences as staff of organisations who support people to access Tasmanian government health services.

Before we start, we ask you to watch a [2:55:45 video](#) so you can more understand what the research is about and what information we are asking from you.

To find out more you can read the attached [Tasmanian Information Sheet](#).

If you decide you want to take part in the research project, you need to click the box at the start of the questionnaire, B) Consent.

This will serve as a record of you telling us that you:

- understand what you have read and heard,
- consent to be involved in the research described,
- consent to the use of your personal information as described.

Select to continue

☒ I consent

Which Tasmanian Government health service/s have you supported clients to use?

Tick all services used

Southern Services

☐ Brighton Community Health Centre

☐ Burnt Island Community Health Centre (Moonah)

☐ Clarence Integrated Care Centre

☐ Cypriot Community Health Centre

☐ Derwent Multi-Purpose Centre (Dewey)

☐ Diwan Community Health Centre

☐ Hurstville Community Health Centre

☐ Ingham Community Health Centre

☐ Melville Multipurpose Centre

☐ New Norfolk District Hospital

☐ Onea Community Health Centre

☐ Repatriation Centre (Phoenix)

☐ Royal Hobart Hospital

☐ Social Community Health Centre

☐ Spring Bay Community Health Centre

Northern Services

☐ Blackwattle Multipurpose Centre

☐ Campbell Town Multipurpose Centre

☐ Cape Barren Island Nursing Centre

☐ Devonshire District Hospital

☐ Devonport Community Health Centre

☐ Finders Island Multi-Purpose Centre

☐ George Town District Hospital and Community Centre

☐ John L Grove Rehabilitation Unit

☐ Kings Meadows Community Health Centre

☐ Langston General Hospital

☐ Longford Community Health Centre

☐ May Shone Nursing Centre (Greenwell)

☐ Maymy St Day Centre

☐ Mealyer Community Hospital

☐ Northeastern Sooties Memorial Hospital

☐ Northern Integrated Care Service

☐ Primary Health Services

☐ Ravenswood Community Health Centre

☐ St Helens District Hospital

☐ St Marys Community Health Centre

☐ Swansea Community Health Centre

North West Services

☐ Central Coast Community Health Centre

☐ James Mair Community Health Centre (Wyvyan)

☐ King Island Hospital and Community Health Centre

☐ North West Regional Hospital

☐ Parkville and Burns Community Health Centre

☐ Primary Health Services

☐ Reesley Community Health Centre

☐ Southern District Hospital

☐ Strahan Community Health Centre

☐ West Coast District Hospital

☐ Westbury Community Health Centre

☐ Zeehan Community Health Centre

Statewide Services

☐ Alcohol and Drug Services

☐ Ambulance Tasmania

☐ Breast Screen

☐ Child Health and Swearing Service (Clapham)

☐ Oral Health Services Tasmania

☐ Statewide Mental Health Services

☐ Other

Consider your most recent experiences helping Aboriginal clients access Tasmanian Government health services. Are the services culturally respectful?

☐ Yes

☐ No

☐ Other

When your client shares their experience of cultural respect when using Tasmanian Government health services, how often is their experience positive?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

In the last 4 years how much have you noticed the Tasmanian Government health services have changed for Aboriginal people?

☐ Much worse

☐ Somewhat worse

☐ Stayed the same

☐ Somewhat better

☐ Much better

☐ Other

What changes have you noticed?

How informed do you think Tasmanian Government health staff are about the needs of Aboriginal people?

☐ A lot less

☐ A bit less

☐ The same

☐ A bit more

☐ A lot more

☐ I have only had one visit

How does this affect the care of your clients?

If you had an issue with something the Tasmanian Government health services has done or not done for an Aboriginal client, would you feel comfortable to speak up or complain?

☐ Yes

☐ No

☐ Unsure

Tell us why you feel this way

Do you think you get appropriate support, timely advice, and useful information from Tasmanian Government health services to support your Aboriginal clients?

☐ Yes

☐ Sometimes

☐ No

☐ Unsure

☐ Other

Do you feel the Tasmanian Government health services respect your service and your role in supporting Aboriginal people?

☐ Yes

☐ Sometimes

☐ No

☐ Unsure

☐ Other

If you could change two things to make Tasmanian Government health services more inclusive and respectful of Aboriginal people, what would they be?

