Queensland Ambulance Service

Cultural Safety
Benchmarking reflective tool

A rubric to explore the Cultural Safety of Districts to improve the experiences of Aboriginal and Torres Strait Islander employees and communities.

Caring for our mob together

Queensland Government

Acknowledgment of Country

The Queensland Ambulance Service (QAS) would like to acknowledge the Traditional Owners and Custodians of the land, seas, skies and winds. We pay our respects to our Elders past, present and future leaders.

Image: The QAS Indigenous Artwork represents the connection between the QAS and the Aboriginal and Torres Strait Islander community with each of the elements having specific meaning. At the centre of the design, traditional and modern health, as well as values of respect and inclusion merge to create a 'healing pathway', representing the journey to better healthcare.

The healing pathway is accessible and moves through the diverse communities, sharing knowledge and caring for Aboriginal and Torres Strait Islanders.

The Queensland Ambulance Service (QAS) delivers pre-hospital care for 5.2 million Queenslanders from 302 response locations across an area of 1.77 million square kilometres[1]. The QAS employs 6,301 people with 2.30% (145) of these staff identifying as Aboriginal and Torres Strait Islander people[2].

Queensland has an incredibly rich and diverse population with 237,000 people (4.6%) identifying as Aboriginal and/or Torres Strait Islander on the 2021 census[3]. According to the 2023 Working for Queensland data- 37% of Aboriginal and/or Torres Strait Islander employees experience racism (interpersonal) within the QAS, with the majority being enacted by the public (39%) followed by colleagues (37%), a group of colleagues (34%), and immediate managers/supervisors (34%).

Changes to the Public Sector Act 2022 (Qld) place requirements on public sector entities to reframe the relationship between State government entities and Aboriginal people and Torres Strait Islander people. This includes recognising Aboriginal and Torres Strait Islander people's right to self-determination, fostering a culturally capable workforce and a culturally safe workplace, engaging in truth-telling activities, ensuring the workforce and leadership are reflective of the Queensland communities that they serve and working in partnership with the Aboriginal and Torres Strait Islander community on decisions that impact Aboriginal and Torres Strait Islander communities[4].

To best serve the Queensland community and our workforce it is essential that the QAS understands the factors that contribute to organisational cultural safety where it is experienced- the districts and local communities.

Incorporating co-design approaches to emphasise Aboriginal and Torres voices

The QAS Cultural Safety Benchmarking Reflective Tool has been created with Aboriginal and Torres Strait Islander leaders' voices to progress cultural safety within the Queensland Ambulance Service. These lived experiences have validated that best practices, as described by the literature, are relevant for the QAS.

In the complex QAS operating environment the QAS relies heavily on District level leaders to embed behaviours and values amongst our employees statewide. District consultation took place with District leadership teams and members of the Cultural Safety Leadership Committee. These groups discussed whether Districts have ownership, power and responsibility over the behaviours, values, factors mentioned in the rubric.

The implementation of this tool will help Districts identify their strengths and weaknesses on their journey towards creating a culturally safe environment for Aboriginal and Torres Strait Islander employees and patients. The tool should be used as a conversation piece and be implemented through conversation with Aboriginal and Torres Strait Islander leadership committee members and other identified staff members.

This tool should be used in conjunction with other documents that the organisation has including the Cultural Capability Action Plan 2023-2026, Cultural Safety Policy and the QAS Statement of Commitment

1 **Queensland Ambulance Service.** *QAS Strategy 2022-2027.* 2022.

2 **QAS HR Reporting.** *September 2023 Identified Staff Numbers (Email).* 2023.

3 **Australian Bureau of Statistics.** *Queensland: Aboriginal and Torres Strait Islander Population Summary.* 2022.

4 **Queensland Government.** *Public Sector Act 2022.* 2022.

Cultural Safety and the QAS

to Aboriginal and Torres Strait Islander people and communities. This document has considered state and federal whole-of-government priorities and language as well as best practice principles from Australia, Aotearoa (New Zealand), and Canada.

^ Gubbi Gubbi Country (Inskip Point, Rainbow Beach)

Cultural safety is commonly depicted on a continuum as an extension beyond concepts of cultural awareness and cultural competence[5]. Cultural awareness is the basic understanding of Aboriginal and Torres Strait Islander histories, peoples and cultures and alone results in little systemic or institutional practice changes. Cultural competency is when this awareness is translated into a set of congruent behaviours, attitudes and organisational policies that allow an organisation and its employees to work effectively across cultural groups.

Cultural safety is defined by the Australian Health Practitioners Regulation Agency (Ahpra) as *'the ongoing critical reflection of health practitioners'* *knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'* Cultural safety is an approach to service delivery and organisational practice that is deemed as safe for people in a manner that encompasses and does not diminish the value of their unique cultural differences. It requires practitioners to recognise and respond to power imbalances, reflect on their own knowledge, skills, attitudes, behaviours, and conscious and unconscious bias to deliver care that is regardful of a person's culture. *Cultural safety is about shared respect, shared knowledge, shared experience and listening and learning together to forge a more positive future.*

Cultural Awareness   **Cultural Competency**   **Cultural Safety**

Figure 1 – Cultural Safety Continuum

5 There are alternative conceptualisations of cultural safety that depict cultural safety as separate to, and sometime in opposition of, cultural awareness and cultural competency.

