BMJ Global Health

Audit tools for culturally safe and responsive healthcare practices with Aboriginal and Torres Strait Islander people: a scoping review

Jessica Muller ,[1] Susan Devine,[1] Lynore Geia,[2,3] Alice Cairns,[4] Kylie Stothers,[5] Paul Gibson,[6] Donna Murray[6]

To cite: Muller J, Devine S, Geia L, *et al*. Audit tools for culturally safe and responsive healthcare practices with Aboriginal and Torres Strait Islander people: a scoping review. *BMJ Glob Health* 2024;**9**:e014194. doi:10.1136/bmjgh-2023-014194

Handling editor Seye Abimbola

Received 9 October 2023
Accepted 24 November 2023

For numbered affiliations see end of article.

Correspondence to
Jessica Muller;
jessica.muller@jcu.edu.au

ABSTRACT

Aboriginal and Torres Strait Islander people in Australia face disparities in accessing culturally safe and appropriate health services. While current cultural safety and responsiveness frameworks set standards for improving healthcare practices, ensuring accountability and sustainability of changes, necessitates robust mechanisms for auditing and monitoring progress. This study examined existing cultural safety audit tools, and facilitators and barriers to implementation, in the context of providing culturally safe and responsive healthcare services with Aboriginal and Torres Strait Islander people. This will assist organisations, interested in developing tools, to assess culturally responsive practice. A scoping review was undertaken using Medline, Scopus, CINAHL, Informit and PsychInfo databases. Articles were included if they described an audit tool used for healthcare practices with Aboriginal and Torres Strait Islander people. Selected tools were evaluated based on alignment with the six capabilities of the Indigenous Allied Health Australia (IAHA) Cultural Responsiveness in Action Framework. Implementation barriers and facilitators were identified. 15 papers were included. Audit tools varied in length, terminology, domains assessed and whether they had been validated or evaluated. Seven papers reported strong reliability and validity of the tools, and one reported tool evaluation. Implementation facilitators included: tool comprehensiveness and structure; effective communication; clear organisational responsibility for implementation; commitment to prioritising cultural competence; and established accountability mechanisms. Barriers included: the tool being time-consuming and inflexible; responsibility for implementation falling on a small team or single staff member; deprioritising tool use; and lack of accountability for implementation. Two of the six IAHA capabilities (respect for the centrality of cultures and inclusive engagement) were strongly reflected in the tools. The limited tool evaluation highlights the need for further research to determine implementation effectiveness and sustainability. Action-oriented tools, which comprehensively reflect all cultural responsiveness capabilities, are lacking and further research is needed to progress meaningful change within the healthcare system.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Cultural safety and cultural responsiveness are pro-active antiracism approaches that contribute to advancing Aboriginal and Torres Strait Islander peoples self-determination and health equity reform agenda in Australia and the antiracism conventions of the United Nations.
⇒ Individuals and organisations are the drivers of transformational processes in creating culturally safe and responsive systems.
⇒ To support practice transformation, active accountability and sustainability of mechanisms, such as audit tools, that assess cultural responsiveness are critical.

WHAT THIS STUDY ADDS

⇒ Individual and organisational transformation may be better facilitated with use of tools that incorporate all cultural responsiveness capabilities and reflect Aboriginal and Torres Strait Islander ways of knowing, being and doing.
⇒ Nursing and midwifery, in comparison to other mainstream healthcare practices, are leading the way in development and implementation of mechanisms to support culturally responsive practice.
⇒ Despite the abundance of existing audit tools, these tools require robust evaluation and opportunity for self-reflection and client feedback mechanisms that enable accountability and sustainability of genuine cultural responsiveness.

INTRODUCTION

All First Nations people should have the reasonable expectation of accessing culturally safe healthcare where individuals feel they can use services that support agency over individual and community health. Such care should be free of racism and consistently effective, regardless of where it is sought.[1] The complexities and current poor outcomes of Aboriginal and Torres Strait Islander health demand prioritisation from all levels of government. One major barrier to progressing health

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ A tool, which measures and monitors all areas of cultural responsiveness in practice, can support both non-Indigenous and Aboriginal and Torres Strait Islander healthcare professionals in dispelling the myth surrounding certain cultural responsiveness capabilities and the ease in which they can be applied in individual and organisational practice.

⇒ Well-developed and well-implemented tools will support healthcare practitioners in effectively confronting and reforming systemic racism by providing individuals and organisations with skills required to contribute towards dismantling systems of oppression.

⇒ Cultural responsiveness is everyone's responsibility—it is a lifelong commitment to unlearning and relearning that enables a shift in current ways of knowing, being and doing for individual accountability in improving Aboriginal and Torres Strait Islander health outcomes.

priorities is systemic racism within Australia's healthcare system, requiring significant reforms for systemic change if health inequities are to be redressed.[2] For systemic change to occur, effective approaches to individual and organisational level practice that centre on dismantling systems of oppression, including eliminating racism, are required. Cultural safety processes are a lifelong process of teaching and learning on an individual and organisational level. Dismantling of oppressive systems of beliefs and practice that happen at the individual and organisational level should culminate in implementation of cultural safety practices within healthcare services for Aboriginal and Torres Strait Islander people. Cultural safety and cultural responsiveness are proactive antiracism approaches that align with the growing priority for Aboriginal and Torres Strait Islander peoples to drive the health equity reform agenda in Australia (eg, Queensland's Health Equity Framework 2021[3]) and the antiracism conventions regarding healthcare, among other contexts, such as those of the United Nations.

The terms 'cultural competence', 'cultural capability', 'cultural proficiency', 'cultural safety', 'cultural security' and 'cultural responsiveness' are often used interchangeably limiting the ability to build an evidence base on a shared understanding of terminology.[4 5] While these terms are used interchangeably, they are distinct from each other.[5] Specifically, cultural safety, which focuses on the subjective experience of First Nations recipients of healthcare practice, originates from an Indigenous knowledge system that confronts and attempts to reform the current legacy of colonial health systems that privileges the dominant culture.[6 7] Cultural safety is an ongoing learning process of self-reflection, through one's own cultural self-awareness, sensitivity in acknowledging the difference between self and the other and how this process informs and impacts on practitioner client interactions and service delivery.[5] Indigenous Allied Health Australia (IAHA) builds on the concept of cultural safety to include a cultural responsiveness approach—an innately transformative method 'by which we achieve and maintain cultural safety'.[5] A culturally safe workforce, in which shared understandings of self and one another are clear, is foundational to a sustainable approach to practice. For this review, we consider cultural safety and cultural responsiveness in action together to accurately reflect how healthcare systems can be transformed.

The mutuality of cultural safety and cultural responsiveness, which are informed by Aboriginal and Torres Strait Islander ways of knowing, being and doing[5] within practice, are critical levers that can assist organisations to strategise the implementation of key capabilities and principles to create and provide a culturally safe healthcare service. IAHA's Cultural Responsiveness in Action Framework identifies six key interconnected capabilities—respect for the centrality of cultures, self-awareness, proactivity, inclusive engagement, leadership, and responsibility and accountability. These capabilities are operative instruments for practitioners and organisations alike in enabling a cultural responsiveness initiative that positions individuals and organisations as the drivers of transformational processes in creating culturally safe and responsive systems.

