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Cultural competence in Aboriginal education service delivery in Australia: Some lessons from the Aboriginal health service sector

Abstract

The increasingly multicultural profile of the Australian population positions the development of cultural competence within education institutions and in the professional practice of educators as an important consideration. If positive change is to be achieved in the education field then some hard questions need to be answered. It is important to know how organisations identify and support sustainable changes to staff behaviours in multilingual and multicultural service delivery contexts. It is also necessary to know what is needed to prepare human service professionals for working with diverse communities. This paper explores these questions and sets out to establish a case for government, universities, Aboriginal and other minority group communities to work together to develop sustainable strategies, systems and curricula in a joint endeavour to dramatically improve the cultural competence levels of education and other human service professionals.

Recent research and innovations involving the development of codes of practice and guidelines for the development of cultural competence, cultural security and cultural safety within the Aboriginal health field in Australia provide potentially useful guidance for those concerned with implementing similar interventions in the field of Aboriginal education. In particular, we will draw on findings from a recent large scale study in the Northern Territory which looked at aspects of a cultural security framework being operationalised within the health service sector. This qualitative study involved a broad cross-section of Aboriginal community members and service providers in the Northern Territory. The findings indicate that the litmus test as to whether a place is considered culturally safe is born out by the people who use the service, who are in the less powerful position, who are from a different cultural background, and who define health and wellbeing in different ways.

We will also describe an intervention in place at the University of South Australia that aims to engender cultural competency with respect to working effectively with Aboriginal peoples. Key elements of this intervention include attention to individual cultural competency through the development of appropriate awareness, attitudes, knowledge, and skills across all undergraduate and post graduate programs. In terms of developing a program for action within the education field we suggest that local level community input is essential to the development of collaborative models of education and training that will effectively prepare education service providers to work with Aboriginal and other minority group members in culturally competent ways.

Key Words: Aboriginal education; Aboriginal health; cultural competence

Introduction

The Australian and International literature detailing development of approaches to ensuring culturally appropriate service delivery across a range of service areas is expanding rapidly. A problem is that the application of terminology varies significantly between disciplines and between different countries. Within the education domain, frequent reference is made to culturally responsive schooling and culturally relevant teaching. Culturally responsive teaching is positioned as fundamental to improving the academic outcomes for students commonly referred to as members of marginalised, diverse or minority groups worldwide (Gay, 2000). According to Rosaen (2003), culturally responsive teaching acknowledges and draws on diverse learners' cultural knowledge, prior experiences, frames of reference and discourse patterns to make classrooms more inclusive of all learners and to make learning more meaningful and relevant. This approach is reliant on the development of some fundamental orientations for teaching diverse learners. Villegas and Lucas (2002) suggest that the development of culturally competent and responsive teachers is dependent on the raising of socio cultural consciousness, the development of affirming positive attitudes toward students from culturally diverse backgrounds and developing the commitment and skills to act as agents of change.

In the Australian context, cultural safety, cultural security, cultural respect, cultural responsiveness and cultural competence comprise part of a suite of concepts or frameworks

proposed as interventions aimed at improving the health, social and educational outcomes for minority group members including migrants, refugees and Indigenous peoples. These concepts are underpinned by a common conviction that cultural inclusion lies at the heart of successful interactions between mainstream service providers and minority group members. International and Australian commentators tend to agree that minority group health, social and educational outcomes are more likely to improve when cultural inclusiveness is applied as a fundamental operating principle at both institutional and service delivery levels (Coffin, 2007; Cummins 1986; 1996; Gay, 2000; Stewart, 2006)

The absence of a shared language to discuss the impact of cultural inclusion interventions in diverse social and service delivery contexts makes it difficult to assess their relative effectiveness. In developing this paper, we have therefore narrowed our interest to investigating the potential of adopting an overarching Aboriginal Education Cultural Competence framework as an intervention strategy to raise the academic achievement levels of Aboriginal students in Australia. We draw on the international literature and recent research and policy initiatives from the Aboriginal health field to illustrate advantages of adopting a framework built on principles of Cultural Competency. We then point to some potential ways of applying cultural competence as the basis for improved professional and institutional responses to recognised patterns of educational underachievement by Aboriginal students. A model for practice involving the inclusion of Indigenous Content in Undergraduate Programs (ICUP) at the University of South Australia provides just one example of an institutional response to the issue of ensuring that professional workforces achieve a degree of cultural competency with respect to interactions with Aboriginal peoples.

