

# A cultural security framework

*for*

Kimberley mental health/social and emotional well-being  
and alcohol and other drug services



Developed by the Drug, Alcohol and Mental Health subcommittee of  
the Kimberley Aboriginal Health Planning Forum



**Kimberley  
Aboriginal  
Health**  
Planning Forum

## **Vision of the framework**

The vision of the framework is for the delivery of culturally secure mental health/social and emotional wellbeing and alcohol and other drug services and support, which are responsive to, and respectful of, the cultural rights, values, beliefs and expectations of Aboriginal people in the Kimberley region.

## **Purpose of the framework**

Member organisations of the Drug, Alcohol and Mental Health (DAMH) Subcommittee of the Kimberley Aboriginal Health Planning Forum (KAHPF) aim to provide best practice care using a continuous quality improvement approach to providing mental health/social and emotional well-being (SEWB) and alcohol and other drug (AOD) services and support to clients/patients.

Addressing cultural security is about overcoming the cultural power imbalances in places, people and policies which detract from achieving improvement in Aboriginal mental health and SEWB. This Cultural Security Framework (the framework) has been developed to support and guide KAHPF DAMH member organisations to improve cultural security in their organisation, both for their employees and their clients/patients.

The framework recommends measures that can be taken to work towards achieving a best practice, culturally safe service delivery model that:

- is respectful of Aboriginal cultural values
- is responsive to local needs and realities
- provides non-Aboriginal employees with a working environment where they do not inadvertently cause offence or act in ways that are counter-productive to good treatment/intervention outcomes.

The development of this framework has been led by the Kimberley Aboriginal Medical Service and guided by Aboriginal representatives from the member organisations of the DAMH Subcommittee of the KAHPF. These experienced workers acknowledge that working in a culturally secure way is a journey for all practitioners and services, given the cultural variation within the Kimberley and within and across age-groups.

Please note that wherever the term Aboriginal is used in this document it relates to Aboriginal and Torres Strait Islander people.

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## Elements of cultural security

Culture fosters resilience, promotes a positive sense of community, and acts as a protective factor on physical health, and social and emotional wellbeing.

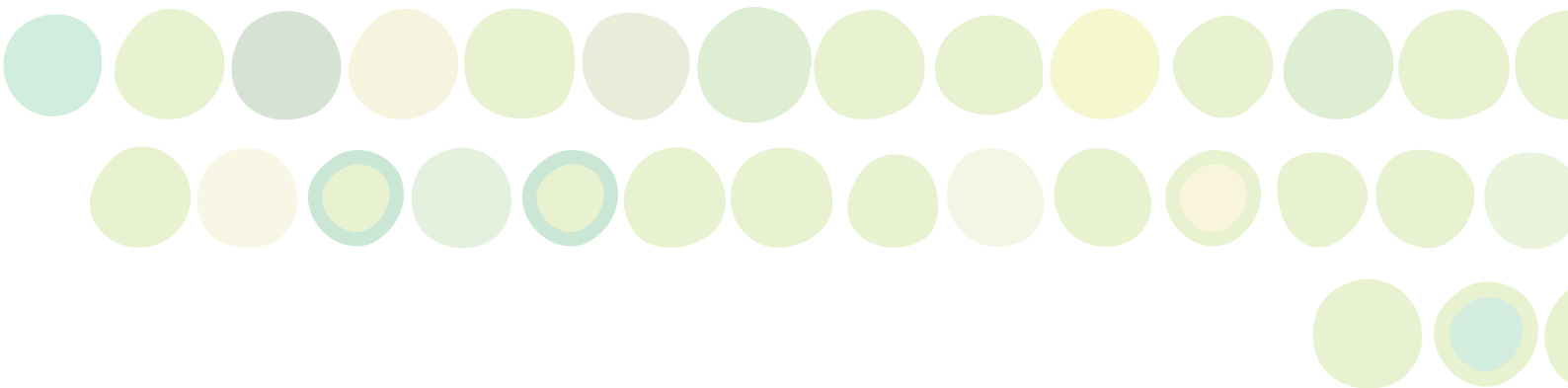
For the purpose of this document, cultural security is defined as the respect for the cultural rights, values and beliefs and expectations of Aboriginal people. Cultural security expands further than cultural awareness and cultural sensitivity.