Transformation processes require active accountability and sustainability of mechanisms to support operationalisation of practice change. Audit tools are instruments of quality and designed for accountability in healthcare practice providing a structure for healthcare workers and organisations to use in designing and monitoring change.[8] Numerous audit tools exist in Australia; however, it is unclear if these tools are effective in assessing and monitoring cultural safety and culturally responsive practice in the organisations and the contexts in which they are being implemented.

While some tools exist for use by those working with Aboriginal and Torres Strait Islander people in healthcare settings (eg, The Cultural Survey Scale, which measures cultural safety from a service users' perspective,[6] New South Wales Health Services Aboriginal Cultural Engagement Self-Assessment Tool[9]), to the best of our knowledge, no studies have been conducted to examine the barriers and/or facilitators to their implementation. Having a clearer understanding of existing audit tools, their characteristics and their effectiveness (or lack thereof) provides valuable evidence for identification of best practice examples and potential gaps in current practices.

IAHA are interested in developing an audit tool that can be used to assess how well individual and organisational practice reflects the six capabilities articulated in their Cultural Responsiveness in Action Framework (described below). Therefore, in this review, we aim to identify and examine existing audit tools and their implementation barriers and/or facilitators, for cultural safety and culturally responsive healthcare practices with Aboriginal and Torres Strait Islander people.

Table 1 PICO search strategy

PICO	Search terms
Population: healthcare students and/or professionals working with Aboriginal and Torres Strait Islander people	aborigin* OR "australian race" OR australoid* OR "oceanic ancestry group" OR "oceanic ancestry groups" OR torres OR indigenous OR "First Nation" OR "First Nations" OR nativ* OR tribes
Intervention: use of an audit tool	tool OR audit tool OR review tool OR toolkit OR measure* OR apparatus OR implementation tool OR checklist OR assessment OR scale OR improvement tool OR indicator
Comparison: barriers and facilitators for implementing audit tools; mapping tools against Indigenous Allied Health Australia capabilities	barrier* OR facilitat* OR enabl* OR limit*
Outcome: culturally safe and responsive healthcare practice	cultural* aware* OR cultural* competen* OR cultural* responsiv* OR cultural* safe* OR cultural* proficien* OR cultural* secur* OR cultural* capabil* OR cultural* humility OR cultural* respect* OR cultural* standard*

Scoping review questions

- What are the features of existing audit tools for culturally safe and responsive healthcare practices used by those working with Aboriginal and Torres Strait Islander people?
- What are the barriers for the effective implementation of existing audit tools?
- What are the facilitators for the effective implementation of existing audit tools?
- How do the features of existing audit tools align with the six capabilities in IAHA's Cultural Responsiveness in Action Framework?

METHODS

Design

The review was guided by Arksey and O'Malley's[10] six-step framework: identifying the research question; identifying relevant studies; study selection; charting the data; collating, summarising and reporting the results; consultation.[10] In line with Munn *et al*'s[11] indications and purposes for undertaking a scoping review, this methodology was chosen to allow identification of the range of research available on the existence of, characteristics and application of culturally safe audit tools, to examine the key components of these tools and identify limitations in the tools.[11]

The research project and questions were identified and developed in partnership with IAHA, who are national leaders in Aboriginal and Torres Strait Islander workforce development, including the support of individuals and organisations working with Aboriginal and Torres Strait Islander people.

Search strategy

In consultation with a librarian, a systematic search was performed between March 2022 and September 2023 using five databases: Medline, Scopus, CINAHL, Informit and PsychInfo. Search terms were divided according to the population, intervention, comparison and outcomes framework, detailed in table 1.

Study selection

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews protocol was followed.[12] The lead author (JM) conducted database searches, removed duplicates and screened titles and abstracts. Eligible full texts were uploaded to Clarivate Endnote and screened using the inclusion and exclusion criteria (table 2).

Data extraction and quality assessment

Data was extracted from the reviewed articles that described: study aim, study design and methods, tool, participants/tool users and setting, tool characteristics, evaluation and tool validation, and key findings. Included publications were verified on title, abstract and full text by a second researcher to ensure their eligibility. Both researchers also hand-searched the reference lists of included studies. Data was extracted and characteristics of tools were mapped and analysed against the six IAHA Cultural Responsiveness in Action Framework capabilities (respect for the centrality of cultures, self-awareness, proactivity, inclusive engagement, leadership, responsibility and accountability). Mapping was done by each coauthor and was discussed over a series of meetings that aimed to address any concerns and reach consensus on alignment between tool characteristics and IAHA

Table 2 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
► Peer-reviewed journal articles ► All data ranges included ► Original research paper written in English ► Full-text available ► Studies specifically related to healthcare professionals or healthcare students working with Aboriginal and Torres Strait Islander people	► Articles without full text availability and not in English ► Grey literature ► Studies not specifically describing an audit tool used by healthcare professionals/students practicing with Aboriginal and Torres Strait Islander people ► Clinical assessment tools

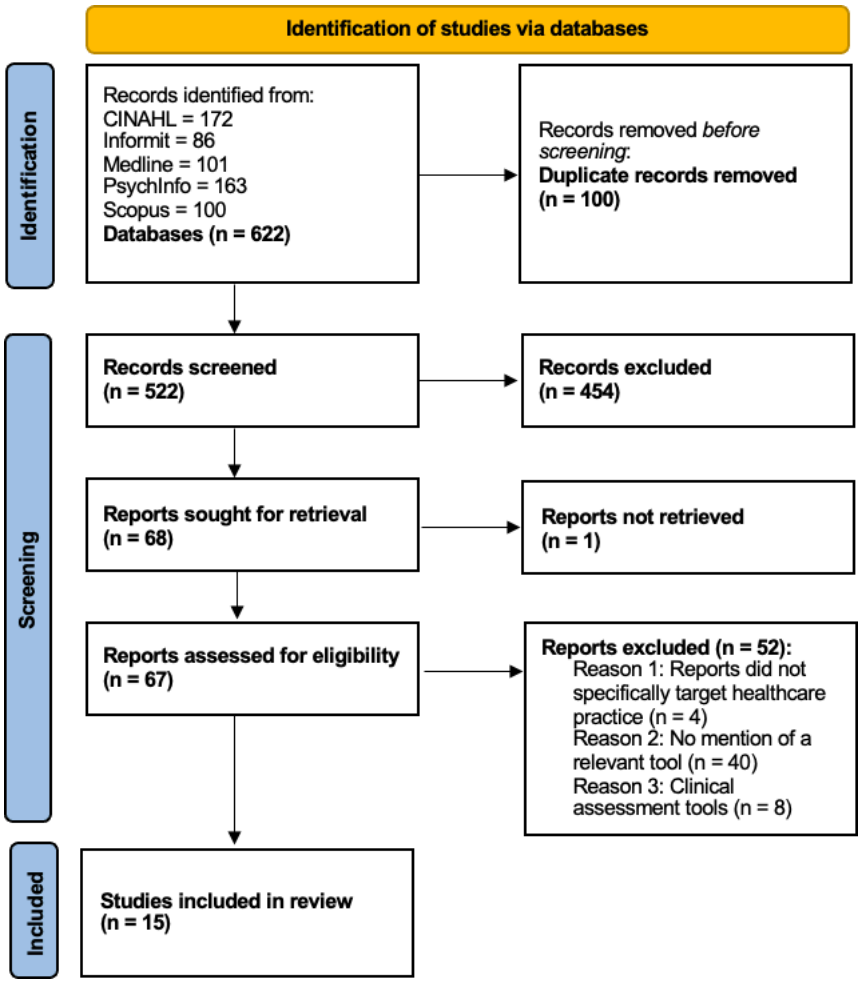

Figure 1 PRISMA flow diagram of search strategy. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

capabilities. As the focus of this scoping review was on characteristics of audit tools, no evaluation of methodological quality was undertaken.

