Review of Respecting the Difference:

An Aboriginal Cultural Training Framework in South Western Sydney Local Health District

September 2015

NSW GOVERNMENT

Health
South Western Sydney
Local Health District

Throughout this Report, the term Indigenous Australians refers to both Aboriginal and Torres Strait Islander peoples.

Numbers in the Report have been rounded.

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September 2015

"Indigenous Australians suffer the worst health of any population group in Australia having a burden of disease that is estimated to be two and a half times that of the total Australian population. This is reflected in a worse life expectancy for Indigenous Australians 12 and 10 years less for males and females respectively than that of the non-Indigenous population."[1]

"While there have been improvements in the health and wellbeing of Aboriginal and Torres Strait Islander Australians in recent years, some long-standing challenges remain. Across many indicators, Indigenous Australians remain disadvantaged compared with non-Indigenous Australians".[2]

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Executive Summary

Respecting the Difference is a training initiative set by NSW Ministry of Health's Aboriginal Workforce Development Unit. As stated by NSW Ministry of Health, the purpose of *Respecting the Difference* is to "motivate NSW Health staff to build positive and meaningful relationships with Aboriginal and Torres Strait Islander people who may be clients, visitors or Aboriginal staff, and to improve their confidence in establishing appropriate and sustainable connections".

The framework for the *Respecting the Difference* training aim is to increase cultural competencies. In doing so, the Framework can respond to an immediate identified need for organisations to provide more respectful, responsive and culturally sensitive services. Ultimately this can significantly improve the health status of Aboriginal and Torres Strait Islander people and help reverse the impact of racism.

Respecting the Difference is comprised of two parts: the first is an eLearning module and the second, a localised face-to-face workshop delivered by a facilitator. The eLearning module was launched by NSW Health in 2012 and the workshops have been running in South Western Sydney Local Health District (SWSLHD) since January 2014.

The Centre for Health Equity Training Research and Evaluation (CHETRE) was contracted to review the initiative. Specifically, CHETRE was asked to explore whether or not the training is supporting cultural competency within SWSLHD. In order to inform ongoing quality improvement processes, it is essential that it is known whether the Framework is useful and effective. The review was undertaken from March 2014 to April 2015 and during this period 137 face-to-face workshops were run with 3,041 staff across the SWSLHD.

CHETRE was asked to explore whether or not the training is supporting cultural competency...

A mixed methods approach was used in the review, including qualitative and quantitative data:

*   Literature review of previous evaluations of cultural competency training in the health care setting;

*   Pre-, post- and 3-month post-training follow-up survey of cultural competency of staff within selected sites; and

*   Pre-, post- and 3-month post-training follow-up focus groups of cultural competency of staff within selected sites.

This report presents the overall findings of the review. The pre-training and post-training assessments have been previously submitted to the SWSLHD Aboriginal Workforce Steering Committee in July 2014 and December 2014 respectively.

Findings from the review of the *Respecting the Difference* face-to-face training show a positive impact on SWSLHD staff cultural competence in terms of improved knowledge, understanding and confidence. The key findings are summarised in Table 1.

Findings...show a positive impact on SWSLHD staff cultural competence with regards to improved knowledge and confidence.

Recommendations
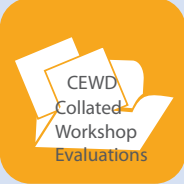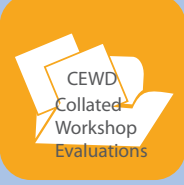
The review findings suggest that the impact of the training on cultural competence of the workforce may be enhanced by including training in the general concept of equity, discussion of issues for other cultures, and the addition of content providing practical strategies for implementing safe cultural practices into the workplace.

Further evaluations should explore:

*   Aboriginal and Torres Strait Islander staff and patient experiences with a larger sample size.

*   Longevity of impact:

    ◊   explore whether maintenance of attitudinal change is sustained beyond 3-months post-training: follow-up at 6 months and 12 months post-training is recommended.

    ◊   explore whether managers are promoting culturally safe practices and providing a facilitative environment.

*   Staff understanding of equity concepts and how to support 'Respecting the Difference' in practice.

Ongoing evaluation should use a performance framework to monitor impact on Aboriginal and Torres Strait Islander staff and patient experiences.

Table 1: Summary of key findings

Theme	Findings	Source
Increase in knowledge and understanding	• Across the three time points, the surveys showed an increase in 7 out of 10 concepts of knowledge and understanding. • Qualitative data collected during focus groups confirmed this theme with participants identifying an increase of knowledge and/or awareness of Aboriginal culture as a result of completing the cultural training. • Qualitative data from the CEWD collated workshop evaluations found that staff indicated an increase in knowledge and awareness of Indigenous culture, health issues and application to service delivery.	Surveys / Focus Groups / CEWD Collated Workshop Evaluations
Increase in confidence	• Surveys showed a marked increase in confidence with improvements in 5 out of 6 concepts. • The focus groups showed an increase in the confidence of staff, and also showed generally more appropriate cultural awareness and behaviours. • Qualitative data from the CEWD collated workshop evaluations indicated staff experienced increases in confidence in working effectively with Indigenous patients.	Surveys / Focus Groups / CEWD Collated Workshop Evaluations
Equity and Equality	• The review found that staff tend to have a general misunderstanding of the concept of equity as opposed to the concept of equality, seeing more value in treating everyone the same, rather than 'respecting the difference'. This was reinforced in the 3-month post survey questions where staff tended to be in agreeance with both concepts.	Surveys / Focus Groups
Impact (Immediate versus intermediate)	• Immediately post-training staff reported decreased levels of 'extremely knowledgeable' and confidence, which may have been a reflection of increased awareness of their knowledge gaps. Three months post-training there was an increase in staff reported levels of confidence and knowledge. • Positive changes to knowledge, understanding and confidence were more significant at the 3-month follow up suggesting that the training has a greater impact intermediate term.	Surveys / Focus Groups

CEWD - Centre for Education and Workforce Development

Introduction

Aboriginal and Torres Strait Islander Australians experience considerably poorer health with the burden of disease estimated to be more than double that of non-Indigenous Australians.[1] Indigenous Australians remain disadvantaged across many health indicators.[2]

With approximately 13,071 people self-identifying as Aboriginal and/or Torres Strait Islander in the postcodes defining South Western Sydney Local Health District (SWSLHD), the District has the largest urban Aboriginal population in NSW, representing over 7.6% of the entire NSW Aboriginal population.[3,4] An ongoing goal of SWSLHD has been to improve health services for Aboriginal and Torres Strait Islander people. The SWSLHD Aboriginal Health Unit "strives to meet the health needs of Aboriginal people in a way that is holistic, culturally appropriate and sensitive".[5]

NSW Ministry of Health has a number of strategies to contribute to 'Closing the Gap' in health inequalities between Indigenous and non-Indigenous Australians. *Respecting the Difference* is one such initiative set by NSW Ministry of Health's Aboriginal Workforce Development Unit. The purpose of *Respecting the Difference* is to:

> "motivate NSW Health staff to build positive and meaningful relationships with Aboriginal and Torres Strait Islander people who may be clients, visitors or Aboriginal staff, and to improve their confidence in establishing appropriate and sustainable connections".[6]

The Framework for the *Respecting the Difference* training aims to increase cultural competencies. In doing so, the Framework can respond to an immediate identified need for organisations to provide more respectful, responsive and culturally sensitive services. Ultimately this can considerably improve the health status of Aboriginal and Torres Strait Islander people and help reverse the impact of racism. This Framework will assist with increasing cultural competencies and therefore promote greater understanding of the processes and protocols for delivering health services to Indigenous Australians.

The concept of 'cultural competency' in the health care setting is a process with "the goal of achieving the ability to work effectively with culturally diverse groups and communities with a detailed awareness, specific knowledge, refined skills and personal and professional respect for cultural attributes, both differences and similarities".[7] The widely accepted and practised approach to improving cultural competence can be conceptualised in six different training models: 'cultural awareness, cultural competence, transcultural care, cultural safety, cultural security and cultural respect' (see Figure 1). Although these models have different areas of focus (e.g. individual health worker versus health system change), they all aim to improve health professionals' awareness, knowledge and skills to better 'manage' cultural factors encountered through health service delivery.[8] As can be seen in Figure 1, there is within these models two dimensions of variance: along the x axis there is variance in individual versus organisational change while along the y axis there is variance in an understanding one's own culture versus an understanding the culture of others. In this review, cultural awareness training as presented in the *Respecting the Difference* training is understood as both a component of and pathway to cultural competence.

Respecting the Difference comprises two mandatory components: the first is an eLearning module and the second, a localised face-to-face workshop delivered by a facilitator. The eLearning has been implemented in SWSLHD since June 2012 and the workshops since January 2014.

One approach to cultural training is to increase knowledge among health care professionals of Aboriginal history, circumstances and local needs. Such endeavours have been labelled "cultural awareness training", and have also been developed for health workers in other countries with Indigenous populations such as Canada and New Zealand.[9] A literature review undertaken by Centre for Health Equity Training Research and Evaluation (CHETRE) found international literature discussing previous evaluations of cultural training (see "Appendix 2: Literature review" for a summary).

The international literature on cultural competence training and education for health professionals demonstrates that cultural competence style training can have a positive impact on staff knowledge, awareness, skills, attitudes and perceptions of different cultural groups. However, there is a lack of rigorous evidence to prove and support the effectiveness of cultural competence training within both the Australian and international context. It is also not clear within the literature to what extent cultural training for health professionals is effective in improving practice, or which

> *"there is a lack of rigorous evidence to prove and support the effectiveness of cultural competence training within both the Australian and international context."*

factors, in terms of content, setting or duration, make for effective training.[8]

To inform ongoing quality improvement processes, it is essential to know whether the Framework is useful and effective. CHETRE conducted a review to explore whether or not *Respecting the Difference* training is supporting cultural competency within SWSLHD.

The review of the localised face-to-face component of the *Respecting the Difference* Training was conducted in SWSLHD to:

- assess if training has an impact on cultural competence, both immediately post-training and medium term; and

- identify the strengths and challenges of the training.

The review was undertaken from March 2014 until April 2015.

This report presents the overall review findings. The pre-training and post-training assessments have been previously submitted to the SWSLHD Aboriginal Workforce Steering Committee in July 2014 (Preliminary findings) and December 2014 (Program Pre-Post Report) respectively.

RESEARCH QUESTION

To explore whether or not Respecting the Difference training is supporting cultural competency within SWSLHD.

Figure 1: Models of cultural training[8]

Focus on **process** of cultural identity formation and one's own identity/positioning within this

Cultural Safety

Cultural Competence

Transcultural Care

Health system

Cultural Respect

Individual
health worker

Cultural Awareness

Cultural Security

Focus on developing cultural **knowledge**
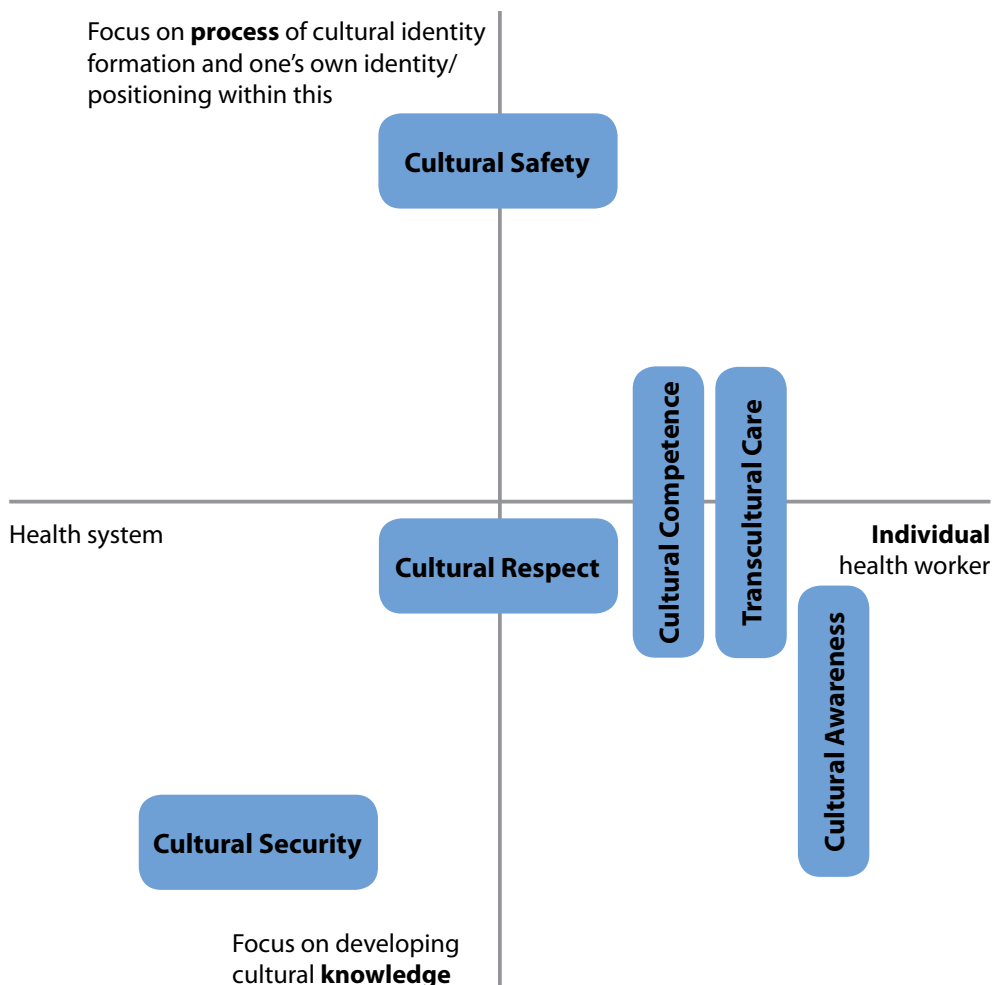
Methodology

The *Respecting the Difference* Review project consisted of five phases (see Figure 2). Each phase was repeated at each timepoint:

- pre-training;

- immediately after training (post-training); and

- three months post-training.