We conclude by suggesting that until working more appropriately with Aboriginal peoples across a range of service delivery fields become more than an expression of good intention, and until the achievement of significant levels of cultural competence are enshrined in professional codes of practice, that less than satisfactory Aboriginal education outcomes are likely to persist.

Aboriginal Education in Australia

The problem of academic underachievement by Aboriginal students in Australia is well documented. Over the past thirty years, Indigenous education access and participation rates,

education and training outcomes have improved, although these rates have not kept pace with advances achieved by the mainstream population (Hunter and Schwab, 2003). Primary aged Indigenous students recorded markedly lower levels of achievement than their mainstream peers in all academic subjects during the period 1996-2000 (MCEETYA, 2000). There has been a downward trend in Indigenous higher education participation rates since 2001 and a further one per cent fall was recorded for the period 2004-2005 (DEST, 2005).

Chris Sarra, leader of the Indigenous Education Leadership Institute in Australia, argues that it is important for educators to understand the dynamic that underpins chronic academic failure by Aboriginal students (2003; 2007). He expresses this dynamic in terms of widespread negative perceptions of Aboriginal people by so-called mainstream Australians and related negative stereotypes attaching to Aboriginal students in schools which position them as the 'helpless and pitiable other' (2007, p.9). Sarra argues that many teachers mistakenly attribute poor school attendance and the academic under-performance of Aboriginal students to the children and the complexities of their communities. He holds the position that low teacher expectations of Aboriginal student ability is a central problem to be confronted if current patterns of academic under-achievement are to be turned around. Sarra places responsibility on schools and teachers for providing safe and welcoming environments in which Aboriginal children can not only learn, but flourish. Sarra's position is well supported by those who point to the need for educators and education institutions to confront widespread negative stereotypes of Aboriginal people as an important plank of the education reform process (UNISA, 2009; Hunter and Schwab, 2003). Commenting on minority group students in the United States, Villegas and Lucas (2002) concur with Sarra by arguing that the development of affirming attitudes toward students from culturally diverse backgrounds is central to achieving improved the educational outcomes of diverse student populations.

Culturally responsive service delivery

The capacity of many mainstream agencies to deliver services effectively to Aboriginal people in Australia is reportedly deficient across a range of service areas (Carson et al 2007). Over time, this situation has been attributed to the history of colonisation, limited coverage of Aboriginal studies in the secondary schooling curriculum and tertiary institutions failing to embed Aboriginal cultural knowledge and skills within curricula and pedagogical approaches. It is argued that this history has led to a service delivery workforce with limited

knowledge of or understanding of Aboriginal cultures and histories (Sherwood J & Edwards T 2006). Improving the responsiveness of the mainstream workforce to issues of cultural significance to Aboriginal people is seen as one way of ultimately improving the level and quality of engagement by Aboriginal people with mainstream services, which in turn might lead to improved outcomes.

The term *cultural safety* is linked to recognition of and respect for varying cultural identities (Wategо, 2005; Williams, 1999). According to Williams (1999) cultural safety is present in an environment that is:

> *… spiritually, socially and emotionally safe, as well as physically safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning*
> *together.*
> (Williams, 1999: 213)

The term *cultural security* is conceptualised as a rights based approach focusing on shifting the emphasis from attitude to behaviour, directly linking understandings and action (DHWA (a); Coffin 2007). Some Australian states have applied terms such as *cultural respect* with reference to delivery of health services to Aboriginal peoples. In Aboriginal health service delivery contexts, Coffin (2007) positions cultural security as the final stage in a continuum of development from awareness through safety to security:

> *The concepts of awareness, safety and security provide a structure that helps services to appreciate the impact of their policies on Aboriginal people. This begins to progress into real understanding which helps people to move forward to creating and maintaining safety mechanisms in their particular context… The culturally secure health service will meet needs rather than represent more conventional views of what it should look like* (Coffin, 2007:23).