RESULTS

In total, 688 publications were identified via the search strategy: CINAHL (172), Informit (86), Medline (101), Scopus (88), PsychInfo (163). After removal of 100 duplicates, 522 papers remained. Following title and abstract screening, 68 papers remained. Full texts screening resulted in 15 papers meeting the inclusion criteria and were included in the review. The PRISMA flow diagram outlines the search results (figure 1). Of the 15 included publications, 8 were quantitative studies, 3 were qualitative studies, 1 was a literature review, 1 was a discussion article and 1 was a mixed-method study.

Summary of included articles

The articles included in the review are summarised in table 3. All 15 studies included were published since 2006, with 12 published after 2017. All studies were conducted in Australia: national focus (n=6; 13–17, 25) or at a state level—New South Wales (n=1; 6), Queensland (n=4; 18–21), Western Australia (n=3; 22–24) and Victoria (n=1; 8). Participant sample sizes ranged from 10 participants in a small-scale regional pilot study to 1151 participants for a cross-sectional survey of undergraduate healthcare students and health professionals. Five articles used a healthcare student sample, specifically midwifery and nursing undergraduate students. Four of the other articles recruited practicing nurses and midwives from various maternity services. Participants and healthcare settings of the other six studies varied and included: social work, general practice, speech pathology, mental health services, rural public health and community services, and hospital and programme attendees. Through the literature search, we explored features of audit tools and the barriers and facilitators for their implementation.

Features of identified audit tools

12 different audit tools were reported in the included articles and included: the Cultural Competency Scale,[13] The Organisational Cultural Competence Assessment Tool,[14] Ganngaleh nga Yagaleh (GY) cultural safety assessment tool (previous named the Cultural Capability Measurement Tool) (n=4; 14, 19–21), The Cultural Safety Survey Scale,[6] Awareness of Cultural Safety Scale-Revised,[15] 'Meeting people in their own reality' guidelines,[16] Koolin

Table 3 Study characteristics

Study title (reference)	Study aim	Study design and methods	Tool name	Participants/tool users and setting	Key findings	Tool characteristics	Evaluation and validation
Cultural safety in hospitals: validating an empirical measurement tool to capture the Aboriginal patient experience[6]	To develop a scale to measure cultural safety in hospitals from an Aboriginal patient perspective.	Exploratory factor analysis; domains identified through scoping review of literature defining indicators of cultural safety.	The Cultural Safety Survey Scale (CSSS).	316 participants who had attended a New South Wales hospital in the past 12 months.	The CSSS was a robust measurement tool.	Tool focus: 5 domains of cultural safety: (1) positive communication between patients and staff; (2) negative communication; (3), trust; (4) hospital environment; (5) support for Aboriginal families and culture. Tool design: 23 items; 4-point Likert scale.	High level of content and construct validity. Reliability (internal consistency).
A qualitative evaluation of the implementation of a cultural competence project in rural Victoria[8]	To explore the complex factors influencing the implementation of cultural competency frameworks for Aboriginal and Torres Strait Islander peoples within rural, Victorian, mainstream health and community service organisations.	Qualitative evaluation of tool implementation through interviews and case studies.	Koolin Balit Aboriginal Health Cultural Competence (KB-AHCC) Audit Tool for KB-AHCC Framework.	Representatives from 20 public health and community services in rural Victoria who had participated in the KB-AHCC Project.	Barriers and/or enablers to implementation: comprehensive, structured tools; project workers; communication; organisational responsibility for implementation; prioritising organisational cultural competence resourcing; resistance to focusing on one group of people; and accountability.	Tool focus: Structured for implementation of the KB-AHCC Framework. Incorporated the necessary structures and systems and highlighted the importance of developing relationships with the local Aboriginal community.	Qualitative evaluation.
Factor analysis to validate a survey evaluating cultural competence in maternity care for Indigenous women[13]	To develop and validate a tool to assess self-reported progress of Australian publicly funded maternity services towards culturally competent maternity care for Aboriginal and Torres Strait Islander women.	Factor analysis of online exploratory survey. Survey distributed nationally.	Cultural Competency Scale.	149 public maternity organisations in each State and Territory of Australia, with 85 organisational consents and 44 respondents completed the survey.	Subscales were deemed as appropriate to address (1) assessment of cultural competence and (2) assessment of the survey subscale/tool. Only baseline examined. Acceptable reliability and validity for cultural competence scale.	Tool focus: Aboriginal and Torres Strait Islander workforce; Culture specific education and guidelines/ policies; Physical environment; Communication (transfer of care); Relationships (engaging community in healthcare and health promotion); continuity of care. Tool design: Three sections (11 questions): 1. Demographic information. 2. Degree to which health service delivery reflects characteristics of cultural competence. 3. Tool-related questions.	Validation—construct validity of survey assessed by factor analysis; assessment of survey (four questions); reliability established.
Aboriginal and Torres Strait Islander subjects in a Graduate Diploma of Midwifery: a pilot study[24]	To assess the impact of a mandatory 8-week online subject focused on the development of culturally safe practices among midwifery students.	Ganngaleh nga Yagaleh (GY) tool used to collect online quantitative data from postgraduate midwifery students at commencement and completion of an online subject.	GY cultural safety assessment tool (modified) (see West *et al*[22] for tool).	10 students enrolled in Graduate Diploma of Midwifery and in a discrete Aboriginal and Torres Strait Islander people's health subject.	Participants' perceptions of cultural safety remained unchanged, possibly due to prior learning of midwives.	Tool focus: Communication; workforce, relationships; knowledge (self-awareness) Tool design: 36 self-rating questions, 5 of which are reverse-coded, and 5 discrete questions applicable to students who identify as Aboriginal and/or Torres Strait Islander.	Validation done on original tool.[22]