The review method does not assume particular definitions of cultural competence, but provides the opportunity for an in-depth study of the immediate and intermediate term impact of the training on units within the health district.

Phase 1. Recruit participants

The SWSLHD Respecting the Difference Steering Committee* discussed appropriate units to conduct the review in and four sites across the LHD were agreed on.

The intention of the review was to recruit all staff on a voluntary basis within each participating site. Information about the project was distributed via email and hard copy to the manager of each site by the research team at CHETRE.

Managers from the selected sites were encouraged to support staff in a number of ways including:

- completing the face-to-face training;

- complete the survey; and

- participate in the focus group.

Phase 2. Implement Survey

There are no 'standard' tools for measuring the cultural competence of either individuals or organisations. A literature review was undertaken of the range of existing tools for assessing individual and organisational competence (see "Appendix 3: Tools for auditing cultural competence"). These audit tools were used to design the review's methodology and construct the survey. The survey tool was also developed through consultation with SWSLHD Aboriginal Health Workers (see "Appendix 4: Survey" and "Appendix 5: Survey 3-Month Post" for the developed tool).

"There are no 'standard' tools for measuring the cultural competence of either individuals or organisations."

Managers were provided with copies of the questionnaire prior to the face-to-face training, immediately following training and three months following the completion of the training.

The questionnaires were made available in hard copy, via an online link and email format. Where the research team did not collect the hard copies, managers were able to return these using internal mail. The questionnaires were distributed and returned through managers within the selected sites to ensure anonymity. Completion and return of the questionnaire was deemed to imply consent.

To further explore themes that arose from the pre and post-training assessment, two additional questions were added to the 3-month post survey.

Phase 3. Conduct focus groups and/or interview

Focus groups and/or interviews were conducted with staff to discuss barriers and enablers to working with Aboriginal and Torres Strait Islander people in the workplace (see "Appendix 6: Focus Group Questions" and "Appendix 7: Focus Group Questions 3-Month Post").

All staff in the four selected sites were invited to participate. Focus groups were held prior to the face-to-face training, immediately following training and three months after the completion of the training. One-on-one interviews were offered to staff who wished to discuss any issues arising from the *Respecting the Difference* workshop and/or go through the focus group questions in private.

Focus groups were organised through managers at each selected site to ensure scheduled times were suitable for staff. Once booked, managers invited staff to participate in the focus group. Attendance at the focus groups and/or interview was deemed to imply consent and names of staff present were not recorded.

Focus groups were run by a facilitator. A note taker was also present to ensure that the richness of the data was captured. The notes were transcribed and entered into NVivo for analysis.

To further explore themes that arose from the pre and post-training assessment, three additional questions were added to the focus groups at the 3-month assessment.

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* The Respecting the Difference Steering Committee ceased in February 2014. Respecting the Difference reporting became a standing agenda item for meetings of the SWSLHD Aboriginal Workforce Steering Committee from March 2014.

Phase 4. Analysis of data

Quantitative data from the questionnaires were entered into SPSS for analysis. Changes to staff knowledge, attitudes and perceptions resulting from the training were analysed using ANOVA (analysis of variance). The difference between the proportion of responses pre and the two post time points was tested for statistical significance using non-parametric analysis to maintain the patterns of the participants' responses to the items. Significance was set at $p < 0.05$, however, trends of $p < 0.1$ are also reported.

Qualitative data were entered into NVivo and analysed using thematic analysis techniques.

- The F statistic (F=) is the value gained from an ANOVA test indicating the difference in means between groups, in this case, the three time points. The higher the number, the more difference there was between groups.
- A p-value (P=) indicates the size of an effect. A small p-value indicates strong evidence for significance, whereas a large p-value indicates weak evidence for significance.

F statistic is used in combination with the p-value to determine significance.

Phase 5. Report writing and dissemination

Findings were prepared in a report to the SWSLHD Aboriginal Workforce Steering Committee and the SWSLHD Chief Executive.

Figure 2: Project phases

Workshop evaluations

In addition to the five phases of the review, the Centre for Education and Workforce Development (CEWD) granted access to collated versions of immediate post-training face-to-face workshop evaluations (collected between 15 January and 2 October 2014). These forms were distributed by the facilitator at the beginning of each workshop and collected at the end (see "Appendix 8: CEWD RTD Workshop Evaluation Form"). The CEWD collated the forms. Questionnaire responses were briefly analysed. Descriptive analysis was carried out using Microsoft Excel 2010. Qualitative data from the additional comments question were coded for content.

Ethics

A Low and Negligible Risk (LNR) ethics application was approved by the SWSLHD Human Research Ethics Committee (HREC reference number: LNR/14/LPOOL/34, SSA Reference number: LNRSSA/14/LPOOL/35, Local Project Number: 14/016 LNR). Ethics approval from the Aboriginal Health and Medical Research Council is not required for projects classified as LNR. The review was supported by the SWSLHD Aboriginal Workforce Steering Committee.

Study Limitations

There were a number of study limitations for this review including:

- The review was conducted in four selected sites, not across the entire district;
- The review did not track individual staff member change as change was assessed at site level;
- There were restrictions experienced by staff within the selected sites completing the face-to-face workshop within the timeframe of the review. There was potential for this to impact on response rate and responses. Additional sessions were run by the facilitator in order to get as many selected site staff through the training as possible; and
- There were differences in the number of responses from each of the four selected sites.

Workshop Evaluations

Over the timeframe of the review (March 2014-April 2015) 137 *Respecting the Difference* face-to-face workshops were run with 3,041 staff.

CEWD Collated *Respecting the Difference* Workshop Evaluations

Immediate post-training face-to-face workshop evaluations representing the attendance of 1,877 staff at 97 workshops were analysed.

Quantitative Analysis (questions 1-6)

What is your reason for undertaking this course?

Most respondents referred to the requirement of their position as being the reason for participating (see Figure 3). Other key reasons included recommendation by their manager, personal interest and that the training was mandatory.

Figure 3: Reason for undertaking course
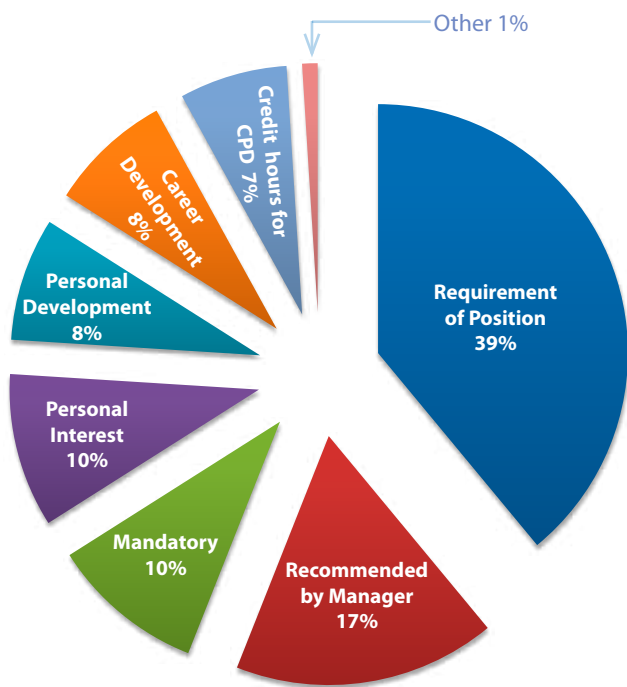
Does this course relate to the requirements of your position?

A large majority of respondents acknowledged that the course related to their position (see Figure 4).

Figure 4: Relates to position

No 10%

Yes, relates to position 86%

Did the course meet your expectations?

Nearly all participants indicated that either the training had met or exceeded their expectations (see Figure 5). Only 2% indicated that the training had not met their expectations.

Figure 5: Expectations

Not Met 2%

Exceeded 47%

Met 51%
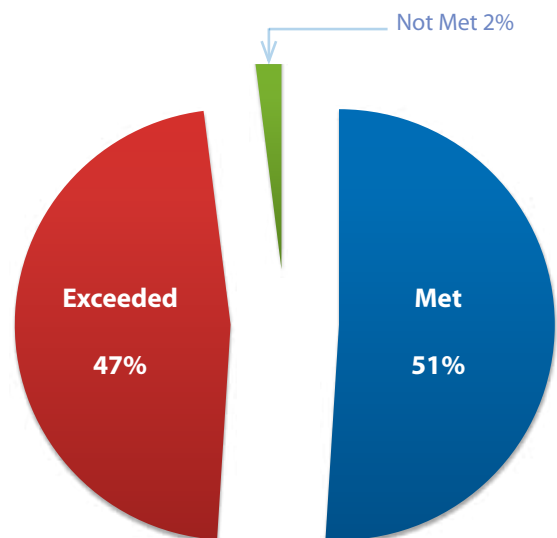
March 2014 to April 2015
137 Workshops
3,041 Participants

Overall view of training experience

Overall, the face-to-face training was well received by staff who completed the evaluations (see Table 2).

95% of face-to-face training participants indicated that they felt confident they could apply the knowledge and skills learned to their work

Table 2:   Overview of training experience

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Notification of this course was timely (n=1870)	45%	50%	2%	1%	2%
Training was relevant to my needs (n=1851)	35%	56%	4%	2%	3%
Content was well organised (n=1860)	56%	42%	1%	0%	1%
The facilitator/s was/were skilled in the subject (n=1877)	73%	26%	0%	0%	1%
The facilitator/s was/were engaging (n=1857)	69%	29%	0%	1%	1%
Theory and practical activities were well balanced (n=1854)	38%	50%	6%	1%	6%
Opportunities were provided for interaction and participation (n=1846)	54%	43%	1%	0%	1%
Resources provided were helpful (n=1853)	40%	54%	2%	0%	4%
Length of training was sufficient (n=1853)	36%	52%	8%	2%	2%
I feel confident that I can apply the knowledge/ skills learned to my work (n=1850)	40%	55%	2%	1%	2%
I would recommend this course to others (n=1850)	44%	48%	3%	1%	4%

FACILITATOR WAS SKILLED IN THE SUBJECT
99% AGREE

CONTENT WELL ORGANISED
98% AGREE

FACILITATOR WAS ENGAGING
98% AGREE

Has the workshop/course content prepared you to be able to meet the following outcomes?

Overall, nearly all of the staff who completed the evaluations felt that the workshop/course content prepared them to meet all four outcomes:

Outcome 1.   List the challenges and barriers to Aboriginal people accessing healthcare services.

Outcome 2.   Describe local Aboriginal community demographics, including health status.

Outcome 3.   Demonstrate an understanding of local community services and health programs that can support a holistic model of care for Aboriginal people.

Outcome 4.   Explain your responsibility in relation to relevant Aboriginal Health policies and procedures.

"..nearly all of the staff who completed the evaluations felt that the workshop/course content prepared them to meet all four outcomes..."

Outcomes met >90%

Figure 6: Training outcomes (1-4)

Outcome 1
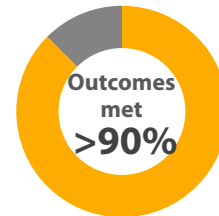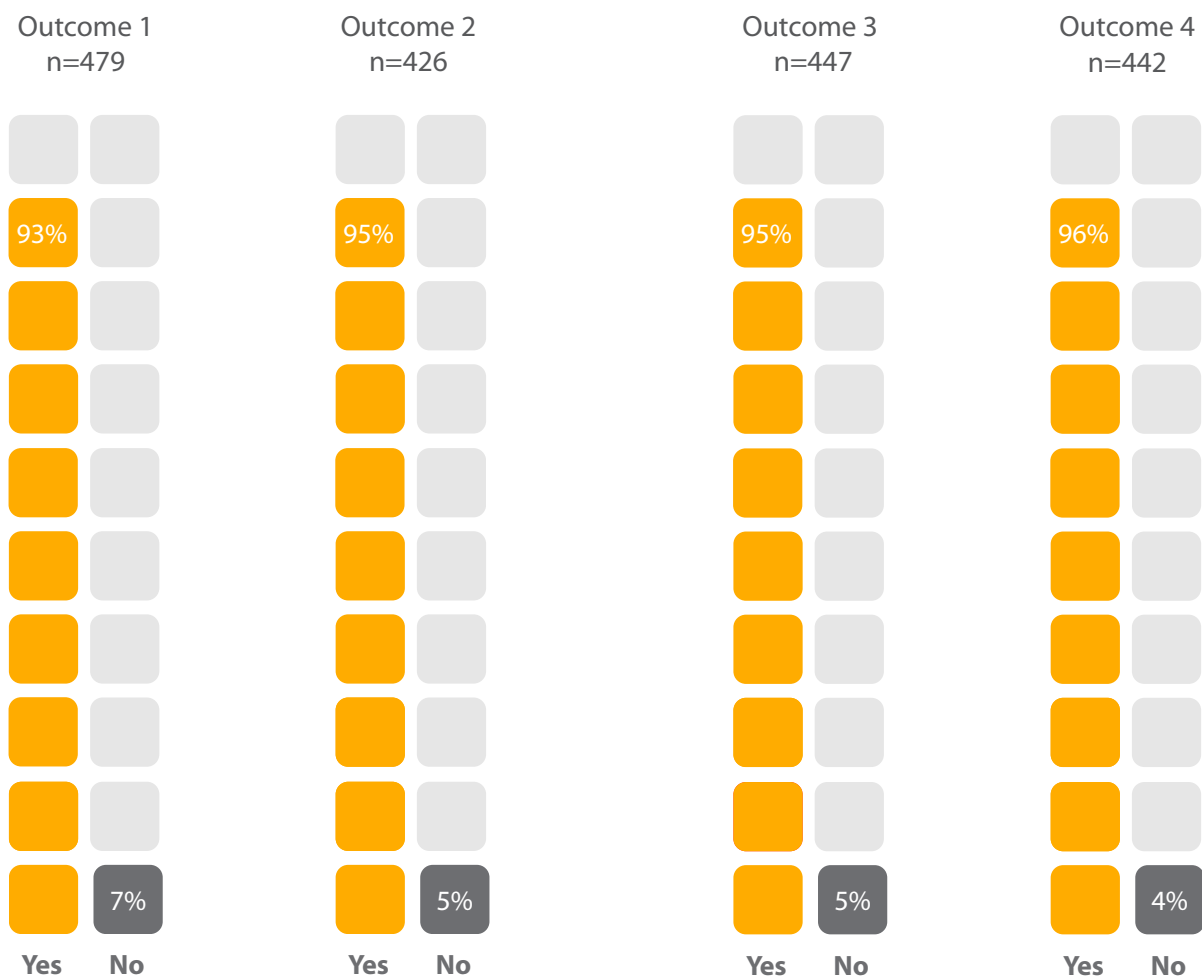n=479

Outcome 2
n=426

Outcome 3
n=447

Outcome 4
n=442

93%   7%
Yes   No

95%   5%
Yes   No

95%   5%
Yes   No

96%   4%
Yes   No

Qualitative Analysis

Workshop participants were given an open response section for additional comments. For the purpose of this report, responses that indicated changes to cultural competence/awareness/knowledge were included.