A key to ongoing improvement on the continuum from awareness to safety to cultural security requires the achievement of a certain level of cultural competence on the part of service delivery institutions and their agents. Cultural competence is broadly described in the literature as

encompassing awareness, knowledge, understanding of and sensitivity to various cultures. Stewart (2006) also suggests that the use of the term 'competence' implies both action and accountability. Cultural competence is conceptualised in the health service field as including a process for reciprocity – a two-way learning process between health service provider and consumer (Stewart 2006). This represents an important recognition that cultural learning relies on relationship building and attention to communication across the so-called cultural divide.

The term 'culturally responsive' health care is also applied in Australia to refer to health care which is framed to incorporate both cultural safety and cultural competence as a basis for providing safe and quality care, and to eliminate disparities in health and health care experienced by people from diverse racial, ethno-cultural and language backgrounds compared to the average population (Australian Health Minister's Advisory Council's standing committee on Aboriginal and Torres Strait Islander Health Working Party, 2004).

Thomson (2005) points out that cultural competence is much broader in scope than the concepts of cultural respect and cultural safety, with its attention to all people in a population who differ significantly from the mainstream. Thomson also suggests that despite differences in scope and focus between the concepts (*on the one hand cultural competence and on the other cultural respect and safety*), they are virtually inseparable 'being effectively two sides of a coin' (Thomson, 2005:9). Based on the experience of implementing cultural competence as a framework for intervention in the health service delivery sector in the United States, Thomson reports that commentators have recognised that the achievement of a culturally competent health system will 'require progress in three key areas – organisational, systemic and individual' (Thomson, 2005:9).

The Australian Indigenous Doctors Association (AIDA) (2004) point out that cultural competence focuses on the capacity of the health worker to improve the health status of patients by integrating culture into clinical practice. Although cultural awareness and sensitivity are important in their own right, AIDA argue that increased practitioner cultural awareness and sensitivity do not automatically lead to improved health standards for Indigenous peoples. In their view, building cultural competence begins with health practitioners recognising how their own culture impacts on professional practice. Similarly, Brayboy (2008) cautions against the uncritical acceptance of cultural standards as a vehicle for promoting improvements in education outcomes for minority group students worldwide.

Internationally, the term Culturally Responsive Schooling (CRS) has gained traction in contexts where the interests of culturally diverse student populations are a consideration (Gay, 2000; Brayboy, 2008; The Assembly of Alaska Native Educators,1998). CRS is positioned as a vehicle through which cultural safety in education settings might be enacted (Gay, 2000; Brayboy and Castagno 2009). It represents an approach to schooling that privileges the cultural identity and social background of students as essential starting points when designing curriculum and approaches to learning.

Cultural standards, cultural respect frameworks and evaluation

Although evaluation of policies and standards aimed at recognition of minority group cultural issues is both complex and challenging, there is increasing evidence that the development of cultural competence by health service providers represents an effective strategy for improving access and equity, cost-effectiveness and efficiency, as well as quality of health services (Brach & Fraserirector 2000; Betancourt et al 2003; Fortier & Bishop 2003). Evaluation is reliant on the establishment of agreed standards or frameworks against which achievement of cultural competency can be measured in different contexts.

A potential avenue for gauging the extent of institutional uptake of cultural competency principles is the articulation of overarching cultural principles in professional standards or guidelines. There are relatively few examples of specific cultural competency standards or frameworks for Aboriginal and Torres Strait Islander populations available in Australia. What is emerging from the Aboriginal health field, however, are State or regional frameworks loosely based on The Australian Health Ministers' Advisory Council (AHMAC) *Cultural Respect Framework: for Aboriginal and Torres Strait Islander Health 2004-2009* (the National Framework) (Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004). This National Framework set some parameters for every State and Territory to guide the development and implementation of Cultural Security plans aimed at improving Aboriginal health outcomes through improved health service delivery. Essential principles outlined in this framework include the importance of working with Aboriginal people to strengthen and sustain relationships that would lead to continuous dialogue about improvements to the delivery of health and family services. Some recent examples of specific regional plans involving the

development of culturally safe, secure services and culturally competent health workforces in Australia include the *DHF Cultural Security Framework* developed for application in the Northern Territory (2008), the Western Australian Department of Health Aboriginal Cultural Security Framework (N.D) and the VACCA *Cultural Competence Framework* (VACCA 2008) The implementation of the *DHF Cultural Security* initiative in the Northern Territory will be discussed in more detail in a following section of this paper.