Continued

Table 3 Continued

Study title (reference)	Study aim	Study design and methods	Tool name	Participants/tool users and setting	Key findings	Tool characteristics	Evaluation and validation
Evaluating awareness of cultural safety in the Australian midwifery workforce: a snapshot[15]	To adapt and evaluate the Awareness of Cultural Safety Scale with the midwifery workforce.	A descriptive cross-sectional study design; online survey.	Awareness of Cultural Safety Scale-Revised (ACSS-R); Self-assessment of cultural safety.	92 midwife members of Australian College of Midwives and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.	A reliable and valid measure of cultural safety; can be used across practice settings. Midwives working in education settings have higher awareness of cultural safety than clinical peers.	Tool focus: Cultural support (specific policies; workforce); cultural application (racism; respect); cultural acknowledgement (practitioner knowledge) Tool design: ACSS-R (13 items); self-assessment of cultural safety (6 items).	Reliability and validity.
"Big sister" wisdom: how might non-Indigenous speech-language pathologists genuinely, and effectively, engage with Indigenous Australia?[16]	To answer, 'How might non-Indigenous speech-language pathologists really engage, effectively, with Indigenous Australia?'	Literature review; draws on Aboriginal and Torres Strait Islander people's professional experience.	'Meeting people in their own reality'—a guiding rubric for optimising culturally safe service engagement.	Speech pathology.	Provides a useful and user-friendly organising principle with which to approach transformation. Deep listening; Kanyini (interconnectedness); Ganma (mutually beneficial knowledge).	Tool focus: 6 guiding rubric domains: (1) understand your community; (2) holistic base; (3) alert to own bias; (4) open to learning; (5) respect community protocols; (6) be guided by community.	None reported.
Patient centred care: cultural safety in Indigenous health[18]	To discuss the concepts of cultural safety and cultural competence. A checklist of cultural competency practice is also provided for health practitioners.	Discussion article.	Checklist for culturally competent general practitioners.	General practitioners.	The challenge is to evaluate interventions and their relationship to perceived gains in health outcomes.	Tool focus: Reflective practice checklist with three areas: (1) attitude (respect); (2) skills (inclusive practice and communication) and (3) knowledge Tool design: attitude (3 items), skills (5 items) and knowledge (5 items).	None reported.
The Yapunyah project: embedding Aboriginal and Torres Strait Islander perspectives in the nursing curriculum[17]	'The Yapunyah Project'—to improve the development of cultural competence in health graduates with respect to Aboriginal and Torres Strait Islander perspectives.	Survey pre and post embedding Aboriginal and Torres Strait Islander perspectives in nursing curricula.	Self-audit of knowledge and skills—Indigenous perspectives and health.	89 undergraduate nursing students.	Cultural competence is ongoing, constant evaluation needed.	Tool focus: Knowledge and self-awareness Tool design: 18 items; 5-point Likert scale.	None reported.
Development of a First Peoples-led cultural capability measurement tool: a pilot study with midwifery students[22]	To use a decolonising, First Peoples-led approach to develop and validate a tool to measure the development students' cultural capabilities.	Pre–post intervention design.	The Cultural Capability Measurement Tool (CCMT).	49 third-year undergraduate midwifery students.	The tool reflected the core cultural capabilities of The Framework. The draft tool appears suitable for use with midwifery students.	Tool focus: Communication; workforce, relationships; knowledge (self-awareness) Tool design: 22 items; 5-point Likert scale.	Reliability and validity.

Continued

Table 3 Continued

Study title (reference)	Study aim	Study design and methods	Tool name	Participants/tool users and setting	Key findings	Tool characteristics	Evaluation and validation
Validation of the first peoples cultural capability measurement tool with undergraduate health students: a descriptive cohort study[23]	To validate the CCMT with a cohort of health professional students. To implement the Aboriginal and Torres Strait Islander Health Curriculum Framework (The Framework) in curriculum.	A descriptive cohort design.	The CCMT (see West *et al*[22] for tool).	418 students enrolled in a discrete First Peoples Health course at an Australian university. Undergraduate midwifery and nursing students.	Successful implementation of The Framework requires instruments to measure changes in students' cultural capabilities. Measuring nursing students' cultural capabilities can inform their development, identify areas of strengths and deficits for educators, and will ultimately contribute to the development of a culturally safe nursing workforce.	Tool focus: Communication; workforce, relationships; knowledge (self-awareness) Tool design: 25 items; 5 factors that reflect the capability constructs within The Framework: respect (factor 1); communication (factor 2); safety and quality (factor 3); advocacy (factor 4) and reflection (factor 5); 5-point Likert scale.	Reliability, content and construct validity and concurrent validity.
Measuring effectiveness of cultural safety education in First Peoples health in university and health service settings[25]	To test refinements to the (previous version) 25 item CCMT.	Cross-sectional studies (2)—students and health professionals surveys.	GY tool (previously—The CCMT—see West *et al*.[22]	1151 participants (875 undergraduate healthcare students; 276 health professionals—across various disciplines).	The GY Scale can be used in education and practice. Challenges remain about how educational providers and health services approach cultural safety as a life-long learning journey, and how education and clinical practice embed cultural safety standards.	Tool focus: Communication; workforce, relationships; knowledge (self-awareness) Tool design: Same as Biles *et al*.[24]	Reliability and validity (face and content; not construct).
Elements of cultural competence in an Australian Aboriginal maternity program[14]	To identify elements of the Aboriginal Maternity Group Practice Program that contributed to the provision of a culturally competent service.	Qualitative study—interview transcripts mapped against 9 domains of the organisational Cultural Competence Assessment Tool (CCAT).	The Organisational CCAT.	The CCAT was used to analyse qualitative data obtained from surveys of 16 programme clients and 22 individuals from partner organisations, and interviews with 15 staff.	Partnership model in programme positively impacted on the level of culturally appropriate care provided by staff. Two-way learning was a feature.	Tool focus: 9 Organisational CCAT domains: (1) creating a welcoming environment; (2) developing, supporting, and enhancing the cultural competence of new and existing staff; (3) communicating effectively with Aboriginal people; (4) improving service delivery; (5) building relationships; (6) leading and managing change; (7) providing culturally responsive care; (8) facilitating culturally inclusive and secure policies and practices and (9) monitoring and evaluating the effectiveness of strategies.	None reported.