There were 141 references to increases in knowledge and/or understanding, reflecting:

- positive changes to personal views and encouraged personal reflection.
- increases to confidence in working effectively with Indigenous patients.
- understanding of access issues (reluctance, historical perspective).
- discrediting/dispelling various stereotypes/myths.
- application to service delivery.
- general increase in knowledge and awareness of Indigenous culture.

"Learnt a lot more, knowledge is power to do the right thing"

"Workshop has been an eye opener regarding the culture of Aboriginal and Torres Strait Islander people and their future struggles in seeking health. I now have an in-depth knowledge of how I must interact with them to help bring positive health outcomes"

"It makes such a difference to understanding and empathy when history is understood"

"[Facilitator] I had a personal light bulb moment- Thank you!"

"Puts a perspective and gives a reason for Aboriginal care needs"

"Thank you for taking me on a journey through time righting the wrong/removing the blinkers, to challenge other people's opinions i.e. stereotyping"

Equal treatment was also a prevalent theme within these evaluations (12 workshops, 13 references), portrayed by the participants as a very positive approach to service delivery. There were a very small number of respondents who expressed that cultural awareness training has a tendency to create gaps between different cultural groups. It should also be noted that within this theme, participants frequently expressed that they do in fact 'respect the difference'.

Other common themes included the timing of the training and the content. A few participants suggested that this training should be offered earlier and would be more effective if it was provided within schooling curriculums. A few participants commented that the training content seemed to be quite focused on the historical aspects of Indigenous culture. There were responses indicating that staff found it difficult to link this to service delivery and that a more practical approach would be beneficial for staff.

Another emerging theme was that training such as *Respecting the Difference* is especially helpful for overseas born and older people. This was generally attributed to the fact that Indigenous culture was not learnt through schooling.

"[I] never attended school in Australia and had no exposure to Australian history so it was quite an eye opener"

"[Facilitator] has the right attitude and personality to deliver this program - sharing and very informative. Being educated overseas, the factual information was more helpful especially in having to challenge what's been heard/perceived, it helped to put things into perspective for me, it motivates me to learn more"

Within 22 workshops there were 24 references indicating they would like access to further information and/or training in this area.

Review Findings

Surveys

Overall there was a 37% response rate to the surveys with 306 survey responses in total. The response rates for each participating site are presented in Table 3. The response rates across the time points were:

- pre-training 48% (n=134);
- post-training 28% (n=79); and
- 3-month post-training 33% (n=93).

Table 3: Response rate by site

Site	Pre-training	Post-training	3-month Post-training
Site 1	51%	38%	48%
Site 2	37%	12%	23%
Site 3	92%	32%	34%
Site 4	17%	20%	29%

Demographics

Age

Using a one-way ANOVA test, there was no significant difference (p=0.962) between the age groups selected in the pre-, post- and 3-month post-training assessments.

Gender

The majority of survey respondents were female (91%). This was to be expected due to site selection. One-way ANOVA analysis shows there was a trend of difference between the proportion of males and females who completed the surveys (F=2.501, p=0.084). More males completed pre-training surveys (13%) versus post-training surveys (4%) and to a lesser extent in the 3-month post-training surveys (8%).

Born overseas

For the pre-training survey 31% (n=42) of participants reported being born overseas. This was similar in the post-training survey (34%, n=26) and 3-month post-training survey (27%, n=25). One-way ANOVA analysis showed there was no significant difference between the proportion of people born overseas who completed the pre-, post- and 3-month post-training surveys (p=0.639).

Identifying with particular ethnic/cultural group

The proportion of participants who identified with a particular ethnic/cultural group was similar across the time points:

- pre-training survey 26% (n=34);
- post-training survey 24% (n=18); and
- 3-month post-training survey 17% (n=16).

One-way ANOVA analysis showed that there was no significant differences in people identifying with a particular ethnic/cultural group in the pre- and post-training surveys (p=0.318).

Aboriginal and Torres Strait Islander Descent

Two of the four options available for this question were not selected in any of the pre-, post- and 3-month post-training assessments. The answers not selected were: 'Yes, Torres Strait Islander' and 'yes, both Aboriginal and Torres Strait Islander'. These options were excluded from further analysis. In total 5% (n=6) of participants identified as Aboriginal in the pre-training survey, 1% in the post-training survey (n=1) and 5% in the 3-month post-training assessment (n=5). One-way ANOVA analysis showed that there was no significant differences in people identifying as Aboriginal in the pre- and post-training surveys (p=0.350).

Job Category

The majority of staff who completed the surveys were nurses (pre-training: 93%, post-training: 83%, 3-month post-training: 88%). This was to be expected due to site selection. One-way ANOVA analysis showed no significant difference (F=0.869, p=0.420) between groups.

Training completion

The proportion of participants who completed the online *Respecting the Difference* training increased across the time points:

- pre-training survey 70% (n=94);
- post-training survey 87% (n=69); and
- 3-month post-training survey 90% (n=81).

Chi Square analysis showed that there was a significant difference in the proportion of staff who had completed the online training who completed the pre-training and post-training surveys (x2=14.268. df=2, p=0.001). One-way ANOVA analysis showed that this was also significant at the 3-month post-training assessment (F=3.314, p=0.038). These significant differences were to be expected as the online component of the training is a prerequisite for the workshop.

Face-to-face workshop completion (only in post and 3-month post surveys)

One-way ANOVA analysis found that there was no significant difference in the proportion of staff who had completed the face-to-face training in the post-training and 3-month post-training. At the time of the post-training survey, 79% of staff completing the survey indicated that they had completed the face-to-face training. By the 3-month post-training assessment this increased to 85%.

Additional workshops were also held to accommodate staff at the selected sites.

Table 4: Workshop attendance by site

	Attendance	
Site	No	Yes
Site 1 (n=78)	8%	92%
Site 2 (n=23)	13%	87%
Site 3 (n=32)	59%	41%
Site 4 (n=26)	4%	96%
Other (n=5)	0%	100%

Figure 7: Workshop completions

Face-to-Face Workshop Attendance Post-training Survey n=75

Face-to-Face Workshop Attendance 3-Month Post-training n=89
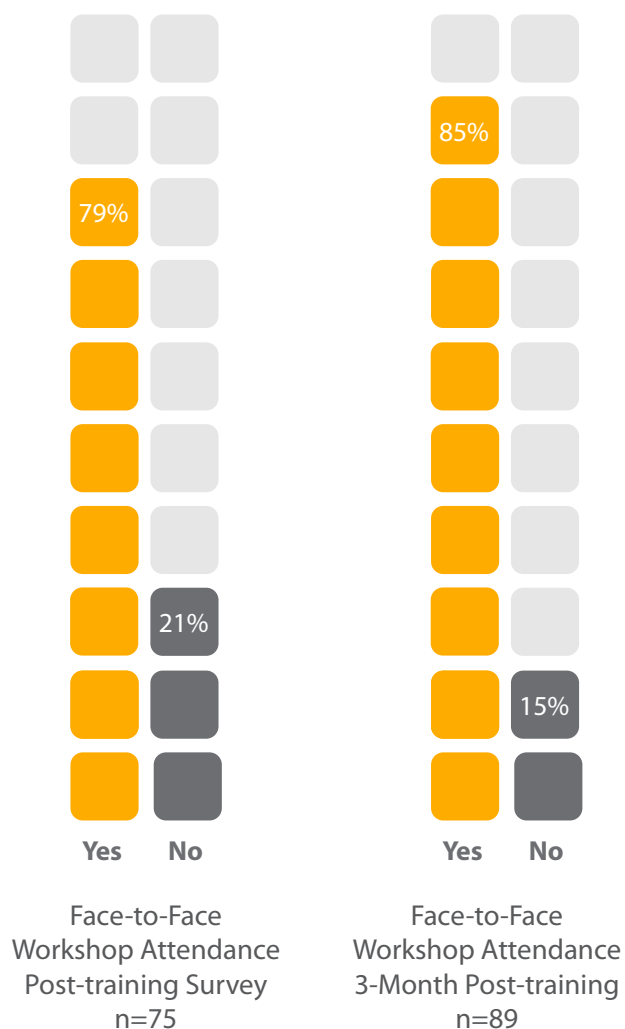
Workshop attendance varied across the four sites (see Table 4). Site 4 had the highest level of attendance in comparison to site 3, which had the lowest. The site category 'Other' represents respondents who did not indicate their site location.

Training source of understanding of Aboriginal culture

At both the pre and post surveys, around 35% of respondents reported having taken part in Aboriginal cultural training other than *Respecting the Difference*. This was similar at the 3-month post survey (38%), see Table 8 in Appendix 1.

When compared to the pre-survey responses, a greater proportion of respondents reported their understanding of Aboriginal cultures came from *Respecting the Difference* training in the post-survey and to a greater extent in the 3-month post survey (see Table 5). There was a corresponding decrease in the proportion reporting their knowledge comes from professional experience.

In an open answer structure, respondents were asked to comment on where their own personal understanding of Aboriginal culture came from. Responses were similar across all three time points. Common responses included education (high school and/or university/TAFE), previous experience working with and/or personal interactions with Indigenous people. Responses were similar at all three assessments.

Table 5: Training source of understanding of Aboriginal culture

	Time Points		
The understanding I have of Aboriginal culture comes from: (tick as many as apply)	Pre-training	Post-training	3-month Post-training
Respecting the Difference training	73%	83%	90%
Other cultural awareness training	39%	39%	41%
Professional experience	66%	59%	59%
Personal experience	53%	54%	52%
No particular training or experience	15%	21%	10%
Other	5%	10%	4%

Knowledge and understanding

Knowledge and understanding were assessed using the statement: "with my current knowledge I have an understanding of…" followed by ten different concepts. Respondents indicated level of awareness using a five point Likert scale (extremely aware, moderately aware, somewhat aware, slightly aware and not at all aware). In the analysis, "slightly aware" and "not at all aware" were combined due to the small number of responses and to assist with analysis. The patterns of responses at pre, post and 3-month post assessments are shown in Table 7 in Appendix 1.

Between the pre, post and 3-month post assessments, the training had a positive impact on seven out of the ten concepts assessed (see Figure 8):

- the 'Aboriginal understanding' of health and wellbeing;
- Aboriginal decision making processes;
- Aboriginal and Torres Strait Islander health issues and its links to environmental factors;
- the link between culture and Aboriginal and Torres Strait Islander identity;
- the effect of racism on identity and the impact this has on health and wellbeing;
- issues impacting on Aboriginal and Torres Strait Islander staff, colleagues and patients;

- Aboriginal family structure and social organisation.

There were no significant differences in their knowledge or understanding of:

- Aboriginal history;
- Aboriginal and Torres Strait Islander health issues and its links to cultural factors;
- Aboriginal and Torres Strait Islander health issues and its links to socioeconomic factors.

When comparing the pre and post results, generally there was a reduction in selection of 'extremely aware' and an increase in 'moderately aware'. However, this should not be necessarily interpreted as an overall reduction in knowledge and awareness as there was a general trend of an increase in those selecting 'moderately aware' and a reduction of those selecting 'somewhat aware' and 'slightly or not at all aware' over most concepts. A means test across all three time points also supports that a reduction in knowledge did not occur because there is a pattern of an increase in knowledge and understanding. The findings suggest that the training may have an effect on perceptions of knowledge, with respondents being more likely to admit they don't know certain things about Indigenous culture and health, particularly immediately post-training.