1

2

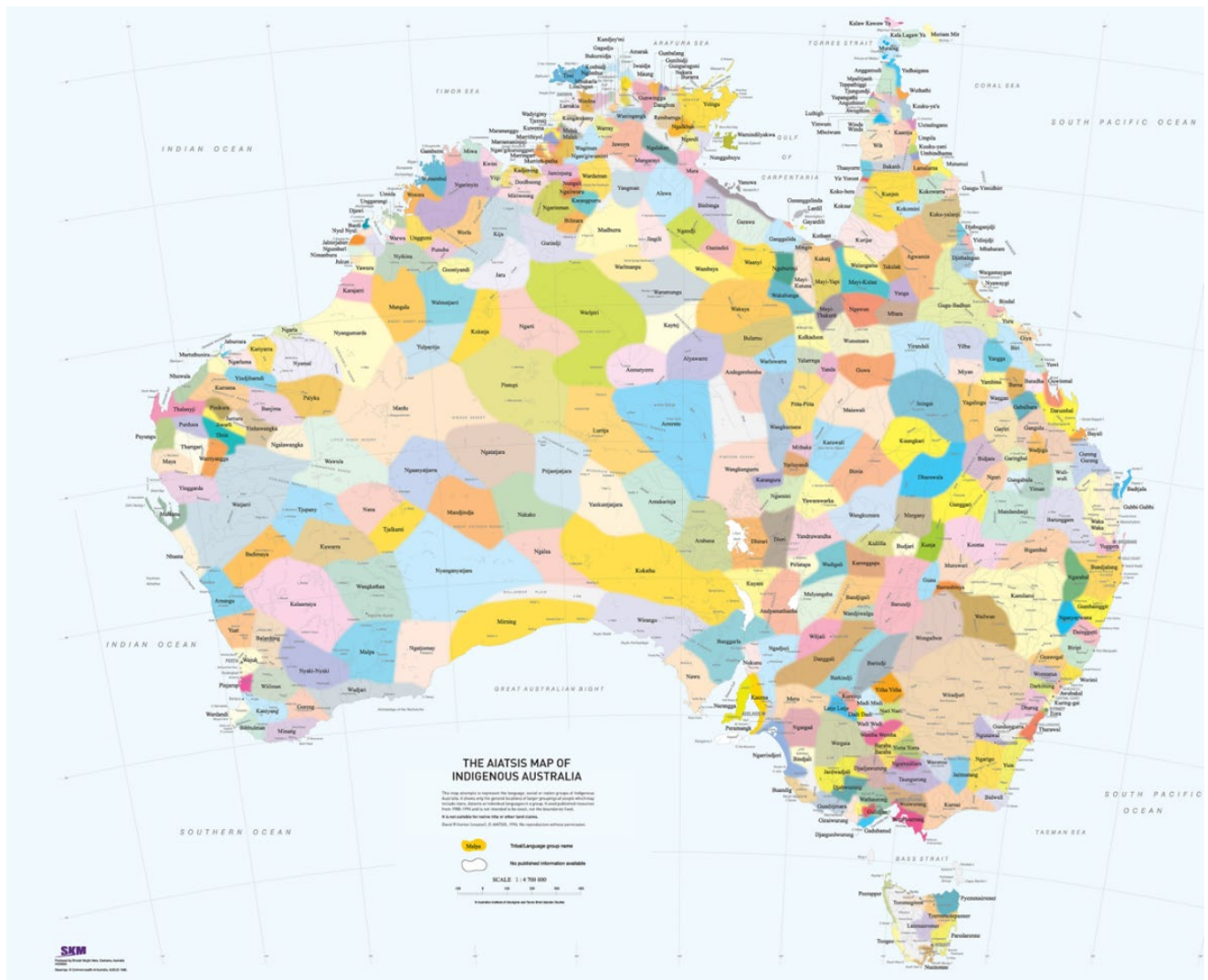
Do you have anything else you wish to share about your professional experiences in supporting your Aboriginal clients to use Tasmanian Government health services?

You have now completed the questionnaire.

Press submit to complete the questionnaire.

We thank you for your time.

If you have any questions or need to know more about this project, you can also contact the Department of Health, Public Health Services, Research team on 03 6160 0014



Credit: Horton, David (1996) *Map of Indigenous Australia*, AIATSIS: Canberra, 2024.