Continued

Table 3 Continued

Study title (reference)	Study aim	Study design and methods	Tool name	Participants/tool users and setting	Key findings	Tool characteristics	Evaluation and validation
Antenatal services for Aboriginal women: the relevance of cultural competence[19]	To ascertain the usage frequency and characteristics of antenatal services used by Aboriginal women in Western Australia.	Qualitative study—telephone interviews.	Cultural responsiveness audit tool.	42 antenatal services using the audit tool in Western Australia.	Few services incorporated Aboriginal-specific antenatal protocols/programme, maintaining access or employing Aboriginal health workers (AHWs). 9 out of 42 services were identified as providing culturally responsive service delivery, incorporating key indicators of cultural security combined with highly consistent delivery of routine antenatal care.	Tool focus: Culturally inclusive protocols; workforce Tool design: 4 indicators: the presence of an Aboriginal-specific antenatal protocol; (2) confirmation of an Aboriginal-specific programme of antenatal care; (3) access and (4) inclusion of AHWs as members of multidisciplinary antenatal care teams.	None reported.
Providing culturally informed mental health services to Aboriginal youth: the YouthLink model in Western Australia[20]	To describe and document the effectiveness of the culturally sensitive model within YouthLink.	Mixed method design—descriptive approach and empirical research design.	Best practice framework—nine guiding principles.	40 clients (aged 13–24 years) who identified themselves as Aboriginal and who completed the Outcome and Session Rating Scales at YouthLink—a state-wide mental health service programme in Western Australia for young people aged 13 to 24 years of age.	YouthLink culturally informed conceptual framework adheres to best practice principles. Aboriginal young people indicated improvement across the treatment period as shown by within-group differences between the first and last session scores on feedback measures. Therapeutic alliance also contributed significantly to positive treatment outcomes.	Tool focus: 9 guiding principles: (1) holistic health; (2) self-determination; (3) cultural understanding; (4) intergenerational effects of trauma and loss; (5) respect of human rights; (6) racism; (7) centrality of family/reciprocity; (8) individual and community cultural diversity; (9) recognise Aboriginal and Torres Strait Islander strengths.	None reported.
The continuous improvement cultural responsiveness tools (CICRT): creating more culturally responsive social workers[21]	To develop culturally responsive tools specific to social workers, human services workers and organisations that would improve the health and well-being of Aboriginal and Torres Strait Islander Peoples across all social work fields of practice.	Three stage pragmatic design, sequential exploratory mixed methods approach with yarning sessions and surveys.	CICRT (individual audit tool and organisational audit tool).	Aboriginal and Torres Strait Islander stakeholders (ie, social workers, members of Indigenous Allied Health Australia, Australian Association of Social Workers and various Aboriginal and Torres Strait Islander and non-Indigenous government and non-government organisations).	The tools assist Australian social workers in moving from immobilisation to feeling supported to develop culturally responsive skills. 'Completing the audit for the first time provides a valid and reliable baseline indication of an individual's or organisation's level of cultural responsiveness'.	Tool focus (both tools): 7 key domains (Ngurras): (1) Aboriginal and Torres Strait Islander engagement; (2) self-awareness; (3) maintaining accountability; (4) theories and frameworks; (5) reflexive and critical practice; (6) leadership; (7) cultural communication. Tool design (individual): 32 items; 4-point Likert scale. Tool design (organisational): 15 items; 4-point Likert scale.	None reported.

Balit Aboriginal Health Cultural Competence (KB-AHCC) audit tool,[8] self-audit of knowledge and skills on Indigenous perspectives and health,[17] checklist for culturally competent general practitioners (GPs),[18] cultural responsiveness audit tool,[19] best practice framework[20] and the Continuous Improvement Cultural Responsiveness Tool (CICRT)—audit tool.[21] Four studies described the same tool (GY), but each study used a modified or updated version, and validated the tool in different ways, thus, these studies are summarised independently in table 3.

Audit tools varied in length, terms used, domains assessed and whether they had been validated or evaluated. The tools ranged from assessing 4 indicators of cultural responsiveness to 36 self-rating questions of cultural capability. Varied terms used in articles included: cultural competence (n=5; 8, 13, 17, 18, 22), cultural safety (n=7; 6, 14–16, 19–21), cultural capability (n=4; 14, 19–21), cultural responsiveness (n=2; 23, 25) and cultural sensitivity (n=1; 24). Of the 14 included articles, 6 articles examined reliability and validity of the tools, of which face (n=2; 14, 21), construct (n=6; 6, 13, 14, 19–21), concurrent (n=1; 20) and content (n=6; 6, 13, 14, 19–21) validity were assessed. All tools tested, demonstrated strong reliability and validity. Only one article reported on a qualitative evaluation of the audit tool (KB-AHCC audit tool) implementation, which involved interviewing 20 representatives from public health and community services who participated in the study.[8]

Barriers and facilitators of audit tool implementation

Barriers and facilitators of tool implementation were only described in one of the examined articles (the KB-AHCC audit tool, V.8). These barriers and/or facilitators were identified through participant evaluation of tool comprehensiveness, structure, communication; organisational responsibility for implementation; prioritising organisational cultural competence; and accountability. The study findings revealed more barriers than facilitators in relation to tool implementation. Some participants expressed a general positive view of tool structure and comprehensiveness as being a facilitator, it being valuable for identifying areas for action for healthcare workers and enabling involvement across organisations. However, the study also revealed that tool structure and comprehensiveness were also seen by some as a barrier, being considered too time-consuming and inflexible. Some participants expressed confusion about the difference between the KB-AHCC audit tool and other cultural competency tools/projects they had knowledge of, and this was regarded as a barrier for tool implementation. Additionally, the study revealed that tool implementation was often the responsibility of a small team or single staff member, which was thought to undermine opportunities for organisational engagement and causing issues when staff changes occurred. Another identified barrier was the challenge of prioritising cultural competence and there was a risk of it being deprioritised among other organisational responsibilities. Finally, the tool was not mandated as a practice instrument, therefore there seemed to be a lack of accountability for the implementation of the audit tool, identified as a significant barrier to implementation.

Alignment of audit tool characteristics with IAHA framework

The characteristics of 12 audit tools that were included in the 15 articles were mapped against IAHA's Cultural Responsiveness in Action Framework to assess how well each tool reflects the 6 capabilities articulated in the framework. Audit tool mapping against the IAHA capabilities is shown in table 4.

Respect for the centrality of cultures

Respect for the centrality of cultures 'identifies, respects and values cultures, both group and individual, as central to Aboriginal and Torres Strait Islander health and wellbeing'.[5]

This capability was demonstrated as a key characteristic in 11 out of 12 audit tools in the reviewed articles. The 11 tools described the value of healthcare practitioners/students having cultural and historical knowledge (eg, cultural awareness and respect, understanding impacts of racism and dominant cultures, respecting community protocols). Most tools reflected the importance of person-centred practice (ie, placing Aboriginal and Torres Strait Islander people at the centre of care) (n=8; 6, 8, 13, 14, 16, 22–24). Using a holistic and strengths-based approach to practice that emphasises the value of culturally specific skills and policies was also a key characteristic in the audit tools (n=8; 6, 8, 13, 14, 16, 22–24). More specifically, valuing the unique cultural lens that the Aboriginal and Torres Strait Islander workforce brings was a characteristic of two audit tools.[6 19]

Self-awareness

The self-awareness capability relates to the 'continual development of self-knowledge, including understanding personal/organisational beliefs, assumptions, values, perceptions, attitudes and expectations, and how they impact relationships with Aboriginal and Torres Strait Islander peoples'.[5]

Self-awareness was reflected in eight studies (five audit tools; 14–16, 19–21, 23, 25). These five tools highlighted the importance of recognising and understanding one's own cultural background, values and biases. The CICRT tool identified in Bennett and Morse[21] and the GY tool in West *et al*[22 23] and Biles *et al*[24] also reflected the self-awareness capability through use of reflective practice on an individual level (eg, reflecting on how self-identity and biases impact relationships with Aboriginal and Torres Strait Islander people).