Utilising the tool

Cultural safety is a fundamental human right and as demonstrated heavily supported by legislation and government strategic priorities. Cultural safety aims to ensure that healthcare services are responsive to the needs and priorities of diverse populations, including, but not limited to, Aboriginal and Torres Strait Islander communities. Pre-hospital healthcare providers have the capacity to address social determinant of health through delivering culturally safe care. Likewise, paramedic institutions can use cultural safety as a tool to address issues of institutional racism and culturally unsafe practices within the organisation to have positive effects on workplace diversity, equity, and inclusion.
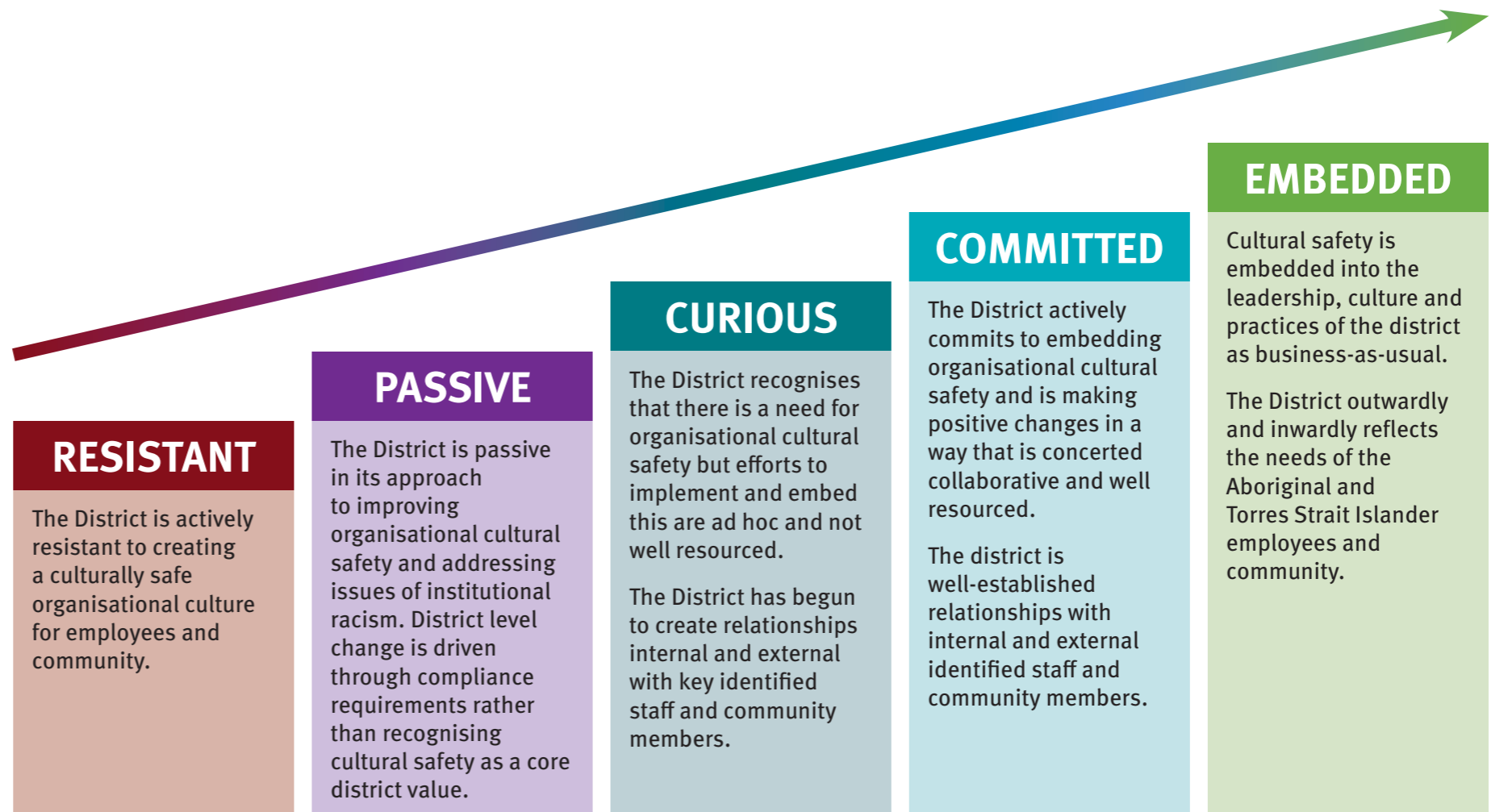
The QAS is on a journey to incorporating and embedding Cultural safety throughout the organisation. This has been demonstrated through the establishment of the Aboriginal and Torres Strait Islander Cultural Safety Unit and clearly articulated through documents such as the Cultural Capability Action Plan 2023-2026, the Cultural Safety Policy and the QAS Statement of Commitment to Aboriginal and Torres Strait Islander people and communities.

The Cultural Safety Benchmarking Reflective Tool guides Districts through values and behaviours that reflect a Culturally Safe organisation, as endorsed by the Aboriginal and Torres Strait Islander Leadership Committee and Steering Committee and has been validated through the consultation meetings with pilot Districts. These values and behaviours are described on an organisational maturity model- where we look to see Districts move from a place of resistance to one where these behaviours are embedded in business-as-usual.

^ Proud parents show off their newborn son on Giabal Country (Toowoomba)

RESISTANT

The District is actively resistant to creating a culturally safe organisational culture for employees and community.

PASSIVE

The District is passive in its approach to improving organisational cultural safety and addressing issues of institutional racism. District level change is driven through compliance requirements rather than recognising cultural safety as a core district value.

CURIOUS

The District recognises that there is a need for organisational cultural safety but efforts to implement and embed this are ad hoc and not well resourced.

The District has begun to create relationships internal and external with key identified staff and community members.

COMMITTED

The District actively commits to embedding organisational cultural safety and is making positive changes in a way that is concerted collaborative and well resourced.

The district is well-established relationships with internal and external identified staff and community members.

EMBEDDED

Cultural safety is embedded into the leadership, culture and practices of the district as business-as-usual.

The District outwardly and inwardly reflects the needs of the Aboriginal and Torres Strait Islander employees and community.

Each District will take a unique approach to the implementation of this tool. Districts leaders are encouraged to engage in respectful conversation with their leadership teams and members of the Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee and their local Indigenous Liaison Network Officers to gauge the accuracy of their self-reflection.

Following completion of the tool at a District level Districts should feed this back to the Cultural Safety Unit so that the unit can best help the District to prioritise actions out of the *Cultural Capability Action Plan 2023-2026*.

^ Minjerribah (Stradbroke Island)

Culturally safe ways of LEADING

The first dimension, **Culturally safe ways of LEADING**, emphasises the pivotal role organisational leaders play in fostering cultural safety within their districts. Research affirms the significant impact of leaders in cultivating inclusive environments, resulting in heightened innovation, effectiveness, and superior customer service within organisations.

Values

Strong leadership and accountability are fundamental elements in addressing health equity, cultural safety, and institutional transformation. The Aboriginal and Torres Strait Islander LC underscores the criticality of leaders in driving and sustaining organisational change toward culturally safe workplaces and care. Qualities such as passion, accountability, vulnerability, active engagement, transparency, and genuineness were highlighted as hallmark characteristics of culturally safe leaders. These leaders demonstrate receptiveness to feedback regarding their leadership styles and proactively engage in self-reflection.

Middle managers (Leaders of Teams) are pivotal in the success or failure of cultural improvement initiatives. In geographically, culturally, and logistically diverse organisations like the QAS, District Directors, Executive Managers and OpCen Managers play a crucial role in setting the tone and serving as role models, particularly for middle managers within their respective regions.

"It is the responsibility of a leader to understand and make people believe in you. Learn from the knowledge of being present and trust that it's the truth for the community..."

Power

Cultural safety, whether conceptualised as part of a cultural continuum or as a standalone paradigm shift, necessitates the acknowledgment and rectification of power imbalances inherent within institutions. Power sharing emerges as a crucial mechanism for embedding cultural safety within systems or institutions. The LC advocates for the elevation of Aboriginal and Torres Strait Islander employees into decision-making roles as a means of power redistribution. Furthermore, ensuring representation of these voices on district governance committees is perceived as instrumental in ensuring the inclusion of Aboriginal and Torres Strait Islander perspectives throughout the decision-making process.