Figure 8: Key findings **Knowledge and understanding**

Respecting the Difference
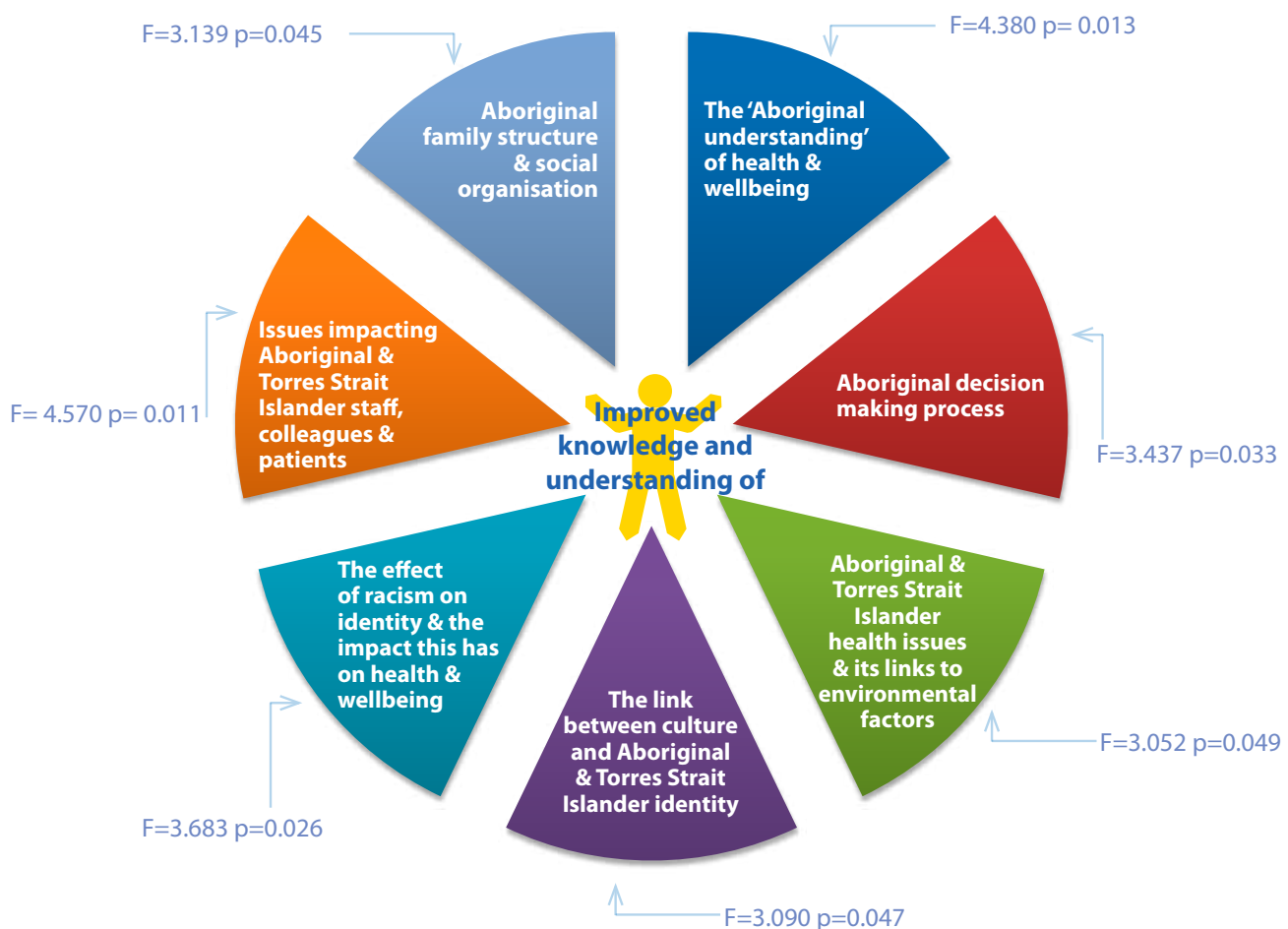
Confidence with current knowledge

Confidence was analysed using the statement: "with my current knowledge I feel confident…" followed by six different concepts. Respondents indicated level of confidence using a five point Likert scale (extremely confident, moderately confident, slightly confident, not at all confident, I am non-frontline staff). In the analysis non-frontline staff was excluded from further analysis due to the very low number of responses to these items. Table 9 in Appendix 1 shows the patterns across the three assessments points.

This analysis shows a similar pattern to that observed in knowledge and understanding, however there were more changes to confidence. Between the pre, post and 3-month post-training assessments significant changes were noted in four out of the six different concepts (see Figure 9):

• working effectively with Aboriginal and Torres Strait Islander staff;

• applying knowledge of the "Aboriginal understanding of health" to service provision;

• asking patients about their Aboriginality; and

• accessing resources to support health service delivery to Aboriginal and Torres Strait Islander people.

"...analysis shows a similar pattern to that observed in knowledge and understanding, however there were more changes to confidence."

As well as one concept which showed a trend towards improvement:

• working effectively with Aboriginal and Torres Strait Islander patients.

This was different in the post-training assessment with no concepts being found to be statistically significant. The increase in significance in the 3-month post assessment may suggest that confidence increases over time after completion of the training. This could be due to increased opportunity for concepts to be put into practice over time, which may in turn, have a positive impact on confidence.

There were no significant differences in confidence with current knowledge in building rapport when communicating with Aboriginal and Torres Strait Islander people.

Figure 9: Key findings **Confidence with current knowledge**
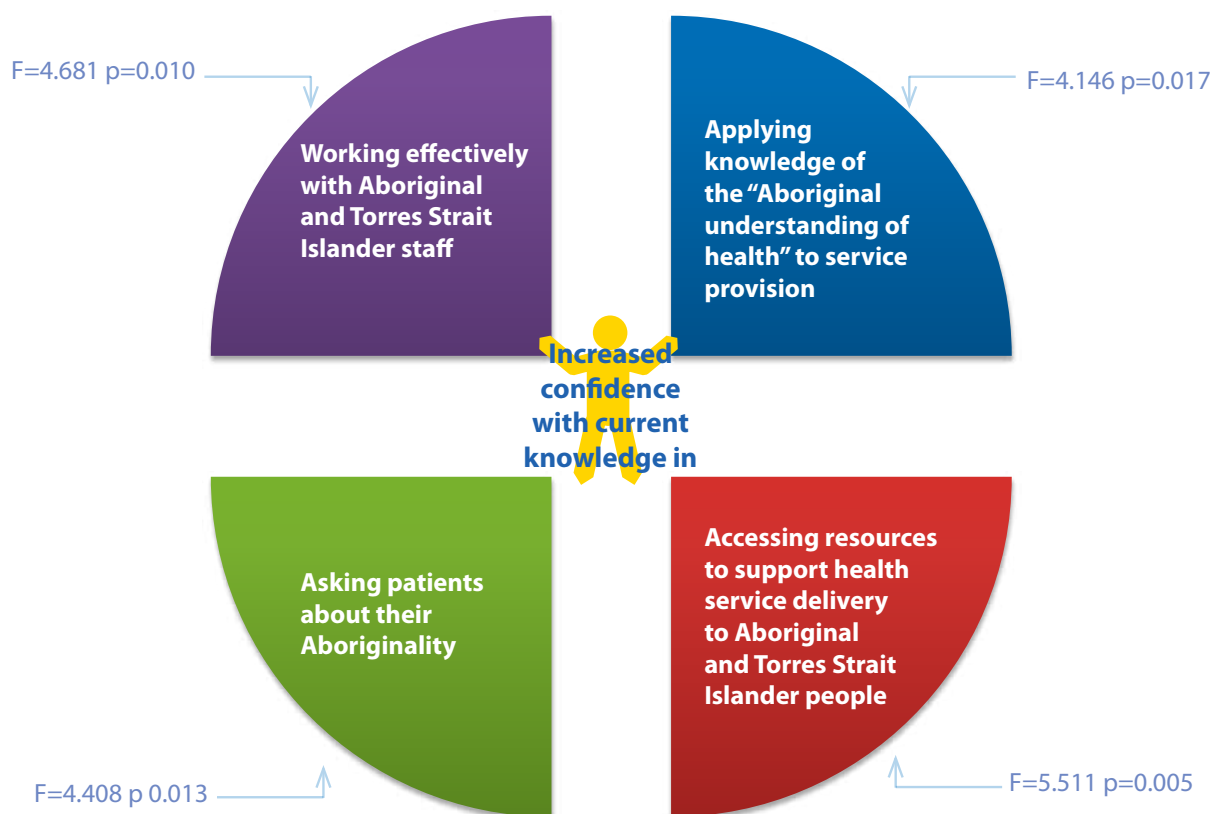
Workplace commitment to Aboriginal and Torres Strait Islander Issues

Workplace commitment was assessed at both a personal and organisational level. Participants were asked 'I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace'. Responses were similar for both pre and post assessment (see Table 10 in Appendix 1). Although not statistically significant (at the post assessment) there was a slight increase in agreement along with a subsequent decrease in strong agreement. At the 3-month time point, one-way ANOVA analysis showed a trend towards a difference in this concept (F=2.857, p=0.059) and means test showed a positive increase in workplace commitment at a personal level to improving Aboriginal and Torres Strait Islander health issues.

"... positive increase ... that they were committed to improving Aboriginal and Torres Strait Islander health issues at a personal level ..."

Participants were then asked 'I feel that my workplace is a welcoming environment for Aboriginal and Torres Strait Islander people'. Responses were again similar at each time point. There was a slight increase in agreement and in strong agreement at the final time point but the results were not statistically significant.

Equity and Equality

To further explore health service staff's understanding of the concept of equity as opposed to equality, two questions were added to the workplace commitment section of the survey. The 3-month post participants were also asked:

- "I feel that I am committed to providing care to individuals according to their needs"; (represents the concept of equity); and

- "I feel that within my workplace I am encouraged to treat everyone the same" (represents the concept of equality).

Slightly more participants were in agreeance with the statement that they treat everyone based on their needs (see Table 10 in Appendix 1). However, this difference was small (91% versus 84%). This similarity of answers may suggest that staff do in fact have a misunderstanding and general confusion of the concepts of equity and/versus equality.

Figure 10: Key findings **Workplace commitment** at a personal level

There was a positive trend observed for differences in workplace commitment at a personal level

I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace

Two questions were added to the 3-month post survey to explore understanding of equity vs equality

Equity vs Equality

91% in agreeance

I feel that I am committed to providing care to individuals according to their needs

84% in agreeance

I feel that within my workplace I am encouraged to treat everyone the same

Short Answer Responses

Change to practice/lessons learnt from Respecting the Difference training

Responses to this question across the three time points were:

- pre-training assessment 69% (n=92);

- post-training assessment 63% (n=50);

- 3-month post-training assessment 54% (n=50).

There were some differences in the responses between the pre- and post-training surveys. In the pre-training assessment many of the comments were about service delivery especially communication in the form of eye contact; this was only mentioned a few times in the post assessments. In the post-training and 3-month post assessment, comments were much more focused around an increased awareness and understanding of Indigenous culture. In the post-training assessment, there was also an increase in responses indicating that respondents did not feel there was a need to change practice, this was not as apparent in the 3-month post assessment.

Also there were a lot more references to the impact of cultural differences in service delivery in the 3-month post assessment.

"In the post-training and 3-month post assessment, comments were much more focused around an increased awareness and understanding of Indigenous culture."

General comments on Respecting the Difference training

Responses to this question across the three time points were:

- pre-training assessment 51% (n=68);

- post-training assessment 53% (n=42); and

- 3-month post 41% (n=38).

In the pre-training assessment there were a large number of respondents who mentioned equal treatment; this decreased dramatically in the post-training and 3-month post assessment. In the post-training assessment, however, it was mentioned more often that the training may have been too history focused and that staff wanted more practical ways in which they could improve their service, this was not apparent in the 3-month assessment. The post-training and 3-month post assessment also found an increase in the number of respondents who found the training increased their knowledge and awareness of Indigenous culture and health specific information.

There were some negative comments about the training in the pre-training assessment, these were not apparent in post or 3-month post assessment. The overwhelming majority of responses relating to the training were of a positive nature.

"The post-training and 3-month post assessment also found an increase in the number of respondents who found the training increased their knowledge and awareness of Indigenous culture and health specific information."

Focus Groups

Four focus groups were held in the pre-training assessment. Six were held in the post-training and in the 3-month post-training assessments due to differences in schedules and to cover more staff. There were slight differences in staff who attended the pre and post focus groups. In the post-training assessment focus groups were held with two staff groups that did not participate in the pre-training assessment. One over the phone interview was completed in the pre-training assessment as the staff member was unable to attend the focus group.

Changes to themes arising from each question across all of the focus groups are reported. Participants seemed to respond to questions with more confidence in the post-training and 3-month post-training focus groups. Prefacing statements in the pre-training focus groups such as 'I don't know if this is right but…' weren't heard in the post-training and 3-month post-training focus groups.

Questions 1 to 4 were asked at all three time points. To further explore staff's understanding of equity and transferral into practice, three questions were added to the 3-month post-training assessment.

Question 1: What do you see are the main issues in Aboriginal health and what are the associated socio-economic, cultural and environmental factors.

Thematic analysis showed pre-training assessment discussion amongst the participants focused on identifying specific health issues and to some extent behaviours associated with these. In the post-training assessment there was more focus upon the impacts of socioeconomic, cultural and environmental factors upon the health and wellbeing of Aboriginal and Torres Strait Islander people. This shift was even more evident in the 3-month post-training assessment, with a specific focus on access to health services in particular.

Question 2: How confident do you feel working effectively with Aboriginal patients and staff?

The most obvious changes over time were to the way in which participants expressed their confidence in working effectively with Indigenous patients and staff. In the pre-training assessment there was considerable discussion around the challenges and things that could affect confidence. By the post-training assessment, more respondents expressed (and felt quite strongly) that they had no issues with confidence in working effectively with Indigenous patients and staff. There seemed to be a reluctance to identify challenges to confidence in the post-training assessment. In the

3-month post-training assessment, staff were still somewhat reluctant to identify challenges however, this was not to the extent that was expressed in the post-training assessment.