Proactivity

Proactivity is about 'anticipating issues, initiating and embedding change that creates the best possible outcomes. It involves acting in advance of a possible situation, rather than reacting or adjusting'.[5]

Table 4 Studies mapped against IAHA capabilities

Tool name (reference)	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
The Cultural Safety Survey Scale[6]	x			x		x
KB-AHCC audit tool[8]	x		x	x		
Cultural Competency Scale[13]	x		x	x		x
Awareness of Cultural Safety Scale-Revised[15]	x	x		x		
Meeting people in their own reality guidelines[16]	x	x	x	x		x
Checklist for culturally competent general practitioners[18]	x			x		
Self-audit of knowledge and skills—Indigenous perspectives and health[17]	x					
Ganngaleh nga Yagaleh cultural safety assessment tool (previously the cultural capability measurement tool)[22–25]	x	x	x			
The Organisational Cultural Competence Assessment Tool[14]	x		x	x	x	x
Cultural responsiveness audit tool[19]	x	x	x			
Best practice framework[20]	x			x		
Continuous improvement cultural responsiveness audit tool[21]		x	x	x	x	x
Total tools	11	5	7	9	2	5

KB-AHCC, Koolin Balit Aboriginal Health Cultural Competence.

Proactivity was identified in six audit tools.[8 13 14 16 19 21–25] Two audit tools reflected the importance of healthcare professionals/students having the responsibility to challenge practices, and recognise and address personal biases, to provide culturally safe care.[16 22–25] The other five audit tools highlighted the need for new and existing staff to undertake regular training, professional development and/or mentoring in cultural responsiveness and community engagement.[8 13 14 19 21]

Inclusive engagement

Inclusive engagement ensures that individuals and organisations 'honour Aboriginal and Torres Strait Islander self-determination with opportunities to lead, participate and engage in meaningful and supportive ways'.[5]

This capability was demonstrated in nine audit tools.[6 8 13–16 18 20 21] Relationship building and effective communication with Aboriginal and Torres Strait Islander people and communities was a characteristic of eight of these audit tools.[6 8 13 14 16 18 20 21] Eight tools included implementation of self-determination processes (eg, having Aboriginal and Torres Strait Islander people actively participate and lead planning, monitoring and evaluation of services) as an important feature.[6 8 13–16 18 20]

Leadership

The capability of leadership is explained through 'inspiring others, leading and influencing change in contributing to the renewal of the health and well-being of Aboriginal and Torres Strait Islander individuals, families and communities'.[5]

Leadership was a characteristic in only two studies.[14 21] This capability was demonstrated through the importance of having individual and organisational responsibility to promote successes in working with Aboriginal and Torres Strait Islander people and communities and advocate for improvements to service delivery.

Responsibility and accountability

Individuals and organisations demonstrating responsibility and accountability 'take responsibility for renewing Aboriginal and Torres Strait Islander health, monitors outcomes and progress and reports to Aboriginal and Torres Strait Islander peoples'.[5]

Five audit tools reviewed reflected this capability.[6 13 14 16 21] All five tools met the responsibility and accountability capability by ensuring service outcome related data is collected, analysed and monitored to continuously improve service delivery.[6 13 14 16 21] However,

only one of these audit tools extended this data collection by providing opportunity for individual and/or organisational critical reflection based on the data collected[6]; another tool reinforced the importance of reporting findings back to communities.[21]

DISCUSSION

This review aimed to develop an understanding of the characteristics that are included in existing audit tools for culturally safe and responsive healthcare, the barriers and facilitators for the effective implementation of existing audit tools and how they align with the IAHA capabilities. Overall, all articles discussed the importance of audit tools in providing a platform to develop and monitor culturally safe healthcare practice. There was agreement that such tools are useful and user-friendly in providing necessary capabilities with which to approach engagement and practice with Aboriginal and Torres Strait Islander people and their communities. An important aspect for implementation was having validated tools, where the tool reflects the capabilities or principles that it intends to. In theory, this was thought to be an advantage for health outcomes; however, despite all 15 articles discussing the challenges of evaluating tools and their relationship to perceived improvements in health outcomes and cultural safety experiences, only 1 article reporting on the evaluation of a tool[8] was found when reviewing the literature. Exploring the barriers and facilitators of tool implementation was a key question for this scoping review; however, limited insight can be gained from just one study and further research on tool implementation is required.

Some aspects of the IAHA framework were clearly reflected in the audit tools reviewed (ie, respect for the centrality of cultures and inclusive engagement); however, others were not as strongly reflected in the tools (ie, self-awareness, proactivity, leadership, and responsibility and accountability).

Respect for the centrality of cultures and inclusive engagement are essential for delivering culturally safe and responsive healthcare to Aboriginal and Torres Strait Islander people and communities.[5] Training on cultural and community knowledge, using a person-centred approach to practice and working with Aboriginal and Torres Strait Islander people and communities has led to more respectful relationships, client-led practice, improved perceptions of preparedness and confidence, and enhanced knowledge, skills and attitudes for healthcare professionals.[26–32] When healthcare professionals are provided with such training, there are also improvements to client's reported quality of life, relationship building with Aboriginal and Torres Strait Islander communities and improved client-practitioner communication.[6 8 33 34] All audit tools, except one, in this review demonstrated the capability of respect for the centrality of cultures, and nine audit tools reflected inclusive engagement. These capabilities have simpler practical strategies outlined and, thus, may be more 'easily' integrated into audit tools and organisational policies and procedures. Incorporation of these capabilities, and cultural safety and responsiveness more broadly, may also reflect a major proportion of the examined tools being developed and implemented in a nursing and midwifery context. Alignment exists between these capabilities and the philosophy of midwifery practice in supporting safe birthing through person-centred practice, compared with most other allied health disciplines that adopt a predominantly biomedical philosophy to practice. For these reasons, respect for the centrality of cultures and inclusive engagement are popular drivers of audit tools examining culturally safe and responsive practice in Australia.

Inclusive engagement, however, was found in less audit tools than respect for the centrality of cultures. This is because of the required sustained effort needed for individuals and organisations to maintain partnerships or connections with Aboriginal and Torres Strait Islander people and communities.[8] Building rapport with community takes time.[31] However, excluding this capability does not allow for the ongoing and sustainable change to healthcare systems required for culturally safe practice.[5] Integrating all capabilities, as interconnected capabilities, improves the cultural safety and responsiveness of a healthcare practitioner or organisation and, in turn, supports Aboriginal and Torres Strait Islander health.[5] Incorporating all capabilities into an audit tool enables organisations to move away from the notion of cultural competence and more towards an ongoing culturally responsive approach.