Voice

Community engagement emerges as integral to fostering culturally safe workplaces and delivering culturally safe care, as underscored by comparable benchmarking tools. The LC emphasises the role

of leaders in initiating and maintaining these relationships, recognising that effective leadership involves recognising and leveraging strengths within communities. Community engagement is further explored in **Culturally safe ways of CONNECTING**.

"Good leadership is recognising strength and being able to elevate that strength."

In summary, the establishment of culturally safe environments hinges on strong leadership, accountability, power redistribution, and community engagement, with emphasis on building both capacity and capability within districts, tailored to their specific needs and contexts.

"The organisation needs to build the capacity of Aboriginal and Torres Strait Islander staff to be involved and take the lead without expecting them to take the cultural load on board (in their own time)."

^ Children play on the beach in Ithunchi (Seisia, Northern Peninsula Area Region)

Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
L1A – Values	Leaders *CHAMPION* health equity, cultural safety and Closing the Gap initiatives	Leaders in the district actively resist any involvement in the health equity, cultural safety, and Closing the Gap agenda.	Leaders in the district maintain the status quo through a passive approach to the health equity, cultural safety, and Closing the Gap agenda.	There is a variable leadership commitment to visibly championing the health equity, cultural safety, and Closing the Gap agenda. Demonstration of this commitment is most apparent in operational settings.	There is consistent and strong commitment, communication, and action from Leaders in the district that contributes to the health equity, cultural safety, and Closing the Gap agenda.	Leaders of all work units in the district champion health equity, cultural safety and activities towards Closing the Gap through clear, consistent communication and proactive advocacy internally and externally. Proactive championing of these agendas is embedded as a leadership cultural norm and expectation.
	Leaders *MODEL* the behaviours of a culturally safe leader.	Cultural awareness[6] is not a priority for leaders in the district, and they do not model cultural safety in their leadership style. District leaders demonstrate culturally unsafe behaviours.	Leaders in the district may show passive support for cultural safety initiatives but do not proactively seek to model behaviours consistent with culturally safe leaders.	Leaders in the district seek opportunities to actively participate and support internal and external cultural safety initiatives. District leaders model culturally safe leadership behaviours on an ad hoc basis.	Leaders in the district are active in their allyship through participation and championing of cultural safety initiatives. District leaders consistently incorporate cultural safety principles into their leadership style and are committed to embed these within the district.	Leaders in the district actively model the behaviours of a culturally safe leader; they are genuine, accountable, transparent, vulnerable active allies. District leaders are brave as they challenge organisational status quos that disadvantage Aboriginal and Torres Strait Islander employees and communities.
	Leaders *REFLECT* and build their culturally safe leadership style	Leaders in the district are resistant to adapting their leadership style to be more culturally safe. This creates culturally unsafe interactions between district leaders and Aboriginal and Torres Strait Islander employees and community members.	Leaders in the district are open to feedback regarding their leadership style from a cultural safety perspective but do not proactively seek this feedback.	Leaders in the district proactively seek feedback from their immediate network to incorporate cultural safety into their leadership style. The implementation of this feedback is ad hoc. Relieving leaders may be curious in leading in a culturally safe style but do not feel empowered or supported to do so.	Leaders in the district regularly and proactively, seek feedback from Aboriginal and Torres Strait Islander staff and community members regarding their style of leadership. This feedback is valued and implemented where possible.	Leaders in the district consistently and proactively seek feedback from their wider network and content experts to embed cultural safety into their leadership approach. This feedback is consciously and consistently incorporated into their interactions. Leaders in the district embody this leadership style regardless of incumbent status – relieving leaders are empowered to lead in this manner.
L1B – Power	District implements governance-level power-sharing arrangements	Aboriginal and Torres Strait Islander perspectives are deliberately excluded from decision-making processes at a district level.	The district has limited opportunities for Aboriginal and Torres Strait Islander people to be involved in decision-making, or limited motivation to involve Aboriginal and Torres Strait Islander people.	The district consults Aboriginal and Torres Strait Islander peoples and includes their perspectives and recommendations in decision-making inconsistently.	The district regularly undertakes consultation and co-design processes with Aboriginal and Torres Strait Islander people and is beginning to consistently explore formal structures to involve Aboriginal and Torres Strait Islander people in decision making processes at a local level.	The district has a formal, established, and respected governance structure that have embedded Aboriginal and Torres Strait Islander voices into decision making processes at a local level.

Dimension: Culturally safe ways of LEADING

6 Cultural awareness is intentionally used in the early stages of the maturity model as it is seen to be the base level on the cultural continuum.

Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
L1B – Power	Cultural Safety strategy and goals have sufficient budget and resources[7]	The district deliberately under funds and under resources projects related to health equity, cultural safety and Closing the Gap. The district has a rigid mindset regarding enhancements that does not include increasing Aboriginal and Torres Strait Islander representation or organisational capacity.	The district does not proactively prioritise funding or resourcing of projects or initiatives related to health equity, cultural safety and Closing the Gap. Initiatives are steered by volunteerism with no regard for remuneration or formalisation of these roles.	The district approaches funding and resourcing of projects and initiatives related to health equity, cultural safety and Closing the Gap in an ad hoc manner that heavily relies on volunteerism. The district considers but does not prioritise enhancements that benefit this agenda.	The district has an emerging plan for the funding and resourcing of projects and initiatives related to health equity, cultural safety and Closing the Gap and does not rely on volunteerism. The district considers, and prioritises, the creation of roles, within existing processes, to reflect the needs of the district and community.	The district has a clear and strategic plan for the funding and resourcing of projects and initiatives that demonstrates a genuine and embedded commitment to progressing health equity, cultural safety and Closing the Gap within the district. This may include additional roles however the responsibility for cultural safety is generally embedded into all roles.
L1C – Voice	Leaders **BUILD GENUINE AND EMBEDDED RELATIONSHIPS** with internal and external stakeholders[8]	Leaders in the district actively deny the relevance and importance of creating relationships with key internal and external Aboriginal and Torres Strait Islander stakeholders.	Leaders in the district are reluctant participants[9] in creating relationships with key internal and external Aboriginal and Torres Strait Islander stakeholders focussed on increasing cultural safety in the organisation.	Leaders in the district recognise the value of relationships that focus on improving organisational cultural safety, but implementation and maintenance of these relationships is minimal. These leaders rely heavily on identified staff members to establish and maintain relationships with external stakeholders.	Leaders in the district have established active relationships with key internal and external stakeholders to help advance and embed organisational cultural safety objectives. These leaders consult with identified staff members to help navigate complex relationships and conversations however do not rely on them for most of the relationship management.	Leaders in the district are recognised by their peers, identified staff and community leaders for their efforts in establishing and maintaining relationships with internal and external stakeholders. These leaders have truly embedded these genuine relationships in business-as-usual processes and are trusted by both internal and external stakeholders to progress the cultural safety agenda.
	Leaders **BUILD THE CAPABILITY** of Aboriginal and Torres Strait Islander leaders in the organisation	Leaders in the district resist opportunities to build the capability of future Aboriginal and Torres Strait Islander leaders in the service.	Leaders in the district show limited proactivity in building the capability of Aboriginal and Torres Strait Islander future leaders but may provide support if prompted.	Leaders in the district recognise the value of equipping and empowering Aboriginal and Torres Strait Islander future leaders however are ad hoc in the implementation of any capability building activities.	Leaders in the district actively mentor and sponsor Aboriginal and Torres Strait Islander leaders, demonstrating a strong commitment to build capability.	Leaders in the district recognise the value of Aboriginal and Torres Strait Islander voices in positions of power, with decision-making delegation and have worked proactively to build the capability of emerging Aboriginal and Torres Strait Islander future leaders. These leaders champion Indigenous leadership capability building as a core value of the district.