This framework identifies 4 key areas within an organisation where cultural security should be addressed. For each key result area (KRA) the outcome to be aimed for has been articulated, together with targets/strategies and key performance indicators (KPIs) which can be used to measure success.

The 4 KRA areas are:

1. Professional development of the workforce
2. The workplace environment
3. Work practices
4. Systems and processes.

Please note that the targets/strategies identified under each KRA relate to services for Aboriginal clients/patients and should only be performed where safe and appropriate.



## Background to the development of the framework

Aboriginal culture is a source of strength, resilience, identity and confidence. Each of these factors links to a positive sense of health and wellbeing, which can be described as the continuity and connectedness between an individual's mind, body, and spirit, and through their connection with culture, country, family and community . It is recognised that an individual's sense of health and wellbeing has various associations and meanings across the Kimberley region. The protection and promotion of culture is critical to building resilience and progressing improvements in Aboriginal mental health and SEWB.

Aboriginal people make up approximately 42% of the population of the Kimberley . The region is reporting an escalating number of people experiencing mental health and/or social and emotional wellbeing (SEWB) related issues. A high proportion of people seeking assistance from mental health or SEWB services are Aboriginal. For example, from 2011-2015, Kimberley Aboriginal residents aged 15-64 years accessed community mental health services 3.2 times the rate of non-Aboriginal residents . In addition, the Kimberley region reports a disproportionate level of alcohol consumption and AOD level of harm in comparison to the rest of Western Australia.

Treating everyone the same does not give equitable outcomes. Aboriginal people experiencing mental health/SEWB related issues face far greater disadvantage and vulnerability than most non-Aboriginal people. Methods of engagement and support must be culturally responsive and encompass cultural respect, awareness, security, and safety . Experience has shown that Kimberley Aboriginal people are more likely to access and experience better outcomes from a service they can relate to and where they feel comfortable. Quality care for the Aboriginal community needs to be responsive to cultural differences and avoid the conscious and unconscious impacts of inappropriate responses, however well meaning.

Providing a culturally secure service involves a number of elements, both for an organisation and for individual employees, including:

- for non-Aboriginal staff, it begins with ensuring they have cultural awareness training which enhances sensitivity to cultural differences.
- for Aboriginal staff, the ideal is a workplace that respects and appreciates code-switching as a valuable tool for cross-cultural learning, communication and collaboration, conversely to an environment where an individual is required to code-switch to conform. In addition, an employer that recognises that Aboriginal staff members have both professional and community responsibilities and obligations.
- for an organisation, the goal is to ensure that the services that are delivered and the models of care which are used align with Aboriginal people's worldviews, values, traditions, priorities and approaches.