The reviewed tools were limited in demonstrating more inward facing capabilities needed for culturally safe and responsive healthcare delivery—self-awareness, leadership, proactivity, and responsibility and accountability. This reflects the varying terminology used in these tools as well as the broader conversation and healthcare agenda in its shift in focus from cultural awareness to cultural safety and responsiveness approaches to practice. Tools demonstrating these capabilities appeared to be at the cultural safety end of the spectrum, whereas those that did not were focused on cultural awareness. All four of these capabilities are essential for culturally safe and responsive healthcare practice; however, for individuals and organisations, engaging in such capabilities remains challenging. Historically, audit tools have been dominated by Western perspectives and othering of Aboriginal and Torres Strait Islander people and knowledges. This results in a more prescriptive process of 'ticking a box', as opposed to engaging in a culturally responsive ongoing process of deep, self-reflection.[35 36] This is where the capability of self-awareness is critical. Understanding and reflecting on one's own cultural background and biases and those inherent within our systems and practices has been shown to improve healthcare professionals' confidence, skills and engagement with clients.[37 38] Leadership, proactivity, and responsibility and accountability have also all led to reported

improvements in relationship building with Aboriginal and Torres Strait Islander people, service volume (eg, increase in Aboriginal and Torres Strait Islander patients seen), the identification of gaps for improvement and workforce development.[6 8 34] Advocating for change in the workplace and undertaking regular training and professional development in cultural responsiveness and community engagement is particularly important for audit tool inclusion, as this approach fosters key qualities needed for healthcare workers in Australia to ensure cultural safety and responsiveness, eliminating a one-size-fits-all approach to practice. In delivering culturally safe approaches, sustained responsibility and accountability to Aboriginal and Torres Strait Islander people and communities by ensuring opportunity for service delivery input and feedback is required.[6 24] Despite this, audit tools focused on all six capabilities, to our knowledge, remain undeveloped.

Limitations

This review was limited by our inclusion criteria of articles only relevant for Aboriginal and Torres Strait Islander people in Australia. Examining audit tools from countries who share similar colonial experiences, such as New Zealand, the USA and Canada, may provide further useful information for tool implementation and evaluation. Our findings may be useful for researchers in these countries wanting to undertake similar research. Alongside exploring international knowledges, examining tools related to non-health sectors, such as education, could provide further insight. The inconsistency in terminology (eg, 'cultural competency', 'cultural capability', 'cultural responsiveness') and definitions used in articles also made comparison difficult. Despite a large database search, tools predominantly related to cultural competency and cultural safety, as opposed to cultural responsiveness. Applying a cultural responsiveness lens to assess cultural safety, when mapping tools against the IAHA framework, was still deemed appropriate because of cultural responsiveness' origins in cultural safety and its focus on organisation and practitioner experiences. The tools found through our search related to these experiences as opposed to client experiences. Although we attempted to include all relevant articles through systematic database searches, some articles may have been missed.

CONCLUSION

Action-oriented tools—that reflect all the capabilities of cultural responsiveness, as identified by IAHA—need to be implemented effectively to transform standard practice and ensure organisational accountability. Progressing broader health system change may require tools to align with more inward facing capabilities, as identified by the research team. These capabilities include self-awareness, proactivity, leadership, and responsibility and accountability. This review highlights the clear gaps in research that allows understanding of tool implementation and how tools align with IAHA's capabilities. These capabilities need to be considered for audit tools at an individual and organisational level, and incorporated into policy to continuously improve service delivery, reflecting the ongoing nature of cultural responsiveness. Further evaluative research on such tools is needed to gain a deeper understanding of the barriers and facilitators for implementation.

Author affiliations
[1]College of Public Health, Medical and Veterinary Sciences, James Cook University, Townsville, Queensland, Australia
[2]College of Healthcare Sciences, James Cook University, Townsville, Queensland, Australia
[3]School of Nursing and Midwifery, Edith Cowan University, Joondalup, Perth, Australia
[4]Murtupuni Centre for Rural & Remote Health, James Cook University, Townsville, Queensland, Australia
[5]Indigenous Allied Health Australia, Katherine, Northern Territory, Australia
[6]Indigenous Allied Health Australia, Canberra, Australian Capital Territory, Australia

Contributors All authors contributed to the writing and editing of this review and share responsibility for the final version. JM is the guarantor of this work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement All data relevant to the study are included in the article or uploaded as online supplemental information.

ORCID iD
Jessica Muller http://orcid.org/0000-0002-3105-5069

REFERENCES

1 Anderson I, Crengle S, Leialoha Kamaka M, *et al*. Indigenous health in Australia New Zealand, and the Pacific. *The Lancet* 2006;367:1775–85. 10.1016/S0140-6736(06)68773-4 Available: https://doi.org/10.1016/S0140-6736(06)68773-4
2 Topp SM, Tully J, Cummins R, *et al*. Rhetoric, reality and racism: the governance of aboriginal and Torres Strait Islander health workers in a state government health service in Australia. *Int J Health Policy Manag* 2022;11:2951–63. 10.34172/ijhpm.2022.6750 Available: https://doi.org/10.34172/ijhpm.2022.6750
3 Health Q. Making tracks together - Queensland's Aboriginal and Torres Strait Islander health equity framework, Available: https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework [Accessed 23 Jun 2023].
4 Curtis E, Jones R, Tipene-Leach D, *et al*. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *Int J Equity Health* 2019;18:174:174.:. 10.1186/s12939-019-1082-3 Available: https://doi.org/10.1186/s12939-019-1082-3
5 Indigenous Allied Health Australia. Cultural Responsiveness in Action Framework, Available: https://iaha.com.au/workforce-support/