Dimension: Culturally safe ways of *LEADING*

Culturally safe ways of LEARNING

The **Culturally safe ways of LEARNING** dimension underscores two primary principles: reflexive practice and education and allyship. These principles are applicable at the organisational, district, and individual practice levels. Organisations prioritising staff education exhibit significantly lower rates of workplace discrimination or harassment. The *Queensland Health Cultural Capability Framework 2010-2033* advocates for a comprehensive, recurrent Aboriginal and Torres Strait Islander Cultural Capability Learning Program tailored to employees' roles within the organisation.

Reflexive practice

Central to cultural safety is practitioners' ability to engage in reflexive practice. This entails understanding how one's beliefs, biases, and behaviours influence interactions with people from different cultures. Reflexivity challenges professional structures and fosters awareness of organisational practices that marginalise individuals. Leadership Committee members and District leaders recognise the importance of embedding reflexive practice in both clinical and non-clinical settings. Incorporating Indigenous ways of knowing through activities like yarning circles is seen as integral to fostering reflexive practice.

Education programs and allyship

Education is pivotal in creating culturally safe workplaces and care. It focuses on raising awareness of social determinants of health and understanding the correlation between racism and health equity outcomes. However, standalone education isn't a panacea; it must employ co-design principles centered on Aboriginal and Torres Strait Islander voices and foster durable changes in participants' habits. Allyship, particularly active bystander intervention, is essential in geographically complex work environments like the QAS. However, organisations must avoid overburdening Indigenous employees with cultural responsibilities. The QAS commits to developing culturally safe education packages, with leadership stressing the importance of staff understanding their roles as active allies in the journey towards cultural safety. Practical solutions include establishing relationships with community elders and embedding Indigenous knowledge into local area inductions at a district level.

In summary, the **Culturally safe ways of LEARNING** dimension emphasises the importance of reflexive practice, education, and allyship in fostering culturally safe environments within organisations, with a focus on tailoring programs to employee roles, employing co-design principles, and actively engaging community leaders.

"Education is a shared journey – learning together about the past and creating a future together... It has to be written in community, by community."

^ A patient receives care in Gangulu Country (Mount Morgan)

	Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
Dimension: Culturally safe ways of *LEARNING*	**L2A – Reflexive[10] practice**	Reflexive practice is ***ENCOURAGED AND MAINSTREAMED***	There is strong opposition at a district level to investigating practices that support reflexivity of all staff. Reflective practice is seen as reactionary, and it's use only limited to post event analysis (clinical and non-clinical).	There is no coherent set of practices or education that supports or encourages reflexive practice at a district level.	The district has made initial efforts to define a set of practices or use a reflexive tool that support staff to practice reflexively in day-to-day work practices.	The district has demonstrated a commitment to defining and designing practices and education that support staff practicing in a reflexive manner. Reflexive practice is encouraged proactively to decrease bias in decision making and care.	At a district level there has been substantial work to embed clearly defined reflexive practices and education. Reflexive practice is an embedded district value for operational and non-operational staff.
	L2B – Education programs and allyship	Cultural Safety education is ***EVERYONE'S BUSINESS***	The district actively resists the call to implement any cultural education (awareness, competency, or safety).	District education staff recognise there is value to cultural awareness education and progress and promote centrally produced packages. There is a low level of understanding of the difference between cultural awareness, competency and safety throughout the district.	Operational staff understand how cultural safety is relevant to their role and seek professional development in this space in an ad hoc manner to supplement education provided by the District.	All staff understand how cultural safety is relevant to their role. There are clear opportunities (internal and external to the district) for staff to develop their skills in this area that are supported by the district. The district is beginning to understand that the need for education extends beyond internal education and the district has started the process of delivering education in the community.	District staff demonstrate a mature understanding of their role as active allies for cultural safety. The district's role in providing community education is clearly understood and the district has established partnerships to deliver community specific external education. This is in addition to contemporary, robust, mandatory and location specific internal education that is embraced by district staff.
		Cultural Safety education is considered ***MAINSTREAM***	Cultural safety education is not considered a priority in the district. District leaders resist its integration into training and development.	Cultural safety education is seen as a compliance requirement rather than a core value in the district. As such all initiatives meet legislative/strategic requirements but do not exceed these requirements. A Cultural Safety lens is not proactively applied to the broader suite of education provided by the district.	District education initiatives regarding cultural safety issues are ad hoc, inconsistent and require passionate education staff to lead and implement the programs.	Internally designed cultural safety education is well-integrated into the district's training programs and practices. A Cultural Safety Lens is routinely applied to education programs. These initiatives do not rely on individuals for success as the education team as a unit are committed to this type of education.	Education with a Cultural Safety Lens has been mainstreamed by the district for clinical and non-clinical staff. The district has deeply embedded Cultural Safety Education throughout the curriculum. The District reliably utilises internal and external relationships to create meaningful education opportunities at a local level.
		Cultural Safety education is ***CO-DESIGNED***	The co-design of cultural safety education is not a consideration in the District, and education leaders resist involving Aboriginal and Torres Strait Islander perspectives in the design of education packages.	Undertaking a co-design process when designing education is considered optional. There is no pro-active or strategic engagement of Aboriginal and Torres Strait Islander perspectives in the design or delivery of education.	There is some, limited engagement with Aboriginal and Torres Strait Islander communities and people when designing and implementing educational content, but it is neither strategic nor embedded.	The District is beginning to utilise a co-design approach when designing and implementing Cultural Safety education. Aboriginal and Torres Strait Islander perspectives are proactively sought.	District staff are educated about local Aboriginal and Torres Strait Islander community ways of knowing, being and doing through strong, embedded and proactively maintained partnerships with local elders and communities. The district understands the need for clinician education to be location specific and works with community to ensure this occurs.