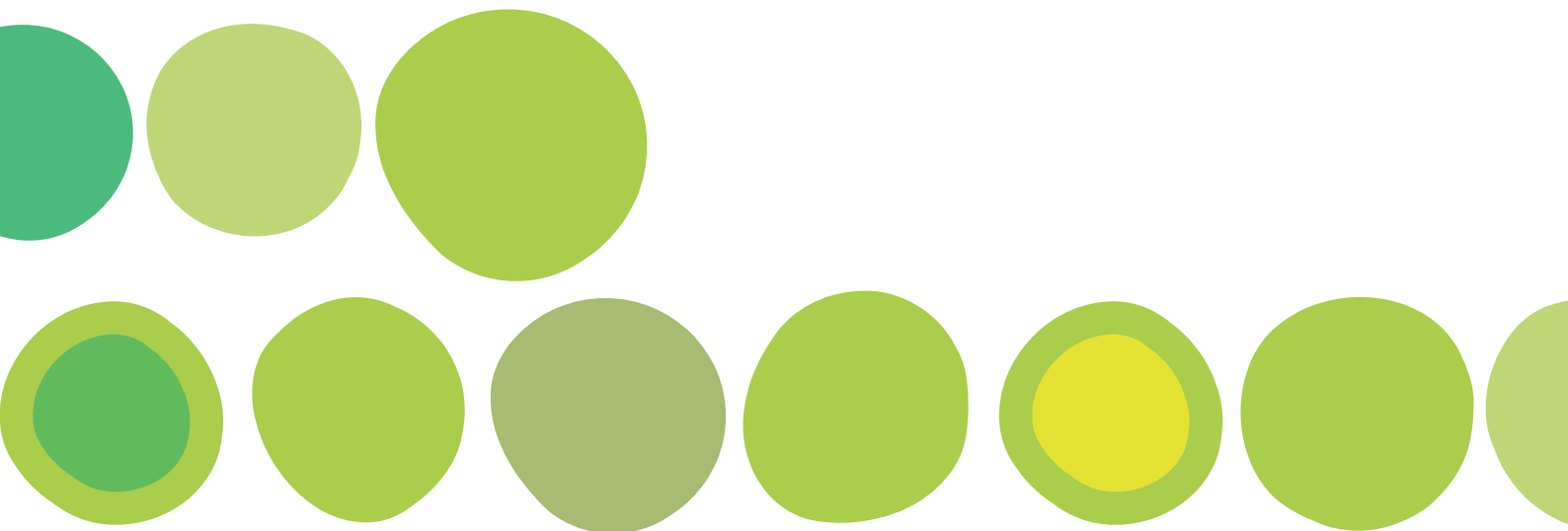
## Implementation of this framework

KAHPF DAMH member organisations will be asked to sign up to this framework (Appendix A).

By signing up to the framework each member organisation is agreeing to:

- Complete a baseline assessment of the Cultural Security of their organisation
- Develop an improvement plan with an embedded reporting component
- Continuously work towards making their organisation and the services it provides culturally secure
- Share information on their progress with other KAHPF DAMH member organisations
- After agreement on KAHPF DAMH priorities, share KPI data with KAHPF.

This framework provides an opportunity to continue to improve the delivery of culturally secure mental health/SEWB and AOD services and support across the Kimberley to positively impact health outcomes, and should not be viewed as an onerous task.



## 1. Professional development of the workforce

Key result area (KRA)	Targets/strategies	Key performance indicators (KPIs)	Target
All staff have an awareness of and show respect for Aboriginal spirituality, cultural protocols, communication styles, lived experience and history	As a mandatory requirement all new staff receive appropriate face to face, locally relevant cultural awareness training from local trainers before they interact with clients/consumers or community members	Percentage of new staff receiving face to face cultural awareness training with 6 weeks of commencement	100%
		Training is delivered locally	YES
	In remote clinic/small town settings local Aboriginal staff introduce new staff to key stakeholders in the community	Percentage of new staff receiving local introductions facilitated by local Aboriginal staff	100%
	Access to cultural supervision and mentoring by an identified cultural supervisor/mentor/mentoring team is provided for new staff	Percentage of new staff have an identified cultural supervisor/mentor/mentoring team within the first week of employment	100%
	Access to cultural consultations is provided for new staff	Organisation has documented protocols/guidelines for staff on process to access cultural consultations appropriately	YES
	Orientation of new staff includes information about organisations who have signed up to the Culturally Secure Framework where clients/patients can be referred	Percentage of new staff given an orientation package that contains relevant information within 1 week of employment	100%
	Orientation of new staff includes information about where information about cultural matters can be sought	Percentage of new staff given an orientation package that contains relevant information within 1 week of employment	100%
	Follow up evaluation of cultural awareness training occurs within 6 months and further training is provided if necessary	As part of a formal review process, all staff complete a self-reported measure of cultural awareness at induction, 6 month and annual review	YES