Recent research and innovations involving the development of codes of practice and guidelines for the achievement of cultural competence, cultural security and cultural safety within the Aboriginal health field in Australia provide potentially useful guidance for those concerned with implementing similar interventions in the field of Aboriginal education. Professional codes of conduct represent a specific intervention for establishing evaluation benchmarks or 'touchstones' against which cultural standards can be examined. The Australian Medical Association (AMA) has recently released a consultation draft of a code of practice for doctors in Australia. The AMA stress that this code does not set new standards but rather 'brings together, into a single Australian code, standards that have long been at the core of medical practice'. This document is prefaced by the statement:

> *Good Medical Practice (the code) describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community....* The code is addressed to doctors and is also intended to let the community know what they can expect from doctors... (AMC, 2009:3)

The point that an intention of professional codes of practice is to outline what community members can expect from doctors is important when considering the development of similarly focussed Codes of Practice in the education field. Educator practices with respect to their dealings with Aboriginal students should also be clearly articulated and open to public scrutiny. To our knowledge, there are no examples of professional codes of practice for educators in Australia that provide significant detail in this regard.

Cultural security and health service delivery in the Northern Territory

The Northern Territory has the highest percentage (32%) of Aboriginal people within its demographic profile of any other state in Australia; nationally Indigenous people comprise 2.5% of the total Australian population (ABS 2006). A recent large scale study conducted by the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) looked at the effectiveness of the *DHF Cultural Security Policy* operationalised across the health service sector since 2007. This study involved participation from a broad cross-section of Aboriginal community members and mainstream health service providers. The experiences of Aboriginal clients in their interactions with the health and family service sector were recorded and recommendations were made about how these services might be delivered in a more culturally competent manner.

The study findings indicated that the litmus test as to whether a place is considered culturally safe is born out by the people who use the service, who are in the less powerful position, who are from a different cultural background, and who define health and wellbeing in different ways. According to Dunbar and Bengers (2009) the experiences described by Aboriginal people are not new and have been identified through several decades of research. Generally, these experiences concerned health and family staff members' lack of respect for Aboriginal consumers; lack of understanding about what is culturally important to the Aboriginal consumer; lack of value of Aboriginal culture and prior knowledge about illness and treatments; lack of understanding about the meaning and significance of Aboriginal identity; lack of understanding of the diverse political, social and economic influences on health and family services and respective outcomes; lack of skills to work with diverse linguistic needs and poor use of available interpreter services. A final concern targeted the lack of a culturally appropriate oral complaints process where consumers of the sector could gain assistance to lodge formal complaints.

The recommendations for change emanating from the AMSANT study were organised under three main sections that accord with Thomson's (2005) schema drawn from similar cultural competency or security initiatives adopted in the United States in recent years. These sections included: (1) structural (hardware, buildings, staff and resources to support organisational goals) (2) systemic (program of activities and governing principles; how the whole system operates) and (3) individual (professional health staff). In summary, the study recommendations included the importance of ensuring organisational resources are

committed to the integration of cultural security service protocols relevant for each region in the NT. Professional development through cultural awareness training programs and mentorship, the incorporation of cultural competency standards and cultural security policy initiatives within undergraduate and post graduate degrees and the employment of more Aboriginal health service staff were some of the structural reform initiatives recommended. Individual level recommendations included the ongoing development of employee knowledge about Aboriginal cultural protocols and language use and the production of a booklet on cultural competency standards.

Cultural competency and Indigenous Education

The development of a national Indigenous education Cultural Competence Framework represents a potentially effective vehicle for achieving a co-ordinated approach to ensuring improved standards of education service delivery for Aboriginal students. Those concerned with developing an Indigenous Education Cultural Competence Framework are well advised to monitor developments within the Aboriginal health field. The *DHF Cultural Security Framework* operationalised in the Northern Territory since 2007 and the Cultural Competency Framework being implemented by the Victorian Aboriginal Child Care Agency (VACCA, 2008) provide just two recent examples of cultural competency interventions. The preliminary findings from the AMSANT evaluation of the *DHF Cultural Security Framework* in the NT suggest that there are still many unresolved issues and that the extent of patient satisfaction with the quality of health service delivery is difficult to measure. An interesting aspect of this evaluation was the effective grouping of recommendations for change under structural, systemic and individual categories. This provides an effective focus on the importance of addressing issues of cultural competence in a range of ways.