10 Reflection and Reflexive or reflexivity differ in practice. Reflexivity is "finding strategies to question our own attitudes, thought processes, values, assumptions, prejudices and habitual actions to strive to understand our complex roles in relation to others." Reflexive practice helps challenge social and professional structures, become aware of how our own behaviour influences organisational practice and why such practices marginalise individuals (Bolton, 2009). Reflection on the other hand involves examining what we think happened on any specific occasion, how we think the event was perceived by others and requires us to open our practice up to the scrutiny of others. Reflexivity can be a progression from reflection and both are required to practice in a culturally safe manner.

Culturally safe ways of DOING

The **Culturally safe ways of DOING** dimension encompasses three sub-themes: *building a representative workforce*, *ensuring culturally safe policies and systems*, and *implementing culturally safe models of service delivery*.

Visibly representative workforce

Effective recruitment strategies and workforce representation are crucial elements of culturally safe organisations. Culturally safe recruitment practices lead to positive outcomes for Aboriginal and Torres Strait Islander employees. The QAS continues to increase workforce representation through targeted and supportive pathways within the paramedic streams. For the Leadership Committee representatives, the focus of this dimension extended beyond recruitment to be inclusive of practices that support retention, progression, and

"Cultural consideration needs to be embedded in all decision making, we want out leaders to think about us during this process rather than be an afterthought."

^ Yunbenun (Magnetic Island)

psychosocial and cultural support, emphasising the importance of keeping Aboriginal and Torres Strait Islander employees within the organisation and fostering their capacity, capability and resilience.

Policies, practices and systems

Organisational values and the allocation of resources are vital for instituting change. Policies, procedures, and practices play a significant role in fostering or hindering cultural safety within organisations. Transparent and accountable complaints management processes, informed by cultural considerations, are essential for addressing workplace racism and ensuring cultural safety. Equitable development and implementation of policies with a cultural safety lens applied are crucial for embedding inclusive practices into organisational culture.

Recognising and celebrating staff who contribute to cultural safety reinforces positive behaviours and norms within the organisation and is a practice that was suggested by District leaders and supported by the Leadership Committee.

Service delivery

Culturally safe service delivery is essential for Aboriginal and Torres Strait Islander patients to feel safe and respected. This requires services to be delivered by Aboriginal and Torres Strait Islander healthcare providers whenever possible and for robust referral pathways to be established. Aboriginal and Torres Strait Islander-specific healthcare services, particularly those delivered by community-controlled organisations, play a vital role in improving outcomes for Aboriginal and Torres Strait Islander healthcare consumers. Locally specific referral pathways, designed in collaboration with communities, are necessary for ensuring access to quality healthcare, particularly in rural and remote areas.
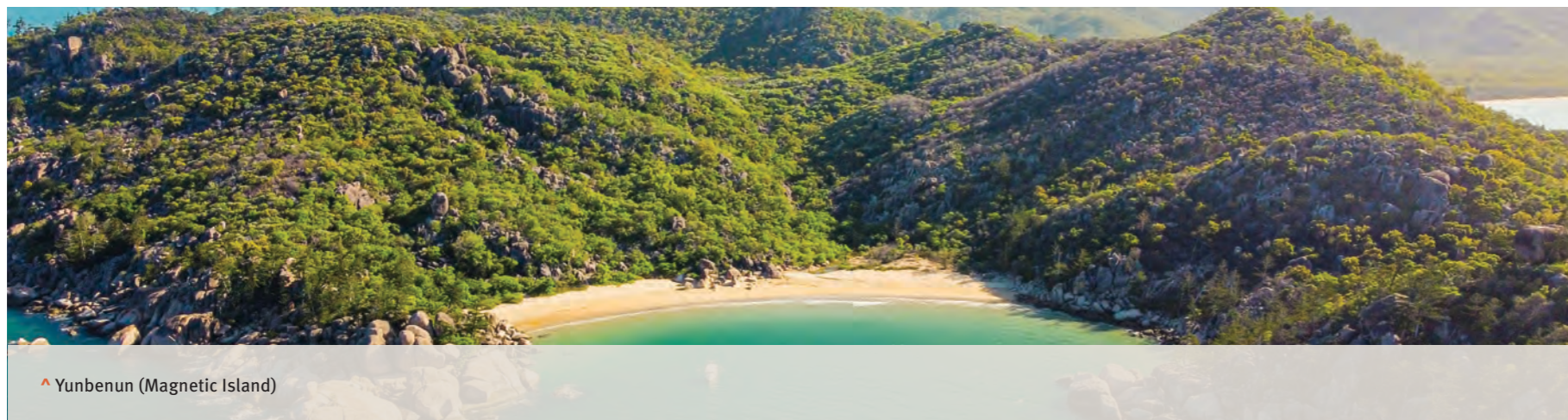
"Working with our partners in the health system and community, we will co-design and embed culturally safe and appropriate service delivery systems to advance health equity for Aboriginal and Torres Strait Islander peoples."

In summary, culturally safe organisations prioritise building representative workforces, implementing culturally sensitive policies and practices, and delivering services that are respectful and responsive to the needs of Aboriginal and Torres Strait Islander communities. These efforts aim to create environments where Indigenous employees feel valued, supported, and empowered, and where healthcare services are accessible and culturally appropriate.

^ Cultural display in the Torres Strait Islands

^ A patient is brought to hospital by flight paramedics, Waibene (Thursday Island)

	Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
Dimension: Culturally safe ways of _DOING_	**D1A – Visibly representative workforce**	The district **ATTRACTS** identified employees through local networks.	The district is resistant to engaging community leaders to assist with the promotion of recruitment pathways. Aboriginal and Torres Strait Islander perspectives and community need are not considered in the recruitment process and therefore Aboriginal and Torres Strait Islander applicants are inadvertently disadvantaged in the recruitment process.	The district does not use the local community to promote employment opportunities within the QAS. The district takes a compliance-based approach to recruiting Aboriginal and Torres Strait Islander employees and volunteers and does not consider the community-specific needs of the local area.	The district engages local community groups to help promote opportunities within the QAS in an ad hoc manner. This is reliant on individuals within the district to drive this process. Recruitment processes are designed to ensure that Aboriginal and Torres Strait Islander people are not disadvantaged.	The district has well-established relationships with local community groups that are regularly used to promote employment opportunities within the QAS. The district demonstrates an active commitment to collaborating with local Aboriginal and Torres Strait Islander communities to enhance recruitment in the local area.	The district has strong and consistent community relationships that consistently promote employment opportunities within the QAS. This happens without active CSU or Aboriginal and Torres Strait Islander Leadership Committee intervention. QAS is seen as an employer of choice, with multiple viable employment pathways, by Aboriginal and Torres Strait Islander people in the community.
		The district has **PROGRESSIVE PATHWAYS** that enables staff to reach their full potential.	The district is resistant to creating innovative pathways and opportunities for progressing Aboriginal and Torres Strait Islander employees in the workforce.	There is limited effort to identify and support Aboriginal and Torres Strait Islander employees to grow their careers outside of the established targeted pathways.	The district is curious about progressing and promoting the Aboriginal and Torres Strait Islander workforce and seeks information on best practice (internal). The district supports Aboriginal and Torres Strait Islander staff to undertake leadership opportunities that are offered to them but are not proactive in seeking these opportunities for staff.	The district is committed to progressing and promoting Aboriginal and Torres Strait Islander employees. The district has adopted best practice initiatives (internal and external) and Aboriginal and Torres Strait Islander employees have started on a supported leadership, or career progression, journey.	The district has clearly defined and embedded opportunities for progressing Aboriginal and Torres Strait Islander employees into leadership roles. Multiple Aboriginal and Torres Strait Islander employees have been progressed through these pathways.
		The district **SUPPORTS STAFF** in a holistic and culturally safe manner.	The district is resistant to offering Aboriginal and Torres Strait Islander employees holistic and culturally safe supports. The district approaches staff support measures with a 'one size fits all' approach and is resistant to adapting this to fit the needs of Aboriginal and Torres Strait Islander employees.	There is limited effort to establish or maintain Aboriginal and Torres Strait Islander staff support networks or initiatives at a district level. The district is not resistant to networks or initiatives that are established at a regional or district level.	The district has demonstrated a curiosity and a willingness to change processes to better support Aboriginal and Torres Strait Islander staff members however application of this is limited.	The district provides Aboriginal and Torres Strait Islander employees with targeted staff support initiatives and networks.	Support initiatives and networks for Aboriginal and Torres Strait Islander employees are trusted and respected by the employees and utilised on a regular basis. The district reviews the effectiveness of these supports often and is open to refining these as necessary.
	D1B – Policies, practices and systems	The district **RECOGNISES AND CELEBRATES** staff who contribute towards cultural safety.	The district is actively resistant to recognising or celebrating employees who demonstrate a high level of cultural competence in their role and in the community (clinically or non-clinically).	The district is passive in their approach to recognising and celebrating cultural competency or awareness initiatives staff undertake or drive within the district. This shows a passive approach to valuing health equity in the district.	The district proactively explores strategies to recognise and reward staff who make significant contributions to the state of cultural safety, health equity and Closing the Gap within the district. This recognition is not incorporated or weighted in relieving and acting opportunities.	The district is committed to recognising and celebrating staff who make significant contributions to cultural safety, health equity and Closing the Gap in their local community. These processes are internal and do not take into consideration feedback from the local Aboriginal and Torres Strait Islander community. This recognition is routinely incorporated into relieving and acting opportunities.	The district has well established processes for recognising and celebrating staff who make contribution to cultural safety, health equity and Closing the Gap in their local community. These processes strategically embed an Aboriginal and Torres Strait Islander community feedback mechanism. This recognition is embedded into relieving and acting opportunities at a district level.

Queensland Ambulance Service

Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
D1B – Policies, practices and systems	The district *CREATES A CULTURE THAT CHALLENGES RACIST DISCOURSE AND ADDRESSES INCIDENTS* through mature complaints management processes.	The district actively tolerates racist or culturally unsafe behaviour. The district does not apply a cultural lens to complaints management processes and is resistant to this suggested practice change.	Racist behaviours (internal and external facing) are passively accepted as they remain unchallenged (formally or informally) by district. The district has not incorporated a cultural lens to complaint management processes.	There is inconsistent application of disciplinary processes for racist behaviours in the district. The application of a cultural lens for complaints management processes requires significant support and prompting.	The district consistently and equitably follows the complaints management process for complaints or incidents of a racist nature. The district is beginning to explore handling complaints with a cultural lens with minimal support.	District culture proactively discourages racist discourse and behaviour from occurring- district complaints management handling supports this culture in practice. A cultural lens is consistently applied to all complaints, internal and external, to ensure complaints of a cultural nature are proactively identified.
	The district adopts a *CULTURAL LENS* to policy implementation	Aboriginal and Torres Strait Islander people are not considered in the implementation of policies and programs even when the policy or program impacts Aboriginal and Torres Strait Islander employees or communities.	Aboriginal and Torres Strait Islander peoples are only considered in the implementation of policies and programs when the policy or program is specifically targeted at them.	The district inconsistently considers Aboriginal and Torres Strait Islander people in policy and program implementation.	The district consistently considers Aboriginal and Torres Strait Islander people in all policy and program implementation, even where these are not specifically targeted to Aboriginal and Torres Strait Islander employees or communities.	The district proactively and consistently considers and engages Aboriginal and Torres Strait Islander people and communities in all policy and program implementation, even where these are not specifically targeted to Aboriginal and Torres Strait Islander employees or communities.
D1C – Service delivery	The district has *ESTABLISHED AND EMBEDDED* referral and alternative care pathways.	District actively resists creating referral pathways with alternative care providers for Aboriginal and Torres Strait Islander healthcare consumers.	Districts acknowledge the importance of referral pathways with the community-controlled health sector and the relevant HHS partners however have not adopted a structured approach.	District has made efforts to review service delivery methods to increase Aboriginal and Torres Strait Islander accessibility and health equity and is working towards implementing this.	The district has established and embedded referral pathways for the community-controlled sector and the HHS within the service delivery model with ongoing quality assessment and improvement plans.	Referral pathways to district HHS partners and community-controlled partners are a well-established, respected, and trusted aspect of the service delivery model, ensuring patients receive comprehensive care that is culturally safe.
	The district *CONSIDERS THE NEEDS OF THE LOCAL COMMUNITY* when designing and delivering services.	The district is resistant to considering the needs of the local community when designing and delivering services including through the enhancements and fit for community processes. The district proactively resists feedback from content experts such as the Cultural Safety Unit or Aboriginal and Torres Strait Islander Leadership Committee representatives. The district disregards processes that are set up to ensure that local community need is taken into consideration when making appointments – both temporary and permanent.	The district does not consider the needs of the local community or fit for community when designing and delivering services including enhancement processes. The district considers the advice it is provided by content experts such as the Cultural Safety Unit or local Aboriginal and Torres Strait Islander Leadership Committee representatives but does not proactively seek this input.	The district considers local need and fit for community when making recruitment choices on an ad hoc basis. This requires significant prompting and support from either the Cultural Safety Unit or Aboriginal and Torres Strait Islander Leadership Committee representatives.	The local needs of the community and the fit for community are routinely considered when making recruitment choices. The district leverages off local relationships however requires support from the Cultural Safety Unit or local Aboriginal and Torres Strait Islander Leadership Committee members to progress these discussions.	The district demonstrates a strong and ongoing connection between local leadership and the local Aboriginal and Torres Strait Islander community, fostering trust and collaboration in review processes to meet community need. The district leverages off local relationships when considering structural changes such as enhancements and conversions. Local area needs and fit for community considerations are incorporated into business-as-usual processes within the district and do not require the support or prompting of the Cultural Safety Unit.