## 2. The Workplace Environment

KRA	Targets/strategies	Key performance indicators (KPIs)	Target
Services are delivered from welcoming venues, which are designed to meet clients/patients needs	<p>Measures are in place which give Aboriginal people a sense they are welcome in the building. For example:</p> <ul style="list-style-type: none"> <li>The building has an Aboriginal flag outside</li> <li>The building, its rooms or wings are given a locally relevant Aboriginal name</li> <li>The Traditional Owners of the country where the venue is located are acknowledged e.g. via a plaque on the wall</li> <li>Furnishings and decorations based on local Aboriginal culture are used/on display</li> <li>Aboriginal newspapers can be found in the waiting area</li> <li>Photos of Aboriginal staff are on the wall</li> <li>There is an Aboriginal person on reception.</li> <li>Significant events in the Aboriginal calendar are visibly acknowledged</li> </ul>	The number of these or equivalent welcoming strategies which are in place at all service delivery sites used	6+ strategies are utilised at all work sites and areas for improvement are reviewed annually
	<p>The building design acknowledges Aboriginal realities and preferences. For example:</p> <ul style="list-style-type: none"> <li>Avoidance relationships are acknowledged in the building design e.g. via multiple entrances, multiple or partitioned waiting areas</li> <li>A variety of therapeutic spaces are available including outside areas</li> <li>Consultation rooms are designed and furnished to accommodate family</li> </ul>	<p>Ways by which avoidance relationships are catered for are identified and acknowledged</p> <p>Outside therapeutic spaces are available</p> <p>Therapeutic spaces are large enough for family consultations</p> <p>Design of new/refurbished clinics, treatment rooms, therapeutic spaces and/or consulting rooms includes measures to address avoidance relationships, and takes account of Aboriginal preferences for family consultations and informal counselling/consultation areas</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>



### 3. Care models

KRA	Targets/Strategies	Key Performance Indicators (KPIs)	Target
The treatment, support, training and/or care provided acknowledges the cultural difference and local realities of Aboriginal clients /patients	Culturally validated screening and assessment tools are used. Please refer to <a href="#">Appendix B</a> .	Culturally validated screening tools are used, with all relevant staff trained in their use	YES
	Initial triage or assessment includes input from an Aboriginal staff member	Percentage of assessments which involve an Aboriginal member of staff	100%
	Clients/patients are offered access to formal interpreters or informal translators	Percentage of clients/patients offered access to formal interpreters or informal translators	100%
	Based on consultation and informed consent, care planning, treatment or support is based on the clients/patients priorities and realities e.g. to stay on country, to maintain contact with family Acknowledgement of the importance of therapeutic alliance, in that it aligns to Aboriginal cultural values A commitment to service model flexibility that supports specific needs (flexible time limits for service engagement; engagement approaches; offers family inclusivity)	Percentage of clients/patients consulted about their wishes and priorities	100%
		Client/patient feedback survey/evaluation includes a question related to the clients/patients feeling heard and their priorities met Does the organisation offer a flexible service model that supports specific needs?	100% client satisfaction YES
	If the client/patient prefers, family are present at consultations and involved in decisions re responses/treatment	Are clients informed that family members are invited/encouraged to attend consultations and be involved in decisions?	YES
	The use of traditional medicine and traditional healers is valued, encouraged and, where appropriate, facilitated Mainstream agencies have access to information on the use of and access to traditional medicine and traditional healer	Are the role of/visits to traditional healers discussed in the assessment and treatment plan?	YES
		Percentage of visits to traditional healers facilitated on request Procedures are in place to inform staff of their option to contact key local AMS for advice	100% clients who request YES
Procedures are in place which acknowledge that avoidance relationships may impact on service delivery e.g. on Aboriginal staff availability for consultations, on patient transport arrangements	Procedures are in place	YES	
A 'No Wrong Door' principle operates where clients who cannot be assisted by your service are provided warm referral options to access appropriate support or treatment	Guidelines are in place demonstrating organisation operates within this principle e.g. warm referral pathway flowchart	YES	