Across all three time points, participants felt strongly that they did not have any issues with confidence in working with Indigenous staff. Respondents generally attributed this to the commonality of all being staff, and that this meant confidence was 'all the same'.

Question 3: How can you be culturally sensitive when providing services for Aboriginal and Torres Strait Islander people?

There were no major changes to the discussion of providing culturally sensitive services for Aboriginal and Torres Strait Islander people in the pre, post and 3-month post assessments. Again in the pre-training assessment there was a general trend of staff focusing on identifying practical ways to be culturally sensitive (e.g. being mindful of eye contact) whereas in the post-training assessment there was a general reluctance to do so. Rather, discussion focused more on equal treatment and that service delivery is dependent on the individual's needs, not based on cultural or ethnic background. There was also some discussion of being cautious not to be 'overly culturally sensitive' at a small number of focus groups (e.g. assuming a patient does not feel comfortable making eye contact because they are Indigenous and therefore causing offence).

In the post-training assessment, there was a slight decrease in the reliance on referral to Aboriginal Health Workers and there was a further reduction of this in the 3-month post-training assessment. This could indicate an increased understanding that the care of Aboriginal clients is every practitioners' responsibility, and not something to be immediately delegated to the Aboriginal Health Workers or Liaison Officers. This could also be an indicator of an increase in personal confidence.

> "In the post-training assessment, there was a slight decrease in the reliance on referral to Aboriginal Health Workers and there was a further reduction of this in the 3-month post assessment… This could also be an indicator of an increase in personal confidence."

Question 4: Is it possible to identify Aboriginal and Torres Strait Islander people without needing to ask? Why or why not?

Across the three time points, every focus group clearly stated that there is no way of identifying Aboriginal and

Torres Strait Islander people without asking. Themes arising from this question were similar over the three time points however, in the post-training and 3-month post-training focus groups, respondents seemed to be more cautious with the way they answered this question. There were small numbers of respondents who indicated that sometimes you may be able to tell without asking. This was mentioned much less in the post and 3-month post-training assessment. In the pre-training focus groups, respondents mentioned facial characteristics of Aboriginal and Torres Strait Islander people that would support their identification, based on assumptions of personal features such as nose shape, eye and skin colour. However, in the post-training, where a respondent reported that 'sometimes you can tell [by the way someone looks]', this was not ascribed to specific stereotypical assumptions about facial features, and such comments were always followed by reiterating that Aboriginality needs to be asked and cannot be assumed.

Asking the question: Aboriginality

In the pre-training assessment, some respondents indicated that they found it intimidating to ask clients if they were Aboriginal and this made them reluctant to ask. Asking the question was seen by some as possibly 'being rude'. In the post and 3-month post-training assessment this was not mentioned at all: with any discussion being around methods and procedures for asking. In the post-training assessment, in a small number of the focus groups, there was some confusion about when to ask the question. While there was agreement the question needed to be asked there was confusion as to when it should be asked and by whom. In some focus groups specific mention was made of the importance of asking about the Aboriginality of clients' family members.

Question 5: 'Cultural competence in health care refers to the ability of health service staff to learn about and acknowledge a patients' unique background (i.e. Arabic speaking, Aboriginal and Torres Strait Islander people, the disabled) and accommodate that background in the provision of service.'

How does this align with your understanding of cultural competence?

How important is this concept to service delivery?

How do you feel you apply this concept in your work?

Cultural competence was viewed with high importance across all of the focus groups. Respondents felt cultural competence was an integral part of their work and that it was part of their duty of care as health workers. Respondents also noted cultural competence was essential to ensuring effective practice.

Key Findings: Focus Groups

Over the three time points, there were differences in the way people expressed their answers, which tended to be more culturally aware. There were also slight changes to themes arising from questions in the post-training assessment including:

✓ more focused on health and wellbeing impact of socioeconomic, cultural and environmental factors in particular access;

✓ more expression that there were no issues with confidence in working effectively with Indigenous patients and staff (strongest at the post-training assessment);

✓ slight decrease in the apparent referral to Aboriginal Health Workers/Liaison Officers;

✓ reduction in those reporting that 'sometimes you can tell [Aboriginality] without asking';

✓ across all of the focus groups there was also general discussion around equal treatment and treating patients 'all the same' regardless of cultural background/ethnicity;

✓ some focus groups showed some signs of understanding equity or treating individuals by needs at the 3-month post assessment although this was minimal; and

✓ very small number of negative comments and attitude towards training.

"Cultural competence was viewed with high importance across all of the focus groups. Respondents felt that cultural competence was an integral part of their work and that it was part of their duty of care as health workers."

Value was also placed upon staff having broad cultural knowledge and understanding. Respondents indicated that they felt as though they applied this concept to their work to the best of their abilities, within their work restrictions and with the resources available. There were a number of respondents who mentioned the importance of mutual understanding between health service staff and patient in order for this concept to be effective. There was also some acknowledgement that staff can be more culturally competent in some cultures than others. This was generally ascribed to either having experience with a specific culture or a solid knowledge base of a specific culture. Ways respondents applied this concept to their work were mainly around referral to specific services, showing respect and being able to accommodate patient cultural needs.

Question 6: Having completed the training, what are you doing differently?

This question sought to identify changes in knowledge and/or understanding of Aboriginal culture rather than specific changes to practice. The question led to discussions on the ways in which 'knowledge and understanding' can impact practice and how any increase to knowledge and or understanding can positively impact on the appropriateness and ease of service delivery. A number of respondents indicated the training had encouraged them to ask patients about their Aboriginality and that this was being practised. There were a small number of respondents who indicated that they and/or their colleagues had made no changes to practice. This was linked to the overarching theme of equal treatment: respondents stating they have always treated everyone the same and therefore felt that there was no need to make changes.

Question 7: Since the rollout of the training, what is your service doing differently?

Most respondents indicated that since the implementation of the training they had not seen any changes at a service level. However, those who did see change indicated the changes tended to be physical such as revised letterheads, inclusion of Indigenous artwork and Welcome to Country or Acknowledgement of Country. There was also mention of an increase in availability, understanding and referral to Aboriginal Liaison Officers. Similar to Question 6, there was also a general feeling that at service level there had been a push to ask the question of Aboriginality.

General Comments

The majority of additional comments made at the end of the focus groups were based around the online and workshop modules of the *Respecting the Difference* training.

A few respondents noted the training had a strong historical focus. It was suggested on numerous occasions that this could be beneficial for people born overseas and/or older people who didn't learn this at school. This is especially relevant to the SWSLHD with around 30% of the population indicating they were born overseas: which may be reflected in SWSLHD staff demographics. Some staff expressed concern that although things were learnt (e.g. challenges in service delivery, health status, access issues etc.), strategies to put into practice what had been learnt were either not sufficiently explored or not explored at all. Younger staff were more inclined to feel that the training was a repetition of prior learning. This was always attributed

to previous (and recent) university studies having a strong focus on Indigenous health. In the post-training and 3-month post-training assessment there was acknowledgement that the training had dispelled many stereotypes, myths or preconceived ideas that people had.

> *"... the training had dispelled many stereotypes, myths or preconceived ideas that people had."*

There were a very small number of negative comments about the training. These comments were based around the concept of equal treatment. Respondents expressed that as their practice was to treat everyone the same, they felt as though the training was encouraging preferential treatment of Indigenous patients.

There was a mixed response when participants were asked about the preferred method of training delivery. A large number of participants preferred the face-to-face module and this was usually attributed to it being more interactive and interesting. The quality of facilitation was also mentioned numerous times, including comments such as "open space created", "great facilitation technique", "sharing personal stories". A smaller number of respondents liked the online training method as it was shorter and they felt it was more focused on practical service delivery and not as history focused as the workshop. A small number of respondents also suggested the training was especially helpful for older people and those born overseas as they would not have the basic knowledge that is now a part of the curriculum in schools.

Discussion

This review showed that the *Respecting the Difference* face-to-face training has positive immediate and intermediate impact on the cultural competence of staff. This impact was evident in the areas of knowledge, understanding and confidence. The overall pattern of the impact of the training was a gradual increase in knowledge, understanding and confidence in working with Aboriginal and Torres Strait Islander patients and staff. The training, especially with regards to improved confidence, has a greater impact at the intermediate term.

"... the Respecting the Difference face-to-face training has positive immediate and intermediate impact on the cultural competence of staff."
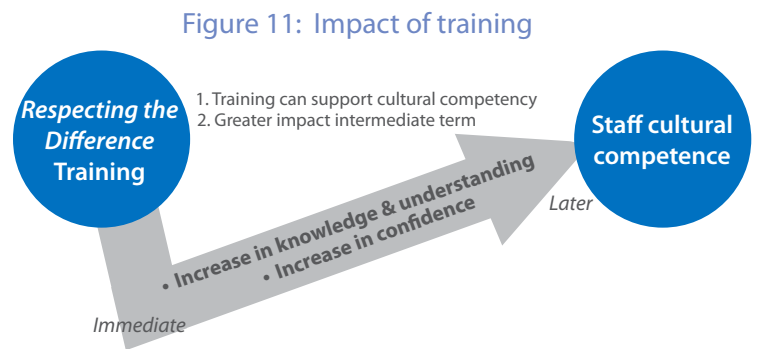
At the post-training assessment, there was a positive trend of reduction in the proportion of staff who felt they had little knowledge, understanding or confidence in working with Aboriginal patients and staff. There was also a consistent pattern in most survey items indicating a reduction in the proportion of staff reporting that they were 'very knowledgeable and/or confident', and a corresponding increase in the proportion of staff reporting being 'moderately knowledgeable and/or confident'. Knowledge items at the 3-month post-training assessment showed a consistent pattern of an increase in staff reporting that they were 'moderately knowledgeable'. Confidence items at the 3-month time point showed a consistent pattern of an increase to staff reporting that they were 'extremely confident'. These results were similar to the limited number of studies that have done long-term follow-up: unlike most studies that have only done pre and post-training testing (see "Table 11: Literature of previous evaluations" in Appendix 2). This indicates that studies on training in cultural competency should be longitudinal.

" Confidence items at the 3-month time point showed a consistent pattern of an increase to staff reporting that they were 'extremely confident'. These results were similar to the limited number of studies that have done long-term follow-up: unlike most studies that have only done pre and post-training testing."

The focus groups showed an increase in the confidence of staff, and generally more appropriately expressed cultural awareness and behaviours. This could suggest that the reduction of 'extremely aware' and 'extremely confident' responses immediately post-training seen

in the survey results may indicate staff are more circumspect and respectful in acknowledging how much and what they know, or assume to know. Interpretation of the pattern of findings is supported by the analysis of the workshop evaluation undertaken by CEWD, with participants recognising and commenting that they had their assumptions challenged and were motivated to learn more.

"... participants recognising and commenting that they had their assumptions challenged and were motivated to learn more."

Figure 11: Impact of training

In the post-training assessment, surveys and focus groups, there was a general feeling that some staff would like the training to take a more practical approach. Health issues and gaps were introduced, however these staff felt as though this was not developed into practical ways to approach addressing these. Another example of this is within the staff's knowledge and/or understanding of asking patients about their Aboriginality; staff seemed to know that it is a requirement but some were not sure how to go about it. There might have been an improvement in knowledge and confidence but some staff seem to lack (or have a perception that they lack) practical tools. This was largely absent from the 3-month post-training assessment.

Some challenges in accessing training were identified. One challenge was the limited capacity of the training. A number of respondents noted issues booking into the sessions, both administrative problems and sessions were booked out well in advance. There was also the ongoing issue of non attendance. It should be acknowledged that in the context of this review, extraordinary effort was made to accommodate attendance by the staff.

Frontline health service managers have the capacity to support workplace changes at the unit level and thus play an important role in reinforcing cultural training and enabling unit or staff level practice changes. There

may be value in investing in this tier of management prior to broader staff training.

The survey and focus group responses also reflected the high level of complexity regarding evaluating the impact of cultural training on the cultural competency of staff. Whilst the majority of views were positive in nature there were some polarised responses. A very small number of survey respondents' general comments suggested that the workshop was a negative experience for them. There was concern that training such as this may result in an increase to racist behaviours, negative talk in the workplace or loss of confidence working with Aboriginal and Torres Strait Islander people. This uncommon view was more prevalent in the surveys and in the pre-training assessment, and was largely absent from the post-training and 3-month post-training data.

Many participants, possibly due to the individual reporting nature of the review, were reluctant to admit to 'making changes to practice' or suggest/admit to using culturally sensitive practice with Aboriginal and Torres Strait Islander patients and/or staff as this was seen as a negative thing. Many suggested that if they were to make changes to practice or treat Aboriginal and Torres Strait Islander patients and/or staff differently it would be discriminative.

A small number of participants also viewed treating Aboriginal and Torres Strait Islander patients and/or staff differently as a negative thing as they were concerned they were therefore denying non-Indigenous patients/staff something. The stereotype of Aboriginal and Torres Strait Islander people getting something more (e.g. given included houses, cars, higher welfare payments) than non-Indigenous people was a topic of discussion. Although when this was discussed it was always agreed that this is a myth. Most staff also demonstrated an understanding that in order to 'close the gap', Aboriginal and Torres Strait

Islander patients may need specialised or 'different' care however, there was still a strong reluctance to put this into practice.

Staff tended to be inclined to think equal treatment was positive and appropriate or safe as opposed to acknowledging that they have a duty of care to treat patients and their needs on a case-by-case basis (e.g. care differs when treating a pregnant woman versus an elderly patient, non-English speaking versus English speaking, child versus adult). Treating patients on a case-by-case basis was raised at each time point however, this was minimally discussed by respondents across all assessments.