Dimension: Culturally safe ways of *DOING*

Culturally safe ways of CONNECTING

The **Culturally safe ways of CONNECTING** dimension is underpinned by two fundamental principles: forging robust community partnerships and fostering internal and external engagement. Districts can exemplify this dimension by cultivating meaningful relationships with local Aboriginal and Torres Strait Islander communities that extend beyond emergency response.

Strong partnerships

Collaborative efforts between service providers and stakeholders are pivotal for community cohesion and progress. For the QAS, this entails forging alliances with external agencies to address disparities and cultural safety agendas effectively. Formal partnerships with entities such as Hospital and Health Service (HHS) Health Equity Units and Aboriginal and Torres Strait Islander community-controlled organisations are essential for fostering inclusivity and driving meaningful change and are highlighted by Leadership Committee and District Leaders alike. The literature strongly advocates for formal partnerships and relationship-building endeavours to achieve collective goals and promote cultural safety outcomes.

"Unity is what they [community] see when they see service providers and stakeholders working together for the community."

^ Yirrganydji Country (exact location unknown)

Embedded engagement

Engagement, defined as involving Indigenous peoples in decision-making processes, is indispensable for effective problem-solving and decision-making. Within this dimension, external community engagement and internal engagement with existing QAS networks, like the Indigenous Liaison Network (ILN), are distinguished. Co-design principles play a central role in fostering culturally safe systems and empowering Indigenous communities in decision-making processes. However, there's a risk of cultural fatigue if engagement activities are not managed effectively. Hence, it's crucial for organisations to prioritise community needs and tailor engagement activities accordingly. Internally, the QAS's robust networks, particularly the ILN, serve as valuable resources for promoting cultural safety, health equity, and Closing the Gap initiatives. Districts are encouraged to value, empower, and engage with the ILN to advance organisational objectives effectively.

"Highlight the importance of working with an organisational elder. It is a privilege to work with someone from community for community."

In summary, the **Culturally safe ways of CONNECTING** dimension underscores the importance of fostering strong partnerships and embedded engagement practices, both internally and externally. These endeavours are essential for nurturing inclusive environments, promoting community involvement, and advancing cultural safety agendas within the organisation and beyond.

^ Thul Garrie Waja (Alligator Creek, Townsville)

^ Children at the International Legends of League event in Mt. Isa. Events such as the International Legends of League or Murri Carnival events provide an example of a community event that QAS can attend at a local level. These events bring together large gatherings of local community members and serve as an important opportunity to connect with community and community service providers. Kalkadoon Country (Mount Isa)

Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
C1A – Strong partnerships	The District has established *FORMAL PARTNERSHIPS* to help contribute to Closing the Gap outcomes.	The district is resistant to creating relationships with external agencies that focus on health equity and/or Closing the Gap initiatives. This may include, but is not limited to, HHS Health Equity units or Aboriginal and Torres Strait Islander community-controlled organisations.	The district has limited engagement with external agencies that focus on health equity and/or Closing the Gap initiatives. This may include, but is not limited to, HHS Health Equity units or Aboriginal and Torres Strait Islander community-controlled organisations.	The district is starting to establish partnerships and relationships with external agencies that focus on health equity and/or Closing the Gap initiatives. This may include with HHS Health Equity units and Aboriginal and Torres Strait Islander community-controlled organisations but the district is inconsistent in their approach.	The district has well established relationships through multiple different external agencies. This may include HHS Health Equity Units and Aboriginal and Torres Strait Islander community-controlled organisations. The District consistently draws on these relationships to inform core business decisions.	The district has embedded a genuine partnership approach into all areas of its core business which has been informed by well-established, consistent and genuine relationships with equivalent leaders in the respective HHS Health Equity Units, the Aboriginal and Torres Strait Islander community-controlled sector and other key services providers in the community.
C1B – Embedded engagement	The District engages the community *CONSISTENTLY* and invests in *LOCAL RELATIONSHIPS*.	The district participates in extremely limited community engagement activities. The district has minimal community connections and is resistant to creating external partnerships.	The district recognises the importance of community engagement but does not dedicate resources for consistent or strategic engagement activities to occur or for relationships to be fostered.	The district understands the value of community engagement but has minimal engagement beyond key stakeholders.	The district is determined to embed community engagement as a district value and has well-established and resourced initiatives with strong community partnerships. The district participates in recognition initiatives but has not participated in truth-telling initiatives at a local level.	The district proactively recognises the power of strong and consistent community relationships and invests heavily in developing and maintaining these local relationships in community. These relationships directly guide and influence the types of community engagement activities the district implements. These relationships have enabled the district to engage meaningfully in truth-telling and recognition initiatives.
	The District *ENGAGES* the Indigenous Liaison Network *MEANINGFULLY* and *REGULARLY*.	The district is resistant to engaging the Indigenous Liaison Network (ILN) and their Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee representatives frequently and does so in a tokenistic manner. The district does not recognise the value of lived experience, organisationally or culturally these members hold.	There is some awareness within the district of the value of the ILN but this network is not actively engaged, there is only sporadic interactions between district leaders, the ILN or their Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee representatives.	The district meets with the ILN infrequently but is curious about the organisational benefit associated with leveraging off members lived experience. District leaders make ad hoc engagement with their Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee representatives.	The district regularly meets with the ILN and their Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee representatives. District leaders sponsors ILOs and leadership committee meetings to attend meetings with decision making delegation or support.	The ILN and Aboriginal and Torres Strait Islander Cultural Safety Leadership Committee representatives are actively embedded in the district's business as usual processes. They are called on to represent the organisation and they are considered a valued stakeholder who routinely contribute to district level discussions and are proactively equipped and remunerated to promote cultural safety and health equity in the community.