## 4. Systems and processes

KRA	Targets/strategies	Key performance indicators (KPIs)	Target
The unique needs of Aboriginal clients/ patients and the demands made on Aboriginal staff are embedded in the structures, policies, procedures and programmes  KRA 4 cont.	A Customer Charter which outlines client/ patient rights and responsibilities is developed and displayed	A customer charter is developed and displayed	YES
	Systems are in place providing recognition and protection of Indigenous Cultural and Intellectual Property and the right to maintain, control, protect and develop traditional knowledge and cultural expressions. Refer to <a href="#">United Nations Declaration of the Rights of Indigenous Peoples</a>	Guidelines are in place demonstrating organisation operates within this principle with all necessary consents in place	YES
		Does the organisation acknowledge cultural considerations for maintaining professional boundaries and confidentiality?	YES
	Systems are in place to support the involvement of traditional healers in therapeutic responses	Policies and procedures are in place	YES
	Subject to legal limitations and ethical considerations (e.g. mandatory reporting) policies and procedures relating to privacy and confidentiality are in place	Organisation has policies and procedures in place relating to privacy and confidentiality, considering privacy for priority populations, for example young people, and including information on breach of privacy or security	YES
	The organisation has an Aboriginal staff recruitment target for the Kimberley in line with local Aboriginal population prevalence	Does the organisation's target reflect the % of Aboriginal people in your catchment area?	YES
		Does the organisation have effective positive recruitment strategies in place?	YES
	Positive recruitment strategies are in place to achieve the Aboriginal employment targets e.g.: <ul style="list-style-type: none"> <li>an Aboriginal person is on all interview panels</li> <li>50D positions are identified</li> <li>Traineeships are used</li> <li>Aboriginal people who meet the selection criteria are interviewed</li> </ul>	Percentage of interviews which have an Aboriginal person on the interview panel	100%
		Aboriginal traineeship positions established and are actively pursued and outcomes reported on in annual reports	1+ per year
		Is the need for 50D positions reviewed annually?	YES
The organisation invests in Aboriginal staff via: <ul style="list-style-type: none"> <li>Aboriginal staff are supported via professional development opportunities to achieve leadership roles</li> <li>Aboriginal staff are supported to represent their organisation/section at meetings</li> <li>Aboriginal staff are supported to management positions</li> <li>Aboriginal staff are supported to participate on boards and other decision-making structures</li> </ul>	Percentage of Aboriginal staff with a professional development plan which is supported through supervision Organisation has:	100%	
	Succession plan that articulates career progression pathways for Aboriginal staff?	YES	
	Aboriginal staff in attendance at KAHPF DAMH meetings?	YES	
	Aboriginal staff in management levels across the organisation?	YES	
	Aboriginal staff present on boards/decision-making structures?	YES	

## 4. Systems and processes (continued)

KRA	Targets/strategies	Key performance indicators (KPIs)	Target
The unique needs of Aboriginal clients/patients and the demands made on Aboriginal staff are embedded in the structures, policies, procedures and programmes	The role of cultural mentor, and the time the mentoring role may take, are acknowledged in an Aboriginal employee's job description	Cultural mentor roles are incorporated into all relevant job descriptions	YES
		Staff are remunerated for the mentoring role	YES
	The organisation appropriately remunerates Aboriginal workers for their cultural expertise through experience, local knowledge and community relationships they bring to their role	Staff are remunerated for their cultural expertise	YES
	Flexible work arrangements are in place for staff who provide out-of-hours support to their local community	Employment awards and contracts articulate how cultural obligations are supported	YES
	Leave arrangements acknowledge the cultural obligations of staff	Working hours consider community needs and level of flexibility in operating hours where funding allows this	YES
	The organisation supports arrangements which allow staff to attend significant events in the Aboriginal calendar eg Sorry Day, NAIDOC celebrations	Ways which encourage staff to attend significant events are clear	YES
	Avenues for clients/patients to provide feedback regarding the service response/treatment are responsive to local capacities i.e. not only based on filling in forms	Appropriate ways are used to capture feedback	YES
		Ways to make a complaint are communicated and accessible	YES
	Processes are in place to ensure the local Aboriginal community are engaged in co-design and delivery of programs and services to encourage a sense of ownership	At minimum, consultations about service design and delivery includes a range of Aboriginal community stakeholders including representation of service users occurs annually	YES
		Membership of committees and advisory groups reflects the % of Aboriginal people in the catchment area	YES
Wherever possible, contracts to provide support services are allocated to local Aboriginal businesses or organisations	Selection processes for tenders and contracts preferentially support local Aboriginal businesses	YES	
An audit of policies and workplace practices occurs periodically to ensure best practice culturally secure approaches are in place and being implemented	Audits occur and improvement measures are implemented	YES	

## Evaluating your success

It is important that your organisation measures whether or not your attempts to achieve cultural security have achieved the outcomes that you are seeking. Are there more Aboriginal people accessing your services and providing positive feedback? It is recommended to undertake regular reviews and audits to promote continuous improvement in your workplace.

Before you begin implementing this framework, make sure you have some baseline data so you can check your improvement!