"Most staff also demonstrated an understanding that in order to 'close the gap', Aboriginal and Torres Strait Islander patients may need specialised or 'different' care however, there was still a strong reluctance to put this into practice."

The concepts of equity versus equality were further explored in the 3-month post-training assessment with the addition of questions in both the survey and focus groups. Staff appear to value both concepts. There did appear to be a lack of understanding of the difference between both concepts and this indicates the need for longer term follow-up. In practice, however, staff remained focused on equality rather than equity. It is important for staff to have an understanding of equity so that they are able to recognise and respond to differences in health status that are unfair, avoidable and changeable[6], that is, respect the difference.

Figure 12: Equality vs Equity

Equality is about treating everyone the same

Equity is about fairness - recognising differences and trying to understand and give people what they need
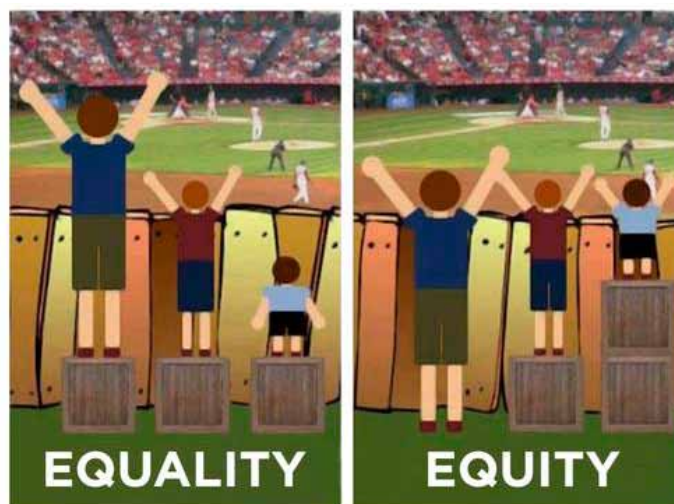
Graphic reproduced with permission from the City of Portland, Oregon Office of Equity and Human Rights

Recommendations

This review has shown that the training has a positive impact on the cultural competence of health service staff. Therefore, the *Respecting the Difference* training should be maintained and supported within SWSLHD and across the NSW Health system.

Training Recommendations

The findings of the review suggest that the impact of the training on cultural competence of the workforce may be enhanced by content on:

* General equity concepts: supporting staff to apply their skill in meeting individual clinical needs to also meeting individual cultural needs on a case-by-case basis.

* Discussion of other cultures and vulnerable or underserved populations.

* Added focus on content providing practical strategies for implementing safe cultural practices into the workplace.

Practical suggestions for enhancing delivery of the workshops include:

* Increase comfort through more breaks, or making it 1-2 days as 4 hours was a long time to sit still and concentrate.

* Reduce training time: many people thought that the delivery of the workshop could be shorter and more condensed.

* Focus on face-to-face rather than online training: Many participants mentioned that they preferred the face-to-face training over the online module: this was attributed to the facilitation style and content.

Further evaluation

This review was limited to four selected sites within SWSLHD, therefore covering only a small proportion of the entire workforce.

Patient experiences of culturally competent practice were not explored so it is unknown if staff training has impacted on case delivery, either observed or experienced by Aboriginal and Torres Strait Islander patients.

Further evaluations should explore:

* Aboriginal and Torres Strait Islander staff and patient experiences with a larger sample size.

* Longevity of impact:
    ◊ explore whether maintenance of attitudinal change is sustained beyond 3-months post-

training: follow-up at 6 months and 12 months post-training is recommended.

    ◊ explore whether managers are promoting culturally safe practices and providing a facilitative environment.

* Staff understanding of equity concepts and how to support 'Respecting the Difference' in practice.

Ongoing evaluation should use a performance framework to monitor the impact on Aboriginal and Torres Strait Islander staff and patient experiences (see "Appendix 9: Key Performance Indicators" for RTD KPIs[6]).

"This review has shown that the training has a positive impact on the cultural competence of health service staff. "

Appendix 1: Research tables and at a glance findings

Table 6: Workshop completion (post and 3-month)

Workshop completions	Attendance	
	No	Yes
Post (n=75)	21%	79%
3-month Post (n=89)	15%	85%
Total (n=164)	18%	82%

Table 8: Other Aboriginal cultural training

I have taken part in other Aboriginal Cultural Training	No	Yes
Pre (n=129)	66%	34%
Post (n=72)	65%	35%
3-month Post (n=90)	62%	38%
Total (n=291)	65%	35%

Table 7: Knowledge and understanding

With my current knowledge I have an understanding of:	Time point	Extremely aware	Moderately aware	Some what aware	Slightly or not at all aware
The 'Aboriginal understanding' of health and wellbeing	Pre	22%	43%	27%	8%
	Post	16%	64%	20%	0%
	3-month Post	22%	66%	9%	2%
Aboriginal history	Pre	22%	42%	30%	6%
	Post	21%	52%	23%	4%
	3-month Post	27%	50%	17%	6%
Aboriginal family structure and social organisation	Pre	14%	45%	32%	8%
	Post	15%	45%	36%	4%
	3-month Post	22%	52%	21%	4%
Aboriginal decision making processes	Pre	14%	37%	32%	18%
	Post	7%	53%	32%	8%
	3-month Post	18%	47%	31%	4%
Issues impacting on Aboriginal and Torres Strait Islander staff, colleagues and patients	Pre	18%	40%	32%	10%
	Post	18%	51%	30%	1%
	3-month Post	24%	53%	20%	2%
Aboriginal and Torres Strait Islander health issues and its links to socio-economic factors	Pre	23%	41%	26%	11%
	Post	15%	54%	31%	0%
	3-month Post	27%	57%	16%	1%
Aboriginal and Torres Strait Islander health issues and its links to cultural factors	Pre	20%	41%	28%	11%
	Post	14%	54%	28%	4%
	3-month Post	22%	51%	26%	1%
Aboriginal and Torres Strait Islander health issues and its links to environmental factors	Pre	17%	42%	32%	9%
	Post	12%	51%	28%	8%
	3-month Post	24%	48%	26%	2%
The link between culture and Aboriginal and Torres Strait Islander identity	Pre	18%	35%	33%	14%
	Post	14%	50%	24%	12%
	3-month Post	21%	48%	27%	3%
The effect of racism on identity and the impact this has on health and wellbeing	Pre	26%	43%	23%	9%
	Post	20%	51%	26%	3%
	3-month Post	32%	52%	14%	1%

Appendix 1: Research tables and at a glance findings

Table 9: Confidence (with my current knowledge)

With my current knowledge I feel confident	Time point	Extremely confident	Moderately confident	Slightly confident	Not at all confident	I am non-frontline
In working effectively with Aboriginal and Torres Strait Islander patients:	Pre	22%	56%	20%	2%	0%
	Post	19%	66%	15%	0%	0%
	3-month Post	31%	59%	10%	0%	0%
In working effectively with Aboriginal and Torres Strait Islander staff	Pre	25%	52%	20%	3%	0%
	Post	24%	61%	14%	1%	0%
	3-month Post	34%	60%	6%	0%	0%
In building a rapport when communicating with Aboriginal and Torres Strait Islander people	Pre	23%	56%	18%	2%	0%
	Post	18%	65%	16%	1%	0%
	3-month Post	27%	63%	9%	1%	0%
In applying my knowledge of the 'Aboriginal understanding of health' to service provision	Pre	19%	50%	28%	2%	1%
	Post	14%	66%	19%	1%	0%
	3-month Post	24%	66%	9%	1%	0%
In asking patient about their Aboriginal and Torres Strait Islander descent	Pre	26%	49%	23%	2%	0%
	Post	26%	57%	15%	3%	0%
	3-month Post	38%	53%	9%	0%	0%
In accessing resources to support health service delivery to Aboriginal and Torres Strait Islander people	Pre	21%	45%	29%	4%	1%
	Post	19%	57%	23%	1%	0%
	3-month Post	30%	59%	10%	1%	0%

Table 10: Workplace commitment

Workplace commitment	Time point	Strongly disagree	Disagree	Agree	Strongly agree
I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace	Pre	7%	2%	64%	27%
	Post	8%	0%	75%	16%
	3-month Post	7%	2%	47%	44%
I feel that my workplace is a welcoming environment for Aboriginal and Torres Strait Islander people	Pre	5%	3%	58%	34%
	Post	3%	4%	72%	21%
	3-month Post	8%	2%	62%	28%
I feel that I am committed to providing care to individuals according to their needs (Equity concept)	Pre	Not asked	Not asked	Not asked	Not asked
	Post	Not asked	Not asked	Not asked	Not asked
	3-month Post	9%	0%	34%	57%
I feel that within my workplace I am encouraged to treat everyone the same (Equality concept)	Pre	Not asked	Not asked	Not asked	Not asked
	Post	Not asked	Not asked	Not asked	Not asked
	3-month Post	9%	7%	30%	54%

Key Findings: Demographics

There were no significant differences in:

- Age
- Born overseas
- Identifying with particular ethnic/cultural group
- Aboriginal and/or Torres Strait Islander Descent
- Job category

There was a trend that showed differences in:

Gender (F=2.501, p=0.084).

Key Findings: Training completion

There was a statistically significant difference in:

- Online completion (F=3.314, p=0.038)

There was no significant difference in:

- Other Aboriginal cultural training
- Understanding of Aboriginal culture

Key Findings: Knowledge and Understanding

There were significant differences in respondents' knowledge or understanding of:

- The 'Aboriginal understanding' of health and wellbeing (F=4.380, p=0.013)
- Aboriginal decision making process (F=3.437, p=0.033)
- Aboriginal and Torres Strait Islander health issues and its links to environmental factors (F=3.052, p=0.049)
- The link between culture and Aboriginal and Torres Strait Islander identity (F=3.090, p=0.047)
- The effect of racism on identity and the impact this has on health and wellbeing (F=3.683, p=0.026)
- Issues impacting Aboriginal and Torres Strait Islander, staff, colleagues and patients (F= 4.570, p=0.011)
- Aboriginal family structure and social organisation (F=3.139, p=0.045)

There were no significant differences in their knowledge or understanding of:

- Aboriginal history
- Aboriginal and Torres Strait Islander health issues and its links to cultural factors
- Aboriginal and Torres Strait Islander health issues and its links to socioeconomic factors

**Key Findings:
Confidence**

There were significant differences in respondents' reported confidence with current knowledge in:

✓ Working effectively with Aboriginal and Torres Strait Islander staff (F=4.681, p=0.010)

✓ Applying knowledge of the "Aboriginal understanding of health" to service provision (F=4.146, p=0.017)

✓ Asking patients about their Aboriginality (F=4.408, p=0.013)

✓ Accessing resources to support health service delivery to Aboriginal and Torres Strait Islander people (F=5.511, p=0.005)

There was a trend for there to be a difference in confidence with current knowledge in:

✓ Working effectively with Aboriginal and Torres Strait Islander patients (F=2.993, p=0.052).

There were no significant differences in confidence with current knowledge in building rapport when communicating with Aboriginal and Torres Strait Islander people.

**Key Findings:
Workplace commitment**

There was a positive trend observed for differences in workplace commitment at a personal level:

I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace (F=2.857, p=0.059).

There were no significant differences in workplace commitment at an organisational level.

Equity and Equality

I feel that I am committed to providing care to individuals according to their needs - 91% in agreeance.

I feel that within my workplace I am encouraged to treat everyone the same - 84% in agreeance.

Table 11:   Literature of previous evaluations

Author	Year	Location	Focus	Participants	Method	Relevance
Chapman R et al.[10]	2014	Victoria	Evaluation of the impact of accredited, staggered, cultural awareness training program on staff knowledge, familiarity, attitude and perceptions towards Indigenous Australians.	44 emergency department staff	One group pre-test and post-test intervention study to compare cultural awareness immediately before and on completion of the training. The training was delivered in 6 hours over 3 sessions. "Area human resources development/ population health survey of participation in Aboriginal awareness training workshop" tool was used.	Slight changes to perceptions of Indigenous people and familiarity of Indigenous people. No impact found on attitudes towards Indigenous people.
Delgado D et al.[11]	2013	USA	Presents pilot project which evaluates self-reported cultural competence scores before and after attending one of the core classes of a cultural competence curriculum. Focused on cultural competence generally and its impact on quality of care, across cultures.	111 nursing staff participated in education, evaluation response: 98 baseline, 72 at 3 months and 75 at 6 months.	Cultural competence assessed using the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals Revised (IAPCC-R) tool. Cultural competence was assessed prior to attendance, 3 months post and 6 months post.	Attendance at the cultural competence class demonstrated a significant increase in cultural competence within the category range of cultural awareness. Authors suggest that cultural competence education/training can better prepare nursing staff to provide culturally appropriate care for culturally diverse patients.
VicHealth[12]	2010	Victoria	Report aimed at improving patient experience for Indigenous people in emergency departments.	3 hospitals emergency departments.	Hospitals developed cultural awareness training for staff; hospitals carried out internal evaluations - report gives little to no information on training content, delivery, participation characteristics or evaluation methods.	All three hospitals reported an improvement to attitudes towards indigenous people along with an increased awareness and knowledge of Indigenous issues by emergency department staff.
Mak D et al.[13]	2006	Western Australia	Review of impact of pre-vocational public health medicine and primary care training program in remote Australia.	4 pre-vocational medical practitioners (PMPs)	Participants wrote reflective journals, were interviewed midway through and after training and completed a locally developed survey after the training.	Participants gained strong awareness and appreciation of the complexity of health service delivery in Indigenous and remote area settings.
Paul D et al.[14]	2006	Western Australia	Described the implementation of an Indigenous health curriculum into an undergraduate medical course and the early effect this had on students perceptions of their knowledge and ability in Indigenous health.	181 undergraduate medical students	Students surveyed at end of course to assess their attitudes to Indigenous health. Survey involved responding to statements on a five-point Likert scale.	On completion of the targeted, structured course, 56% of students felt that they could 'apply knowledge of Indigenous health to provide culturally secure health care'. 61% of students felt that they could communicate appropriately with Indigenous.
Westwood B[15]	2005	South Western Sydney	Cross-cultural awareness training within an urban health service in NSW.	Various senior executive staff and stakeholders	Contact with executive staff and stakeholders to access local policies, documentation of implementation and curriculum or training, compliance, responsibility of training. Literature review.	Lack of formal CAT policy by both Department of Health and LHD. Need for training identified but attendance at current sessions was poor and there was very limited formal evaluations resulting in ambiguous results.