Institutional responsibility for preparing a culturally competent workforce has long been neglected by Australian higher education institutions. The Indigenous Content in Undergraduate Programs Policy (ICUP) at the University of South Australia (UniSA) provides an example of an institutional initiative designed to prepare professionals to work respectfully and effectively with Aboriginal people. ICUP was implemented in 2005 and requires all UniSA undergraduate programs to include an assessable and compulsory component of Indigenous content by the year 2010. The Policy operates from the premise that Universities have a responsibility to ensure that students are provided with a range of

specific skills, knowledge and understandings appropriate to working with Indigenous clients or communities (UNISA, 2009). According to the ICUP Policy, a UniSA graduate should demonstrate an understanding of the cultural, historical and contemporary frameworks which have shaped the lives of Indigenous Australians. This program is especially important in fields such as education, nursing social work and psychology where graduates are likely to engage with Aboriginal people in professional contexts.

Approaches to cultural inclusiveness in international settings also provide potentially useful templates for effective practice. For example, the Assembly of Alaska Native Educators (1998) published a set of standards entitled 'Alaska standards for culturally responsive schools'. These include specific standards for students, educators, curriculum, schools, and communities. According to the authors, 'these "cultural standards" provide guidelines or touchstones against which schools and communities can examine what they are doing to attend to the cultural well-being of the young people they are responsible for nurturing to adulthood' (The Assembly of Alaska Native Educators,1998). The Assembly clearly states that the standards are intentionally generic and that local interpretations of these standards are actively encouraged.

Conclusion

Evidence emerging from the Aboriginal health field suggests that if people feel welcome and respected in service delivery contexts and if communication is effective, then people are more likely to access those services. In education contexts, it is suggested that Culturally Responsive Schooling leads to higher levels of minority student engagement and ultimately higher levels of achievement.

Cultural competence is broadly described in the literature as encompassing awareness, knowledge, understanding of and sensitivity to various cultures although interpretations of the concept differ markedly between service delivery fields and between countries. There is also a related lack of clarity about how the impacts of cultural competence interventions should be measured. Based on experience in the United States and Australia it is recommended that the achievement of culturally competent health and education systems will require progress in three key areas – organisational, systemic and individual. The importance of mainstream service providers achieving a requisite level of cultural competence is positioned as an essential component of accessible, responsive and safe health care and

effective education provision for diverse populations worldwide. We support the development of an overarching Indigenous Education Cultural Competence Framework in Australia on the basis that there is increasing evidence to suggest that this approach is likely to lead to increased levels of engagement by Aboriginal students in the mainstream education system. We also suggest that there are important lessons to be learned from similar initiatives in the Aboriginal health field and in diverse education contexts internationally. However, for the development of cultural competence training and other institutional initiatives to gain traction, relevant indicators must also be enshrined in professional codes of educator practice. If the concept is to be taken seriously by the teaching profession, higher education institutions and other education providers then key indicators must be positioned as mandatory, achievable and assessable. Unless cultural competency is positioned as an assessable aspect of professional competency, then patchy uptake of cultural awareness programs across the university and other education service sectors will persist. This is likely to result in ongoing patterns of Aboriginal student alienation from the education system stemming from persistent miscommunication between Aboriginal students and their families and educational professionals.

Cultural competence training is frequently positioned as a strategy for improving the knowledge, attitudes and skills of health and other professionals in preparation for working with Aboriginal peoples. There is insufficient evidence to show that cultural competence training leads directly to improved educational outcomes for Aboriginal peoples and so further research to determine the effectiveness of such training in the Australian context is required. We agree with the view that building cultural competence begins with assisting non-Indigenous service providers to recognise how their own culture, values and attitudes impact on their professional practice. In terms of developing a program for action within the education field we suggest that local level community input is essential to the development of collaborative models of education and training that will effectively prepare education service providers to work with Aboriginal and other minority group members in culturally competent ways.

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