## Organisations that may be consulted to help your service to deliver culturally secure services and support

### KIMBERLEY ABORIGINAL LAW AND CULTURE CENTRE

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Great Northern Highway, Fitzroy Crossing ph 0891 915317

<http://www.kalacc.org.au>

Broome - Unit 10 Broome Lotteries House, Cable Beach Road

ph 08 9192 3981

or

Kununurra - Button Drive ph 08 91693161

<http://www.kimberleyinterpreting.org.au/>

Kimberley Language Resource Centre

158 Terone Street, Halls Creek ph 0891 686 005

<http://www.klrc.org.au/home>

### MIRIMA DAWANG WOORLAB GERRING LANGUAGE AND CULTURE CENTRE

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158 Speargrass Road, Kununurra ph 0891 691 029

<http://www.mirima.org.au>

### NYAMBA BURU YAWURU

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55 Reid Road, Broome ph 0891 929 600

<http://www.yawuru.com/>

### MOWANJUM ARTS AND CULTURE CENTRE

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Gibb River Road Derby W.A.

ph 0891 911 008

<http://www.mowanjumarts.com/>

## Definitions

A range of words are used in documents relating to cultural security. The definitions that follow have been collated from a number of sources listed in the references.

<b>Culturally appropriate:</b>	An approach to policy, practice and service delivery that is based on the positive acceptance of the cultural values and expectations of Aboriginal people.
<b>Cultural competence</b>	The the ability to see beyond the boundaries of our own cultural interpretations, to be able to be objective when dealing with cultures different from our own and be able to interpret and understand behaviours and intentions of people from other cultures non-judgementally and without bias.
<b>Cultural safety</b>	Whether or not Aboriginal clients/ patients and their families are 'safe' from covert and overt cultural abuse while engaging with a service.
<b>Cultural security</b>	The respect for the cultural rights, values and beliefs and expectations of Aboriginal people.

## References

Aboriginal Health Council of WA (AHCWA). Cultural safety training. Available from <http://www.ahcwa.org.au/#!cst/ra7qb>

Australian Bureau of Statistics 2016, (Statistical Area Level 3: Kimberley), Aboriginal and Torres Strait Islander Peoples Profile, viewed 5 November 2019, [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/communityprofile/51001?opendocument](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/51001?opendocument)

Australian Health Ministers' Advisory Council; AHMAC Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004-2009. Available from: [www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs\\_crf.htm/\\$FILE/Cultural\\_Respect\\_Framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs_crf.htm/$FILE/Cultural_Respect_Framework.pdf)

Australian Indigenous Doctor's Association (AIDA). Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients. Available from [https://www.aida.org.au/wp-content/uploads/2015/03/Cultural\\_Safety.pdf](https://www.aida.org.au/wp-content/uploads/2015/03/Cultural_Safety.pdf)

Australian Indigenous Doctor's Association (AIDA). Cultural Safety Fact Sheet. Available from <https://www.aida.org.au/wp-content/uploads/2015/03/Cultural-Safety-Factsheet1.pdf>

Beyond Blue. Stop. Think. Respect. Available from: <https://www.beyondblue.org.au/who-does-it-affect/stop-think-respect-home/the-invisible-discriminator>

Commonwealth of Australia. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. 2nd edition, 2014. Available from:

<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>

Dept. for Child Protection and Family Support (2016) Aboriginal Services and Practice Framework 2016-2018. Government of Western Australia.

Dept. of Health Planning and Evaluation Unit. Kimberley Health Profile 2018. Available from: [http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/Publications\\_by\\_topic\\_type/Reports\\_and\\_Profiles/eDoc\\_-\\_CO\\_-\\_Kimberley\\_Health\\_Profile\\_2018.pdf](http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/Publications_by_topic_type/Reports_and_Profiles/eDoc_-_CO_-_Kimberley_Health_Profile_2018.pdf)

Drug and Alcohol Office (2015). Alcohol and Other Drug Indicators Report – Kimberley Health Region

WA Country Health Services. WA Country Health's Model of Care for Aboriginal Mental Health.

