

# A cultural security framework

## Self-Assessment Tool



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

<b>Organisation:</b>	
<b>Location:</b>	



**Kimberley  
Aboriginal  
Health**  
Planning Forum

<b>Completed by:</b> Name of Person Completing	<b>Date:</b> Date
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<b>Key Result Area</b>	<b>1. Professional development of the workforce</b>
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Item	Strategy	Key Performance Indicator	Target
1.1	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  Training is delivered locally	100%  Yes

<b>Compliance</b>
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Method	Evidence	Rating
Observation Interview / questionnaire Documentation	<b>Interview:</b> <ul style="list-style-type: none"> <li>Management interview describing the procedure for new staff to receive cultural awareness training as part of the organisation's induction process. A local agency is engaged to deliver face to face cultural awareness training for all new staff, however training sessions are not always available within the 6 week commencement period for new staff (training is available every 3 months).</li> <li>Worker interview describing how they participated in a face to face cultural awareness training run by a local agency. Worker received training after the required 6 weeks of commencement.</li> </ul> <b>Documentation:</b> <ul style="list-style-type: none"> <li>Training register, records, policies and procedures</li> <li>Induction documentation, including checklist and records</li> <li>Contract with local agency to deliver face to face cultural awareness training</li> </ul>	Achieved  Not yet achieved  Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed
1.1a	Management to discuss with contracted local agency the availability of training to ensure all new staff receive training within 6 weeks of commencement	Yes	10/04/20
1.1b	If 1.1a is unsuccessful, management to consider other potential local agencies and/or training to be delivered internally	No	

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>1. Professional development of the workforce</b>
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Item	Strategy	Key Performance Indicator	Target
<b>1.1</b>	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  Training is delivered locally	<b>100%</b>  <b>YES</b>

<b>Compliance</b>		
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Method	Evidence	Rating
Observation  Interview / questionnaire  Documentation		Achieved  Not yet achieved  Not assessed

<b>Continuous Quality Improvement process</b>			
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		1. Professional development of the workforce	
Item	Strategy	Key Performance Indicator	Target
<b>1.2</b>	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	<b>100%</b>

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	1. Professional development of the workforce		
Item	Strategy	Key Performance Indicator	Target
<b>1.3</b>	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	<b>100%</b>

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>1. Professional development of the workforce</b>
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Item	Strategy	Key Performance Indicator	Target
<b>1.4</b>	Access to cultural consultations is provided for new staff	Organisation has documented protocols/ guidelines for staff on process to access cultural consultations appropriately	<b>100%</b>

<b>Compliance</b>		
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>			
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		1. Professional development of the workforce	
Item	Strategy	Key Performance Indicator	Target
1.5	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%

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>1. Professional development of the workforce</b>
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Item	Strategy	Key Performance Indicator	Target
<b>1.6</b>	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%

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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# 1. Professional development of the workforce

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>1. Professional development of the workforce</b>
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Item	Strategy	Key Performance Indicator	Target
<b>1.7</b>	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

<b>Compliance</b>		
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>			
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 2. The workplace environment

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>2. The workplace environment</b>
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Item	Strategy	Key Performance Indicator	Target
<b>2.1</b>	Measures are in place which give Aboriginal people a sense they are welcome in the building. For example: <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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 2. The workplace environment

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>2. The workplace environment</b>
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Item	Strategy	Key Performance Indicator	Target
<b>2.2</b>	The building design acknowledges Aboriginal realities and preferences. For example: <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>	Ways by which avoidance relationships are catered for are identified and acknowledged Outside therapeutic spaces are available Therapeutic spaces are large enough for family consultations 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	YES  YES YES  YES

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	<b>3. Care models</b>		
Item	Strategy	Key Performance Indicator	Target
<b>3.1</b>	Culturally validated screening and assessment tools are used. Please refer to Appendix B in Framework	Culturally validated screening tools are used, with all relevant staff trained in their use	YES

Compliance		
Method	Evidence	Rating
Observation  Interview / questionnaire  Documentation		Achieved  Not yet achieved  Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		3. Care models	
Item	Strategy	Key Performance Indicator	Target
3.2	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%