Author	Year	Location	Focus	Participants	Method	Relevance
Mooney N et al.[9]	2005	South Western Sydney	Evaluation of the impact of Indigenous Cultural Awareness Training.	84 non-Indigenous health workers from SWSAHS	Control and intervention groups responses to locally developed survey: before and immediately after training.	Very little change - did not appear to have a major influence on perceptions or attitudes towards Aboriginal people. Slight increase in familiarity/friendships with Indigenous people and knowledge/understanding of disease risk.
Kowal E and Paradies Y[16]	2003	Northern Territory	Evaluation of a workshop designed to create a space for people working in Indigenous health to consider the ways to approach 'Indigenous ill-health' and the differing uses of race and culture in these approaches.	21 people from the Menzies School of Health Research, the Northern Territory Department of Health and Community Services as well as other organisations	Written feedback was given by 15 of the participants at the conclusion of the workshop. The feedback was based around their experience of the workshop and what they had learnt.	Participants had a very positive response to the workshop. Many participants reported that the workshop challenged their current thinking and that they experienced changes to personal and academic insights. A number of participants commented that they felt their work practice would change as a result of the workshop.
Watts E and Carlson G[17]	2002	Queensland	Investigated experiences, perspectives and practical strategies to inform the development of culturally appropriate practice.	8 occupational therapists that work with Indigenous people in rural and remote Queensland	Semi-structured interviews were conducted with staff, analysed using thematic analysis.	Participants reported that cross-cultural training workshops (no specific training) had assisted them in gaining skills and knowledge, including an awareness of their own culture. The importance of and access to Aboriginal Liaison Officers and/or Indigenous Health workers was also highlighted.
Dowell A et al.[18]	2001	East Cape Region, New Zealand	Overview of and evaluation of cultural immersion teaching initiative in predominately Maori rural communities in New Zealand.	51 undergraduate medical students from varied cultural and ethnic backgrounds	Participants completed standardised university student evaluation questionnaire delivered on journey back from cultural immersion.	Course achieved its educational outcomes of both community health needs assessment and cultural immersion. Participants rated course extremely well especially from an experiential perspective. Participants felt the program enabled them to fulfil learning objectives in a challenging and enjoyable way. Educational value and enhancing understanding of Maori and rural health issues were both rated very high. Program also enabled and encouraged self and peer reflection of attitudes towards Maori culture.
Valadian J et al.[19]	2000	Adelaide, South Australia	Determined issues encountered by health service staff and how cultural awareness training could be best utilised to address these issues.	191 randomly selected staff from the South Australian Department of Human Services	Locally developed survey delivered via post.	Two thirds of participants could identify occasions when they or other staff had encountered difficulties when working with Indigenous people. These were attributed to compliance with treatment, communication difficulties and cultural differences. 87% of respondents felt that cultural awareness training would improve skills and knowledge of staff when working with Indigenous patients.
Mathews C[20]	1993	Northern Territory	Evaluation of introductory program on Indigenous culture and health for non-Indigenous staff.	25 Northern Territory service staff, 15 working in remote communities	Structured written evaluations delivered daily at the end of each of the 5 days of the course.	Participants reported an appreciation of what they had learnt about Indigenous culture and its application to service delivery. Participants indicated they would change work practice through increased interactions with Aboriginal Health Workers. Cross-cultural sessions were found to be most valuable. Large proportion of participants felt training should be made compulsory.

Appendix 3: Tools for auditing cultural competence

A number of audits were found internationally, the majority of which had a health care service orientation. Most of the audits were embedded in a comprehensive framework or implementation plan that aimed to assess organisational performance as a process and to provide the means to implement future strategies in working towards the final aim of achieving cultural competency (see Table 12). It is essential that the tools used in evaluations of the *Respecting the Difference* training framework are appropriate to assess the program within their health service community.

Suggested criteria for the selection of an audit tool are:

1. Needs to be applicable and acceptable for use by Aboriginal and Torres Strait Islander stakeholders and appropriate for use within SWSLHD services;

2. Required to have face validity, been used previously and be publicly available for use;

3. Required to have a dual focus on both assessment of individual professionals working within the organisation, as well as an assessment of the organisation as a whole; and

4. User-friendly and able to be completed without requiring extensive gathering of information by participants to promote higher response rates and completion by participants and decrease burden on participants.

An additional criteria for consideration would be using tools that have been, or are planned to be used in other studies locally:

*   The Gudaga study includes an audit of cultural competence of child and family services (health, non-health and government and non-government). At this stage, CHETRE are exploring the use of the Mungabareena Aboriginal Corporation Audit (see Tool 1, next page), which covers a number of domains including creating a welcoming environment, engaging Aboriginal clients and communities, communication and relationships, developing cultural competence, staff training and working collaboratively and respectfully with Aboriginal organisations and services. The audit consisted of 29 questions that had a response scale of Yes/No. On completion of the Audit it was intended that each participating service would receive a score for each domain and an overall score indicating the current level of cultural competency within the service. It was envisaged that the Audit would be used as a planning document for services to develop short, medium and long term goals associated with increasing the level of cultural

competency achieved overall.

*   The General Practice Unit at Fairfield (NSW) in conjunction with University of Melbourne has been conducting an audit of cultural competence in general practice (see Tool 12, next page) as part of its trial of a Cultural Respect Program and Toolkit (this project has been conducted in conjunction with Gandangara Local Aboriginal Land Council located in south western Sydney).

Recommendation

In order to ensure that the tool is appropriate to the study and the study context, the following is recommended:

1. Undertake a focus group with Aboriginal staff within SWSLHD to identify the areas of competence of concern to the local health service community and assess the acceptability of potential tools.

2. Pilot the selected tool with a SWSLHD service that will not be participating in the study.

Appendix 3: Tools for auditing cultural competence

Table 12:   Organisations that have developed a Cultural Competency Audit Tool

Organisation Type/Name	Country	Audit	Focus
1. Mungabareena Aboriginal Corporation & Women's Health Goulburn North East, Upper Hume Primary Care Partnership & Wodonga Regional Health Service	Australia	The Making Two Worlds Work Health and Community Services Audit	• Aboriginal people and communities • Health and Community Services
2. Multi-cultural Mental Health Australia	Australia	National Cultural Competency Tool (NCCT)	• Mental Health Services
3. National Center for Cultural Competence	USA	Cultural & Linguistic Competence Policy Assessment	• Community Health Centres
4. University of Ottawa	Canada	Organisational Cultural Competence: Self-Assessment tools for Community Health & Social Service Organisations	• Community Health • Social Service Organisations
5. Ministry for Children and Families (Vancouver)	Canada	Cultural Competency Assessment Tool	• Children and Families • Community based organisations
6. Andrulis D; SUNY/Downstate Medical Center	USA	Conducting a Cultural Competence Self-Assessment	• Healthcare Organisation
7. Department of the Premier & Cabinet, Government of South Australia	Australia	The Cultural Competency Self-Assessment Instrument	• General Services
8. Middlesex University & Department of Health	UK	The Children and Adolescent Mental Health Services Cultural Competence Action Tool	• Children and Adolescence • Mental Health Services
9. University of Newcastle	Australia	Indigenous Cultural Competency Continuum & Self-evaluation tool for the health professions	• Health Professions
10. Telethon Institute for Child Health Research (Western Australia)	Australia	Cultural Competence Assessment Tool Kit	• Maternal settings • Paediatric settings
11. Ngwala Willumbong Co-Operative Ltd (Victoria)	Australia	The Koori Practice Checklist	• Alcohol and Drug service
12. University of Melbourne	Australia	Aboriginal Health Cultural Competence Framework Audit Tool	• Health Services
13. Association of American Medical Colleges	USA	Tool for Assessing Cultural Competence Training (TACCT)	• Medical Curriculum and Students

Respecting the Difference Evaluation Survey

Date: /   /2014

Site Name: _____

Section 1: Demographics

What age group are you in?

☐ 18 – 24   ☐ 25 – 34   ☐35-44   ☐45 – 54   ☐ 55-64   ☐65+

Gender:

☐Male   ☐Female

Were you born overseas?
☐ No
☐ Yes → Where?...

Do you identify with a particular ethnic/cultural group?
☐ No
☐ Yes (other) →Which?..

Are you of Aboriginal or Torres Strait Islander descent?

No	☐
Yes, Aboriginal	☐
Yes, Torres Strait Islander	☐
Yes, both Aboriginal and Torres Strait Islander	☐

What is your job category?

Salaried medical officers	☐
Nurses (RN, EN and Student nurses)	☐
Other personal care staff	☐
Diagnostic and allied health professionals	☐
Administrative and clerical staff	☐
Domestic and other staff	☐

Questionnaire
Version 1.1 February 2014

Appendix 4: Survey

Section 2: Participation

I have completed the online Respecting the Difference training
No   ☐
Yes   ☐

I have taken part in other Aboriginal cultural training
No   ☐
Yes (Explain)   ☐
(Please include what training, date, time spent and who it was through)

_____

_____

_____

_____

_____

The understanding I have of Aboriginal culture comes from: (tick as many as apply):

          Respecting the Difference training   ☐

          Other cultural awareness training   ☐

          Professional experience   ☐

          Personal experience   ☐

          No particular training or experience   ☐

Any other
(Explain)

_____

_____

_____

_____

Questionnaire
Version 1.1 February 2014

Section 3: Knowledge
Instructions: Please tick ✓ the appropriate box

With my current knowledge I have an understanding of:

	Extremely aware	Moderately aware	Somewhat aware	Slightly aware	Not at all aware
The 'Aboriginal understanding' of health and wellbeing					
Aboriginal history					
Aboriginal family structure and social organization					
Aboriginal decision making processes					
Issues impacting on Aboriginal and Torres Strait Islander staff, colleagues and patients					
Aboriginal and Torres Strait Islander health issues and its links to socio-economic factors					
Aboriginal and Torres Strait Islander health issues and its links cultural factors					
Aboriginal and Torres Strait Islander health issues and its links to environmental factors					
The link between culture and Aboriginal and Torres Strait Islander identity					
The effect of racism on identity and the impact this has on health and wellbeing					

Questionnaire
Version 1.1 February 2014

Respecting the Difference

Section 4: Confidence
Instructions: Please tick ✓ the appropriate box
*Only for non-frontline staff e.g. cleaners, laundry staff.

With my current knowledge I feel confident:

	Extremely confident	Moderately confident	Slightly confident	Not at all confident	I am non-frontline staff*
In working effectively with Aboriginal and Torres Strait Islander patients					
In working effectively with Aboriginal and Torres Strait Islander staff					
In building a rapport when communicating with Aboriginal and Torres Strait Islander people					
In applying my knowledge of the 'Aboriginal understanding of health' to service provision					
In asking patients about their Aboriginal and Torres Strait Islander descent					
In accessing resources to support health service delivery to Aboriginal and Torres Strait Islander people					

Section 5: Workplace Commitment

I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace

       Strongly disagree   ☐

       Disagree   ☐

       Agree   ☐

       Strongly agree   ☐

I feel that my workplace is a welcoming environment for Aboriginal and Torres Strait Islander people

       Strongly disagree   ☐

       Disagree   ☐

       Agree   ☐

       Strongly agree   ☐

Please explain why/why not

_____

_____

_____

_____

Section 6: Short Answer Questions

Name one thing you have learnt or a change you have made in the workplace as a result of the Respecting the Difference Training:

_____

_____

_____

_____

General comments on Respecting the Difference Training:

_____

_____

_____

_____

_____

_____

_____

_____

Respecting the Difference Evaluation Survey

<u>Date</u>:   /   /2015

<u>Site Name</u>:   _____

<u>Section 1: Demographics</u>

What age group are you in?

☐ 18 – 24   ☐ 25 – 34   ☐35-44   ☐45 – 54   ☐ 55-64   ☐65+

Gender:

☐Male   ☐Female

Were you born overseas?
☐ No
☐ Yes → Where?..

Do you identify with a particular ethnic/cultural group?
☐ No
☐ Yes (other) →Which?..

Are you of Aboriginal or Torres Strait Islander descent?

No	☐
Yes, Aboriginal	☐
Yes, Torres Strait Islander	☐
Yes, both Aboriginal and Torres Strait Islander	☐

What is your job category?