Yap and Tu (2016) 'Community wellbeing from the group up: a Yawuru example', Bankwest Curtin Economics Centre Research Report 3/16 Aug

## Appendix A: KAHPF member organisations

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Kimberley Aboriginal Medical Services  
West Australian Country Health Service  
Ord Vally Aboriginal Health Service  
Bidyadanga Clinic  
Broome Regional Aboriginal Medical Services  
Nirrumbuk  
Royal Flying Doctor Services  
Nindilingarri  
Boab Health  
Milliya Rumurra Aboriginal Corporation  
Aboriginal Health Council Western Australia  
Derby Aboriginal Health Service  
Bidyadanga Health Clinic  
Nindilingarri Cultural Health Services  
Boab Health Services  
Kimberley Population Health Unit (WACHS)  
Kimberley Mental Health & Drug Service (WACHS)  
Rural Health West  
Mens Outreach Service  
Yura Yungi Medical Services  
Jungarni  
Kimberley Stolen Generation Aboriginal Corporation  
West Australian Primary Health Alliance  
West Australian Department of Communities

## Appendix B: List of culturally validated screening and assessment tools

### KIMBERLEY SPECIFIC TOOLS:

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Alive and Kicking Goals! Suicide Prevention Project

<https://healthinonet.ecu.edu.au/key-resources/programs-and-projects/1261/?title=Alive%20and%20Kicking%20Goals%21%20Suicide%20Prevention%20Project>

iBobbly Suicide Prevention App established by Black Dog Institute and coordinated by Men's Outreach Service Inc and the Alive and Kicking Goals Suicide Prevention Program (currently undertaking evaluation) <https://www.blackdoginstitute.org.au/research/digital-dog/programs/ibobbly-app>

Kimberley Mum's Mood Scale (KMMS) developed by Kimberley Aboriginal Health Planning Forum <http://kahpf.org.au/kmms>

### AUSTRALIA-WIDE TOOLS

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9-Item Patient Health Questionnaire adapted version (aPHQ-9) by The George Institute for Global Health

[https://www.georgeinstitute.org/sites/default/files/gir\\_apsurvey\\_h020919\\_ii.pdf](https://www.georgeinstitute.org/sites/default/files/gir_apsurvey_h020919_ii.pdf) (with scoring)  
[https://www.georgeinstitute.org/sites/default/files/gir\\_apsurvey\\_h020919\\_i.pdf](https://www.georgeinstitute.org/sites/default/files/gir_apsurvey_h020919_i.pdf) (without scoring)

Aboriginal and Torres Strait Islander Youth Social Emotional Wellbeing (SEW) assessment <https://www.naccho.org.au/wp-content/uploads/National-guide-3rd-ed-web-final.pdf>

AIMhi Stay Strong App developed by Menzies Schools of Health Research and Queensland University of Technology [https://www.menzies.edu.au/page/Research/Projects/Mental\\_Health\\_and\\_wellbeing/Development\\_of\\_the\\_Stay\\_Strong\\_iPad\\_App/](https://www.menzies.edu.au/page/Research/Projects/Mental_Health_and_wellbeing/Development_of_the_Stay_Strong_iPad_App/)

Alcohol Use Disorders Identification Test- (AUDIT-C) modified version of the AUDIT developed by the World Health Organisation [https://yourroom.health.nsw.gov.au/publicationdocuments/FASD\\_Health%20workers%20guide\\_web.pdf](https://yourroom.health.nsw.gov.au/publicationdocuments/FASD_Health%20workers%20guide_web.pdf)

Cultural Competency Profiles developed by A/Professor Tracy Westerman <https://indigenoupsychservices.com.au/shop/>

Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts developed by Menzies School of Health Research <https://www.cbpatisp.com.au/wp-content/uploads/2019/09/bestpraxis-guidelines-FINAL-20190903.pdf>

Here and Now Aboriginal Assessment (HANAA) developed by the University of Western Australia [http://www.wpro.who.int/whocc\\_forum/agenda/whocc2\\_poster\\_australia\\_research\\_and\\_training\\_hanaa.pdf](http://www.wpro.who.int/whocc_forum/agenda/whocc2_poster_australia_research_and_training_hanaa.pdf)

Indigenous Risk Impact Screen (IRIS) and Brief Intervention Project developed by Queensland Health <https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=613400&title=Indigenous+Risk+Impact+Screen+%28IRIS%29>