#### Compliance

Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

#### Continuous Quality Improvement process

ID	Opportunities for Improvement	Actioned	Completed

#### Comments/ notes:

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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>3. Care Models</b>
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Item	Strategy	Key Performance Indicator	Target
<b>3.3</b>	<p>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</p> <p>Acknowledgement of the importance of therapeutic alliance, in that it aligns to Aboriginal cultural values</p> <p>A commitment to service model flexibility that supports specific needs (flexible time limits for service engagement; engagement approaches; offers family inclusivity)</p>	<p>Percentage of clients/patients consulted about their wishes and priorities</p> <p>Client/patient feedback survey/evaluation includes a question related to the clients/patients feeling heard and their priorities met</p> <p>Does the organisation offer a flexible service model that supports specific needs?</p>	<p>100%</p> <p>100% client satisfaction</p> <p>YES</p>

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>3. Care models</b>
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Item	Strategy	Key Performance Indicator	Target
<b>3.4</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	3. Care models		
Item	Strategy	Key Performance Indicator	Target
<b>3.5</b>	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 healers	Are the role of/visits to traditional healers discussed in the assessment and treatment plan?  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	YES  100% clients who request  YES

Compliance		
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Method	Evidence	Rating
Observation  Interview / questionnaire  Documentation		Achieved  Not yet achieved  Not assessed

Continuous Quality Improvement process			
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		3. Care models	
Item	Strategy	Key Performance Indicator	Target
3.6	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	100%

#### Compliance

Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

#### Continuous Quality Improvement process

ID	Opportunities for Improvement	Actioned	Completed

**Comments/ notes:**

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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### 3. Care Models

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		3. Care models	
Item	Strategy	Key Performance Indicator	Target
3.7	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		4. Systems and processes	
Item	Strategy	Key Performance Indicator	Target
4.1	A Customer Charter which outlines client/ patient rights and responsibilities is developed and displayed	A customer charter is developed and displayed	YES

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		4. Systems and processes	
Item	Strategy	Key Performance Indicator	Target
<b>4.2</b>	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 United Nations Declaration of the Rights of Indigenous Peoples	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

	<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		4. Systems and processes	
Item	Strategy	Key Performance Indicator	Target
<b>4.3</b>	Systems are in place to support the involvement of traditional healers in therapeutic responses	Policies and procedures are in place	YES

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

	<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.4</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.5</b>	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 are in place?	YES

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	4. Systems and processes		
Item	Strategy	Key Performance Indicator	Target
<b>4.6</b>	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 Aboriginal traineeship positions established and are actively pursued and outcomes reported on in annual reports Is the need for 50D positions reviewed annually?	100%  1+ per year  YES

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

	<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.7</b>	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> </ul> Aboriginal staff are supported to participate on boards and other decision-making structures	Percentage of Aboriginal staff with a professional development plan which is supported through supervision Organisation has: <ul style="list-style-type: none"> <li>Succession plan that articulates career progression pathways for Aboriginal staff?</li> <li>Aboriginal staff in attendance at KAHPF DAMH meetings?</li> <li>Aboriginal staff in management levels across the organisation?</li> <li>Aboriginal staff present on boards/ decision-making structures?</li> </ul>	100%  YES YES YES YES

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.8</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		4. Systems and processes	
Item	Strategy	Key Performance Indicator	Target
<b>4.9</b>	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	4. Systems and processes		
Item	Strategy	Key Performance Indicator	Target
<b>4.10</b>	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.11</b>	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

<b>Compliance</b>		
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>			
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.12</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area	4. Systems and processes		
Item	Strategy	Key Performance Indicator	Target
<b>4.13</b>	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.14</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

	<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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Key Result Area		4. Systems and processes	
Item	Strategy	Key Performance Indicator	Target
<b>4.15</b>	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

Compliance		
Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

Continuous Quality Improvement process			
ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>

<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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## 4. Systems and processes

<b>Completed by:</b>	<b>Date:</b>
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<b>Key Result Area</b>	<b>4. Systems and processes</b>
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Item	Strategy	Key Performance Indicator	Target
<b>4.16</b>	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

<b>Compliance</b>
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Method	Evidence	Rating
Observation		Achieved
Interview / questionnaire		Not yet achieved
Documentation		Not assessed

<b>Continuous Quality Improvement process</b>
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ID	Opportunities for Improvement	Actioned	Completed

<b>Comments/ notes:</b>
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<b>Next Scheduled self-assessment date (approx. 3 months)</b>	
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