Salaried medical officers	☐
Nurses (RN, EN and Student nurses)	☐
Other personal care staff	☐
Diagnostic and allied health professionals	☐
Administrative and clerical staff	☐
Domestic and other staff	☐

Page 1 of 5

Questionnaire
Version 1.2 February 2015

Section 2: Participation

I have completed the online Respecting the Difference training
No   ☐
Yes   ☐

I have attended the face-to-face workshop of the Respecting the Difference training
No   ☐
Yes   ☐

If yes, when?
(If unsure please give approximate month)

January 2014	☐	June 2014	☐	November 2014	☐
February 2014	☐	July 2014	☐	December 2014	☐
March 2014	☐	August 2014	☐	January 2015	☐
April 2014	☐	September 2014	☐	February 2015	☐
May 2014	☐	October 2014	☐	March 2015	☐

I have taken part in other Aboriginal cultural training
No   ☐
Yes (Explain)   ☐
(Please include what training, date, time spent and who it was through)
_____
_____
_____

The understanding I have of Aboriginal culture comes from: (tick as many as apply):
    Respecting the Difference training   ☐
    Other cultural awareness training   ☐
    Professional experience   ☐
    Personal experience   ☐
    No particular training or experience   ☐

Any other
(Explain)
_____
_____
_____

Questionnaire
Version 1.2 February 2015

<u>Section 3: Knowledge</u>
Instructions: Please tick ✓ the appropriate box

With my current knowledge I have an understanding of:

	Extremely aware	Moderately aware	Somewhat aware	Slightly aware	Not at all aware
The 'Aboriginal understanding' of health and wellbeing					
Aboriginal history					
Aboriginal family structure and social organization					
Aboriginal decision making processes					
Issues impacting on Aboriginal and Torres Strait Islander staff, colleagues and patients					
Aboriginal and Torres Strait Islander health issues and its links to <u>socio-economic</u> factors					
Aboriginal and Torres Strait Islander health issues and its links <u>cultural</u> factors					
Aboriginal and Torres Strait Islander health issues and its links to <u>environmental</u> factors					
The link between culture and Aboriginal and Torres Strait Islander identity					
The effect of racism on identity and the impact this has on health and wellbeing					

Page 3 of 5

Questionnaire
Version 1.2 February 2015

Section 4: Confidence
Instructions: Please tick ✓ the appropriate box

With my current knowledge I feel confident:

	Extremely confident	Moderately confident	Slightly confident	Not at all confident	I am non-frontline staff*
In working effectively with Aboriginal and Torres Strait Islander patients					
In working effectively with Aboriginal and Torres Strait Islander staff					
In building a rapport when communicating with Aboriginal and Torres Strait Islander people					
In applying my knowledge of the 'Aboriginal understanding of health' to service provision					
In asking patients about their Aboriginal and Torres Strait Islander descent					
In accessing resources to support health service delivery to Aboriginal and Torres Strait Islander people					

*Only for non-frontline staff e.g. cleaners, laundry staff.

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Questionnaire
Version 1.2 February 2015

Appendix 5: Survey 3-Month Post

Section 5: Workplace Commitment

I feel that I am committed to treating all people the same within my workplace

- Strongly disagree ☐
- Disagree ☐
- Agree ☐
- Strongly agree ☐

I feel that I am committed to improving Aboriginal and Torres Strait Islander health issues within my workplace

- Strongly disagree ☐
- Disagree ☐
- Agree ☐
- Strongly agree ☐

I feel that my workplace is a welcoming environment for Aboriginal and Torres Strait Islander people

- Strongly disagree ☐
- Disagree ☐
- Agree ☐
- Strongly agree ☐

Please explain why/why not

_____

_____

_____

I feel that within my workplace I am supported to provide care for individuals according to their different needs

- Strongly disagree ☐
- Disagree ☐
- Agree ☐
- Strongly agree ☐

Section 6: Short Answer Questions

Name one thing you have learnt or a change you have made in the workplace as a result of the Respecting the Difference Training:

_____

_____

_____

General comments on Respecting the Difference Training:

_____

_____

_____

_____

Questionnaire
Version 1.2 February 2015

Respecting the Difference Evaluation

Focus Group

1. "What do you see are the main issues in Aboriginal health and what are the associated socio-economic, cultural and environmental factors?"

2. "How confident do you feel working effectively with Aboriginal patients and staff?"

3. "How can you be culturally sensitive when providing services for Aboriginal and Torres Strait Islander people? What types of things might you say or do?"

4. "Is it possible to identify Aboriginal and Torres Strait Islander people without needing to ask? Why or why not?"

Respecting the Difference Evaluation

Focus Group

1. "What do you see are the main issues in Aboriginal health and what are the associated socio-economic, cultural and environmental factors?"

2. "How confident do you feel working effectively with Aboriginal patients and staff?"

3. "How can you be culturally sensitive when providing services for Aboriginal and Torres Strait Islander people? What types of things might you say or do?"

4. "Is it possible to identify Aboriginal and Torres Strait Islander people without needing to ask? Why or why not?"

5. "'Cultural competence in health care' refers to the ability of health service staff to learn about and acknowledge a patients' unique background (i.e. Arabic speaking, Aboriginal and Torres Strait Islander people, the disabled) and accommodate that background in the provision of service."

   a. How does this align with your understanding of cultural competence?

   b. How important is this concept to service delivery?

   c. How do you feel you apply this concept in your work?

6. Having completed the training, what are you doing differently?

7. Since the rollout of the training, what is your service doing differently?

Appendix 8: CEWD RTD Workshop Evaluation Form

The Centre for Education and Workforce Development

Course/Workshop Name: (Course Code: COM922): Respecting the Difference: Module II

Class Date: **Facilitator's Name**:

---

1. Where do you work?

❑ District Services	❑ Concord
❑ Balmain	❑ Drug Health
❑ Bankstown	❑ Fairfield
❑ Bowral	❑ Liverpool
❑ Camden	❑ Mental Health
❑ Campbelltown	❑ RPAH
❑ Canterbury	❑ Sydney Dental
❑ Community Health	❑ Other _____

2. Where did you attend this course/workshop?

❑ Balmain	❑ Drug Health
❑ Bankstown	❑ Fairfield
❑ Bowral	❑ Liverpool
❑ Camden	❑ Mental Health
❑ Campbelltown	❑ RPAH
❑ Canterbury	❑ Sydney Dental
❑ Community Health	❑ Other _____
❑ Concord	

3. What is your reason for undertaking this course?

❑ Career development	❑ Personal Interest
❑ Credit hours for CPD	❑ Personal development
❑ Requirement of position	❑ Recommended by manager
❑ Other_____	

4. Does this course relate to the requirements of your position?

❑ Yes   ❑ No   ❑ N/A

5. Did the course meet your expectations?

❑ Exceeded   ❑ Met   ❑ Not met

6. Overall view of the training experience.

Item	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Notification of this course was timely					
Training was relevant to my needs					
Content was well organised					
The facilitator/s was/were skilled in the subject					
The facilitator/s was/were engaging					
Theory and practical activities were well balanced					
Opportunities were provided for interaction and participation					
Resources provided were helpful					
Length of training time was sufficient					
I feel confident that I can apply the knowledge/skills learned to my work					
I would recommend this course to others					

7. Has the workshop/course content prepared you to be able to meet the following outcomes?

No.	Outcome	Met	
1	List the challenges and barriers to Aboriginal people accessing healthcare services	❑ Yes	❑ No
2	Describe local Aboriginal community demographics, including health status	❑ Yes	❑ No
3	Demonstrate an understanding of local community services and health programs that can support a holistic model of care for Aboriginal people	❑ Yes	❑ No
4	Explain your responsibility in relation to relevant Aboriginal Health policies and procedures	❑ Yes	❑ No

8. Additional comments

_____
_____
_____
_____
_____
_____

Thank-you for your feedback

Please return to the Facilitator at the end of the course/workshop

> **CEWD Admin Office only:**
>
> Entered in evaluation database: ❑ Yes
>
> Data base updated on: _____

The Centre for Education and Workforce Development, Locked Bag 7279, Liverpool BC NSW 1871. T. (02) 9828 5920 F. (02) 9828 5931.

Appendix 9: *Respecting the Difference* Key Performance Indicators

The Framework will be monitored and evaluated through the collection of short-term and long-term KPIs[6] and should be incorporated into the development, implementation and evaluation of local Aboriginal Cultural Training Programs.

Evaluation of the development and implementation of the training

KPI-1 Leadership commitment to implementing the training framework in each NSW Health organisation.

KPI-2 Programs for each target audience established in the NSW Health organisation.

KPI-3 All staff provided access to training programs.

KPI-4 Appropriate involvement of Aboriginal community groups in implementing training programs.

Assessment of the learning outcomes and training

KPI-5 Percentage of staff undertaking online learning annually.

KPI-6 Each NSW Health organisation submits a plan outlining strategies, targets and timeline for participation of all staff and targeted audience groups to attend face-to-face workshops and that targets for year 1 are achieved.

KPI-7 Evaluation of learning outcomes indicate learning outcomes are achieved (target of 80%).

Effectiveness

KPI-8 Training evaluation reports indicate 'Respecting the Difference' Aboriginal Cultural training has provided staff with the tools to provide better services to Aboriginal individuals and communities.

KPI-9 'Respecting the Difference' Aboriginal Cultural training is visible both in the health service and community and has high priority and is valued.

KPI-10 'Respecting the Difference' Aboriginal Cultural training is visibly linked to recruitment and retention strategies providing appropriate services for Aboriginal people and performance outcomes for Aboriginal health.

Appendix 10: References

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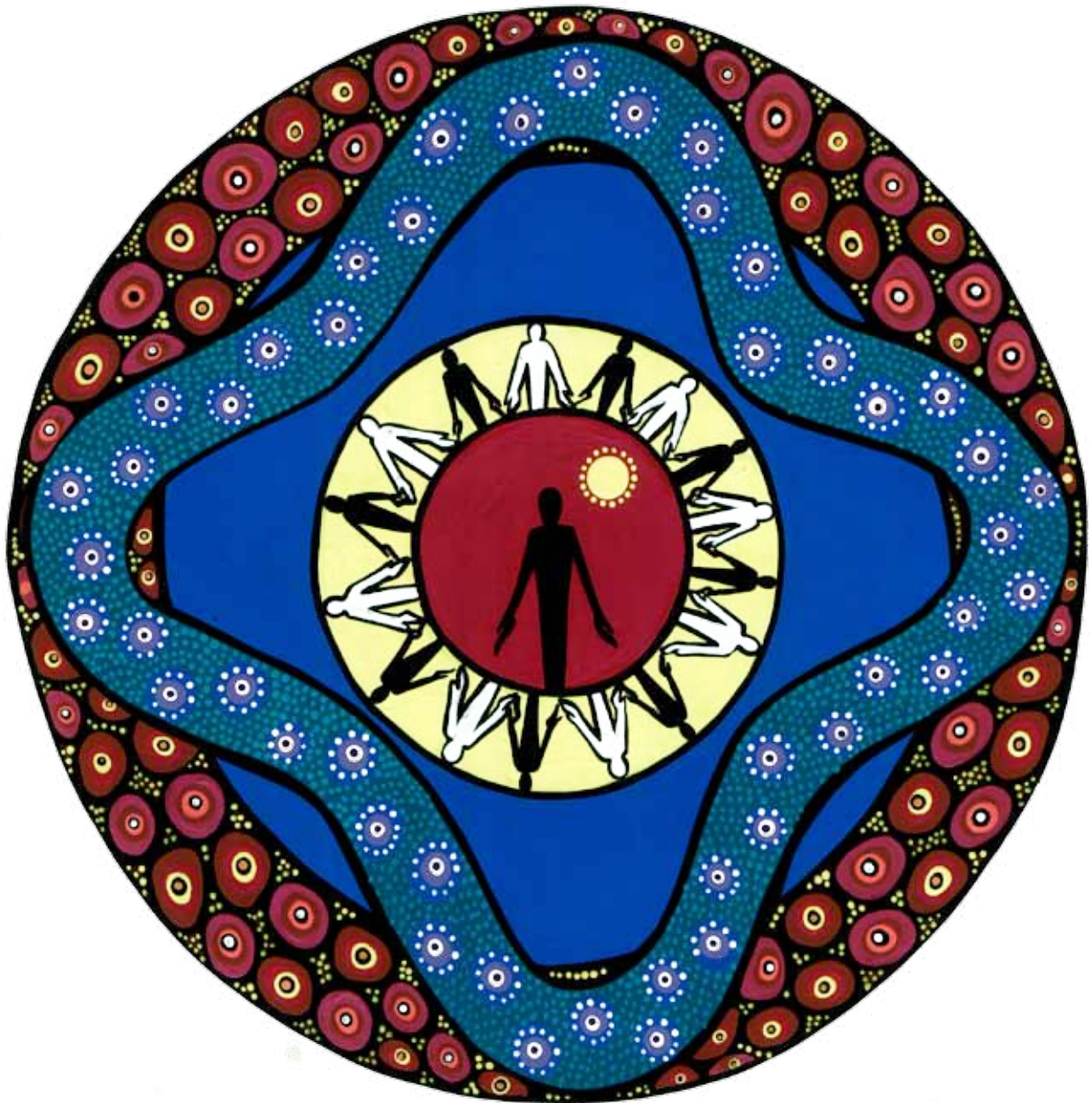
Artwork

We would like to acknowledge artist Bronwyn Bancroft, a descendant of the Djanbun clan of the Bundjalung Nation. Bronwyn created all artwork for the 'Respecting the Difference' project and with permission from the NSW Ministry of Health we have reproduced this artwork.

The artwork used on the front cover represents the holistic approach to creating better health outcomes for Aboriginal people. The outer circle symbolises Mother Earth, the binding of the land to health and the nourishment of the spirit through this connection.

The second blue circle represents fresh water – the cleansing qualities it brings to our lives, and a source of life and food replenishment.

The weaving shape over the fresh water represents salt water and the people who come from saltwater areas.

The next circle represents both Aboriginal and non-Aboriginal community members who will work together to achieve better health outcomes and support the individual to overcome fear of the unknown, especially in relation to non-Aboriginal health methods.

The artwork used in the footer of each page of this report represents "Connecting across Cultures".

The artworks used on page i represent "Men and Women" and "Spiritual Nutrition - Bush Food".