training-and-development/cultural-responsiveness-in-action-training/ [Accessed 19 Jun 2023].
6 Elvidge E, Paradies Y, Aldrich R, *et al*. Cultural safety in hospitals: validating an empirical measurement tool to capture the aboriginal patient experience. *Aust Health Rev* 2020;44:205–11. 10.1071/AH19227 Available: https://doi.org/10.1071/AH19227
7 Papps E, Ramsden I. Cultural safety in nursing: the New Zealand experience. *Int J Qual Health Care* 1996;8:491–7. 10.1093/intqhc/8.5.491 Available: https://doi.org/10.1093/intqhc/8.5.491
8 Mitchell O, Bourke L, Shaburdin ZM. A qualitative evaluation of the implementation of a cultural competence project in rural Victoria. *Aust N Z J Public Health* 2021;45:227–34. 10.1111/1753-6405.13105 Available: https://doi.org/10.1111/1753-6405.13105
9 New South Wales Government. Aboriginal cultural engagement self-assessment tool. Available: https://www.health.nsw.gov.au/aboriginal/Publications/aboriginal-cultural-engagement-self-assessment-tool.pdf [Accessed 17 Jun 2023].
10 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 2005;8:19–32. 10.1080/1364557032000119616 Available: https://doi.org/10.1080/1364557032000119616
11 Munn Z, Peters MDJ, Stern C, *et al*. Systematic review or Scoping review? guidance for authors when choosing between a systematic or Scoping review approach. *BMC Med Res Methodol* 2018;18:143. 10.1186/s12874-018-0611-x Available: https://doi.org/10.1186/s12874-018-0611-x
12 Tricco AC, Lillie E, Zarin W, *et al*. PRISMA extension for Scoping reviews (PRISMA-SCR): checklist and explanation. *Ann Intern Med* 2018;169:467–73. 10.7326/M18-0850 Available: https://doi.org/10.7326/M18-0850
13 Aitken R, Stulz V. Factor analysis to validate a survey evaluating cultural competence in maternity care for indigenous women. *Aust J Adv Nurs* 2018;36:25–36.
14 Bertilone CM, McEvoy SP, Gower D, *et al*. Elements of cultural competence in an Australian aboriginal maternity program. *Women Birth* 2017;30:S1871-5192(16)30112-3:121–8.:. 10.1016/j.wombi.2016.09.007 Available: https://doi.org/10.1016/j.wombi.2016.09.007
15 Fleming T, Creedy DK, West R. Evaluating awareness of cultural safety in the Australian Midwifery workforce: A Snapshot. *Women Birth* 2019;32:S1871-5192(18)30423-2:549–57.:. 10.1016/j.wombi.2018.11.001 Available: https://doi.org/10.1016/j.wombi.2018.11.001
16 McDermott D. Big sister" wisdom: how might non-indigenous speech-language Pathologists genuinely, and effectively, engage with indigenous Australia *Int J Speech Lang Pathol* 2019;21:252–62. 10.1080/17549507.2019.1617896 Available: https://doi.org/10.1080/17549507.2019.1617896
17 Nash R, Meiklejohn B, Sacre S. The Yapunyah project: Embedding aboriginal and Torres Strait Islander perspectives in the nursing curriculum. *Contemp Nurse* 2006;22:296–316. 10.5172/conu.2006.22.2.296 Available: https://doi.org/10.5172/conu.2006.22.2.296
18 Nguyen HT. Patient centred care: cultural safety in indigenous health. *Aust Fam Physician* 2008;37:12:990–4.:. Available: https://doi.org/10.3316/informit.351890330015262
19 Reibel T, Walker R. Antenatal services for aboriginal women: the relevance of cultural competence. *Qual Prim Care* 2010;18:65–74.
20 Sabbioni D, Feehan S, Nicholls C, *et al*. Providing culturally informed mental health services to aboriginal youth: the Youthlink model in Western Australia. *Early Interv Psychiatry* 2018;12:987–94. 10.1111/eip.12563 Available: https://doi.org/10.1111/eip.12563
21 Bennett B, Morse C. The continuous improvement cultural responsiveness tools (CICRT): creating more culturally responsive social workers. *Australian Social Work* 2023;76:315–29. 10.1080/0312407X.2023.2186255 Available: https://doi.org/10.1080/0312407X.2023.2186255
22 West R, Wrigley S, Mills K, *et al*. Development of a first peoples-led cultural capability measurement tool: A pilot study with Midwifery students. *Women Birth* 2017;30:S1871-5192(17)30009-4:236–44.:. 10.1016/j.wombi.2017.01.004 Available: https://doi.org/10.1016/j.wombi.2017.01.004
23 West R, Mills K, Rowland D, *et al*. Validation of the first peoples cultural capability measurement tool with undergraduate health students: A descriptive cohort study. *Nurse Educ Today* 2018;64:S0260-6917(18)30094-7:166–71.:. 10.1016/j.nedt.2018.02.022 Available: https://doi.org/10.1016/j.nedt.2018.02.022
24 Biles J, Biles B, West R, *et al*. Aboriginal and Torres Strait Islander subjects in a graduate diploma of Midwifery: A pilot study. *Contemporary Nurse* 2021;57:317–26. 10.1080/10376178.2021.1990095 Available: https://doi.org/10.1080/10376178.2021.1990095
25 West R, Armao JE, Creedy DK, *et al*. Measuring effectiveness of cultural safety education in first peoples health in university and health service settings. *Contemp Nurse* 2021;57:356–69. 10.1080/10376178.2022.2025876 Available: https://doi.org/10.1080/10376178.2022.2025876
26 Clifford A, McCalman J, Bainbridge R, *et al*. Interventions to improve cultural competency in health care for indigenous peoples of Australia, New Zealand, Canada and the USA: A systematic review. *Int J Qual Health Care* 2015;27:89–98. 10.1093/intqhc/mzv010 Available: https://doi.org/10.1093/intqhc/mzv010
27 Freeman T, Edwards T, Baum F, *et al*. Cultural respect strategies in Australian aboriginal primary health care services: beyond education and training of practitioners. *Aust N Z J Public Health* 2014;38:355–61. 10.1111/1753-6405.12231 Available: https://doi.org/10.1111/1753-6405.12231
28 Mak DB, Plant AJ, Toussaint S. I have learnt.A different way of looking at people's health": an evaluation of a Prevocational medical training program in public health medicine and primary health care in remote Australia. *Med Teach* 2006;28:e149–55. 10.1080/01421590600776404 Available: https://doi.org/10.1080/01421590600776404
29 Kendall E, Milliken J, Barnett L, *et al*. Improving practice by respecting indigenous knowledge and ways of knowing. In: Taylor S, Foster M, Fleming J, eds. *Health Care Practice in Australia: Policy, Context and Innovations*. Melbourne: Oxford Uni Press, 2008: 220–37.
30 Te M, Blackstock F, Chipchase L. Fostering cultural responsiveness in Physiotherapy: curricula survey of Australian and Aotearoa New Zealand Physiotherapy programs. *BMC Med Educ* 2019;19:326. 10.1186/s12909-019-1766-9 Available: https://doi.org/10.1186/s12909-019-1766-9
31 Plunket, Auckland, NZ, Tipa Z, Wilson D, *et al*. Cultural responsiveness and the family partnership model. *Nurs Prax NZ* 2015;31:35–47. 10.36951/NgPxNZ.2015.006 Available: https://doi.org/10.36951/NgPxNZ.2015.006
32 Watts E, Carlson G. Practical strategies for working with indigenous people living in Queensland, Australia. *Occup Ther Int* 2002;9:277–93. 10.1002/oti.169 Available: https://doi.org/10.1002/oti.169
33 Cunningham FC, Ferguson-Hill S, Matthews V, *et al*. Leveraging quality improvement through use of the systems assessment tool in indigenous primary health care services: A mixed methods study. *BMC Health Serv Res* 2016;16:583. 10.1186/s12913-016-1810-y Available: https://doi.org/10.1186/s12913-016-1810-y
34 Mackean T, Fisher M, Friel S, *et al*. A framework to assess cultural safety in Australia public policy. *Health Promot Int* 2020;35:340–51. 10.1093/heapro/daz011 Available: https://doi.org/10.1093/heapro/daz011
35 Kumagai AK, Lypson ML. Beyond cultural competence: critical consciousness, social justice, and Multicultural education. *Acad Med* 2009;84:782–7. 10.1097/ACM.0b013e3181a42398 Available: https://doi.org/10.1097/ACM.0b013e3181a42398
36 Tynan M, Smullen F, Atkinson P, *et al*. Aboriginal cultural competence for health services in regional Victoria: lessons for implementation. *Aust N Z J Public Health* 2013;37:392–3. 10.1111/1753-6405.12091 Available: https://doi.org/10.1111/1753-6405.12091
37 Bainbridge R, Tsey K, McCalman J, *et al*. No one's discussing the elephant in the room: contemplating questions of research impact and benefit in aboriginal and Torres Strait Islander Australian health research. *BMC Public Health* 2015;15:.:696. 10.1186/s12889-015-2052-3 Available: https://doi.org/10.1186/s12889-015-2052-3
38 Martin K, Mirraboopa B. Ways of knowing, being and doing: A theoretical framework and methods for indigenous and Indigenist research. *Journal of Australian Studies* 2003;27:203–14. 10.1080/14443050309387838 Available: https://doi.org/10.1080/14443050309387838