Dimension: Culturally safe ways of *CONNECTING*

Queensland Ambulance Service

Culturally safe ways of IMPROVING

The **Culturally safe ways of IMPROVING** dimension is underpinned by two fundamental principles: data collection and data-driven decisions and, monitoring reporting and auditing. An integral aspect of ensuring organisational change is sustained and meaningful, as opposed to transient shifts, involves leveraging data, monitoring, auditing, and reporting frameworks to track progress and pinpoint gaps. Comparable benchmarking tools emphasise the importance of data-driven change and measurable progress. This breakdown underscores the necessity of accurate, co-designed, and contemporary data for effective monitoring, reporting, and auditing processes.

Data collection and data-driven decisions

"[Data] is a tool for us to influence the system with. We are a big part of the healthcare journey, and we miss the opportunity to share our story."

Data and its utilisation emerge as vital components for fostering culturally safe workplaces and healthcare delivery, as underscored in literature and comparable benchmarks. The Lowitja Institute[11] stresses the importance of conducting data collection, analysis, and reporting in a manner that aligns with Aboriginal and Torres Strait Islander ways of knowing. Ethical considerations, particularly regarding data sovereignty, become paramount as organisations gain increased access to personal identifying data. The AHMAC Cultural Respect Framework[12] advocates for Indigenous-led research activities within organisations, highlighting the need for culturally safe data collection and evaluation practices. Leveraging their lived experiences, Aboriginal and Torres Strait Islander Leadership Committee representatives caution against historical misuse of data and advocate for careful consideration regarding data usage to prevent biases in established processes.

Monitoring, reporting, and auditing

Monitoring, reporting tools, and equity audits serve as indispensable tools for identifying institutional practices that contribute to inequities. The National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) Cultural Safety Framework underscores the importance of systematic monitoring and evaluation to deliver culturally safe services. Practical solutions, such as establishing local monitoring panels and routine workplace cultural safety surveys, are recommended by NATSIHWA to extend beyond traditional equity reports. The Canadian Institute for Health Information stresses the need for cultural safety as an evaluation lens and advocates for audits and assessment tools grounded in cultural safety principles. Moreover, regular reviews, active engagement in equity auditing, and embedding cultural safety measures within existing reporting mechanisms are deemed essential in fostering inclusive practices. Aboriginal and Torres Strait Islander Leadership Committee representatives emphasise the importance of routine policy and process reviews, openness to feedback, and celebrating organisational successes.

"Continuous improvement and thoughtful inclusion should be the driver to change [policy documents] however crisis is often the driver for change in the organisation."

In summary, effective data collection, monitoring, reporting, and auditing practices are pivotal for instigating and sustaining organisational change toward cultural safety. These processes not only facilitate evidence-based decision-making but also foster transparency, accountability, and inclusivity within organisations.

11 **Lowitja Institute.** *Cultural Safety Audit Tool.* 2023.

12 **Australian Health Ministers' Advisory Council.** *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health.* 2016.

13 **National Aborignial and Torres Starit Islander Health Workers Association.** *Cultural Safety Framework.* 2017.

Lever for change	Micro-levers	1 – Resistant	2 – Passive	3 – Curious	4 – Committed	5 – Embedded
I1A – Data[13] collection and data driven decisions	Data capture is *PURPOSEFUL*	The district is resistant to capturing local-level Aboriginal and Torres Strait Islander data, there is no structured approach to data collection.	The district collects data on Aboriginal and Torres Strait Islander staff to be compliant with organisational requirements however does not clearly articulate the purpose or value of this contribution.	The district is collecting Aboriginal and Torres Strait Islander staff data and is making initial efforts to collect this data with strategic purpose.	The district is committed to ensuring that data collection of Aboriginal and Torres Strait Islander community and staff is strategic in nature.	The district has clearly articulated the strategic purpose of collecting data on practices and initiatives that affect Aboriginal and Torres Strait Islander community and staff and through genuine relationships there is a shared sense of trust in this process.
	Data analysis is *COLLABORATIVE*	The district is resistant to involving Aboriginal and Torres Strait Islander employees in the analysis of data. Data is collected and analysed without Aboriginal and Torres Strait Islander voices or a cultural safety lens.	The district has limited opportunities for Aboriginal and Torres Strait Islander employees to be involved in data analysis. The district does not proactively engage Aboriginal and Torres Strait Islander employees or community however are not resistant to their involvement if prompted.	The district demonstrates a willingness to involve Aboriginal and Torres Strait Islander employees in data analysis and the evaluation of initiatives.	The district demonstrates a commitment to involving Aboriginal and Torres Strait Islander people in the design of research projects and analysis of data to proactively inform decision making processes that affect the Aboriginal and Torres Strait Islander community.	The district clearly prioritises the inclusion of Aboriginal and Torres Strait Islander community and staff in the design of research projects and analysis of this data to help proactively inform decision making processes that affect the whole community.
	District decisions are informed by *DATA*	The district is resistant to using Aboriginal and Torres Strait Islander data sources to inform decisions about work practices.	The district does not proactively compile or utilise Aboriginal and Torres Strait Islander data sources to inform decisions about work practices.	The district demonstrates a willingness to utilise Aboriginal and Torres Strait Islander data sources and traditional knowledge to inform decisions about work practices but do so in an ad hoc manner.	The district has begun to incorporate Aboriginal and Torres Strait Islander data sources and traditional knowledge in decisions about changes to work practices in a consistent manner.	The district consistently and proactively looks to use Aboriginal and Torres Strait Islander data sources and traditional knowledge when making decisions about changes to work practices.
I1B – Monitoring, reporting and auditing	The District regularly conducts *PRACTICE REVIEWS*	The district only reviews existing policies, programs, and initiatives when there are sentinel incidents and are resistant to incorporating Aboriginal and Torres Strait Islander people into these evaluations.	The district occasionally evaluates existing policies, programs, and initiatives but are inconsistent with their consideration of Aboriginal and Torres Strait Islander people and experiences in these evaluations unless prompted.	The district occasionally evaluates existing policies, programs and initiatives and incorporates considerations relating to Aboriginal and Torres Strait Islander peoples into these evaluations however does so without Aboriginal and Torres Strait Islander people or community involvement.	The district routinely evaluates existing policies, programs and initiatives and engages Aboriginal and Torres Strait Islander people and communities in these evaluations.	The district consistently applies a cultural safety lens when evaluating existing policies, programs and initiatives and engages Aboriginal and Torres Strait Islander people, communities, and organisations (best practice) in this evaluation. Evaluations are regular, measurable, accessible and help build accountability in the district.

Dimension: Culturally safe ways of *IMPROVING*

14 Data refers to information that the district collects – this information may be quantitative (response times or KPIs etc.) or it may be qualitative (experiential, truth-telling and narrative based), the word data is used intentionally to honour and recognise the different types of information that the ambulance service collects.

Queensland Ambulance Service

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